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UNITED STATES SENATE  
**SPECIAL COMMITTEE ON AGING**

**A RECORD *of* BIPARTISAN  
POLICYMAKING IN SUPPORT  
*of* OLDER AMERICANS**

*2015-2020*

SENATOR SUSAN M. COLLINS (R-ME)  
**CHAIRMAN**

SENATOR ROBERT P. CASEY JR. (D-PA)  
**RANKING MEMBER**





UNITED STATES SENATE  
**SPECIAL COMMITTEE ON AGING**

**DECEMBER 2020**

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# INTRODUCTION

Our nation is undergoing an unprecedented demographic shift. Each day, nearly 11,000 people in the United States turn 65 years of age, and by 2030, one out of five Americans will have reached this milestone.<sup>1,2</sup> These Americans represent the fastest growing demographic segment of our population, and their profiles are diverse and evolving.<sup>3</sup>

Over the last six years, the U.S. Senate Special Committee on Aging (Aging Committee) has prioritized paving a path forward on many of the challenges facing older adults. Among the areas the Aging Committee has focused on are investments in biomedical research to find better treatments and cures to diseases; support services aimed at meeting the needs of older adults in communities across the country; program enhancements designed to protect our seniors from abuse and to respond when emergencies strike; and retirement security as more people are living longer. This report examines some of the bipartisan progress made during that time, including record levels of federal investment in lifesaving biomedical research, new authorities and policies to help care for our seniors in their homes and in their communities, and new laws to help more Americans plan and save for retirement.

As we recognize this progress, we note that this year has been marked by devastation caused by the novel coronavirus (COVID-19) pandemic. COVID-19 has threatened the physical, mental, and economic health and wellbeing of millions of older adults. From March to December 15, 2020, the virus infected 16 million Americans, and more than 298,000 people died as a result.<sup>4</sup> Older Americans account for more than three out of four deaths.<sup>5</sup> Communities of color have also been disproportionately affected, with significantly higher mortality and hospitalization rates.<sup>6</sup>

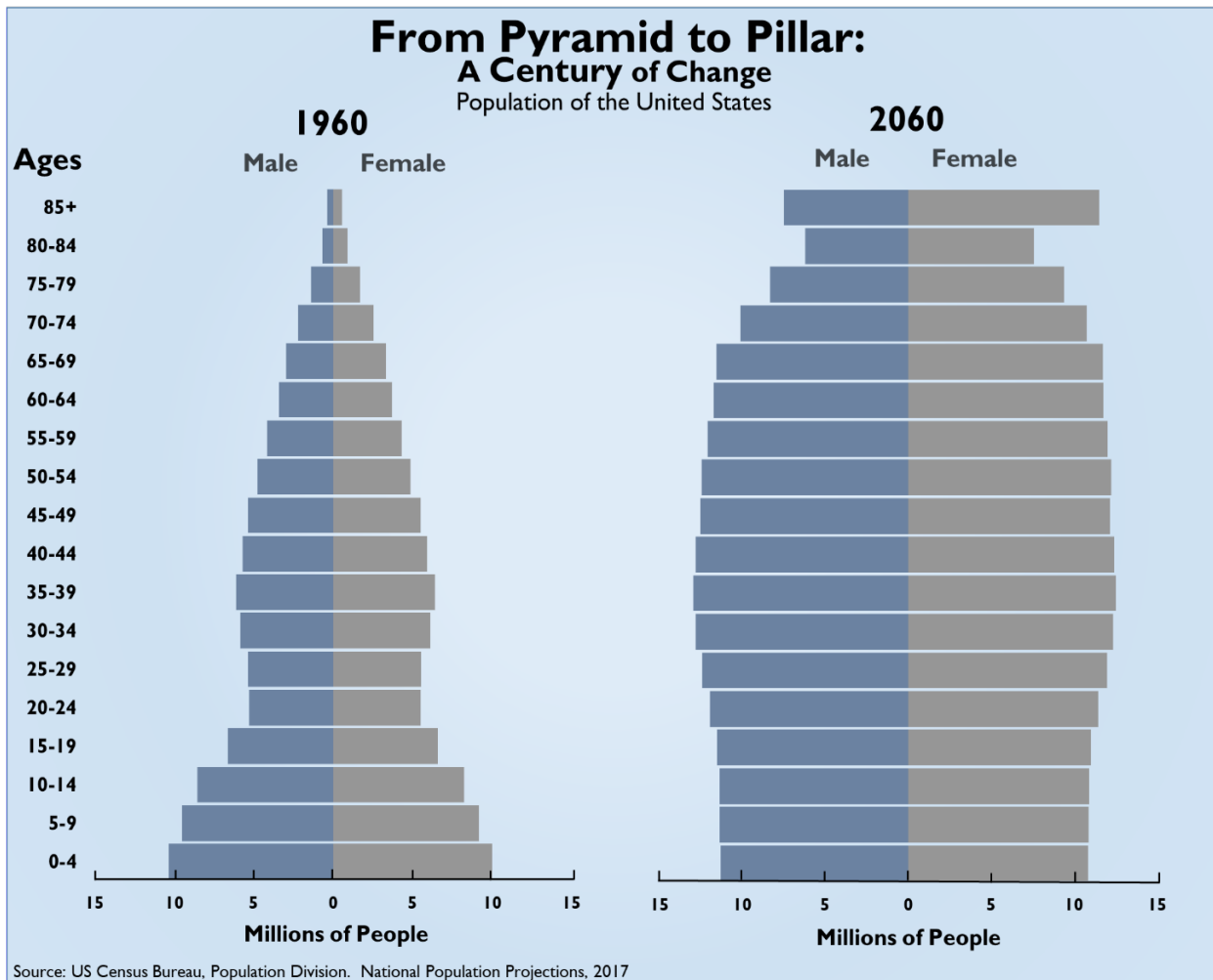
The Aging Committee has long worked to highlight and advocate for the needs of older Americans and has continued its work during this challenging time. Indeed, the Aging Committee held the first hearing in Congress on the pandemic's profound consequences for older Americans. Through critical hearings, investigations, and oversight, the Committee focused the attention of Congress, and the nation, on the problems affecting older Americans. The Committee also plays a key role in developing and advancing solutions. This report chronicles how the Aging Committee has served as a catalyst for legislative action to improve aging in America.

**Changing Landscape: Aging Demographics**

Today, there are more Americans ages 65 and older than at any other time in history.<sup>7</sup> Adults ages 100 and older are the fastest growing age group in our population, followed by those ages 85 and over.<sup>8</sup> The U.S. Census Bureau projects that by 2030, one in five Americans will be 65 and older, and that by 2034, older adults will outnumber children for the first time.<sup>9</sup> Over the next 40 years, the number of Americans ages 65 and older is projected to nearly double to 95 million, as the proportion of Americans who are 65 and older increases from 17 percent of the population today to 23 percent.<sup>10</sup> Figure 1 illustrates the projected demographic shift from 1960 to 2060, as well as differences by gender, as female life expectancy has long exceeded that of males.

The aging population is also expected to grow more diverse racially and ethnically. According to a U.S. Census Bureau report, minority seniors are expected to be 39 percent of the aging population in 2050, a nearly 19 percent increase from 2012.<sup>11</sup>

**Figure 1. Projected Population Changes in the United States by Age Cohort and Gender, 1960 and 2060**





## CHAPTER 1. SPURRING BETTER TREATMENTS AND CURES TO IMPROVE THE HEALTH *of* OLDER AMERICANS

Among the areas on which the Aging Committee has focused in recent years is advancing biomedical research for diseases that disproportionately affect older Americans. The Committee has held 12 hearings on the topic since 2015, including annual hearings on Alzheimer’s disease, biennial hearings on diabetes, and a number of field hearings on topics ranging from pancreatic cancer to cardiovascular disease.

With the support of Chairman Collins, Ranking Member Casey, and other members of the Aging Committee, Congress has made investing in biomedical research a bipartisan priority. Funding for the National Institutes of Health (NIH) – the nation’s premier biomedical research arm – has increased by nearly 40 percent over the last five years, from \$30.31 billion in 2015 to \$41.69 billion in 2020.<sup>12</sup> In recent years, scientists have made discoveries in interventions that extend not only lifespan, but also healthspan – the portion of life spent in good health.

As a result of this bipartisan focus, several diseases disproportionately affecting older Americans have seen research funding increases, including Alzheimer’s disease, diabetes, cardiovascular diseases, and cancer, as shown in Table 1. One of the greatest advances of biomedical research in the field of aging is an improved understanding of the biological process of aging itself, which has the potential to yield advances spanning across disease types. While age has traditionally been considered an immutable risk factor for disease, emerging research has distinguished between chronological and biological age, in which the latter may not be set in stone.<sup>13</sup> Investing in better treatments and cures also can pay dividends in terms of discovering more effective and efficient treatments for chronic diseases.

**Table 1. Biomedical Research Funding through NIH (in Millions of Dollars)**

	2015	2016	2017	2018	2019	2020
<b>NIH Appropriations</b>	30,311	32,311	34,301	37,311	39,313	41,685
<b>Alzheimer’s Disease and Related Dementias</b>	631	986	1,423	1,911	2,398	2,818
<b>Diabetes</b>	1,010	1,084	1,108	1,039	1,099	1,179
<b>Cardiovascular Diseases</b>	1,991	2,108	2,197	2,269	2,394	2,496
<b>Cancer</b>	5,389	5,589	5,980	6,335	6,520	7,120

Sources: [https://report.nih.gov/categorical\\_spending.aspx](https://report.nih.gov/categorical_spending.aspx) and <https://www.crs.gov/Reports/R43341>

### ***Health Statistics & Biomedical Research Advancements***

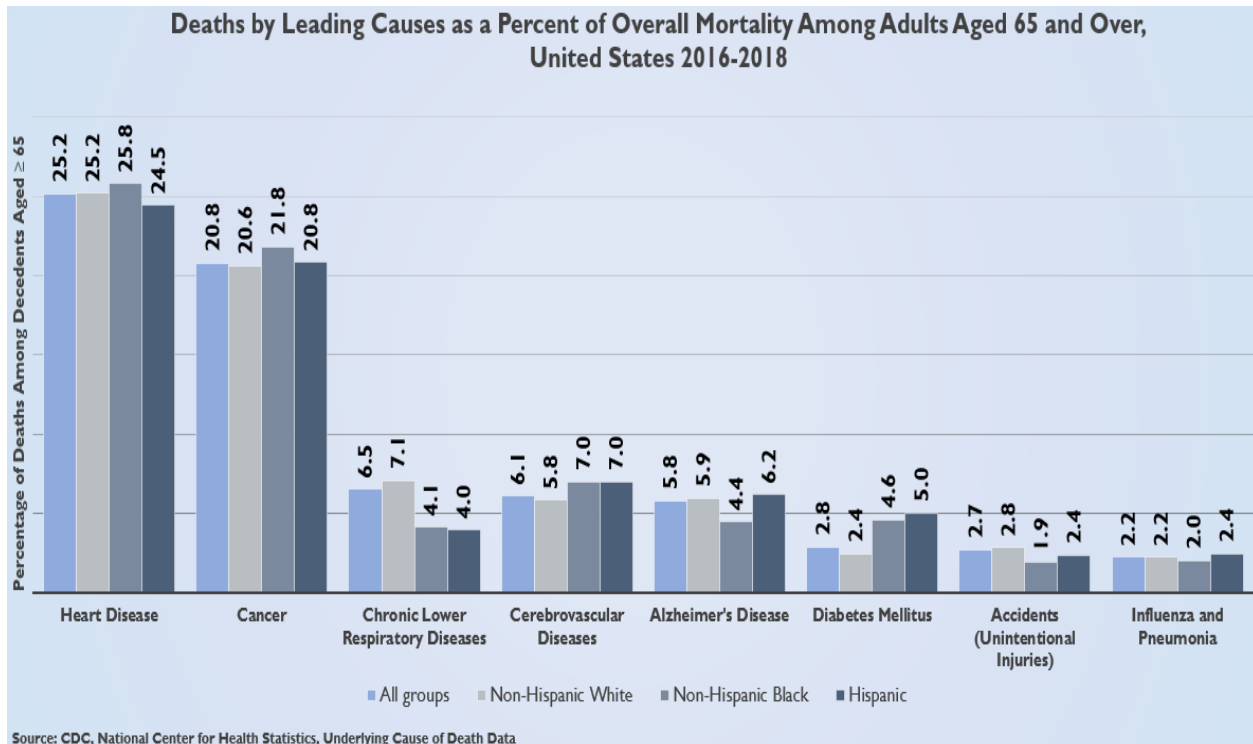
According to a report released by the U.S. Department of Health and Human Services (HHS), older adults, on average, are experiencing better overall health in recent years.<sup>14</sup> These improvements may be partly attributed to investments in biomedical research spurring new treatments and cures, public health campaigns and systems-level policy changes aimed at improving quality of life, and key federal programs, like Medicare, Medicaid, and the Older

Americans Act.<sup>15</sup> Nevertheless, aging remains associated with increased risk of functional limitations due to chronic disease, falls, and mental health issues – concerns that the Aging Committee has worked to highlight.

