

The Honorable Susan Collins, Chair
The Honorable Patty Murray, Ranking Member
Senate Appropriations Committee
Washington, DC 20510

The Honorable Tom Cole, Chair
The Honorable Rosa DeLauro, Ranking Member
House Appropriations Committee
Washington, DC 20515

Dear Chair Collins, Ranking Member Murray, Chair Cole, and Ranking Member DeLauro:

The Leadership Council of Aging Organizations (LCAO) is a coalition of 68 national nonprofit organizations concerned with the well-being of America's older population and committed to representing their interests in policy-making arenas. LCAO thanks you for your efforts to support older Americans as they age at home and in the community.

As the session comes to a close and fiscal year 2027 appropriations are finalized, we ask you to strengthen programs serving older adults. The programs under your jurisdiction are critical to assisting older adults in aging with dignity and independence in their chosen community. Strengthening programs for older adults effectively uses taxpayer resources to promote retirement security, protect older adults from maltreatment, expand healthy aging, and address a multitude of other issues. Through these programs older adults are not only supported but able to give back to their communities.

Greater investment and commitment by Congress are needed to increase availability of critical services to the rapidly growing older adult population, address workforce shortages, and develop more efficient and effective systems. With recognition of the size and complexity of the country’s older adult population, now is the time to infuse support to the system.

Long-term continuing resolutions (CRs) fail to address the needs of programs and negatively impact efficiency and strategic development. Relying on flat-funded CRs does not address rising costs or support growth in the program to address an increasing aging population. When the funding does not increase year after year fewer older adults can access vital services and supports – risking health and independence and often increasing costs to federal programs such as Medicaid.

We encourage you to pass fiscal year (FY) 2027 appropriations that fully support aging programs. We ask you to consider LCAO's funding requests listed below, first suggested by LCAO members in May of 2026 with accompanying justifications. We attached the justifications again as an appendix for ease of reference.

Subcommittee on Labor, Health and Human Services, Education, and Related Agencies		
Administration for Community Living		
Older Americans Act	Title III B Supportive Services	$828 million
	Title III C-1 and C-2 Nutrition Services and Nutrition Services Incentive Program	$2.12 billion
	Title III D Preventive Health Services	$52.6 million
	Title III E National Family Caregiver Support Program	$418 million
	National Strategy Demonstration Grants	$4 million
	Title IV Chronic Disease Self-Management Education	$16 million
	Title IV Falls Prevention	$15 million
	Title IV Direct Care Workforce Strategies Center	$10 million
	Title IV Developmental Disabilities Projects of National Significance	$3 million
	Title VI Native American and Native Alaskan/Hawaiian Aging Programs: Parts A/B Nutrition Services	$80.5 million
	Title VI Native American and Native Alaskan/Hawaiian Aging Programs: Part C Caregiver Supports	$28 million
	Title VII Long-Term Care Ombudsman Programs	$53.3 million
	Title VII Long-Term Care Ombudsman Program	$65 million

	Assisted Living Residents	
	Title II and IV Aging Network Support Activities	$60.9 million
	Title II National Resource Center on Women & Retirement	$575,000
	Title II Research, Demonstration and Evaluation Center	$25 million
	Aging and Disability Resource Centers	$17.2 million
	Community Care Corps Grants	$5.5 million
Medicare State Health Insurance Assistance Programs (SHIPs)		$80 million
Elder Justice & Adult Protective Services Activities	Adult Protective Services Infrastructure	$20 million
	Adult Protective Services State Grants	$100 million
	Long-Term Ombudsman Program	$50 million
Lifespan Respite Care Program		$11 million
Alzheimer's Disease Program Initiative (ADPI)		$31.5 million
Administration for Children and Families		
Community Services Block Grant		$800 million
Low-Income Home Energy Assistance Program (LIHEAP)		At least $4 billion
Social Services Block Grant		$1.7 billion
Centers for Disease Control and Prevention		
Safety of Seniors Act Falls Prevention		$3.1 million
BOLD Act Initiatives		$60 million
Health Resources and Services Administration		
Geriatrics Workforce Enhancement Program (GWEP) and Geriatrics Academic Career Awards (GACA)		$58.2 million
National Institutes of Health		
National Institute on Aging		$4.911 billion

National Institute on Aging - New Alzheimer's Disease and Related Dementias Research		$318 million
Centers for Medicare & Medicaid Services		
Program Operations		$2.5 million
Social Security Administration		
Administrative Expenses		$20 billion
Corporation for National and Community Service		
AmeriCorps Seniors		$236.9 million
Department of Education		
Independent Living Services for Older Blind Individuals		$40 million
Department of Labor		
Older Americans Act	Title V Senior Community Service Employment Program (SCSEP)	$405 million

Subcommittee on Transportation, Housing and Urban Development, and Related Agencies	
Department of Housing and Urban Development	
Section 202 Development	$600 million
Section 202 Service Coordination Grants	$425 million
Older Adult Special Purpose Housing Choice Vouchers	$50 million
Home Modification Programs for Older Adults	$30 million
Resident Opportunity Self Sufficiency (ROSS) Service Coordinator Program	$60 million
Community Development Block Grant Program (CDBG)	$3.3 billion
Department of Transportation	
Federal Transit Administration—Technical Assistance to Improve Senior Transportation Options	$2.6 million

Subcommittee on Agriculture, Rural Development, and Food and Drug Administration	
Department of Agriculture	
Commodity Supplemental Food Program	$460 million

We respectfully ask you to recognize the value of our older adult population and the importance of these programs that promote their health and wellbeing. Without your commitment valuable services that prevent and address poverty, hunger, isolation, poor health, abuse, unemployment, and other challenges will fail in their support of the aging population.

