

116TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

To amend the Older Americans Act of 1965 to address social isolation and loneliness, and for other purposes.

\_\_\_\_\_  
IN THE SENATE OF THE UNITED STATES

\_\_\_\_\_  
\_\_\_\_\_ introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

## **A BILL**

To amend the Older Americans Act of 1965 to address social isolation and loneliness, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Older Americans Social  
5 Isolation and Loneliness Prevention Act”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) Social isolation and loneliness are growing  
9 problems for older individuals. According to the  
10 AARP Foundation, 35 percent of individuals aged

1 45 and older feel lonely. According to the University  
2 of Michigan, for individuals aged 50 through 80, 34  
3 percent feel a lack of companionship and 27 percent  
4 feel isolated from others.

5 (2) Social isolation and loneliness are health  
6 risks for older individuals. According to researchers  
7 at Brigham Young University and the University of  
8 North Carolina at Chapel Hill, older individuals who  
9 are less socially connected than other older individ-  
10 uals are at a risk of increased mortality comparable  
11 with the risks of smoking, obesity, or air pollution.  
12 Social isolation and loneliness leads to negative men-  
13 tal and physical health outcomes, including increased  
14 premature death rates of up to 50 percent.

15 (3) Social isolation and loneliness among older  
16 individuals have economic consequences for the  
17 United States. According to the AARP Foundation,  
18 Stanford, and Harvard, spending under the Medi-  
19 care program under title XVIII of the Social Secu-  
20 rity Act (42 U.S.C. 1395 et seq.) is \$134 more per  
21 month for each socially isolated older individual than  
22 for each older individual that is not socially isolated.

23 (4) To inform and support building resources  
24 and infrastructure to address social isolation and  
25 loneliness among older individuals, experts rec-

1       commend a coordinated, broadly focused national  
2       campaign to raise public awareness of the prevalence  
3       of social isolation and loneliness as a public health  
4       issue through research and evaluation of efforts ad-  
5       dressing social isolation and loneliness.

6           (5) The Older Americans Act of 1965 (42  
7       U.S.C. 3001 et seq.) is a clear vehicle that offers an  
8       opportunity to begin a national campaign to raise  
9       awareness of social isolation and loneliness among  
10      older individuals as a public health issue and help  
11      determine how programs under that Act are ad-  
12      dressing or can potentially address social isolation  
13      and loneliness and strengthen the aging network's  
14      response to the problem of social isolation and loneli-  
15      ness among older individuals.

16 **SEC. 3. ADDRESSING SOCIAL ISOLATION AND LONELINESS**  
17 **FOR OLDER INDIVIDUALS.**

18       (a) SUPPORT FOR SCREENING FOR SOCIAL ISOLA-  
19      TION AND LONELINESS.—Section 102(14) of the Older  
20      Americans Act of 1965 (42 U.S.C. 3002(14)) is amend-  
21      ed—

22           (1) in subparagraph (K), by striking “; and”  
23      and inserting a semicolon;

24           (2) by redesignating subparagraph (L) as sub-  
25      paragraph (M); and

1           (3) by inserting after subparagraph (K) the fol-  
2           lowing:

3                   “(L) screening for the prevention of social  
4           isolation and loneliness and coordination of sup-  
5           portive services and health care to address so-  
6           cial isolation and loneliness; and”.

7           (b) INCREASED FOCUS OF ASSISTANT SECRETARY  
8           ON SOCIAL ISOLATION AND LONELINESS.—Section  
9           202(a) of the Older Americans Act of 1965 (42 U.S.C.  
10          3012(a)) is amended—

11           (1) in paragraph (30), by striking “; and” and  
12           inserting a semicolon;

13           (2) in paragraph (31), by striking the period  
14           and inserting “; and”; and

15           (3) by adding at the end the following:

16                   “(32) develop objectives, priorities, and a long-  
17           term plan for supporting State and local efforts in-  
18           volving education about, prevention of, detection of,  
19           and response to social isolation and loneliness among  
20           older individuals.”.

