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**CAUGHT IN THE MIDDLE:
SUPPORTING FAMILIES IN
THE SANDWICH GENERATION**

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CAUGHT IN THE MIDDLE: SUPPORTING FAMILIES IN THE SANDWICH GENERATION

Wednesday, May 13, 2026

U.S. SENATE
SPECIAL COMMITTEE ON AGING
Washington, DC.

The Committee met, pursuant to notice, at 3:31 p.m., Room G50, Dirksen Senate Office Building, Hon. Rick Scott, Chairman of the Committee, presiding.

Present: Senator Scott, Moody, Gillibrand, and Kim.

OPENING STATEMENT OF SENATOR RICK SCOTT, CHAIRMAN

The CHAIRMAN. The U.S. Senate Special Committee on Aging will now come to order. Right now, across the country, millions of Americans are being squeezed from both sides. They are raising children, working full-time, and at the same time caring for an aging parent who needs them.

I want to thank Senator Kim for talking—he talks about this quite a bit. We call this group the Sandwich Generation, and Washington has not done nearly enough to recognize them, support them, or simply even say, we see you. The numbers are striking. An estimated eleven million Americans are simultaneously caring for a child and an older adult.

Many are doing this while working full time, but too many find that balance impossible. Most are exhausted, overwhelmed, and doing it all quietly without complaint. One in five family caregivers has reduced their work hours or left the workforce entirely to provide care. That is not just personal sacrifice, that is lost wages and lost retirement savings that compounds over a lifetime. The estimated economic value of unpaid family caregiving in this country sees \$600 billion every year. These are sons, daughters, and spouses who have stepped up because they love someone. Love doesn't pay the bills.

Right now, our tax code, our federal programs, and our social infrastructure hasn't kept pace with what these families actually need. That is why I am proud to be working on Multi-Generational Home Caregiver Credit Act, which will provide meaningful tax relief to family caregivers who are paying out of pocket to care of—care of both the child and older adult relative in their home.

I am also proud to be a co-sponsor of the Alleviating Barriers to Caregiving Act, which takes important steps to provide support

and flexibility to family caregivers navigating the complexities of federal programs.

This Committee is not a partisan committee, and these aren't partisan issues. They are family issues. Let me say this clearly, we cannot talk—cannot talk about supporting family caregivers without talking about the Older Americans Act. The community programs that family caregivers depend on every single day flow through the OAA.

We are talking about everything from meal delivery to respite care and caregiver counseling. Reauthorization isn't an option—it is overdue. I would like now to address the Sandwich Generation caregivers here today and who join us virtually, we hear you. We hear your problems, and we are going to try to do something about it. What you are doing is very hard, is beautiful and exhausting at the same time, and is one of the most important things a person can do in their life.

Today, we want to hear your stories, understand your challenges, and make sure your voices are heard as part of the record that moves this work forward. We cannot forget that our focus must also remain on ensuring the resources meant to help our caregivers—make sure they are protected against bad actors who try to defraud our Government and them.

People can't be working, doing the difficult work of caring for their children and parents, to then get ripped off by Government that lets their taxes go to fraudsters. Fraud doesn't just steal resources from and damage the integrity of good programs, it is bad for the American economy.

First, we saw it in Minneapolis, but we've seen it around the country. Last week we saw new reports from the Daily Wire about massive caregiving fraud happening in Columbus, Ohio. This country is almost \$40 trillion in debt.

We need accountability to ensure that every taxpayer dollar meant for caregiving, meant for good people like the witnesses we have before us today and the millions of Americans they represent, is going to where it is supposed to go.

We have to stop the fraud and hold the perpetrators accountable. I want to thank all of our witnesses for being here today and for the work they do on behalf of caregivers and the families they support.

What is going to happen is we have three votes, so the Ranking Member and I are going to have to take turns in the beginning to chair this and go and we will be right back. Now let me turn it over to the Ranking Member Gillibrand for her opening comments.

**OPENING STATEMENT OF SENATOR
KIRSTEN E. GILLIBRAND, RANKING MEMBER**

Senator GILLIBRAND. Thank you, Chairman Scott, for today's hearing. Sandwich Generation caregivers are under extreme stress to care for their children and aging loved ones at the same time.

Today's hearing will shine a light on the immense financial and personal stress that unpaid caregivers are experiencing. Sandwich caregivers oftentimes step back from their careers—step back from their career to meet the caregiving demands that they have. My

bill, the Social Security Caregiver Credit Act, seeks to protect the retirement security of family caregivers.

That stress that Sandwich Generation caregivers experience will worsen as states grapple with the impact of the Big Beautiful Bill, which already has many states contemplating changes to the home and community-based services that help older Americans and people with disabilities live independently in their home. In December, this Committee solicited statements from folks about what these services meant to them.

Seniors and Americans with disabilities from all 50 states sent us more than 1,000 pages worth of statements just to show how critical these services are. One New Yorker's testimony sums up why these programs work. She told me that she supports community living because it "creates a sense of belonging and support that strengthens everyone involved."

When the Trump Administration cuts funding for these programs like home and community-based services, they are not just striking budget line items. They are gutting the support networks that help American families stay afloat, seniors age with dignity, and people with disabilities thrive.

Many of these statements we received are from the Sandwich Generation caregivers. Home and community-based services, along with Older Americans Act programs, are lifelines to family caregivers.

There is no better one to speak about this experience than someone who lives it every day. With that, I am very proud to yield the rest of my time to Senator Andy Kim.

Senator KIM. Thank you, Ranking Member Gillibrand. Thank you, Chairman and Ranking Member for holding this hearing and working with me on these incredibly important issues.

This conversation hits especially close to home for me. In April 2024, my father lost his ability to walk after an accident. It was at that time that we also realized that he had a rapidly devolving cognition.

Soon after, my father was formally diagnosed with Alzheimer's, and I stepped into this role as being a caregiver. This is on top of me being a father to two little boys, on top being a U.S. Senator. From that point onwards, I joined the Sandwich Generation, a community made up of millions already that are—and we know that is only going to grow larger.

The challenges of the Sandwich Generation touch all of our lives, but too often go overlooked or unnoticed. I bet we all know somebody managing the care of two or more generations of loved ones, holding down a job, keeping their family afloat, while being squeezed on both ends, often feeling isolated and navigating these challenges alone. Estimates show that there are over 11 million Americans in this role.

By 2030, baby boomers will be over the age of 65, and the demand on family caregivers already stretched thin will intensify, so why is the Committee on Aging talking about the Sandwich Generation? It is because the care that my aging father gets now is inherently tied to my ability to navigate, provide, and help pay for it.

We cannot talk about the care for our seniors without considering the families and the caregivers that support them. I cannot be here at this hearing right now without having a caregiver there with my father right now to ensure his health. This Committee has a unique ability to help caregivers be seen, heard, and understood. For two long Sandwich Generation caregivers have fallen through the cracks of our policy frameworks.

Part of the problem is that we are in the dark about how many truly exist, because national data does not ask about multi-generational caregiving. You cannot build policy on a foundation you cannot see. That is why today I introduced bicameral legislation to add a dedicated question on multi-generational caregiving to national surveys so we can finally give the Sandwich Generation a permanent place in our national data.

Understanding starts with listening. That is why I wanted this hearing today, to spotlight stories too often unheard. Now, I want to introduce Kathy Lola, who is part of the Sandwich Generation in New Jersey. It is the stories like hers that we hear from now on that can best stand up for our caregivers. I hope we can show the video quickly.

[Video playing.]

Ms. LOLA. Chairman Scott, Ranking Member Gillibrand, and distinguished members of the Aging Committee, thank you for having me here today to speak. My name is Kathy Lola, and I am the mother of a 32-year-old with significant intellectual and developmental disabilities who I continue to care for at home.

Several years ago, my dad was diagnosed with both Alzheimer's and Parkinson's disease, and I became an important part of his caregiving team. At that time, I also became a Sandwich Generation caregiver. Many Sandwich Generation caregivers don't even recognize our role as caregivers and are therefore unaware that support services may be available.

From my perspective, as challenging as it was to care for multiple family members, I was even more overwhelmed by the complexity of the systems I had to navigate as I attempted to find services and support for myself and my parents. What would have made this process easier for us is having someone to guide us through these confusing and convoluted systems.

Having a central hub of supports and services, as well as a navigator to assist with the processes, would have made our journey much easier. Sandwich Generation caregivers deserve more help and a better and simpler way of securing support for ourselves and those we are caring for.

[Video ends.]

Senator KIM. Kathy is absolutely right. The system that caregivers navigate are complex and confusing, and I have felt that myself. I am so grateful to people like Kathy who are willing to share their story and be a voice to the challenges that millions are facing. What we hear today needs to be the foundation of continued action and progress toward a solution and relief our caregivers and our families deserve. Thank you, Chairman, and I yield back.

The CHAIRMAN. Thank you, Senator Kim. Thank you, Ranking Member. Our first witness is Karla Radka, President and CEO of

the Senior Resource Alliance, the Area Agency on Aging serving Central Florida.

Ms. Radka leads an organization at the Center of the Caregiving Support Network in one of the fastest growing regions in the country. She knows firsthand what family caregivers are asking for, where the gaps are, and what it takes to deliver real services to real people in the communities. Please begin your testimony.

**STATEMENT OF KARLA RADKA, CEO, SENIOR
RESOURCE ALLIANCE, ORLANDO, FLORIDA**

Ms. RADKA. Chairman Scott, Ranking Member Gillibrand, and distinguished members of the committee, thank you for the opportunity to be here today. As an Area Agency on Aging (AAA), we serve older adults, caregivers, and families every day who are navigating one of the most pressing and personal challenges facing the nation—the caregiving crisis.

In 1973, the AAAs were formally established in the Older Americans Act, OAA, as the on the ground organizations charged with helping vulnerable older adults live with independence and dignity in their homes and communities. For more than 50 years, the AAAs have served as local leaders in aging by planning, developing, funding, and implementing local systems of coordinating aging and other home and community-based services.

While the National Family Caregiver Support Program was not added to the Older Americans Act until 2000 as Title III-E, AAAs have supported families and caregivers of older adults for decades. At Senior Resource Alliance, we use this essential funding to offer family caregivers a number of critical services to shore up their own efforts including information, resources, individual counseling, respite care, so they can take care of their duties and assist caregivers in lightening the road as they provide quality care for their loved ones.

As my and other AAAs across the country continue to support family caregivers, there one population that continues to stand out, the Sandwich Generation. There are millions of Americans who are caring for aging parents while raising children, working full time, and trying to remain financially stable. This is not an abstract policy discussion. There are real people such as teachers, nurses, small business owners that are doing everything right and still struggling to hold it together.

The average Sandwich Generation caregiver for a Medicare recipient is 44 years old, significantly younger than caregivers without children under the age of 18, which average is 61 years old. For Sandwich Generation caregivers who are employed, many report reducing their work hours as they take on dual responsibilities caring for both older adults and young children. Reducing hours and workforce for a caregiver also reduce their income, which put them in a struggle.

At our organization, this is a very real challenge we face every day. I would like to share with you the story of Grace. Grace is a mother of three children and also the sole caregiver of her father who is living with dementia.

She wakes multiple times during the night to manage her father's medications and schedule medical appointments. The reality

of having to juggle life and workforce and be on the workplace, and also caring for children, is actually a very heavy burden that she has to live in. She actually shared with us that she is failing at everything, at her work and at home.

However, our organization has been able to support her with referrals through our provider network and to provide respite care for her. She has been to manage this situation in a very effective way. The reality is that many of our caregivers are one paycheck away from crisis. They are not looking for handouts. They are looking for flexibility. They are looking for that opportunity to be able to have support and to provide quality care for their loved ones, our older Americans.

In terms of what the Congress can do to really support caregivers, especially the Sandwich Generation, well, the approval, the authorization of the Older Americans Act and the program Title III-E, which is the program that provides that respite care that is so necessary to be able to continue to provide services. Also, other bills that are in Congress that are part of my written testimony.

Caregiving does not happen in silos; it is a family affair. Supporting this ecosystem of older adults, caregivers, and multigenerational families working together is both sound policy and good business.

It really is good for the workforce, it is good for families, and it is to continue to help seniors, elder Americans to age in place in the communities they love, where they volunteer, where they worship, where they have work. It is important.

The Sandwich Generation is holding on two other generations, so they don't have to do it alone. Thank you for allowing me to present in front of all of you and to carry the voice of the families that we serve every day. Thank you.

