

**RENEWING OUR COMMITMENT: HOW THE
OLDER AMERICANS ACT UPLIFTS FAMILIES
LIVING WITH AGING-RELATED DISEASES**

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C O N T E N T S

	Page
Opening Statement of Senator Rick Scott, Chairman	1
Opening Statement of Senator Kirsten E. Gillibrand, Ranking Member	2
PANEL OF WITNESSES	
Erick Montealegre, Family Caregiver, Broward County, Florida	4
Stephen Sappington, Patient Advocate, Harford County, Maryland	6
Duana Patton, USAging President, CEO, Ohio District 5 AAA, Ontario, Ohio .	8
APPENDIX	
PREPARED WITNESS STATEMENTS	
Erick Montealegre, Family Caregiver, Broward County, Florida	26
Stephen Sappington, Patient Advocate, Harford County, Maryland	28
Duana Patton, USAging President, CEO, Ohio District 5 AAA, Ontario, Ohio .	30
QUESTIONS FOR THE RECORD	
Erick Montealegre, Family Caregiver, Broward County, Florida	35
Duana Patton, USAging President, CEO, Ohio District 5 AAA, Ontario, Ohio .	36
STATEMENTS FOR THE RECORD	
AARP Statement	39
American Foundation for the Blind (AFB) Statement	42
Alzheimer's Association and Alzheimer's Impact Movement Statement	44
Defeat Malnutrition Today Statement	47
National Academy of Elder Law Attorneys Statement	50
National Association of Nutrition and Aging Services Programs Statement	52
National Rural Health Association Statement	54
VISIONS/Services for the Blind and Visually Impaired Statement	58

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Wednesday, November 5, 2025

U.S. SENATE
SPECIAL COMMITTEE ON AGING
Washington, DC.

The Committee met, pursuant to notice, at 3:30 p.m., Room 216, Hart Senate Office Building, Hon. Rick Scott, Chairman of the Committee, presiding.

Present: Senator Scott, McCormick, Moody, Husted, Gillibrand, Warnock, Kim, and Alsobrooks.

**OPENING STATEMENT OF SENATOR
RICK SCOTT, CHAIRMAN**

The CHAIRMAN. The U.S. Senate Special Committee on Aging will now come to order. Today, we are once again talking about an incredibly important issue that affects millions of American seniors and their families, the reauthorization of the Older Americans Act, OAA, and its impact on seniors with age related conditions like Alzheimer's and Parkinson's.

The OAA is one of the most quietly impactful laws this country has ever passed. It is the reason a senior in Naples gets a warm home-delivered meal through Meals on Wheels. It is the reason a daughter in Pennsylvania can take a few hours of respite after spending the night caring for her father with Alzheimer's.

It is the reason a man in West Virginia with Parkinson can still get to a physical therapy appointment using transportation services. It is the reason senior centers across the country, including New York, can help coordinate with all of these things to support older Americans and their families.

These are just a few examples of the faces of this law. When we talk about reauthorization, we are talking about protecting the people who raised us, served our country, built our communities, and now simply need a bit of our support. Across the United States, more than seven million older Americans are living with Alzheimer's, including more than 580,000 in my home State of Florida.

Alzheimer's steals memories and independence, often turning spouses and children into full-time caregivers overnight. Nearly one million Americans live with Parkinson's disease, which slowly robs people of movement, balance, and speech, but not of their determination or dignity. Each year about 90,000 new cases are diag-

nosed, and behind each one is a family learning to adjust, adapt, and to persevere.

Behind each of these numbers is a caregiver, a husband, a wife, a son, or a daughter providing care around the clock. More than 11 million Americans provide unpaid care for people living with Alzheimer's or another Dementia. Together, they give 19.2 billion hours of informal assistance valued at \$413 billion, and that doesn't even include caregivers for Parkinson's, ALS, or other chronic diseases of aging.

These are people holding down jobs, raising children, and still finding time to feed, bathe, and comfort a loved one who depends on them. They do it out of love, and they deserve our support. That is why the Older Americans Act is so vital. It works because it is not a big Government approach. It is directing resources to local communities. It is neighbors helping neighbors.

In Florida, I have seen the impact firsthand through our Area Agencies on Aging, our senior centers, and the volunteers who deliver meals, install ramps, and check on seniors who live alone. For families living with Alzheimer's, Parkinson's, and other age-related diseases, these programs are not luxuries, they are lifelines. They meet a hot meal, a safe home, a few hours of rest for a caregiver, or a ride that keeps someone connected to their community.

When we talk about reauthorizing the Older Americans Act, we are not just debating policy. We are renewing our commitment to America's seniors. A commitment that in the United States, we will stand by our parents and grandparents as they age, and that when disease or disability strikes, families will not have to face it alone.

Every service made possible by this law represents compassion made real. That is what governments should do, empower communities to care for one another and let them direct resources to meet their local needs because they understand their communities far better than anyone in Washington, D.C. does.

I have said it before and I will say it again, our seniors have spent their lives building and serving this country, and this bill is one way we ensure they continue to be supported, respected, and valued. I am proud to be leading the reauthorization of the Older Americans Act this year with Ranking Member Gillibrand, helping committee Chairman Cassidy and Ranking Member Sanders.

I urge all my colleagues to support this important legislation so we can continue to honor, protect, and care for America's seniors and the families who stand beside them each and every day, and now I would like to recognize Ranking Member Gillibrand for her opening statement.

**OPENING STATEMENT OF SENATOR
KIRSTEN E. GILLIBRAND, RANKING MEMBER**

Senator GILLIBRAND. Chairman Scott, thank you for calling today's hearing, and thank you to our witnesses for being here.

I am greatly looking forward to our discussion on how our Older Americans Act provides vital life sustaining supports to older adults and people with disabilities that allow them to live with dignity and independence in the community of their choice.

Many Americans don't realize that the OAA even exists, even though an estimated one in six older adults and millions nation-

wide are helped by OAA funding and programs that it runs each year. In 2024 alone, the OAA allowed older Americans to receive over 240 million meals at home or in a community setting, over 14 million trips to a doctor, the supermarket, or community events, and over 10 million hours of help with everyday tasks like dressing or bathing.

The OAA is a bipartisan workhorse program that flies below the radar. It helps fill the gaps and serves as connective tissue that improves the efficiency of federal programs like Medicaid, Medicare, Social Security, SNAP, and LIHEAP. Older adults and people with disabilities want to live and thrive in their communities, and the essential supports administered under the OAA allows them to do just that.

It's just a bonus that it's also cost efficient. Providing services to the community saves taxpayers billions of dollars every single year that would otherwise pay for extended stays in the hospital or institutional care, like nursing homes, which are far, far, more expensive. In 2024, OAA funding generated 3.39 times the return on that investment. This means that every dollar invested in OAA aging services generated \$3.39 in community value and taxpayer savings. Furthermore, because of the efficient service delivery, older adults avoided 1.9 million days of long-term hospital stays and institutional care but now is not the time to take our foot off the gas.

Authorization of the Older Americans Act expired last year. Even though so far there have been limited interruptions in OAA service delivery because of this lapse, it is vital to pass a reauthorization this fall to modernize the statute and be reflective of the evolving needs of older adults.

In June, I was proud to join Chairman Scott and our colleagues in introducing a bipartisan Older Americans Act Reauthorization of 2025. This bill reflects our bipartisan, bicameral agreement that was included in last December's final appropriations package, which unfortunately ultimately fell apart.

Particularly as the aging population is growing at the fastest rate in our Nation's history and more Americans are being diagnosed with aging related diseases each day, it is crucial to reauthorize this legislation that allows for greater flexibility and increased capacity under the law to meet the need.

In today's hearing, our witnesses will highlight how the OAA helps families living with aging related diseases by providing them with a variety of supportive and nutritional services, health promotion programs, and support for family caregivers. However, OAA services are just one essential piece of this puzzle. It helps these families live well in their communities now.

Other bipartisan landmark laws, like the National Plan to End Parkinson's Disease, and the National Alzheimer's Project Act, which are currently being implemented by HHS, help to chart the path for the future. They represent a federal commitment to changing the trajectory of neurodegenerative diseases that impact millions of American lives.

As we continue this work, it is my top priority to ensure that the voices and the needs of older adults and people with disabilities are elevated in federal policy discussions, particularly about the imple-

mentation of key statutes that impact their lives today and for years to come.

I look forward to doing this in my role as ranking member of the Aging Committee and the Senate co-chair of the bipartisan congressional Parkinson's Caucus, and the soon to be formed Americans with Disabilities Caucus. I will always fight to make sure that older adults and people with disabilities can age with health, dignity, and independence in their homes, in their communities, and in the setting of their choice.

I look forward to hearing from our witnesses today about how we can strengthen and administer the OAA to do exactly that.

The CHAIRMAN. I want to thank Ranking Member Gillibrand for all of her hard work on all these issues, and I would like to welcome our witnesses. Our first witness is Eric Montealegre. Mr. Montealegre is a resident of Broward County in my home State of Florida.

Along with his sister, he is a caregiver for his father who was diagnosed with mild cognitive impairment four years ago. He also serves as a trained volunteer Alzheimer's Association community educator and previously served as a long-term care ombudsman. Thank you for being here. You may begin your testimony.

**STATEMENT OF ERICK MONTEALEGRE, FAMILY
CAREGIVER, BROWARD COUNTY, FLORIDA**

Mr. MONTEALEGRE. Thank you, Chairman Scott, Ranking Member Gillibrand, and members of the Committee. Thank you for the opportunity to testify today. My name is Eric Montealegre, and I live in Broward County, Florida.

I am a family caregiver, a volunteer with the Alzheimer's Association, and a small business owner in the senior care field. I have only been in the field for a short time, about a year and a half, but every day reminds me of just how vital programs supporting older adults are not just for families like mine in Florida, but for the nearly 12 million family caregivers nationwide who are caring for someone living with Alzheimer's.

Today, I speak to you first and foremost as a son, one of four adult children doing our best to care for our father, Alberto, who is living with stage three mild cognitive impairment. I am proud to have him here today with me. As November is National Family Caregiver's Month, it makes today's hearing especially meaningful.

Dad was diagnosed with mild cognitive impairment five years ago, when we first noticed changes in 2019. Initially he lived on his own, proud of his independence, but over time it became clear that he needed more support, and he moved in with my sister.

We soon found ourselves learning, often through trial and error, how to balance his independence with his safety, and how to find resources that would help him stay connected both to his community and to his family.

Caregiving, as many of us here know, is emotionally taxing, physically demanding, financially challenging, and it is a full-time responsibility. With the help of our local Area Agency on Aging, we accessed services under the Older Americans Act, which have made a world of difference to his quality of life.

At first, Dad received home delivered meals, which ensured he had healthy food and provided the reassurance of a daily check-in. He then began attending a local adult day center, which has become the heart of his day-to-day life, and in many ways the heart is my story. Dad now participates in many activities that keep him engaged and happy. Like he is learning to play the piano and he does lots of art.

He is able to exercise regularly and safely at the gym that they have onsite. He gets to play chess daily, which is something that he has enjoyed throughout his entire life and allows him to remain socially and mentally engaged. He is 84 years old, and since attending the center, he started taking up dancing, which has been a surprise to all of us. It is encouraging to see him enjoying something new at this stage of his life and it gives us hope and the ability to hold back the progression of the disease.

The center provides much more than just recreation. It gives him cognitive stimulation, physical activity, social connection, and dignity, and for my siblings and me, it gives us respite and peace of mind. Knowing that he is in a safe, engaging environment allows us to focus on our own families, our own careers, and without constantly having to worry.

I truly believe that the structure, consistency, and connection that the center provides are key reasons why my father is doing as well as he is today. It has allowed me to step back from being his care manager and allows me to spend time with him just being his son. Dad immigrated to the United States from Columbia back in the 1970's.

Over the course of the disease, he has lost some of his English and now speaks primarily Spanish. This can make it difficult for us to communicate with him on complicated topics such as retirement benefits and planning. The center employs bilingual trained staff who can speak to him in his native language, helping him and us understand the complicated issues that we need to know to make decisions around his care.

It is hard to overstate what a relief it is to have caregivers who truly understand him and speak his language. They can often pick up on like nuances in his speech that even sometimes I miss. Hispanics are one and a half times more likely to develop Alzheimer's disease, making it all the more important to prioritize high quality, culturally, and linguistically appropriate programs.

Programs funded through the Older Americans Act are doing exactly that. They are meeting people where they are and honoring their story. In my culture, caring for our elders is part of who we are, and I hope that my children see that example and carry it forward. Reauthorizing and strengthening the Old Americans Act is an investment in our families, our dignity, and the community.

Its programs provide families like ours with structure, valuable resources, support, and hope. I Hope that my siblings and I can give dad the best care possible, and hope that as our country ages, no family will have to walk this journey alone. Thank you again for the opportunity to testify, and I look forward to your questions.

The CHAIRMAN. I think we all hope our kids are going to take care of us. I hope so. All right, now we are going to recognize Senator Alsobrooks to introduce our next witness.

Senator ALSOBROOKS. All right. Thank you so much to Chairman Scott and Ranking Member Gillibrand. I am really pleased to introduce our next witness, Steve Sappington, who is a constituent of mine from Harford County, Maryland.

Mr. Sappington is a patient advocate who was diagnosed with Parkinson's disease in 2015. Shortly after his diagnosis, Mr. Sappington became involved with Rock Steady Boxing, which provides boxing classes for Parkinson's patients that are specifically designed to help mitigate symptoms.

When funding provided through the Older Americans Act for Rock Steady Boxing was in jeopardy, Mr. Sappington became a driving force behind the creation of Rally Against Parkinson's, a non-profit organization dedicated to protecting this vital exercise, education, and wellness resources for people living with Parkinson's.

Mr. Sappington continues to advocate for the reauthorization of the Older Americans Act and the implementation of the National Plan To End Parkinson's Act to better support Marylanders living with Parkinson's disease.

Mr. Sappington, thank you so much for joining us today to share your story. You may begin your testimony—actually we are going to go to introduce one more witness—okay, and you can actually begin your testimony now.

**STATEMENT OF STEPHEN SAPPINGTON, PATIENT
ADVOCATE, HARFORD COUNTY, MARYLAND**

Mr. SAPPINGTON. Thank you so much. Hello, Chairman Scott, Ranking Member Gillibrand, and members of the Committee. Thank you for the invitation to join you today. My name is Steve Sappington, and I am 73 years old. I am married to my wife Dee for 51 years, and I was diagnosed with Parkinson's disease in 2015.

We have five sons and nine grandchildren who keep us busy and motivated. For over three years before my diagnosis, my wife and I noticed a number of changes in my behavior. I was taking tiny steps instead of long strides. My once clear handwriting became illegible. We went to Longwood Gardens, and I suddenly couldn't smell the thousands of blooming flowers. My hands began to shake.

My balance was deteriorating. I had no idea what Parkinson's disease was. Dee urged me to see her family physician who referred me to a neurologist. That is when I was diagnosed in 2015. I was upset and frankly in denial. No one in my family had ever had Parkinson's disease.