Through your leadership, we hope that all programs will be fully funded by the end of the session and a long-term CR will not be needed. Thank you for your consideration, and we look forward to working with you on these challenges faced by our nation.

Sincerely,
Katie Smith Sloan, Chair of the Leadership Council of Aging Organizations

Appendix: Justification for Appropriation Amounts

Subcommittee on Labor, Health and Human Services, Education, and Related Agencies

America's older adult population continues to grow at an unprecedented rate—a trend driven primarily by the aging Baby Boomer generation—and is rapidly changing the demographic composition and health needs of the country. Since 2012, the population of older adults age 65 and older increased by 34 percent, and average life expectancy continued to climb. People age 60 and older accounted for about 17% of the US population in 2022, and with each passing day, an additional 10,000 individuals turn 65. As a result, a projected 81 million—or more than one in five—people in America will be 65 or older by 2040. By 2035 older adults are expected to outnumber children for the first time in history.

Among this growing population of older adults, about 95% have at least one chronic condition, while nearly 80% have two or more. Today, more than 17 million older adults age 65 and older are economically insecure; 4.9 million live in poverty; the unemployment rate of older workers with low incomes is nearly three times higher than the overall jobless rate; and 12 million older adults age 60 or older face the threat of hunger (i.e., are marginally food insecure). The Administration for Community Living provides key services and supports to older adults and should be funded accordingly.

Department of Health and Human Services: Administration for Community Living

Older Americans Act Programs (OAA)

The OAA is the backbone of our nation's non-Medicaid home and community support system. It equips older adults and their caregivers with vital resources and essential services that include in-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 for residents of long-term care facilities, among other services.

For 60 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 offer 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 most prefer to be, avoiding more costly facility-based care paid for through Medicare and Medicaid.

For years, OAA funding has not kept pace with inflation or the growing population eligible for services. This financial reality has made it increasingly difficult for the Aging Network to maintain existing services, let alone to meet escalating needs and keep pace with a growing population.

We encourage lawmakers to reinvest in vital home and community-based services for older Americans and family caregivers in FY 2027. **We urge Congress to fund all of the core OAA**

programs at a minimum, at double FY 2026 enacted levels, unless otherwise noted.

OAA Title III B Supportive Services

Title III B Supportive Services provide flexible local funding to deliver a range of critical supportive services to older adults. Assistance for essential activities of daily living include in-home services for frail older adults, transportation, information and referral/assistance services, case management, senior centers, home modification and repair, chore services, legal services, social engagement activities, adult day care and all the other gap-filling programs offered by the Aging Network not already provided for in the other titles of the OAA. The critical flexibility of this funding stream gives agencies greater means to meet the needs of older adults, as identified at the community level, and often is vital to keeping older adults from needing costlier long-term care services—which usually leads to their impoverishment and subsequent need to rely on Medicaid to meet long-term care needs. To continue to meet current demand as well as the rise in service needs for a growing demographic, we request Congress invest in aging America and provide at least $828 million for OAA Title III B Supportive Services in FY2027.

OAA Title III C Nutrition Programs

More than 2.6 million older adults receive OAA-funded nutritious meals every year, and for the majority of these individuals, each meal represents half or more of their total daily food intake. Along with delivering nutritious meals, these programs provide critical opportunities to address social isolation and loneliness, safety and wellness checks, and connection to essential community services. Senior nutrition services, whether home-delivered or congregate meals , produce concrete results and help improve the health and quality of life of our nation's older adults and enable them to live independently in their homes and communities while reducing health care expenditures, such as unnecessary trips to the emergency department and admissions to hospitals and nursing homes.

The number of older adults served through OAA nutrition programs has increased drastically, while local programs continue to navigate rising costs and inflation, increased demand for services, workforce and volunteer shortages and a growing older adult population. Today, 99% of local nutrition programs report challenges to serve older adults in need, and 97% of programs indicate they believe there is an unmet need in their communities. Eight out of ten low-income, food insecure older adults are not receiving the congregate or home-delivered meals they are eligible for and one in three programs has a waiting list, with older adults spending an average of three months waiting for vital meals. In order to address the nutrition and social needs of older adults, we urge Congress to provide $2.12 billion for the OAA Title III C Nutrition Program, including $653.3 million for congregate meals, $1.307 billion for home-delivered nutrition services, and $160.1 million for the Nutrition Services Incentive Program (NSIP) in the Fiscal Year 2027 Labor-HHS-Education Appropriations Bill.

OAA Title III D Preventive Health Services

Title III D of the OAA delivers evidence-based health promotion and disease prevention programs to prevent or better manage the conditions that most affect quality of life, drive up health care costs and reduce an older adult's ability to live independently. Commonly

used interventions address the risk of falls, chronic diseases, mental health and medication management. However, investments have not been sufficient to ensure the diverse array of proven, cost-effective interventions can be implemented in communities nationwide, nor do they allow the woefully underfunded Aging Network to amass the critical evidence-based data lawmakers seek. During the pandemic, many of the programs have been deployed as digital offerings, reaching more adults than before, but with significant costs. Aging Network providers intend to keep some of the virtual programming even as they begin to restore in-person models. Therefore, additional resources are needed to maintain the new reach and means of delivery so older adults don't lose access to these key services. We urge Congress to provide funding in FY 2027 of at least $52.6 million.