*Chronic Disease.* Chronic diseases are the leading cause of death among older adults, as shown in Figure 2. Age is the number-one risk factor for certain chronic diseases, including heart disease, dementia, arthritis, diabetes, and cancer.<sup>16</sup> Of the 52.4 million adults ages 65 and older in the United States in 2018, approximately 29 million had hypertension, 26 million had arthritis, 15 million had heart disease, 13 million had cancer, 11 million had diabetes, 7 million had chronic obstructive pulmonary disease (COPD), and 5 million had Alzheimer’s disease.<sup>17,18,19,20</sup>

Strides have been made for many chronic diseases that disproportionately affect older adults. This improved understanding has led to new treatments and strategies to improve health outcomes, often for multiple chronic conditions.

- Cardiovascular Disease. In March 2017, the Aging Committee held a hearing highlighting the connection between heart and brain health. At the hearing, Dr. Kristine Yaffe, Professor of Neurology, Psychiatry, and Epidemiology at the University of California, San Francisco Weill Institute of Neurosciences, testified that “Traditional risk factors for heart disease including hypertension, diabetes, and high cholesterol, are also associated with about a 50 percent increased likelihood of developing Alzheimer disease and vascular type of dementia.”<sup>21</sup> Similarly, studies have demonstrated that controlling blood pressure yields benefits not only to heart health, but also to cognitive function.<sup>22</sup> Biomedical research advancements have led to improved strategies for controlling blood pressure and reducing cardiovascular disease in older adults, including light physical activity and appropriately prescribed blood pressure medication.<sup>23,24</sup> As a result of this research and public health strategies to implement them, the percentage of adults who have their high blood pressure under control has increased by five points from 43 percent in 2006 to 48 percent in 2016.<sup>25</sup>
- Cancer. In oncology, biomedical research has led to advancements that have improved diagnostics, therapies, and outcomes, which the Committee has highlighted. In a 2018 hearing on patient-focused care, Chairman Collins focused on colorectal cancer, one of the leading causes of cancer deaths, yet one of the few cancers that can be prevented with proper screening. In 2019, the Committee held a field hearing on pancreatic cancer care and research, and the need to accelerate advancements to combat this cancer. According to the National Cancer Institute Annual Report to the Nation 2020, cancer death rates overall have decreased on average 1.8 percent per year for males and 1.4 percent per year for females from 2001 to 2017.<sup>26</sup> The number of cancer survivors, 64 percent of whom are older adults, is projected to increase by 29 percent, to 21.7 million by 2029.<sup>27</sup>

**Figure 2. Leading Causes of Death among U.S. Adults Ages 65 and Over, 2016 to 2018**

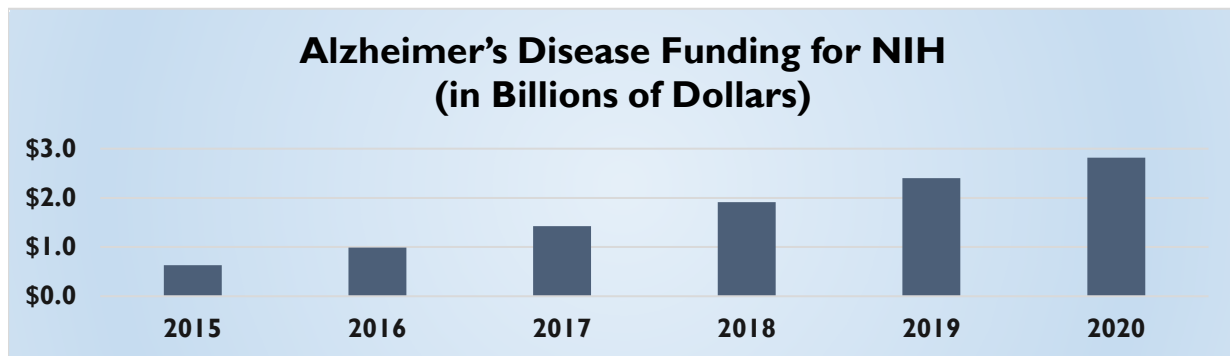
- **Diabetes.** Under the leadership of Chairman Collins and Ranking Member Casey, the Aging Committee has held biennial hearings focused on Type 1 diabetes. These hearings looked at the impact of Type 1 diabetes on individuals and their families, recent advances and promising opportunities in Type 1 diabetes research, and the importance of NIH's Special Diabetes Program in accelerating new treatments, more effective management technologies, and ultimately a cure.

The Special Diabetes Program has two components: the Special Statutory Funding Program for Type 1 Diabetes Research and the Special Diabetes Program for Indians. The latter program supports treatment and prevention strategies for American Indian and Alaska Native populations, who are disproportionately burdened with Type 2 diabetes at a rate of 3.2 times the national average.<sup>28</sup> A number of notable developments can be attributed to the Special Diabetes Program, including progress on artificial pancreas systems, which reduce costly and burdensome diabetes complications and improve quality of life for those with the disease.<sup>29</sup>

## Championing Prevention, Treatments, and Cures for Alzheimer's Disease

*Alzheimer's affects one in ten seniors and costs \$290 billion annually\**

The Aging Committee annually convenes hearings on Alzheimer's disease, which have focused on the personal and economic toll that the disease takes on individuals and families – and what Congress is doing to combat it. Hearings have also examined the potential of prevention, risk reduction, and new public health approaches to rewrite the future of the disease. Since 2015, funding for Alzheimer's disease research has more than quadrupled from \$0.63 billion in 2015 to \$2.82 billion in 2020.



Further, several Aging Committee members led legislation to tackle Alzheimer's disease:

- The *National Alzheimer's Project Act of 2011* (P.L. 111-375), which was authored by Chairman Collins and then-Senator Evan Bayh, set a goal of preventing and treating Alzheimer's disease by 2025, and convened a national panel of experts, who determined that \$2 billion per year in research funding is needed to achieve this goal.
- In 2018, the *Building our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act* (P.L. 115-406) was signed into law. This law was led by Chairman Collins and Senator Cortez Masto and cosponsored by Ranking Member Casey, as well as Aging Committee members Senators Blumenthal, Gillibrand, and Jones. This law created a public health infrastructure to combat Alzheimer's disease and preserve brain health. BOLD applies a public health approach to reduce risk, detect early symptoms, enhance care, improve data, and ultimately change the trajectory of this disease.
- The *Younger Onset Alzheimer's Disease Act* was enacted as part of the 2020 *Older Americans Act* reauthorization (P.L. 116-131). This law ensures access to critical caregiver and support services for the estimated 200,000 Americans suffering from early-onset Alzheimer's disease. It was led by Chairman Collins, Ranking Member Casey, and Senators Moore Capito, and Jones, and cosponsored by Aging Committee members Senators Scott (SC), Sinema, Rubio, Warren, Hawley, Rosen, and McSally.
- The *Promoting Alzheimer's Awareness to Prevent Elder Abuse Act* is authored by Chairman Collins and Senators Menendez and Grassley and cosponsored by Aging Committee members Senators Blumenthal, Rubio, Rosen, Braun, Sinema, and Scott (SC). It will help to train criminal justice, health care, and social services personnel to respond to elder abuse cases involving those with Alzheimer's or related dementias.

\*Source: Alzheimer's Association

*Falls.* Falls are the leading cause of death due to an unintentional injury for older adults in the United States, with more than 32,000 deaths in 2018.<sup>30</sup> Falling can result in physical injuries as well as psychological and functional consequences, such as loss of independence, social isolation, and institutionalization. One in four Americans ages 65 and older falls each year.<sup>31</sup> The risk of falling increases with age, and common risk factors associated with aging include changes in muscle strength, a deterioration of vision, osteoporosis, arthritis, dementia, and Vitamin D deficiency.<sup>32</sup> Certain medications also increase fall risk.<sup>33</sup>

Falling, however, does not have to be a natural part of aging.<sup>34</sup> After decades of targeted trials, researchers supported by the NIH have developed evidence-based programs to help prevent falls among seniors. The programs vary by focus (e.g., physical mobility, medication management, home modifications, etc.), target population (e.g., the older adult, their caregivers, health care providers, etc.), and setting (e.g., home, hospital, nursing home, etc.).<sup>35</sup> Strategies to reduce falls include increasing physical activity, discussing fall risk with one's health care provider, reviewing medications to ensure side effects are not increasing risk for falls, annual checks of vision and hearing, and home safety evaluations to remove tripping hazards and increase lighting and safety mechanisms.<sup>36</sup> A number of community-based programs have demonstrated reduced fall rates, and the HHS's Centers for Disease Control and Prevention (CDC) and Administration for Community Living, as well as other national and federal entities, have disseminated some of these programs in partnership with local providers.<sup>37</sup>

In 2019, the Aging Committee held a hearing on falls prevention and strategies to protect seniors from injury.<sup>38</sup> The hearing highlighted the fact that falls are the leading cause of both fatal and nonfatal injuries among older adults, with \$50 billion spent annually on medical costs related to nonfatal falls.<sup>39</sup> At the hearing, the Committee unveiled a comprehensive report that provides evidence-based recommendations on ways to reduce the risk of falling. In developing the report, the Committee received input from multiple federal agencies, including the Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS), and the Food and Drug Administration (FDA). In addition, approximately 200 respondents representing falls prevention advocates, hospitals, community organizations, home health agencies, and others shared their expertise on this issue.

The [Aging Committee's report](#) made recommendations in four key areas:

1. Raising awareness about falls-related risks, prevention, and recovery at the national, State, and local levels;
2. Improving screening and referrals for those at risk of falling so that individuals receive the preventive care necessary to avoid a fall;
3. Targeting modifiable risk factors, including increasing the availability of resources for home safety evaluations and modifications, so that older adults can remain in their homes and communities; and
4. Reducing polypharmacy so that health care providers and patients are aware of any potential side effects that could contribute to a fall.

*Mental Health.* Mental health and cognition are connected to physical health, nutrition, and social engagement. Up to one in five older Americans experience some form of mental

health concern, yet only 10 percent seek assistance from a mental health provider.<sup>40</sup> The most common issues include anxiety disorders and depression, with others such as substance use disorders on the rise.<sup>41</sup> The Aging Committee has held hearings calling attention to mental health issues in older Americans, and raising awareness among providers, community partners, and families to better support seniors. In January 2018, the Committee held a hearing on successful aging in which Dr. Mehrdad Ayati, a geriatrician from Stanford University testified, “Mental health is the most important aspect of healthy aging.”<sup>42</sup>

Physical activity is one factor that has been identified in multiple Aging Committee hearings as affecting mental health and chronic diseases and also contributing to reduced falls and fall-related injuries. Exercise and physical activity are critical for maintaining independence in the community, supporting mental health.<sup>43</sup> Contrary to popular belief, physical activity does not need to be strenuous to achieve health benefits; in fact, “moving naturally,” such as brisk walking and house and yard work, is the most common health habit for those who reach 100 years of age and older.<sup>44</sup> According to the CDC, the optimal amount of physical activity is moderate-intensity aerobic exercise at least 150 minutes per week or vigorous-intensity aerobic activity 75 minutes per week.<sup>45</sup>

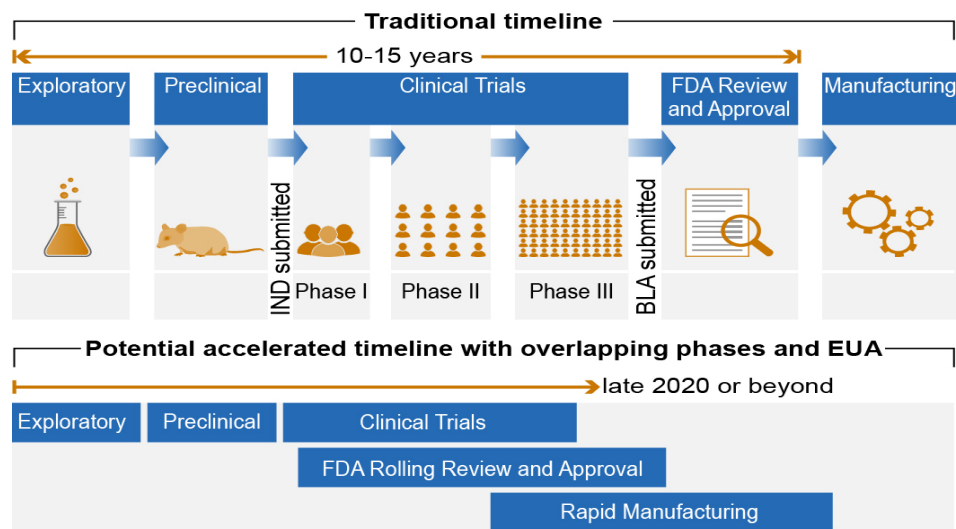
## Advancing Medical Countermeasures for COVID-19

The COVID-19 pandemic has had a disproportionate impact on older Americans, who are at greater risk of hospitalization or dying if diagnosed with the virus. In May 2020, the Aging Committee held a hearing on the devastating toll the coronavirus pandemic is having on seniors, particularly those who reside in long-term care facilities, such as nursing homes. Among the topics discussed at the hearing were the importance of regular testing and access to personal protective equipment for nursing home residents and workers, and the need for proper representation of seniors in clinical trials of COVID-19 medical countermeasures.