The CHAIRMAN. Thank you, Karla. Next, I am honored to introduce Meg Maher, who also joins us from her home State of Florida. She is here today, not as a policy expert or program administrator, but as a caregiver.

She has lived the Sandwich Generation experience, balancing the demands of raising a family while caring for an aging loved one, and she has agreed to share that story with us here today. It takes courage. Voices like hers are exactly why we hold hearings like this in Washington, DC. We need to hear directly from the people these policies are meant to serve. Thank you for being here today, and please begin your testimony.

**STATEMENT OF MEGHAN MAHER, MPH,
END-OF-LIFE DOULA & SANDWICH
GENERATION CAREGIVER, WINDERMERE, FLORIDA**

Ms. MAHER. Chairman Scott, Ranking Member Gillibrand, and members of the Committee, thank you for the opportunity to speak today, and for your leadership in advancing legislation that recognizes and supports family caregivers.

My name is Meghan Maher. I live in Florida, and I am a sandwich caregiver. I am raising two school aged children while also providing ongoing support to my father and his wife. I am also an only child. There is no one to share this role with. Whatever needs to happen, I am the one. I care for my family because I love them. That love is not a burden. It is the reason.

Everything I share today comes from that. My caregiving began in 2013, seven weeks after my oldest son was born, when my mother was diagnosed with stage four breast cancer. I have never known motherhood without also being a caregiver. A few years later, as my mother's health declined, my parents moved into our home.

I had a toddler and a baby. I was providing hands-on care for my mother while raising young children. That is what sandwich caregiving can look like at its most literal, a dying parent in one room, a baby in another, and you in the middle. My mother died in 2017. Three months later, my father became critically ill. There was no pause. Caregiving does not observe a mourning period.

My father survived that crisis, but my role as his caregiver never truly ended. Today, he is in the early stages of mild cognitive impairment. The type of support I provide has changed, but it has not lessened. I attend medical, legal, and financial appointments in person and on the phone. I track changes, manage communication, and help navigate decisions. I support him and his wife across state lines because they split their time between Florida and South Carolina.

I am the thread of continuity in his care and all of that exists alongside raising my children who need a present mother. The hardest part is not any one responsibility. It is that every role matters. There is no version of this where everyone gets enough of me. Many of—much of this work is invisible. It is coordination, advocacy, communication, problem solving, tasks, and holding the full picture. It runs in the background of every day, and it is unpredictable. Care needs don't follow a schedule.

Even when resources are available, care is not necessarily accessible. You cannot always find trusted support on short notice. The barrier is not only cost, it is logistical, administrative, and ongoing. Families and care providers are both doing the best they can within a system that was not designed for how caregiving actually unfolds. Caregiving has also reshaped my professional life.

I am self-employed in large part because traditional employment could not accommodate the unpredictability of being a sandwich caregiver. The flexibility of self-employment comes with real, financial, and professional tradeoffs. There is a cost to carrying all of this, and it lives in the body. It affects sleep, health, and well-being. It means deferring your own medical appointments because there is often something more urgent. The loneliness of it also goes unspoken.

There is particular kind of isolation that comes from being the person who holds the full picture. Even when you are not physically alone, you are the one holding it all the time. My experience is not unique. That is exactly the problem. There are millions of sandwich caregivers across the country, largely without systems that recognize or support the full scope of what they are carrying.

Families like mine do this because we love each other, but love is not a policy. Caregivers need systems that reflect the reality of what this requires, flexible support, accessible care, and infrastructure that accounts for the full scope of this role. Thank you.

The CHAIRMAN. Thank you, Ms. Maher. Now, I would like to introduce Jason Resendez, President and CEO of the National Alli-

ance for Caregiving, the Nation's largest leading non-profit research and advocacy organization focused exclusively on family caregiving.

He brings a national perspective to the caregiving crisis backed by research, data, and years of experience working across the policy landscape to advance support for family caregivers of all ages and backgrounds. Please begin your testimony.

**STATEMENT OF JASON RESENDEZ, PRESIDENT & CEO,
NATIONAL ALLIANCE FOR CAREGIVING, WASHINGTON, D.C.**

Mr. RESENDEZ. Chairman Scott, Ranking Member Gillibrand, and members of the Committee, thank you for the opportunity to speak today about the crisis facing our Nation's Sandwich Generation caregivers, the millions of Americans caring for children and adult at the same time, often invisibly and almost always without enough support.

This is an issue that is deeply personal to me, and I know for many of you. I grew up watching my mom balance a full-time job while raising three kids and caring for my grandmother through multiple chronic conditions. It was tough work, and she did it out of a deep sense of love and commitment to her family, but also out of a necessity.

There were no alternatives in our small South Texas town. For as long as I can remember, my mom dreamed of becoming an accountant, but she was never able to finish college. Her dream took a backseat to her caregiving responsibilities and the cost wasn't just a degree. It was a lifetime of lower wages, fewer opportunities, and a smaller retirement because the years she spent caring for her mother didn't count toward Social Security the way that paid work does and my family's story isn't unique.

According to research from the National Alliance for Caregiving, which I lead in AARP, there are 63 million adults, nearly one in four Americans, now providing ongoing demanding care to a family member or friend with a serious illness or disability. That is a nearly 50 percent increase in just a decade.

Sixteen million are Sandwich Generation caregivers, raising a child or a grandchild at home while caring for an adult loved one. That is about one in three family caregivers in the Sandwich Generation. The typical sandwich caregiver is a woman in her early 40's, more than a decade younger than the average caregiver, juggling three roles at the same time, a job, her kids, and a loved one who needs care.

This work is not occasional. Sandwich caregivers provide an average of 22 hours of care each week, a part-time job on top of their parenting. More than 60 percent perform medical or nursing tasks at home, managing medications, dressing wounds, changing feeding tubes, and four in ten do so without any prior training. These are ordinary Americans providing extraordinary care, and the economic toll is severe. Fifty-eight percent of sandwich caregivers experience at least one negative financial impact, like taking on debt, depleting savings, losing income, or leaving the workforce entirely.

These are people in the prime earning years, and the costs compound across decades into smaller retirements and tighter household budgets. The personal toll runs alongside the financial. One

in three sandwich caregivers reports high emotional stress, and many say caregiving has worsened their own health. Most did not choose this role, it found them.

The overwhelming majority tell us they need more help to make this care work. Make no mistake, this is work. AARP estimates that family caregivers now provide more than \$1 trillion worth of care each year. They are the invisible backbone of our economy and our long-term care system. Family caregivers are clear about what would make a difference. They need meaningful financial relief to offset the rising out of pocket cost of care.

They need a retirement system that recognizes caregiving as the work it is. They want paid family and medical leave to help balance the responsibility of caring for a loved one while working. They need easier access to the fragmented maze of benefits and supports that so many struggle on top of the hard work of care to access. There is legislation before Congress that responds directly to each of these needs.

The Multi-Generational Home Caregiver Credit Act introduced by Chairman Scott and Senator Welch would provide tax relief to families providing care across generations. The Social Security Caregivers Credit Act, championed by Ranking Member Gillibrand and Senator Murphy, would credit caregivers up to five years toward their Social Security benefits.

The Alleviating Barriers for Caregivers Act from Senators Markey and Capito would identify ways to reduce the administrative burden on family caregivers as they try to access programs like Medicare or Medicaid. The Senior Act from Chairman Scott and Senator Smith would address caregiver loneliness as the public health concern that it is.

The Family Act, championed by ranking member Gillibrand, would establish our Nation's first-ever paid family and medical leave program. Paired with reauthorization and robust funding for the Older Americans Act, these bills would bring us closer to a society that truly values and invests in family caregivers. Senators, my mom gave up her degree, her career, and her financial future to care for the woman who raised her.

Millions of Americans are doing the exact same thing right now across this country, and they deserve better. We have the data. We have solutions. We have 63 million reasons to act. What we need now is the leadership that matches the sacrifices of our Nation's Sandwich Generation caregivers. Thank you, and I look forward to your questions.

The CHAIRMAN. Thank you, Mr. Resendez. Now, I would like to introduce Josh Protas, Chief Advocacy and Policy Officer at Meals on Wheels America, the national leadership organization supporting the network of more than 5,000 community based senior nutrition programs operating in communities across the country.

He understands better than almost anyone what it means when older adults can stay safely in their homes, and what is lost when the programs that support them go underfunded or unauthorized.

That connection between community services, federal policy, and family caregivers is at the heart of what we are exploring today. Please begin your testimony.

**STATEMENT OF JOSH PROTAS, CHIEF ADVOCACY
AND POLICY OFFICER, MEALS ON WHEELS
AMERICA, ARLINGTON, VIRGINIA**

Mr. PROTAS. Good afternoon Chairman Scott, Ranking Member Gillibrand, and members of the Committee. Thank you for the opportunity to testify at this hearing. My name is Josh Protas, and I am proud to serve as the Chief Advocacy and Policy Officer for Meals on Wheels America, here on behalf of a nationwide network of more than 5,000 community based senior nutrition programs serving older adults in nearly every community. For millions of families Meals on Wheels starts with a nutritious meal, but it offers so much more.

It is a knock on the door, a safety check, a moment of human connection, or a referral to other supportive services and peace of mind for an adult daughter or son who is trying to work, raise children, and care for an aging parent all at the same time. The underpinning of all of this is the Older Americans Act.

The Meals on Wheels service model sets the gold standard for a successful public-private partnership, working to reduce nutritional risk and social isolation while saving taxpayer dollars by ensuring that older adults live safer and longer in their own homes, and keeping them out of costly health care and long-term care settings.

We can provide Meals on Wheels services to a vulnerable older adult for an entire year for roughly the same cost as one day in the hospital or twelve days in a nursing home but federal funding has not kept pace with the increasing need among our Nation's rapidly growing senior population and rising costs for food, fuel, and program operations.

One in three meals on wheels providers report keeping a waitlist with seniors waiting an average of four months for the care they need and deserve. Too many families are left to absorb the consequences on their own. That challenge is only growing with 12,000 people in America turning 60 years old every day and more older adults struggling to afford their basic needs.

The number of seniors with low or very low food security quadrupled between 1999 and 2023. Over the same period, the buying power of federal funding for the OAA nutrition program actually decreased, and the program was serving meals to roughly the same number of seniors in 2024 as it did 25 years earlier in 1999.

This results in escalating unmet need. MAG Aging and Family Services in Orem, Utah shared that, "Due to lack of funding, we have had to resort to removing clients who have in-home support from family members. Our waiting list continues to grow. This has resulted in a lot of panicked seniors and caregivers who are heavily reliant on our program." When community programs cannot keep up, the burden shifts onto family caregivers who are already stretched thin. That can mean more missed work, more stress, more out of pocket costs, and more fear that a loved one is going without food, safety, or connection.

For these families, Meals on Wheels can bridge the gap between what they want to provide and what they can realistically do on their own. This is especially important for caregivers who live at a distance and cannot be present every day. This matters because the older adults served by Meals on Wheels are often the most vul-

nerable in our communities. Many live with multiple chronic conditions, limited mobility, cognitive decline, disability, or social isolation.

Without dependable support, they face greater risk of malnutrition, falls, hospitalization, and premature nursing home placements. The relatively small upfront federal investment to provide Meals on Wheels services is smart fiscal policy because it prevents more costly interventions downstream. Plus, when we support seniors being able to live independently at home, we reduce the strain on already overburdened hospitals and nursing homes.

When Satish reached out to Meals on Wheels, etcetera in Sanford, Florida for help, he couldn't stand for long and was dealing with diabetes, memory loss, and repeated falls that made cooking dangerous. Some days, he would just go to bed hungry. Satish had to be placed on a waitlist with more than 400 other seniors due to funding constraints. He waited three long years for support.

While he waited, his energy dwindled, and his world shrank. When a meal slot finally opened up, his life changed overnight, and he regained his strength, independence, and a sense of connection. He said, "Meals on Wheels is lifesaving. For people like me, it means everything." For caregivers, this kind of support can be the difference between staying in the workforce and cutting back hours, between stability and crisis, between constant fear and peace of mind.

Meals on Wheels cannot solve every challenge that families caught in the middle face, but it can remove some of the daily pressures that push families to the breaking point. During his historic visit with Meals on Wheels in Central Maryland last year, Secretary Kennedy noted the importance of strong support so the Meals on Wheels programs can reach all in need. "History will judge the humanity of our civilization by how we care for our elderly," he said. "Meals on Wheels does not just provide nutrition for the malnourished. It combats the epidemic of loneliness through daily acts of care and compassion. President Trump has asked us at HHS to continue supporting Meals on Wheels so that no American in their twilight years feels forgotten." Vulnerable seniors, their caregivers, and the Meals on Wheels providers that serve them are still waiting to be prioritized.