At that time, Dee and a close friend who also had Parkinson's—and she and a friend were attending a class called Rock Steady Boxing, and these classes, they kept telling me for weeks how great they were. I wanted nothing to do with it at the time, why would I want to go to a boxing class? I was still angry and ignoring the obvious, and I guess going to a class would mean I had to recognize I did indeed have PD. Eventually, I gave in, mostly to get them off my back.

I went to observe a class secretly determined to hate it. Instead, I found it interesting and even fun. Everyone was friendly and welcoming. All had Parkinson's, had different progressions, and they

were doing exercise specifically designed to counter the symptoms of the disease.

I started going to three-hour long classes, four to six times a week—I am sorry, three-hour long classes, four to six times a week and noticed small but immediate results. I faithfully went for 18 months, and then I heard that the funding for these classes was in jeopardy. After talking with the gym owner and certified trainers, I realized I couldn't let the classes stop due to lack of funding.

More than over 200 older adults with Parkinson's, people like me, were benefiting from these free classes. I decided to start a nonprofit to raise money to keep them going. In 2018, I launched a nonprofit called Rally Against Parkinson's, or RAP, to make that happen. We were all volunteers, mostly seniors living with Parkinson's and some friends, learning as we went.

With help from community grants as in the Older Americans Act and our own fundraising, we were able to secure enough funds to cover costs and keep every class free. That support made it possible for hundreds of people with Parkinson's to keep exercising, connecting and improving their health.

Today, our program offers 10 free hour long classes each week. It has been life-changing for so many. Programs like this need secure, long-term funding. My neurologist tells me that my Parkinson's symptoms have remained unusually steady, saying it has never happened before in decades of her practice and dubbing it a miracle.

I went eight years without needing to increase my medication, something very rare in a progressive neurodegenerative disease like Parkinson's. I believe the exercise and community programs like Rock Steady Boxing are a big reason why. When I first heard my diagnosis, it rocked my world. I didn't know what my future would hold. My balance and energy were fading.

I was skeptical of the boxing class originally, but I went. That single decision changed my life. That is why the Older Americans Act matters. Programs that provide transportation, home delivered meals, caregiver support, and community services make it possible for people like me to get to classes that improve mobility, reduce isolation, and help caregivers continue their vital work.

I and many from Rock Steady Boxing class attend monthly Parkinson's support group meetings, and caregivers attend the caregiver support group monthly meetings, all funded by the OAA. Thank you. These services don't cure Parkinson's. There still is no cure, but they keep us moving, participating, and connected while these researchers work toward better treatments.

My ask is simple, please reauthorize and fund the Older Americans Act this year with strong support for Title III services, nutrition programs, transportation, and caregiver support. These investments help people with Parkinson's and millions of other older adults stay in their homes, and communities keep moving and stay connected.

I also ask on behalf of the Parkinson's community that you support robust federal funding for PD research and ensure the implementation of the National Parkinson's Project Act and a seated advisory council. These efforts are important pathways to a cure. Thank you for the opportunity to share my story.

I will be submitting a full written statement and look forward to any questions that you may have. Thank you so much.

The CHAIRMAN. Thanks for being here. I look forward to hearing about the boxing. Okay, Senator Husted, if you will do our next witness.

Senator HUSTED. Thank you, Mr. Chairman. I would like to introduce in Ohioan, Duana Patton. Welcome to the Committee. Ms. Patton serves as the President of USAging, a national organization representing the Nation's 600 plus Area Agencies on Aging.

In this role, she leads efforts to strengthen and modernize the Older Americans Act and ensure that community-based programs like home delivered meals, transportation, caregiver support, and in-home assistance remain accessible to older adults and their families.

Additionally, Ms. Patton serves as the CEO of Ohio District 5 Area Agency on Aging, where she has worked to expand access to dementia friendly services, improving workforce training, and promoting partnerships across health and aging sectors. Ms. Patton, thank you for joining us today, and please begin your testimony.

**STATEMENT OF DUANA PATTON, USAGING PRESIDENT,
CEO, OHIO DISTRICT 5 AAA, ONTARIO, OHIO**

Ms. PATTON. [Technical problems]—sorry. Chairman Scott, Ranking Member Gillibrand, and members of the Committee, thank you for the opportunity to speak before you today. My name is Duana Patton, and I am honored to serve as the CEO of Ohio District 5 Area Agency on Aging, where I have worked for nearly 31 years.

Our agency located in Ontario, Richland County, Ohio, is one of 613 Area Agencies on Aging, or AAAs, located across the Nation that helps older adults remain independent and supported in their communities. I am also the board President of USAging, the National Association of AAAs.

On behalf of these agencies, and the millions of older adults and family caregivers we serve, I want to express my gratitude for your continued commitment to improving and prioritizing the Older Americans Act. As the older adult population in the United States continues to rise rapidly, AAAs have seen increased demand for OAA programs and services across the country.

Strengthening the OAA, which is administered by the Administration for Community Living, over the next decade will be critical as it is the cornerstone of the Nation's non-Medicaid home and community-based services, serving nearly 11 million older Americans per year. The Aging Network carries out these services and includes state units on aging, Title VI Native American aging programs, and tens of thousands of local service providers.

The OAA enables the local delivery of home and community-based services, which are almost always less expensive than institutional care provided in nursing homes or assisted living facilities. The longer older adults can successfully age at home, the better it is financially for families and the Federal Government.

For over 50 years, AAAs have served as the local leaders on aging. We are social care experts and often the front door to aging services, receiving referrals from caregivers, physicians, and com-

munity partners, usually at a time when a person is facing a new or increasing risk related to aging.

The core services we provide include nutrition, supportive services, caregiver support, health and wellness, and elder rights. Our person centered approach recognizes the health of the person and focuses on interventions that will foster better outcomes. A good example of that is Ms. Gray.

Ms. Gray was referred to our AAA following a hospital stay for a chronic health condition. She was not complying with her medication regimen and had poor eating habits. By providing personal care in her home weekly and home delivered meals, Ms. Gray has improved health both physically and mentally and has not been admitted to the hospital since she started receiving these services.

This is a powerful impact of the Older Americans Act. There are several OAA programs that provide critical support to older adults with age-related diseases. First is the Older Americans Act Title III-B, Supportive Services, the bedrock of the Act, and a lifeline for older adults needing in-home support.

Then we have OAA Title III Nutrition Services Program, the largest program in the country that provides nutrition services to older adults in need. Additionally, OAA Title III-D, Evidence Based Health Promotion and Disease Prevention Programs support falls prevention and health management for older adults.

Title III-E, the National Family Caregiver Support Program, supports the family caregivers of older adults. Last, authorization of the OAA expired last year, and since the last reauthorization in 2020, AAAs have identified new opportunities to be even more responsive to the evolving needs of older adults.

In closing, the lessons we learned during the pandemic underscore the importance of allowing AAAs to continue using innovative practices that have proven effective. The timing of this reauthorization is ideal. It gives us the opportunity to strengthen what works, modernize where needed, and ensure the Act continues to meet the needs of older adults, caregivers, and communities across the Nation.

Chairman Scott, Ranking Member Gillibrand, and members of the Committee, thank you for the privilege to share my passion and stories from the field. This day for me is particularly meaningful, not only because it marks my mother's 82nd birthday, but also because this opportunity stands as a cornerstone moment in my career dedicated to serving older adults like my mom.

The CHAIRMAN. I thank each of you. You have great stories about the importance of the OAA. Now we are going to go to questions. Senator McCormick, would you like to go first?

Senator MCCORMICK. Thank you. Thank you all—thank you, Mr. Chairman. Thank you, Ranking Member. Thank you all for taking time to speak with us today. You bring such important perspectives, and this is something that we are very focused on in Pennsylvania with our aging population.

Mr. Sappington, you have a unique perspective as both a patient and an advocate for Parkinson's disease patients and caregivers. How does the support you get from your community volunteers compliment federally supported programs like those covered under the Older Americans Act?

Mr. SAPPINGTON. Volunteerism is the center of everything. We wouldn't have anything if it weren't for volunteers and people that we are working on. I hope I am answering your question properly, but I think it works in concert with those benefits provided by the OAA because the OAA provides many services such as transportation, nutrition, and well, many other services.

I think without the people, the caregivers, and the volunteers who support them, you wouldn't be able to have all that. In other words, it wouldn't happen without—they are synergistic, I guess.

From my vantage point, all of these have been very beneficial for all of us. We would not be able to sustain the program that we have at all without that being the case, without the OAA providing transportation, without providing some of the programs that they have.

I know that the support group meetings that I go to were funded by the OAA. That is something that has been vital for us to get information and get the word out to other people that—through our volunteers, we are able to get large people gathered for these meetings and get the word out about our programs that we offer, so again, they kind of go hand in hand. I hope that helps.

Senator MCCORMICK. Yes, it does. Thank you. You know, we have more than 300,000 Pennsylvanians that suffer from Alzheimer's, and nearly 50,000 Parkinson's patients live in our Commonwealth. These numbers don't capture the hundreds of thousands of caregivers who volunteer their time and resources to support their loved ones.

Mr. Montealegre—I hope I got that right—you know, your first-hand experience, you know, with your father and so many others in your community is extremely valuable. You have touched on several services supported by the Older Americans Act.

What do you think is missing in the programs covered under the OAA that would go a long way toward supporting Americans with these neurodegenerative diseases?

Mr. MONTEALEGRE. Thank you for the question. I think one of the most important things is time. The sooner that the family caregivers can learn what services there are at the diagnosis point—a lot of families get diagnosed, they get told, and then they get appointments with social workers who can give them a multitude of options.

The family needs to understand that the sooner they can get their loved ones into treatment and therapy, the sooner they can start pushing back on these diseases that do not have cures.

I think a lot of times there is a slight delay between diagnosis and the start of community resource interventions. If there is anything we could do to shorten that time or limit that time, it would make an impact in everybody's lives.

Senator MCCORMICK. Thank you very much. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you. Senator Alsobrooks.

Senator ALSOBROOKS. Thank you so much to Mr. Chair and Ranking Member Gillibrand. You know, like so many of my colleagues, I am a part of what they call the sandwich generation, which means that I am caring for a 20-year-old daughter, and also

I am really privileged to balance that with the caregiving of my parents.

I also hear daily from Marylanders who are caring for their own family members, and I know how important the responsibility can be. I share it with each of you in having a mother who is suffering from dementia. My father was her caregiver, and he has most recently turned ill himself.

It is the case that so many adult children who are balancing work, childcare, and caregiving, it can be a really awesome responsibility. We know that a shutdown causes so much fear and turmoil for so many people who are just wondering what tomorrow will look like.

Now, the Older Americans Act exists to bridge the gap for caregivers, to ensure that older adults can live independently and with dignity, and to support the families who care for them. Last year, Congress got to the five-yard line on a bipartisan reauthorization of this critical law before a tweet by Elon Musk undermined the progress.

At the very same time, the families are being requested to do more with less, we know that this Administration has moved to dissolve the Administration for Community Living, weakening the agency responsible for coordinating the support nationwide. Our responsibility is clear.

We must reauthorize and strengthen the Older Americans Act and ensure the programs and agencies that carry it out have the staffing and stability needed to meet rising need, especially during a shutdown that, in my opinion, has gone on too long. I look forward to hearing from each of you today in discussing how we can protect and strengthen the systems that our seniors depend on so that they and their caregivers are supported and not left behind.

The first question for Ms. Patton or Mr. Montealegre, is about the ACL cuts and shutdown. The Administration for Community Living is the backbone of the Older Americans Act. It keeps the Nation Aging Network coordinated and functioning, but over the past year we have sweeping staffing reductions along with a proposal to dissolve the agency altogether and fold its functions into a larger, less specialized division at the Department of Health and Human Services.

Now, layered on top of these cuts, we are 36 days into a shutdown that has frozen or delayed essential work across the agency. Ms. Patton, what does it mean for families and caregivers when the ACL loses staff, loses structure, and is unable to operate its Older Americans Act programs?

Ms. PATTON. Thank you for the question. You know, I think that is where the Older Americans Act, where we see its greatest strength, is because it does start at the federal level through state units on aging, all the way down to the local level.

You know, during the pandemic, the AAAs, we were required to be very nimble and to come up with ways in which, during trying times or challenging times, whatever the reason, to make sure that individuals and families have the services and supports that they need.

When we think about the Older Americans Act and the way it is designed, and the importance of the reauthorization, it is making

sure that no matter what is happening around us, that we have the ability to serve the people in our communities, to take care of the individuals in a timely way, and to think about caregivers.

You know, that is the value of the Older Americans Act is because there is this federal perspective and the authority to administer the Old Americans Act, but then it works its way all the way down to the local level where we can be innovative and responsive to the needs of individuals.

Senator ALSOBROOKS. Thank you. Now, Mr. Sappington, first of all, I want to thank you for being here today and for the work that you have done in Maryland in keeping our community exercised and moving in programs like the one that you have been involved in.

Your testimony, I think, underscores something really important about the Older Americans Act, and it is how it helps people to live well today and also helps people to have hope for tomorrow. As someone who is living with Parkinson's, you know personally what it means to rely on the day-to-day support for long-term search for better treatments.

I want to ask you, how do the services that the Older Americans Act supports, like transportation, caregiver resources, and community exercise programs, help people with Parkinson's maintain functions, stay connected, and live well day to day?

Mr. SAPPINGTON. Thank you for the question. I will try to do my best to answer that. The OAA provides vital support in terms of the transportation and the caregiver support that people with Parkinson's desperately need.

The fact that it is a federal program and obviously needs to be supported and reauthorized to prevent any disruptions and access to critical support like home care, transportation, or caregiver assistance.

I am also going to say that the National Plan To End Parkinson's Act would be something that would go hand in hand with the OAA, because the OAA provides what people need now, the services they need to get from point A to point B to be connected and to continue to stay active, and as well as the nutrition and the caregiver supports.

The OAA is vital to people with Parkinson's and those that have neurodegenerative diseases in the older population. They both go hand in hand with the National Plan To End Parkinson's Act.

One is basically providing people what they need now to live with their—older Americans to live their neurodegenerative diseases, and the other looks for a permanent end to those diseases, so they kind of work hand in. One is the now cause. One is the future cure for it. I can't say enough about the need for both, so thank you very much for that question.

Senator ALSOBROOKS. Thank you so much.

The CHAIRMAN. Ranking Member Gillibrand and I would love it if everybody on the Committee would co-sponsor the re-authorization of the OAA. Let me turn it over to Senator Moody.

Senator MOODY. Thank you so much, Chairman Scott and Ranking Member Gillibrand. Thank you for holding this important hearing on a very important topic. Let me welcome my fellow Floridian

from Broward County, Eric Montealegre. I Appreciate you being here.

Thank you so much, and to all of our witnesses today. This is so important, and these hearings help us not only highlight how certain policies help Americans—the challenges that we might face in getting policies pushed through Congress. This is all part of that process and such an important part, and we appreciate you taking part in today's hearing.

I was raised by a mom who dedicated her entire career to helping seniors, aging Americans, working with the groups that are supported through the Older Americans Act. It is probably no surprise when I became Florida's Attorney General, one of the first things I did was set up a senior protection team, which was an interagency team to focus on how we can better serve aging Americans.

As you know, we are the Sunshine State in Florida, but we are also the Silver State, I like to say. It was so important. I want to thank the attorneys that worked with me and the investigators that worked with me.

