

**STATEMENT OF
LEADERSHIP COUNCIL OF AGING ORGANIZATIONS'
PRIORITIES FOR
PRESIDENT-ELECT BIDEN'S
2020 TRANSITION**

Agency: Government-Wide

Advance Equity and Justice for All People

LCAO deeply appreciates and concurs wholeheartedly with the incoming administration's commitment to advancing equity and justice for all people. We are heartened to read the many platforms promoting equity and justice not only for older adults and people with disabilities, but also for multiple racial and ethnic communities and for Tribal Nations, residents of U.S. territories and commonwealths, immigrants, people with limited English proficiency (LEP), LGBTQ+ individuals and families, women, religious communities, and rural communities. We also recognize that older people and individuals with disabilities who belong to one or more of these communities are disproportionately affected by COVID-19 and other health care conditions; by challenges in accessing affordable, high-quality [health care](#), [community-based services](#), [housing](#), and [long-term services and supports \(LTSS\)](#); and by [economic insecurity](#), including food insecurity.

As a coalition, we are committed to addressing such intersectionality in our policy advocacy on behalf of older adults. We uphold [racial justice](#) for older adults and future generations, and we are working to address (such as via this [statement to the Senate Special Committee on Aging](#), [letter to Congress](#), and [grassroots mobilization](#)) the particular challenges COVID-19 presents for communities of color, including for tribal nations. We opposed the Trump Administration's attempt to add a [citizenship question to the 2020 Census](#) and to make more stringent the "[public charge](#)" test for immigrants. We urged Congress to increase [federal funding for Puerto Rico's Medicaid program](#) following Hurricane Maria and recently urged Congress to increase [federal funding for Medicaid programs in all U.S. territories](#). We have advocated to preserve [nondiscrimination protections for people with limited English proficiency \(LEP\) and for LGBTQ+ older people in health care](#). We have promoted enforcement of similar nondiscrimination protections based on [gender identity, sexual orientation, sex, and religion in HHS-funded entities](#). We have advocated for a robust [U.S. Postal Service](#) and enhanced access to [broadband](#), both of which are especially essential to rural and Indigenous communities. We have also advocated against broadly against ageism and ableism, such as by opposing [age-based employment discrimination](#) and [attempts to weaken the Americans with Disabilities Act \(ADA\)](#).

LCAO offers these introductory comments with the acknowledgment that the types of systemic bias described herein permeate the policy issues addressed within our subsequent recommendations. We look forward to working with the Biden—Harris Administration to confront and decrease ageism, ableism, and all other forms of

systemic bias within federal policies that affect older adults and people with disabilities. Furthermore, we look forward to supporting the incoming administration's efforts to ensure that immigrants have access to public health and social services programs, including by rescinding the 2019 public charge regulations and proposed sponsor deeming requirements.

Agency: Executive Office of the President, Office of Presidential Personnel

Prioritize That Appointees and Administrative Hires Have Expertise in Aging Policy

LCAO urges that the transition team and appointees to high levels of the incoming administration include experts in policy and work related to older adults. We request this same consideration for officials who will lead efforts regarding COVID-19 response and recovery.

Agency: U.S Department of Health and Human Services (HHS) (Administration for Community Living (ACL)/Administration on Aging (AoA)

Ensure That the Older Americans Act and the Nationwide Aging Network Are Key Partners in Caring for an Aging Nation

SUMMARY: The Older Americans Act (OAA) is the backbone of our nation's home and community-based aging services system, providing older adults with much-needed services that include home care, congregate and home-delivered meals, case management, caregiver support, transportation, health promotion and disease prevention, legal services, elder abuse prevention, community service employment opportunities for older adults with low incomes, and ombudsman programs, which help protect and advocate for residents in nursing homes and assisted living facilities. For nearly 55 years, OAA programs have demonstrated a unique ability to provide these quality services while enhancing and protecting federal resources. On average, funding for OAA programs represents less than one-third of one percent (0.0031) of federal discretionary spending but offers an incredible return on investment by leveraging state, local, and private dollars, as well as volunteerism, to help more than 11 million older adults and family caregivers age in place every year. Together, these services save taxpayer dollars by enabling older people to remain independent and healthy in their own homes, where they prefer to be and where they are less likely to need more costly hospital and institutional care paid for through Medicare and Medicaid. OAA programs have been particularly critical in responding to the pandemic, ensuring that those older adults most at-risk of COVID-19 and in greatest need receive services that address their health, social, and nutritional needs.

- **ACTION REQUESTED:** LCAO strongly urges the Biden–Harris Administration to ensure that plans to address the long-term care, caregiving, workforce and health care challenges in the country include the input, expertise, and voices representing the more than 30,000 local community-based organizations, 600

Area Agencies on Aging, 250 Title VI Native American aging programs, and 56 state and territorial units on aging that comprise the nationwide Aging Network.

This existing community-based health and social services infrastructure is essential to enabling millions of older Americans to age in their homes and communities, supporting family caregivers in every community, promoting elder justice, preventing elder abuse and exploitation combatting hunger and isolation, and connecting older workers to employment. **As the Biden-Harris Administration pursues strategies to invest in home and community-based services for older Americans and people with disabilities, improve the aging services and caregiver workforces, and expand supports for unpaid family caregivers, it is essential that the Administration work with, build from, and significantly increase investments in the long established, trusted, expert infrastructure and network that already exists. LCAO urges that these additional investments reflect the substantial and prolonged pandemic response still being provided by the Aging Network and the significant increase in older adults who will continue to need home and community-based services in years to come.**

LCAO enthusiastically applauds and compliments many of the broad, ambitious, substantive, and important goals for support older Americans and caregivers outlined in the Biden Campaign's platforms that are now being integrated into transition team priorities and incoming administration goals. However, the campaign did not make mention of the existing, substantial nationwide network of aging services and supports that has a 55-year plus history of serving millions of older adults and caregivers annually in their homes and communities. **We urge the incoming Biden-Harris Administration to ensure that this recognition and inclusion of the Aging Network occurs as the President-Elect and his team members work to advance and implement policies to care for an aging nation both in the current health and economic crisis and well into the future.**

During the 116th Congress, a bicameral, bipartisan reauthorization of the Older Americans Act was enacted. **We urge the incoming administration to advance the new authorities provided in the statute and promote an FY22 and future budget requests to bring those proposals to fruition.** Funding will be crucial, and requests should reflect the authorization levels Congress approved and provide ACL the resources to launch new and updated initiatives for senior center modernization, advance research and innovation, and lead interagency efforts to enhance collaboration to support healthy aging, promote independence at home, and combat isolation.

Agency: HHS (ACL/AoA)

Support American Indian Elders

SUMMARY: In 2017 there were more than 270,000 American Indians older than 65. This population of elders is expected to more than double by 2050 and is growing at a faster pace than the rest of the nation. American Indian older adults are more likely to be raising grandchildren than any other race or ethnicity. Overall, American Indians are among the most economically disadvantaged populations and face significant health disparities. The COVID-19 crisis in Indian Country is only the most recent manifestation of these inequities.

The pandemic has also highlighted the already existing need to increase the training and education of future Native American gerontologists as the older population increases. Tribal colleges and universities need to be included, along with Historically Black Colleges and Universities, as institutions of higher learning able to benefit from Title IV of the Older Americans Act (OAA). LCAO applauds the incoming administration's commitment to American Indians and to enhancing the relationship between Tribal Nations and the federal government. We encourage the incoming administration to ensure American Indian/Alaska Native/Native Hawaiian elders are honored and recognized in these efforts.

- **ACTION REQUESTED:** LCAO calls on the incoming administration to support fully the Older Americans Act's Native American Aging Programs and the Office of American Indian, Alaska Native, and Native Hawaiian Programs within the Administration for Community Living. LCAO further urges that programs for elders within these communities have access to needed supplies and are included in any emergency pandemic relief. These programs provide crucial supports to elders. We applaud the newly authorized options for expanding services for Native American elders, such as transportation and health and wellness programs. LCAO calls for additional funding and support to grow these services. LCAO calls for funding and support for the tribal elder abuse program component of OAA (Title VII-B). Like the United States, tribes are facing increasing incidences of elder abuse, fraud, and neglect, but most do not have their own Adult Protective Services program or other sufficient resources to respond. Consequently, we urge the Biden–Harris Administration to include tribes in federal funding allocations under programs such as the Social Services Block Grant and the Elder Justice Act. LCAO also encourages the incoming administration to support Tribal colleges and universities to increase the availability of trained American Indian gerontologists and other staff to meet the needs of the growing population of American Indian elders. We call on the incoming administration to ensure a cross-agency response to the needs of American Indian elders across the country, similar to the cross-agency response to elder abuse initiated by the Obama Administration.

Agency: HHS (ACL/AoA)

Protect Residents of Nursing Homes and Assisted Living by Providing Resources to the Long-Term Care Ombudsman Program

SUMMARY: Title VII of the Older Americans Act authorizes and funds the State Long-Term Care Ombudsman Program (SLTCOP). Ombudsmen and their trained volunteers advocate for residents of long-term care facilities to resolve quality-of-life concerns and care problems, protect residents' rights. As each state faces the COVID-19 pandemic, nursing homes and assisted living facilities are in the crosshairs of this national tragedy with millions of residents at greater risk of severe symptoms and death. The LTCOP is expanding its outreach to families and residents while following CDC guidelines and ensuring that appropriate PPE is used to protect themselves, staff, and residents when a visit to a facility is necessary. They are working to use technology to provide support to residents and their families, as well as the facility staff. Many volunteers will not continue service to the program after the scare and shock of this crisis and they will need to be replaced with additional staff and new volunteers.