Congress has prioritized support for the development and federal purchase of medical countermeasures that can be used to prevent, diagnose, and treat COVID-19. As of October 31, 2020, HHS has allocated \$13.8 billion for vaccine development, \$4.5 billion for testing, and \$3.0 billion for drugs and therapies. A primary goal of this investment is to accelerate the advancement of safe and effective vaccines and therapies that can prevent or treat COVID-19.

While the development and approval of a new drug takes an average of 10-15 years in typical circumstances, with federal government support, researchers have made strides in advancing COVID-19 countermeasures in a matter of months. Figure 3 shows how the various elements of the biomedical research pipeline have been coordinated during this pandemic to accelerate the development and manufacturing of safe and effective medical countermeasures.

**Figure 3. Comparison of Traditional and Accelerated Timelines for Vaccine Development**



BLA = Biologics License Application      EUA = Emergency Use Authorization      IND = Investigational New Drug

Source: GAO analysis of GAO-20-215SP, FDA, HHS, and Pharmaceutical Research and Manufacturers of America (PhRMA) documentation. | GAO-20-583SP



## CHAPTER 2. SUPPORTING AGING IN THE COMMUNITY

A common thread of successful aging is staying engaged in what matters most to each individual, regardless of health status and ability level. For some, this may mean retiring and spending more time with family and friends. For others, it may mean working in a meaningful career for a lifetime. In survey after survey, the vast majority of Americans indicate that they want to age at home in their own communities.<sup>46</sup>

Programs and initiatives that help older adults to remain in their homes and connected to their communities can help pave the path for successful aging. The Aging Committee has highlighted these programs and ways in which the federal government can support them. The Committee has held 13 hearings since 2015 calling attention to growing barriers to aging, including demands on family caregivers, the rise of social isolation, and the accessibility of health care at home, and Committee members have put forth a number of solutions, from strengthening supportive services to advancing age-friendly communities.

Earlier this year, Congress reauthorized the *Older Americans Act* (OAA), which supports a wide range of community social services and programs for older adults. These programs and services include home-delivered nutrition services, congregate nutrition services, supportive services such as transportation and home care, family caregiver support, community service employment, the Long-Term Care Ombudsman Program, and services to prevent the abuse, neglect, and exploitation of older persons. The 2020 reauthorization of OAA, the *Supporting Older Americans Act of 2020* (P.L. 116-131), authorizes increased investments to strengthen support for the OAA's traditional programming, while providing more flexibility for States to meet local needs.

In addition, Congress in recent years has passed other important legislation that will make it easier for older Americans to age at home, including new laws that will strengthen supports for family caregivers, enhance senior nutrition programs, and improve Medicare beneficiaries' access to home health care.

### ***Family Caregivers***

An estimated 53 million family and friends, or one in five Americans, provide care to loved ones in the United States, an increase of 9.5 million caregivers from 2015 to 2020.<sup>47</sup> In 2017, family caregivers across the United States provided some 34 billion hours of care with an estimated economic value of \$470 billion.<sup>48</sup> These caregivers are the backbone of the U.S. health care system, providing a broad range of assistance to Americans with chronic health conditions, disabilities, and functional limitations. They assist with household tasks and personal care, and increasingly find themselves called on to provide medical care, often while balancing a job to earn a living.

While caregiving can be rewarding, the demands of providing care round the clock can also be an isolating experience. It is also associated with higher levels of depression, anxiety,



and other health problems in caregivers.<sup>49</sup> The Aging Committee has focused on supporting and meeting the needs of caregivers, including children caring for parents, spouses caring for one another, parents caring for children with disabilities, military spouses caring for veterans, grandparents caring for grandchildren, and the myriads of others who step in to care for loved ones.

**Committee Member Legislative Accomplishments.** Members of the Aging Committee have successfully championed a number of laws to strengthen support for caregivers.

- The *RAISE Family Caregivers Act* (P.L. 115-119), led by Chairman Collins and Senator Baldwin and cosponsored by Aging Committee member Senator Warren, became law in January 2018. It directs the Secretary of HHS to develop a National Family Caregiving Strategy to recognize and support family caregivers. As a result of this law, HHS established a Family Caregiving Advisory Council focused on three priorities:
  - Assisting caregivers in optimizing care and support for their loved ones;
  - Enabling caregivers to provide care while maintaining their health and well-being; and
  - Enhancing public awareness and education, and engaging nongovernmental entities to support caregivers.

The National Strategy will be updated on an ongoing basis.

- In 2018, the *Military and Veteran Caregiver Services Improvement Act* was enacted as part of the *VA MISSION Act* (P.L. 115-182). As a result of this law, the Department of Veterans Affairs (VA) is expanding eligibility for VA's caregiver program to veterans of all eras and their caregivers. The *Military and Veteran Caregiver Services Improvement Act* was led by Senator Murray and Chairman Collins and cosponsored by Ranking Member Casey and Aging Committee members Senators Blumenthal and Warren.
- Approximately 2.7 million children are being raised by their grandparents or other relatives.<sup>50,51</sup> In March 2017, the Aging Committee held a hearing highlighting the rising number of grandfamilies as a result of the opioid epidemic and the unique challenges that grandparents and other older relatives face when they unexpectedly take children into their care. As a result, Chairman Collins and Ranking Member Casey developed the *Supporting Grandparents Raising Grandchildren Act* (P.L. 115-196), which was signed into law in July 2018. The bill created an Advisory Council to identify and disseminate information to help older adults raising relative children address the challenges they face.

## Supporting Older Americans Act of 2020

Originally enacted in 1965, the *Older Americans Act* (OAA) supports a wide range of community social services and programs for individuals ages 60 or older. The 2020 reauthorization of the OAA, the *Supporting Older Americans Act of 2020*, was signed into law in March 2020. This new law authorizes increased investments to strengthen support for OAA's bread and butter programs, while providing more flexibility for States to meet local needs. It authorizes a seven percent increase in funding for all OAA programs for the first year and a six percent increase in funding for each program throughout the remainder of the four years of the reauthorization.

This legislation was the result of a bipartisan and collaborative process. Chairman Collins and Ranking Member Casey sponsored the reauthorization, together with the Chairman and Ranking Member of the Senate Health, Education, Labor, and Pensions (HELP) Committee, Senators Alexander and Murray. The reauthorization was cosponsored by Aging Committee members Senators McSally, Jones, Scott (FL), Gillibrand, Sinema, and Rosen.

This new law modernizes programs, and key features include:

- The *Supporting Caregivers Act*, authored by Ranking Member Casey and Chairman Collins, which removes barriers to accessing services and adds funding flexibility for the National Family Caregiver Support Program. This allows grandparents raising grandchildren to benefit from these services.
- Provisions of Ranking Member Casey's *Innovation, Demonstration, and Evaluation Act*, which authorizes the establishment of a new center that will conduct program evaluations and demonstration projects to examine social determinants of health for older Americans.
- Provisions from the *Promoting Opportunity for Women Entering Retirement Act*, authored by Senators Jones and McSally, that authorize a center focused on providing financial management, retirement planning, and other educational tools that promote financial literacy and help identify and prevent fraud and elder exploitation of women.
- The *Aging Together Act*, authored by Senators Jones and Casey, which prioritizes grants for multi-generational collaboration to bring older and younger individuals together. This also included provisions from the *Care Across Generations Act*, developed by Senators Jones and McSally.
- A requirement that the Assistant Secretary for Aging address the negative effects of social isolation and report on the topic. The new law also requires the establishment of a Committee on Healthy Aging and Age-Friendly Communities.

### *The Rise of Social Isolation*

While social isolation and loneliness are not necessarily age-related conditions, a number of risk factors are associated with aging. Two of the largest risk factors for social isolation and loneliness are the death of loved ones and chronic health conditions, both of which are often age-related.<sup>52</sup> Additionally, some researchers have found that the number and size of social networks decrease with age.<sup>53</sup> Other factors linked to isolation and loneliness include mobility, the number of diagnosed medical conditions, sensory impairments, and self-rated health.<sup>54</sup>

According to a 2020 report from the National Academies of Sciences, Engineering, and Medicine, about 24 percent of adults ages 65 and older are socially isolated, and 43 percent of those over age 60 report being lonely.<sup>55</sup> This situation has been worsened by the COVID-19 pandemic as public health measures, such as social distancing requirements and restrictions on visitation at long-term care facilities, have exacerbated social isolation and loneliness. Some studies have found that three times as many older adults feel they often lack companionship and feel isolated, compared to before COVID-19.<sup>56</sup>

The Aging Committee has long been dedicated to addressing the rise of social isolation. In April 2017, the Senate Aging Committee held a key congressional hearing on social isolation, which highlighted the physical and mental health risks associated with social isolation and loneliness, including higher rates of heart disease; weakened immune systems; depression and anxiety; dementia, including Alzheimer's disease; and nursing home admissions.<sup>57,58</sup> The hearing highlighted risks associated with social isolation exceed those associated with physical inactivity and obesity. At the hearing, Dr. Julianne Holt-Lunstad, Professor of Psychology and Neuroscience at Brigham Young University testified that prolonged isolation is comparable to smoking 15 cigarettes a day.<sup>59</sup>

The Aging Committee's 2017 hearing also illustrated that hearing loss is strongly linked with isolation, and that making hearing aids more accessible and affordable could help prevent social isolation. As a result, this hearing helped to advance the *Over-the-Counter (OTC) Hearing Aid Act of 2017*. Led by Senator Warren, a member of the Committee, and Senator Grassley, a former Chairman of the Committee, and cosponsored by Chairman Collins, this legislation was signed into law in August 2017 as part of the *FDA Reauthorization Act of 2017* (P.L. 115-52), and made certain types of hearing aids available over the counter to Americans with mild to moderate hearing impairment. It also required the FDA to write regulations ensuring that this new category of OTC hearing aids met the same high standards for safety, consumer labeling, and manufacturing protections as all medical devices, providing consumers the option of an FDA-regulated device at lower cost.

In June 2020, the Aging Committee held another hearing on social isolation, examining policies to better support keeping seniors connected during the COVID-19 pandemic. The hearing focused on older adults in the community who are sheltering in place and social distancing, as well as those who are hospitalized during the pandemic or living in nursing homes, and facing visitation restrictions.