They did so much to protect seniors in our state, but I think one of the things that gets lost in this piece of legislation is that it authorizes grants for long-term care ombudsman program, and specifically the Elder Abuse Neglect and Exploitation Prevention Programs.

I know that we have people here, a volunteer now with Alzheimer's Association, but previously, I believe, sir, you served as a long-term care ombudsman. I know, Ms. Patton, you as well.

I would just like to talk to you because so many of these programs, and not just those that are specifically designed to prevent or hold people accountable for abuse and exploitation, but also the programs like Meals on Wheels and other programs where we have interaction with our aging population so that we can better identify those seniors that may be in need—I would just like to hear from you how important those programs are to our aging population based on your own personal experience.

We will start with you, Mr. Montealegre.

Mr. MONTEALEGRE. Thank you, Senator Moody. I like to think of the ombudsman program less of a compliance program and more of like a cooperation program. Residents oftentimes have needs that they can have trouble expressing or maybe don't know who to express those needs to.

The ombudsman would uncover those needs through asking, through developing relationships, and then bring those needs to the management of a facility to try to resolve or to maybe just bring that to awareness.

Most of the time, when I was in the program, that was exactly the case. It was a need that was not being addressed because there was no awareness, and that was some of the best work that I could do.

Senator MOODY. Are there any tweaks that you think need to be made to the legislation—probably in many instances, once you made them aware, that was remedied, and we were providing better care, but do you think there need to be any tweaks in the legis-

lation to provide better coordination with law enforcement when these instances might be identified?

Mr. MONTEALEGRE. Well, the ombudsman are required reporters, and there is a process in place—at least in Florida, there is a process in place to report that to the correct authorities when needed—immediately if needed so.

I am not sure about legislation, but I would say that I think there's an education piece that needs to be done at the community level so that the residents are aware of their rights and aware of what we can do to benefit them.

Many times, I would tell somebody, hi, I am your ombudsman, and they are like, what? Once they understand what my responsibility was and my role was in supporting them, they would open up. I think that is just a lack of clarity to the population.

Senator MOODY. I will ask you, Ms. Patton, the same questions.

Ms. PATTON. Thank you. Great question, and from our perspective, in Ohio, at our AAA, we actually administer and sponsor the Ombudsman Program, so I am very familiar with that, and also, in parts of our region, we administer the Adult Protective Service Program.

I think one of the amazing things is that the Older Americans Act allows AAAs to be the front door. A lot of times, people are coming into a AAA at the front door needing information and assistance, or a referral somewhere, and through the process of, you know, talking with them and building this trust, we often learn about things that are going on in their lives that maybe they might not open up to that are very appropriate for a referral to an ombudsman program or to an adult protective services program.

A lot of times people do find themselves in situations and they don't even realize that they have rights or that they might be exploited. The fact that the Older Americans Act exists—and Area Agencies are across the country working with ombudsman programs, whether they sponsor it, or it is somewhere else in their community, or adult protective services, or law enforcement.

The fact the AAAs are boots on the ground in their communities, we like to think that those collaborations happen, and, you know, I think when we think about the reauthorization of the Older Americans Act, and the fact that we want to embark more flexibilities, that there can be more of that, more collaboration at the local level to protect individuals.

Senator MOODY. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Moody. Senator Kim.

Senator KIM. Thank you, Chairman. Ms. Patton, I actually just wanted to build off of what you were just talking about there. You noted that Area Agencies on Aging are often front doors for families navigating aging related challenges. I guess I wanted to ask you, how can we strengthen coordination across the local, the state, and the federal levels to make it easier for older adults and caregivers to access the full range of support that they need?

Ms. PATTON. I think that part of that comes with, you know, awareness of what AAAs can do and do in their communities—talking about it. I love the stories that the gentlemen have shared here with me today, is that when there is this awareness and there is

conversations about things that are sometimes a little difficult to talk about, it builds that collaboration.

When the Aging Network, AAAs, other partner agencies can be at the table and talk about policies, talk about funding, talk about challenges that exist, then great programs and innovative ideas come to be.

Senator KIM. Because you are saying that they are where the rubber hits the road, and as a result, you know, the insights so they can be able to provide—can just really encourage that kind of creative, innovative thinking?

Ms. PATTON. Absolutely. I think AAAs, you know, throughout many, many years have been innovators. The Act has allowed us to do that.

Senator KIM. Yes. When we kind of zoom out a little bit, I guess I just wanted to get a sense of your kind of overarching priorities. You know, do you have ideas of what are some of the most critical priorities that Congress should consider as we are working to reauthorize the OAA, you know, to be able to ensure that the programs are meeting the needs of today?

Ms. PATTON. I think it would be real easy for folks to talk about funding. When we talk about the Older Americans Act, and the way that it exists—and its purpose is to make sure that there is this local perspective.

That local organizations can work together to determine what the needs are in their local communities, and that there is flexibility to ensure that maybe the way that somebody needs a home delivered meal in one part of the region or country is not necessarily the same way somebody needs it in another part of the country.

Senator KIM. Yes. I appreciate that. Mr. Montealegre, I guess there is something there that I felt like kind of connected with things that you have talked about when you have highlighted the importance of you know, culturally and linguistically appropriate care. How can the OAA programs better ensure that caregivers and older adults from diverse communities have equitable access to this kind of support?

Mr. MONTEALEGRE. Well, I think it is important to understand that as people progress through the disease, very often they start losing languages but then revert to original native languages.

It is important to us to understand, you know, where our community came from so that we can train and bring in the right people with the right skill set to support those people who have for one reason, or another lost the ability to speak English.

That would keep them engaged with therapies and with community resources that will help them stave off the progression of disease.

Senator KIM. Yes. I appreciate that. It is something that I have been grappling with myself. My father is somebody who has been declining quite rapidly over the last year, and actually just a couple weeks ago we got the formal diagnosis of Alzheimer's for him.

He is somebody that has lost the faculty to speak English, has reverted back to Korean. He doesn't actually realize he is not speaking English. He thinks he is, but it has been very difficult.

There are very few places where we can get care—caregivers and get that kind of support in Korean.

It has been just very challenging to be able to do so in a way that I feel like he is taken care of while I am here at the Capitol, so, you know, I agree with you wholeheartedly on that front, that we need to be pushing on that. I mean, look, just as we are talking through this, you know, Chairman, I am grateful that you brought this up because again, I really do think and we have talked about this before, you know, this is a unifying issue.

You know, this is something that all of us understand as part of the human condition in terms of what our families are going through, and at a time when we are certainly having deadlocks and challenges and other types of policy debates, I do hope that our ability to draw upon just the struggles that so many families are facing when it comes to aging related challenges—I know, as I said, you know, we have kind of plunged into the deep end as a family and it has been overwhelming for us. It has been a very difficult last year.

Things that I never realized that we would have to confront, and to do so while I am also raising an eight year old and a 10 year old has been a lot, and so, you know, this isn't just academic to me or theoretical to me, and I am grateful for you all coming on out here, talking to us about this.

You have my word that we will do everything we can here to try to push forward on the reauthorization and do it in a way that can provide help to so many Americans, so with that, I will yield back, Chairman.

The CHAIRMAN. Thank you, Senator Kim. Senator Husted.

Senator HUSTED. Thank you, Mr. Chairman. Thanks to the Ranking Member and you for hosting this hearing today. In preparation for this hearing, I was doing a little research, and I saw that this problem of isolation and loneliness is getting worse. It did hit a—perhaps a peak during the COVID pandemic, but as a trend, it is getting worse.

I saw the report that said people between the ages of 15 and 80 reported feeling lonely and isolated—one in three people found themselves in that situation, and that loneliness and isolation is associated with an additional \$6.7 billion in Medicare spending.

If we can do better at eliminating the loneliness and the isolation, we get better health outcomes, people's cognitive decline is maintained for a longer period in their life, and better—higher quality of life, which is also important. Longevity, but also quality of life is a big deal, and I know that in doing some of the research, you see that, look, it is—I know my parents are 86 and 87.

They have each other and they have my brother and sister who live very near them, so they have that family structure that helps a lot. It helps a lot, but I know a lot of people don't have that. Our society, for a variety of reasons, in terms of family formation, the number of children, people having the mobility, and people living all around the country or all around the world—children, meaning their adult children—makes it harder on them.

I will start with my Ohioan, Ms. Patton. What have you seen over the years in these trends? Not just as a matter of policy, but as a society, how can we do better?

Ms. PATTON. Well, I think certainly through the pandemic, social isolation really came, you know, to be. We started talking about it.

A lot of those statistics, we are very aware of those. I think that what we need to make sure that we are doing is not just saying that someone is socially isolated but meeting them where they are, and I think the gentleman over here talked about the fact that he was able to go to a senior center and didn't realize the value that that would bring. I like to tell the story real quickly, if I could.

We had a gentleman during the pandemic that could not go to the grocery store, was afraid to go out in public, but we had grab and go meals, and so, he came to the agency, picked up a grab and go meal, and you know, had nutrition—you know, better nutrition. He was diabetic. He was living on pop tarts and hot dogs. That is what he was eating because that is what he could fix.

After he began getting the grab and go meals, he lost weight, and his diabetic medication was reduced. In addition, he made friends because we made the grab and go meal experience something in which the individuals engaged with our staff and engaged with each other.

Today, that very same gentleman is coming to the congregate meal site and is healthier, happier, and certainly more engaged with the community. I think what we have to do is we have to be creative, and we have to think about what makes someone socially isolated and what would help them become more engaged in their community. It might not be going to a senior center or a meal program.

It might be that they become one of those volunteers in an innovative program that AAA has created where they pick up the phone and they are calling somebody else. It can be that simple.

Senator HUSTED. Yes. How is it? I mean, I know that every Agency on Aging is different. They are run by different—you know, this isn't administration. It is innovation. What are some of the examples or best practices that you have seen used to create that engagement?

Ms. PATTON. One of the great examples is the phone a friend where seniors are engaged in telephone calls back and forth with each other. We have leveraged schools in our communities where we invite them to participate with us to have intergenerational programs where we can provide the transportation for a senior to get to the school and maybe read to a student.

In addition, you know, a lot of the Older Americans Act programs bring people into the home because people are remaining in the community versus in an institutional setting, and so, by working with meal providers, personal care providers, and people that are in the home, making sure that they are building a relationship with the individual.

Maybe sometimes they are bringing puzzles, or books, or things for people to do so that they can be more engaged, whether they are at home or in the community.

Senator HUSTED. Great. Thank you. Thank you, Mr. Chairman.

The CHAIRMAN. Ranking Member Gillibrand.

Senator GILLIBRAND. Thank you, Mr. Chairman. I wanted to ask a little bit about how the OAA connects older adults to multiple social services. Sort of a general experience from you, Eric, and Ste-

phen, and maybe from you, Ms. Patton, you could tell me how it actually fits together.

Things like Medicaid, SNAP, LIHEAP, that our older Americans rely on, and how does this serve as an umbrella for organizational structure for delivery of critical services? In particular, how does it affect rural Americans, because one in five of our older adults are in rural America? Ms. Patton?

Ms. PATTON. Thank you for the question. The Older Americans Act as the umbrella of many services allows us to connect people to the services that you had mentioned, Medicaid and SNAP.

A lot of times, we will work with individuals in our agencies that come to the front door or that are participating in a program, and we want to make sure that they are connected to the resources that are available to them, whether it is SNAP or Medicaid, but one of the things that we also do is we are, in many cases, a Medicaid diversion.

Trying to use the lowest cost intervention that is possible, the funding sources or programs that exist, and then connecting them to these services at the right time when they need them.

A really good example of SNAP is an individual that gets SNAP but doesn't have transportation is not going to be able to leverage those, so we have actually, in our network, been able to leverage the Older Americans Act services, and help people connect and use the services that they may be eligible for.

Senator GILLIBRAND. Understood. Stephen or Eric, do you have any anecdotes about how it has worked for you?

Mr. MONTEALEGRE. I will go next, so here in Broward, the agency serves as, like she mentioned, an umbrella organization, but they also are an experimental organization as well, where they are reaching out to technology companies, for example, like robot puppies or robot cats, to help people deal with isolation and feelings of loneliness, and as well as like radar for alert monitoring devices, things like that.

These are things that I wasn't even aware of that existed or were even needed, and I think the agency is constantly looking for other things that could help, and while—and then they vet those programs or products or resources.

Going to the agency gives us a sense of confidence that there is all these different things, and maybe these things work for us or not, but what we feel is they are safe to try, and they are safe to go talk to without possibly having our family members fall into some kind of bad situation or some kind of trap, and that certainty makes it easy for us to reach out to them and say, hey, you are a safe source, so the other organizations also funnel themselves automatically to the Area Agencies on Aging because they know that if they can get the agencies buy in and support, that the population, the community will reach out to them for help as well.

Senator GILLIBRAND. Understood. Stephen.

Mr. SAPPINGTON. Yes, I would like to say that grassroots programs are often the closest to the need and they see firsthand what helps older adults and people living with these cognitive diseases stay healthy and engaged. Increasing the funding for the Area Agencies on Aging so that they can partner with and support innovative community-based nonprofits.

Area Agencies on Aging can also offer technical support and guidance to older adults who want to start local programs but may lack the experience or resources, and transportation is also—on the OAA, transportation is often the biggest barrier for keeping older adults and people with Parkinson's and other neurodegenerative diseases—

Senator GILLIBRAND. Have you used any of those transportation services?

Mr. SAPPINGTON. Yes, I have.

Senator GILLIBRAND. Give us an example of where it made a difference for you.

Mr. SAPPINGTON. We have had—well, personally speaking, we have—I got a call from a gentleman that had just been diagnosed with Parkinson's.

He thought it was the end of the world. His parents had died. His girlfriend had just broken up with him. He went to the doctor and was diagnosed, and he came back in—ironically enough an infomercial was on, and I had reached out to some people in the media and was doing a thing on Parkinson's and how to fight back against that, and he thought his world was coming to an end and saw me giving my phone number, and I got a call from him. I spent the next two and a half hours walking him off the edge.

I ended up meeting with him halfway. He was 20—he was in Baltimore City. I was up around the Pennsylvania line, and anyway, we ended up meeting halfway and I hooked him up with a way to get from down 20 miles away from where he was to a Rock Steady Boxing class that he would be able to—

Senator GILLIBRAND. Oh, that is great.

Mr. SAPPINGTON [continuing]. be able to take advantage of that. That worked out very well. Thank you for that.

Senator GILLIBRAND. Thank you—thank you.

The CHAIRMAN. Mr. Sappington, tell me about your boxing. What do you do?

Mr. SAPPINGTON. It is fun. Well, first of all, I want to go back and say I did tell all the gals that were trying to get me to go that they were right.

The CHAIRMAN. It is always better.

Mr. SAPPINGTON. Yes, yes it is. You recognize that sooner is always better later, but they play music, and everything they do is designed to combat the symptom of Parkinson's, and Parkinson's is one of those things where you have—you know, your brain and interferes with your muscles' ability to respond and your body. That is why they get the dyskinesia and the shakes, and your body not behaving the way that it should.

