



March 21, 2024

The Honorable Bernie Sanders
Chairman
Committee on Health, Education, Labor and
Pensions (HELP)
United States Senate
Washington, DC 20510

The Honorable Bill Cassidy, M.D.
Ranking Member
Committee on Health, Education, Labor and
Pensions (HELP)
United States Senate
Washington, DC 20510

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

The Honorable Mike Braun
Ranking Member
Special Committee on Aging
United States Senate
Washington, DC 20510

The Honorable Tim Kaine
Committee on Health, Education, Labor and
Pensions (HELP)
United States Senate
Washington, DC 20510

The Honorable Susan Collins
Committee on Health, Education, Labor and
Pensions (HELP)
United States Senate
Washington, DC 20510

The Honorable Edward J. Markey
Committee on Health, Education, Labor and
Pensions (HELP)
United States Senate
Washington, DC 20510

The Honorable Markwayne Mullin
Committee on Health, Education, Labor and
Pensions (HELP)
United States Senate
Washington, DC 20510

Re: Request for Information: Older Americans Act Reauthorization

Dear Committee Chairmen Sanders and Casey, Ranking Members Cassidy and Braun, and Senators Kaine, Collins, Markey, and Mullin:

On behalf of Meals on Wheels America, the nationwide network of community-based senior nutrition programs and the seniors they serve, thank you for the opportunity to provide input and submit responses to this bipartisan Request for Information (RFI) regarding the upcoming Older Americans Act (OAA) reauthorization. There is a great urgency for strong legislation that meets our aging population's current and future needs. The upcoming reauthorization deadline comes during a critical period of rapid growth in the senior population. With this population boom comes an even greater need for long-term care solutions like Meals on Wheels — a trusted, tested, and cost-effective solution to senior hunger, malnutrition, isolation and loneliness — instead of costly and preventable health care utilization among the 60+ population.

Responses to the general and targeted questions identified in the RFI are below:

General Questions:

1. What are the biggest challenges currently facing the older adult population? How have OAA programs performed historically in addressing these challenges? How can OAA programs be improved upon to better address these challenges?

Response:

Our nation is ill-prepared for the massive growth in the older adult population. The in-community services and supports necessary to enable seniors' independence, health, well-being and dignity are not keeping pace with need. However, if properly resourced, the OAA network is poised and ready to deliver lifesaving services to America's seniors.

Biggest Challenges:

Unmet Need and Population Increase

The reality of senior hunger and isolation in our country is sobering. 12 million older adults aged 60+ worry about having enough food (i.e., are marginally food insecure). This is a devastating increase of 2 million over 2021. While daunting, even one individual struggling with hunger is far too many. With this pervasive issue affecting so many American communities and additional challenges fast approaching due to the growth of our senior population, there is no time to wait for action. The number of OAA meals and seniors we are able to serve nationwide fails to keep pace with demographic shifts, growing demand, and the rising costs of food, transportation, and other expenses. While we currently serve 251 million nutritious home-delivered and congregate meals annually to the 2.2 million older adults facing hunger and isolation, we have the infrastructure and know-how to reach millions more, especially through increased appropriations and a strong and timely reauthorization.

While this program has worked as designed for decades, it is not reaching all those in need or who would benefit due to the lack of adequate funding. Eight out of ten (80.3%) low-income, food insecure older adults are not receiving the congregate or home-delivered meals for which they are eligible and likely need. These are only the individuals we are aware of, and we know it is an underrepresentation of the true unmet need across the country. Nearly all (97%) programs in our national survey indicated they believe there is an unmet need in their communities¹.

Unmet Need and Waitlists

Due to insufficient funding, our local programs have regrettably been forced to place some older adults on waitlists. From the aforementioned national survey, we found one in three local Meals on Wheels programs maintain waiting lists, with seniors waiting an average of three months for vital meals. The same survey found an overwhelming majority of programs (78%) have already or would need to add seniors to waitlists due to funding cuts. In 2023, 33% of programs reported having a waitlist for their home-delivered meal services, higher than the 23% of programs that reported maintaining a waitlist in 2021¹. In response to the surge in demand and growing unmet need among seniors exemplified by increased program waitlist for services, our Meals on Wheels network is urging increased funding for the OAA as part of its reauthorization.

Additional research has found that individuals who seek Meals on Wheels services are already more vulnerable to adverse health outcomes than the average American older adult, with poorer self-reported health, higher levels of depression and anxiety, greater fears of falling, and more. Simply put, while seniors on waiting lists struggle to have their nutritional and social needs met, their mental and physical health declines, and they are at greater risk of hospitalization or premature nursing home placement—at a significantly higher cost to the seniors, their families, and taxpayers.

Cost of Food Insecurity, Malnutrition and Social Isolation

¹ Meals on Wheels America (November 2023), #SaveLunch Member Pulse Survey. Internal report.