OAA Title III E National Family Caregiver Support Program

As of 2025 more than 63 million family caregivers—meaning an adult family member or other individual who has a significant relationship with, and who provides a broad range of assistance to, an individual with a chronic or other health condition, disability, or functional limitation—provide the vast majority of our nation's long-term services and supports (LTSS). For context, in 2021, the annual economic value of the care provided by millions of family caregivers was estimated by AARP at $1.01 trillion, which is more than all out-of-pocket spending on U.S. health care that year. Enhanced support for family caregivers is critical for two reasons: 1) family caregivers enable older adults and individuals of all ages with disabilities to live in their homes and communities, thereby preventing or delaying more costly nursing home care; and 2) family caregivers often experience significant risks to their own health and well-being in addition to financial constraints, work and family demands, and the challenges of providing care. The caregiving role itself is an important social determinant of health for the person receiving care, as well as the family caregiver.

Title III E of the OAA provides funding to state and local programs to assist family caregivers of older Americans, enabling many caregivers to continue employment while providing critically needed care. The National Family Caregiver Support Program (NFCSP) was the first federal program to recognize the needs of the nation's family caregivers. Supportive services help family members who provide in-home care to older adults; state and local agencies provide family caregivers with information and assistance about available services for older people; individual counseling and training assists family caregivers in decision making; respite care provides temporary relief from caregiving responsibilities; and supplemental services complement family caregiver's activities.

National Strategy Demonstration Grants supporting implementation of the National Strategy to Support Family Caregivers at both the state and federal levels are critical to advancing coordinated, nationwide improvements in caregiver support. These grants enable states, communities, and organizations to pilot and scale innovative models that align with national priorities, strengthen cross-sector partnerships, and enhance outcomes for caregivers and care recipients.

The Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregiving

Advisory Council was established to further address the critical issues faced by families by creating a National Strategy to Support Family Caregivers. The strategy, which was released in September of 2022, identified actions that communities, providers, government, and others can take to recognize and support family caregivers including: promoting greater adoption of person- and family-centered care; improving assessment and service planning (including care transitions and care coordination) involving care recipients and family caregivers; information, education, training supports, and referral services; promoting respite options; addressing financial security and workplace issues.

We request that Congress work toward funding the National Family Caregiver Support Program at $418 million in FY 2027 and $4 million for National Strategy Demonstration Grants.

OAA Title IV Chronic Disease Self-Management Education (CDSME)
Chronic diseases are the leading causes of death and disability in the U.S., whose costs constitute 90% of the nation's $4.9 trillion in health expenditures. Older Americans are disproportionately affected by chronic conditions; 93% have at least one chronic condition, and nearly 80% of Medicare beneficiaries have two or more. Data show that as an individual's number of chronic conditions increases, there is a corresponding escalation in unfavorable outcomes including poor functional status, unnecessary hospitalizations, adverse drug events, duplicative tests, and conflicting medical advice–all of which lead to higher health costs and ultimately increased Medicare and Medicaid spending. In the United States, chronic conditions account for 93% of Medicare spending.

CDSME is a low-cost, evidence-based disease management intervention which studies show to be effective at helping people with all types of chronic conditions adopt healthy behaviors, improve health status and reduce use of hospital stays and emergency room visits. FY 2027 funding should be at least $16 million to expand access to evidence-based, cost-effective chronic disease management programs to a greater number of states and older adults in need across the country.

OAA Title IV Falls Prevention
Falls are the number one cause of injuries and deaths from injuries among older adults. Each year, 1 in 4 older adults falls, but only half report a fall to their doctors. The most recent data reveals over 38,000 deaths occurred which is the leading cause of injury death for older adults. The CDC reports "The age-adjusted fall death rate increased by 21% from 64.7 per 100,000 older adults in 2018 to 78.4 per 100,000 older adults in 2024." Each year, more than three million fall injuries were treated in emergency departments, resulting in nearly 800,000 hospitalizations. The nation is spending $80 billion to treat fall injuries annually, 75% of which is paid for by Medicare and Medicaid. These costs are expected to exceed $101 billion by 2030.

Evidence-based fall prevention programs offer cost-effective interventions by reducing or eliminating risk factors, promoting behavior change, and leveraging community networks to link clinical treatment and community services. These programs have been shown to

reduce the incidence of falls by as much as 55% and produce a return on investment of as much as 509%. Given that the incidence and costs of falls continue to climb, we request that appropriators fund these cost-effective programs in FY 2027 at a minimum of $15 million to make these cost-effective programs widely available to older Americans at risk across the nation.

OAA Title IV Direct Care Workforce Strategies Center

More than five million direct care workers provide essential support and services to millions of older adults and people with disabilities and serious illness across care settings in the United States each day. This workforce includes personal care aides, home health aides, direct support professionals, and nursing assistants. Across the national Aging Network, in every state and community, older adults rely on these workers for assistance with daily activities, while family caregivers depend on them for critical respite and support. Yet, despite growing demand, the direct care workforce faces persistent challenges including high turnover, low wages, and limited career pathways, all of which undermine workforce stability and constrain the system's ability to meet rising needs.

Established by the Administration for Community Living in 2022, the Direct Care Workforce Strategies Center provides technical assistance to states and service providers and fosters collaboration across stakeholders to strengthen recruitment, retention, training, and career advancement for this workforce. By empowering states to design and implement innovative, system-level solutions, through expert technical support, the Strategies Center is helping to ensure that older adults and people with disabilities can access high-quality care in their homes and communities. We strongly support expanding the Strategies Center's funding to $10 million to build on four years of progress across 27 states and scale this impact nationwide, equipping all 50 states to develop the direct care workforce systems of the future.