**Strategies for Combatting Loneliness and Social Isolation.** While intervention studies directed at this emerging public health issue are limited at this time, there are factors that protect

against isolation and loneliness, such as engagement in volunteer or faith-based activities.<sup>60,61</sup> A number of established programs such as congregate dining, civic engagement, and drop by check-ins also appear to offer a way to reduce isolation and loneliness among older adults.<sup>62</sup>

With more than 5,000 community organizations nationwide participating, one such program is the Home-Delivered Nutrition Program (commonly referred to as “meals on wheels”). This program, which is authorized through the OAA, began in 1954 in North Philadelphia, Pennsylvania, as a way to help seniors continue living in their own homes and to ensure they were receiving nutritious meals.<sup>63</sup> Today, the program serves more than 220 million meals each year to 2.4 million aging Americans and Americans with disabilities.<sup>64</sup>

In May 2019, the Aging Committee held a hearing in preparation for the 2020 Older Americans Act reauthorization, and witnesses spoke about the value of key OAA programs in addressing social determinants of health and supporting healthy aging in the community. Laurence Gross, director of the Southern Maine Agency on Aging, testified about a pilot program that he led to target home-delivered meals to patients upon discharge from the hospital. Mr. Gross testified that one week of these meals delivered to patients resulted in a 38 percent reduction in readmission rates and a 387 percent return on investment from avoided readmissions.<sup>65</sup> A number of major studies have examined the impact of the Home-Delivered Nutrition Program and found that it is associated with a reduction in loneliness, overall better nutrition, a maintenance of independence, and a reduction in nursing home admissions.<sup>66,67,68</sup> The importance of this program has been further underscored as millions of older Americans have been forced to isolate and practice social distancing amid the COVID-19 pandemic.

While limited during the COVID-19 pandemic, another intervention strategy to address social isolation, also authorized through the OAA, is Congregate Nutrition Programs, which provide meals to older Americans in group settings, such as senior centers, community centers, schools, and adult day care centers.<sup>69</sup> The program also provides seniors with opportunities for social engagement and volunteering, and has been shown to help keep seniors connected with others in the community.<sup>70</sup>

The 2020 OAA reauthorization directs the Assistant Secretary for Aging to develop a plan for supporting State and local efforts to prevent, detect, and respond to negative health effects associated with social isolation. It also prioritized grants to programs that emphasize multi-generational engagement, bringing together older adults and children. The new law allows area agencies on aging (AAAs) to provide screenings for social isolation and loneliness and to coordinate services accordingly. It allows senior centers to use part of their supportive services funds to address social isolation and loneliness. Finally, the law requires the HHS Secretary to review OAA programs to determine to what extent they address the negative health effects associated with social isolation for older adults.

### **Nourishing our Golden Years Act**

In July 2017, the Committee held a hearing, “Nourishing our Golden Years: How Proper and Adequate Nutrition Promotes Healthy Aging and Positive Outcomes.” The hearing demonstrated the importance of the Commodity Supplemental Food program, also known as the senior food box program. Following this hearing, Ranking Member Casey and Chairman Collins developed the “Nourishing Our Golden Years Act,” which was enacted as part of the 2018 Farm Bill (*Agriculture Improvement Act of 2018*; P.L. 115-334), to make it easier for older adults to benefit from the senior food box program. The senior food box program improves the health of low-income Americans, ages 60 and up, by providing nutritious, nonperishable items to program participants. By extending how often participants must recertify, the new law makes it easier for older adults to benefit from the program and simplifies the process for agencies that provide this critical support.

### ***Access to Home Health Care***

Each year, home health care allows more than three million Americans to avoid hospitals and nursing homes and stay right where they want to be – in the comfort, privacy, and security of their own homes. The Aging Committee has highlighted opportunities to strategically utilize health services delivered in the home, such as the 2019 Committee report on falls prevention and recovery, as well as a February 2020 hearing on improving access to home health care and other community-based services in rural areas.

In March 2020, the *Home Health Care Planning Improvement Act* was signed into law as part of the *Coronavirus Aid, Relief, and Economic Security Act*, or “*CARES Act*” (P.L. 116-136). This law expands access to home health care by permanently authorizing physician assistants, nurse practitioners, and other practitioners to order home health care services for Medicare patients. Before it was enacted, only a physician was able to order home health care services, even though a physician might not be the primary care provider, particularly in rural areas. This new law removes delays in getting Medicare patients the home health care they need and makes it easier for Americans to stay in their own homes and communities, particularly during emergencies, such as the COVID-19 pandemic. The law was authored by Chairman Collins and Senator Cardin, and cosponsored by several Aging Committee members, including Ranking Member Casey and Senators Sinema, McSally, Warren, Gillibrand, and Blumenthal.

### ***Age-Friendly Communities***

Age-friendly communities aim to address the changing needs of older adults. Most older adults prefer to remain at home as long as possible, referred to as “aging in place.”<sup>71</sup> However, researchers are leaning towards a relatively new term, “aging in community,” to better capture the desire of seniors to age at home with continued sense of belonging.

Efforts to advance age-friendly communities have increased considerably in the last decade and are ongoing. In May 2017, the Aging Committee held a hearing, “Aging With Community: Building Connections that Last a Lifetime,” highlighting the growth of age-friendly

initiatives across rural and urban settings. The World Health Organization (WHO) launched an international effort in 2006 to bring the need for age-friendly communities to the forefront and plan on a global scale.<sup>72</sup> WHO developed an age-friendly guide with issues that cities and communities can address to better adapt to the changing needs of older people. The identified topics include housing and the built environment, transportation, program service supports, as well as shared values concerning respect for and the social inclusion of all older persons. Following this guide, AARP launched a Network of Age-Friendly Communities in 2012, and as of 2020, 488 cities, towns, and counties are participating, serving nearly 100 million Americans.<sup>73</sup> The National Association of Area Agencies on Aging has also declared this issue a national priority, and more than 70 percent of the nation's AAAs are engaged in developing age-friendly communities.<sup>74</sup>

To help more Americans successfully age in place, Congress created a new grant program, the "Aging in Place Home Modification Grants," through the 2020 housing appropriations bill to repair homes of low-income older adults. Chairman Collins and Senator Jack Reed, who serve as the Chairman and Ranking Member of the Housing Appropriations Subcommittee, based this program on a successful pilot program that was shown to help older adults stay in their homes.

## Spotlight on Drug Pricing

According to the CDC, approximately nine out of ten older Americans take at least one prescription drug in any given month. These medications are vital to the health and well-being of older Americans to keep chronic diseases under control, and affordability is key in order to support healthy aging.

In 2015, the Aging Committee convened the first congressional bipartisan investigation into sudden price spikes in prescription drugs whose patents had expired long ago. Since then, the Aging Committee has held nine hearings examining drug pricing. These hearings have spotlighted patient hardships in affording prescription drugs, investigated the complex system that leads to high drug prices, and identified solutions to bring costs down for older Americans.

Congress in recent years has passed several laws addressing problems identified at these hearings:

- ***Making Pharmaceutical Markets More Competitive Act:*** Drawing from the Committee's bipartisan investigation into drug prices, Chairman Collins led this legislation with then-Ranking Member Claire McCaskill to incentivize generic competition. It was signed into law as part of the *FDA Reauthorization Act of 2017*. This law has developed a new, competitive, generics pathway to spur the development of lower-cost generics, and since its inception, 44 equally effective but lower-cost generic drugs have been approved.
- ***Patient Right to Know Drug Prices Act:*** Chairman Collins and then-Senator McCaskill authored this legislation that prohibits gag clauses, an egregious practice that concealed lower prescription drug prices from patients at the pharmacy. The bill was signed into law (P.L. 115-263) in October 2018.
- ***Creating and Restoring Equal Access to Equivalent Samples Act:*** Chairman Collins and Aging Committee members Senators Blumenthal, Braun, McSally, Gillibrand, and Rosen cosponsored this legislation that deters pharmaceutical companies from blocking cheaper generic alternatives from entering the marketplace. It was signed into law as part of the *Further Consolidated Appropriations Act of 2020* (P.L. 116-94) in December 2019.
- ***Insulin Competition:*** In December 2019, a provision that Chairman Collins and Senator Shaheen advocated for to help increase competition in the insulin market and reduce costs for diabetes patients was signed into law as part of the *Further Consolidated Appropriations Act of 2020*. This new law clarifies that insulin manufacturers cannot receive new exclusivities to block competitors from coming to market as products transition from the drugs pathway to the biological pathway in March 2020. In addition, the law will help lower costs by improving and streamlining the FDA's approval process for new forms of insulin.
- ***Mitigating Emergency Drug Shortages Act:*** The bulk of the *Mitigating Emergency Drug Shortages Act* was signed into law as part of the *CARES Act* in March 2020. The new law, which was led by Chairman Collins and Senator Smith and cosponsored by Aging Committee member Senator Gillibrand, will help prevent supply chain disruptions and help increase the affordability and accessibility of prescription drugs, as more than 70 percent of active pharmaceutical ingredient manufacturers supplying our American market are overseas.

### CHAPTER 3. SUPPORTING SENIORS DURING PUBLIC HEALTH EMERGENCIES

Seniors face unique health needs during natural disasters and public health emergencies. The Aging Committee has worked to draw attention and identify solutions to these needs, whether they arise from infectious diseases or hurricanes. Since 2015, the Committee has held nine hearings examining the topic. During that time, the Secretary of HHS has issued or renewed a declaration of a public health emergency 59 times, including for the COVID-19 pandemic, the opioid crisis, hurricanes, and catastrophic wildfires.

Congress has responded by holding hearings and passing bipartisan legislation to modernize our nation's preparedness and response to naturally occurring and other 21<sup>st</sup> century threats. As part of this effort, Aging Committee members have successfully worked to ensure older adults are better prepared for and more protected from future threats by requiring special considerations and recommendations for seniors to be included in our nation's response framework for emergencies.

#### ***COVID-19 Pandemic***

As of December 15, 2020, more than 16 million cases of COVID-19 have been reported in the United States, and more than 298,000 Americans have died as a result of the virus, including more than 100,000 residents and workers in nursing homes and other long-term care settings.<sup>75,76</sup> According to the CDC, seniors are at greater risk for severe illness from COVID-19 infection, including hospitalization, intensive care unit admission, and death.<sup>77</sup> The greatest risk for severe illness from COVID-19 is among those ages 85 or older, particularly those residing in nursing homes, assisted living, or other congregate care settings.<sup>78</sup> An analysis of more than 114,000 COVID-19-associated deaths from May to August 2020 found that 78 percent of the people who died were ages 65 and older.<sup>79,80</sup> Seniors are also more vulnerable to social isolation and loneliness, which has been exacerbated by lockdowns and social distancing measures.

The COVID-19 pandemic has disproportionately affected racial and ethnic minority communities. According to the CDC, the hospitalization rate for COVID-19 patients is four times higher for Black, Hispanic, and Native American persons than for white persons. In addition, individuals in these groups experience higher mortality rates than white people.<sup>81</sup>

The Aging Committee held three hearings on the needs of seniors during the COVID-19 pandemic. The first hearing looked at the crisis unfolding in nursing homes, assisted living facilities, and other congregate care settings as well as the needs of community-dwelling seniors. The second hearing examined the impact of social distancing guidelines and stay-at-home orders on seniors' health and well-being. The third hearing focused on the pandemic's disparate health impacts on seniors from racial and ethnic minority communities.



## Congressional COVID-19 Pandemic Response

*To date, Congress has enacted four bipartisan laws totaling nearly \$3 trillion to respond to the health and economic crisis caused by the pandemic.*

- ***Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123)***. Enacted on March 6, 2020, this package provided \$6.5 billion to help address immediate public health needs to fight the virus and to support research on testing, treatment, and a vaccine. This included \$3.1 billion for the Office of the Assistant Secretary for Preparedness and Response, \$836 million for the NIH, and \$61 million for the FDA. This law also allows the HHS Secretary to waive certain Medicare access restrictions for furnishing telehealth.
- ***Families First Coronavirus Response Act (P.L. 116-127)***. Enacted on March 18, 2020, this law provided more than \$100 billion to make COVID-19 testing free, bolster food assistance, expand paid sick leave, and assist States as they respond to the public health crisis. Specifically, it required coverage of COVID-19 testing under most federal health care programs, including Medicare, and provided \$1 billion to support COVID-19 testing for the uninsured. The law also provided \$250 million for senior nutrition programs, including \$160 million for home-delivered meals, \$80 million for congregate meals, and \$10 million for nutrition services for tribal organizations. In addition, this law provided all States and territories with a temporary and retroactive 6.2 percentage-point increase in Medicaid’s federal medical assistance percentage.
- ***CARES Act***. Enacted on March 27, 2020, this law provided \$2 trillion in emergency assistance, including \$100 billion for hospitals and providers; \$27 billion for the development and purchase of vaccines, diagnostics, and therapeutics; \$50 million for housing for seniors (Section 202 housing); and \$15 million for housing for individuals with disabilities (Section 811 housing). The law also included \$520 million for nutrition services for seniors and provided additional flexibilities to AAAs. Further, the law provided \$200 million to promote surveying, inspections, and infection control in nursing homes and other health care settings. These provisions on nutrition and nursing home safety stem from Ranking Member Casey’s bill, the *Coronavirus Relief for Seniors and People with Disabilities Act*.