Today, as millions of seniors are experiencing food insecurity and/or social isolation, they are at greater risk of serious health issues. Food-insecure older adults experience worse health outcomes than food-secure seniors, with a higher risk for heart disease, depression, and decline in cognitive function and mobility. Almost 95% of older adults have at least one chronic condition, while nearly 80% have two or more.² Some of the most vulnerable seniors the OAA serves – those who are frail, homebound, and socially isolated – rely on the home-delivered meal program. Increasingly, older adults need access to nutritious meals and comprehensive services that can help them manage their chronic conditions and ease the economic burden for our clients and taxpayers alike.

The economic burden of senior malnutrition alone costs \$51.3 billion annually (in 2010 dollars), while senior falls account for \$50 billion (in 2015 dollars). Studies show the highest rates of social isolation are found among older adults, putting seniors at risk for high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease and even death. Research demonstrates that social isolation among older adults leads to an extra \$6.7 billion in Medicare spending a year (in 2012 dollars), similar expenditures to that of having high blood pressure or arthritis.

Meals on Wheels Historical Impact and Ways to Face these Challenges:

For more than 50 years, the OAA has consistently demonstrated how access to nutritious food and regular socialization have enabled millions of our seniors to remain healthier, safe, and independent in the comfort of their homes. Despite such cost-effective interventions, these basic human needs are out of reach for hundreds of thousands of American seniors. Community-based organizations are critical to addressing the nutritional and social needs of our nation's older adults—and keeping our healthcare costs in check—but they can only reach their full potential when they have the resources to do so. Nationally, research shows that participation in home-delivered meal programs is associated with lower medical spending and emergency department visits.

In addition to decreasing health care costs, home-delivered meal clients consistently self-report positive and improved health outcomes as a result of participating in the program:

- 92% say services help them live independently
- 77% say meals help improve their health
- 79% say meals help them eat healthier foods
- 85% say services help them feel more secure

As discussed below, Meals on Wheels is an intervention to reduce these kinds of costs. The local providers Meals on Wheels America represent serve as a direct lifeline to those struggling with food insecurity, malnutrition, mobility, loneliness, and countless other difficulties of aging. The Meals on Wheels service begins with the meal and opens the door to so much more. The purposeful and unique combination of nutritious meals and social connection fosters a relationship with the individual senior, enabling Meals on Wheels providers to identify and deliver valuable services that promote independence and well-being. The impact not only saves lives but also saves taxpayer dollars by ensuring that our nation's seniors live safer, longer, and more nourished in their own homes and out of other more costly healthcare settings. In fact, we can serve a senior through Meals on Wheels for an entire year for roughly the cost of one day in the hospital or ten days in a nursing home.³

² National Council on Aging (April 2022), *Chronic Inequities: Measuring Disease Cost Burden Among Older Adults in the U.S. A Health and Retirement Study Analysis*. <https://ncoa.org/article/the-inequities-in-the-cost-of-chronic-disease-why-it-matters-for-older-adults>

³ Meals on Wheels America (2024), special analysis of ACL and Mathematica's estimated meal cost (*OAA Nutrition Programs Evaluation: Meal Cost Analysis*), Kaiser Family Foundation's daily hospital expense data (*State Health Facts: Hospital Adjusted Expenses per Inpatient Day*), and Genworth's cost of semi-private nursing home room (*2021 Cost of Care Survey*)

The Case for Meals on Wheels

Meals on Wheels is a proven solution to the escalating issues of senior hunger and isolation. We know this through decades of research and the daily anecdotes we hear about how Meals on Wheels has impacted people's lives. Our recently released report, *The Case for Meals on Wheels: An Evidence-Based Solution to Senior Hunger and Isolation*, showcases consistent findings that Meals on Wheels improves senior health, safety, social connection, and more while saving taxpayer dollars.⁴

This analysis of 38 studies, spanning 1996 to 2023, found that Meals on Wheels programs are consistently reported to reduce healthcare utilization and costs, falls, nursing home use, social isolation, and loneliness while improving food security, diet quality, nutritional status, and seniors' ability to age in place. The significant outcomes of this research highlighted below underscore the life-changing impact that Meals on Wheels services have on the older adults we serve:

1. **Reduced use of costly health care services:** Several studies found Meals on Wheels program participants needed fewer visits to the emergency room or experienced fewer hospital stays or readmissions.
2. **Reduced nursing home use and increased ability to age in place:** Access to medically tailored and home-delivered meals allowed individuals to stay in their homes rather than transfer to a nursing facility for nutritional support. Nearly all (92%) home-delivered meal participants said the meals help them continue to live independently, according to the 2022 national survey of Older Americans Act Title III home-delivered meal participants.
3. **Reduced health care costs attributed to reduced hospital and nursing home spending:** In line with the first and second outcomes identified above, the reduced health care and nursing home use by Meals on Wheels participants also meant less was spent on health care. One study found that among individuals receiving medically tailored meals, average medical expenditures were 40% lower per month for those receiving meals than for a matched group not receiving meals (\$843 vs. \$1,413).
4. **Increased food security:** Several studies concluded that home-delivered meal participants worried less about having enough to eat. Those individuals who received both breakfast and lunch, rather than just lunch, benefited even more.
5. **Improved diet quality:** Home-delivered meals led to higher-quality diets among participants, as measured by nutrient intake, calories, vitamins, and other indicators. Participant feedback reinforced that meal delivery helped them eat healthier, more nourishing foods.
6. **Reduced or slower decline in nutritional risk:** Program participants threatened by malnutrition saw improvement in their nutritional risk scores. Individuals benefited from both improved dietary intake and improved food security.
7. **Reduced social isolation and loneliness:** Several studies found a link between home-delivered meals and reduced social isolation or loneliness, particularly among participants who lived alone. These benefits resulted from contact with drivers during meal deliveries and opportunities for social connection via other Meals on Wheels programs.
8. **Reduced falls and increased home safety:** Several studies found Meals on Wheels participants experienced fewer falls and minimized exposure to hazards in the home, outcomes attributable to safety checks provided at meal delivery, and a reduced need to cook in the kitchen.

Improvements to the OAA:

Despite such remarkable improvements to health and well-being as the evidence-base shows, not the chasm is widening between those who need access to these critical services and those we are able to

adjusted for inflation. Sources and methods available at: https://www.mealsonwheelsamerica.org/docs/default-source/fact-sheets/2023/what_we_deliver_2023_national_snapshot_sources_methods.pdf

⁴ Meals on Wheels America (September 2023), *The Case for Meals on Wheels: An Evidence-Based Solution to Senior Hunger and Isolation*. <https://www.mealsonwheelsamerica.org/learn-more/research/the-case-for-meals-on-wheels-sept23>

reach. That's why we are imploring Congress to boost federal funding to sufficient levels to not only maintain current utilization but also to expand and bridge the growing gap of unmet need. Additional resources are essential to enable the Meals on Wheels network to meet the evolving needs of our growing senior population and continue delivering the powerful and proven return on investment their services provide. The OAA is a foundational law that continues to function exceptionally well, consistent with its original, intended purposes. It has withstood the test of time. Any changes made to the legislation through the reauthorization process should maintain the integrity of the enacted OAA and support community-based aging programs as the backbone of service provision to older adults across the country. Especially as the older adult population skyrockets, the next reauthorization must allow the OAA network to evolve and expand in tandem with the increasing need/demand that will occur through this authorization period. In the following question, our priorities and improvements for the OAA are listed in greater detail.

2. *What are your top priorities for OAA reauthorization? Please explain why.*

Response:

As reauthorization approaches, Meals on Wheels America is focusing on several key legislative recommendations that further enhance the services and supports provided to older adults. Given the significant need, changing demographics, and inflationary pressures, we are pushing for increased authorized funding levels across all OAA programs, with an emphasis on closing the existing needs gap for nutrition services and establishing incentives and funding for medically tailored and culturally appropriate meals.

To ensure that any changes enacted through the upcoming OAA reauthorization do not harm older adults or the existing aging network, Meals on Wheels America has developed legislative priorities based on input from our diverse senior nutrition network. This network has decades of experience delivering services in their communities, in addition to Area Agencies on Aging (AAAs) and several State Units on Aging. We believe reauthorization should improve efficiencies and remove administrative burdens – such as complex funding transfer protocols and requirements – in the implementation of funding. As well, it should also build on the newly updated OAA regulations by reflecting the on-the-ground needs of service providers, older adults, and their families and caregivers. **Ultimately, the goal is to continually address the growing, pervasive issues of senior hunger and isolation.**

Top Priorities:

Meals on Wheels America urges Congress to enact the following recommendations:

1. Increase authorization funding levels for all OAA programs and provide additional resources for enhanced nutrition services.
 - Increase authorized funding, including sufficient funding for Title III Nutrition Services, to address existing waiting lists and reach the ever-growing number of older adults who would benefit from OAA programs.
 - Authorize new funding streams and establish incentives for senior nutrition programs to offer medically tailored and/or culturally appropriate meals – which are more costly to prepare/procure – and expand reach in underserved areas.
 - Improve and clarify authorization of funding for senior nutrition programs to maintain and invest in the infrastructure and resources needed to prepare and deliver services, including kitchen equipment, delivery vehicles, labor, etc.
2. Unify OAA Congregate, Home-Delivered and the Nutrition Services Incentive Program into a single Title III-C Nutrition Program.