It is time to end the wait. I urge you to prioritize increased funding for Meals on Wheels and other Older Americans Act services as essential supports for both seniors and their family caregivers. Thank you again for holding this hearing on this important topic and for your bipartisan leadership on behalf of older Americans and their families.

**STATEMENT OF REBECCA PREVE, EXECUTIVE DIRECTOR,
ASSOCIATION ON AGING IN NEW YORK, ALBANY, NEW YORK**

Ms. PREVE. Thank you to Chairman Scott, Ranking Member Gillibrand, and Senator Kim for allowing us to testify at this hearing today. I am with the Association on Aging in New York, and I have the distinct honor to represent the 59 Area Agencies on Aging in the State of New York that do incredible work, day in and day out, not only for older New Yorkers, but also for family caregivers.

I want to start the conversation by framing it, because I think ageism is something that we see throughout not only legislative priorities, but also funding. I want to highlight that supporting family caregivers and older Americans should be an expectation, not an afterthought.

Older Americans contribute one-third of the overall economic impact and output in this country and are worth over \$9 trillion annually. From an equity perspective, they deserve to be supported, as do their caregivers. Family caregivers, you have heard from my colleagues today, are the backbone of the economy and the Nation, and they are largely invisible in policy and funding decisions.

Across the United States, more than 60 million caregivers provide essential support to loved ones with a chronic illness, a disability, or age related needs. Nearly one in four adults is a caregiver, and most provide this without any form of compensation. These caregivers are not just helping families.

They are sustaining our entire health care system. In New York alone, more than 4.1 million caregivers provide uncompensated care to the tune of \$58 billion per year in economic activity. Nationally unpaid caregivers exceed \$1 trillion to this country and yet we are failing to support those Sandwich Generation caregivers.

At the same time our demand is rapidly rising—we now have between 75 and 80 million adults over the age of 60. That number continues to grow. Many caregivers are part of the Sandwich Generation, balancing care for aging relatives while raising children including those with disabilities who live in an entirely different ecosystem than aging services do.

One in three family caregivers are Sandwich Generation and they face the highest incidence of documented mental health and workforce impacts. These individuals face intense competing demands on their time, their finances, and their overall well-being. Research indicates that 85 percent of Sandwich Generation caregivers report at least one adverse mental health impact.

Serious suicidal ideation exists in 50 percent of Sandwich Generation caregivers in the past 30-day period, which is eight times the odds of the normal adult population. The strain on caregivers is only increasing as our long-term care system undergoes significant change.

Since 2020, the U.S. has lost more than 750 skilled nursing facilities due to workforce shortages, rising cost, and financial instability. When these facilities close, the need for care does not disappear. It is transitioned to community-based settings and mostly on family caregivers.

At the same time, H.R. 1 and the reduction in Medicaid funds, new eligibility requirements and assessments will make access to home and community-based services harder to obtain and further push individuals to Area Agencies on Aging that already have enormous waitlists. Despite these stark realities, federal investment in caregivers has not kept pace. Under the Older Americans Act, the National Family Caregiver Support Program receives only about \$200 million annually.

That is less than 10 percent of all OAA funding. This is a small fraction compared to the economic value caregivers provide every year, and the consequences of the imbalance are significant. For

working caregivers, responsibilities often mean reducing hours, taking unpaid leave, or leaving the workforce entirely, leading to lost wages, reduced retirement savings, and long-term financial insecurity.

Additionally, caregivers spend more than the general public out of their own pockets each year, almost \$10,000 in additional funds. We have over four million workers that have left for caregiving roles since the COVID-19 pandemic at an economic cost of \$44 billion in lost wages. I want to talk for a moment about Area Agencies on Aging and why they contribute to the cost savings to not only caregivers, but the Medicaid system.

Our average client statewide, if you looked at all our programs and services, is an 83 year old low income female who lives alone, has four to ten chronic conditions like diabetes and congestive heart failure, needs assistance with activities of daily living, like bathing, toileting, and dressing, and we are serving them in their homes and communities on average for seven years for less than \$10,000 a piece.

If that individual was assessed for nursing home or assisted living placement, they would qualify to the tune of \$150,000 on the Medicaid scorecard. Again, I want to highlight New York, and I really want to comment on our state unit on aging and the Director of NYSOFA, Greg Olsen, who is leading the Nation in innovations.

What we are asked here today is to come up with solutions to some of these problems and New York has done exactly that. We first looked at how we could support caregivers and taking a real temperature of what was happening with caregivers in the State of New York. Under Commissioner Olsen's leadership, the state went through a comprehensive working caregiver initiative where they not only surveyed state employees, but they also surveyed private sector employees.

They found exactly what we have talked about today, that people really need to be supportive because they are either leaving the workforce entirely, they are reducing their hours, they are having mental health adverse effects. We came up with the solution. We know that workers need to be supported and have access to services, or these things happen to them.

NYSOFA's response was to provide free for any New Yorker under the New York Caregiver Portal an evidence based online platform known as Trualta, which is supporting thousands of caregivers across the State of New York and has actually booked about \$11 million in savings from a delay in skilled nursing facility placements and caregiver support in the community that reduced emergency department visits.

We also have partnered with Any Care Counts New York, which is using the caregiver intensity index to quickly within two minutes assess the caregiver and determine are they in the red, yellow, or green—which, do they have a mental health impact, are they doing okay, are they not? Then you are instantly linked to resources that assist you, including localized resources for the State of New York but also in every state in the Nation.

State innovation alone cannot meet the scale of this challenge though. Federal leadership is essential. We are respectfully urging Congress to take the following actions. Increase funding for the Na-

tional Family Caregiver Support Program and all of the Older Americans Act programs that have been spoken about today.

Provide direct financial relief to caregivers through tax credits, stipends, and expanded Medicaid support. Strengthen workplace policies, including paid family and medical leave and flexible work arrangements to help caregivers remain in the workforce. Ensure caregivers have access to training. Maintain the independence of the Administration for community living as a federal authority dedicated to aging and disability services, and reauthorize the Older Americans Act, and know that family caregivers are critical, yet often invisible part of our national healthcare infrastructure. They allow millions of older adults and individuals with disabilities to remain in their homes and communities, while saving the system billions of dollars each year.

It is time to move beyond recognizing caregivers as heroes and instead provide the policies, funding, and support they need to continue this essential work. Thank you.

Senator GILLIBRAND. I would now like to call on Senator Kim for his questions.

Senator KIM. Thank you, Ranking Member. Thank you all for your comments here today. Ms. Maher, I would like to start with you. Just first of all, thank you for sharing and when you talked about just the isolation and the loneliness that you feel, I feel it too. I know many others do as well.

I hope by hearing your story, hearing my story, hearing what we are talking about here today, I hope many that feel invisible, feel lonely, recognize that, no, that there is many going through this together.

As you said, you know, look, many of us are ready to step up for our loved ones and try to help. You know, we are not asking for the moon. The way I sort of say is like, but it still doesn't have to be this hard, you know. I think one thing that stood out in your comments that I hear from so many others is many of enter the Sandwich Generation—first of all, I didn't even fully understand that term and then someone came up to me was like, oh, you are part of the Sandwich Generation. I am like, I guess.

Like, you know, you are just so far deep in it, you don't even time to step back sometimes and even assess that but what you said I think stood out, that I hear from so many others, is that many of us enter this designation of Sandwich Generation through crisis.

You know, I had this circumstance where my father is literally going through surgery. You know, we are finding all sorts of other problems simultaneously. Now all of a sudden, I am being asked to make decisions about his health. I am being asked to understand, you know, his Medicare levels.

I am trying to understand this financial security. When I—you know, I was not, you know, somebody that had, you know, attorney privileges or had any other access. I think just initially, I was just overwhelmed.

I guess I just wanted to ask you to kind of talk through this, like the complexity of navigating, you know, Medicare, health care, you know, the financial systems and other things to be able to assess. Can you talk a little bit about how that affected you?

Ms. MAHER. Absolutely. Much of what you said resonates with me. Certainly with my mom, I kind of call it, I didn't know what I didn't know. As far as supports and services that might be available through federal or community programs, I had no idea.

When moving through health care providers, the hospital systems, discharge planners, we were never told about anything that might be available for families like us. I didn't know what was there.

What you spoke about where you are kind of initiated in—at a critical moment and suddenly you are the health care surrogate, and you are making decisions. I did not have to do that for my mom, and my dad and I have had many conversations and planning meetings ahead of time about that, but I know that is not the case with—for many families. They are kind of launched into this having no idea maybe what their older loved one even wants. Maybe their older loved one doesn't even have advanced directives.

Maybe they haven't even made that decision for themselves, and then they are left kind of guessing.

Senator KIM. Yes. No, I think that that planning and trying to have that opportunity is something I am trying to help engage, but also who we turn to, you know, for that and Mr. Resendez, I wanted to turn to you.

You know, there was a quote that stood out to me when I was reading about the, you know, the start of Medicare for instance. You know, President Johnson and Truman did this press conference together.

There is a line I wanted to read to you. Says, "no longer will illness crush and destroy the savings that they have so carefully put away over a lifetime so that they might enjoy dignity in their later years. No longer will young families see their own incomes and their own hopes eaten away simply because they are carrying out their deep moral obligations to their parents and to their uncles and their aunts." I wanted to ask you, do you feel like this original promise is being born out in full right now, or do we still have work to do?

Mr. RESENDEZ. We have—we have come a long way, I will say that, in terms of the role of Medicare's recognition of the importance of supporting the health of older adults across the country. In terms of the way that we are investing in the health older adults.

We see that borne out by the longevity boom that we are experiencing in this country but yet we have a tremendous road still ahead. We are living longer, but we are living longer in poorer health, and because of that, the demands on family caregivers have only increased. One area where Medicare has not kept up is in recognizing the role that family caregivers play in supporting Medicare beneficiaries.

In terms of providing direct support for family caregivers, navigating what is complex care, right. Changing wound dressings. The feeding tubes, PICC lines. These are things that have historically taken place in acute care settings, certainly in the time when the program was established. It is now more and more happening in the home and yet family caregivers receive very little support and training.

That is starting to change in the Medicare program, and I think that is the next frontier as policymakers start to think about modernizing Medicare to rise to the moment that we are in for family caregivers.

Senator KIM. No, thank you so much. I agree wholeheartedly. We have made great progress and I read that quote not to necessarily say, you know, we have not made more progress, but to try to recommit ourselves at this point to try and to follow through to that original goal. That we can have that sense of stability and security at a time when we are living longer, that we are finding ourselves sometimes in poor health, but we are also seeing health care expenses significantly higher than where we saw before. Families spread out further and other challenges. One last thing I wanted to just ask Mr. Resendez is that, you know, I recently just introduced, as I said, this legislation today called the Multi-generational Caregiving Data Act, mostly because I am just trying to, again, make sure that we are being seen, that we understand, and we can make real rational decisions based off of that data. I wanted just to ask you what you think—you know, whether or not you think that the lack of this comprehensive data so far has hurt our ability to fully understand what is the effects of multi-generational caregiving in terms of the limits on our abilities to fully understanding what these families need, and how this data might be able to help policymakers, help us identify some of the gaps that are out there. You know, we hear the anecdotal stories that are so powerful, but what is it that the data can do to be able to help us drive toward solutions going forward?

Mr. RESENDEZ. Absolutely. Thank you, Senator Kim, for your leadership and advancing that piece of legislation. Data is absolutely critical to helping us understand the full scope of the challenges that family caregivers face, particularly sandwich caregivers. Having better data gives us the ability to make better decisions to understand how caregiving changes state to state, federal program to federal program.

Data absolutely can help drive change and help drive accountability, right. We are not going to change what we don't measure. By having stronger data systems in place, we can hold ourselves accountable.

We can hold policymakers accountable. We can hold states accountable for the progress they are making in responding to the data that starts to come in because of these new tools and measurement opportunities.

Senator KIM. Well, thank you so much. Chairman, again, thank for holding this hearing. Working with me on these—you know, we have some real ideas. You have ideas. The Ranking Member, myself, and others.

You know, I hope that this Committee can really try to accelerate that. The hearing is really wonderful, but what our caregivers, what the Sandwich Generation needs is real solutions, and I am grateful that you are willing to be part of the effort to be able to deliver that. Thank you, Chairman.