- **ACTION REQUESTED:** LCAO strongly urges the Biden–Harris Administration to include support for State Long-Term Care Ombudsman Programs in its strategies and policies to address the quality of care and safety for residents of nursing homes, assisted living, board and care, and similar community-based long-term care settings. Providing needed additional resources is particularly important during the current crisis linked to the pandemic. Further, while the mandate to serve residents in assisted living was added to the law and assisted living and similar businesses have boomed, resources have not been provided for mandate. Without regular visits to these buildings, residents are at risk of abuse, neglect, and exploitation, and other rights violations; we urge you to address this situation, as well.

Agency: HHS (ACL/AoA)

Reestablish the Office of Long-Term Care Ombudsman Programs

SUMMARY: On May 19, 2019, the Administration for Community Living (ACL) published a notice of reorganization that contradicted the plain and straightforward language of the Older Americans Act of 1965, as amended. In part, the ACL reorganization dissolved the “Office of Long-Term Care Ombudsman Programs,” moved long-term care ombudsman program functions, as established in Section 201(d)(1) of the Older Americans Act, to the “Office of Elder Justice and Adult Protective Services,” and assigned the position of “the Director of the Office of Long-Term Care Ombudsman Programs” to the Deputy Assistant Secretary for Aging. The OAA specifically establishes the “Office of Long-Term Care Ombudsman Programs” and the “Director of the Office of Long-Term Care Ombudsman Programs” and provides 13 functions of the Director that are specified in Section 201(d)(3) of the Act. Therefore, these changes in organizational structure conflict with the OAA and Congressional intent and diminished the ACL’s role in national advocacy on behalf of long-term care facility residents and the program.

- **ACTION REQUESTED:** LCAO strongly urges the Biden–Harris Administration to reverse the aforementioned parts of the Administration for Community Living’s

(ACL) published a notice of reorganization by reestablishing the Office of Long-Term Care Ombudsman Programs and the position of Director of the Office of Long-Term Care Ombudsman Programs as they were prior to the reorganization. Further, we urge you to fulfill the statutory direction of the OAA by once again hiring an individual to fill the full-time position of Director of the Office of Long-Term Care Ombudsman Programs.

Agency: HHS (ACL/AoA)

Hold ACL Accountable for Meeting the Needs of At-Risk Older People, Including LGBT Older People

SUMMARY: The National Survey of Older Americans Act Participants measures the efficacy of programs funded by Title III of the Older Americans Act (OAA) in meeting the needs of older adults served. In 2017, the Trump Administration [removed one, and only one, question from the survey](#)—a question regarding each participant’s sexual orientation and gender identity. LCAO, as well as some individual members, advocated successfully for the incoming administration to reincorporate questions about sexual orientation; however, the administration refused to reincorporate a question about gender identity. In 2020, Congress reauthorized the OAA. The legislation does not include the words “lesbian, gay, bisexual, or transgender” or the initialism “LGBT,” but following significant advocacy, it does include language whereby if one connects the dots, one will understand that the newly reauthorized law requires every State Unit on Aging (SUA) and every Area Agency on Aging (AAA) to engage in outreach to LGBT older people in their service area, collect data on their needs, and collect data on whether they are meeting those needs.

- **ACTION REQUESTED:** LCAO urges the Biden-Harris Administration to reinstate the gender identity question in the National Survey of Older Americans Act Participants, as reflected in LCAO’s May 2017 and March 2018 letters on that subject. The incoming administration should establish a timeline to implement the OAA language in a timely and effective manner to ensure that the provision’s implementation is successful, and the needs of LGBT older adults are fully taken into account in the development of the state and area plans.

Agency: HHS (ACL, CMS), also refer to U.S. Department of Justice (DOJ)

Prevent and Respond Effectively to Elder Abuse

SUMMARY: As the population ages, elder abuse, neglect, and financial exploitation are increasingly prevalent in both the community and long-term care facilities. Approximately [10 percent of older adults experience elder abuse](#) and close to 50 percent of people with dementia experience some kind of abuse. However, estimates indicate that only [1 in 24 instances of elder abuse are reported](#). Older adults who have experienced abuse have [a 300 percent higher risk of premature death compared to those who had not been abused](#), and the cost of [financial abuse is estimated to be as](#)

[high as \\$36.48 billion](#). These costs do not include the increased reliance on government programs such as Medicaid, impact of lost retirement savings, or the emotional toll on victims and their loved ones. A national commitment is crucial to preventing elder abuse, neglect, and exploitation—and to addressing it in a timely, effective manner when it occurs.

Adult Protective Services (APS) responds to and conducts civil investigations of reports of physical, sexual, and emotional abuse, neglect, self-neglect, and exploitation of older adults and people with disabilities in all states, DC, and the territories. Yet, to date, there is no dedicated federal funding stream for APS services, and overall federal funding on elder abuse lags significantly behind that of other forms of interpersonal violence. The Social Services Block Grant (SSBG) remains a critical source of funding for many programs and must be preserved.

The lack of resources has become only more apparent as the COVID-19 pandemic impacts states and localities. The pandemic has led to a surge in reports to APS programs while response is being impacted by lack of protective equipment and limitations on in-person visits.

- **ACTION REQUESTED:** LCAO calls on the incoming administration to make a commitment to elder abuse prevention and response, as our country has done with the prevention of child abuse and domestic violence. We applaud the work of the Elder Justice Coordinating Council and call on the Biden-Harris Administration to move further in creating a cross-agency approach to addressing elder abuse. This requires adequate funding and support for programs such as the Elder Justice Initiative within the Department of Justice and the Office of Elder Justice and Adult Protective Services at the Administration for Community Living. Most importantly, LCAO calls for a commitment to reauthorization of the Elder Justice Act and subsequent full funding of its programs. Support for APS and other professionals working at the state and local level is essential to preventing, responding to, and intervening in elder abuse. Furthermore, LCAO urges the Biden–Harris Administration to provide
 - (a) needed pandemic resources and emergency support to state and local elder abuse prevention programs, such as APS, and
 - (b) clear guidance on the necessity of appropriate access to long-term care facilities by APS and State Long-Term Care Ombudsman programs during pandemic restrictions. These program responses become even more essential when visitors are not allowed.

Agency: U.S. Department of Labor (DOL), also refer to HHS (ACL)

Ensure Workforce Investments Address Challenges of Older Workers

SUMMARY: Older workers historically struggle with long-term unemployment at greater rates than their younger counterparts, and the economic crisis resulting from the pandemic is no exception. Age discrimination is pervasive and stubbornly entrenched, not only creating barriers to employment but also accessing training and employment assistance. Six in 10 older workers have experienced age discrimination and 90 percent of them report such discrimination is common. Age-based employment discrimination is even more pervasive among older women and African American workers; nearly two-thirds of women (across race and ethnicity) and three-fourths of African Americans (of any gender) say they have seen or experienced workplace age discrimination. Courts have not taken age discrimination as seriously as other forms of discrimination, and older workers have fewer protections as a result. Ten years ago, in *Gross v. FBL Financial Services Inc.*, the Supreme Court set a higher standard of proof for age discrimination than previously applied and much higher than for other forms of discrimination.

- **ACTION REQUESTED:** The Senior Community Service Employment Program (SCSEP) is the only federal employment and training program for workers 55 years and older who have low incomes— workers who will constitute 25 percent of the labor force within the next five years. SCSEP community service jobs play a vital role in training these older workers to continue to support themselves and contribute to our nation’s economic development. It is crucial that investments be made to prepare to respond to the significant demand for training and placement that older adults will need to return to the workforce. LCAO urges the incoming administration to support, at a minimum, appropriation of the \$453.68 authorized for SCSEP in FY21 and investments to transition from any pandemic relief investments made in the program. In addition, we urge the Biden-Harris Administration to support enactment of legislation to restore the standard of proof in age discrimination cases to the pre-2009 level and to treat age discrimination as just as wrong as other forms of employment discrimination. To address *Gross’s* higher burden of proof to retaliation charges and to disability discrimination, the Age Discrimination in Employment Act, the Rehabilitation Act of 1973, and Title VII’s provision on retaliation within the Americans with Disabilities Act.

Agency: U.S. Department of Housing and Urban Development (HUD)

Ensure Supportive Housing for Older Adults

SUMMARY: Quality affordable housing is the foundation to aging in community, whether rural, urban, or in between. Successful housing models for older adults are affordable and adaptable to allow for the inclusion of long-term services and supports (LTSS) as needed. Community-based services and service coordination enable older adults to remain in their homes and communities, thereby mitigating social isolation. Unfortunately, many older adults already struggle to maintain stable housing situations, and millions of baby boomers join the ranks of our older adult population each year. It is estimated that [52 percent of people turning 65 today will require assistance with](#)

[activities of daily living at some point](#), many are low-income. The combination of affordable housing and supportive services is often the only alternative low- and moderate-income older adults have to nursing home care.

- **ACTION REQUESTED:** Implement a comprehensive national policy for affordable housing to meet the needs of older adults by investing in affordable housing programs, including HUD Section 202, Low Income Housing Tax Credit (LIHTC), rural housing, and home modification assistance for accessibility and safety. Foster cooperation among federal, state, local, and tribal governments to maintain and preserve existing affordable housing with services. See [LCAO's newly published principles on housing for older adults](#).