Additionally, we are requesting a $3 million allocation for the Developmental Disabilities Projects of National Significance/Independent Living Projects of National Significance to extend the scope of the above described initiatives to the direct care workforce that supports people with disabilities who are not covered by the statutory authority of Older Americans Act.

OAA Title VI Native American, Native Alaskan, and Native Hawaiian Aging Programs

OAA Title VI Native American aging programs fund nutrition and family caregiver support services to Native American (Indian, Alaskan, and Hawaiian) elders. Title VI Grants are a primary authority for funding aging services in Indian Country, where elders are the most economically disadvantaged in the nation. But there has been insufficient growth in funding to meet escalating needs. The population of Native American elders 65+ is expected to grow by 115% by 2030. We urge Congress to double funding for Title VI in FY 2027 to reach a greater number of tribes with at least $80.5 million for Part A (nutrition and supportive services) and at least $28 million for Part C (family caregiver support).

OAA Title VII Long-Term Care Ombudsman and Prevention of Elder Abuse
OAA Title VII funds ombudsmen and their trained volunteers who advocate for residents of long-term care facilities to resolve quality-of-life concerns and care problems, protect residents' rights, and improve the long-term services and support system. They also address issues of elder abuse, neglect, and exploitation. These programs serve some of the older Americans at greatest risk. Additional elder abuse programs are supported under this title and include prevention, detection, assessment, treatment, and intervention activities.

Additional funding is needed for the State Long Term Care Ombudsman Programs (SLTCOP) to address the unfunded mandate to serve all long-term care residents, as well as to address pandemic-related barriers to access and appropriately respond to the pandemic's aftermath. The advocacy and protections SLTCOPs provide are necessary to address the trauma and impact residents, family members, and staff have experienced during the pandemic. Many SLTCOPs, due to the risks, have lost paid staff and volunteers. Programs need to fill these losses with new and additional paid staff and new volunteers. For example, resources will be used for staffing, volunteer recruitment, and support, in person and remote training, trauma training, and technology. To accomplish this, the SLTCOPs need stable annual funding. This will secure the ability to respond appropriately to protect residents' rights to be treated as individuals with autonomy, choice, independence, and access to quality health care.

The LCAO requests at least $53.3 million to support core SLTCOP work and $65 million to work with residents of assisted living, board and care, and similar community-based long-term care settings as these are less regulated and residents often need greater advocacy. We also urge you to invest $50 million in the SLTCOP under the Elder Justice Act to support its critical work in elder rights activities to prevent abuse, neglect, and financial exploitation, and to support doubling funding for the National Ombudsman Resource Center. Without this funding, hundreds of thousands of residents will remain at risk and without regular and easy access to an advocate.

Additionally, Title VII Subtitle B authorizes funding to protect Native elder rights and prevent elder abuse. The concerns of tribal elders and the systems serving them are uniquely complex. However, this section of Title VII has never been funded, putting tribal elders at increased risk of abuse, neglect, and exploitation. LCAO urges continued funding of the Native American Elder Justice Initiative Resource Center, as well as initial funding for Subtitle B grants.

OAA Title II & IV Aging Network Support Activities
Aging Network Support resources invest in training and technical assistance, innovation and dissemination of best practices, and coordination of strategies and services throughout the Aging Network. LCAO calls for funding to at least $60.9 million for FY 2027.

OAA Title II Research, Demonstration, and Evaluation Center for the Aging Network

The 2020 reauthorization of the OAA established a research, demonstration, and evaluation center for the Aging Network under Title II to improve assessment and promote advancement of the relationship between OAA programs and services and health outcomes. These efforts are vital to fully realizing the efficacy and efficiency of both longstanding OAA programs as well as evaluating innovations in service delivery to a growing population of older adults. However, without funding, this research center will not realize these important goals or procure critical evidence-based data necessary to support continued investments in essential programs for older adults. As such, in FY 2027, we urge Congress to invest at least $25 million.

Aging and Disability Resource Centers (ADRCs)

Aging and Disability Resource Centers are authorized in the OAA but represent collaborative efforts of aging and disability entities to facilitate and streamline access to the most appropriate and cost-effective public and private LTSS options for older adults, people with disabilities and caregivers across the country. This "no wrong door" model aims to build on, not supplant, existing state and community systems and resources to create greater access points to LTSS information and assistance for people of all ages and incomes. In FY 2027, Congress should continue investing in this model; LCAO supports the recommended funding level of $17.2 million.

Community Care Corps Grants

We also urge you to include in any FY 2027 funding bill support for Community Care Corps grants at least $5.5 million to continue the grants first funded in FY 2019 to support innovative local models in which trained volunteers assist family caregivers or directly assist older adults or adults with disabilities in maintaining their independence by providing non-medical support in order to supplement other caregiving options. These activities help meet the growing demand for services from a large and growing aging and disability population and the desire of individuals to live independently.

Medicare State Health Insurance Assistance Program (SHIP)

The Medicare State Health Insurance Assistance Program (SHIP), through 2,200 local sites and nearly 11,300 SHIP staff and volunteer counselors, provides older Americans, people with disabilities, and their families with unbiased, free, and personalized information to help them navigate Medicare enrollment and obtain benefits. The average Medicare beneficiary must choose among 42 Medicare Advantage plans, 14 plans for Part D prescription coverage, as well as supplemental coverage options for 2026. They have to navigate the complexity of comparing plan benefits and making a selection that takes into account all the factors that impact out-of-pocket costs and network access.