The CHAIRMAN. Well, Senator Kim, thank you for caring about this, and thank you for your focus on this. Ms. Radka, the Senior Act includes provisions specifically designed to support multi-

generational families and connect them to the broader community services network.

From your experience operating at the local level, how important is it that federal agency policy thinks about the whole family unit rather than just the older adult in isolation? What does it mean for how you design and deliver programs?

Ms. RADKA. I think that supporting multiple generation households and to be able to support the whole family as a whole is a good business, because what we are talking about in here is that caregiving is not done in silos. It is a family affair, and when we support the family, we heal the world.

We are taking care of the family as whole unit, and especially in multi-generational families where the grandparents create an incredible environment for grandchildren. The studies and research show us that when grandparents are present on the life of a person younger than 18, there is less anxiety and less turmoil.

Then we know that for grandparents that are dealing with isolation, the presence of grandchildren is essential for quality of life. We have multiple families, and especially in minority communities where multi-generational families are part of the whole household.

Then providing that support to maintain that unit is a good business. It is good for the workforce because the caregiver can continue to have a presence on the workforce and take care of their financial resources and be a part of a financial contributor to the family. It is for the quality of life for the senior and it is good children who learn responsibility and compassion by having the elderly—older Americans living at home.

The CHAIRMAN. Thank you. Ms. Maher, one of the things we hear from Sandwich Generation caregivers across the country is that even when they can afford to pay for some help at home, the system makes it entirely impossible to get it. Home care as your agency—often require a minimum number of hours per visit or per week.

For a family that just needs a few hours of intermittent help, those minimums can make professional home care completely out of reach. Has that been your experience? What could you—when you could not get the flexible, affordable help you needed, who filled that gap? Was it you or somebody else?

Ms. MAHER. Thank you for talking about this important and often unseen part of sandwich caregiving. This is absolutely—probably one of the largest challenges of sandwich caregivers I ever had, it was when I was caring for my mom and my dad when my sons were younger and their hands-on caregiving needs were different than they are now.

It was virtually impossible to find trusted support, intermittent care for them when I wanted to go with my mom to her infusions or oncology appointment, or with my dad. It was very difficult to find that type of care.

When we did find somebody that we trusted, we ultimately chose to have her come for more hours every week than what we ultimately needed to be able to have here and have her available. Because when you find somebody you trust, you do whatever you can to keep them.

The CHAIRMAN. Thanks. Mr. Resendez, I have been working on the Multi-generational Home Caregiver Credit Act, which would provide direct tax relief to family caregivers who are supporting both a child and an older adult in their home. From a research and policy standpoint, what does the evidence tell us about the financial burden facing these families, and why is a tax based approach the right vehicle to providing meaningful relief?

Mr. RESENDEZ. Absolutely. We know that there are tremendous responsibilities that come with caregiving, financial being chief among them. More than 48 percent of family caregivers experience at least one negative financial impact because of their caregiving responsibility. That number goes up for Sandwich Generation caregivers who are balancing both the financial responsibilities of having children alongside the financial possibilities of caring for an adult with a serious illness or disabilities.

We also know from our research that over half of family caregivers say they want a tax credit to recognize and support their caregiving responsibilities. On average, family caregivers shoulder around \$7,000 to \$10,000 in out of pocket cost due to their caregiving roles. Things like home modifications, transportation, medical expenses, that the tax code does nothing to recognize. I am married to a teacher, and when we buy school supplies, we can deduct those from our taxes.

That is not the case for family caregivers shouldering caregiving responsibilities. By enabling the tax code to recognize and provide a credit for family caregiver shouldering multi-generational care, we say that we see and value those expenses and want to meaningfully address them through a more inclusive and caregiver-friendly tax system.

The CHAIRMAN. Thank you. Mr. Protas, the Older Americans Act is the backbone of the community nutrition programs your network depends on, right?

Mr. PROTAS. Yes.

The CHAIRMAN. We have been working hard to get the OAA reauthorized, and Raking Member Gillibrand and I are leading that effort. What is the current state of the Meals on Wheels network in terms of capacity and demand? What would a strong, fully reauthorized OAA mean for your ability to serve older adults and give family caregivers some relief?

Mr. PROTAS. Thank you for the question, Chairman Scott. I want to say thank you for your leadership, particularly on the Senior Act that addresses social isolation and loneliness, such an important issue. Yes, we have been waiting for the reauthorization of the Older Americans Act.

As you know, there was a bipartisan, bicameral agreement at the end of 2024. We would love to see that bill that has broad consensus be resolved and reauthorized by the end of this Congress as soon as possible. Seniors are waiting. They are waiting to be prioritized. I think, and we have heard a lot here today, that the needs of seniors and their caregivers just do not receive the attention or the priority consideration that they need.

For Meals on Wheels programs, they are struggling. As I mentioned in my written testimony, in my presentation, one in three Meals on Wheels providers has a waitlist right now. Sometimes

that waitlist is into the years before a senior can get the help they need. Reauthorization of the Older Americans Act would send a strong message that these programs are important.

They need support but that also has to happen in the annual appropriations process. Currently for Title IIIIC programs, the OAA nutrition program, the current funding is \$1.06 billion. That hasn't changed for the last few years. In fact, it took a cut for the first time in Fiscal Year 2024. We calculate that the need is much, much greater than that. With the \$1.06 billion, we are feeding about 2.6 million seniors and providing those moments of care and connection.

GAO estimates that there are another 2.5 million low-income food insecure seniors who are in need who are not being served. To put in context why it is such a smart investment to make sure that we are not leaving seniors behind, our estimate of the funding necessary to reach all food insecure, low-income seniors in need is \$2.285 billion.

That is less than a quarter of what social isolation costs Medicare annually. We can make a smart investment upfront and have tremendous savings downstream, but we just have not made the investments for the infrastructure, for the supports that we know work.

The CHAIRMAN. Thank you. Ms. Preve, I represent Florida, and Ranking Member Gillibrand represents New York, two very different states in a lot of ways, but I suspect when it comes to Sandwich Generation caregivers, the stories you hear in New York aren't all that different from the ones Ms. Radka hears in Central Florida.

What does the caregiving crisis look like in New York, and what do you think the two states have in common when it comes to what families actually need? We have better beaches.

Ms. PREVE. First, thank you for the question. My colleague Karla takes all of our volunteers from the State of New York during the hard winter months. You are absolutely right. It doesn't matter what state you are in in this country. The issue of Sandwich Generation caregivers is a story that we hear everywhere.

What I find really pertinent to the caregiving conversation is caregiving touches every one of us. Regardless of political party, regardless of religious beliefs, we are all faced with caregiving at one point in our lives.

One of the things that we know from data is that if you support caregivers, you get way more in economic return than you do if you don't support caregivers. You see that in a variety of different entities, including people leaving the workforce. I think what is striking to me—and I still do home visits.

I have been in this work for 20 years. I love spending time in living rooms. I hear the same story regardless of who the caregiver is or who the care receiver is, we just need some help. By the time a caregiver is ready to ask for help, they are already at a crisis point because people like Senator Kim try to do this work on their own for far too long with poor health outcomes for their loved one because they don't have any supports.

I also think in the work that I do, it is always really important to make the economic case on why investments are important, be-

cause I know we are laser focused on budgets. Just to share with you a couple tidbits. Seventy-two percent of Sandwich Generation caregivers have reduced or stopped contributing to their retirement plans. We are going to see a cascade effect of this as people get older. They are withdrawing funds from retirement accounts.

Switching from full-time to part-time on average, you are losing \$21,000 of income per year for your earnings. The lifetime employment losses are over \$600,000 in a caregiver's lifetime. More importantly, you are reducing spending on non-essential items. Seventy-two percent of Sandwich Generation caregivers eliminate vacations, don't take additional school trips, reduce their hobbies.

Forty-five percent of the Sandwich Generation caregivers report taking on credit card debt. We are going in the opposite direction with that statistic and 62 percent of people with minor children delay getting married or having additional children due to their caregiver issues. We are multiplying the problem, which comes down to math of the percentage of older people in the population with younger caregivers.

Again, states like New York and Florida, we are top four as far as overall population is considered. There truly has not been enough funding through the Older Americans Act in decades to support those caregivers and the burden not just falls on the states, it falls on localities that are filling those holes, because we have so many people on waiting lists.

I will share with you, the State of New York is fourth in the Nation for the 60 plus population. We have really robust funding under Governor Kathy Hochul. We still have 75,000 services that are waitlisted at times for six to twelve to eighteen months. I think we have made the economic case, but I think more importantly, we have made the social case that we should not be treating the population that developed and funded this country who now have some care needs that we are not supporting.

The CHAIRMAN. Yes, thank you. Ms. Radka, your organization serves one of the fastest growing regions in the country and you are on the front lines every single day connecting families with services. In your experience when a Sandwich Generation caregiver walks through your door or calls your office, what are they most desperate for?

Ms. RADKA. Our tagline is actually, know us before you need us, because by the time we receive a caregiver in our front door, there is already a precipitating factor or a crisis that is already taking place. At that moment is guidance to be able to map out where to even start and sometimes that door may not be just the actual front door.

That might be sometimes a virtual door, a phone call when the children of older adults are in a different state, and their parents, their aging parents, are in Central Florida, and there is a crisis. There is a hospitalization or a major concern or a fall. What they are looking for initially is just mapping out that direction of where to start.

Where to start with legal services to determine if they have access to be able to represent that older adults and make decisions for them and then in many cases, it is basic services like food, shelter, and transportation.

In many other cases, the support on navigating the world of Medicare in terms of understanding how the plans work and how to be to access the right professionals under those plans, so it is a multitude of reasons. Each caregiver is provided with individualized care because each one represent a microcosm that it may not be similar to that person that walks in the door next to them.

It is important for us to leverage technology. We have systems where we keep a record and there is a thread so that caregiver doesn't have to start telling their story from the beginning. Any of our counselors can pick up from there and be able to walk with them that path that is so unique and so persistent right now in our communities.

The CHAIRMAN. Thank you. Senator Kim.

Senator KIM. Yes. Thank you, Chairman. I just have a few more questions here just based off of what I heard. Ms. Preve, I wanted to start with you. You know, you were laying out some—you know, all the different tools that are available and whatnot.

When we had a chance to be able to talk briefly, you talked about how, you know, more and more tech tools are arising that we can, you know, start to think through how that might be able to help provide some support. I guess I just wanted to ask you just more broadly, you know, what gaps in resources do you see most frequently when working with Sandwich Generation caregivers?

What are your thoughts on how tech might be able to intersect and, you know, things that we can think about how to be able to speed up and amplify and scale? I would be interested in your thoughts.

Ms. PREVE. Thank you so much for the question. Tech has been a game changer in the State of New York and the reality is we do not have enough funding or services and supports to provide the level of care that Sandwich Generation caregivers need, but we do have technology that can assist us in that practice.

Really when we looked—when New York State Office for the Aging did the working caregiver survey, they then developed tools for employers. They also developed tools for employees to be able to access additional employee assistance benefits.

Things that already exist through employers that they weren't tapping into. I think specifically to some of our tech projects, I talked about Trualta through the New York Caregiving Portal. If you are a caregiver looking for services, you don't have time to Google what service you are looking for or what condition you are.

Trualta gives you a standardized plan. If I am caring for someone with a spinal cord injury, I am going to get information on mobility and transfers. Where if I am caring for someone with a cognitive impairment, I might get information about sundowning. You can get that information in bite-sized increments, either podcasts, you can read materials, watch videos.

They have a completely anonymous online support group which has exploded with users because you don't have to turn your camera on, and you don't have to say your name. Caregivers that have this inherent thought process of, I can't talk about this being hard, are able to do that in a safe environment.

The New York Any Care Counts Campaign, that is a national movement that utilizes the caregiver intensity index to score people

and then instantly direct them not only to resources, but also what is helping your care journey and what is hurting your care journeys. In your situation, it might be beneficial to you that you have two sons that bring you joy, and good family supports, but you might be really frustrated with the health insurance process and trying to get access to benefits for a loved one. It tells you that in real time so you can then direct to resources that fix those.

Then if you look at the others that I included in my testimony, we have deployed over 37,000 of the animatronic cats, dogs, and walkers, squawkers that reduce social isolation and loneliness. We have utilized LEQ, which is artificial intelligence robot that we put in people's homes that are engaging with older adults and caregivers repeatedly throughout the day.

A caregiver can then send reminders to their loved one in real time through the tablet on the LEQ unit, and then there is a whole host of varieties of online supports for caregivers where they can learn additional tools like the Get Set Up platform that is free for any New Yorker, the virtual senior center free for a New Yorkers.