First of all, they play rock music of our generation, which gets you involved with it. You know, so you are there from a musical standpoint. That is wonderful, and then they give you short commands where you have to use your brain and your mind to stay active. Like, you are going to throw x amount of combinations of punches into heavy bags, or you are going to—they have ladders painted on the floor, and you have to step in and step out of them in much the way you see football players do between tires.

Ours are not between tires because we would be falling all over the place, so these are just painted on a floor, and you would have

to use your footwork, and you have to have strength in your brain to tell your muscles what to do, and if you keep doing that, the muscle memory becomes very strong, and it can override some of the symptoms, and that is wonderful. Parkinson's even takes away your voice, and my voice used to not very often be this soft, but even with the commands that they give you, you have to use your voice to holler back, so you get you to—the more you exercise it, the more can strengthen your voice, so it works out very well.

The CHAIRMAN. You don't have to box a person.

Mr. SAPPINGTON. No. That was one of the things that I harbored under when I first heard it. Why would I want to go boxing, you know, but—

The CHAIRMAN. I already have a problem. I don't need another one.

Mr. SAPPINGTON. Right. No, but I appreciate the question. That is exactly where I was, at least from my standpoint, so, thank you.

The CHAIRMAN. Mr. Montealegre, how would you find these services? How did you even find out about them?

Mr. MONTEALEGRE. Not fast enough, to be perfectly honest. We started, you know, using internet searches to try to find and see what options there were. I think that is where we started getting confused. I think if you put in, you know, dementia, any of those kind of searches, tons of things come up.

After having gone through several rounds of talking to the wrong people, I found the right people, and they were able to get us in to take classes for us so that we could understand what was going on, so we could learn about what dementia progression looks like. What some symptoms are that might happen.

What adaptations we can make to help our family members. It is that kind of education that really gave us the confidence to keep looking. At that point, we don't even know what we don't know, so when you don't know what you don't know, you don't know what to look for.

Being in those classes, it tells you this is what you need to look for, this is what you need to look for, and it is really developing like a new vocabulary for things that we had never heard of before.

The CHAIRMAN. Ms. Patton, can you tell me—do you have any other stories you want to tell us about how you have changed people's lives?

Ms. PATTON. Thank you for asking, so, I have been very inspired by both of the other witnesses here today and the questions that have come from the Committee. I think that, you know, what I would really like to just share is the things that we have just talked about here, this discussion has inspired me to think about, you know, the value of the Older Americans Act, the value of conversations like this with people that can tell stories and that can make a difference in policy and in practices.

It saddens me when Eric says that he didn't get the information fast enough, and, you know, I think that, you know, through the Older Americans Act and the innovative approaches for AAAs, and when we think about the programs that we have—you know, I am thinking about 3(d) and the evidence-based programs—is where we are touching individuals and how invaluable it is that we are meeting people before they are in crisis. That we are leveraging the

funds and the programs under the Older Americans Act to get to families, caregivers, and individuals before the crisis.

The CHAIRMAN. Do you think you both help people and you save money?

Ms. PATTON. Absolutely. We help people and we save money, and the sooner that we do that, and the more innovative we can be, yes.

The CHAIRMAN. Have you helped people either stay active in their job or stay active in their volunteering?

Ms. PATTON. Yes, through the Area Agency and through the Older Americans Act transportation services, through the ability to work collaboratively with other organizations. We have many individuals that come and volunteer in our meal sites that might not otherwise get out.

The CHAIRMAN. For any of you, is there any reason at all you think we shouldn't reauthorize the OAA? Is there any—in your wildest imaginations, can you imagine why we wouldn't do that?

Ms. PATTON. [No response.]

The CHAIRMAN. No, it is pretty simple isn't it. Well, on behalf of the Ranking Member, I just want to thank you guys for coming here. I want to thank you for your testimony. I think that having a hearing like this gives us an opportunity to give—you know, hopefully inspire all of our colleagues to focus on this and get this done as quickly as possible.

I would like to thank everyone for being here today and participating. I look forward to working with members across the aisle and down the dais. If any Senator has additional questions for the witnesses or statements to be added, the hearing record will be open until next Wednesday at 5:00 p.m. Thank you guys for coming.

[Whereupon, at 4:36 p.m., the hearing was adjourned.]

APPENDIX

Prepared Witness Statements

U.S. SENATE SPECIAL COMMITTEE ON AGING

"RENEWING OUR COMMITMENT: HOW THE OLDER AMERICANS ACT
UPLIFTS FAMILIES LIVING WITH AGING-RELATED DISEASES"

NOVEMBER 5, 2025

PREPARED WITNESS STATEMENT

Erick Montealegre

Chairman Scott, Ranking Member Gillibrand, and members of the Committee - thank you for the opportunity to testify today.

My name is Erick Montealegre, and I live in Broward County, Florida. I'm a family caregiver, a volunteer with the Alzheimer's Association, and a small business owner in the senior care field. I've only been in this field for a short time - about a year and a half - but every day reminds me just how vital programs supporting older adults are, not just for families like mine in Florida, but for the nearly 12 million family caregivers nationwide who are caring for someone living with Alzheimer's.

Today, I speak to you first and foremost as a son - one of four adult children doing our best to care for our father, Alberto, who is living with stage three mild cognitive impairment. I am proud to have him here with me today. As November is National Family Caregivers Month, it makes today's hearing especially meaningful.

Dad was diagnosed with mild cognitive impairment five years ago, after we first began noticing changes in 2019. Initially, he lived on his own, proud of his independence, but over time, it became clear he needed more support and moved in with my sister. We soon found ourselves learning, often by trial and error, how to balance his independence with safety - and how to find resources that would help him stay connected to his family and his community.

Caregiving, as many of us here know, is emotionally taxing, physically demanding, financially challenging and a full-time responsibility. With the help of our local Area Agency on Aging, we accessed services under the Older Americans Act, which have made a world of difference to his quality of life. At first, Dad received home-delivered meals, which ensured he had healthy food and provided the reassurance of a daily check-in. He then began attending a local adult day center, which has become the heart of his day-to-day life - and, in many ways, the heart of my story. Dad now participates in many activities that keep him engaged and happy, like piano and art. He is able to exercise regularly and safely at the gym they have on-site. He also gets to play chess daily, which is something he has enjoyed throughout his life and allows him to remain socially and mentally engaged. He's 84 years old and, since attending the center, he has taken up dancing - which has been a surprise to all of us. It's encouraging to see him enjoying something new at this stage of life and it gives us hope in his ability to hold back the progression of the disease.

The center provides much more than just recreation. It gives him cognitive stimulation, physical activity, social connection, and dignity, and for my siblings and me, it gives us respite and peace of mind. Knowing he's in a safe, engaging environment allows us to focus on our own families and careers without constant worry. I truly believe that the structure, consistency, and connection that the center provides are key reasons why my father is still doing as well as he is today. It has allowed me to step back from being a "care manager" and freed me to spend time with him as his son.

Dad immigrated to the United States from Colombia back in the 1970s. Over the course of his disease, he's lost some of his English and now speaks primarily Spanish. This can make it difficult for us to communicate with him on complicated topics, such as retirement benefits and planning. The center employs bilingual staff who can speak with him in his native language, helping him and us understand complicated issues around decisions that need to be made. It's hard to overstate what a relief it is to have caregivers who truly understand him and speak his language. They can pick up on nuances in his speech that even I sometimes miss.

Hispanics are one and a half times more likely to develop Alzheimer's disease, making it all the more important to prioritize high-quality, culturally and linguistically appropriate programs. Programs funded through the Older Americans Act are doing exactly that - meeting people where they are and honoring their story. In my culture, caring for our elders is part of who we are, and I hope my children see that example and carry it forward.

Reauthorizing and strengthening the Older Americans Act is an investment in families, dignity, and community. Its programs provide families like ours with structure, valuable resources, support, and hope. Hope that my siblings and I can give Dad the best care possible while balancing our own lives, and hope that, as our country ages, no family will have to walk this journey alone.

Thank you again for the opportunity to testify, and I look forward to your questions.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"RENEWING OUR COMMITMENT: HOW THE OLDER AMERICANS ACT
UPLIFTS FAMILIES LIVING WITH AGING-RELATED DISEASES"

NOVEMBER 5, 2025

PREPARED WITNESS STATEMENT

Stephen Sappington

Hello Chairman Scott, Ranking Member Gillibrand, and members of the Committee. My name is Steve Sappington. I'm 73 years old, married to my wife Dee for 51 years, and I was diagnosed with Parkinson's disease in 2015. We have five sons and nine grandchildren who keep us busy and motivated.

For about three years before my diagnosis, Dee and I noticed strange changes in my health. I was taking tiny steps instead of my usual long strides. My once-clear handwriting became illegible. We went to Longwood Gardens and I suddenly couldn't smell the thousands of blooming flowers. My hands began to shake, and my balance started to deteriorate. We had no idea what Parkinson's disease was. Dee urged me to see our family doctor, who referred me to a neurologist. When I was diagnosed, I was upset - and frankly, in denial.

A friend of Dee's who also had Parkinson's kept telling me about a local boxing program called Rock Steady Boxing. She said it was life-changing. I wanted nothing to do with it. Why would I want to go to a boxing class? I was angry and ignoring the obvious. Eventually, I gave in and went to observe a class, finding it interesting and fun. Everyone there had Parkinson's, each at different stages, and the exercises were designed specifically to combat symptoms of the disease. Everyone was friendly and welcoming. I started going to the free, hour-long classes four to six times a week. The results came slowly but surely: better balance, improved strength, and a huge boost in mood. I went religiously for 18 months. Then I learned the funding for the classes was in jeopardy.

After talking with the gym owner and certified trainers, I realized I couldn't let the classes stop. More than 200 older adults with Parkinson's were benefiting from these free classes. I decided to start a nonprofit in late 2017 to raise money to keep them going. In April 2018, I helped create Rally Against Parkinson's (RAP) to keep the classes going. Getting it started took a lot of work. We were a group of unpaid volunteers - all seniors, most living with Parkinson's - who had no experience running fundraisers. We learned on the job because we knew what these classes meant to us.

We applied for a Community Grant-in-Aid through the Community Outreach Office. We were denied the first year, but the next year we received half of what we requested - about \$10,000. The full cost to run the program was more than \$30,000 a year, so we organized several fundraisers annually to make up the difference. RAP has always been a no-cost program, using 100 percent of every dollar raised to pay for the classes.

When COVID hit and gyms closed, we didn't stop. We quickly adapted by holding socially distanced classes in the gym's parking lot and launching Zoom sessions for those who couldn't or preferred not to leave home. As the program grew, we expanded to our local YMCA and secured a county grant to purchase equipment. Today, our program includes four in-person classes each week, two livestream classes added during the pandemic, and two additional sessions hosted at the YMCA.

At 71, I decided it was time to step back and was fortunate to find another volunteer - a young 65-year-old - to take over as president. My neurologist calls me "a miracle." He says it's rare to see someone with Parkinson's remain at the same medication level for eight years. I credit that to consistent exercise and the community built through programs like RAP.

Programs like ours are possible because of the foundation created by the Older Americans Act (OAA). Local OAA-funded services, including transportation, congregate and home-delivered meals, caregiver support, adult day services, and other supportive programs, make it possible for older adults like me to stay active and connected.

These services work together:

- Transportation helps participants get to classes and support groups.
- Nutrition programs provide meals that support health and energy.
- Caregiver support allows family members to continue their vital role.

- Title III supportive services give local agencies the flexibility to meet community needs.

Without this infrastructure, many older adults wouldn't be able to participate in programs that improve their health and well-being.

Despite progress, several challenges remain. Many older adults are unaware of available services, underscoring the need for culturally competent outreach - particularly to low-income, rural, and minority communities. Even when programs are accessible, transportation barriers often prevent participation; funding through the OAA helps address these gaps. Additionally, sustaining free or low-cost programs is difficult due to limited unrestricted funding. These initiatives rely heavily on consistent public investment and strong local partnerships to remain viable.

To ensure that older adults with Parkinson's and other age-related diseases can thrive, I respectfully recommend that Congress:

1. Reauthorize the Older Americans Act this year and maintain or increase funding for:

- Title III nutrition programs

- Title III B supportive services (including transportation and in-home support) Caregiver support programs

2. Provide dedicated outreach and capacity-building funding so local agencies can reach underserved seniors, including those in rural and minority communities.

3. Support flexibility for virtual and hybrid programming, such as livestreamed exercise classes, so homebound seniors can stay active and connected.

4. Sustain funding for transportation and meal programs, which are foundational to participation in community exercise and wellness programs.

As a patient advocate, I'm encouraged by Congress's bipartisan passage of the National Plan to End Parkinson's Act, now being implemented by the federal government. This law creates the first-ever whole-of-government strategy to prevent, diagnose, treat, and ultimately cure Parkinson's disease. It also establishes a federal advisory council to coordinate research and services across agencies and address the needs of caregivers and families.

From my perspective, this effort complements the Older Americans Act. The OAA ensures that people like me can live well today, while the National Plan builds the roadmap for tomorrow. Together, they represent hope: hope for better quality of life now, and hope for a future without Parkinson's disease.

We don't yet have a cure for Parkinson's and we need strong federal investment in research to get there. While researchers work every day toward that goal, I'm proud to do my part through studies like the Parkinson's Progression Markers Initiative (PPMI) to help advance our understanding of Parkinson's Disease. Programs funded and authorized under the Older Americans Act keep people like me moving, connected, and cared for. They make the difference between being isolated at home and living a full life with community, purpose, and dignity.

Thank you for considering these requests. I welcome follow-up questions and will gladly help the Committee understand how OAA services directly improve outcomes for people living with Parkinson's and their caregivers.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"RENEWING OUR COMMITMENT: HOW THE OLDER AMERICANS ACT
UPLIFTS FAMILIES LIVING WITH AGING-RELATED DISEASES"

NOVEMBER 5, 2025

PREPARED WITNESS STATEMENT

Duana Patton

Chairman Scott, Ranking Member Gillibrand and members of the Committee, thank you for the opportunity to speak before you today. My name is Duana Patton, and I am honored to serve as the Chief Executive Officer of the Ohio District 5 Area Agency on Aging, Inc., where I have worked for nearly 31 years. Our Agency, located in Ontario, Richland County, Ohio, is one of 613 Area Agencies on Aging (AAAs) across the nation that helps older adults remain independent and supported in their communities. I am also the current Board President of USAging, the national association of AAAs. On behalf of these agencies and the millions of older adults and family caregivers we serve, I want to express my gratitude for your continued commitment to meeting the needs of individuals, families, and caregivers through the Older Americans Act (OAA). As the older adult population in the United States continues to rise rapidly, AAAs have seen increased demand for OAA programs and services across the country. In 2022, older adults numbered 57.8 million, representing 17.3 percent of the population and the number of older adults has increased by 34 percent since 2012 compared to an increase of two percent in the population under age 65. The older adult population is expected to continue to grow significantly in the future and is projected to reach 88.8 million in 2060.ⁱ

Strengthening the OAA, which is administered by the Administration for Community Living (ACL), over the next decade will be critical as it is the cornerstone of the nation's non-Medicaid home and community-based services (HCBS) system serving nearly 11 million older Americans per year across the country. The Aging Network carries out these services and includes State Units on Aging (SUAs), AAAs, Title VI Native American Aging Programs (Title VI programs) and tens of thousands of local service providers.