SHIPs operate in every state, territory, and the District of Columbia. They provide enrollment clinics, "Welcome to Medicare" events, information seminars, and one-on-one counseling that helps older adults and people with disabilities to choose wisely and, once they do, to navigate Medicare's benefit and appeals processes to get the most out of their hard-earned Medicare benefits. SHIPs have been crucial in helping beneficiaries learn to navigate the new Medicare

plan finder tool, explaining the new Medicare supplemental benefits and changes in consumer protections such as special enrollment periods.

The current funding level of $55.2 million for SHIP amounts to less than a dollar for every person enrolled in Medicare. If the investment in SHIP had kept pace with the growth in the older adult population and inflation over the past decade, the funding level would exceed $80 million. We request an increase in funding to at least $80 million for FY 2027 to continue to provide needed services to the growing numbers and diversity of Medicare beneficiaries.

Adult Protective Services

The Administration for Community Living's Elder Justice and Adult Protective Services office, funds continued work on the national Adult Protective Services (APS) data system, formula grants to APS agencies, elder justice innovation grants, programs to stop abuse in guardianship, abuse prevention programs in Indian Country, expansion of forensic centers to assist in crime identification and prosecution, and self-neglect prevention programs. This work is critical given the scope of the crisis of abuse of older adults and people with disabilities and the work that must be done to develop effective, evidence-based prevention, intervention, and prosecution practices.

LCAO applauds the inclusion of continued funding for Adult Protective Services in FY 2026, building on the basic infrastructure laid in FY 2021 and FY 2022 funding. However, without continued and expanded funding these programs and older adults across the country will lose key services and support. The programs overseen by this office are in need of expanded funding to support basic systems to support adults who have experienced abuse, neglect, and exploitation. LCAO requests $20 million continuation of additional funding to the National APS Training Center, National Adult Maltreatment Reporting System, and the National APS Technical Assistance Resource Center. LCAO requests $100 million in support of APS grants and tribal grants.

Lifespan Respite Care Program

Millions of American families are faced with unexpected illness, disease, or disability every year, and these events can forever change an individual's and family's trajectory. While each situation is unique, the one thing that they often have in common is the incredible value of family caregivers. National, state, and local surveys have shown respite to be among the most frequently requested services by family caregivers. Only 14% of family caregivers report having used respite care service, despite nearly 38% feeling respite would be helpful.

Short term respite care offers individuals or family members temporary relief from the daily routine and stress of providing care—bolsters family stability and maintains family caregiver health and well-being. While the benefits of family caregiving are plentiful, caregiving can take its toll— older spousal family caregivers experience higher mortality rates, rates of acute and chronic conditions, and depression than non-caregivers. Respite can save dollars by helping to prevent or delay out-of-home hospitalizations or movement to a long-term care facility. The program remains underfunded, and we request that Congress work toward funding the Lifespan Respite Care Program at $11 million in FY 2027.

Alzheimer's Disease Programs
The most common type of dementia, Alzheimer's disease, afflicts one out of every ten people 65 and over—or over five million older Americans. It is the most expensive disease in America, costing Medicare and Medicaid $186 billion. The Alzheimer's Disease Program allows states, communities, nonprofits, and Indian tribes greater access to funding opportunities under the OAA.

Research shows that education, counseling, and other support for family caregivers provided under ACL's Alzheimer's Disease Programs can delay institutionalization of loved ones and improve a caregiver's own physical and mental well-being, reducing costs to families and government. To keep pace with the increasing numbers of individuals and families impacted by dementia, we are asking for $31.5 million in FY 2027 for the Alzheimer's Disease Program. Congress should continue to ensure that tribal programs are included in this initiative.

Department of Health and Human Services: Administration for Children and Families

Community Services Block Grant (CSBG)
Since 1981, states have utilized these CSBG flexible funds to improve community health and living conditions for older people and families with low incomes. For those aged 55 and older, these services include home-based household and personal care services, nutrition and wellness programs, and transportation to and from medical appointments or adult day health centers, making this program a pre-Medicare/Medicaid partner in the long-term care continuum. In FY 2024, 1.3 million adults age 65 and older were served by CSBG and the Community Action network. In addition, 555,000 older adults were helped to live independently in their own homes and remain engaged in their communities. LCAO urges continued bipartisan support for CSBG with FY 2027 funding of at least $800 million.

Low-Income Home Energy Assistance Program (LIHEAP)
About a third, or nearly 2.5 million, of the households receiving LIHEAP benefits include an older adult age 60+ for whom this assistance means avoiding difficult choices between paying for utilities, food, or medicine. In the last twelve months, utility prices increased by 6.1%. One in six U.S. households is behind on utility bills, and utility debt has reached $25 billion - a growth of nearly a third since 2023 and the largest level since 2021. LCAO joins advocates from across the country to urge Congress to maximize funding for LIHEAP in FY 2027 to help households struggling during the pandemic to maintain access to crucial utilities.

Social Services Block Grant (SSBG)
The Social Services Block Grant is a critical source of flexible funding for older adults. In 2022, the latest year data is available, SSBG served almost 2 million older adults including counseling, meals, adult day care, and home care services. SSBG provides critical funding to programs like Adult Protective Services, constituting the majority of the program's funding in some states. Cuts or eliminations would be devastating. LCAO calls on Congress to fund SSBG at a minimum of $1.7 billion.