- Create one authorized funding stream to remove administrative burden, improve efficiency, and enable community-based organizations to tailor nutrition services to seniors' needs more easily.
 - Codify alternative nutrition services models, such as grab-and-go and drive-thru meals, which have been proven to reach more older adults struggling with hunger and social isolation.
 - Modernize the Nutrition Services Incentive Program through enhanced partnership and coordination with USDA, HHS, states, Area Agencies on Aging (AAAs), and local providers to procure commodity foods for preparing OAA meals and coordinate other important federal benefits and programs for seniors.
3. Prioritize community-based nutrition programs and experienced network providers in OAA grant awards and contracts.
 - Encourage states and AAAs to partner more closely with and leverage senior nutrition programs' established infrastructure, dedicated volunteer base, and experience serving their communities to deliver nutritious meals, socialization services, and safety checks to more older adults.
 - Ensure timely payment and reimbursement processes for nutrition services provided.
 4. Expand senior nutrition program capacity and infrastructure support for further integration into the health care system.
 - Reduce administrative and regulatory burdens on local nutrition and aging services providers seeking to establish contracts and partnerships with health care providers and payors.
 - Provide additional resources and promote incentives for the aging services network to build the capacity, including infrastructure and technology, to meet the compliance and privacy standards for providing covered health care benefits.
 5. Promote innovations and successful practices learned during the COVID-19 pandemic.
 - Facilitate continued innovation and implementation of many successful practices leveraged during the COVID-19 public health emergency, including new partnerships, programming, emergency preparedness and outreach.
 - Support the expansion of evidence-informed and/or technology-based solutions that can help meet seniors' needs, including their preferences for meals and social connectedness.
3. ***The demographics of the older adult population are changing rapidly: Please describe changing needs and how the aging network (including area agencies on aging, senior centers, state units on aging, aging and disability resource centers, centers for independent living, etc.) plans to address them.***

Response:

The OAA Nutrition Program is the essential linchpin to supporting the healthy aging process for millions of Americans. While this program continues to make inroads in addressing the national dual crises of senior hunger and social isolation, its ability to scale to the magnitude of the need and have the impact that is warranted (and that it is capable of) requires a concomitant level of investment.

As the population diversifies further, the types of meals and how meals are provided are also changing and adapting. More programs are offering medically tailored and culturally appropriate meals. They are tailoring nutrition to meet the unique health needs of their clients, treating food as medicine. Enabling seniors to have flexibility in when and where they enjoy their meals is yet another evolving trend borne out of the pandemic. There are key ways the aging network through the OAA is addressing the growing and changing needs of older adults.

Since its inception, the OAA Nutrition Program has provided billions of meals to seniors in need and improved countless lives. Our local programs do this through the more than a meal service model, such as daily safety checks, opportunities for socialization to prevent loneliness, phone calls to ensure the well-being of the most isolated individuals, monitoring of change of condition, caregiver support and connections to other critical community services that support the health and well-being of seniors. One of the ways our local programs are adapting to the changing needs of older adults is by offering medically tailored and culturally appropriate meals, which allow for increased access to nutritious meals.

4. What changes could Congress make to improve the efficiency and effectiveness of OAA services and programs?

Response:

While greater funding is the primary key to serving more seniors and improving the efficiency and effectiveness of the OAA, especially in the years following the COVID-19 pandemic, the OAA Nutrition Program must also continue to evolve and fulfill its original intent and core purpose to reduce hunger, promote socialization, and improve health and well-being for older adults in greatest social and economic need.

Unifying the Congregate and Home-Delivered Nutrition Services with the Nutrition Services Incentive Program (NSIP)

An important strategic proposal we recommend for the upcoming reauthorization, which we mentioned earlier, involves unifying the Congregate and Home-Delivered Nutrition Services with the Nutrition Services Incentive Program (NSIP) under a single Title III-C Nutrition Program and funding stream. This shift would improve efficiency at all levels of the aging network and would provide local service providers with the flexibility they require to tailor their offerings to meet seniors' preferences and the diverse needs of individuals across local communities far more easily. The OAA Nutrition Program is effective at supporting healthy aging because of the combination of proper nutrition and social connection that enables older adults to remain healthier and independent in their own homes, where they want to be; however, the current structure of the OAA Nutrition Program has inevitably contributed to disproportionate funding between different types of delivery models and creates a fragmented approach to delivering the spectrum of service offerings. Local nutrition programs consider the currently set percentage limits and reporting requirements on transfer authority between the nutrition services to be arbitrary and unnecessarily burdensome as they further complicate the movement and use of resources for nutrition providers to meet seniors' needs and preferences to age at home.