The CARES Act also requires Medicare to cover administration costs for FDA-licensed coronavirus vaccines with no cost-sharing for seniors and people with disabilities, and it requires most private insurers to cover these costs for a future approved COVID-19 vaccine. The law further relaxed Medicare telehealth requirements and provided \$180 million for rural health and telehealth initiatives and \$200 million for the Federal Communications Commission’s Connected Care Pilot Program, which supports providers rendering care through telehealth.

- ***Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-149)***. Enacted on April 24, this law included \$75 billion for the Provider Relief Fund and \$25 billion to expand COVID-19 testing capacity and contact tracing, with funding going to states, territories, and Tribes, as well as to HHS. This law also provided \$310 billion to replenish the initial \$349 billion provided by the CARES Act for the Paycheck Protection Program (PPP), authored by Chairman Collins, and Senators Rubio, Cardin, and Shaheen. According to the Small Business Administration, the health care and social assistance sector, which includes nonprofits serving seniors, is the industry that has received the most relief through PPP loans.

Drawing from these hearings, members of the Committee have developed and advanced legislation to address the unique needs of older Americans in all aspects of the domestic response, from hospital preparedness and social services to the impact of drug shortages to vaccine development.

### *Opioid Crisis*

Many perceive the face of opioid addiction as young; however, older adults are not immune from the opioid epidemic. In 2019, 12.6 million people enrolled in the Medicare Part D prescription drug program (one in every four beneficiaries) received an opioid prescription, 267,000 received high amounts of opioids, and 34,000 were at “serious risk” of misuse or overdose, according to the HHS Office of Inspector General (OIG).<sup>82</sup> The HHS OIG also identified about 140 prescribers with questionable opioid prescribing patterns who wrote 74,820 opioid prescriptions for beneficiaries at serious risk.<sup>83</sup> This cost the Medicare Part D program a total of \$22.1 million.<sup>84</sup>

Between 2002 and 2014, opioid misuse doubled among Americans ages 50 and older.<sup>85</sup> Older adults are more likely than their younger counterparts to visit a doctor for pain, take multiple medications to manage complex medical issues, and be prescribed opioids. Largely due to the high incidence of opioid prescribing among this population, older Americans are at risk of opioid misuse. Following a concerted national effort to combat substance use disorders, and a coordinated federal, State, and local response, trends have begun to improve. The number of individuals enrolled in Medicare who have received an opioid prescription has declined from 14.4 million in 2016 to 12.6 million in 2019, and the costs to the Medicare Part D program have been cut by one third from \$66.5 million to \$22.1 million.<sup>86,87</sup> The issue, however, remains pertinent as the COVID-19 pandemic has also increased concerns related to mental health and substance use disorders.

The Committee has held five hearings exploring the ways that seniors are uniquely affected by the opioid crisis, including the role of health care providers in reducing unnecessary opioid prescriptions while maintaining patient care, as well as substance use disorder treatment in the senior population. The Committee has also investigated how aging-related drug metabolism can make older adults more susceptible to adverse consequences associated with opioids, including falls, fractures, and delirium.<sup>88</sup> Further, as described in Chapter 2, the Committee has examined new roles many grandparents and other older relatives have taken on to care for a relative child whose parent has a substance use disorder.

Congress has responded to the opioid epidemic through a multi-pronged approach. Federal funding to address opioids has increased by 1,300 percent to \$3.8 billion since fiscal year 2016, and Congress has enacted a series of laws aimed at prevention, treatment, and recovery. These laws include the following:

- *Comprehensive Addiction and Recovery Act, or CARA* (P.L. 114-198). Enacted in 2016, *CARA* takes a multifaceted approach to combatting the opioid crisis, focusing on prevention and education; law enforcement and first responders; treatment and recovery; special populations (such as veterans and pregnant women); and supporting State comprehensive initiatives. *CARA* was introduced by Senators Whitehouse and Portman,

and several members of the Aging Committee were cosponsors, including Chairman Collins and Senators Warren, Gillibrand, Blumenthal, and Rubio. The law contains policies that were highlighted in Aging Committee hearings, including legislation coauthored by Senator Collins that encourages NIH to increase research into alternatives to opioid therapy for pain management. It also includes legislation led by Ranking Member Casey and cosponsored by Chairman Collins to ensure that a “plan of safe care” is developed for drug-dependent infants before they leave the hospital. As noted above, a growing number of grandparents have stepped in to care for these children.

- *SUPPORT for Patients and Communities Act* (P.L. 115-271). The *SUPPORT Act* is the collaborative work product of multiple House and Senate committees. Signed into law in 2018, the law increased support for prevention, treatment, and recovery activities, as well as improved coordination among local, State, and federal agencies in order to combat the opioid epidemic. It contains a number of policies that were highlighted in Aging Committee hearings, including:
- Increasing the number of health care providers who can prescribe or dispense medication-assisted treatment (MAT) and lifting restrictions to allow providers to treat more patients in need. This policy is based on *Addiction Treatment Access Improvement Act*, which was cosponsored by Chairman Collins and Aging Committee member Senator Blumenthal.
  - Providing Medicare coverage for certain services offered by opioid treatment programs, such as medications, counseling, and therapy, as well as coverage for methadone - an evidenced-based medication that treats opioid misuse. This policy is based on the *Medicare Beneficiary Opioid Addiction Treatment Act* authored by Ranking Member Casey and Senator Portman.
  - Allowing hospice staff to dispose of unused prescription drugs after a hospice patient dies or a medication expires. This policy is based on the *Safe Disposal of Unused Medication Act* authored by Chairman Collins and cosponsored by Aging Committee member Senator Warren.
  - Authorizing funding for peer support networks that engage individuals who are in recovery with other peers facing substance use disorders to provide long-term support in employment, education, housing, and overall wellbeing. This policy is based on the *Opioid Peer Support Networks Act* authored by Chairman Collins and Senator Shaheen.

### ***Natural Disasters***

Natural disasters are the most common reason for the declaration of a public health emergency, and hurricanes are the most common type. Of the top five costliest hurricanes to affect the United States, three occurred in 2017: Hurricane Harvey (\$131.3 billion), Hurricane Maria (\$94.5 billion), and Hurricane Irma (\$52.5 billion).<sup>89</sup>

Following the 2017 hurricanes, the Aging Committee found that while hospitals are markedly more prepared for disasters today with respect to redundant power and staff planning than at the time of Hurricane Katrina in 2005, this preparedness does not always extend to long-term care and assisted living facilities.

Concurrent with the Committee's September 2017 hearing on Hurricanes Harvey, Maria, and Irma, Committee members developed legislation that has been signed into law to better support the disaster preparedness needs of older Americans. Chairman Collins and Ranking Member Casey, along with Senator Rubio and former Senator Bill Nelson, introduced legislation to require the Secretary of HHS to establish a National Advisory Committee on Seniors and Disasters. Senator Rubio also developed a bill with then-Senator Bill Nelson, the former Ranking Member of the Aging Committee, to expedite hiring authority for vacant positions in our nation's emergency response health care workforce to respond to disasters. Both of these bills were enacted in 2019 as part of the *Pandemic and All-Hazards Preparedness and Advancing Innovation Act* (P.L. 116-22) that was introduced by Senator Burr and Ranking Member Casey. This new law built upon the lessons learned during the 2017 hurricane season by ensuring public health officials take the needs of those living in long-term care facilities into account during emergency planning.

### **Geriatric Health Workforce**

In the face of our rapidly growing aging population, Chairman Collins, Ranking Member Casey, and members of the Aging Committee have focused attention on the need to increase the number of health care professionals trained to support the unique health needs of older adults. As part of the *CARES Act*, Congress approved the bipartisan *Geriatrics Workforce Improvement Act*, introduced by Chairman Collins and Ranking Member Casey and cosponsored by Aging Committee members Senators Warren, Blumenthal, and Gillibrand. This new law reauthorized the Geriatrics Workforce Enhancement Program (GWEP), the only federal program dedicated to geriatric workforce training. The program supports senior-focused health care by integrating geriatrics into primary care, training providers to address the needs of older adults, delivering community-based programs, and providing Alzheimer's disease education.

## CHAPTER 4. FIGHTING SCAMS TARGETING SENIORS

Older Americans lose billions of dollars each year to an ever-growing array of financial exploitation schemes that seek to steal their hard-earned retirement savings and personal information.<sup>90</sup> And while older adults are the least likely of any age group to report losing money to fraud, those who say they have lost money report much higher individual losses to scams than other age groups.<sup>91</sup>

These scams vary in nature. For example, according to the Federal Trade Commission's 2020 Report to Congress, older adults reported aggregate losses of nearly \$84 million on romance scams in 2019.<sup>92</sup> In particular, adults ages 60 to 79 reported more than \$80 million of these losses, making romance scams the category of highest reported losses for this age group.<sup>93</sup> Government imposter scams were the second highest, with adults ages 60 and over reporting losses of \$61 million in 2019.<sup>94</sup> The prize, sweepstakes, and lottery category ranked third for individuals ages 60 and over, with \$51 million in aggregate dollar losses reported.<sup>95</sup>

Over the past three Congresses, the Aging Committee has held 17 hearings to raise public awareness about elder fraud and abuse and to examine efforts to protect older Americans. A number of critical points have emerged from the Committee's work. First, many scams are perpetrated by criminals operating from foreign call centers, beyond the reach of State and local law enforcement, and target victims in multiple states. Fighting these scams requires a coordinated response led by the federal government, in close cooperation with State and local law enforcement and stakeholder organizations. Second, scammers are tireless in their efforts to devise new schemes to defraud their victims, including exploiting the COVID-19 pandemic to prey on seniors. Coordinated efforts to educate the public to the scammers' tactics are therefore critical to defeating them. Finally, scammers rely on technologies such as fraudulent robocalling and caller-ID "spoofing" to cast a wide net for potential victims and mask their identity. The Committee has stressed the need for regulators and the business community to work more aggressively to stop scammers from using these technologies to facilitate fraud.

Members of the Aging Committee have successfully championed laws to increase awareness about existing hotlines that provide free legal assistance for seniors, combat fraudulent robocalls, encourage financial institutions to train their employees to spot financial exploitation of older Americans, and improve the prevention and prosecution of elder abuse.

### *Top Scams Targeting Seniors*

The Aging Committee maintains a toll-free Fraud Hotline (**1-855-303-9470**), which serves as a resource for seniors and others affected by scams. Since the Fraud Hotline's inception in 2013, more than 10,000 individuals from all 50 States have contacted the hotline to report a possible scam. In 2016, the Committee began publishing an annual Fraud Book, which details the top 10 most common scams reported to the Fraud Hotline the previous year.<sup>96</sup> The Fraud Book helps to raise awareness of elder financial fraud and educate seniors and their families about the most common scams.

### **Top Five Scams Reported to the Fraud Hotline (1-855-303-9470) During the Past Five Years**

- 1. Government Imposter Scams.** These scams often begin with a call from a fraudster posing as an employee of a government agency in an attempt to build trust. The scammer then often does things that a real government employee would never do, such as threaten the call recipient, demand immediate payment, or require a specific means of payment, such as a prepaid debit card, retail gift card, or cash. In 2019, the notorious Internal Revenue Service (IRS) Impersonation Scam – which had been the top scam for five consecutive years – dropped out of the top five but was replaced with another government imposter scam – the Social Security Impersonation Scam. The Social Security scam remains the most-reported scam in 2020 to date.
- 2. Robocalls or Unsolicited Telephone Calls.** These scams often originate overseas and have become an increasing nuisance to consumers due to advances in technology. Con artists often “spoof” their number to make it appear that they are calling from a government agency or legitimate business.
- 3. Sweepstakes Scams.** These scams continue to claim senior victims who believe they have won a lottery and only need to take a few actions to obtain their winnings. In this scam, fraudsters generally contact victims by phone or through the mail to tell them that they have won a prize and then require the victims to pay a fee to either collect their supposed prize or improve their odds of winning.
- 4. Computer Scams.** These scams often involve con artists impersonating an employee from a well-known technology company and then falsely claiming that the victim’s computer has been infected with a virus. The scammers convince victims to give them remote access to their computers or to provide payment information so that victims can be “billed” for fraudulent services to fix the “virus.” In a related scam, individuals searching the internet may see a pop-up window on their computer instructing them to contact a tech-support agent. Sometimes, scammers have used the pop-up window to hack into victims’ computers, lock them out, and require victims to pay a ransom to regain control of their computers.
- 5. Grandparent Scams.** These scams involve imposters pretending to be a member of the victim’s family, often a grandchild. The fraudsters claim that the grandchild is in trouble and needs money to help with an emergency, such as getting out of jail, paying a hospital bill, or leaving a foreign country.