Department of Health and Human Services: Centers for Disease Control and Prevention

Safety of Seniors Act Falls Prevention
The CDC National Center for Injury Prevention and Control (NCIPC) reports on the latest fall risk and protective factors; conducts research to develop, implement and evaluate the most effective clinical approaches to fall prevention; and develops and disseminates clinical tools and resources to help healthcare providers conduct fall prevention. The CDC's Stopping Elderly Accidents Deaths and Injuries or STEADI tools and resources have encouraged providers across the US to screen, assess, and intervene to reduce their older patients' fall risk by recommending clinical and community-based interventions, including those supported by ACL grants.

As the incidence and cost of falls continues to rise exponentially, the federal government should be making additional investments to expand the engagement of providers in both clinical and community settings to ensure all members of older adults' health care teams have the tools and resources to provide access to evidence-based falls prevention. An increase in the Elderly Falls program at CDC (STEADI) would expand the engagement of providers in both clinical and community settings to ensure all members of older adults' health care teams have the tools and resources to provide access to clinical and community programs and strategies. The Senate Special Committee on Aging October 2019 report on falls prevention recommended strengthening screening and referral pathways and taking steps to ensure greater utilization of CDC's STEADI resources.

CDC is working with healthcare systems and providers to encourage them to screen, assess and intervene to reduce fall risk among their older patients. They are also working to educate Americans on how they can take simple steps to prevent injuries as they age. Additional investments would expand the engagement of providers in both clinical and community settings to ensure all members of older adults' health care teams have the tools and resources to provide access to clinical and community programs and strategies. We urge that funding for NCIPC Elderly Falls activities be at least $3.1 million for FY 2027.

BOLD Act Initiatives
In 2018, Congress passed, and the President signed, the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act (P.L. 115-406) that calls on the Centers for Disease Control and Prevention (CDC) to establish Centers of Excellence in Public Health Practice dedicated to promoting Alzheimer's disease management and caregiving interventions, as well as educating the public on Alzheimer's disease and brain health, which will establish Alzheimer's disease as a public health issue, increasing American awareness and care training around the disease. To fund BOLD Act initiatives at CDC, LCAO is requesting $60 million in appropriations for FY 2027.

Department of Health and Human Services: Health Resources & Services Administration

The Geriatrics Workforce Enhancement Program (GWEP) and Geriatrics Academic Career Awards (GACA)
As the only federal program specifically designed to enhance the skills and training of health care teams serving older adults to improve care quality, safety, and reduce the cost of care, GWEP provides appropriate training for the entire care team. GWEP targets training family

caregivers, direct care workers, and health care professionals (such as physicians, nurses, social workers, pharmacists, and psychologists). With our nation's burgeoning population of older adults, we need a stronger and sustained federal commitment to our eldercare workforce. In addition, the GACA program supports the career development of individual junior faculty by providing clinical training in geriatrics. In FY 2027 we request at least $58.2 million to support the GWEP and GACA programs.

Department of Health and Human Services: National Institutes of Health and National Institute on Aging

LCAO supports increased investment at the National Institutes of Health and the National Institute on Aging to better prevent, treat, and cure chronic diseases of aging as well as research on care and caregiving support. Aging itself remains the most important risk factor for many devastating diseases and conditions, including Alzheimer's disease and related forms of dementia (ADRD); most types of cancer; many types of heart disease; osteoporosis and hip fracture; kidney failure; and diabetes. This is one of the most cost-effective ways to reduce health care spending that benefits us all as we age. In addition to funding dementia research, NIH/NIA resources are also being used to combat COVID, explore health disparities, develop person-centered caregiving models and increase the pay scale for young researchers. It is estimated that Medicare and Medicaid alone will spend more than $186 billion this year on treating Alzheimer's disease (AD) and other dementias. As many as five million Americans age 65 years and older may have AD with a predicted increase to at least 14 million by 2050. LCAO has been pleased with the strong bipartisan/bicameral support for NIH and NIA and we ask that Congress continue to provide increased investments in these research programs that help our nation improve the quality of life for older adults and future generations while saving hundreds of billions in health care costs. LCAO calls for the National Institute on Aging, as a component of the National Institutes of Health, to receive a commensurate funding amount and be increased to at least $4.911 billion with $318 million for new ADRD research.

Department of Health and Human Services: Centers for Medicare & Medicaid Services

Program Operations
The Centers for Medicare & Medicaid Services (CMS) administers and oversees the nation's largest health care programs—including Medicare, Medicaid, CHIP, and the Health Insurance Marketplaces. But funding is not keeping pace with the changing demands on the agency as the economics and regulatory frameworks governing these public and private health insurance markets change. Fully meeting the agency's resource needs will allow CMS to maintain core operations and provide essential customer services through, for example, 1-800-Medicare. Sufficient resources for CMS program operations are also more important than ever given the increasing number of beneficiaries enrolling in Medicare Advantage plans and to strengthen program integrity and as CMS implements changes to the Medicaid program required by H.R. 1. LCAO urges Congress to fund CMS Program Management at a minimum of $2.5 million in FY 2027.

Social Security Administration

Americans' ability to access earned Social Security benefits depends on the Social Security Administration's (SSA) ability to carry out its mission, which is seriously compromised if the agency's funding is shortchanged. The $500 million increase provided in the FY 26 budget does not keep up with fixed-cost increases, staffing losses and increased workloads, meaning SSA faced another year of cuts in real dollars.

SSA has suffered from a serious erosion of funding over the past 15 years, resulting in a dramatic deterioration of customer service; difficulty hiring, training and retaining personnel, especially in Disability Determination Services (DDS) that has resulted in extensive delays in processing disability applications, long lines at field offices, and outdated telephone systems. We believe that Congress should restore the Limitation on Administrative Expenses (LAE) budget to 1.2% of benefits paid that Congress allocated. This would amount to a $19-20 billion appropriation in FY 2027 and would reduce and eliminate backlogs in workloads and wait times.