While we believe this legislative priority could be achieved in various ways and statutory language, we are recommending a proposal to restructure the program similarly to Sec. 321 of the Act, where allowable activities that are eligible and funded under Title B Supportive Services are outlined in a codified list of services. Further, funding traditionally allocated to NSIP would be redistributed into the consolidated Title III Nutrition Program funding. As a recommended example, under an amended section for a unified program, state and local agencies could have the flexibility to allocate nutrition service funds towards any of the following activities without caps limiting funding distribution of various subprograms/allowable services currently authorized under Title III-C of the Act and per the finalized regulations:

1. Congregate meals
2. Home-delivered meals
3. Grab-and-go, carry out and/or curbside meals
4. Nutrition counseling, assessments, and education related-services (provided in tandem with congregate, home-delivered, and/or eligible alternative meal

Encouraging and Incentivizing Greater Partnership and Coordination

We believe there is further opportunity to modernize NSIP by encouraging and incentivizing greater partnership and coordination in the OAA Nutrition Program among USDA, HHS, states, and Area Agencies on Aging (AAAs). The envisioned collaboration between these entities would allow them to be better poised and connected to help local providers procure the commodity foods needed to prepare and provide balanced Title III meals.

As these federal departments and agencies and their state and local affiliates are heavily involved with the administration and implementation of many other benefits and direct services that support seniors, we propose language and/or requirements encouraging greater partnership in connecting local providers with commodities to reduce procurement costs and connect eligible older adults with all of the federal nutrition, social and financial support from which they may benefit.

Prioritize Community-Based Organizations

Additionally, we believe there should be a concerted effort to *prioritize* community-based organizations for nutrition services contracts, as local providers deliver a holistic service, not just a meal. The Act has the potential to go further in supporting the long-serving community-based senior nutrition programs that are experts in addressing these interconnected issues by prioritizing them for limited federal grant funding and the OAA contracting process. Nonprofit community-based organizations (CBOs) are uniquely positioned to meet the needs of individuals in their own community as they understand the interplay of resources and connection to other local services and coalitions. Encouraging contracts with these entities helps ensure that the services provided include the more than a meal service model, such as daily safety checks, opportunities for socialization to prevent loneliness, phone calls to ensure the wellbeing of the most isolated individuals, monitoring of change of condition, caregiver support and connections to other critical community services that support the health and well-being of seniors.

Currently, many long-time OAA providers risk or face the loss of critical resources to contracts being awarded to for profit nutrition services as the lowest cost meal provider. These company models may not provide the same level and breadth of service and coordination that Meals on Wheels provides to holistically meet the needs of seniors living independently at home.

There is also wide variation in the amount reimbursed for each meal provided through OAA funding between states and geographic regions and limited information on the processes used to determine this per meal reimbursement. The overwhelming majority of reimbursement rates do not cover the total cost of the meal and services provided, and many have not increased in years. Further, better public information on reimbursement rates would help to improve understanding of how reimbursement rates are determined and the role they might play in creating waiting lists and exacerbating unmet need in local communities.

This recommendation helps ensure that funding explicitly appropriated to the OAA Nutrition Program assists the seniors it is designed and intended to serve. It continues to support the community-based organizations that have built the community's trust and are the “eyes and ears” for those they serve.

Finally, as we expand upon our responses to the *Targeted Questions* below, this reauthorization is also an opportunity to further modernize the OAA by incorporating innovations, flexibility, and successful practices that were leveraged during the pandemic and ensuring that services authorized under the Act remain adaptable and responsive to the evolving needs of America's older population.

Targeted Questions:

- A. Legislation passed by Congress in response to the COVID-19 pandemic made temporary changes to some OAA programs, including flexibility for nutrition services funding and adjustments to eligibility for home-delivered meals.***

1. What impact did these changes have on older adults and program operations?

Response:

Enhanced flexibility has been extremely beneficial and remains a top priority for many OAA nutrition service providers.

During the pandemic, the flexibilities enabled local programs to adjust on the fly, as they encountered situations they never faced before and needed the space to innovate and reach as many people as possible. In particular, the ability to transfer 100% of funding between Congregate and Home-Delivered meals during the Public Health Emergency was essential. It allowed OAA nutrition providers to serve each person individually and ensure the strategic and cost-effective use of federal funding to provide people with the services they required as needs evolved.

As one senior nutrition program representative recently noted to us regarding the ACL's final rule:

"[OAA policies] must include as much flexibility as possible for funding of congregate and home delivered funds. The 'boots on the ground' who are providing services should be allowed to make decisions based on the people they serve."

2. How should Congress consider these changes outside of a public health emergency?

Response:

We would like Congress to make permanent the ability to direct nutrition funding to where it is needed most in each community, rebalancing and streamlining to accommodate flexibility is critical. As previously noted, we consider the authorized percentages and limits on transfer authority between the nutrition services to be arbitrary and unnecessarily burdensome as they further complicate the movement and use of resources for nutrition providers at the state and local levels. As such, we strongly support a permanent combination of the C1 and C2 nutrition programs and the Nutrition Services Incentives Program (NSIP) into a single Title III-C program (or at a minimum, permanently allow 100% transfer authority between the nutrition funds).

Currently, State Units on Aging have the ability to transfer up to 40% of allocated funding between Title III C1 (Congregate) and Title III C2 (Home-Delivered). However, our network of community-based providers reports that the rationale for the levels and timing of transfer at the state level is not always clear, and the reporting and administrative requirements to initiate and complete funding transfers between their funding services can be onerous.