Agency: HUD

Support Emergency Service Coordination for Residents of HUD Section 202 Housing

SUMMARY: Service coordinators in HUD Section 202 housing have been on the front lines assisting our nation's most vulnerable and ensuring their continued wellbeing during the coronavirus pandemic. In these communities, which provide affordable housing for older adults, service coordinators have been an integral factor in residents' ability to maintain safety and security. Since the onset of the pandemic, service coordinators have conducted resident wellness checks, enrolled residents in community-based services programs, connected residents with infectious disease screenings and provided information and education about COVID-19 throughout the country. Unfortunately, about half of all federally funded senior properties eligible for a service coordination program do not have a coordinator on staff due to lack of federal funding. Section 202 residents, many of whom have chronic medical conditions, are particularly vulnerable to COVID-19. As cases rise around the country and we prepare for national efforts to combat the virus and roll out a vaccination program, service coordinators in Section 202 housing will be invaluable partners.

- **ACTION REQUESTED:** Fewer than half of the HUD Section 202 properties have Service Coordinators on staff to assist residents to access essential services, such as telehealth, food, healthcare, transportation, and socialization opportunities. We urge the incoming administration to provide one-year Emergency Service Coordinator grants to assist these HUD's older residents immediately. An allocation of \$300 million for Service Coordinator grants will provide funds to those HUD communities serving older in HUD Section 202 and other assisted properties. Statutory language should ensure speedy access to these resources and specify that eligible uses include flexibility for COVID-19-related costs that support residents' needs.

Agency: Federal Communications Commission (FCC)

Bridge the Digital Divide of Older Adults Exacerbated by the Pandemic

SUMMARY: According to the Pew Research Center, a [third of adults age 65 and older](#) report they never use the internet and almost half lack home broadband. The digital divide is even greater for older adults of color. For example, Pew found that [55 percent of Black older adults do not go online and 70 percent do not have broadband](#) at home. Recent research shows that smartphones have enabled more Black and Hispanic individuals to go online, yet the older adult population continues to be the only age group of which a [clear majority](#) does not own smartphones. Although the pandemic may result in greater adoption of technology among older adults, physical access and affordability remain obstacles. Older adults will be the last group to emerge from the pandemic's social distancing and to re-engage with their families and communities in person. Technology solutions such as telehealth and food delivery have provided much-needed services for those who can access high-speed internet without the barriers of location or income. In the coming months, it will be crucial that older adults have access to the proven, evidence-based programs that can help them manage chronic conditions, prevent injuries such as falls, and combat the negative effects of isolation.

- **ACTION REQUESTED:** LCAO urges the incoming administration to improve and expand broadband infrastructure. A crucial place to start is the subsidized housing facilities in which many low-income older adults reside. Pandemic relief should include provisions to support installation and service fees for wireless internet in HUD-assisted senior housing communities. More than [770,000 low-income older adults live in these properties](#), many of which currently lack building-wide internet connections. According to National Housing Conference research, [70 percent of very low-income senior renters do not have a computer and 74 percent do not have home internet access](#). In addition, like many low-income Americans who rely on the Federal Communications Commission's Lifeline program for phone and internet access, older adults are reporting that they are running into limits on minutes and data as they use technology to get food delivered (often with SNAP benefits), access telehealth, and apply for work and benefits. We also encourage the Biden–Harris Administration to support enactment of legislation to provide unlimited data and minutes to current users and expand and streamline eligibility to more Americans in need.

Agency: U.S. Department of Agriculture (USDA), also refer to HHS (ACL)

Address Ongoing Food Insecurity Among Older Adults With Low Incomes

SUMMARY: It is critical that federal nutrition programs serving older adults are further strengthened; particularly now as older adults face unique barriers to accessing adequate nutrition and socialization as a result of the pandemic. This current reality has led to an unprecedented demand in, and need for, essential services such as the Supplemental Nutrition Assistance Program (SNAP), the Older Americans Act Nutrition Program that supports programs like Meals on Wheels, grocery delivery, and more. SNAP is a significant component of the federal safety net, helping millions of families fight hunger and move out of poverty, and contributes to local economies by supporting

the buying capacity of low-income households. In FY18, SNAP served a monthly average of 5.1 million households with older adults, representing just over one-fourth of households receiving benefits. However, older adults who experience food insecurity continue to be underserved, with only three of five older people who are eligible receiving SNAP benefits and benefit levels remaining low compared to other age groups.

- **ACTION REQUESTED:** As the incoming administration pursues efforts to promote economic recovery, the following SNAP enhancements should be included to improve access and expand benefits to assist food insecure older adults: increasing benefit levels; rescinding recent or pending SNAP regulations that would time limit, terminate, or weaken benefits; and making legislative and administrative changes to improve access.

Agency: AmeriCorps

Support National Service

SUMMARY: National service is an opportunity for citizens of all ages to give back to their communities and their country. Some 10,000 “Baby Boomers” are retiring each day and will continue to do so for the next 15 years, at least. The U.S. population age 65 and over is projected to double in the next 25 years. Older persons comprise a vast pool of talent that can be tapped to serve and enrich their communities. The three AmeriCorps Seniors (formerly Senior Corps) programs—the Retired Senior Volunteer Program (RSVP), the Foster Grandparent Program (FGP), and the Senior Companion Program (SCP)—provide volunteer opportunities for people 55 years and older. These programs enable older adults to help others while deriving many benefits themselves. AmeriCorps Seniors is a cost-effective approach to addressing critical community needs and integrates the contributions of hundreds of thousands of older adult volunteers through arrangements with local governments and nonprofits that reinforce the message that we are stronger when we work together across generations. AmeriCorps Seniors programs maximize opportunities for older adults who, through their experience of a lifetime, can bring mentorship to our most at-risk children, lend a helping hand to homebound older adults and people with disabilities as they remain part of the rich fabric our communities, and provide critical assistance and management in volunteer efforts supporting environmental cleanup, food distribution, nonemergency transportation, veterans and military families, disaster prevention and relief efforts. Because AmeriCorps Seniors either volunteer without pay or receive a very modest stipend, we are a cost-effective approach to addressing critical community needs.

- **ACTION REQUESTED:** As the nation continues to respond to the challenges of the COVID-19 pandemic and to consider accordant innovative approaches to serving community needs, LCAO urges the Biden–Harris Administration to redouble the nation’s investment in the wealth of talent of older volunteers. In organizing the administration’s management of national service efforts, we urge the incoming administration to appoint an AmeriCorps Seniors Director who has

a background in aging and experience working with older adults. Such experience is critical, given the unique concerns in working with volunteers 55 years and older.

Agency: HHS, Centers for Medicare & Medicaid Services (CMS)

Preserve the Medicare Program’s Fundamental Guarantees

SUMMARY: Medicare, one of our nation’s bedrock programs for older adults, is a remarkable success story, enjoying strong support from all Americans, regardless of party identification, age, or ideology. Together with Social Security, Medicare has kept millions of retirees from poverty by ensuring access to affordable health care for those people who would otherwise lack coverage. LCAO strongly supports preserving the fundamental guarantees and structure of the Medicare program. In contrast, from 2010 to 2017 House Republicans included in their budget resolutions “premium support,” which would end Medicare’s guaranteed benefit and replace it with a fixed, defined contribution to purchase private health insurance or traditional Medicare. [If implemented](#), premium support would shift additional costs to beneficiaries and create an incentive to shift healthy individuals to private insurance, thereby destabilizing the traditional Medicare risk pool. Moreover, private Medicare Advantage plans have historically been more costly to the Medicare program over time than the traditional program. Payment reforms in the ACA reduced this disparity, but plans are still paid by Medicare two to three percent [more](#) for similar beneficiaries than it would cost under the traditional Medicare. In addition, regulatory and program guidance over the past years have inequitably buttressed Medicare Advantage plans, undermining the traditional Medicare program. Other health reform proposals would change the nature of the benefit by gradually raising the age of Medicare eligibility to 67 or restructuring Medicare cost sharing, potentially increasing the health and financial insecurity for individuals who do not have access to affordable health coverage.

- **ACTION REQUESTED:** LCAO urges the incoming administration to reject proposals to
 - (a) change Medicare from a defined benefit program to a defined contribution program,
 - (b) privatize the program further,
 - (c) raise the age of Medicare eligibility, and
 - (d) restructure Medicare cost sharing by shifting costs to beneficiaries.

LCAO also encourages the Biden–Harris Administration to level the playing field between Medicare Advantage and traditional Medicare in enrollment, payment, and regulatory treatment.

Agency: HHS/CMS

Decrease Prescription Drug Costs in Medicare

SUMMARY: Prescription drugs account for [12 percent](#) of out-of-pocket health care costs for beneficiaries in traditional Medicare. One million Medicare beneficiaries pay out-of-pocket costs that [exceed \\$3,200](#) for prescription drugs alone—and Medicare does not have a cap on out-of-pocket spending. Compounding this problem, half of all older adults live on incomes of [less than \\$29,650](#). Furthermore, high drug costs are contributing to systemic Medicare spending increases, which threaten the program’s sustainability and make it challenging to improve the program for beneficiaries. In 2016, prescription drugs covered under both Part B and Part D accounted for [19 percent](#) of all Medicare spending by the federal government. Medicare was responsible for [30 percent](#) of retail prescription drug spending in 2017, up from 18 percent in 2006. Spending in the catastrophic phase more than [tripled](#) between 2010 and 2015, a clearly unsustainable trend.

- **ACTION REQUESTED:** LCAO encourages the incoming administration to support legislation to reform the nation’s drug pricing system in ways that will lower out-of-pocket costs for Medicare beneficiaries and reduce federal spending for the Medicare program. Options to decrease the cost of prescription drugs include allowing Medicare to negotiate drug prices for certain drugs, putting inflation caps on Part B and Part D drugs, and restructuring the Part D benefit to realign incentives. We recommend that the Biden–Harris Administration support the following specific provisions that reduce costs for beneficiaries:
 - (a) Cap beneficiary out-of-pocket costs for prescription drugs.
 - (b) Smooth cost sharing across the year for beneficiaries with high drug costs.
 - (c) Make prescription drugs more affordable by increasing the Low-Income Subsidy (LIS) eligibility thresholds, eliminating the asset test, eliminating cost sharing on generics for LIS beneficiaries, and excluding certain retirement accounts from the program’s income and asset calculations.