We also have specialized television programs that we call the Netflix for dementia, where an individual can actually watch something pertinent to what was important in their lives, reduces caregiver burnout and stress because while you are making dinner, your loved one isn't watching a TV show that they can't follow. They might—I use the example today of a retired mechanic who watched a carburetor get rebuilt on the TV instead of just being stuck in front of Wheel of Fortune.

All these things are not a replacement for the human connections, but they have changed the game in the State of New York as far as us reaching an additional two million older New Yorkers and their families through these low-cost, high-yield tech interventions.

Senator KIM. Yes, thanks for that. I would love to be able to followup and be able to learn some more there. Ms. Maher, I wanted to just go back to you.

You know, one thing that really stuck out again from your testimony is talking about how, you know, the entirety in which you have been a mother, you have also had this experience being a caregiver. You know I hear from many about some of the tensions that come between that in terms of limited resources, but also just in terms of the challenges for instance of childcare and navigating the web with elder care.

I wanted to hear from you just, you know, how that affected you. You know, if there are any particular concerns that you had in terms of those tradeoffs that you wanted to share with us.

Ms. MAHER. Yes, absolutely. That was something that was a big challenge for me, especially when my boys were younger, and they needed more hands-on care. It is very difficult to have intermittent care for children or for elder care. On both ends of the spectrum, there is often minimal hours, a certain number of visits each week. A certain number of hours required.

I understand that from the care provider standpoint. They need consistency and reliability, but it is very, very challenging to secure intermittent care. When I finally did, when we did find somebody trustworthy, we had her come really for more hours each week

than what we truly needed her for because there is no infrastructure or system in place to meet the realities of the intermittent care that is needed.

We did what we could to keep her. We know that we had the financial resources to be able to do that, and that not every family has that. Being able to have care, elder care or childcare, is not just a financial barrier. It becomes like an administrative and an infrastructural barrier.

Senator KIM. Yes, there is a lot of logistics there. Like, I know one of the things I didn't quite comprehend was just, you know, with my father, as I said, he not only has the Alzheimer's, but is unable to walk.

Just realizing that, like, I do not have a car that can handle this, and let alone also, you, know, kid seats for my car, for my children. Like, you just trying to—like just logistics.

All of a sudden, like I just realized that one day when I was trying to take him to another medical appointment, like just those different challenges there. The childcare is certainly something I am hearing from a lot just of the challenges of, you know, adding costs as well on top of this all, especially when caregiving sometimes requires more of our time, as you were saying.

That then that just increases, again, some of the needs that we then have for our kids. Just trying to understand that whole picture is important because sometimes I feel like my identity as a father to two little boys is in direct tension to my identity as a son to my father.

It feels almost zero sum in which, you know, that can happen. In some ways it can be, when I am thinking about whether or not I can save for my kid's college. You know, feeling like that is something I can do in the way I wanted to because of I don't know what is going to happen with my father's care and where we are going on that front.

Thank you again for just sharing that with us all today. Chairman, thanks again for your generosity and letting me be able to raise some of these different points.

The CHAIRMAN. Thank you, Senator Kim. Mr. Resendez, I am proud to be a co-sponsor of the Alleviating Barriers for Caregivers Act, which would take important steps to expand support and flexibility for family caregivers.

From your national vantage point, what are the gaps in federal caregiver support that legislation like the ABC Act is designed to fill, and what does the research tell us about what happens to caregivers when those gaps go unaddressed?

Mr. RESENDEZ. Absolutely. Thank you, Chairman Scott, for your leadership on the ABC Act, a really critical piece of legislation that will help address a key pain point that family caregivers face. I think we have heard across the panel, is the administrative burden that family caregivers face as they navigate essential benefits that could support them or their loved ones.

According to our research, over 60 percent of family caregivers spend their days on top of the care, and for sandwich caregivers on top of the carer for their children, on top of work, navigating paperwork and navigating how to access this benefit. How does this ben-

efit impact my ability to access that benefit? It is a maze that caregivers spend hours on hours a day trying to navigate.

The ABC Act would provide an assessment of how to reduce that administrative barrier from a family caregiver specific perspective to increase access to Medicare and Medicaid and SSA, Social Security Administration, benefits.

Really bedrock programs that family caregivers and the people that they are caring for rely on to make care work, to make home and community-based living possible, so by targeting that administrative burden, we go a long way in recognizing and honoring the time that it takes to care on a daily basis.

The CHAIRMAN. Thank you. Mr. Protas, the Senior Act includes provisions focused on multi-generational family support. From your perspective, operating across thousands of communities, how important is that federal aging policy connects the dots between nutrition independence in the families and caregivers surrounding older adults?

Mr. PROTAS. Thank you again for your leadership on the Senior Act. We know from years of evidence how important social connections are for helping seniors to live independently, keeping them out of emergency rooms, out of hospitalizations, and out of nursing homes.

That support also has significant health benefits too. Being able to bolster the ability to make those connections for seniors, not only helps the senior, but it provides that peace of mind for caregivers who can't always be there. It gives caregivers that ability to not face the tensions so acutely between putting in work hours and being there for their loved ones. Knowing that that kind of connection and care is there is a huge support for caregivers.

The CHAIRMAN. Ms. Preve, just briefly, how much does a robot cost, and how do you get funded?

Ms. PREVE. Again, we are really lucky. Our state unit on Aging, Director Olsen, really loves technology. This has been something—when we were thrown, you know, headfirst in the COVID-19 pandemic in the State of New York, we were hit hard and fast. We had to adjust our service model to get to people.

We know that social isolation and loneliness is equivalent to smoking up to a pack of cigarettes a day. This for us was really prevention agenda. The LEQ robots are actually not that expensive. It is around \$900 for the robot, but they will work with states that are interested, and then there is a monthly subscription fee. I have to tell you, LEQ looks like the Pixar lamp. When you get up in the morning, she wakes up, she will follow you.

I am going to use myself as an example. She will say, good morning, how did you sleep last night, Becky? If I say four days in a row, I slept terribly, and on day five I say, LEQ, I sleep really well, she will then prompt me and say, what did you do different last night and why did you sleep better? The AI actually learns with you as you go. She will learn who your relatives are.

If you text a photo to the LEQ unit, LEQ will announce it to the individual. It is the first proactive AI that we have seen with older people. Unlike Alexa where you have to prompt her, LEQ prompts you automatically. What we have found is that not only are people

engaging in health and exercise activities because LEQ prompt them. They are drinking more water.

They are taking their medications on time. Their social isolation and loneliness has been reduced by 98 percent in the pilot that we have done over the course of the past three years. The most popular feature that LEQ has built in is you can play bingo against other LEQ users in the community.

Organically, our users have become friends. Some might live in Manhattan, and some might live Clinton County, New York, and they have forged these relationships. If you can change someone's life and reduce their risk of dying from social isolation and loneliness for such a low price, for us, that was just a win-win that we embraced wholeheartedly.

The CHAIRMAN. You talked earlier about, you know, I think return on investment. Have you been able to show your Legislature that you can get a return in investment?

Ms. PREVE. Absolutely.

The CHAIRMAN. Yes, what is their—how do they think about it? Do they give you more money? Has it worked?

Ms. PREVE. Last year, we actually have the largest investment for unmet needs in the history of the State of New York. Obviously, we are still waiting for the budget in the State Of New York as we speak.

What is really important, and I have said this to the Legislature before, we tell stories all the time about individuals, people with disabilities, we share stories, but it never seems to move the mark. You have to talk about the economics, and you have to talk about the return on investment. Every one of our 34 public-private partnerships has been measured or is being measured because we are continuing to deploy them.

When we can show a really strong return on investment, it absolutely gets the attention of elected officials to say this is going to save our state money, but it is also the right thing to do for people. Again, I am more than willing to provide follow-up on our data and metrics.

We have—just with our animatronic pet project, I think there has been over 18 studies published on the efficacy, as in LEQ has been in the New York Times and a variety of other highlighted features. Every one of them has shown a return.

I think for me personally, looking at a pilot that we did in the Rochester area in the State of New York in partnership with Life-span of Greater Rochester to embed our case management staff in primary care physician's offices showed almost a four to one return on investment ratio.

The CHAIRMAN. Were they able to reduce spending in a different area because of that?

Ms. PREVE. The Legislature or the individual primary—

The CHAIRMAN. No, the Legislature.

Ms. PREVE. They—part of our unmet need funds were—

The CHAIRMAN. Was it Medicaid spending they saved money on or—how—?

Ms. PREVE. It was Medicaid savings that we booked our savings against. We serve throughout the AAA network non-Medicaid eligible individuals that are just above the income benchmark, but we

know if we can't get the services to them, ten percent spend down to Medicaid immediately to go to a skilled nursing facility, and an additional seven percent spend down to MLTC in the community, which is a much larger cost than the AAA services that we are able to provide. The problem is we have historically never had enough funding through the OAA to support the service infrastructure, because unlike Medicaid, we can't guarantee the service.

The CHAIRMAN. If you have data that can show on the federal level, because I have no impact on New York's budget, and I am not the Governor of Florida anymore so I can't impact their budget. If you any on the federal budget, I can talk to—because it all comes through CMS. I can talk to Mehmet Oz and get him to reach out. Because if you can do that, it is better for the patient, and it saves the Federal Government money, so it seems like they ought to invest more money.

Ms. PREVE. I will send you a copious amount of information about cost savings by investing in our service infrastructure.

The CHAIRMAN. Yes, and I will be glad to—I have got—I talk to him quite a bit and I see him in a couple weeks. If you give me the data, I will get it to him and try to get him to reach out to you. Ranking Member, you are up.

Senator GILLIBRAND. Thank you. Thank you guys. This testimony has been excellent. I want to talk a little bit with all of you on the notion of unpaid and paid leave. Today we have a requirement that you can take unpaid leave by law if your company has over, I think, five employees.

What we have been trying to do is provide paid leave, and I want to talk about that separately. The fact that our caregivers just aren't earning money. Much of this care is uncompensated, and they are giving a trillion dollars of uncompensated care every year. I want to talk about that separately. I would like to hear from each of you, and Jason, you could start.

One in every four adults in the United States is a caregiver, and as this Sandwich Generation grows, the question of who bears the cost of caregiving has never been more urgent. At the same time, the people receiving the care, the children, the aging parents, the ill family members, are left dependent on whatever a worker can cobble together.

That is why I am leading a bill to create a national paid leave program, so that you could take up to three months off to meet the needs of a loved one, or your own for illness, but to meet needs of the loved one and continue to be paid a portion of your salary so that are not unpaid during that time.

Also so that don't lose your spot in your job, but also so you can, you know, stay in your apartment, stay in your home, not be unable to pay your bills. Mr. Resendez, knowing that caregiving is almost an unavoidable reality for most Americans, how should policymakers approach family and caregiving as a foundational investment for both the labor force and for the health and well-being of the people they care for? What other workplace flexibility should employers consider as more and more Americans are faced with new or compounding caretaking responsibilities?

Mr. RESENDEZ. Absolutely. Thank you, Ranking Member Gillibrand, for your leadership on the Family Act and paid family and

medical leave. More broadly, we hope that it inspires other members of the Senate and Congress to understand that caregiving isn't a niche issue.

It is an issue that touches more than 63 million Americans, and 70 percent of those family caregivers that are working age, age 18 to 64, balance those caregiving responsibilities while also balancing career responsibilities. Policymakers should treat paid family and caregiving leave as core economic infrastructure, not a fringe benefit.

Without it, we know that over nearly 50 percent of family caregivers experience negative financial impacts like stopping savings, taking on debt, taking high interest credit cards, or leaving the workforce entirely.

A national paid leave standard that explicitly covers caregiving for aging parents, sick spouses, adult children with disabilities, would help stabilize the workforce, protect retirement security, and reduce the cascading healthcare costs that come when family caregivers delay their own care.

It is also a smart economic investment. Family caregivers already contribute 49 billion hours of care valued at one trillion a year. Protecting their ability to stay in the workforce while caregiving is far less costly than absorbing the downstream impacts and burnout, and also lost tax revenue that happens when families have to leave the workforce, a particular issue that female caregivers face over their lifetime at an estimated cost of around \$300,000 in lost earnings.

Senator GILLIBRAND. Ms. Preve, will you give me your opinion about having a national paid leave program?

Ms. PREVE. It is a brilliant idea and again, when you look at what caregivers are faced with, I think there is a couple reasons we need to be laser focused on it. Not only because it is the right thing to do, because obviously we know that, but we know caregivers are already paying, you know, up to \$10,000 more out of pocket in their grocery carts each year but we also know a lot of people are leaving the workforce.