Older Americans Act Overview and Background on Area Agencies on Aging

Signed into law in 1965, the OAA has connected older adults and their caregivers to services that help older adults age with health, dignity and independence in their homes and communities—where they want to be. The OAA enables the local delivery of home and community-based services, which are almost always less expensive than institutional care provided in nursing homes or assisted living facilities. The longer older adults can successfully age at home, the better it is financially for families and the federal government. OAA programs and services also support healthy aging and address upstream drivers of health.ⁱⁱ

AAAs were formally established in the 1973 OAA as the "on-the-ground" organizations charged with helping vulnerable older adults live with independence and dignity in their homes and communities. For 50 years, AAAs have served as the local leaders on aging and the OAA was intentionally designed to give AAAs the flexibility to ensure that the local needs and preferences of older adults are considered and reflected in the design and implementation of local service delivery systems.ⁱⁱⁱ Across the country, AAAs play a vital role in supporting both individuals living with aging-related diseases and their caregivers, thanks to the foundation provided by the OAA. As an AAA, our mission is to plan, fund and deliver a broad range of programs and services rooted in the demonstrated needs of the communities we serve. We are often the "front door" to aging services, receiving referrals from individuals, caregivers, physicians and community partners—often at a time when a person is facing a new or increasing risk related to aging. Once AAAs receive input from consumers, service providers and other stakeholders, we develop Area Plans, which outline local needs and propose recommendations for programs and services for older adults and caregivers. Through comprehensive assessments, we determine what supports and interventions will best promote their health, safety and independence. When an individual comes to the AAA, they are not coming for health care, they are coming to seek support in navigating challenges and risks associated with their health condition.

AAAs are social care experts and we know that social needs often drive health outcomes. The core services we provide include nutrition, supportive services, care-

giver support, health and wellness and elder rights. Our person-centered approach and assessment expertise recognizes the health of the person and focuses on interventions that will foster better outcomes. A good example is that of Ms. Gray. Ms. Gray was referred to our AAA following a hospital stay for a chronic health condition. She was not complying with her medication regimen and had poor eating habits. By providing two hours a week of personal care in her home as well as home-delivered meals, Ms. Gray has improved health, both physically and mentally, and has not been admitted to the hospital since receiving these services. This is the powerful impact of the OAA.

Key OAA Programs Supporting Older Adults with Aging-Related Diseases OAA Title III B Supportive Services

OAA Title III B Supportive Services is the bedrock of the Act and provides states and local agencies with flexible funding to provide a wide range of supportive services to older Americans like Ms. Mary. These services include in-home services for frail older adults, senior transportation programs, Information and Referral/Assistance Services (e.g., hotlines to help people find local services, resources), case management, home modification and repair, chore services, legal services, social engagement activities, emergency/disaster response efforts and other person-centered approaches to helping older adults age well at home. Services provided through Title III B are a lifeline for older adults and are heavily based on assessed local needs and the desires of older adults in that community.³⁰ These services are especially critical for older adults with aging-related diseases such as Alzheimer's and Parkinson's disease. As their diseases progress and their needs change, the AAA can adjust the type or intensity of services provided to meet the client where they are.

OAA Title III C Nutrition Services Program

To meet the nutrition needs of older adults, all AAAs provide nutrition services through the OAA Title III C Nutrition Services Program. OAA Title III C is the largest program in the United States that provides nutrition services to older adults in need and provides older adults with opportunities for optimal health and well-being, reduced food insecurity and chances for social interaction with peers. AAAs, working with contracted community-based partners, provide both congregate and home-delivered meals to older adults in their service areas. Congregate meals sites can include senior/community centers, senior cafes, schools, churches, farmers markets and other places where older adults gather. Home-delivered meals are available to older adults who are homebound or otherwise have difficulty getting to congregate sites. The OAA also allows AAAs to provide nutrition education, risk screening and counseling to older adults. Like under Title III B, AAAs have some flexibility under Title III C and can adjust services as a client's needs change. For example, an older adult newly living with Parkinson's or dementia may at first benefit from attending a congregate meal program in their community. However, should their disease progress, and they experience increased difficulty leaving their home, the AAA may offer transportation to the congregate site or, if needed, switch to providing home-delivered meals.

OAA Title III D Evidence-Based Health Promotion and Disease Prevention Programs

In addition to nutritional needs, the OAA also supports healthy aging for older adults through Title III D Evidence-Based Health Promotion and Disease Prevention. OAA Title III D was established in 1987 to provide formula grants to State Units on Aging to support healthy lifestyles and behaviors among adults age 60 and older with priority given to those in greatest economic need and living in medically underserved areas of the state.³¹ Decades later, Congress required the programs to be evidence-based. Of the formally recognized by ACL evidence-based programs, AAAs are most likely to deliver the following: A Matter of Balance, Chronic Disease Self-Management Program, Diabetes Self-Management Program, Tai Chi for Arthritis and Powerful Tools for Caregivers. The impact of the OAA-and the Aging Network that brings it to life-is deeply personal and person-centered. For example, one older gentleman in our region who was living with Parkinson's disease enrolled in a Title III D falls prevention class at the recommendation of his physician after experiencing a fall. The program provided him with exercises and education to reduce his fall risk, improving both his confidence and his quality of life.

OAA Title III E National Family Caregiver Support Program

Lastly, the OAA provides critical support to the family caregivers of older adults living with aging-related diseases through the Title III E National Family Caregiver Support Program (NFCSP). The NFCSP funds local AAAs to assist older caregivers and family members caring for older loved ones by offering a range of in-demand

supports to family caregivers in every community. An estimated 63 million Americans provide care for an older adult, or someone living with illness or disability, nearly a 50 percent increase since 2015. Nearly half of care recipients are age 75 or older and face multiple chronic health conditions with the most common primary conditions including age-related decline, Alzheimer’s or other dementias, mobility limitations, cancer and postsurgical recovery.^{vi} Family caregivers provide a wide range of services, such as transportation, food preparation, housekeeping and personal care, enabling care recipients to live at home or in the setting of their choice with dignity and independence. OAA Title III E services include respite care; individual counseling and support groups; caregiver education classes/training; and emergency assistance. AAAs also play a crucial role in information and referral and caregiver navigation, ensuring families are connected with local providers who can help them create a caregiving plan, address specific challenges and ensure they receive the right services at the right time.

Caregivers supporting older adults are not only family members but can also be paid professional caregivers. However, the nation is experiencing grave direct care workforce shortages which have contributed to greater strain on already stressed family caregivers and puts the health and safety of millions of older adults without other caregivers at risk. The direct care workforce includes professionals such as personal care attendants, home health aides, residential workers and more. The United States does not currently have the caregiving workforce it needs to support the rising number of older adults who need personal, in-home care or institutional support. The pay is low (median earnings of \$23,688 annually) and the work is physically and mentally demanding with very limited opportunities for career advancement.^{vi} While not directly supported by OAA Title III E, the direct care workforce provides critical support to family caregivers and should not be ignored. Without professional caregivers, older adults have an increased chance of receiving low quality care, which threatens their lives and health.

OAA Reauthorization

Authorization of the OAA expired last year and since the last reauthorization of the OAA in 2020, AAAs have identified new opportunities to be even more responsive to the evolving needs of older adults. During the pandemic, we were challenged to adapt-and that adaptation sparked innovation. When congregate meal sites had to close, AAAs were permitted to provide “grab-and-go” meals, allowing older adults to maintain access to nutritious food and social connection in a safe way. One participant, a man with diabetes, began using the program because he wanted to avoid grocery stores during the pandemic. He later shared that the meals helped him lose weight and reduce his medications. Today, he continues to attend congregate meal sites and actively manages his condition. To reflect the needs of today’s older adults and preserve OAA’s inherent flexibility and locally driven structure, it is critical for the OAA to be reauthorized, and I urge Congress to swiftly pass the bipartisan, bicameral reauthorization bill that fell out of last December’s final spending package.

Conclusion

The lessons we learned during the pandemic underscore the importance of allowing AAAs to continue using innovative practices that have proven effective. The timing of this reauthorization is ideal-it gives us the opportunity to strengthen what works, modernize where needed and ensure the Act continues to meet the needs of older adults, caregivers and communities across the nation. Chairman Scott, Ranking Member Gillibrand and members of the Committee, thank you for the privilege to share my passion and stories from the field. This day is particularly meaningful; not only because it marks my Mother’s 82nd birthday, but also because this opportunity stands as a cornerstone moment in my career dedicated to serving older adults like my Mom.

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- (i) Administration for Community Living, 2023 Profile of Older Americans (2024)
 - (ii) USAging, Older Americans Act: Get the Facts (2025)
 - (iii) USAging, Area Agencies on Aging: Local Leaders in Aging Well at Home (2023)
 - (iv) USAging, Policy Priorities 2025: Promote the Health, Security and Well-Being of Older Adults (2025)
 - (v) Administration for Community Living, Health Promotion (2025)
 - (vi) AARP and the National Alliance for Caregiving, Caregiving in the US Research Report (2025)

Questions for the Record

U.S. SENATE SPECIAL COMMITTEE ON AGING

"RENEWING OUR COMMITMENT: HOW THE OLDER AMERICANS ACT
UPLIFTS FAMILIES LIVING WITH AGING-RELATED DISEASES"

NOVEMBER 5, 2025

QUESTIONS FOR THE RECORD

Erick Montealegre**Senator Raphael Warnock****Question:**

There are nearly 188,300 individuals in Georgia living with Alzheimer's disease and over 384,000 caregivers.

What advice would you give families who are just starting this journey after a dementia or mild cognitive impairment diagnosis on how to advocate for needed services and how to engage community resources to supplement formal programs?

Response:

The first thing I would want families to know is that they are not alone. A new diagnosis of dementia can feel overwhelming, but there are clear steps they can take to advocate for their loved ones and start building a strong support network.

I would tell them to start with educating themselves by taking advantage of the educational programs provided through the Older American's Act and the Area Agencies on Aging. Understanding the diagnosis empowers families to make informed decisions. They should ask specific questions such as:

- What changes should we expect?
- What services should we put in place early?
- When should we request a referral to a neurologist, geriatrician, or memory-care specialist?

Then, document everything. Keep a binder or digital folder with medical notes, test results, medication lists, and any observed changes in memory or behavior. Having clear documentation also helps families advocate for the level of care their loved ones truly need.

Third, they should build their teams earlier than they think they will 'need' them. Dementia care is strongest when it combines formal services with community support. Families should explore:

- Local Aging & Disability Resource Centers (ADRCs) for benefits screening and case management
- Area Agency on Aging for low-cost or free programs
- Senior centers and adult day programs to reduce isolation
- Faith-based and community organizations for social engagement and respite
- In-home care providers who offer companionship, personal care, and safety oversight
- Support groups for both caregivers and those living with early-stage dementia

The biggest advice I can give is to start early, any delays in receiving treatment or therapy can be devastating. Unlike many diseases which can be recovered from, once function is lost to dementia it's gone for good. There simply is no time to delay treatments and therapies.

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QUESTIONS FOR THE RECORD

Duana Patton**Senator Raphael Warnock****Question:**

Area Agencies on Aging (AAAs) offer critical services for seniors across the country. Georgia's 12 AAAs do exceptional work providing resources and care to older Georgians. However, the aging population is growing rapidly, and AAAs across the country need increased funding to meet the real and urgent needs of their community.

How would the reauthorization of the Older Americans Act (OAA) help AAAs connect older adults with aging-related diseases to the services they need?

Response:

The number of older adults living with one or more chronic conditions is rapidly increasing and many require long-term supports that go far beyond traditional medical care. Without adequate community services, caregiver resources, and coordinated care, older adults face greater risk of malnutrition, falls, hospital readmissions, caregiver burnout, and premature institutionalization.

Reauthorizing the Older Americans Act (OAA) will modernize and strengthen funding for community-based services that support chronic disease prevention and self-management, care coordination, in-home services, and caregiver assistance. It provides Area Agencies on Aging (AAAs) with greater flexibility to continue their pandemic-era nutrition services innovations and to build stronger partnerships with health care systems in order to reach more adults with these life-changing interventions. Importantly, OAA reauthorization increases the ability of AAAs to reach older adults at the right time, in the right place-often before a crisis occurs.

Question:

According to the American Association of Retired Persons (AARP), nearly one in three adults in Georgia is an unpaid caregiver for family members or friends with health conditions or disabilities. The number of caregivers is expected to increase over the next few years, as Georgia's older adult population grows.

How do services authorized by the Older Americans Act (OAA) support unpaid caregivers, and what steps can Congress take to further alleviate the financial and social burden of caregivers in states like Georgia?

Response:

The Older Americans Act (OAA) plays a vital role in supporting the millions of unpaid family caregivers who form the backbone of our long-term care system. Through services such as respite care, caregiver training, counseling, and care coordination, OAA-funded programs help caregivers manage the physical, emotional, and financial strain that comes with caring for an older adult with complex health needs. These supports allow caregivers to remain in the workforce, protect their own health, and continue providing care safely at home-delaying costly hospitalizations and institutional placements.

Yet, the demand for caregiver support far exceeds current capacity. Reauthorizing the OAA presents a critical opportunity for Congress to support funding for the OAA Title III E National Family Caregiver Support Program, increase access to respite services, and provide Area Agencies on Aging with greater flexibility to use funds for evidence-based programs, supportive services, and partnerships with health care systems. These steps would allow AAAs to reach caregivers earlier-often before they are in crisis-and deliver the assistance they need to sustain care over time.

Statements for the Record

U.S. SENATE SPECIAL COMMITTEE ON AGING

"RENEWING OUR COMMITMENT: HOW THE OLDER AMERICANS ACT
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NOVEMBER 5, 2025

STATEMENTS FOR THE RECORD

AARP Statement

AARP, which advocates for the more than 100 million Americans age 50 and older, thanks the Committee for holding this hearing, "Renewing Our Commitment: How the Older Americans Act Uplifts Families Living with Aging-Related Diseases." We appreciate the opportunity to offer our support for older adults and their family caregivers through the Older Americans Act (OAA) Reauthorization Act of 2025 (S. 2120). AARP commends you for your bipartisan work on this legislation and joins you in calling for its prompt passage.

For 60 years, the OAA has helped older Americans live at home with independence and dignity, deferring or eliminating more costly institutional services and hospitalizations. It delivers essential services to approximately 11 million older adults in a typical year, including home care, job training and employment opportunities, family caregiver support, congregate and home-delivered meals, case management, transportation, adult day care, legal services, elder abuse prevention, and long-term care ombudsman programs to help keep people safe. OAA programs are cost-effective investments that serve the needs of older Americans while helping them to remain in their homes and communities as they age, where the vast majority prefer to be.

America's older population is growing and so too must the resources to help them remain independent and live at home. Family caregivers are filling in the gaps, providing care to their loved ones at significant expense to themselves in terms of both time and money, but the number of family caregivers is not likely to keep up with the demand. Now more than ever, OAA programs are essential for America's older adults and their families.