Finally, LCAO recommends that savings achieved through drug pricing reform be reinvested in improvements to the program, such as adding vision, dental, and hearing coverage to the benefit package, as described in the next section.

Agency: HHS/CMS

Strengthen Other Cost-Sharing Protections for Medicare Beneficiaries With Low Incomes

SUMMARY: [More than 62 million](#) older adults and people with disabilities rely on Medicare for health coverage. Yet, the program’s significant coverage gaps are

unaffordable for many beneficiaries and limit access to health care. In 2017, for example, [one in six](#) Medicare beneficiaries living in the community reported problems getting care because of cost or problems paying medical bills, and one-third of beneficiaries in fair or poor health reported problems getting care because of cost or paying medical bills (nearly three times the share of beneficiaries in excellent, very good, or good health who did so). Facing growing out-of-pocket costs, many Medicare beneficiaries struggle to afford medically necessary health services. Medicare Savings Programs (MSPs), which are administered through Medicaid, help pay the Medicare premiums and cost-sharing for beneficiaries with limited income and resources. Similarly, the Low-Income Subsidy (LIS) Extra Help program assists with payment of outpatient prescription drugs for low-income beneficiaries. However, millions of Medicare beneficiaries with low incomes are eligible for, but not enrolled in, MSPs or LIS. In addition, some beneficiaries are ineligible because their income or resources narrowly render them ineligible for these programs.

- **ACTION REQUESTED:** LCAO urges the incoming administration to enhance health coverage for Medicare beneficiaries by
 - (a) supporting proposals to raise eligibility standards by increasing the income threshold and eliminating (or raising) the asset eligibility test for MSPs and LIS,
 - (b) supporting the alignment of eligibility rules and enrollment procedures to simplify and streamline enrollment into these programs, and
 - (c) increasing and making permanent funding for outreach and enrollment activities into these programs.

Agency: HHS/CMS

Improving Medicare: Enhance Coverage, Promote Equity Between the Traditional Program and Private Plans

SUMMARY: Since the inception of the Medicare program, Congress, previous presidents, and advocacy groups have worked together to improve the program's responsiveness to changing needs by enacting innovative improvements, such as the addition of a prescription drug benefit, preventive services, and alternative payment models and delivery system reforms. Nonetheless, Medicare continues to have coverage gaps, such as the lack of dental, hearing, and vision coverage and persistently high beneficiary costs associated with the use of hospital observation status. Addressing such gaps would enhance beneficiary health and would reduce costs not only for beneficiaries, but also, in the long run, for the Medicare program. Moreover, the Medicare program is becoming increasingly complex and difficult for Medicare beneficiaries to navigate, particularly when they face critical decisions about whether and when to sign up for Part B. At the same time, growing disparities exist among the choices of coverage options for Medicare beneficiaries, namely between traditional

Medicare and Medicare Advantage (MA). Over the last several years, Congress and the Trump Administration have expanded the scope of coverage and ability to enroll in MA plans, while neglecting to expand such coverage to most beneficiaries who choose to remain in traditional Medicare. Despite payments to MA plans that remain higher, on average, than what traditional Medicare spends per enrollee (and mixed quality outcomes among MA plans notwithstanding), beneficiaries can choose MA plans on an annual basis, whereas most people are restricted concerning their rights to purchase Medigap (Medicare supplemental insurance) plans. Furthermore, under the Trump Administration, CMS has actively promoted enrollment in MA rather than provide objective, neutral information about coverage options.

- **ACTION REQUESTED:** LCAO urges the incoming administration to strengthen Medicare by implementing the following improvements:
 - (a) Expand the scope of coverage in traditional Medicare by extending coverage to include dental, hearing, and vision services, such as would be effected by the [LCAO-supported Elijah E. Cummings Lower Drug Costs Now Act of 2019](#) (H.R. 3).
 - (b) Use existing authority to expand coverage for medically necessary oral health services.
 - (c) Add an out-of-pocket cap, or stop-loss, to traditional Medicare; such a cap currently exists in MA.
 - (d) Expand the right to purchase Medigap supplemental insurance policies to include ongoing access and truly meaningful choices for all Medicare beneficiaries, including people younger than 65 years old (who are currently unable to purchase Medigap plans).
 - (e) Mitigate the harm caused by [hospital observation status](#) by counting all of the time spent in the hospital towards the 3-day prior hospital stay requirement for skilled nursing facility coverage.
 - (f) Equalize both payment and coverage between MA and traditional Medicare so that the scales are not irreversibly tipped in favor of privatization.
 - (g) Take administrative action to improve services for beneficiaries with multiple chronic conditions, including ensuring that the full scope of home health services is available (including home health aides) and changing payment incentives so that people who need it can get care for as long as they need it.
 - (h) Improve and support beneficiary decision-making by updating the Medicare Part B enrollment system—such as through reforms included in

the bipartisan Beneficiary Enrollment Notification and Eligibility Simplification (BENES) Act ([S. 1280/H.R. 2477](#))—and by providing notice to all older adults 6 months before initial eligibility for Medicare.

- (i) [Strengthen outreach and enrollment](#) by providing sufficient, sustainable funding for Medicare State Health Insurance Assistance Programs (SHIPs), which are struggling to meet the rising demand to help beneficiaries make wise choices and navigate an increasingly complex program, and by extending the Medicare annual enrollment period to December 15 (for consistency with Marketplace open enrollment).
- (j) Ensure that Medicare outreach and enrollment materials are unbiased and present [fair and accurate information](#) about Medicare coverage options.

Agency: HHS/CMS

Rescind the Healthy Adult Opportunity Guidance for Medicaid

SUMMARY: The Trump Administration’s recent [Healthy Adult Opportunity guidance](#) for 1115 Medicaid waivers, which invites states to apply to implement block grants and per-capita caps, threatens access to comprehensive health care and long-term services and supports for older adults, people with disabilities, and other people eligible for Medicaid under expansion. Block grants and per-capita caps result in states cutting funding to their Medicaid program, thereby threatening vital health care services and coverage for all Medicaid beneficiaries. Under this guidance, states also may elect to make cuts to Medicaid, including excluding medications currently covered by Medicaid, cutting nonemergency medical transportation, and ending retroactive coverage for beneficiaries. This guidance does not further the objective of Medicaid, which is to provide medical coverage for individuals with low incomes.

- **ACTION REQUESTED:** LCAO urges the incoming administration to rescind the [Healthy Adult Opportunity Initiative](#). Rescinding this CMS guidance would help discourage states from using block granting, per-capita caps, and eligibility requirements to cut benefits for people who could not otherwise afford health care.

Agency: HHS/CMS

Rescind and Reverse Work and Community Engagement Requirements in Medicaid

SUMMARY: In 2018, the Trump Administration issued guidance to promote new and stringent [work requirements](#) in Medicaid. This guidance invited states to apply for Medicaid Section 1115 waivers, which would impose work and community engagement standards that beneficiaries must meet to maintain their coverage. Since then, several states have applied for waivers and moved to implement this guidance—along with

other coverage restrictions, such as waivers of retroactive coverage, that are particularly harmful for older adults. Although none of these work requirement policies are currently in effect, [thousands of people lost or were at risk of losing their Medicaid coverage](#) in the first few months that a handful of these policies were actually implemented.

- **ACTION REQUESTED:** LCAO urges the incoming administration to rescind the work and community engagement guidance because these requirements do not further Medicaid’s objective of providing medical coverage for individuals with low incomes. In addition, LCAO recommends that the incoming administration:
 - (a) stop defending previously approved state requirements for work and community engagement that are being challenged through litigation,
 - (b) reject pending waivers for work and community engagement requirements, and
 - (c) withdraw approval of these existing waivers.

Agency: HHS/CMS

Promote Quality of Life and Quality of Care in Nursing Homes

SUMMARY: More than one million Americans reside in a nursing home. It has been widely established that older adults, people with disabilities and those with underlying health conditions—in other words, the vast majority of the nursing home population—are at disproportionate risk of serious complications and death from COVID-19 infection. According to a *New York Times* database, at least 581,000 infections and 87,000 coronavirus deaths have been reported among residents and employees of nursing homes and other long-term care facilities in the U.S. Although only [six percent](#) of the country’s cases have occurred in long-term care facilities, deaths related to COVID-19 in these facilities account for about [42 percent](#) of the country’s pandemic fatalities. Nursing home staff have also been at great risk for contracting, passing on, and dying from COVID-19. Some of these infections and deaths could have been prevented, in part, by a federal commitment to ensuring that personal protective equipment (PPE) was provided to all nursing home staff, residents, and visitors. Moreover, the State Long-Term Care Ombudsman Program (SLTCOP)—authorized under the Older Americans Act and the Elder Justice Act—does not have adequate funding to hire the necessary staff to address properly and resolve issues of care quality and residents’ rights. This reality, along with COVID-19 data and an exacerbation of loneliness and social isolation among nursing home residents, make clear a dual imperative to improve both safety and quality of life for people who call nursing homes “home.”