21           (c) ADVISORY COUNCIL ON SOCIAL ISOLATION AND  
22           LONELINESS.—Section 202 of the Older Americans Act  
23           of 1965 (42 U.S.C. 3012) is amended by adding at the  
24           end the following:

1 “(h)(1) The Assistant Secretary shall convene an ad-  
2 visory council on social isolation and loneliness—

3 “(A) to review and evaluate efforts to address  
4 social isolation and loneliness among older individ-  
5 uals; and

6 “(B) to identify challenges, solutions, and best  
7 practices related to such efforts.

8 “(2) The Assistant Secretary shall—

9 “(A) select as members of the advisory council  
10 convened under paragraph (1) individuals who are  
11 aging network stakeholders; and

12 “(B) select such members in a manner to en-  
13 sure geographic diversity of the members.

14 “(3) The advisory council convened under paragraph  
15 (1) shall—

16 “(A) in carrying out activities under subpara-  
17 graphs (A) and (B) of such paragraph, ensure con-  
18 sideration of consumer-directed care models; and

19 “(B) submit a report to Congress on the find-  
20 ings of the council with respect to such activities.

21 “(4) The Federal Advisory Committee Act (5 U.S.C.  
22 App.) shall not apply to the advisory council convened  
23 under paragraph (1).”.

1 (d) SUPPORTIVE SERVICES AND SENIOR CENTERS.—  
2 Section 321(a) of the Older Americans Act of 1965 (42  
3 U.S.C. 3030d(a)) is amended—

4 (1) in paragraph (8), by striking “behavioral  
5 health screening” and inserting “behavioral health  
6 screening, screening for social isolation and loneli-  
7 ness,”;

8 (2) in paragraph (24), by striking “; and” and  
9 inserting a semicolon;

10 (3) by redesignating paragraph (25) as para-  
11 graph (26); and

12 (4) by inserting after paragraph (24) the fol-  
13 lowing:

14 “(25) services that promote or support social  
15 connectedness and reduce social isolation and loneli-  
16 ness; and”.

17 (e) SUPPORT FOR PUBLIC AWARENESS OF SOCIAL  
18 ISOLATION AND LONELINESS.—Section 411(a) of the  
19 Older Americans Act of 1965 (42 U.S.C. 3032(a)) is  
20 amended—

21 (1) in paragraph (13), by striking “; and” and  
22 inserting a semicolon;

23 (2) by redesignating paragraph (14) as para-  
24 graph (15); and

1           (3) by inserting after paragraph (13) the fol-  
2           lowing:

3           “(14) projects that address social isolation and  
4           loneliness among older individuals; and”.

5 **SEC. 4. BEST PRACTICES FOR HOME- AND COMMUNITY-**  
6 **BASED OMBUDSMEN.**

7           (a) IN GENERAL.—Not later than 3 years after the  
8           date of enactment of this Act, the Assistant Secretary for  
9           Aging shall issue a report updating the best practices for  
10          home- and community-based ombudsmen that were in-  
11          cluded in the report entitled “Best Practices for Home  
12          and Community-Based Ombudsmen”, issued by the Na-  
13          tional Direct Service Workforce Resource Center of the  
14          Centers for Medicare & Medicaid Services and prepared  
15          by the Research and Training Center at the University  
16          of Minnesota and The Lewin Group (January 2013).

17          (b) REQUIREMENTS.—The report required under  
18          subsection (a) shall include—

19               (1) a comprehensive review of different ap-  
20               proaches undertaken by long-term care ombudsman  
21               programs providing advocacy to individuals receiving  
22               home- and community-based services;

23               (2) identification of elements or strategies for  
24               effective advocacy to individuals receiving home- and  
25               community-based services;

1           (3) analysis of the strengths and challenges of  
2 practices of States with home- and community-based  
3 ombudsmen; and

4           (4) recommendations for providing effective ad-  
5 vocacy to individuals receiving home- and commu-  
6 nity-based services.