I hear this all over the State of New York of having to make the choice between staying and working or leaving and staying home. You know, if you look since COVID, we have lost almost 4.6 million people in the workforce due to caregiving—\$44 billion in economic loss of wages. When you look at that, you know it makes the economic standpoint, but I think you also need to look at it in the larger lens of we are losing skilled nursing facility beds across the country.

We lost 750 nationally, but in the State of New York, we lost 14 and reduced our beds. You don't even have a choice anymore to stay working and have a place for a loved one to go because those facilities are closing at an alarming rate. Currently, if you look at, you know, what is happening with reimbursement rates, 44 percent of skilled nursing facilities have indicated that they are operating in the negative margins and 300 additional ones are looking at closure.

It would be one thing if we had this robust infrastructure for people that had to remain in the workforce, but we simply don't. Allowing those workers to be paid while they can take that time

off is going to increase the overall health and wellness of the older population and people with disabilities, but it is also going to delay emergency department utilization and skilled nursing facility utilization, which is driving our healthcare costs through the roof.

For us, it is a win-win because it is another relatively low cost, very high yield intervention that is going to support those Sandwich Generation caregivers.

Senator GILLIBRAND. Thank you. Ms. Radka, do you have any opinions?

Ms. RADKA. Definitely, I do. I think that it is so important to be able to support caregivers with a paid leave. Not only does it contribute to the mental health well-being of the caregiver, knowing that an employer had offered this type of benefits, especially when there is an early diagnosis or when there is a crisis happening at home with their loved one.

I think it also contributes to the good environment and the culture of the workplace and loyalty from employees. That ability to be able to have the security of a job, a place that they can go back to continue to earn a living while they navigate this complex world of caregivers for aging parents and older Americans.

Senator GILLIBRAND. Ms. Maher or Mr. Protas, do you want to add anything to what paid leave could have made—certainly in your position, Ms. Maher, that might have made a difference in the challenges that you faced at that time.

Ms. MAHER. Thank you. Yes, caregiving has really shaped nearly every professional decision that I have made. I left oncology clinical research when my oldest son was just under a year old. When I returned to work, I had this sense that a traditional job with fixed hours was not going to allow me to meet the needs of my family. I am now self-employed, which gives me flexibility to show up for my family, but it comes with real economic tradeoffs—

Senator GILLIBRAND. Economic costs—

Ms. MAHER. Absolutely, huge economic tradeoffs. Like it would be immediate and long-term, so.

Senator GILLIBRAND. Yes, and you have to pay for all your insurance as a self-employed person.

Ms. MAHER. Yes.

Senator GILLIBRAND. Which is very expensive.

Ms. MAHER. Yes.

Senator GILLIBRAND. Much more expensive.

Ms. MAHER. Yes.

Senator GILLIBRAND. Mr. Protas, do you have any thoughts?

Mr. PROTAS. I have so many thoughts, but I will keep them—

Senator GILLIBRAND. Whatever you want to share.

Mr. PROTAS [continuing]. keep them on topic. Absolutely, paid leave would help caregivers. It would help relieve burnout. It will relieve the stresses that they feel. I want to maybe give a different perspective. By more robustly funding Older Americans Act program services, we can relieve the need for caregivers to take time off as much as they currently do, whether that is paid or unpaid.

We have systems in place that can provide some very helpful complementary support to older adults in need. Chairman Scott, you talked before about, you know, the important return on invest-

ment for some of these technologies. That exists also for Older Americans Act program services.

If we make the smart upfront investments to make sure that families and their caregivers are getting support through programs that already exist, we can relieve the need for——

Senator GILLIBRAND. For that emergency care, yes. I have another idea for you. One of the bills that I work on with Senator Murphy and others is to make sure that when you are in one of these caregiver modes, that you are getting credit for your Social Security. That they are putting placeholder—it is as if you were remunerated, what your pay would have been, and that then gets put into your Social Security.

I would like your opinion on that bill, but I also want to go one step further. Imagine, as a caregiver, if you get paid by Social Security to do the care, as opposed to just your Social Security money going to an assisted living facility or going to a—like that you could actually be paid for the care. I would like your thoughts and comments on both of those ideas. Ms. Preve.

Ms. PREVE. I think they are fantastic. I think one of the things that we are really trying to push is that if there is a gap in someone's employment because they were a caregiver, they are probably the best employee that you are ever going to get because literally these caregivers are schedulers, they are social workers, they are medical professionals. The skill set is just immense.

Not having that gap and actually the financial security of paying into Social Security number one is huge, but number two, being able to give an economic benefit to a caregiver that wants to do this work and who is available to do this work, is again—it is a return on investment for those individuals not ever having to go to another higher level of care. You know, to some of the comments today, having direct care workers is a national problem.

It has been a problem since 1987 when it was on the front page of the New York Times. There are not enough direct care workers to fill the needs in homes and communities. Allowing organic caregivers to get paid for the work that they were doing would solve that solution. Again, keep people in homes and communities, which is way cheaper for our system than forcing someone into institutional care.

Senator GILLIBRAND. Mr. Protas—why don't we just go down.

Mr. PROTAS. I think that would support caregivers immediately, in terms of being paid through Social Security, but it would also have benefits for the future for savings for retirement.

The demographic change, the shift that we have had in this country with a rapidly growing senior population and fewer younger adults who will be able to contribute and care for them, is something we haven't reckoned with. It seems like it makes sense and is a good idea to start working toward filling that gap.

Senator GILLIBRAND. Mr. Resendez

Mr. RESENDEZ. Absolutely. Thank you for your leadership on these issues and ideas. Social Security credit would go a long way in helping to replace and stabilize the financial insecurity that family caregivers experience when they are forced to leave the workforce.

That was my mom's experience and millions of other caregivers like her, and we know that they rack up over \$300,000 in lost earnings over a lifetime because of that shift. Being able to ensure that that care, which is work, right—this is a highly complex care, care that is valued at \$1 trillion, certainly saves the Medicare and Medicaid program billions of dollars, trillions of dollars annually.

A credit would recognize that as work and ensure that family caregivers don't risk their financial instability to provide it. In terms of direct care or direct payments, this is something that we know family caregivers want, particularly lower income family caregivers and programs that can provide direct financial compensation to family caregivers, not as a handout, but for the services that they provide—

Senator GILLIBRAND. Correct.

Mr. RESENDEZ [continuing]. are things that family caregivers want and need. We are talking about providing complex care, wound care, changing feeding tubes, and doing this in the backdrop of a direct care workforce shortage. By 2034, PHI estimates that we will need to find 10 million direct care workforce jobs if we are going to meet the demand for care in this country. That is likely not going to happen.

We need to think creatively about how we fill that gap. Bringing family caregivers into that process through programs like either SSA payments or consumer direction, which already exists in every state across the country, or the structured family caregiver support program enables us to value the contributions of family caregivers while also addressing the workforce shortage that we are experiencing.

Senator GILLIBRAND. Yes. It is also so much cheaper, because we know that for an older adult, care at home has better outcomes. Being able to age in place, being able to have your care being met. Institutional care is multitudes more expensive. It is the cheapest, most efficient, most effective care.

Then with the AI examples you were talking about, and you have the ability to have AI counterparts and telehealth counterparts, that caregiver can meet the need that would cost three times as much if you put somebody in a nursing home or an institutional care with much worse outcomes.

It is good for everybody, and it saves us much more money in health care costs down the line—and saves Medicare dollars and Medicaid dollars.

Mr. RESENDEZ. Absolutely.

Senator GILLIBRAND. Ms. Maher.

Ms. MAHER. Thank you for looking at this bill, and I think it will really bring some ease and help to eliminate the long-term economic tradeoffs that come from so many sandwich caregivers needing to leave the workforce. Receiving Social Security credit for the caregiving that is provided helps set up sandwich caregivers for more financial stability in the future.

Senator GILLIBRAND. Ms. Radka.

Ms. RADKA. I am so glad that you asked this question, because the Veterans Administration already through a program that is called Veterans Direct Care, and one that is implemented at my

AAA, provide a service to veterans where they are on the driver's seat to select their caregiver, and a caregiver that gets paid.

It could be a trusted neighbor who has background in medicine. It could be a relative. It could be a professional from the community. What is important is that these veterans continue to age in place, like you mentioned. It is a reduced cost, the preventing institutionalization. It prevents hospital readmission and definitely provide a quality of care.

Senator GILLIBRAND. It also affects their mental wellness. Mental health is a huge challenge. Again, all the evidence we have seen, when a senior can stay in his or her community with the people she knows and loves, she is going to thrive. She is going to do better, better outcomes. Will live longer. Will be healthier.

Ms. RADKA. Definitely. I think there is something that is very important, and you also touched on that, is the leverage of technology and AI.

Like in our community, we have implemented a system to detect fall prevention. It is very discreet. It is radar based, but also it is monitored 24/7, and that allows that caregiver the peace of mind that if they are far away, or even a few houses or a few doors down, they can be notified immediately if there is a fall and we know how detrimental falls can be in our seniors.

Implementation of systems like this radar based technology to detect falls, or implementation of programs like the hospital readmission, prevention hospital, hospitalization that we have in our area where we put services to really give a peace of mind and support the caregiver with care in the home for the senior, it creates a better safety net to be able to provide care for our caregivers and our older Americans.

Senator GILLIBRAND. Thank you, everybody.

The CHAIRMAN. All right. I would like to thank everyone for being here today and participating. I Look forward to continuing to work with all of our members here on the Committee.

If any Senators have additional questions for the witnesses or statements to be added, the hearing record will be open until next Wednesday at 5:00 p.m. I want to thank you for being here. If everybody will come up, we'll get a picture.

[Whereupon, at 5:09 p.m., the hearing was adjourned.]

APPENDIX

Prepared Witness Statements

United States Senate Special Committee on Aging

Hearing: “Caught in the Middle: Supporting Families in the Sandwich Generation”

May 13, 2026

Testimony Provided By:

Karla Radka

President & CEO

Senior Resource Alliance

Orlando, Florida

Chairman Scott, Ranking Member Gillibrand, and distinguished Members of the Committee, thank you for the opportunity to be here today. My name is Karla Radka, and I serve as President and CEO of the Senior Resource Alliance, the Area Agency on Aging for Central Florida based in Orlando.

The Role of Area Agencies on Aging in Supporting Caregivers

As an Area Agency on Aging, or AAA for short, every day, we serve older adults, caregivers and families navigating one of the most pressing and personal challenges facing our nation: the caregiving crisis. In 1973, AAAs were formally established in the Older Americans Act (OAA) as the “on-the-ground” organizations charged with helping vulnerable older adults live with independence and dignity in their homes and communities. For more than 50 years, AAAs have served as the local leaders on aging by planning, developing, funding and implementing local systems of coordinated aging and other home and community-based services for consumers in their Planning and Service Areas (PSAs). The OAA was intentionally designed to give AAAs the needed flexibility to ensure that the local needs and preferences of older adults are considered and reflected in the design and implementation of local service delivery in that PSA. Once AAAs receive input from consumers, service providers and other stakeholders, they develop Area Plans, which outline local needs and proposed recommendations for programs and services for older adults and caregivers. While the National Family Caregiver Support Program (NFCSP) wasn’t added to the OAA until 2000 as Title III E, AAAs have been supporting family and friend caregivers of older adults for a very long time.

Title III E allows local AAAs to assist older caregivers and family members caring for older loved ones by offering a range of in-demand supports in every community.

At the Senior Resource Alliance, family caregivers are offered a number of critical services to shore up their own efforts including: information, transportation, material aid, assistance in gaining access to services, individual counseling, organization of support groups and caregiver training, respite care, supplemental services, including housing improvements and provision of medical supplies, and legal assistance for caregivers, grandparents or older individuals who are caregivers for relatives.

The Realities of the Sandwich Generation

As my and other AAAs across the country continue to support family caregivers, there is one population that continues to stand out: “the sandwich generation.” There are millions of Americans who are simultaneously caring for aging parents while raising children, working full-time and trying to remain financially stable. This is not an abstract policy discussion; these are real people such as teachers, nurses and small business owners who are doing everything right and still struggling to hold it all together.