- **ACTION REQUESTED:** LCAO urges the incoming administration to reduce the risk of COVID-19 infections among nursing home residents and staff by supporting funding for enough respirators (N95s and reusable respirators) and other PPE to supply nursing home staff, visitors (including family members, as

identified by each resident), surveyors, and long-term care ombudsmen. For this to happen, an effective supply chain for the production and distribution of respirators, other PPE, and testing supplies to nursing homes must be established, and funding for accurate point-of-care testing of staff, residents, and visitors—as well as for rapid turnaround of results—must also be provided. We urge CMS to address both the critical needs of residents at risk of or experiencing decline or distress as a result of loneliness and social isolation and the need to protect residents from contracting COVID-19. LCAO recommends that the Biden–Harris Administration

- (a) support legislation, such as the [LCAO-supported ACCESS Act \(S. 3517/H.R. 6487\)](#), to enhance residents' access to telecommunications devices and the Internet, and
- (b) provide additional funding for the SLTCOP, which monitors and addresses concerns regarding quality of care and resident rights.

We also recommend that the Biden–Harris Administration strengthen monitoring efforts and support ongoing quality improvement—including examining the role of medical directors, nurse practitioners, and facility-based physicians in improving clinical care and prioritizing residents' preferences in delivery of individualized, person-centered services that promote quality of life. Federal strategies that would benefit residents and staff include

- (a) identifying appropriate ways to support better staffing levels,
- (b) implementing interventions on an ongoing basis to combat resident social isolation and loneliness, and
- (c) including nursing homes that predominantly serve communities of color in any study of and attempts to decrease health disparities related to race and ethnicity.

Agency: HHS/CMS

Improve Access to Medicaid Home and Community-Based Services (HCBS)

SUMMARY: LCAO strongly supports recommendations in the Biden–Harris platform to strengthen Medicaid-funded HCBS for older adults and people with disabilities who have low incomes. Although we recognize that nursing homes and other congregate settings play critical roles for many, the current Medicaid bias toward institutional care makes no sense because HCBS are less expensive, help keep families together, and are strongly preferred by older adults, people with disabilities, and their families. The primary cause for Medicaid's institutional bias is that state nursing home coverage is mandatory, whereas HCBS coverage is optional. Most states currently lack capacity to meet current and future HCBS needs and to maintain cost-effective, person-centered

HCBS delivery systems. Yet, Medicaid funding for HCBS has become more urgent than ever as COVID-19 has raged through nursing homes and other institutional settings. An [estimated 800,000 Americans](#) are on waiting lists to receive Medicaid HCBS; some older adults have had to wait [five years or more](#) to access services. Such waiting times are unacceptable, and federal funding to states is needed to pay for the full cost of ensuring individuals receive the services they need in the most appropriate setting. Fortunately, two ACA HCBS initiatives, Money Follows the Person (MFP), and protections against spousal impoverishment, have helped address the dearth of Medicaid HCBS. MFP provides enhanced funding to states and the District of Columbia to assist with the costs of helping people transition from institutional settings back to the community; between its 2008 inception and the end of 2019, the program helped [more than 101,500 individuals](#). The ACA extended to HCBS Medicaid’s “spousal impoverishment protections,” which have long required states and DC to enable any individual who needs a nursing home level of care to qualify for Medicaid while allowing the person’s spouse to retain a modest amount of income and resources.

- **ACTION REQUESTED:** Recognizing that the funds of states, territories, and localities have been stretched to the limit, LCAO urgently urges the incoming administration to support in the next COVID-19 relief package a 10 percent increase in the federal Medicaid match for HCBS, on top of a general 14 percent Medicaid increase (both of which have been included in the HEROES bills passed by the House). In addition, we look forward to working with the Biden–Harris Administration to support six other initiatives, five of which were included in the Biden–Harris platform:
 - (a) Put Medicaid funding for HCBS on equal footing with that for institutional settings.
 - (b) Eliminate HCBS waiting lists.
 - (c) Make permanent the MFP program and work with Congress to increase funding for this program.
 - (d) Make permanent protections against spousal impoverishment for people who use Medicaid HCBS.
 - (e) Provide incentives for states and other jurisdictions to strengthen their HCBS infrastructure, such as outlined in the HCBS Infrastructure Improvement Act ([S. 3277](#)). Such infrastructure includes expanding the availability of affordable, accessible housing; providing accessible, reliable, equitable transportation options; increasing wages and benefits for direct care workers; and building comprehensive, no-wrong-door application, referral, and counseling systems.
 - (f) Create a new HCBS innovation fund, which would help states and locally based entities to test innovative, evidence-based HCBS models.

Agency: HHS/CMS

Restore and Fully Implement the HCBS Settings Rule

SUMMARY: The [HCBS settings rule](#) established the characteristics that settings must be considered non-institutional and, therefore, eligible for Medicaid reimbursement. The rule holds the potential to transform systems to support person-centeredness, autonomy, choice, and interaction with the broader community. Although the rule was originally scheduled to go into effect in March 2019, the Trump Administration pushed back implementation first to March 2022 and then to March 2023. This delay has slowed or even stopped implementation in many states. As a result, the quality of rule implementation could suffer, thereby decreasing the extent to which the rule benefits older adults and people with disabilities. Furthermore, the disproportionate impact of COVID-19 on large congregate settings and the complexity of providing care in home and community-based settings during the pandemic have made the rule's focus on more individualized supports in smaller and non-disability-specific settings more important than ever.

- **ACTION REQUESTED:** LCAO concurs wholeheartedly with the incoming administration's proposal to support strong implementation of the HCBS settings rule without delay. We encourage CMS to take the following steps to ensure that states and the District of Columbia continue making progress towards full implementation of the rule:
 - (a) Work with states and DC on interim deadlines and plans for how they will use the additional time.
 - (b) Require states and DC to share this information publicly with older adults, people with disabilities, families, and other key stakeholders.
 - (c) Provide resources, including enhanced technical assistance to help states and DC implement the rule.
 - (d) Assist states and DC in determining how to protect the safety of HCBS participants during the COVID-19 crisis while moving forward on implementing the HCBS settings rule.

Agency: HHS/Office of the Secretary & CMS

Reform the Delivery and Financing of Long-Term Services and Supports (LTSS)

SUMMARY: Advocates for older adults and persons with disabilities have recognized for decades that the United States needs to change the way we pay for and deliver supports and services essential to maintain independence and long-term well-being. More than 52 percent of older Americans will require some type of assistance with activities of daily living as they age, and the current reliance on Medicaid for two-

thirds of financing and delivery results in an inequitable, poorly funded system for most Americans, while driving those who pay privately into poverty. The lack of LTSS available, the inability to remain in one’s home of choice, and the underpayment of and lack of support for the workers who deliver LTSS all result from a fragmented, poorly designed, and inadequately financed system. Ultimately, this is a national problem, requiring a national response. The Medicaid program, already underfunded, [cannot realistically continue to be expected to be the primary financial and operational driver of LTSS](#); states and other jurisdictions simply do not have the fiscal wherewithal to finance their Medicaid programs adequately, and the need for LTSS affects individuals at all economic and social levels. Nor can individuals and families, who already [manage most caregiving needs](#), be expected to provide all LTSS without public assistance.

- **ACTION REQUESTED:** LCAO is encouraged by the Biden–Harris Administration’s commitment to strengthening Medicaid HCBS, providing substantial economic assistance to family caregivers, and encouraging development of models to address shortcomings in delivery and financing of LTSS. LCAO supports these proposals and stands ready to assist the incoming administration in developing and implementing them. LCAO strongly encourages the administration to consider broad systemic changes to improve LTSS, including using the Innovation Fund to promote models. Although LCAO is not proposing a specific LTSS model, we recommend that the incoming administration support development of a robust, effective program that
 - (a) is equitable and universal
 - (b) promotes consumer choice, quality of life, and quality of care
 - (c) is primarily publicly financed so that it is affordable, financially sound, and adequately compensates direct care and professional staff; and
 - (d) addresses the social and economic needs of older adults who need LTSS. Please refer to [LCAO’s newly published principles on LTSS](#) for additional information.

Agency: HHS/Office of the Secretary & CMS

Strengthen the Affordable Care Act (ACA)

SUMMARY: For more than a decade, the ACA has been working to reduce health care costs and improve coverage and outcomes for older adults. The ACA and its implementing regulations closed the Medicare prescription drug coverage gap or “doughnut hole”; improved Medicare coverage for critical preventive services—including an Annual Wellness Visit and vaccines—with no out-of-pocket costs; improved access to home care services that save money and help keep families together through programs such as Medicaid Community First Choice; extended the solvency of the Medicare Part A Trust Fund; enabled 39 states to expand Medicaid eligibility for low-

income Americans, saving the lives of more than 19,000 older adults ages 55 to 64; strengthened protections for older Americans not only from age discrimination but also from discrimination based on race, color, national origin, limited English proficiency, disability, or sex, including discrimination on the basis of gender identity or sex stereotypes; opened up coverage to millions of Americans through the Health Insurance Marketplace and improved quality and comprehensiveness of coverage by protecting people with preexisting conditions and limiting short-term, limited duration “junk” insurance plans; made premiums more affordable for Americans ages 50 to 64 who rely on Marketplace coverage by limiting age rating and providing premium tax credits; implemented successful Medicare–Medicaid integration demonstrations under the Medicare–Medicaid Coordination Office (MMCO); tested new financing, coverage and delivery system models under the Center for Medicare and Medicaid Innovation (CMMI); reduced falls among older adults and helped older people manage chronic disease under the Prevention and Public Health Fund; combated elder abuse and neglect via provisions of the Elder Justice Act; and improved nursing home quality standards. Together, these coverage expansions and protections have enabled millions of older adults to access health care by making insurance accessible to people under age 65 and lowering costs for Medicare beneficiaries. The ACA’s enhanced coverage has been, and will continue to be, critical to helping older adults fight the COVID-19 pandemic. Improved coverage under the ACA also strengthens the Medicare program by enhancing the health of people as they age and become eligible for Medicare. We urge the incoming administration to build on the ACA’s foundation and ensure that every older adult can access affordable coverage that meets their needs.