We have long advocated for greater parity in budget allocations between the congregate and home-delivered meal programs. In FY 2023, only 40% of the total nutrition funding was appropriated to home-delivered meals. To allow full flexibility of transfer between these programs or by eliminating the separate subparts entirely, programs with limited capacity and resources at their disposal will be able to direct funding toward the specific needs and preferences of older adults in their communities.

Further, in our proposal to eliminate NSIP and redirect appropriations toward the unified Title III-C Nutrition Program, we believe the program's resources would be better utilized as direct funding for the network.

3. What changes made during the COVID-19 pandemic but not mentioned above should Congress examine for this reauthorization?

Response:

Supplemental funding provided through the various emergency COVID-19 relief packages in 2020 and 2021 was absolutely critical. It allowed organizations to respond rapidly with the reassurance that resources were coming and that seniors in communities would not be going without nutritious meals. It also allowed our network to begin addressing the services and unmet needs gap before the pandemic started.

While it's our understanding that only a few states have expended all COVID-relief funding, a growing majority (75%) have expended half or more. Under the statute, States have until September 30, 2024, to expend American Rescue Plan Act funds. Our hypothesis is that resources are not flowing to local service providers more quickly due to fears about annual appropriations cuts that could occur because of what is happening right now in Congress. The Aging Network again needs reassurance that more funding will be coming so that older adults don't begin services and then be forced off the program when there's no longer adequate funding.

Investments in the Older Americans Act had declined well before the COVID-19 pandemic and has neither kept pace with a rising age 60+ population nor inflation. Adjusted for inflation, regular federal funding (excluding emergency supplemental funding) appropriated to the OAA Nutrition Program decreased by \$20 million (1.9%) between FY 2019 and FY 2023. Before the influx of emergency supplemental funding in FY 2020-2021, about 18 million fewer OAA meals were served in 2019 than in 2009 due to inflation, rising costs, and inadequate funding. **Without increasing both the authorization and appropriation levels on which these programs depend, local programs must attempt to fill the ever-growing gap in other ways. Or worse, Meals on Wheels programs will be forced to reduce services, add more food insecure seniors to wait lists or turn them away altogether.**

4. How should Congress consider the impact of the pandemic when working to reauthorize OAA?

Response:

Increased federal funding and extended flexibility within the nutrition program following the COVID-19 pandemic are essential to help ensure that programs have the resources needed to continue providing a wide range of services that meet the unique needs of their communities. Local senior nutrition providers recognize the importance of providing a range of appropriate nutrition options to older individuals and should be used as experts in this field, but they need more resources to do so. The response of the senior nutrition program network in the wake of COVID-19 proved that this model of service is not only effective at working with limited resources but also highly adaptable and able to address unmet needs as they arise.

B. During the COVID-19 pandemic, OAA partners, including congregate meal providers, adapted to new ways of delivering services, such as providing grab-and-go meals.

1. In the absence of a public health emergency, is it appropriate to retain flexibility in meal delivery services for the congregate meals program? If so, why? What effect would changes in meal delivery services have on older Americans?

Response:

Since the onset of the pandemic, local senior nutrition providers have experienced a drastic increase in demand for home-delivered services and alternative delivery models such as grab-and-go, carry-out, and curbside meals. Greater flexibility in providing these alternative delivery methods in the OAA statute would provide greater balance and flexibility for programs to tailor their services better and support older adults in the coming years. We believe it is important to give local programs the freedom to respond to their diverse and evolving local needs.

Meals on Wheels programs also play a critical role in providing regular meals and socialization opportunities. For countless individuals participating in the program, the staff members and peers at a congregate dining facility, or the volunteer delivering a meal and visit to the home, may be the only person(s) an older adult sees that day, providing critical occasions for social connection. Therefore, we believe that any flexibility in service delivery must be assured not to reduce and/or prevent access to opportunities for vital social connection provided through the nutrition program. In any capacity and especially through home-delivered meal services, Meals on Wheels volunteers and/or staff are additional eyes and ears in seniors' homes, often serving as first responders if an emergency has occurred or preventing them from occurring altogether. As many local programs have described, without greater flexibility to provide home-delivered and alternative delivery models, older adults' safety and well-being would be at greater risk:

“We consistently hear from HDM [home-delivered meal] clients that our driver is the only individual they see each day. Social isolation is a crisis in our country, and we are battling it on a daily basis, one delivery at a time. In addition, delivery drivers frequently find clients in distress and needing immediate assistance. Clients have fallen and have been lying on the floor for hours, unable to get up on their own. Clients have been found on the verge of a diabetic coma or having breathing problems. Without our safety check, we can only imagine the outcome.” – Meals on Wheels program in Ohio

“One example of how important the home-delivered meals program is a driver found a female who had fallen out of her wheelchair and was stuck between it and a table. She was unable to call for help and he was able to call 911. She had been in that situation for approximately 2 hours.” – Meals on Wheels program in West Virginia

The consequence of not allowing flexibility and the ability to provide nutritious meals and meet the needs of the community include harm, loss of quality of life, and financial cost to our clients, their families, and taxpayers for preventable healthcare costs incurred.