Within the OAA Reauthorization Act of 2025, we appreciate and support the effort to strengthen OAA's many successful programs, including the National Family Caregiver Support Program (NFCSP) and Title VI Native American Caregiver Support Services, the Senior Community Service Employment Program (SCSEP), nutrition services, the Long-term Care Ombudsman Program (LTCOP), the direct care workforce national resource center, and housing services, all of which are outlined below.

National Family Caregiver Support Program (NFCSP) and Title VI Native American Caregiver Support Services

As we mark National Family Caregivers Month, we recognize the 63 million family caregivers who are the backbone of the US long-term care system. Family caregivers provide about \$600 billion annually in unpaid labor to their adult loved ones. The care they provide ranges from bathing and dressing to paying bills and transportation, and their assistance helps save taxpayers billions of dollars by helping to delay or prevent more expensive care. However, despite the many benefits family caregivers contribute to the economy and the important role they play in preserving the health and well-being of their loved ones, family caregivers often face significant financial, physical, and emotional challenges. According to Caregiving in the US 2025, 55 percent of family caregivers perform medical and nursing tasks for their loved ones; too often, they have little preparation or training.

NFCSP was created in 2000 to support a range of services that assist family and other unpaid caregivers. Similarly, OAA's Title VI Native American Caregiver Support Services provide support for American Indian, Alaskan Native, and Native Hawaiian families, including through information and outreach, access assistance, individual counseling, support groups and training, respite care, and other supplemental services. As our nation ages, this support is needed more than ever. Importantly, the OAA Reauthorization Act of 2025 builds on progress to support family caregivers that began in the 2020 OAA reauthorization through improvements to caregiver needs assessments and support services provided to caregivers, the accessibility of information about available supports for caregivers, and more. We also support the extension of the RAISE Family Caregivers Act and Supporting Grandparents Raising Grandchildren Act.

Senior Community Service Employment Program (SCSEP)

SCSEP provides part-time community service assignments for low-income adults age 55 or older who face limited employment opportunities, often due to persistent barriers such as age discrimination. SCSEP-funded services are available in nearly all 3,000 U.S. counties and territories and have helped thousands of older jobseekers into jobs providing them work-based training and the opportunity to use their skills. According to the most recent Department of Labor Workforce GPS survey, participants strongly believe that the program helped prepare them for success in the workforce (8.4 on a 10-point scale). Through the program, many older Americans are able to contribute positively to their communities while seeking new employment opportunities, making this a true win-win program. We appreciate the continued support for SCSEP, the only federal program specifically created to assist workers 55 and older to gain the skills and experience necessary to be productive members of the workforce.

Nutrition Services

In 2023, nearly 12.6 million (more than one in ten) Americans age 50 and older faced food insecurity and the threat of hunger, the highest share in nearly a decade. While only part of the solution, OAA nutrition programs are a critical component of addressing senior hunger. OAA-funded senior nutrition programs also provide more than a meal; they provide opportunities for social engagement, offer nutrition screening and counseling, and link participants to other home and community-based supports. Congregate and home-delivered nutrition services provided by OAA reduce hunger, improve health, and combat social isolation, which costs Medicare an estimated \$6.7 billion annually. Research shows that without these programs, many older adults would skip meals or eat less.

We appreciate the efforts to innovate nutrition services within OAA, specifically, the codification of added flexibility around grab-and-go service delivery methods. This provision will allow service providers to better meet the needs of their communities. Access to these services is more critical than ever, as food insecurity among older adults continues to rise and demand for nutrition programs intensifies. With fluctuations in Supplemental Nutrition Assistance Program (SNAP) benefits and rising food costs, OAA-funded nutrition programs are increasingly relied upon to fill the gap, making sustained investment essential.

Long-Term Care Ombudsman Program (LTCOP)

The LTCOP is the most effective program to advocate and act as a resource for the older adults who live in nursing homes, assisted living, and other licensed adult care homes. Every state - along with Puerto Rico, Guam, and the District of Columbia - has a long-term care ombudsman office. These offices work to resolve issues related to residents' health, safety, welfare, and rights, while helping individuals and their families understand and exercise those rights. In 2024, the LTCOP processed over 200,000 complaints. By promoting dignity and quality of life, the LTCOP plays a critical role in ensuring that long-term care environments are safe, respectful, and responsive to the needs of those they serve.

We support the provisions within S. 2120 to strengthen the LTCOP, which effectively advocates and acts as a critical resource for the older adults who live in nursing homes, assisted living, and other licensed adult care homes.

Direct Care Workforce National Resource Center

The direct care workforce is an integral part of the nation's healthcare system. Around 12.6 million adults in the US need long-term services and supports (LTSS). Despite the increased demand for direct care workers, job quality for all members of the direct care workforce remains low, contributing to high turnover and workforce shortages. The shortage of well-trained direct care workers, combined with an expected doubling of the older adult population between 2023 and 2040, points to an emerging crisis that requires immediate attention.

AARP strongly supports efforts to bolster the direct care workforce through additional support and investments in the OAA and appreciates the inclusion of the national resource center on direct care workforce.

Housing Services and Supports

OAA provides vital resources for millions of older adults who want to age in their homes through assistance for home repairs and modifications to ensure the home is safe and updated with accessibility features. We support the provision within the OAA Reauthorization Act that extends the eligible housing services to include weatherization.

Conclusion

OAA programs are cost-effective investments that serve the needs of older Americans while reducing the need for costly institutionalization. As America's older population grows, so too must the resources to help them remain independent and live at home. Older Americans have earned the right to age with dignity, and the OAA helps make that possible - now is the time to renew our national commitment. We urge prompt OAA reauthorization so that our loved ones can continue to turn to these services for their health and economic security as they age.

Again, thank you for your bipartisan leadership on this important legislation, and we look forward to continuing to work with the Committee on a bipartisan basis.

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STATEMENTS FOR THE RECORD

American Foundation for the Blind (AFB) Statement

The American Foundation for the Blind (AFB) is a national nonprofit that creates equal opportunities and expands possibilities for people who are blind, have low vision, and are deafblind through advocacy, thought leadership, and strategic partnerships. We appreciate this opportunity to submit a statement about how the Older Americans Act (OAA) can maximize opportunities for older Americans who are blind through improved coordination between the aging network and blindness service providers.

Many Older Adults Experience Blindness or Low Vision

Blindness and vision loss is often an age related disability. Certain causes of blindness that tend to be age-related include Age-Related Macular Degeneration, Cataracts, Diabetic Retinopathy, and Glaucoma. According to the 2023 National Health Interview Survey, about 23% of people 65 and older are blind or have trouble seeing, even when wearing glasses. In addition, there are significant comorbidities between blindness and other age-related conditions, including hearing loss, mobility disabilities, Alzheimer's and dementia, and Parkinson's disease. In fact, research shows a relationship between dementia and vision loss.

Agencies that serve people who are blind

People who are blind or have low vision benefit significantly from access to peer support groups and blindness skills training services that empower them to live independently and in a way they choose. However, many people who experience age-related vision loss continue to go without any services, due to a lack of awareness or funding, and they frequently end up relying on family members or having to move into nursing homes.

Private and public agencies across the country serve people who are blind or have low vision to equip them with skills and mentorship to adjust to living with blindness. Some of these blindness skills may include cooking, using assistive technology, and Orientation and Mobility skills that help people move confidently through their environment with the use of a white cane or guide dog. Talking with peers who are blind can help with confidence living at home and provide resources such as how to use audio description to watch television and access the National Library Service to borrow audiobooks or braille books.

Coordination is an important opportunity in the OAA

Likewise, the aging network helps people to continue living in their homes. Area agencies on aging carry out programs and services for people who need transportation, who experience isolation, and need meal services. In fact, AAAs and meal delivery programs may be the only point of regular contact for isolated adults.

We appreciate that the current versions of the OAA reauthorization bill include provisions for supporting older individuals with disabilities through improved coordination. There is ample opportunity for conscientiously increasing coordination between the aging network and blindness services.

Through improved coordination, we could shorten the time that people experiencing vision loss take to learn about and receive vision related services and ensure they receive other services they may need that are provided through the aging services network. Coordination would also expand awareness for caregivers about how their family member can continue to live independently as a blind or low vision person. Aging service providers could request consultation to ensure their programs are fully accessible (e.g. by providing information in alternative formats and ensuring blind participants have transportation access). Many AAAs hold falls prevention training, but even though vision loss is a risk factor for falling, many falls prevention trainings are either not accessible to a blind person, or they do not provide blindness specific resources.

Blindness service providers can offer resources about their programs to AAAs and to the people they serve to increase the rate of referrals. Increasing awareness and referrals would ensure that all older adults with vision loss have access to peer sup-

port and blindness skills training that they need to retain their quality of life. Improved coordination is necessarily bidirectional as vision service providers need to be familiar with the AAA system while blind older adults would benefit from receiving more information about blindness services and more accessible programming within the aging network. Currently this coordination does not exist.

The OAA is vitally important for Older Americans, including the many who are blind or have low vision. Yet, there are opportunities to improve coordination, so that older adults who are blind can benefit even more from OAA programs. We hope the Committee will prioritize passing legislation that truly improves coordination between organizations that specifically serve blind adults and those that serve older adults.

Thank you for the opportunity to submit this statement for the record. Should you have any questions about the information raised in this statement, please reach out to Sarah Malaier.

Sincerely,

Stephanie Enyart
Chief Public Policy and Research Officer

U.S. SENATE SPECIAL COMMITTEE ON AGING

"RENEWING OUR COMMITMENT: HOW THE OLDER AMERICANS ACT
UPLIFTS FAMILIES LIVING WITH AGING-RELATED DISEASES"

NOVEMBER 5, 2025

STATEMENTS FOR THE RECORD

Alzheimer's Association and Alzheimer's Impact Movement Statement

The Alzheimer's Association and Alzheimer's Impact Movement (AIM) appreciate the opportunity to submit this statement for the record to the Senate Special Committee on Aging hearing entitled "Renewing Our Commitment: How the Older Americans Act Uplifts Families Living with Aging-Related Diseases". The Association and AIM thank the Committee for its continued leadership on issues important to the millions of individuals living with Alzheimer's and other dementias and their caregivers. This statement highlights the importance of policies and programs within the Older Americans Act (OAA) that can help meet the unique needs of our nation's growing number of Americans living with Alzheimer's and other dementias.

Founded in 1980, the Alzheimer's Association is the world's leading voluntary health organization in Alzheimer's care, support, and research. Our mission is to eliminate Alzheimer's and other dementias through the advancement of research, to provide and enhance care and support for all affected, and to reduce the risk of dementia through the promotion of brain health. AIM is the Association's advocacy affiliate, working in a strategic partnership to make Alzheimer's a national priority. Together, the Alzheimer's Association and AIM advocate for policies to fight Alzheimer's disease, including increased investment in research, improved care and support, and the development of approaches to reduce the risk of developing dementia.

Over seven million Americans are living with Alzheimer's, and by 2050, this number is expected to rise to nearly 13 million. Alzheimer's is one of the costliest conditions in the United States. In 2024, total payments for all individuals with Alzheimer's or other dementia are estimated at \$360 billion (not including unpaid caregiving). By 2050, these costs are projected to rise to nearly \$1 trillion. These mounting costs threaten to bankrupt families, businesses, and our health care system. Unfortunately, our work is only growing more urgent.

As the prevalence of Alzheimer's disease and other dementias increases, so does the need for care and support services for those living with these diseases. The OAA provides federal funding and the necessary infrastructure to deliver vital support programs and social services to our nation's seniors, including those with Alzheimer's disease. These critical programs are utilized by millions of low-income Americans and provide for such services as home-delivered and congregate nutrition services; in-home supportive services; transportation; caregiver support; community service employment; health and wellness programs; the long-term care ombudsman program; services to prevent the abuse, neglect, and exploitation of older adults; and other supportive services. Twenty-four percent of older individuals with Alzheimer's disease and other dementias who have Medicare are also eligible for Medicaid, punctuating the need within the Alzheimer's community for such programs as the Senior Nutrition Program and the National Family Caregiver Support Program.

We strongly support the bipartisan Older Americans Act (OAA) Reauthorization Act of 2025 (S. 2120), led by Chairmen Cassidy (R-LA) and Scott (R-FL) and Ranking Members Sanders (I-VT) and Gillibrand (D-NY), which includes expanded efforts to address social isolation, a pressing issue for the aging population and especially for individuals with dementia. Social isolation exacerbates cognitive decline, mental health issues, and physical health risks. The Alzheimer's Association's Dementia Care Practice Recommendations emphasize the benefits of support groups in reducing isolation and improving outcomes, including quality of life and communication with family members. The establishment of an Advisory Council on Social Isolation and Loneliness is an important step toward better understanding and responding to this growing public health issue.

We are grateful that the Supporting Older Americans Act of 2020 (P.L. 116-131) included the bipartisan Younger Onset Alzheimer's Disease Act, championed by Senators Susan Collins (R-ME) and Bob Casey (D-PA), to codify existing authority to provide services to individuals living with younger-onset Alzheimer's disease under the National Family Caregiver Support Program and the Long-Term Care Ombudsman Program. We appreciate that this legislation continues to include this

important language, ensuring that individuals with younger-onset Alzheimer's disease and related dementias can access the supports they need. These services are particularly helpful for those who may still be raising young children, in the workforce, or struggling to secure an accurate diagnosis-facing stigma and delays that compound the disease's toll.

Supporting Dementia Caregivers

Eighty-three percent of the help provided to older adults in the United States comes from family members, friends, or other unpaid caregivers, and the emotional, physical, and financial costs can be overwhelming. Nearly half of all caregivers who provide help to older adults do so for someone living with Alzheimer's or another dementia. In 2024 alone, more than 12 million Americans provided unpaid care for people with Alzheimer's and other dementias, contributing an estimated 19 billion hours of care valued at \$413 billion. Of the total lifetime cost of caring for someone with dementia, 70 percent is borne by families - either through out-of-pocket health and long-term care expenses or from the value of unpaid care.

Community services provided under the OAA offer invaluable support for individuals living with dementia, and, due to the unique challenges they face, it is paramount to continue prioritizing care coordination efforts within communities during the reauthorization process. Dementia often requires a multi-disciplinary approach involving medical professionals, caregivers, social workers, and community support services. Effective coordination helps caregivers navigate the complex healthcare and social service systems and ensures that caregivers and health care professionals collaborate seamlessly, providing comprehensive care tailored to their individual needs. Challenges such as cognitive decline, communication difficulties, and fluctuating symptoms necessitate specialized strategies for coordination. Initiatives promoting dementia-friendly communities and caregiver education programs play crucial roles in enhancing coordination and support networks. By prioritizing and refining care coordination, communities can offer a better quality of life and support for individuals living with dementia and their caregivers.

We are also deeply grateful for the reauthorization and extension of the RAISE Family Caregivers Act. The Alzheimer's Association and AIM have been strong advocates for the RAISE Family Caregivers Act since it was introduced in Congress. As the caregiving crisis intensifies, especially in the Alzheimer's community, this extension will ensure the Department of Health and Human Services can fully implement a national strategy to better support unpaid caregivers. These dedicated caregivers greatly benefit from increased resources, training, and support to help them navigate the strain of caregiving and improve their health and quality of life.