- **ACTION REQUESTED:** LCAO urges the incoming administration to defend and improve the ACA, including taking prompt action to defend against the constitutional challenges presented in *California v. Texas* and to restore consumer protections that have been eliminated. Such protections include
 - (a) restoring and improving upon the 2016 rule implementing the Health Care Rights Law (ACA Section 1557), as detailed in LCAO’s [comments on the 2020 rule](#), and other antidiscrimination protections that have been undermined through regulations, guidance, and executive orders;
 - (b) working with the states that have not fully expanded Medicaid to do so;
 - (c) curbing plans that do not provide comprehensive coverage, including rescinding the short-term limited duration plan rule;
 - (d) working with Congress to expand subsidies to increase affordability and fix the “family glitch,” thereby ensuring access to Marketplace plans when employer-provided insurance is unaffordable for a family;
 - (e) restoring funding for Marketplace education and outreach; and

- (f) extending the Marketplace open enrollment period to begin October 15 (the same as Medicare open enrollment) and to end December 15.

Agency: HHS/Office of the Secretary & CMS

Elicit and Honor the Health Care Goals of Older Adults and People With Disabilities

SUMMARY: The health care system, particularly programs funded by the federal government, should work to elicit and honor the health care goals of older adults and people with disabilities, often communicated in advance directives. Health care for COVID-19 and other conditions must be congruent with the goals and decisions of the people living with those conditions. Although Medicare currently covers advance care planning services to some extent, such coverage is inadequate, particularly during a pandemic.

- **ACTION REQUESTED:** LCAO urges the Biden-Harris Administration to support rulemaking, legislative solutions, or both to make advance care planning accessible for everyone, particularly Medicare beneficiaries. This can be done, in part, by
 - (a) ensuring that advance directives that are valid in one state or jurisdiction are honored in other states and jurisdictions—that is, that reciprocity exists across states and jurisdictions for valid advance directives;
 - (b) waiving beneficiary cost sharing and deductibles for Medicare advance care planning services; and
 - (c) including clinical social workers in the definition of eligible practitioners who can bill Medicare for advance care planning services.

Agency: HHS/Office for Civil Rights (OCR)

Prohibit Discrimination, Including Rationing of Medical Care, Based on Age, Disability, or Other Cultural Characteristics

SUMMARY: The Trump Administration [decreased protections](#) for people with limited English proficiency (LEP) and LGBTQ+ people in health care and is attempting to [roll back nondiscrimination protections](#) based on sex, gender identity, sexual orientation, and religion within HHS-funded entities—both moves opposed by LCAO because they restrict access to health care for older adults and other generations. Moreover, during the COVID-19 pandemic, age- and disability-based criteria for rationing have proliferated. For example, Alabama proposed—and later withdrew following an OCR [compliance review](#)—an allocation plan that would have restricted people with intellectual and cognitive disabilities (including severe dementia) from having access to ventilators. The Washington State Health Department suggested [transferring people](#)

[with COVID-19 out of the hospital or to palliative care](#) if their baseline functioning is marked by “loss of reserves in energy, physical ability, cognition and general health,” a recommendation that was reversed after an OCR review. Those proposals, among others, have relied on principles that discriminate against older adults and people with disabilities. All health care decision making inherently involves consideration by each consumer, family, and health care team of potential risks and benefits. However, categorical denial or restriction of access to health care for people based on age, disability, or chronic condition is unacceptable. Equally unacceptable is any form of discrimination related to any cultural characteristic.

- **ACTION REQUESTED:** LCAO strongly supports the Biden–Harris Administration’s plan to issue guidance prohibiting entities that contract with the Medicare and Medicaid programs to deny medical care or services based on age or disability. We recommend that such guidance specify what constitutes unlawful discrimination based on
 - (a) age, disability, or health condition,
 - (b) race, color, or ethnicity, national origin, or English proficiency,
 - (c) sex or gender identity,
 - (d) sexual orientation, and
 - (e) religion in HHS-funded programs.

These antidiscrimination protections must include determinations concerning the denial, removal, or suspension of health care and services based on perceptions concerning “social worth,” quality of life, life-years remaining, or the intensity of services needed. OCR guidance should also remind all entities covered by civil rights authorities to adhere to their obligations under all laws and regulations that prohibit discrimination, including the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), and Section 1557 of the Patient Protection and Affordable Care Act (42 U.S.C. 18116), in the allocation of health care resources.

Agency: HHS/OCR

Reinforce Americans with Disabilities Act (ADA) Protections

SUMMARY: States and health insurance programs manage expenditures through provider contracting, network and formulary management, and the structure of beneficiary copayment or coinsurance. However, plans are not required to disclose the methodology for these decisions nor are they subject to public comment. Further, insurers routinely utilize methodologies shown by the [National Council on Disability](#) to

discriminate against older adults and people with disabilities in coverage determinations. When utilized in coverage or formulary determinations, discriminatory assessments can result in denial of medical care. Such discrimination is contrary to Title II of the ADA, which prohibits not only discrimination by any public entity, but also exclusion from the benefits of services, programs, or activities of any public entity. These provisions are applicable across the private and public sectors, including for insurance coverage and for programs administered by state and local governments. For example, President George H.W. Bush's Administration established that it was an [ADA violation](#) for states to base Medicaid coverage determinations on cost-effectiveness standards due to concern it would discriminate against people with disabilities. Moreover, the ADA Amendments Act of 2008 [expanded the list](#) of covered physical and mental conditions classified as disabilities.

- **ACTION REQUESTED:** LCAO fully supports the Biden–Harris Administration's plan for the HHS Office of Civil Rights (OCR) to issue guidance clarifying that the ADA applies to benefit and reimbursement decisions for both states and private health insurance programs. We recommend that such guidance
 - (a) clarify that the use of discriminatory assessments is not lawful under the ADA and
 - (b) reinforce that these provisions extend to state-run programs and the private market.

We also urge OCR to prioritize enforcement of these important civil rights protections.

Agency: HHS/Health Resources and Services Administration (HRSA)

Bolster the Entire Workforce Serving Older Adults

SUMMARY: The Geriatrics Workforce Enhancement Program (GWEP), administered by the Health Resources and Services Administration (HRSA), is the only federal program designed to improve the quality of care to older adults by enhancing the knowledge and skills of the entire health care team—including, but not limited to, older health care consumers, family caregivers, direct care workers, and health care professionals (such as nurses, pharmacists, physicians, and social workers, and community-based partners). Forty-eight GWEP sites (located in 35 states, Guam, and Puerto Rico) are playing a major role in the COVID-19 response, offering remote programs and outreach to emphasize pandemic-specific information; address social isolation and engagement challenges; educate about advance care planning and palliative care; provide resources for academic, nursing home, and Veterans Administration partners; and continue outreach to homebound older adults in rural communities. Because each GWEP site maintains partnerships with primary care and community-based organizations, GWEP grantees are uniquely positioned to rapidly address the needs of older adults and family caregivers. A related HRSA program, the

Geriatrics Academic Careers Awards (GACA), is an essential complement to GWEP, providing clinical training in geriatrics and gerontology to junior faculty, thereby enhancing the pipeline of clinical–academic experts in aging. With the United States facing a persistent and severe shortage not only of geriatrics and gerontological health care providers, but also of academics with the expertise to train these providers, the need to increase the number of educational and training opportunities in geriatrics and gerontology is urgent.

- **ACTION REQUESTED:** LCAO strongly urges the Biden–Harris Administration to improve service delivery to older adults and family caregivers by providing additional resources to create additional GWEP sites. We also recommend that the incoming administration expand the GACA program and move toward closing the current geographic and demographic gaps in geriatrics workforce training.

Agency: HHS/HRSA & Department of Labor (DOL)

Strengthen the Direct Care Workforce

SUMMARY: Direct care workers are the paid frontline of support for millions of individuals and families throughout the country. Every day, [4.6 million home care workers, residential care, center day care aides, and nursing assistants](#) ensure that older adults and people with disabilities have the support they need to live and thrive in various settings—from private homes to nursing homes to an array of residential and adult day services environments. Despite their enormous value, direct care workers are persistently hindered by poor job quality, as evidenced by low compensation, inadequate training, and limited career advancement. Moreover, the direct care workforce is composed primarily of women and people of color, who experience a range of gender and racial inequalities. Poor job quality makes it challenging to recruit and retain workers, which burdens employers and leads to interruptions in services and inconsistent workers for consumers who need stable, high-quality care.

- **ACTION REQUESTED:** LCAO encourages the incoming administration to strengthen the direct care workforce by
 - (a) increasing compensation for these workers, with worker and stakeholder input,
 - (b) improving access to affordable health insurance, paid family and medical leave, paid sick leave, and affordable child care,
 - (c) establishing an innovation fund in long-term services and supports that also supports workforce innovations,
 - (d) establishing programs and initiatives that address staff fatigue and mental health challenges,

- (e) ensuring reasonable workloads and adequate staffing levels, and
- (f) expanding access to home and community-based services, where [2.4 million home care workers](#) are currently employed.

Additionally, we encourage the Biden–Harris Administration to bolster this workforce by

- (a) strengthening and reforming long-term care financing,
- (b) improving training standards and delivery systems for direct care workers,
- (c) creating career pathways for direct care workers to broaden and deepen their skills (such as via additional specialized training in COVID-19 or dementia and advanced certifications),
- (d) funding, implementing, and evaluating a broad array of direct care workforce interventions and creating sufficient workforce infrastructure to do so,
- (e) improving direct care workforce data collection and monitoring,
- (f) addressing the systemic gender and racial inequities facing these workers (including immigrants), and
- (g) investing in public education strategies to enhance the public narrative on direct care workers.