Over 70 million people receive monthly benefits from SSA and as the population continues to age, 10,000 Americans turn 65 every day. The Social Security Administration manages one of our largest government resources, paying over $1.4 trillion in benefits annually. For millions of Americans, SSA is the face of the federal government.

However, due to funding constraints, SSA has been forced to serve millions more people with fewer staff. Between 2010 and 2025, SSA's customer service budget fell 19%, after inflation, and staffing fell 11%. These cuts happened even as the number of Social Security beneficiaries grew by over 14 million, or 25%.

For these reasons, we strongly believe it is time for Congress to reverse the years of cuts and begin to fully fund SSA's administrative expenses at $20 billion.

Corporation for National and Community Service

AmeriCorps Seniors (Senior Corps)
The three federal initiatives that comprise AmeriCorps Seniors —Retired Senior Volunteer Program (RSVP), Foster Grandparent Program, and Senior Companion Program — cost-effectively address many unmet needs in our communities. Together, they enable more than 220,000 AmeriCorps Seniors volunteers to provide essential services to their neighbors that local, county, and state governments cannot afford to replace. All Senior Corps volunteers reap the mental and physical benefits that come from remaining active and helping their neighbors.

AmeriCorps Seniors volunteers provide unique and special services to their communities. It takes incredible dedication and compassion to help older adults with their daily activities, children with disabilities to find success in the classroom, or to provide food, comfort, and companionship to older people living alone in rural areas. These programs and their volunteers provide much-needed services at an extremely low cost. All AmeriCorps Seniors programs have a required non-federal funding match, which is often met by local and state governments, nonprofits, and the private sector. In FY 2020, Congress approved an increase in the stipend for

the means-tested programs of AmeriCorps Seniors (SCP and FGP) and a modest increase for RSVP. In Fiscal Years 2021 and 2022, Congress sustained that stipend increase and supported modest program growth. With the challenges Senior Corps and the nation faced during the coronavirus pandemic, local programs, in many instances, were able to work around restrictions of social distancing and closed schools and day care centers. We encourage Congress to once again renew support for a stipend increase and program growth by funding the Foster Grandparent Program at $125.36 million, funding the Senior Companion Program at $56.45 million, and funding RSVP at $63.0 million to enable those programs to respond to a post-pandemic period of growth in addressing unmet community needs. Accordingly, we support Senior Corps funding at a total of $236.9 million in FY 2027.

Department of Education

Independent Living Services for Older Blind (OIB). Funding for the OIB has stagnated at $33.3 million for a decade and has lost ground in real terms as demand for services rises, with the growth in numbers of older people experiencing age-related vision loss. At this level,16 states receive the minimum grant of $225,000 and 29 states receive grants of less than $500,000 each to provide services to older people with vision loss state-wide. Therefore, we are requesting a modest appropriation increase in funding to $40 million.

Department of Labor

Older Americans Act: Senior Community Service Employment Program (SCSEP)
The Senior Community Service Employment Program (SCSEP) is the only federal job training program focused exclusively on helping older Americans return to the workforce, prioritizing services to veterans, individuals with disabilities, and other most-in-need older adults who have low job prospects and significant barriers to employment. Significant majorities of participants have incomes below the poverty line, are women, and are people of color. Low-income workers age 55+ from every state and nearly all U.S. counties develop new skills and add relevant work experiences through community training assignments with Aging Services Network and other local programs. SCSEP represents a strong return on investment as those who secure unsubsidized employment earn more in their first year than the annual SCSEP training costs and 7 in 10 remain on the job more than one year after leaving the program.

Older workers struggle with long-term unemployment longer than their younger counterparts, an issue that becomes more acute during economic downturns such as during the pandemic. The labor force participation rate for adults age 65 and over had its largest 12-month drop in 60 years. Nearly 1 million of these older workers left the labor force, giving up on employment and training opportunities that were out of reach. As of March 2024, 24% of unemployed workers age 55 and older were long term unemployed (27 weeks or longer), while 19.9% of unemployed workers age 16 to 54 faced the same length of unemployment.

Current funding levels are only adequate to serve far less than one percent of those who are eligible. At a minimum, SCSEP investments need to grow to ensure the same number of older adults can remain in the program. We urge Congress to continue its support for the Senior Community Service Employment Program by providing FY 2027 funding that is at least $405

million.

Subcommittee on Transportation, Housing and Urban Development

Department of Housing and Urban Development

Section 202 and Other Key Housing Programs for Older Adults
Despite the national shortage of housing affordable to older adults with very low incomes and rapidly rising homelessness among older adults, Congress failed to appropriate funding for new HUD Section 202 Housing for the Elderly in fiscal year 2024. The need for affordable housing among older adults is significant. While the majority of older adults are renters, 6 million renters are 65 or older. In fact, 30% of extremely low-income renters - those that earn under 30% of area median income - are 62 and older. Only one of every three older adults eligible for rental assistance receives it because the programs are too small to meet the need.

There is a severe shortage of affordable housing for older adults with low incomes. Between 1999 and 2021, the number of very low-income older adult households spending more than half of their income on rent increased by an astonishing 130%. Having affordable, service-connected housing allows older adults to live independently in the community and avoid much more expensive and restrictive settings. Any expansion will immediately help erase and shorten current waiting lists of two to five (or more) years and help the nation prepare for the projected 13.8 million new older adult households between 2020 and 2040, more of whom will be low-income rents than ever before. The expansion will also help prevent and end homelessness among older adults, which is rising nationwide.

