



November 19, 2019

The Honorable Lamar Alexander
Chair
Committee on Health, Education, Labor,
and Pensions
United States Senate
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Committee on Health, Education, Labor,
and Pensions
United States Senate
Washington, DC 20510

The Honorable Susan Collins
Chairwoman
Special Committee on Aging
United States Senate
Washington, DC 20510

The Honorable Bob Casey
Ranking Member
Special Committee on Aging
United States Senate
Washington, DC 20510

Dear Chairman Alexander, Chairwoman Collins, Ranking Member Murray, and Ranking Member Casey,

On behalf of the American College of Physicians (ACP), I am writing to urge the Senate Health, Education, Labor, and Pensions Committee to meaningfully improve the lives of America's aging population and their caregivers by reauthorizing and substantially increasing funding for the Older Americans Act (OAA) and its various programs. The College is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 159,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

We are encouraged by the efforts undertaken by the Senate to reauthorize the OAA in its draft *Modernization of the Older Americans Act (MOAA) Amendments* legislation. As you are aware, the OAA and its related programs play an essential role, alongside Medicare, in protecting and preserving the mental, emotional, and physical well-being of our nation's aging population. Popular OAA programs like Meals on Wheels, Community Service Employment for Older Americans, and the National Family Caregiver Support Program, among others, provide the in-home care and support, transportation, nutrition services, and interpersonal engagement necessary for many older adults to live fulfilling and independent lives within the community.

OAA programs have been proven effective in mitigating many of the socioeconomic and other health challenges that can come with advanced age. Participants in Meals on Wheels, the home-delivered meal program, reported improved nutrition levels, food security, overall well-being, and reduced loneliness.¹ Further, those participating in meal services offered in a congregate setting were less likely to be admitted into nursing homes, and those participants living alone were less likely to be admitted to the hospital, alleviating further downstream strains on the American health care system.² Without the OAA nutrition services, 42 percent of congregate meal participants and 61 percent of in-home meal recipients reported they would have to skip meals.³ **Given the proven results of these crucial services and the important role they play in recipients' daily lives, the College is calling on the Senate to significantly increase funding for OAA programs to levels similar to those included in the *Dignity in Aging Act of 2019*, H.R. 4334 which was passed by the House on October 28, 2019.** Congress last voted to reauthorize the OAA in 2016. It expired on September 30, 2019. With new reauthorization efforts, Congress has a prime opportunity to strengthen and improve the current framework of services and meet the needs of America's increasingly aging population and their caregivers.

In FY 2016, roughly 3 million people utilized OAA services on a regular basis, while over 8 million people accessed services on a less-than-regular basis.⁴ Despite the large number of older Americans utilizing the services, funding has remained relatively flat as the size of the elderly population has increased. While funding for the OAA has increased by 22 percent, an average of 1.1 percent annually, since FY 2001, the population of Americans ages 60 and older has grown by 63 percent during that same time period. Flat funding trends create a confounding problem for the programs. After accounting for inflation, funding for the OAA nutritional services fell by 8 percent, or roughly \$80 million, since FY 2001. If current funding trends continue, it is estimated that overall OAA funding will have fallen by 25 percent, or \$1.83 billion, as a result of inflation by FY 2030.⁵ Increased funding is critical because current appropriations only provide services for a fraction of the population who could use them; a report by the Government Accountability Office found that while 19 percent of low-income older Americans were food insecure, and 90 percent of those who are food insecure did not receive any meal services, only 9 percent of low-income older Americans utilized OAA's nutrition services.⁶ Action is urgently needed to bring funding levels up to an appropriate level

¹ Wright et al., "The Impact of a Home-Delivered Meal Program on Nutritional Risk, Dietary Intake, Food Security, Loneliness, and Social Well-Being," *Journal of Nutrition in Gerontology and Geriatrics* 34, no. 2 (2015): 218–27, DOI: 10.1080/21551197.2015.1022681.

² Mabli et al., "Evaluation of the Effect of the Older Americans Act Title III-C Nutrition Services Program on Participants' Health Care Utilization," Administration for Community Living, (Washington, DC), September 14, 2018) https://acl.gov/sites/default/files/programs/2018-10/NSPevaluation_healthcareutilization.pdf.

³ National Center on Nutrition and Aging, "Mathematica Policy Research. Initial Findings from the Nutrition Services Program Outcomes Evaluation," National Evaluation Results Webinar.

⁴ "AGing Integrated Database (AGID), State Program Reports, Data-at-a-Glance 2016," US Department of Health and Human Services, Administration for Community Living. <https://agid.acl.gov/DataGlance/>.

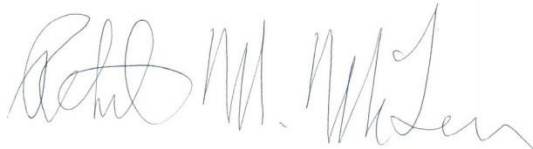
⁵ Ujvary, Kathleen, and Wendy Fox-Grage, "Older American Act." February 2019. <https://www.aarp.org/content/dam/aarp/ppi/2019/02/older-americans-act.pdf>

⁶ Jeszeck, Charles. "Older Americans Act: Updated Information on Unmet Need for Services." June 10, 2015. <https://www.gao.gov/assets/680/670738.pdf>

that adequately ensures access to services and meets the social and nutritional health needs of a growing aging population.

Thank you for your focus and efforts on this issue and commitment to strengthening the support systems and services that allow older Americans to live more connected and independent lives in their communities. ACP looks forward to continuing to work with you in your leadership role in reauthorizing and enhancing these vital programs. If you have any questions, please contact Jared Frost at jfrost@acponline.org or 202-261-4526.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert M. McLean". The signature is fluid and cursive, with the first name "Robert" being the most prominent.

Robert M. McLean, MD, MACP
President