The average sandwich generation caregiver to a Medicare beneficiary is 44 years old, significantly younger than caregivers without children under 18, who are on average 61 years old (AARP). Nearly 80 percent of sandwich generation caregivers are Generation X, Millennials or Generation Z and also reflect the growing racial and ethnic diversity of the US population: 35 percent identify as Black or Hispanic compared with 20 percent of all other caregivers (AARP). Additionally, for the sandwich generation caregivers who are employed, many have reported having to reduce their work hours or quit because of their doubled caregiving responsibilities to children and older adults. Reduced workforce participation then risks the caregiver’s own economic well-being, in the short term in their ability to cover out-of-pocket caregiving-related

expenses and in the longer term in their ability to financially prepare for their own older age. On average, caregivers spend 25 percent of their annual income on out-of-pocket costs to cover necessary expenses such as home modifications, direct care workers, assistive devices and technology and other needed services (AARP).

At Senior Resource Alliance, the Area Agency on Aging of Central Florida, we see this reality every day. I'd like to briefly share one story. We recently supported a family caregiver I'll call "Grace," who is a full-time employee, a mother of three children and the sole caregiver for her father living with advanced Dementia. Grace was waking up multiple times a night to care for him, managing his medications, and coordinating doctor's appointments, all while trying to maintain her job and care for her children. Eventually, the strain became too much. She reduced her work hours, losing income her family depended on. She told us, "I feel like I'm failing everyone, no matter what I do."

With support from our agency in the form of caregiver respite, guidance, and connection to other local resources, Grace was able to stabilize her situation. But the reality is, too many caregivers like her are one unexpected expense or one missed paycheck away from crisis. They are not asking for handouts. They are asking for relief, flexibility, and the ability to care for their loved ones without sacrificing their own futures.

Policy Opportunities to Support Family Caregivers

In terms of what Congress can do to help Grace and other sandwich generation caregivers, I have a few recommendations.

First and foremost is the reauthorization and funding of the OAA and its landmark Title III E, the National Family Caregiver Support Program. For more than 60 years, the OAA has been the backbone of home and community-based services, including the provision of nutritious meals, in-home assistance, transportation, case management, health and wellness programs and more. OAA's cost-effective, proven programs allow older adults to remain independent and reduce reliance on more expensive institutional care, which in turn alleviates burden on their caregivers. Reauthorizing and funding the OAA is essential to meeting the growing demand as our population ages and the numbers of caregivers increase. I want to thank Chairman Scott and Ranking Member Gillibrand for their dedication to advancing the **Older Americans Act Reauthorization Act of 2025** (S. 2120) and all Committee members who have co-sponsored this critical bill, which we hope will be finalized this year.

The challenges of the sandwich generation are why the **Multigenerational Home Caregiver Credit Act** (S. 3295) is so important. As I've mentioned, caregiving comes with significant out-of-pocket costs including home modifications, transportation, medical supplies, hospitalizations and lost income. A targeted tax credit recognizes these sacrifices and provides meaningful financial relief. It allows families to continue doing what they do best: caring for one another at home, where individuals overwhelmingly want to be.

Equally important is the **Alleviating Barriers for Caregivers Act** (S. 1227). Too often, caregivers face unnecessary complex hurdles, difficulty accessing information, navigating fragmented systems, and coordinating care across providers. These barriers add stress to already overwhelming situations. Streamlining access to information and improving coordination is not just good policy; it is common sense.

We also appreciate the Chairman's leadership in addressing the social isolation of older adults and how multigenerational families may alleviate some of those risks through the **SENIOR Act** (S. 473).

Conclusion

Caregiving does not happen in silos. It happens in families. Policies must reflect that reality by supporting the full ecosystem, older adults, caregivers and the intergenerational households that bind them together. If we get this right, the impact is profound: We strengthen families. We support the workforce. We reduce healthcare costs. And we honor the dignity and independence of older Americans.

And, if we do nothing, the cost both human and economic will continue to rise. The solution is not to create new systems. It is removing barriers, providing targeted relief, and investing in what already works. The sandwich generation is holding up two generations at once. They should not have to do it alone.

Thank you for your leadership on this issue and for the opportunity to share the voices of the families we serve every day. I look forward to your questions.

Written Testimony for the Record of Meghan Maher, MPH,
Sandwich Generation Caregiver and End-of-Life Doula in Windermere, Florida

United States Senate Special Committee on Aging
"Caught in the Middle: Supporting Families in the Sandwich Generation"
May 13, 2026 3:30 PM

I. Who I Am — and Why I'm Here

Chairman Scott, Ranking Member Gillibrand, and distinguished members of the Committee — thank you for your leadership in advancing legislation that recognizes and supports family caregivers. This work, and your commitment to it, matters deeply to millions of Americans.

My name is Meghan Maher and I live in Orange County, Florida. I am an only child.

I want to start there, because it is the fact that shapes everything else. There is no sibling to call. No one to trade off with. No family group chat where someone else can take the next appointment, make the next decision, carry the next piece of worry. Whatever needs to happen — I am the one.

I am also a wife, a mother, a hospice volunteer, and a practicing end-of-life doula. Before this work, I spent nearly fifteen years in oncology clinical research. I know the language of medicine. I know how to read a chart, navigate a healthcare system, and advocate in a room full of clinicians. I know what questions to ask and how to ask them.

I care for my family because I love them. That love is not a burden — it is the reason. Everything I share with The Committee flows from that.

I am here today because of two organizations that have built their work around seeing and supporting the people quietly holding their families together — Daughterhood, founded by Anne Tumlinson, and the National Alliance for Caregiving. I am grateful for what both organizations do every day for caregivers across this country, and for the opportunity they have given me to add my voice to this conversation.

My story is not unusual. That is exactly the problem.

II. The Sandwich — What It Actually Looks Like

My sandwich caregiving began in June of 2013, seven weeks after my older son was born, when my mother was diagnosed with stage four breast cancer.

I have never known motherhood without also being a caregiver. There was no uncomplicated season of new parenthood — no period of just finding my footing as a mother before something larger arrived. From seven weeks in, both were true at once.

What caregiving looked like in those early years was coordination, and holding. I attended oncology appointments with my mother, sat with her through infusion, held her medical history and her fears. There was a particular weight to it — my mother received her care at the cancer center where I worked. The professional world I had built over nearly fifteen years in oncology clinical research became, without warning, entirely personal. The language I had learned in service of research became the language I used to advocate for my own mother.

That is the first unexpected cost of sandwich caregiving — the way it arrives before you are ready, reshapes what you thought you knew, and asks everything of you anyway.

By fall of 2016, my mother's health had declined significantly and my parents moved in with us. My older son was three. My younger son was one. I was doing hands-on care for my mother — managing her comfort, her medications, her appointments, her fear — while nursing an infant and raising a toddler. That is what the sandwich looks like at its most literal: a dying parent in one room, a baby in another, and I'm in the hallway between them.

My mother died in March of 2017.

Three months later, my father became critically ill. I went from grief directly into an acute medical crisis for him. There was no pause. No exhale. Caregiving does not observe a mourning period.

My father survived, and I am grateful every day for that. He is, by many measures, doing well physically. And today, nine years later, I am still his caregiver — though the nature of that care has changed entirely.

My father is in the early stages of cognitive decline. He is remarried, which adds a layer of relational and logistical complexity that I navigate carefully. He and his wife split their time between Florida and South Carolina, which means that my role as his medical advocate has to work across distance and across state lines — by phone when I cannot be there in person, in the room when I can. This is not occasional. This is every appointment, without exception.

My role extends well beyond medical advocacy. When technology confounds, when financial or legal questions arise, when something simply requires someone who knows him and loves him — I am the one who gets the call.

I carry his medical history. I track the changes. I am the thread of continuity in his care — regardless of where he is.

My two sons are now in middle school and upper elementary. They are not care recipients in a clinical sense. They are children who need a present mother.

The hardest part isn't any single role. It's that every role deserves all of me. There is no version of sandwich caregiving where everyone gets enough of me. That is the reality of a life lived at the intersection of two generations who both need you.

III. The Labor of Love

One type of family caregiving is hands-on care — helping someone bathe, dress, move through the world. That is real caregiving, and it is hard. But it is not the whole picture. And for many sandwich generation caregivers, it is not even the primary one.

My caregiving is coordination. It is holding — holding the medical history, holding the relationships, holding the decisions, holding the worry. It runs in the background of every single day, regardless of what else is on my calendar. No one has built a framework for it. But it is constant.

I think about the support that exists for new parents — the classes, the resources, the community, the acknowledgment that this is hard and that help is available. Elder care has none of that infrastructure. Families are largely expected to figure it out on their own, and most of us do — by instinct and persistence. But instinct and persistence are not a system.

I didn't know what I didn't know. For years, I navigated my family's caregiving needs without any awareness that there were services and supports that might have been available to us — some of them not even tied to income. No one told me. Nothing in the systems I moved through — the hospitals, the doctors' offices, the discharge planners — ever said: here is what exists for families like yours. Here is where to look. I found my way the way most caregivers do. And that is not enough.

63 million Americans are currently providing unpaid care to an adult or child with a disability or serious medical condition — up from 44 million in 2015. Nearly one in three of those caregivers are

sandwich generation caregivers, simultaneously caring for both a child and an older adult. And care coordination — the invisible work I am describing — is becoming harder, not easier. Only six in ten caregivers report that coordinating care with health professionals is easy, a figure that has declined steadily since 2015.¹

We are not a niche population. We are 21 million people. And most of us are doing this largely alone, largely without support, and largely without anyone in the systems around us acknowledging that we are there.

IV. The Intermittent Care Problem — A Structural Gap

Many caregiver support structures are built around care needs that are ongoing, predictable, and enrollable. A set number of hours per week. A recurring schedule. A program you apply for and receive.

Often, that is not what sandwich caregiving looks like.

What it looks like is a phone call on a Tuesday morning telling you your father has a procedure on Thursday. It looks like a school pickup that cannot be moved, a work commitment that cannot be canceled, and a suddenly urgent need for someone trustworthy to be with your children while you are far from home. It looks like needing care not every day, but on the days that matter most — and those days arrive without warning.

When my sons were young and my caregiving responsibilities were at their most acute, finding childcare for a single appointment — a one-off, an unexpected need — was one of the most difficult experiences of those years. I want to name something important here: this is not a criticism of care providers. Caregiving is their livelihood, and they need consistency and reliability just as much as families do. The mismatch isn't between families and providers — it's between both of us and a system that hasn't been designed to support either side of that relationship.

When we eventually found the right childcare provider for our family, she became one of my dearest friends and remains close to us today. We kept her on for more hours each week than we strictly needed — because in the absence of reliable infrastructure for intermittent care, when you find someone you trust, you hold on. That decision made sense for our family. But it also illustrates something important: families are solving, on their own, a problem the system was never designed to

¹ AARP and National Alliance for Caregiving, *Caregiving in the US 2025*. Washington, D.C.: AARP. July 2025. Available at: <https://www.caregivingintheus.org>

address.

I had financial means that many caregivers do not have. And even so, securing reliable intermittent care was extraordinarily difficult — not because of cost, but because of design. The infrastructure simply does not exist in a form that families can actually use.

Nearly four in ten caregivers report that respite services would be helpful — but only thirteen percent actually use them.² The barriers are not only financial. They include inflexible program design, a shortage of trained providers, and enrollment processes that were not built for urgency. The Alleviating Barriers for Caregivers Act is a meaningful step toward changing that.

V. The Economic Architecture of Caregiving

Caregiving reshapes work. It reshaped mine. I am self-employed as an end-of-life doula, and I want to name what that actually means in the context of caregiving. I built my work around my family because the alternative — a traditional job with fixed hours and little flexibility — was not compatible with what my family needs from me. That is an economic decision. It is a choice I made deliberately, and it came with real financial consequences.

Many caregivers do not have that option. Traditional employment — with its fixed hours, its inflexibility, its lack of accommodation for the Tuesday call about the Thursday procedure — does not bend easily around the reality of sandwich caregiving. The caregivers who cannot build their own structure often face something far more visible and far more costly: leaving the workforce entirely, reducing hours, or watching their careers contract around the edges of what caregiving demands.

I have intentionally limited the number of clients I support, because my family — both ends of the generational spectrum — is my first priority. Everything else, including my work, fits within that. It is a values choice, and it is also a financial one.

The Multigenerational Home Caregiver Credit Act recognizes that caregiving carries real economic costs — and that families who open their homes to aging relatives deserve meaningful financial relief. I am grateful this committee is working to make that a reality.

VI. What This Costs

² AARP and National Alliance for Caregiving, *Caregiving in the US 2025*. Washington, D.C.: AARP. July 2025. Available at: <https://www.caregivingintheus.org>

I am, by most measures, someone who is managing. I am present. I am functional. I show up.