Falling just outside of the overall top five most-reported scams, *romance scams* often result in particularly large monetary losses given their duration and emotional character. In this scam, fraudsters generally create fake online profiles to attract victims. Once a scammer has gained a victim’s trust over weeks, months, or even years, the scammer requests money for an unexpected bill, an emergency, or another alleged expense.

While the Fraud Books look at the top scams in each individual year, reviewing the top five scams over the past five years also provides insight into the trends and techniques that scammers are using to attempt to defraud older Americans. Government imposter scams have been the most reported scam to the Committee's Fraud Hotline overall from 2015 to 2019, followed by robocalls/unsolicited phone calls, sweepstakes scams, computer scams, and grandparent scams, with romance scams just missing the overall top five.

In addition, the COVID-19 pandemic has given rise to new phone, text, and email scams that seek to trick or frighten consumers into sharing personal information and financial details. In some cases, scammers have put a coronavirus-related twist on a common scam. For example, in one iteration of the Social Security Impersonation Scam, fraudsters alleged that an individual's monthly Social Security benefits would be stopped since the Social Security Administration's offices were closed due to the pandemic. In other cases, scammers took new approaches to exploit the pandemic. In one scam reported to the Committee's Fraud Hotline, scammers impersonated contact tracers and sought to gain an individual's credit card information, promising to send them a COVID-19 test kit. In other cases, scammers demanded advance payment for a COVID-19 vaccine or claimed additional information was needed to ensure receipt of a stimulus payment.

### ***Guardianship: Protecting the Most Vulnerable Seniors***

According to the National Center for State Courts, approximately 1.3 million adults are under the care of guardians – family members or professionals – who control roughly \$50 billion of their assets. Guardians are entrusted with significant power over individuals who rely on their support.<sup>97</sup> A guardian's authority can range from deciding where an individual will live and when to seek medical care to choosing if family members are allowed to visit and how to spend retirement savings. Over the last three Congresses, the Aging Committee has held three hearings focused on guardianship, examining financial abuse committed by guardians and other court-appointed fiduciaries, the role professionals play in both perpetrating guardianship abuse and protecting seniors from predators, and recommendations for guardianship reform.

The Committee also conducted a year-long investigation of ways in which the system can better protect individuals subject to guardianship from abuse, neglect, and exploitation and released a report detailing the Committee's findings.<sup>98</sup> The report concluded that greater oversight of guardians is needed, a full guardianship order may not be the best means of providing support and protection to an individual, and more reliable guardianship data is required to help policymakers make informed decisions on ways to improve the guardianship system. The report includes recommendations to improve oversight of guardians and guardianship arrangements, encourage the use of less-restrictive alternatives and promote restoration of rights, and provide policy makers and other stakeholders with improved data regarding guardianship arrangements.

**Committee Member Legislative Accomplishments.** Members of the Aging Committee have successfully championed several laws to fight financial exploitation and protect seniors.

- *Senior Legal Hotline Act.* A version of this bipartisan legislation, led by Ranking Member Casey and Senator Tillis and cosponsored by Senator McSally, was included in

the March 2020 reauthorization of OAA. The law directs the Assistant Secretary for Aging to submit a report with information on senior legal hotlines and recommendations to Congress four years after the law's enactment.

- *Telephone Robocall Abuse Criminal Enforcement and Deterrence, or TRACED, Act* (P.L. 116-105). This bipartisan legislation became law in December 2019 and was cosponsored by 14 Aging Committee Members, including Chairman Collins and Ranking Member Casey. This law increases civil forfeiture penalties for those who are caught, promotes call authentication and blocking adoption, and brings relevant federal agencies and State attorneys general together to address impediments to prosecuting robocallers. The new law also includes provisions similar to those in the *Anti-Spoofing Penalties Modernization Act*, which was introduced by Chairman Collins and Senators Sinema, Hawley, McSally, Scott (FL), Rubio, Rosen, and Warren, that extend the statute of limitations for spoofing violations.
- *SeniorSafe Act*. This bipartisan legislation, sponsored by Chairman Collins and former Ranking Member Claire McCaskill, became law in 2018 as part of the *Economic Growth, Regulatory Relief, and Consumer Protection Act* (P.L. 115-174) and encourages financial institutions to train their employees to spot financial exploitation of older Americans. The *SeniorSafe Act* also shields financial institutions from lawsuits for making good-faith, reasonable reports of potential fraud to the proper authorities. The bill was cosponsored by several additional members of the Aging Committee, including Ranking Member Casey and Senators Gillibrand, Burr, and Scott (SC).<sup>99</sup> Senator Sinema sponsored the House companion to the Senate bill when she was a member of the House of Representatives.
- The *Elder Abuse Prevention and Prosecution Act*, (P.L. 115-70) enacted in 2017, seeks to improve the nation's response to elder abuse and financial exploitation of seniors by encouraging the investigation and prosecution of perpetrators who prey upon seniors, enhancing data collection, and supporting robust elder abuse prevention programs. This law was sponsored by Senators Grassley and Blumenthal. Several members of the Aging Committee cosponsored the bill, including Chairman Collins, Ranking Member Casey, and Senator Rubio.<sup>100</sup>
- *Stop Senior Scams*. This bipartisan legislation was introduced by Ranking Member Casey and Senator Moran and has passed the Senate. It would create a federal advisory council charged with bringing together relevant government officials, industry representatives, advocates, and consumer representatives to collect and develop model educational materials for retailers, financial institutions, and wire transfer companies to use in stopping scams targeting seniors.
- *Seniors Fraud Prevention Act*. This bipartisan legislation, which is led by Senator Klobuchar and Chairman Collins and has passed the Senate, would help protect seniors from fraud by strengthening the reporting system to ensure fraud complaints are handled quickly by the appropriate law enforcement agencies. The bill would also require the Federal Trade Commission to coordinate with other agencies to monitor the market for fraud schemes targeting seniors and to distribute information to seniors, their families,



and their caregivers explaining how to recognize fraud schemes and how to contact law enforcement authorities in the event that a senior is targeted. Ranking Member Casey and Aging Committee members Senators Gillibrand, Blumenthal, McSally and Sinema, are cosponsors of the bill.

## CHAPTER 5. IMPROVING RETIREMENT SECURITY

According to the Government Accountability Office (GAO), over the past 40 years, there have been fundamental changes to the way people save for retirement, making it increasingly difficult for individuals to manage their savings effectively.<sup>101</sup> There has been a shift in the private sector from defined benefit pension plans to defined contribution plans, requiring individuals to take on additional risk and responsibility for their retirement savings.<sup>102</sup> Certain economic trends, such as increases in health care costs, rising levels of household debt, and societal and demographic trends, such as longer life expectancy and a greater number of single households, make it more difficult to achieve and maintain financial security in retirement.<sup>103</sup> Amid these changes, Social Security continues to serve as the foundation of retirement income for most Americans.

An October 2019 study by the nonpartisan Center for Retirement Research (CRR) at Boston College estimated that, in 2016, Americans faced a cumulative \$7.1 trillion gap between what they are projected to have saved for retirement and what they are likely to need.<sup>104</sup> CRR also estimated that, in the same year, 50.2 percent of working households were at risk of not being able to maintain their standard of living in retirement. In July 2020, CRR estimated that the employment effects of COVID-19 could increase the share of those at risk to 54.9 percent.<sup>105</sup>

Under Chairman Collins and Ranking Member Casey's leadership, the Aging Committee has examined the diverse paths that Americans take towards retirement and the ongoing challenges that individuals face in preparing for and maintaining a secure retirement.

The Aging Committee has focused on addressing the retirement savings gap. The Committee has held hearings examining the state of the nation's retirement system, obstacles seniors confront when seeking to remain in or re-enter the workforce, the financial security challenges that women face, public and private efforts to strengthen Americans' retirement security, and strategies for maximizing Social Security benefits. These hearings have helped illustrate the interconnected nature between retirement security and many of the aging issues discussed in this report, including the costs of medical care and prescription drugs, caregiving responsibilities, availability of safe and affordable housing, and frauds and scams targeting older Americans. At the same time, these hearings have highlighted the steps the public and private sectors are taking to help hardworking Americans prepare for a secure retirement and what more can be done.

The Aging Committee has also examined America's aging workforce, and in 2017 published a report dedicated to this issue. The report presents a vision of how aging employees and their employers can work together to ensure that they both prosper, with adequate flexibilities to support retirement paths that seniors envision for themselves. The report also highlights the importance of policies that address remaining barriers to older workers' full participation in the labor force, such as age discrimination.

## America's Aging Workforce

The 2017 Aging Committee report on America's aging workforce outlined key findings and opportunities for the future:

- **The number of older workers is growing at a rate that outpaces the overall growth of the labor force.**
- **Older workers take increasingly diverse paths to retirement.** Fewer older workers are transitioning directly from full-time work to full-time retirement. Many workers transition to part-time positions with their current employer or a new one, while others become self-employed.
- **Current challenges make it more difficult for older workers to thrive in the workplace.** Age discrimination, inadequate training opportunities, working while managing health conditions and disabilities, balancing caregiving responsibilities with work, and preparing financially for retirement are among the main challenges facing an aging workforce.
- **The business case for age-friendly workplaces is strong.** Hiring and retaining older workers can help employers retain valuable skills, address workforce shortages, and increase workplace diversity, which can contribute to improved outcomes.
- **Most employers acknowledge the trend of the aging workforce. Few are taking action.** While 80 percent of employers say they are supportive of employees who plan to work past the age of 65, only 39 percent offer flexible scheduling options and only 31 percent facilitate processes for moving from full-time to part-time roles.
- **A growing group of aging workers are caregivers, and some employers are implementing strategies to support them.** One out of every four employees over the age of 50 serves as a family caregiver. Employers find that helping these employees balance their work and caregiving roles without sacrificing their personal financial security can reduce some employer costs and may attract talent.
- **Many older workers are struggling to prepare financially for retirement.** Roughly one-third of workers do not have access to a retirement plan at work, and many aging workers have not saved enough for retirement and may continue to work beyond when they intended to retire out of financial need.
- **Work is linked with improved health and well-being.** For many aging Americans, work provides a sense of purpose. Research consistently links work with improved physical, emotional, and cognitive health, financial stability and security, and quality of life.

The report also outlined policies to respond to an aging workforce, including ways to support flexible paths for individuals to carve their own career paths, determining when and how they want to retire to achieve financial security as well as personal and professional goals.

Members of the Committee have also successfully championed laws to help Americans save more for retirement by increasing access to retirement plans, allowing workers to save longer and encouraging younger workers to start saving earlier, correcting unfair tax treatment of Gold Star families, and repealing the so-called military widow's tax.

### **Empowering and Enhancing Supports for Individuals with Disabilities**

In 2014, the *Achieving a Better Life Experience (ABLE) Act*, which was led by Ranking Member Casey and Senator Burr and cosponsored by several members of the Aging Committee, including Chairman Collins and Senators Scott (SC), Gillibrand, Blumenthal, Rubio, and Warren, became law as part of the *Tax Increase Prevention Act of 2014* (P.L. 113-295). The *ABLE Act* created a new section of the Internal Revenue Code to allow the use of tax-free savings accounts for individuals with disabilities. In doing so, the bill eases financial strains faced by individuals with disabilities by making tax-free savings accounts available to cover qualified expenses such as education, housing, medical, and transportation.

Recently, the *Department of Veterans Affairs Website Accessibility Act of 2019*, authored by Ranking Member Casey and Senator Moran, was signed into law. This new law will require the VA to examine all of its websites to determine if they are accessible to people with disabilities and to submit a report to Congress detailing which websites are not, along with a plan to make them accessible and a description of existing barriers to do so.