Agency: Social Security Administration (SSA)

Why Social Security Must Continue to Be a National Priority

Social Security, the foundation of retirement for Americans for 85 years, is based on a contract between the American people and their government. Workers contribute to Social Security over their work lives to ensure benefits through disability, retirement and/or death of a loved one. With fewer workers covered by defined benefit pensions and, 401(k)s not guaranteeing a secure retirement, Americans increasingly rely on Social Security as their main source of income in retirement. [Of the 65 million Americans who rely on a monthly Social Security check, 55 million receive a retirement benefit, 6 million receive a survivor's benefit and 10 million get disability benefits.](#) In 2020, Social Security's modest amounts pulled some 21.7 million Americans out of poverty, including 1.2 million children. [Without Social Security, the poverty rate among retirees over 65 would rise from 9.7 percent to 37.8 percent. Social Security also pumps \\$1.6 trillion into state and local economies annually.](#) Americans overwhelmingly oppose cutting Social Security. A recent Pew Research Center report found that 74 percent of Americans say Social Security benefits should not be cut. The report also found

intergenerational opposition with 65 percent of Americans ages 18-29, 72 percent of those ages 30-49, 81 percent of those ages 50-64, and 79 percent of those ages 65+ saying benefits should not be cut.

Agency: SSA

Increase and Expand Social Security's Modest Benefits

SUMMARY: Social Security's modest benefits should be increased. [The average benefit for retired workers in 2019 was \\$1,503 per month](#) and [the special minimum benefit for low-wage workers with 30 years of covered work is about \\$900 per month or \\$10,800 for a year](#). [The current poverty line for one person is \\$12,760](#). The benefits that keep retirees out of poverty need to be increased.

- **ACTION REQUESTED:** Increase Social Security benefits across the spectrum of beneficiaries. President-Elect Biden has proposals to increase benefits that make good sense:
 - (a) **increasing the special minimum benefit** for low earners with 30 years of covered work to 125 percent of the federal poverty line (starting with prorated increases at 10 years of covered earnings) would help beneficiaries afford more of life's necessities;
 - (b) providing earnings credits for workers caring for children under 12 and family members with disabilities would allow workers to care for their families and still get Social Security credit for their own retirement later;
 - (c) increasing survivor benefits for widowed spouses to as much 75 percent of the household benefit;
 - (d) raising benefits for retirees who have been collecting Social Security for 20.

The new administration should also consider other changes as well, such as **paying dependent benefits to children of deceased workers up to age 22** and expanding benefits to those in kinship care arrangements.

Agency: SSA

Provide Higher Cost-of-Living Adjustments

SUMMARY: Social Security benefits are modest. According to the Social Security Administration, the average benefit for a retired worker in 2019 was \$1,503. [The Center for Budget and Policy Priorities places the average retirement benefit in June 2020 at \\$1,514 a month, or about \\$18,170 a year](#). An automatic cost-of-living adjustment helps to maintain the buying power of the benefit. However, the measure for determining the COLA is based on the CPI-W, which reflects the average change over time in the prices

paid by urban workers for consumer goods. The cost-of-living adjustment for 2021 will be a tiny 1.3 percent.

- **ACTION REQUESTED:** We applaud President-Elect Biden's Social Security plan that would adopt the Consumer Price Index for the Elderly (CPI-E) in calculating Social Security's annual COLA because it is a more accurate measure of seniors' spending patterns and takes into account their greater spending on health care. [The Social Security actuaries assume this change would increase COLAs by 0.2 percentage points each year.](#)

Agency: SSA

Repeal the Windfall Elimination Provision (WEP) and Government Pension Offset (GPO)

SUMMARY: The windfall elimination provision (WEP) and the government pension offset (GPO) claw back certain federal, state and local government workers' and spouses' Social Security benefits, if they worked for a period of time in jobs not covered by Social Security as, for example, many teachers or first responders. [As of December 2018, nearly 1.9 million people were affected by the WEP and 695,059 Social Security beneficiaries had spousal or widow\(er\)s' benefits reduced fully or partially by the GPO.](#) These provisions result in particularly harsh consequences for moderate-and low-income pensioners, with women affected disproportionately and more likely to end life in poverty.

- **ACTION REQUESTED:** LCAO supports passage of the Social Security Fairness Act, which repeals both the WEP and the GPO, and urges the Biden-Harris Administration to work towards their repeal.

Agency: SSA

Strengthen Social Security Administration Funding and Executive Leadership

SUMMARY: The Social Security Administration (SSA) manages one of our largest government resources, paying out \$1 trillion in benefits annually. SSA boasts a 99 percent accuracy rate with about only one penny of every dollar invested in the trust funds going toward administrative costs.

- **ACTION REQUESTED:** LCAO urges President-Elect Biden to appoint a Commissioner who can maintain this high standard, and to elevate that post to cabinet level. LCAO also urges the incoming administration to increase its funding request for the Social Security Administration's Limitation on Administrative Expenses (LAE) in FY 2022. An increase would help ensure that the public is better served by SSA staff and address the backlog of disability determination appeals at SSA hearing offices and improve customer service at field offices and the national toll-free telephone line. Finally, LCAO urges the

Biden-Harris Administration to support combining the OASI Trust Fund and the DI Trust Fund into a single fund. Although the funds are administered separately, they are both funded through payroll contributions. The annual Trustees Reports provides projections as if the two trust funds were combined (“OASDI”), and these are the projections that are most cited and useful.

Agency: SSA

Safely Reopen SSA offices and Provide Frontline Services Amid the Pandemic

SUMMARY: SSA’s local offices provide a variety of important in-person services to the public. SSA must assure its local offices are reopened sensibly and responsibly.

- **ACTION REQUESTED:** LCAO recommends that the Biden-Harris Administration direct immediate attention to SSA’s “Re-posturing Plan” for Restoring and Providing Frontline services. SSA should assure that SSA offices meet or exceed all CDC, OMB, and state/local directives for COVID 19, personal protective equipment, social distancing and employee safety. No SSA employee or individual seeking SSA services should have concerns over their health or safety while in an SSA office. SSA should provide for priority opening in offices serving communities of color and other offices more likely to provide in-person services.

Agency: SSA

Forgive Overpayments to Beneficiaries That Were Caused by Social Security During 3/1/20 to 12/31/20 Without Requiring Beneficiaries to Apply for a “Streamlined” Waiver

SUMMARY: The Social Security Administration caused benefit overpayments to certain beneficiaries when it temporarily suspended some of its operations during the pandemic. LCAO believes the Social Security Administration must automatically forgive overpayments to beneficiaries that were caused by Social Security from March 1, 2020 to December 31, 2020 when offices were closed to prevent spread of the coronavirus. SSA has established a less-than-efficient “streamlined” process for those beneficiaries who are affected by the SSA-caused overpayments and who want to apply for a waiver of those overpayments from March 1 to December 31, 2020. There are several steps a beneficiary must take to navigate the “streamlined” process that SSA can accomplish on its own.

- **ACTION REQUESTED:** Require SSA to waive automatically Social Security Administration-caused overpayments to beneficiaries (SSA has already identified those affected) during the period from March 1, 2020 to December 31, 2020 so that they do not need to navigate a waiver process. Consider legislation such as the Fairness for Seniors and People with Disabilities During COVID-19 Act sponsored by Representative Danny Davis (D-IL). The bill would automatically

forgive all overpayments during the March 1, 2020 to December 31, 2020 period rather than make beneficiaries go through a process of applying for a waiver.

Agency: SSA

Prevent Devastating Social Security “COVID Notch”

SUMMARY: The Social Security benefit formula is designed to replace about 41 percent of workers’ overall career average earnings at the normal retirement age of each age group. In calculating aggregate career earnings, the Social Security Administration adjusts earnings to reflect growth throughout working years by using the national average wage index (AWI). The AWI is based on the ratio of total wages paid in a year to the total number of workers. Ordinarily, the AWI will increase each year, in keeping with typical wage increases. However, if an economic recession occurs and many workers lose their jobs or experience reduced hours, the AWI can decline from the previous year. Therefore, if the average wage falls by 10 percent in 2020 (as now seems likely), the Social Security retirement benefit of a worker with average earnings turning 60 in 2020 will drop by about \$1,400 per year—for life—compared to the Social Security retirement benefit for a similar worker who turned 60 in 2019.

- **ACTION REQUESTED:** Support legislation ensuring that the Average Wage Index as used for these benefit-calculation purposes never drops below the previous year’s level (similar to the current-law floor for the cost-of-living adjustment [COLA], which cannot go negative). The legislation must be carefully crafted to avoid any benefit cuts compared to current law, for those affected by the notch and for others. In particular, the severe drop in the wage index also results in a very small increase in future benefit levels for everyone under age 60 who worked at any point in 2020, including essential workers such as grocery clerks, first responders, and nurses. This legislation must not take away this small increase. These workers—and Americans overall—simply cannot afford any cuts in their hard-earned Social Security benefits.

Agency: SSA

Lessen the Impact of the August 8, 2020 Trump Administration Order Deferring Employee Contributions to Social Security from 9/1/20 to 12/31/20

SUMMARY: Both employees and employers will face the reality of having to pay deferred Social Security contributions when they come due after the end of 2020. Workers will also have to pay the taxes on the additional income they received while not having Social Security taken out of their pay. The greatest impact will be on federal civil service employees and on those in the military who were required by the Trump Administration to have their payroll taxes deferred.

- **ACTION REQUESTED:** LCAO urges the incoming administration to consider policies such as extending time periods to pay back deferred employee Social

Security contributions and increased taxes. We also urge the new administration to consider policies to make payroll and administrative practices more flexible to ease the impact overall.