Strengthening the Dementia Care Workforce

We ask that the Committee prioritize policies to reduce barriers and ensure individuals living with dementia have adequate access to long-term care and home- and community-based services. People living with Alzheimer's and other dementias make up a significant portion of all long-term care residents, comprising 49 percent of all residents in nursing homes and 34 percent of all residents in assisted living communities and other residential care facilities. Given our constituents' intensive use of these services, the quality of this care is of the utmost importance. As a result, we encourage the Committee to consider policies to enhance long-term care and support services for the growing number of Americans with Alzheimer's and other dementias who are eligible to receive OAA services.

A strong dementia care workforce is needed to ensure quality care for aging populations. For example, the fourth most common chronic condition in participants using adult day services is Alzheimer's disease or other dementias, and 25 percent of individuals using adult day services have Alzheimer's or other dementias. Access to these services can help people with dementia live in their homes longer and improve the quality of life for both themselves and their caregivers. In-home care services, such as personal care services, companion services, or skilled care, can allow individuals living with dementia to stay in familiar environments and be of considerable assistance to caregivers. Adult day services can provide social engagement and assistance with daily activities.

To ensure that care providers are equipped to meet the specific needs of individuals with dementia, we strongly support the bipartisan Accelerating Access to Dementia & Alzheimer's Provider Training (AADAPT) Act (H.R. 3747), introduced by Representatives Troy Balderson (R-OH-20) and Nanette Barragun (D-CA-44), which would provide grants to expand virtual education and training on Alzheimer's and dementia so that more primary care providers better understand detection, diagnosis, care, and treatment - and so that more providers in rural and underserved communities can receive dementia training.

By prioritizing a well-trained dementia care workforce, Congress can ensure that individuals living with Alzheimer's and other dementias receive timely, accurate diagnoses and high-quality, coordinated care, no matter where they live. This investment will not only improve outcomes for patients and ease burdens on family caregivers but also reduce overall health care costs by minimizing unnecessary hospitalizations and specialist referrals. The AADAPT Act is a critical step toward building a more equitable and effective dementia care system nationwide.

Advancing Brain Health Through Evidence-Based Interventions

The Alzheimer's Association and AIM encourage the Committee to recognize the opportunity to promote brain health and risk reduction through evidence-based lifestyle interventions. The Alzheimer's Association U.S. Study to Protect Brain Health Through Lifestyle Intervention to Reduce Risk, known as U.S. POINTER, found that a structured lifestyle program - focusing on things like improved nutrition, physical exercise, cognitive engagement, and health monitoring - improved thinking and memory over two years, keeping brain function from declining as it normally would with aging. Participants in the structured program performed like people who were one to almost two years younger, suggesting that these habits can help the brain stay resilient against age-related changes. U.S. POINTER is the first large-scale, randomized controlled clinical trial to demonstrate that an accessible and sustainable healthy lifestyle intervention can protect cognitive function in diverse populations in communities across the United States. The results present a compelling case for investments in preventive brain health programs targeting nutrition, physical exercise, cognitive stimulation and cardiovascular wellness.

OAA-funded programs, especially those authorized under Title III-B (Supportive Services), Title III-C (Nutrition Services), and Title III-D (Health Promotion), offer the infrastructure to deliver these interventions where older adults already access services. Implementing POINTER-style models into community-based programs would empower older Americans to engage in brain-healthy behaviors in familiar and trusted settings.

This is not only a brain health issue - it is an economic imperative. Reducing cognitive decline could help reduce future care costs and support healthy, productive aging. As you move forward in the OAA reauthorization process, we urge the Committee to support funding, legislation, and public health initiatives that bring these proven brain health interventions into more communities.

Conclusion

The Alzheimer's Association and AIM appreciate the Committee's steadfast support and commitment to advancing issues important to the millions of individuals living with Alzheimer's and other dementias, as well as their caregivers. We look forward to working with you and again ask that you keep individuals living with dementia in mind as the Older Americans Act reauthorization effort moves through the legislative process.

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STATEMENTS FOR THE RECORD

Defeat Malnutrition Today Statement

Defeat Malnutrition Today is a coalition of over 120 members committed to addressing older adult malnutrition across the continuum of care. We submit for the record an American Society on Aging article written by our national coordinator about how Older Americans Act programs can improve the health of and reduce malnutrition in older adults.

Leveraging Nutrition to Make Older Americans Healthy Again

September 15, 2025

The Trump Administration's MAHA Strategy provides an opportunity to address older adults within each of the MAHA pillars.

By Edwin Walker and Bob Blancato

About one in six Americans is now ages 65 or older, with 11,000 turning age 65 every day. While we can't turn back the clock on age, we can help older Americans continue to make vital contributions to the economy and society by helping them maintain their strength and independence. Disability and chronic disease decrease older adult's health, functionality and quality of life, with more than half (63.7%) of the older U.S. population living with two or more chronic diseases. Good nutrition can make a difference, helping increase not only older adult lifespan but healthspan, too.

Health is built across an entire lifetime, and while childhood intervention is important, chronic disease prevention and health promotion must continue beyond childhood. If we wait until individuals are already frail, we've missed too many opportunities to keep people healthy. The Trump Administration's plan to Make America Healthy Again (MAHA) includes "fresh thinking on nutrition." An emphasis on nutrition is also key to Make Older Americans Healthy Again (MOAHA)-and here's what needs to be done.

Action starts by recognizing that malnutrition is a common problem for older adults today. Estimates are that up to one in two older adults are at risk for malnutrition, particularly a lack of adequate protein, calories and other nutrients, which contributes to poor health outcomes, frailty and disability, and increased healthcare costs. Congress recognized the importance of this issue when it added reducing malnutrition to the purpose of the Older Americans Act (OAA) during the 2020 OAA reauthorization. The OAA's disease prevention and health promotion services were also updated to include screening for malnutrition. Every September, we celebrate Malnutrition Awareness Week.

OAA programs are administered locally by more than 600 Area Agencies on Aging, more than 270 Title VI Native American Aging Programs, and more than 20,000 community service providers supported by 70,000 volunteers-all trusted by the 11 million older adults they serve.

These programs leverage federal funds with state, local, and participant funding. With its nationwide coverage, well-established community ties, and mix of public and private support, the OAA network provides an ideal infrastructure for MOAHA.

With the release of the Trump Administration's MAHA Strategy, we see an opportunity to address older adults within each of the MAHA pillars.

Realigning Incentives and Systems to Drive Health Outcomes

OAA programs provide aging services and nutrition-including nearly one million healthy meals every day-to older adults across our nation, many of whom are at risk for malnutrition. OAA interventions are cost effective. It is estimated that just one day in the hospital costs about the same as providing an older adult with one year of OAA nutrition program meals. Furthermore, OAA programs offer a nationwide infrastructure for piloting and scaling innovative interventions (e.g., medically tailored meals, protein-rich menus, culturally appropriate foods).

Identifying individuals at risk for malnutrition who can benefit from nutrition interventions often begins in the hospital, where disease-associated malnutrition in

older Americans costs more than \$51.3 billion every year. The Malnutrition Care Score, or MCS, is the only nutrition-specific hospital quality measure approved by the Centers for Medicare & Medicaid Services (CMS) for adults ages 18 and older, yet is not a mandatory measure. Malnutrition cannot usually be fully resolved in the hospital, thus it is important for acute care nutrition plans to link to community nutrition services post discharge. Studies document that nutrition-focused quality improvement programs in outpatient clinics are feasible and can help reduce use of healthcare resources and cut costs.

Nutrition interventions, such as medical nutrition therapy (MNT) provided by a registered dietitian nutritionist (RDN) can lead to more successful disease treatment and health outcomes. However, currently MNT coverage is limited, for example Medicare only covers MNT for diabetes, kidney disease, or a recent kidney transplant. Legislation including the Medical Nutrition Therapy Act (MNT Act) and Treat and Reduce Obesity Act (TROA) would expand coverage to other nutrition-related chronic diseases/conditions where diet and lifestyle changes can be effective, including obesity, malnutrition, cancer and cardiovascular disease.

Research to Drive Innovation

Including older adults in MAHA research ensures innovation reaches populations at the highest risk of hospitalization. Data is imperative to combat public health crises like older adult malnutrition. For the first time in 2022, the annual National Survey of Older Americans Act Participants (NSOAAP) included malnutrition screening questions. Based on this data, researchers recently found about a fifth of OAA program participants were at malnutrition risk across all OAA programs and that there was evidence malnutrition risk may decline with continued participation in OAA's home-delivered-meals program. Continued collection of and open access to such data helps identify and explain the malnutrition problem as well as document the impact of successful interventions like OAA nutrition programs.

Nutrition is fundamental for health and well-being, particularly for older adults. The Strategic Plan for NIH Nutrition Research includes among its priorities the need to "Define the role of nutrition across the life span for healthy development and aging." Yet funding for nutrition research has remained stagnant at about 5% of total NIH obligations and therefore needs to increase . otherwise we're just guessing at solutions.

Increasing Public Awareness and Knowledge

Public messaging about "healthy aging" is often absent in chronic disease campaigns, even though 93% of older adults have at least one chronic disease. Awareness of malnutrition is even lower: fewer than 1 in 5 older adults who are malnourished are correctly identified in healthcare settings. We should recognize malnutrition as a chronic disease and MAHA messaging must include older adults if we are serious about reducing the nation's chronic disease burden across the lifespan.

Campaigns should highlight how older adults benefit from OAA programs, which follow the Dietary Guidelines for Americans to provide healthy food and support older adult's health, independence, and dignity. It's estimated that 2.9 million low-income, food insecure older adults who could benefit from OAA nutrition programs are not receiving meals.

Fostering Private Sector Collaboration

OAA programs are the gold standard of public-private partnerships. The aging network already partners with thousands of local providers, health systems, and insurers to deliver meals and services, providing a 1:4 return on federal investment. Private insurance is increasingly exploring coverage for meals after hospital discharge, with OAA programs showing how community partnerships can deliver efficiently at scale. Excluding older adults from MAHA leaves a major blind spot in cross-sector health collaboration and ignores a population driving much of our healthcare spending.

The next step is fully funding the Older Americans Act in Fiscal Year 26. This is crucial to ensure older adults get the support and nutrition they need to successfully age in place in their local communities. Indeed, the right of every American to age with respect and community was recently underscored by Health and Human Services Secretary Robert F. Kennedy, Jr.'s comments on the OAA.

As MAHA initiatives take form, leveraging existing networks like the OAA nutrition programs and supporting Make Older Americans Healthy Again (MOAHA) is critical. Aging is not a niche issue. It's a universal experience that should be at the center of public health policy, including MAHA. Older adults are the fastest growing segment of the population and the group with the greatest incidence of chronic disease. Many chronic conditions that manifest in older adulthood can be further aggravated by nutritional deficits or poor diet later in life. Supporting good nutrition

in older adults can benefit their health and quality of life as well as leading to their improved well-being.

Edwin Walker is the former deputy assistant secretary for Aging in the Administration for Community Living. Bob Blancato is the executive director of the National Association of Nutrition and Aging Services Programs (NANASP) and the national coordinator of Defeat Malnutrition Today.

U.S. SENATE SPECIAL COMMITTEE ON AGING

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STATEMENTS FOR THE RECORD

National Academy of Elder Law Attorneys Statement

On behalf of our more than 4,000 members who are attorneys representing older Americans and individuals with disabilities, the National Academy of Elder Law Attorneys (NAELA) writes to express our strong support for immediate reauthorization of the Older Americans Act (OAA). NAELA is the leading professional association dedicated to improving the quality of legal services for older Americans and individuals with disabilities. With 31 active state chapters, NAELA provides elder and special needs law attorneys with education, advocacy, community, and the resources they need to better serve their clients.

Signed into law in 1965, the OAA is "one of the most quietly impactful laws this country has ever passed," as Chairman Scott noted during the hearing. Ranking Member Gillibrand called it a "bipartisan workhorse program that flies below the radar" and one that "is costefficient." The OAA has been reauthorized by multiple Congresses and signed into law by Presidents of both parties, most recently by President Trump in 2020. S. 2120, the bill introduced in 2025 to reauthorize the OAA, is co-sponsored by both Chairman Scott and Ranking Member Gillibrand, as well as Chairman Cassidy and Ranking Member Sanders of the Senate Health, Education, Labor & Pensions Committee.

The OAA's programs - including meal delivery and help with household tasks, transportation assistance, and caregiver support - are essential services for our clients. These programs allow them to remain in their homes and stay active in their communities for as long as possible. This benefits their physical and mental health, reduces government spending by delaying their entry into institutional care or hospitalization, and eases the burden on family caregivers.

Should an individual need to move into a long-term care facility, the OAA protects their rights through the Long-Term Care Ombudsman programs under Title VII. As elder law attorneys, we know that individuals living in residential care communities are often worried about bringing their concerns to management or may have trouble expressing their needs, particularly if they experience aging-related diseases such as Alzheimer's or Parkinson's. An ombudsman with whom they have a trusted relationship can communicate with them and advocate for them, easing their concerns and making sure their needs are met. Data from fiscal year 2023 shows that Long-Term Care Ombudsman representatives worked to resolve more than 200,000 complaints from residents, their families, and other individuals; resolved or partially resolved 71% of complaints; and provided more than 500,000 instances of information and assistance to individuals, according to the Administration for Community Living (ACL).

Legal aid programs under Title IIIB are another way the OAA helps older adults remain independent and safe. These programs allow individuals to access legal counseling for free - which they may not have the ability to do otherwise - as they explore long-term care options, plan for future financial needs, and seek protection from or redress against financial abuse, neglect, and exploitation. The process to apply for Medicaid long-term services and supports, for example, is complicated; individuals who try to do this themselves can easily become overwhelmed and make mistakes. Having legal counsel to guide them through it can be a lifeline, especially during a time of stress. Older adults who are the subject of guardianship or conservatorship actions can turn to legal assistance programs to help them preserve their independence as long as possible, which is particularly important for those individuals with aging-related diseases. The ACL states that nearly 1 million hours of legal assistance are provided each year by OAA-funded legal services providers.

In short, OAA programs allow millions of older adults each year to age with dignity. NAELA members have seen the difference the OAA's programs make in our clients' lives and how much older adults and their families depend on these services every day. With OAA funding and services, such as food-delivery programs, already disrupted due to the federal government shutdown, it's even more important that we reauthorize the OAA now to ensure the program's critical, needs-based services continue to serve older adults throughout our country.

We hope that all Senators, particularly those on the Special Committee on Aging, will cosponsor S. 2120 as soon as possible. We appreciate the Committee's continued interest in this vital program, and we look forward to working with you to serve America's older adults through reauthorization of the Older Americans Act.

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STATEMENTS FOR THE RECORD

National Association of Nutrition and Aging Services Programs Statement

The National Association of Nutrition and Aging Services (NANASP) on behalf of our 1000+ aging services members commends the Chairman Rick Scott, Ranking Member Kirsten Gillibrand, and the Senate Special Committee on Aging for holding this important and timely hearing regarding how the Older Americans Act (OAA) and its programs serve older adults-especially those with disabilities, including age-related disabilities-and how efforts can be strengthened in rural America and in coordination with health care systems.

Important because of what the Older Americans Act and its programs mean to the daily lives of the 12 million Americans age 60 and over served by these programs and timely because it is time without further delay to reauthorize this important act which S.2120 would do. We especially appreciate ranking member Senator Gillibrand being a co-sponsor of this measure.