**Committee Member Legislative Accomplishments.** Members of the Aging Committee have successfully championed several policies aimed at improving retirement security for millions of Americans:

- Many members of the Aging Committee were among those that helped to craft and advance the *Setting Every Community Up for Retirement Enhancement (SECURE) Act of 2019*, which became law as part of the *Further Consolidated Appropriations Act, 2020* (P.L. 116-94). The *SECURE Act* aims to increase Americans' retirement security by expanding access to employer-sponsored retirement plans and making it easier for Americans to save. The law also corrects unfair tax treatment of payments to Gold Star Families and certain other payments to children.

In addition, multiple Aging Committee members championed policy changes incorporated into the final law, including:

- A provision from the *Retirement Security Act*, sponsored by Chairman Collins and Senator Hassan, to enable more businesses to join multiple employer plans (MEPs).
- Provisions from the *Retirement Security Act*, and a separate bipartisan bill co-led by Senator Jones, with Senators Cotton and Young, to make MEPs a more attractive option for small businesses;
- The small business tax credit provisions from the *Retirement Security Act*;

- A bill to simplify retirement plan reporting requirements, co-led by Chairman Collins and Senator Warner;
  - A version of the bipartisan *Graduate Student Savings Act of 2019*, introduced by Senator Warren and cosponsored by Senator Scott (SC), to help graduate students start saving for their retirement by allowing funds from a graduate student's stipend or fellowship to be deposited into an Individual Retirement Account;
  - A one-year version of Chairman Collins' bipartisan *Volunteer Responder Incentive Protection Act* to allow communities to provide volunteer firefighters and EMS workers with up to \$600 per year of property tax reductions or other incentives without those benefits being subject to federal income tax and withholding (this bill was cosponsored by Ranking Member Casey and Aging Committee members Blumenthal and Jones);
  - A provision co-led by Chairman Collins and HELP Committee Ranking Member Murray to provide pension funding relief for community newspapers; and
  - A fix to provide tax relief for Gold Star Families from the *Gold Star Family Tax Relief Act*, co-led by Aging Committee member Senator Jones with Senator Cassidy, and cosponsored by Chairman Collins and Ranking Member Casey, as well as Aging Committee members Senators Scott (SC), Burr, Blumenthal, McSally, Warren, and Sinema.
- Chairman Collins and Senator Jones achieved a repeal of the military widow's tax as part of the *National Defense Authorization Act for Fiscal Year 2020* (P.L. 116-92). Other Committee members also supported this effort, including Ranking Member Casey and Senators Scott (SC), Gillibrand, Burr, Blumenthal, McSally, Warren, Rubio, Hawley, Sinema, Rosen, and Scott (FL). The military widow's tax was an unfair offset that prevented as many as 67,000 surviving spouses from receiving the full benefits they deserve.

## LOOKING AHEAD

As more and more Americans reach age 65 and beyond, supporting aging in America remains a national imperative. The Aging Committee has made strides in recent years to spur the development of policies that invest in today's older Americans as well as future generations. Progress has been made in advancing biomedical research; in developing means to enable more Americans to age at home, from providing adequate services such as home health and nutrition to supporting family caregivers; and in calling attention to the growing economic needs of seniors during retirement. Through its Fraud Hotline, the Committee has helped protect scores of Americans from scams and abuse and developed policies to prevent and prosecute these scams. During the COVID-19 pandemic, the Committee has, as it has during previous national emergencies, spotlighted the needs of older Americans and worked to fulfill them.

Throughout its existence, the Aging Committee has served as a focal point in the Senate and the nation on matters relating to older Americans. Looking ahead, policymakers must continue to work together in the bipartisan tradition of the Aging Committee to build on recent progress to ensure that Congress is meeting the needs of our seniors.

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Figure 3. Comparison of Traditional and Accelerated Timelines for Vaccine Development

## APPENDIX 2. SENATE AGING COMMITTEE HEARINGS, 2015 - 2020

### *Spurring Better Treatments and Cures for Improving the Health of Older Americans*

1. [“The Fight Against Alzheimer’s Disease: Are We on Track to a Treatment by 2025.”](#) March 25, 2015. This hearing examined the progress made in combating Alzheimer’s disease since the enactment of the National Alzheimer’s Project Act (NAPA) in 2011. In addition to tracking the progress, witnesses discussed the need for additional investments in research to reach the NAPA goal of finding a means to prevent or treat Alzheimer’s by 2025.
2. [“Diabetes Research: Improving Lives on the Path to a Cure,”](#) July 15, 2015. This hearing highlighted how new diabetes management technologies, including Continuous Glucose Monitors (CGM), can improve the daily lives of those living with type 1 diabetes. The Committee examined coverage challenges for those who have coverage for CGMs on their private insurance, but lose coverage when they age into Medicare.
3. [“Aging in South Carolina: Biomedical Research in the Palmetto State,”](#) September 2, 2015. This hearing examined what more should be done to address diseases that disproportionately affect older Americans, including Alzheimer’s disease and cardiovascular disease.
4. [“Finding a Cure: Assessing Progress toward the Goal of Ending Alzheimer’s by 2025,”](#) April 6, 2016. This hearing assessed progress made in the five years since enacting the National Alzheimer’s Project Act in 2011, and steps that can be taken to change the trajectory of the disease into the future.
5. [“The Arc of Alzheimer’s: From Preventing Cognitive Decline in Americans to Assuring Quality Care for those Living with the Disease,”](#) March 29, 2017. This hearing assessed the arc of Alzheimer’s disease from the state of biomedical research into ways to prevent cognitive decline, to assuring quality dementia care across settings for those living with Alzheimer’s disease and other dementias. The hearing examined the possibility of a public health approach to Alzheimer’s disease.
6. [“Progress Toward a Cure for Type I Diabetes: Research and the Artificial Pancreas,”](#) July 26, 2017. This hearing focused on the impact of type 1 diabetes on individuals and their families at all ages and stages of the disease, and the recent advances in type 1 diabetes research, particularly as it relates to artificial pancreas systems. The hearing also highlighted the need to renew the Special Diabetes Program.
7. [“Changing the Trajectory of Alzheimer’s: Reducing Risk, Detecting Early Symptoms, and Improving Data,”](#) June 19, 2018. This hearing examined how the Centers for Disease Control and Prevention (CDC) and public health partners at the local level can translate research into practice to address Alzheimer’s disease and improve brain health.



8. [“Alzheimer’s: New Directions in Biomedical Research and Caregiving,”](#) April 2, 2019. This hearing provided insights on promising directions in Alzheimer’s disease, including new avenues for diagnostics and models of care. It also evaluated lessons learned from failed clinical trials.
9. [“Redefining Reality: How the Special Diabetes Program is Changing the Lives of Americans with Type 1 Diabetes,”](#) July 10, 2019. This hearing highlighted the importance of the Special Diabetes Program and the need to renew the program to continue momentum in type 1 diabetes research for new treatments, therapies, and ultimately a cure.
10. [“The TICK Act: An Urgent Public Health Response to Tick-Borne Diseases,”](#) September 5, 2019. This hearing highlighted the increasing rates of tick-borne diseases in the U.S. and how certain tick-borne diseases disproportionately affect older adults; it also examined the need for a concerted public health response to address tick-borne diseases.
11. [“Alzheimer’s and Other Cognitive Diseases: An Arizona Perspective,”](#) November 1, 2019. This hearing highlighted how biomedical research and public-private partnerships can accelerate potential treatments for Alzheimer’s disease. Witnesses also discussed caregiving supports and care planning for individuals and families facing Alzheimer’s disease.
12. [“Pancreatic Cancer: Fighting the World’s Toughest Cancer in Alabama and Nationally,”](#) November 15, 2019. This hearing highlighted the state of pancreatic cancer medical care and research and the need to accelerate advancements to combat this cancer.

### *Supporting Aging in Community*

13. [“Aging in Place: Can Advances in Technology Help Seniors Live Independently?”](#) May 6, 2015. This hearing examined how new technologies can assist seniors to age in place in their own homes. It also investigated challenges including access to the Internet and privacy concerns.
14. [“Celebrating Medicare: Strengthening The Program For The Next 50 Years,”](#) July 31, 2015. This field hearing, which was held in St. Louis, Missouri, examined ways to strengthen the Medicare Program.
15. [“The Right Care at the Right Time: Ensuring Person-Centered Care for Individuals with Serious Illness,”](#) June 23, 2016. This hearing examined barriers to person-centered care for individuals with serious illness and different models of care that support patients and their caregivers in making decisions that align with their goals.
16. [“Aging Without Community: The Consequences of Isolation and Loneliness,”](#) April 27, 2017. This hearing served as the first in a two-part series about social isolation and loneliness. It examined the growing epidemic of social isolation and loneliness, including risk factors, and the devastating mental health and physical health outcomes for older Americans.

17. [“Aging With Community: Building Connections that Last a Lifetime,”](#) May 17, 2017. This hearing served as the second hearing in the two-part series on social isolation and loneliness. It focused on programs and services that reduce social isolation and loneliness among older Americans, such as age-friendly initiatives across rural and urban settings.
18. [“Military Caregivers: Families Serving for the Long Run,”](#) June 14, 2017. This hearing examined the role of military caregivers, often spouses and other family members who care for injured service members and veterans. It also examined a research blueprint to better support military caregivers.
19. [“Nourishing our Golden Years: How Proper and Adequate Nutrition Promotes Healthy Aging and Positive Outcomes,”](#) July 12, 2017. This hearing explored how nutrition improves health outcomes, and how targeted nutrition programs can improve food security as well as health outcomes for older Americans.
20. [“Turning 65: Navigating Critical Decisions to Age Well,”](#) January 24, 2018. This hearing examined important decisions that individuals make when turning 65, from Medicare and Social Security decisions, to ongoing lifestyle choices to navigate older adulthood.
21. [“The Older Americans Act: Protecting and Supporting Seniors as they Age,”](#) May 8, 2019. This hearing examined how the Older Americans Act (OAA) has since 1965 supported and improved the lives of older adults through programs that promote nutrition, support caregivers, offer employment opportunities, and prevent abuse and neglect. The hearing highlighted the importance of OAA ahead of the Senate’s consideration of its reauthorization.
22. [“Aging and Disability in the 21st Century: How Technology Can Help Maintain Health and Quality of Life,”](#) May 22, 2019. This hearing explored how recent advances in technology, specifically assistive technology, can help older adults and people with disabilities age in place, assist their caregivers, and improve health care status and quality of life.
23. [“Promoting Healthy Aging: Living Your Best Life Long Into Your Golden Years,”](#) September 25, 2019. This hearing recognized September as “Healthy Aging Month” and highlighted research and strategies from prevention and maintenance to support healthy aging.
24. [“Falls Prevention: National, State, and Local Solutions to Better Support Seniors,”](#) October 16, 2019. This hearing coincided with the release of the Committee report on the health and economic consequences of falls and strategies to prevent and reduce falls-related injuries.
25. [“There’s No Place Like Home: Home Health Care in Rural America,”](#) February 12, 2020. This hearing focused on opportunities for new and innovative uses of home health, particularly in meeting rural health challenges, as well as identifying obstacles surrounding reimbursement, regulatory restrictions, and workforce challenges.

### ***Health Care and Drug Pricing***

26. [“Challenging the Status Quo: Solutions to the Hospital Observation Stay Crisis,”](#) May 20, 2015. This hearing examined the dramatic growth in the use of “observation status” by hospitals in the years preceding the hearing and the effects on patients and the health care industry.
27. [“Sudden Price Spikes in Off-Patent Drugs: Perspectives from the Front Lines,”](#) December 9, 2015. In the first of three hearings held as a part of the Committee’s investigation into sudden price spikes in decades-old prescription drugs, the Committee examined: 1) substantial price increases on recently acquired off-patent drugs; (2) mergers and acquisitions within the pharmaceutical industry that have sometimes led to dramatic increases in off-patent drug prices; and 3) the Food and Drug Administration’s role in the drug approval process for generic drugs, the agency’s distribution protocols, and its off-label regulatory regime.
28. [“Sudden Price Spikes in Decades-Old Rx Drugs: Inside the Monopoly Business Model,”](#) March 17, 2016. This hearing, which was the second in a three-part series, focused on the model that Turing Pharmaceutical and Retrophin, Inc. used to hike drug prices.
29. [“Valeant Pharmaceuticals’ Business Model: the Repercussions for Patients and the Health Care System,”](#) April 27, 2016. The hearing, which was the third in the Committee’s investigation into sudden price spikes in decades-old prescription drugs, focused on Valeant Pharmaceuticals and four drugs it controlled—Syprine, Cuprimine, Isuprel and Nitropress.
30. [“From Joint Pain to Pocket Pain: Cost and Competition Among Rheumatoid Arthritis Therapies,”](#) February 7, 2018. This hearing focused on the costs associated with using biologic therapies to treat rheumatoid arthritis, especially for those who are uninsured or are covered by high-deductible health plans, and the use of “patent thickets” to limit competition.
31. [“Insulin Access and Affordability: The Rising Cost of Treatment,”](#) May 8, 2018. This hearing focused on insulin affordability and access and the role that pharmacy benefit managers and rebates play in list prices for insulin.
32. [“Patient-Focused Care: A Prescription to Reduce Health Care Costs,”](#) October 3, 2018. This hearing examined ways to reduce health care costs while achieving better value and quality in health care for patients.
33. [“The Complex Web of Prescription Drug Prices, Part I: Patients Struggling with Rising Costs,”](#) March 6, 2019. In the first part of the three-part hearing series, five patients described their struggles to afford needed prescription drugs and the impacts on their health and quality of life.
34. [“The Complex Web of Prescription Drug Prices, Part II: Untangling the Web and Paths Forward,”](#) March 7, 2019. This hearing focused on ways to empower consumers, improve transparency, and change the incentives in our drug pricing system.