Agency: SSA

Guarantee Access to Annual Earnings Statements on Paper

SUMMARY: In 1989, Congress passed a law requiring the Social Security Administration to **mail** annual earnings statements to working Americans. The statements help workers plan for their retirement security, educate working families about the types of benefits they are earning, and perhaps most importantly, benefit statements allow workers to ensure their yearly earnings have been accurately posted. Since FY 2011, SSA has not sent annual mailings of the Social Security Statement to most workers, even though required by law. In FY 2010, the last year SSA complied with the law, SSA mailed over 154 million statements. Automatic mailings were suspended entirely in 2013. Currently SSA provides mailed statements only to about 14 million workers, those age 60 and over who are not receiving Social Security benefits. SSA has added the “my Social Security account” feature to its website, allowing individuals to use electronic means to get access to individualized information and a variety of services, including benefit estimates. Providing for electronic access to Social Security information and services has increased SSA’s reach substantially but has not lessened the need for mailing paper statements.

- **ACTION REQUESTED:** We urge the President-Elect to actively support measures to ensure that workers get an annual earnings statement by mail. Earnings statements sent by mail are important to those who have little or no access to the internet. [A 2018 Pew Research Study found that 58 percent of rural adults say that access to high-speed internet is a problem in their community, while smaller shares of urban \(43 percent\) and suburban \(36 percent\) residents identify high speed internet access as a problem.](#) Finally, individuals want and often prefer to receive financial information through the mail. A 2016 Financial Industry Regulatory Authority (FINRA) study showed that 49 percent of respondents preferred physical mail, while only 31 percent of respondents preferred receiving disclosures by email and 14 percent preferred in-person meetings.

Agency: SSA

Modernize and Improve Supplemental Security Income (SSI)

Summary: Supplemental Security Income’s basic safety net needs to be improved. SSI provides cash to meet basic needs for food, clothing, and shelter of people who are aged, blind, or disabled and who have little or no income. Many of SSI’s financial eligibility rules remain at the same levels as when the program became law in 1972.

The financial constraints under the program are so tight that more and more older SSI recipients are homeless.

- **Action Requested:** LCAO is pleased that President-Elect Biden has proposed a significant increase in benefits for both single and married SSI recipients. [Raising the federal benefit rate from \\$792 per month for a single recipient to \\$1,091 \(100 percent of the federal poverty level\) would represent a 38 percent increase. A corresponding increase in the benefits for married couples to \\$2,182 would represent an 84 percent increase. LCAO is also pleased that the President-Elect has proposed significant increases in the asset limits that would then be adjusted for inflation. By raising limits to \\$4,289 for single adults and \\$8,578 for married couples, the limits would increase by 114 percent and 186 percent respectively. The Biden proposal also includes repealing the in-kind support provisions that reduce benefits for SSI recipients who live in another person's household and do not pay for food or rent.](#)

In addition, please consider other proposals, such as those included in [bicameral legislation introduced by Senator Sherrod Brown and Congressman Raul Grijalva:](#)

- (a) Update the general income disregard to \$123 per month from the current \$20 without reducing SSI benefits. The current amount has been in effect since 1972.
- (b) Increase the earned income disregard to \$399 per month to encourage SSI recipients who can work to do so. The current amount is \$65 per month and has been in effect since 1972.
- (c) Update the resource limit to \$10,000 for an individual (\$20,000 for an eligible couple). The current resource levels are \$2,000 for an individual and \$3,000 for a couple and are not enough to pay for home repairs, car maintenance or emergencies. This amount has not been updated since 1989.
- (d) Repeal penalties for resource transfers, marriage, and state tax credits to make SSI fairer and easier to administer.
- (e) Repeal the in-kind support provisions that reduce benefits for beneficiaries living in another person's household.

Agency: DOL & Equal Employment Opportunity Commission (EEOC)

Lower the Standard to Prove Age Discrimination in Employment Discrimination Cases

SUMMARY: Age discrimination in employment is pervasive in the 21st century. When older workers try to enforce their right to be treated equally, they find it exceedingly difficult to prove discrimination because the bar is set too high. The Supreme Court, in its 2009 decision in *Gross v. FBL Financial Services Inc.*, set a higher standard of proof for age discrimination than previously applied. The standard is greater than for other forms of discrimination and court decisions have continued to chip away at protections. As a result, plaintiffs now must prove that age was a determinative, “but-for” cause of their employers’ adverse treatment of them.

- **ACTION REQUESTED:** Support legislation such as the Protecting Older Workers Against Age Discrimination (POWADA). It would return the standard of proof to a pre-*Gross* standard to make proving age discrimination easier. POWADA would also amend the Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964 provision on retaliation, the Americans with Disabilities Act, and the Rehabilitation Act of 1973. Reforms should also be made during the hiring process to prevent age discrimination. Congresswoman Sylvia Garcia introduced such legislation, the Protecting Older Job Applicants Act.

Agency: DOL & Pension Benefit Guaranty Corporation (PBGC)

Help Insolvent Multiemployer Pension Plans to Pay Retirement Benefits, Help Protect Pensions and Benefits in Companies Going Through Bankruptcy

SUMMARY: Over 10 million workers and retirees have earned benefits under multiemployer pension plans. Most of these plans are adequately funded; however, plans covering more than one million retirees are struggling financially and expected to run out of funds soon. The retirees belonging to these plans include food industry workers, truck drivers, warehouse workers, musicians, and ironworkers. Their labor helped build America and the work they contributed is essential to keep the nation going. Many performed these jobs tirelessly for decades, forgoing higher wages during collective bargaining in exchange for a secure pension at retirement. This looming crisis faced by some multiemployer plans has been exacerbated by the pandemic’s impact on the economy.

- **ACTION REQUESTED:** We urge the incoming administration and Congress to allocate sufficient funds to protect the hard-earned pensions of our nation’s retiree in financially distressed multiemployer plans. Please work to protect Congressional authority to set Pension Benefit Guaranty Corporation (PBGC) premiums as well as work to take them off budget. If premiums are not counted as general fund revenue for budget scoring purposes, lawmakers will not raise them to pay for unrelated spending. We also urge the new administration to work to improve pension and retirement plan protections for workers, retirees, and their families whose companies have filed for bankruptcy so they will receive the benefits they are entitled to and counting on.

Agency: Department of Justice & DOL

Help Make It Easier for Divorcing Spouses and Their Attorneys to Understand, Obtain, and Enforce Qualified Domestic Relations Orders

SUMMARY: A qualified domestic relations order (QDRO) is a court order for a retirement plan to pay child support, alimony or marital property to a spouse or former spouse of a participant. While the benefits may be key to providing ongoing economic support after divorce, lawyers and clients often do not understand how QDROs work or how to meet the requirements to get one. QDROs must contain specific information, such as the plan in question, the amount or percentage of the benefits to be paid, the participant and each alternate payee's name, and the last known mailing address. These orders are difficult to understand, obtain and enforce.

- **ACTION REQUESTED:** We ask the Biden-Harris Administration to reform **qualified domestic relations order** requirements, so they are simpler; making it easier for individuals seeking them at divorce to get the benefits they are awarded.

Agency: DOL

Restore the Department of Labor's Fiduciary Rule to Protect Retirement Plan Participants

SUMMARY: LCAO supports the Department of Labor's fiduciary rule implemented by the Obama Administration. The rule, at its simplest, helps ensure that financial advisors take the best interests of their clients into account when providing investment advice rather than their own self-interest. Each year, working and middle-class families lose \$17 billion in retirement assets due to bad financial advice. The rule was struck down by one circuit court and DOL has a proposal that would weaken protections.

- **ACTION REQUESTED:** The DOL fiduciary rule should be restored as originally implemented by the Obama Administration to protect working- and middle-class families.

Agency: Department of the Treasury/Internal Revenue Service

Provide Tax Credits for Family Caregivers Who Do the Hard Work of Caring for Others but Give Up Financial Security to Do So

SUMMARY: Family caregivers put their financial security on the line to tend to their loved ones. [There are about 53 million caregivers who provide meals, transportation, nursing, companionship, housekeeping, and more so their family members can stay in their homes and communities. Family caregivers often take on this role without adequate and affordable supports in place. About one in four caregivers report that it is difficult to get affordable services in the care recipient's community. Even with affordable services, the economic effects of caring for a family member can result in](#)

[financial stress. One in five caregivers report high financial strain from caregiving \(18 percent\). Most commonly, 28 percent have stopped saving and 23 percent have taken on more debt. Whatever form the financial strain takes, it can last well into the future, especially if the caregiving lasts a long time. Caregivers of adults find themselves providing care for 4.5 years, on average, and an increasing proportion have been providing care for 5 years or longer.](#) For women, the economic impact is stark—the estimated impact of caregiving on lost wages because of leaving the workforce early is \$142,693. Adding to that, [the estimate for lost Social Security benefits is \\$131,351, while the estimated impact on pensions is approximately \\$50,000 in lost benefits.](#)

- **ACTION REQUESTED:** In addition to establishing Social Security caregiver credits (see “Increase and Expand Social Security’s Modest Benefits”), LCAO urges the President-Elect to support legislation such as the Credit for Caring Act to provide a tax credit to family caregivers. The bipartisan Credit for Caring Act would provide as much as a \$3,000 non-refundable tax credit (adjusted for inflation) for those who have caregiving expenses of at least \$2,000. The modest tax credit would provide relief for a family member caring for a recipient who has been certified by a health care practitioner to need long-term care for at least 180 consecutive days. The credit is phased out when income exceeds \$150,000 for joint filers or \$75,000 for individual filers.