The largest program components of the OAA are its three nutrition programs: Title III C-1 (congregate nutrition services), Title III C-2 (home-delivered nutrition services), and the Nutrition Services Incentive Program (NSIP). These programs are the focus of today's discussion because they provide more than just meals, they improve health, reduce risk of malnutrition, and ensure the continuation of vital services and supports that allow older adults and people with disabilities to live independently in their communities.

For older adults and people with disabilities, the value of the OAA nutrition programs is many-fold.

- Participants at congregate meal sites are not only receiving a nutritionally balanced meal (meals must meet federal standards, including providing at least one-third of the Dietary Reference Intakes) but also opportunities for socialization, wellness checks, referrals to other services, volunteers who engage them, and a community anchor.

- For home-delivered meals, older adults who are frail, homebound, isolated, or have functional limitations receive a nutritious meal at home, a wellness / safety check from a caring volunteer or staff person, social contact, and connection to other community supports.

- These nutrition programs are especially important for older adults with disabilities or age-related functional challenges because the statute explicitly prioritizes persons with "greatest social or economic need," including those with physical disabilities, limited mobility, and those at risk of institutionalization.

More than one in five older Americans live in rural areas where challenges such as limited providers, long travel distances, and higher rates of disability and isolation make it harder to access services, maintain good nutrition, and stay socially connected. OAA programs, especially the nutrition programs, play a critical role in enabling older adults and people with disabilities to live in their communities with dignity, independence and safety.

These communities therefore need strong partnerships between the OAA network (state units on aging, area agencies on aging, local providers) and state health agencies, rural hospitals, and public health systems. For example: As rural health systems implement the new Malnutrition Care Score and the Age-Friendly Hospital Measure-which help hospitals identify malnutrition risk among older patients and tailor discharge planning-there is an opportunity for hospitals to formally partner with OAA nutrition programs so that when older adults with disabilities are discharged home, their nutrition concerns are addressed immediately in the community. By aligning nutrition screening in hospitals, referral to OAA nutrition programs, and follow-up coordination, readmissions may be reduced, older adults with disabilities can be better supported in their home communities, and health systems and community providers can jointly track outcomes.

To be clear: the OAA nutrition programs are more than "just a meal." To the older adults and people with disabilities they serve, these programs represent a lifeline.

They promote better health and can help prevent malnutrition, they provide critically important socialization to combat isolation and loneliness, and for home-delivered recipients they offer a daily wellness check. They engage volunteerism, foster connection, offer nutrition education and support chronic disease management. The nutrition program under Title VI of the Act for Native American older adults also plays a vital role in tribal communities.

Given all of this, it is important that Congress act without further delay to reauthorize the OAA. The Act celebrated its 60th anniversary in 2025, marking one of the most successful federal programs ever enacted. Yet the world for older Americans has changed dramatically. Earlier this year, the Administration announced a major reorganization of Department of Health and Human Services that profoundly impacts the Administration for Community Living (ACL), which administers the OAA. While we await those results, NANASP along with Meals on Wheels America, National Council on Aging, USAging, and Advancing states urge that all aging programs be housed within a single agency-the Administration for Children, Families, and Communities-with strong aging leadership and adequate resources to maintain the aging network's integrity.

Enable state units on aging and area agencies on aging to fully participate in new funding streams like the Rural Health Transformation Grants, telehealth infrastructure and workforce grants to enhance rural nutrition services.

Today's hearing can be a catalyst to move reauthorization forward on a bipartisan basis to ensure more older adults and people with disabilities live with dignity and independence in their communities, especially those with greatest social and economic need. Let us all work together to make this happen.

The OAA celebrated its 60th anniversary in 2025. It did so with the reality that it is one of the most successful federal programs ever enacted hearing can be a catalyst to get reauthorization moving. Today's hearing is a catalyst to get the reauthorization moving on a bipartisan basis to ensure older adults and people with disabilities live with dignity and independence in their communities. Let us all work together to make this happen.

Thank you for your consideration.

Sincerely,

Bob Blancato
Executive Director NANASP

U.S. SENATE SPECIAL COMMITTEE ON AGING

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STATEMENTS FOR THE RECORD

National Rural Health Association Statement

The National Rural Health Association (NRHA) is pleased to submit a statement to the Special Committee on Aging Hearing, How the Older Americans Act (OAA) Uplifts Families Living with Aging-Related Diseases. We appreciate the Senate Aging Committee's continued commitment to the needs of older adults, including the more than 60 million Americans that reside in rural areas. NRHA submits this statement to highlight the unique needs of older adults in rural communities and uplift the importance of improving age-friendly care, nutrition access, and caregiver support.

NRHA is a non-profit membership organization with more than 21,000 members nationwide that provides leadership on rural health issues. Our membership includes nearly every component of rural America's health care, including rural community hospitals, critical access hospitals, long-term care providers, doctors, nurses, and patients. We work to improve rural America's health needs through government advocacy, communications, education, and research.

Background

Older adults living in rural areas make up a disproportionate share of the aging population. In 2020, about 1 in 5 people living in rural areas in the United States were 65 and over, compared to 16 percent in urban areas, and face compounding challenges including higher poverty rates, greater social isolation, limited means of transportation, food insecurity, and reduced access to long term care and home- and community-based services.¹ These difficulties are magnified by ongoing rural hospital closures and workforce shortages.

The OAA has been a reliable source of caregiver relief, nutrition support, and assistance navigating services for many rural families. The OAA created the Administration on Aging, part of the Administration for Community Living (ACL), and established a national aging services network that includes state agencies, Tribal aging programs, Area Agencies on Aging (AAAs) and community-based organizations. Together, this network provides services that play a critical role in helping older adults remain in their homes and communities. In rural America, that mission cannot be met without strengthening OAA funding and flexibility to reflect the realities of rural service delivery.

Economic Challenges

Poverty: Rural older adults often struggle financially due to limited employment opportunities, lower Social Security benefits due to reduced lifetime earnings, and rising health care costs. The poverty rate among rural older adults is 13 percent, which is 9.6 percent higher than the national average.² With limited fixed incomes, even minor changes in finances, such as unexpected healthcare costs, can cause immense strain for rural older adults.

Housing: Housing insecurity is reported to be the leading cause of stress among rural older adults, with many living in substandard conditions due to the unavailability of senior housing programs.³ Rural Americans have a lower median household income compared to urban households, sitting around four percent lower.⁴ Inaccessibility of affordable and available housing for rural older adults further exacerbates economic challenges faced by this population and is an obstacle to positive healthcare outcomes. Healthy homes promote good physical and mental health. Good health depends on having homes that are safe and free from physical hazards. Residents who experience difficulty paying rent, mortgage or utility bills are less likely to have a usual source of medical care and more likely to postpone treatment and use the emergency room for treatment.⁵

Payment & Health Care Costs: Rural older adults spend an average of 20 percent more on health care than their urban counterparts.⁶ Additionally, Medicare is the primary source of care coverage for rural older adults; however, Medicare only covers nursing home care in limited circumstances (up to 100 days of skilled nursing care following a hospitalization). Outside of this, Medicare generally does not cover

long-term care in nursing homes or any assisted living. Rural older adults typically rely upon Medicaid to help pay for these costs.

Additionally, limited transportation infrastructure and reliance on emergency services in rural areas contribute to the high costs of healthcare for rural adults, as well as heighten the challenges older rural adults face in accessing care.

Social Challenges

Caregiver Support: Rural families carry a disproportionate share of the caregiving responsibility because the formal long-term care system in rural areas is thinner and continues to contract. Rural areas have experienced higher rates of nursing home closures, consolidation of home health agencies, and reduction in hospice and in-home support teams. These closures force older adults and their families to travel farther for care or manage complex health needs at home with limited, if any, professional support. As a result, family, friends, and neighbors become the default care system where they support loved ones with dementia, mobility limitations, or multiple chronic conditions while also balancing work, transportation challenges and financial constraints.

Even when services exist, workforce shortages limit availability of rural caregivers. Rural nursing assistants, home health workers, and long-term care staff are consistently underpaid, leading to turnover and service gaps. The result is caregiver burnout and turnover. Expanding caregiver support, in-home care capacity, and respite access under the OAA are needed not only to protect caregiver health but also to enable older adults to remain safely in their homes and communities.

Transportation: Unlike urban areas, most rural regions lack public transit systems or rideshare services. Older adults who no longer drive often have no alternative way to get medical appointments, grocery stores, pharmacies, senior centers, or social visits. As a result, losing the ability to drive can lead to instant isolation and access challenges. These transportation barriers contribute to missed medical care, delayed treatment, and worsened chronic disease outcomes. OAA-funded transportation programs attempt to fill these gaps but are consistently under-resourced and face higher per-trip costs due to long travel distances and dispersed populations in rural areas.

Isolation & Mental Health: Rural older adults are more likely to live alone farther from neighbors, and in communities where gathering places have declined due to hospital closures, shrinking senior centers, and loss of local businesses. Social isolation is linked to higher risks of depression, cognitive decline, vulnerability to elder abuse, and earlier mortality by up to 30 percent.^{vi} OAA supported congregate meal programs and senior centers have historically served as anchors of connection, but many rural providers struggle to maintain programming or transportation to bring people together.

Health Care Access

Workforce: Developing, retaining, and sustaining the rural healthcare workforce is often challenging in rural areas. As a result of these workforce shortages, rural older adults often struggle to access primary care providers, nurses, and other specialty care providers. Rural areas have 64 percent fewer health care workers per capita than urban areas.^{vii} This in turn leads to limited access to preventive care and chronic disease management for older adults. Community health workers (CHWs) integration into the healthcare system offers one method to help bridge gaps in health care delivery and increase access to care. CHWs play an increasingly vital role in delivering culturally competent education, care coordination, and social support, especially in rural settings where clinical workforce shortages persist.

Infrastructure: Healthcare infrastructure that can help support the rural older adult population is integral in providing long-term care (LTC) support and addressing the needs of the rural aging population. This includes home health or home and community-based services, or institutional infrastructure such as skilled nursing facilities (SNFs), assisted living, or long-term care facilities. Rural counties have a higher percentage of residents 65 or older and have a higher percentage of the population that identifies as having a disability, which indicates a greater need for age-friendly resources. Access to high-quality nursing home care in rural communities and investments in long-term services and support (LTSS) are needed to allow rural residents to access support and care at home or in their local communities. As mentioned, Medicare often does not provide coverage for many LTC costs. Residents of rural communities who are Medicare beneficiaries tend to use more skilled nursing services and have a higher rate of covered days as compared to urban communities.^{viii} Funding for LTC services as well as reimbursement adjustments for these facilities can help prioritize, sustain, and increase support for health infrastructure for rural older adults.

Nutrition: Reliable access to nutritious food is foundational to healthy aging, yet rural older adults face higher rates of food insecurity and malnutrition due to limited grocery access, long travel distances, and rising food and fuel costs. In nearly one in five rural counties, there is no full-service grocery store at all and more than 20 percent of rural Census tracts qualify as food deserts.^{x,xi} For older adults who no longer drive, this means that even basic staples like fresh produce and medication snacks become difficult or impossible to obtain. OAA nutrition programs directly counter these conditions. Congregate meals provide structured social engagement and routine safety checks, reducing the risk of cognitive decline and loneliness. Home delivered meals like Meals on Wheels support older adults who are homebound or have mobility limitations. These meals in rural communities are not simply supplemental, they are the primary balanced meal of the day and a key part of managing diabetes, hypertension, stroke recovery and heart disease.

Overall, rural communities are home to a large population of older adults. Many factors contribute to the challenges and barriers this population faces in terms of healthcare access. The OAA is a key solution to help improve social drivers of health, offer support to care-givers and rural adult health needs, and address key issues in health workforce and infrastructure in rural communities. Addressing these challenges can help improve the overall health and disease management of older adults in rural areas.

NRHA thanks the Committee for the opportunity to weigh in on supporting the health of the older population living in rural areas throughout the country. For further information on this topic, please reference NRHA's policy brief, Older Americans Act: Greatest economic and social needs of older rural adults. If you have any questions or would like to discuss our response further, please contact NRHA's Government Affairs and Policy Director, Alexa McKinley Abel.

Sincerely,

/s/

Alan Morgan
Chief Executive Officer
National Rural Health Association

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U.S. SENATE SPECIAL COMMITTEE ON AGING

"RENEWING OUR COMMITMENT: HOW THE OLDER AMERICANS ACT
UPLIFTS FAMILIES LIVING WITH AGING-RELATED DISEASES"

NOVEMBER 5, 2025

STATEMENTS FOR THE RECORD

VISIONS/Services for the Blind and Visually Impaired Statement

As the President and CEO of VISIONS/Services for the Blind and Visually Impaired-one of New York State's oldest and most trusted nonprofit organizations serving older adults who are blind or visually impaired-I thank you for your leadership in advancing the reauthorization of the Older Americans Act.

For nearly a century, VISIONS has empowered tens of thousands of older adults to remain active, independent, and engaged in their communities despite vision loss. Today, the four leading causes of blindness-age-related macular degeneration, cataracts, glaucoma, and diabetic retinopathy-affect millions of Americans, and their prevalence increases dramatically with age. These are not just medical conditions; they are life-changing diagnoses that threaten safety, mobility, and emotional well-being-think of not being able to prepare food safely for yourself in your own home, not being able to take a walk safely on your own, or communicate through your smartphone that you need help.

Through programs supported in part by the Older Americans Act and by our partnerships with the New York State Commission for the Blind and local area agencies on aging, VISIONS provides the essential services that make independence possible:

- Vision rehabilitation training that helps older adults safely navigate their homes and neighborhoods;
- Orientation and mobility instruction that restores confidence to walk, travel, and participate in community life;
- Assistive technology support that teaches individuals to use adaptive devices, magnifiers, and screen readers to stay connected to loved ones; make telehealth appointments, support and social engagement programs that combat isolation and depression, financial independence through online banking, allowing older adults to continue living where they choose-with dignity and purpose.
- Caregiver support services that equip unpaid family members with the resources, respite, and guidance they need to sustain care at home, helping older adults remain safely in their communities and reducing the need for costly nursing home placement.

As our population ages, the need for these services will more than double in the next 25 years. Without reauthorization and sustained investment in the OAA, the network of providers like VISIONS-those who are on the front lines every day helping older adults maintain independence-cannot keep pace with the growing demand.

At VISIONS, we witness daily the transformative impact of coordinated, community-based care envisioned by the OAA. A 78-year-old New Yorker who has lost her sight to glaucoma can learn to cook safely again. A retired veteran with diabetic retinopathy can use speech-enabled technology to pay bills and stay connected to family. These are not extraordinary stories-they are everyday outcomes made possible because Congress has chosen, time and again, to invest in independence, dignity, and community for older Americans.

I urge Congress to reauthorize and strengthen the Older Americans Act, ensuring that older adults with vision loss and other disabilities have continued access to the vital supports they need to live full and meaningful lives.

Thank you for your commitment to our nation's seniors and to the organizations that serve them.

Respectfully submitted,

Molly E. Eagan
President & CEO
VISIONS/Services for the Blind and Visually Impaired, New York, NY