2. Should Congress consider any requirements related to different ways of providing congregate meals?

Response:

Our primary position and recommendation regarding congregate meals is to unify the nutrition services under one Title III-C program so that providers have the flexibility to deliver services in a way that meets the needs of their communities. Again, this reauthorization should modernize the OAA by consolidating the OAA Nutrition Program, which would simplify operations and increase the local programs' abilities to provide person-centered services that still focus on enhancing nutrition and reducing social isolation. By unifying the nutrition services under a single program and line item, this modification would protect the core purpose of the OAA Nutrition program, which is to reduce hunger, promote socialization, and promote health and well-being. Furthermore, it would better help programs respond to seniors' evolving and diverse needs across communities and enable more decision-making at the local level, which is best positioned to address their communities' needs.

Without full 100% transfer authority between all service delivery models or a consolidated Title III-C Nutrition Program, we believe the congregate meal program should be established as the prioritized/mandated funding stream for grab-and-go, take out and/or curbside meals. As this level of flexibility within the nutrition program was not achieved in the newly finalized regulations, we maintain the urgent need to address the disproportionate budget allocations between congregate and home-delivered nutrition programs. Similarly, while we strongly support flexibilities established and granted through the regulations, terms like "grab-and-go," "carry-out" or "drive through" are not technically home-delivered meal models in name or practice, so we urge careful consideration of

terms – as well as the appropriate funding streams – that are selected so that it is not confusing to the people for whom it is designed to serve.

C. Congress made several changes to OAA through the Supporting Older Americans Act of 2020, including adding caregiver assessments to the National Family Caregiver Support Program as well as efforts to improve social isolation.

1. Have these policies better informed resources needed by caregivers or older Americans? Please explain why or why not, and if yes, how.

Response:

We are supportive of the several provisions, including requiring a report on social isolation and the effect of the OAA program included in the last reauthorization to increase focus and understanding of social isolation and the evidence-based practices to prevent and address loneliness. The final reauthorization's provisions to expand and improve screening of and long-term planning and coordination to address social isolation are especially beneficial for older adults receiving these services as these issues and the negative outcomes associated with them are historically overlooked and under-addressed.

The importance of focusing on social isolation and loneliness in the last reauthorization was realized almost immediately upon enactment during the COVID-19 pandemic.

2. How can Congress improve these efforts?

Response:

Leveraging the network of senior nutrition providers to combat social isolation and loneliness is a crucial focus at Meals on Wheels America. While we believe these OAA amendments have brought much-needed awareness of the issues and strengthened the capacity for OAA programs and resources to address them better, additional support is necessary beyond the critical work already done to ensure the safety and social connectedness of our nation's seniors. As with other OAA services and programs, these activities remain underfunded, and much more investment of resources to address social isolation and loneliness among older adults is urgently needed.

As recommended above, we believe the Act can further support the long-serving community-based senior nutrition programs that are experts in addressing these interconnected issues by prioritizing them for limited federal grant funding and the OAA contracting process. For decades, and now more than ever, seniors are relying on Meals on Wheels programs to provide services, including essential socialization, through various creative and resourceful ways that meet the growing needs in their communities. Below are a few examples of these activities that programs are able to offer to support social connection and wellness among participants:

- Telephone reassurance services are designed to have a volunteer or staff member make consistent phone calls to isolated older adults.
- Friendly visitor or senior companion programs designed to offer human connection by providing companionship and emotional support to older adults who are socially isolated or lonely.
- Pet assistance and food delivery programs often leverage partnerships with shelters, veterinarians, pet food stores, and/or boarding and sheltering services to provide holistic animal care and encourage animal companionship. Seniors with pets are less likely to exhibit depression, report feelings of loneliness and experience illness.

Unfortunately, many long-time OAA providers are at risk of losing critical resources to contracts with for-profit nutrition services. Meals on Wheels provides a more holistic, service-oriented approach to meeting the needs of seniors living independently at home than many for-profit models. When these models are selected and prioritized for OAA meal service delivery over traditional local Meals on Wheels programs and senior nutrition providers, far fewer individuals receive the social connection they need with their meals. For this reason, we have long advocated for greater prioritization, utilization, and support for the network of community-based programs that specialize in nutrition services and are already delivering nutritious meals with trusted human connection.

3. *What changes made in the Supporting Older Americans Act of 2020 but not mentioned above should Congress examine for this reauthorization?*

Response:

We remain highly supportive of changes in the last reauthorization that highlighted the importance of addressing and mitigating the negative impact of issues pertaining to senior hunger and nutrition, such as malnutrition, chronic diseases, older adult falls, and home safety, as well as social isolation and loneliness described above.