LCAO strongly supports increased funding for the HUD Section 202 Housing for the Elderly program and service coordination. We urge Congress to fund $600 million to build and operate an estimated 5,400 units of new Section 202 homes for older adults with very low incomes. The average annual income of a Section 202 household is $15,052. Today, waiting lists for Section 202 housing are often two to 5 years, or longer.

To preserve existing affordable housing for older adults, we also request that FY25 include 12-month funding for all current Section 202/PRAC contracts and HUD’s request for full 12-month funding for the renewal of Project-Based Rental Assistance (PBRA).

Service Coordinators in Multifamily Housing
Approximately 55% of HUD-assisted senior communities do not have a Service Coordinator to help residents access the community-based services and supports necessary for older adults to age in their homes. LCAO supports funding sufficient to renew all budget- and grant-based service coordinators in HUD senior housing. We also support HUD’s request for $31 million for budget-based increases to fund new Service Coordinator positions in the PBRA account. We are requesting an additional $425 million for renewing existing and building new, Section 202 grant-funded Service Coordinators.

Older Adult Special Purpose Housing Choice Vouchers
New Housing Choice Vouchers targeted to older adults can help prevent and end homelessness. Older adults are currently the fastest growing population of people experiencing homelessness.

Congress should appropriate $50 million to fund 20,000 Older Adult Special Purpose Housing Choice Vouchers. Local housing authorities can use these new vouchers as tenant-based vouchers and can project-base them in apartment buildings or assisted living communities where older adults can receive community-based services in their homes.

Older Adults Home Modification Program
This program, within HUD's Office of Lead Hazard Control and Healthy Homes, assists nonprofit organizations, state and local governments, and public housing authorities in undertaking comprehensive programs that make safety and functional home modifications and limited repairs to meet the needs of low-income older adults. This enables low-income older adults to remain in their homes by making modifications to reduce risk of falling, improve general safety, increase accessibility, and improve functional abilities. To sustain and grow this program, LCAO requests an FY 2027 appropriation of $30 million.

Service Coordinators in Public Housing
Service coordinators are a valuable resource and essential part of the management team in affordable housing communities, particularly those serving older people with low incomes. These professional staff save taxpayer dollars by providing access to community-based supports and services that enable residents to age safely in their own homes instead of having to move to more costly settings, such as a nursing home. Service coordinators assist older residents and/or residents with disabilities by identifying, locating, and acquiring the services necessary for them to live independently. LCAO urges Congress to provide $60 million for the Public Housing Resident Opportunity for Self Sufficiency (ROSS) Service Coordinator Program in FY 2027 to fund all eligible applicants.

Community Development Block Grant (CDBG)
Since 1974, states have used CDBG funding for a variety of community development and anti-poverty programs, including programs for older adults and the facilities that serve them. These programs include constructing senior centers, providing home-delivered meals, completing home repairs, service coordination, and modifying homes for accessibility. Further, according to the U.S. Conference of Mayors, every dollar of CDBG grant money leverages an additional $3.65 in non-CDBG funding, making it an effective public-private partnership. LCAO urges continued bipartisan support and increased funding for CDBG.

HUD Programs Overall
Older adults are a growing percentage of almost every HUD housing, including public housing and vouchers. Overall, HUD programs serve more than 1.9 million older adults. We urge Congress to fully fund HUD's programs and expand them so every older adult can have an affordable, accessible housing place to call home. LCAO continues to support and encourage greater collaboration between HUD, HHS, and other federal agencies to increase successful program access for older adults.

Department of Transportation

Federal Transit Administration—Technical Assistance to Improve Senior Transportation Options
Transportation is one of the most pressing needs for older adults who live at home and in the community. Appropriators should ensure that the FY 2025 Department of Transportation appropriations bill includes at least $2.6 million from the general fund for the Federal Transit Administration's (FTA) Technical Assistance and Standards Development Program. Doing so would support the continued ability of this program to provide technical assistance, education and support to the aging, disability and transit communities to increase the availability and accessibility of transportation options that address the mobility needs of older adults and people with disabilities, including effective approaches to multi-modal assisted transportation.

Subcommittee on Agriculture, Rural Development, and Food and Drug Administration

Department of Agriculture

An estimated 7 million people age 60 years and older are food insecure, and millions more face the threat of hunger. For older adults, utilization of SNAP supports health and independence, and helps alleviate the burden of choosing whether to forgo food so that they can pay for rent, medicine, or other expenses. It is critical that proven and effective federal nutrition programs serving our older adults at greatest risk for food insecurity are protected and further strengthened; particularly now as both the need and demand for nutritious meals are already substantial and will only continue to climb exponentially due to a rapidly aging population. In addition to increasing funding for the nutrition programs authorized under the OAA, we urge Congress to fully fund the Commodity Supplemental Food Program (CSFP) and the Senior Farmers Market Nutrition Program (SFMNP).

Commodity Supplemental Food Program (CSFP)
CSFP, sometimes known as the Senior Food Box Program, provides nutritious non-perishable food to low-income older adults once a month. This program helps older adults with limited financial resources and often restricted mobility receive the nutrition necessary to maintain and improve health and well-being. Food provided through CSFP is designed to address the nutritional needs of older people, helping mitigate the impacts of hunger and malnutrition on health. We urge Congress to fund CSFP at $460 million to maintain service levels plus any needed adjustments to maintain the current 707,000 monthly caseload.