35. [“The Complex Web of Prescription Drug Prices, Part III: Examining Agency Efforts to Further Competition and Increase Affordability,”](#) April 15, 2019. The third hearing featured representatives from CMS, FDA, and OIG on federal agency efforts to lower drug costs.

### ***Supporting Seniors During Public Health Emergencies***

36. [“Fighting Against a Growing Epidemic: Reducing the Misuse and Abuse of Opioids in America,”](#) January 19, 2016. This field hearing, which was held in Jefferson City, Missouri, examined the rising epidemic of substance abuse and misuse among older adults.
37. [“Fighting Against a Growing Epidemic: Opioid Misuse and Abuse Among Older Americans,”](#) February 1, 2016. This field hearing, which was held in Leesburg, Virginia, also explored the growing epidemic of prescription opioid abuse and misuse among older adults.
38. [“Opioid Use Among Seniors – Issues and Emerging Trends,”](#) February 24, 2016. This hearing featured representatives from CMS, the HHS OIG, a State health director, and a frontline emergency room physician to discuss how to reduce prescription opioid overutilization and misuse.
39. [“Grandparents to the Rescue: Raising Grandchildren in the Opioid Crisis and Beyond,”](#) March 21, 2017. This hearing focused on the growth of grandfamilies and kinship care as a result of the opioid crisis.
40. [“Disaster Preparedness and Response: The Special Needs of Older Americans,”](#) September 20, 2017. This hearing, which was held during the devastating 2017 hurricane season, examined policies and procedures for sheltering in place, evacuating, and relocating vulnerable citizens before disaster strikes.
41. [“Preventing and Treating Opioid Misuse Among Older Americans,”](#) May 23, 2018. This hearing featured HHS OIG work in identifying ongoing challenges in combatting opioid over-utilization and the perspectives of medical and recovery professionals.
42. [“Caring for Seniors Amid the COVID-19 Crisis,”](#) May 21, 2020. This hearing was the first congressional hearing on the impact of COVID-19 on seniors, particularly those who reside in long-term care facilities such as nursing homes. The hearing highlighted the importance of regular testing for nursing home residents and staff and the need for proper representation of seniors in clinical trials of COVID-19 medical countermeasures.
43. [“Combating Social Isolation and Loneliness During the COVID-19 Pandemic,”](#) June 11, 2020. This hearing examined the mental and physical health consequences of social isolation for residents of long-term care facilities as well as community-dwelling seniors due to the COVID-19 pandemic, and strategies to reduce social isolation during this pandemic.

44. [“The COVID-19 Pandemic and Seniors: A Look at Racial Health Disparities,”](#) July 21, 2020. This hearing represented the Senate’s first hearing on COVID-19’s disparate health impacts on seniors from racial and ethnic minority communities. It examined why these racial health disparities exist and solutions to reduce these disparities.

### ***Fighting Fraud and Scams Targeting Seniors***

45. [“Broken Trust: Combating Financial Exploitation of Vulnerable Seniors,”](#) February 4, 2015. This hearing examined financial exploitation targeting seniors, with a focus on fraud perpetrated by a family member, caregiver, or trusted financial advisor.
46. [“Catch Me If You Can: The IRS Impersonation Scam and The Government's Response,”](#) April 15, 2015. This hearing examined the Internal Revenue Service impersonation scam, what seniors can do to keep from falling victim to it, and what law enforcement is doing – or not doing – to stop it.
47. [“Ringling Off the Hook: Examining the Proliferation of Unwanted Calls,”](#) July 10, 2015. This hearing examined robocall technology, with a focus on the role of third-party spoofing companies that provide a computer interface or cell phone application that allows calls to be spoofed at a negligible cost.
48. [“The Doctor’s Not In: Combating Medicare Provider Enrollment Fraud,”](#) July 22, 2015. This hearing included representatives from the Government Accountability Office (GAO), CMS, and the National Healthcare Anti-Fraud Association to discuss a GAO report detailing additional actions needed to improve eligibility verification of providers and suppliers.
49. [“Pension Advances: Legitimate Loans or Shady Schemes?”](#) September 30, 2015. This hearing examined pension advances, which require a retiree to sign over all or part of their monthly pension check for a period of time in exchange for a lump sum that is equal to far less than the amount of pension payments signed over.
50. [“Protecting Seniors from Identity Theft: Is the Federal Government Doing Enough?”](#) October 7, 2015. This hearing examined the problem of identity theft, how the use of the Social Security number as an identifier contributes to identity theft, and CMS’s progress in removing Social Security numbers from Medicare cards.
51. [“Virtual Victims: When Computer Tech Support Becomes a Scam,”](#) October 21, 2015. This hearing examined computer tech support scams, efforts to help prevent seniors from falling victim, and efforts being made by law enforcement and the tech industry to stop these scams and to prosecute the criminals who perpetrate them.
52. [“Do You Know What Is in Your Suitcase? How Drug Traffickers Are Deceiving Seniors to Smuggle Contraband,”](#) February 10, 2016. This hearing examined the rise of “drug mule scams,” where international criminal cartels use unsuspecting American seniors as “mules” to smuggle narcotics across international borders.

53. [“Senior Scams: What Are They and How Can People Avoid Them,”](#) March 21, 2016. This field hearing, which was held in Wilkes-Barre, Pennsylvania, discussed common scams targeting seniors, such as identity theft, sweepstakes scams, charity scams, and romance scams, and examined strategies for combatting these scams.
54. [“Trust Betrayed: Financial Abuse of Older Americans by Guardians and Others in Power,”](#) November 30, 2016. This hearing examined guardianship abuse and a GAO report unveiled at the hearing that found hundreds of cases of guardianship abuse, neglect, and exploitation that improperly diverted more than \$5 million.
55. [“Stopping Senior Scams: Developments in Financial Fraud Affecting Seniors,”](#) February 15, 2017. This hearing examined scams targeting seniors, including the IRS impersonation scam, grant and counterfeit check scams, and romance scams.
56. [“Still Ringing Off The Hook: An Update on Efforts to Combat Robocalls,”](#) October 4, 2017. This hearing examined efforts by law enforcement and the telecommunications industry to crack down on unwanted calls.
57. [“Stopping Senior Scams,”](#) March 7, 2018. This hearing examined scams targeting seniors and innovative ways to increase the public’s awareness of these scams.
58. [“Abuse of Power: Exploitation of Older Americans by Guardians and Others They Trust,”](#) April 18, 2018. This hearing examined the role professionals play in both perpetrating guardianship abuse and protecting seniors from predators, as well as how States are confronting financial exploitation by guardians.
59. [“Ensuring Trust: Strengthening State Efforts to Overhaul the Guardianship Process and Protect Older Americans,”](#) November 28, 2018. This hearing examined States’ efforts to better protect those placed in guardianship arrangements.
60. [“Fighting Elder Fraud: Progress Made, Work to Be Done,”](#) January 16, 2019. This hearing examined scams targeting older Americans, progress being made to coordinate and strengthen the fight against these scams, and what further steps can be taken to protect seniors.
61. [“Combatting Robocall Fraud: Using Telecom Advances and Law Enforcement to Stop Scammers and Protect Seniors,”](#) July 17, 2019. This hearing examined the ways that scammers use robocalls and caller-ID “spoofing,” ways that the telecommunications industry and the federal government are fighting back against illegal robocallers, and the additional steps needed to stop the scourge of illegal robocalls.
62. [“Veteran Scams: Protecting Those Who Protected Us,”](#) November 6, 2019. This hearing examined the disproportionate number of scams targeting veterans and efforts to stop these scams.



63. [“That’s Not the Government Calling: Protecting Seniors from the Social Security Impersonation Scam,”](#) January 29, 2020. This hearing examined the Social Security impersonation scam, what is being done to address it, and what more can be done.

### *Improving Retirement Security*

64. [“Bridging the Gap - How Prepared are Americans for Retirement?”](#) March 12, 2015. This hearing helped to set the stage for the Committee’s focus on the retirement security crisis by providing an overview of the scope of the problem, the factors that have contributed to it, and possible solutions.
65. [“Work in Retirement: Career Reinventions and the New Retirement Workscape,”](#) June 24, 2015. This hearing examined the rewards and challenges seniors face with re-entering or remaining in the workforce in their retirement years, as well as resources and programs that are available to help them with training or other career guidance.
66. [“Closing the Gap: Innovations to Promote Americans’ Financial Security,”](#) June 15, 2016. This hearing examined the retirement security crisis and identified solutions to help improve Americans’ financial and retirement security, including opportunities for expanding retirement plan coverage among workers and new technologies that can help improve financial literacy and promote savings.
67. [“Securing America's Retirement Future: Examining the Bipartisan Policy Center's Recommendations to Boost Savings,”](#) September 7, 2016. This hearing examined the recommendations from the Bipartisan Policy Center’s Commission on Retirement Security and Personal Savings.
68. [“Maximizing Your Social Security Benefits: What You Need to Know,”](#) September 14, 2016. This hearing examined the strategies workers could use to maximize their Social Security retirement benefits.
69. [“Working and Aging with Disabilities: From School to Retirement,”](#) October 25, 2017. This hearing examined a range of issues, including educational and vocational training and social and housing supports, that can help lead to a stable career and more satisfaction for individuals living with disabilities.
70. [“America’s Aging Workforce: Opportunities and Challenges,”](#) December 6, 2017. This hearing coincided with the release of the Committee’s annual report, “America’s Aging Workforce,” which examined aging trends in the workforce, including opportunities and challenges for older Americans as well as employers.
71. [“Supporting Economic Stability and Self-Sufficiency as Americans with Disabilities and their Families Age,”](#) July 18, 2018. This hearing examined the future economic security of people with disabilities and their families.

72. [“Back to Work: Empowering Alabama’s Aging Workforce,”](#) November 30, 2018. This field hearing held in Birmingham, Alabama, highlighted the Senior Community Service Employment Program, an Older Americans Act program to help low-income, unemployed older adults find employment opportunities.
73. [“Financial Security in Retirement: Innovations and Best Practices to Promote Savings,”](#) February 6, 2019. This hearing examined the current state of our nation’s retirement system, public and private efforts to strengthen it, and a 2017 GAO report, *The Nation’s Retirement System: A Comprehensive Re-evaluation Is Needed to Better Promote Future Retirement Security*, requested by Chairman Collins and Ranking Member Casey.
74. [“Women and Retirement: Unique Challenges and Opportunities to Pave a Brighter Future,”](#) September 24, 2020. This hearing examined the findings from a 2020 GAO report, requested by Chairman Collins and Ranking Member Casey, which explored the perspective of older women on their financial security, what is known about women’s retirement security, and what steps that can be taken to address the retirement security challenges women face.



## END NOTES

- <sup>1</sup> U.S. Government Accountability Office. (2020, October 7). *The Nation's Fiscal Health: a Long-Term Plan Is Needed for Fiscal Sustainability* (GAO-21-161T). <https://www.gao.gov/assets/720/710039.pdf>
- <sup>2</sup> Federal Interagency Forum on Aging-Related Statistics. (2020). *Older Americans 2020: Key indicators of well-being*. Washington, DC: U.S. Government Printing Office. <https://www.agingstats.gov/index.html>
- <sup>3</sup> U.S. Census Bureau. (2017, February). *2017 National Population Projections Tables: Main Series*. <https://www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html>
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