We believe this reauthorization can build upon the advances made in the Supporting Older Americans Act of 2020 with language and authority regarding Food is Medicine (FIM) and medically tailored meals, which are burgeoning practices in the nutrition and healthcare field. Health providers and insurers are increasingly looking to work with the aging services network and Meals on Wheels providers to support and execute their FIM/medical meal strategies; however, many barriers remain in forming and sustaining these partnerships, including restrictive policies and resources.

Several state Medicaid plans offer Home- and Community-Based Services (HCBS) waivers to provide home-delivered meals as a covered service, which is particularly relevant to elderly and disabled beneficiary populations. Additionally, with guidance under the Centers for Medicare and Medicaid Services (CMS), Medicare Advantage (MA) Special Need Plans (SNP) for beneficiaries with chronic conditions are now able to cover additional supplemental benefits, including meals delivered to the home, that are tailored specifically to the patient's conditions and health needs. Greater contracting with Meals on Wheels programs that can also provide efficient, cost-effective health monitoring in the home setting is critical, though, to scale and unlock the true cost-saving advantages of these benefits. To be able to offer many of these services through healthcare partnerships, additional investments must be made to enable senior nutrition programs to meet the requirements and protocol for such infrastructure and operations.

Similarly, we often hear from local senior nutrition providers how special meals, such as medical or cultural meals, are more costly to produce and deliver and may differ based on the community. As evidence shows promising outcomes for these types of special meals in certain communities and in certain healthcare interventions, we believe the next reauthorization should recognize the value of and appropriately resource these enhanced *nutrition services*. ***By providing additional targeted funding that is structured in a way that allows for flexible, age-appropriate implementation and promoting opportunities for programs to access alternative revenue streams for special meals, the aging network will be better supported and have the capacity to cater to the health and medical needs and/or preferences of older adults they serve. For example, securing more resources for senior nutrition programs to establish and manage partnerships with local farms would*** assist older adults actively seeking out easily peelable and digestible fruits and vegetables.

D. *ACL recently finalized regulations regarding OAA. Should Congress consider any changes in response to the new rule?*

Response:

Our organization supports the recent effort to update federal regulations for OAA policies and programs for Titles III, VI, and VII for the first time in 36 years.⁵ We appreciated the opportunity to provide comments on the rule and ACL's partnership. As a result, they are better aligned with language and additions from recent reauthorizations and better reflect the needs of today's growing and diversifying older adult population.

We are especially supportive of the final rule as it contains clarifying language around the home-delivered meals for seniors, including clarification that eligibility for home-delivered meals is not limited to people who are "homebound" and that criteria for home-delivered meals may depend upon many factors (including ability to leave home unassisted, ability to shop for and prepare nutritious meals, mental health, degree of disability or other relevant factors pertaining to their need for the service, including social and economic need.

While we are encouraged to see much consideration and modernization of OAA regulations through this process, regulatory updates and guidance can only achieve so much, and we look forward to addressing remaining priorities and making further legislative improvements during reauthorization. Generally, these include:

- Unifying – or authorizing permanent 100% funding transfer authority between – the home-delivered, congregate, and NSIP into a single Title III Nutrition Program.
- Increasing funding authorization levels for all OAA programs, particularly as current funding and reimbursement rates are not keeping pace with increasing demand for nutrition services and sustained higher operating costs.
- Providing additional resources for enhanced nutrition services and requiring that state agencies, AAAs, and local providers be aware of the definitions, uses, and importance of culturally appropriate meals, medically tailored meals, fresh produce, and locally sourced food, as included in the statute.
- Prioritizing community-based organizations and public entities, such as AAAs, county governments, tribes, nonprofit service providers, or volunteer organizations, to receive grant awards and/or enter contracts to provide Title III services.

Thank you again for the opportunity to submit these comments and for considering our concerns and recommendations for the forthcoming OAA reauthorization. A strong reauthorization of the Act is critically needed to improve the delivery, access, and long-term sustainability of services and supports for seniors. Local Meals on Wheels and other OAA programs are essential, effective, and work well to meet the nutritional, health, and social needs of older adults, but they need more support from Congress to better serve older adults in need. Please do not hesitate to reach out with any questions as you continue this critical work for older Americans, their families, and caregivers.

Sincerely,



Ellie Hollander
President and CEO

⁵ ACL (February 2024), *Final Rule [89 FR 11566]: Older Americans Act: Grants to State and Community Programs on Aging; Grants to Indian Tribes and Native Hawaiian Grantees for Supportive, Nutrition, and Caregiver Services; Grants for Supportive and Nutritional Services to Older Hawaiian Natives; and Allotments for Vulnerable Elder Rights Protection Activities*. <https://www.federalregister.gov/documents/2024/02/14/2024-01913/older-americans-act-grants-to-state-and-community-programs-on-aging-grants-to-indian-tribes-and>

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