And I want to be honest about what that costs.

Caregiving at this level — sustained, multi-generational, and largely solitary — lives in the body. It lives in the quality of sleep, in the moments of joy that get crowded out, in the medical appointments of my own that get deferred because there is always something more urgent. It lives in the particular exhaustion of being the person who holds everything together while also being the person who never gets to put it down.

There is something that does not get talked about enough: the isolation. Nearly one in four caregivers report feeling alone — a figure that has increased since 2020.³ I understand that statistic not as a data point but as a lived experience. There is a particular kind of aloneness that comes from being the person who holds the full picture — who carries it all and cannot fully set it down, even in the company of people who love you. Caregiving can be an isolating experience even when you are not alone.

And yet — caregiving has given me something. It has deepened my understanding of what it means to love someone across time and across difficulty. It has made me a better doula, a more present mother, and a more compassionate human being. Meaning and exhaustion are not opposites. For many caregivers, they live side by side, every single day.

VIII. Closing

I said at the beginning that I am an only child. That there is no sibling to call.

What I have learned, over nearly a decade of sandwich caregiving, is that this should not mean doing it alone. Not because love isn't enough — it is. But because love is not a policy. And the people who are showing up every day for both generations of their family deserve more than admiration. They deserve support.

I am grateful to this committee for the opportunity to be heard. I am grateful to Daughterhood — to Anne Tumlinson and the community she built — and to the National Alliance for Caregiving, for the

³ AARP and National Alliance for Caregiving. Caregiving in the US 2025. Washington, D.C.: AARP. July 2025. Available at: <https://www.caregivingintheus.org>

work both organizations do on behalf of caregivers across this country.

I am here for every sandwich caregiver who is managing, but just barely. Who is present, but depleted.
Who loves their family deeply and needs their country to meet them there.
Thank you.

**TESTIMONY OF JASON RESENDEZ
PRESIDENT AND CEO
NATIONAL ALLIANCE FOR CAREGIVING
BEFORE THE
UNITED STATES SENATE
SPECIAL COMMITTEE ON AGING**

Hearing: Caught in the Middle: Supporting Families in the Sandwich Generation

May 13, 2026

Opening

Chairman Scott, Ranking Member Gillibrand, and members of the committee, thank you for the opportunity to speak today about the crisis facing America's sandwich generation caregivers — the millions of Americans caring for their children and an adult at the same time, often invisibly, and almost always without enough support.

Personal Story

This issue is personal for me and I know for many of you.

I grew up watching my mom balance a full-time job while raising three kids and caring for my grandmother through multiple chronic conditions. It was tough work, and she did it out of a deep sense of love for her family. She also did it out of necessity. There were no alternatives in our small South Texas town, and there was very little support to make things easier.

For as long as I can remember, my mom dreamed of becoming a CPA but she was never able to finish college. That dream took a backseat to her caregiving responsibilities. The cost wasn't just a degree. It was a lifetime of lower wages, fewer opportunities, and a smaller retirement — because the years she spent caring for her mother didn't count toward Social Security the way paid work does.

The Scale of Sandwich Caregiving in America

My family's story is not unique. According to research from the National Alliance for Caregiving and AARP, 63 million American adults — nearly one in four of us — now provide

ongoing care to a family member or friend with a serious illness or disability. That is a nearly 50 percent increase in just a decade. Sixteen million Americans are sandwich generation caregivers, raising a child or grandchild under 18 at home while caring for an adult loved one. That's about 1 in 3 family caregivers in America.¹ Sandwich caregivers are predominantly women — about three in five. On average, they are 41 years old, more than a decade younger than other caregivers.

But that national average hides who is actually carrying this weight. Among caregivers under 50, the share rises to 47 percent. Among Latino caregivers, it is 43 percent. Among Black caregivers, 36 percent. In other words, sandwich caregiving falls hardest on younger Americans and on communities of color — the same communities already navigating wage gaps, wealth gaps, and the thinnest safety nets.²

When Care Spans Generations

Sandwich caregivers juggle three roles at once: paid work, raising kids, and caring for a family member. In doing so, they make visible what care policy too often obscures: care is not a discrete life stage or a single transaction, but a continuous thread that runs from a child's first day of preschool to a parent's last years of life. The same person who is packing lunches in the morning may be coordinating a medication schedule by afternoon and sitting in on a parent-teacher conference by evening. Their days collapse the full arc of the caregiving lifespan into a single household.

This matters because our systems still treat each end of that arc as a separate problem. Childcare sits in one policy silo, with its own subsidies, providers, and advocates; older adult care sits in another, governed by different agencies, funding streams, and workforce pipelines. Paid leave policies, employer benefits, tax credits, and care infrastructure tend to be built around one beneficiary at a time — a new baby, an aging parent, a person with a disability — as if families experience these needs in tidy sequence rather than all at once. Sandwich caregivers are the living rebuttal to that assumption.

¹ AARP and National Alliance for Caregiving. Caregiving in the US 2025. Washington, DC: AARP. July 24, 2025. <https://doi.org/10.26419/ppi.00373.001>

² IBID

If we take their reality seriously, the implication is clear: care solutions must span the lifespan, not just one slice of it. That means paid leave that covers a sick toddler and a hospitalized father; tax credits and savings vehicles that flex to whichever generation needs support that year; a care workforce trained, paid, and supported to move across early childhood, disability, and aging care; and workplaces that recognize caregiving as an ongoing condition of adult life rather than an episodic crisis. Designing for the sandwich generation is, in effect, designing for everyone — because almost all of us will spend some portion of our lives caring for someone younger, someone older, or both at the same time.

The Daily Reality

This work is not occasional. Sandwich caregivers provide an average of 22 hours of care every week — a part-time job on top of their paid job and their parenting. Nearly three in five perform medical or nursing tasks at home — managing medications, dressing wounds, changing feeding tubes — and four in ten do so without any prior training. These are ordinary Americans providing extraordinary care.

The Financial Toll

The economic toll is severe. Fifty-eight percent of sandwich caregivers experience at least one negative financial impact — taking on debt, depleting savings, losing income, or leaving the workforce entirely.³

These are people in their prime earning years, and the costs compound across decades into smaller retirements and tighter household budgets. Family caregivers as a whole now provide more than \$1.1 trillion in care each year.⁴ They are the invisible backbone of America's economy and long-term care system.

The personal toll runs alongside the financial. One in three sandwich caregivers reports high emotional stress, and many say caregiving has worsened their own health. Most did not choose

³ IBID

⁴ Houser, Ari, Selena Caldera, Brendan Flinn, and Rita Choula. Valuing the Invaluable 2026: Family Caregivers' Contribution Reaches \$1 Trillion. Washington, DC: AARP Public Policy Institute, March 26, 2026. <https://doi.org/10.26419/ppi.00402.001>.

this role — it found them — and the overwhelming majority tell us they need more help to make care work.

Solutions

Family caregivers are clear about what would make a difference. They need financial relief to offset the rising out-of-pocket costs of care. They need a retirement system that recognizes caregiving as work. They want paid family and medical leave to help balance the responsibilities of caring for loved ones while working. They need affordable access to the medications, screenings, and care that keep their loved ones healthy. And they need easier access to the fragmented maze of benefits and supports that so many struggle with on top of the hard work of care.

There is legislation before this Committee and Congress that responds directly to each of these needs. Each of the bills described below addresses a specific dimension of the sandwich caregiver experience, and taken together they begin to assemble the family caregiving infrastructure America has lacked for too long.

The Multigenerational Home Caregiver Credit Act (S. 3295 /H.R. 7584), introduced by Chairman Scott and Senator Welch, would establish a \$2,000 nonrefundable tax credit for adult family members who live with an aging relative and provide at least 10 hours per week of qualifying care under the Lawton Instrumental Activities of Daily Living scale. The bill directly addresses one of the most common configurations of sandwich caregiving: an adult living in a multigenerational household, raising children while caring for a parent or in-law under the same roof. The number of Americans living in multigenerational homes has quadrupled since 1970, and for older adults with dementia or disability, living with an adult family caregiver cuts their odds of nursing home placement roughly in half over the next two years — saving families and taxpayers from far more expensive institutional care. A \$2,000 credit is modest relative to what sandwich caregivers actually spend each year, but for working families squeezed between rising childcare and elder-care costs, it is meaningful relief and a clear federal signal that this form of care is valued.

The Social Security Caregiver Credit Act (S. 4396 / H.R. 8490), championed by Ranking Member Gillibrand and Senator Murphy, would credit eligible caregivers with up to five years

(60 months) of deemed wages toward their Social Security benefits, for any month in which they provide at least 80 hours of unpaid care to a dependent relative. Social Security currently calculates benefits based on a worker's 35 highest-earning years, so the months and years a caregiver reduces their hours or leaves the workforce — disproportionately women, who make up roughly two-thirds of unpaid caregivers — become zero-earning years that permanently drag down their retirement income. Studies estimate that on average, total wage, pension, and Social Security losses due to caregiving exceed \$300,000 over a lifetime.⁵ For sandwich generation caregivers — average age 41, with decades of working life still ahead — this bill is the difference between a dignified retirement and the same downstream losses my own mother is facing today. By treating up to five years of caregiving as work, at a deemed wage equal to half the national average wage, this bill finally recognizes care as labor.

The Alleviating Barriers for Caregivers (ABC) Act (S. 1227 / H.R. 2491), introduced by Senators Markey and Capito with Representatives Cammack and Magaziner, tackles the navigation problem head-on. The bill would require the Centers for Medicare and Medicaid Services, the Social Security Administration, and the Children's Health Insurance Program to review their eligibility criteria, forms, procedures, and communications and identify ways to reduce administrative burden on family caregivers, with a report to Congress within two years. More than half of family caregivers act as advocates for their loved ones with care providers, community services, and government agencies, and one in four explicitly say they want help with forms, paperwork, and eligibility for services. For sandwich caregivers already providing an average of 22 hours per week of hands-on care on top of paid work and parenting, every hour spent on hold with Medicaid or re-filing the same Social Security form is an hour stolen from a child, a parent, or their own health. The ABC Act is exactly the kind of low-cost, common-sense, bipartisan reform the federal government should already have completed.

The Social Engagement and Network Initiatives for Older Relief (SENIOR) Act (S. 473), from Chairman Scott and Senator Smith, addresses social isolation and loneliness as the public health crisis the U.S. Surgeon General has declared it to be — with mortality effects comparable

⁵ MetLife Mature Market Institute. *The MetLife Study of Caregiving Costs to Working Caregivers: Double Jeopardy for Baby Boomers Caring for Their Parents*. Westport, CT: MetLife Mature Market Institute, in partnership with the National Alliance for Caregiving and the Center for Long Term Care Research and Policy at New York Medical College, June 2011. <https://www.caregiving.org/wp-content/uploads/2011/06/mmi-caregiving-costs-working-caregivers.pdf>.

to smoking 15 cigarettes per day. The bill amends the Older Americans Act to add loneliness to the definition of “disease prevention and health promotion services,” allowing states to use OAA grants for programs like Meals on Wheels, Foster Grandparent, and other community-integration efforts that combat isolation. Chronic loneliness in older adults is associated with roughly a 50 percent higher risk of dementia and a 30 percent higher risk of heart disease and stroke⁶, and AARP estimates Medicare spends an additional \$6.7 billion per year on socially isolated older adults.⁷ For sandwich caregivers — who themselves report some of the highest rates of emotional stress of any caregiver group — strengthening community supports for the older adult they care for is also relief for them. Every meal delivered, every visit made, every program attended is one more hand on the wheel of a care arrangement that too often rests on a single overwhelmed family member.

The Family and Medical Insurance Leave (FAMILY) Act (S. 2823 / H.R. 5390), championed by Ranking Member Gillibrand and Congresswoman DeLauro, would establish our country’s first comprehensive national paid family and medical leave program: up to 12 weeks of partial wage replacement, available from the first day of need, with a progressive structure that delivers 85 percent wage replacement for the lowest earners up to a \$4,000 monthly maximum. The United States remains the only industrialized country in the world without a national paid leave program; 73 percent of American workers have no access to paid family leave through their employers⁸; and working families lose an estimated \$22.5 billion in wages every year because of this gap.⁹ For sandwich caregivers — predominantly working-age women caring for both children and adults — paid leave is the single most consequential reform Congress can pass. It is

⁶ Office of the U.S. Surgeon General. *Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General’s Advisory on the Healing Effects of Social Connection and Community*. Washington, DC: U.S. Department of Health and Human Services, 2023. <https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>.

⁷ Flowers, Lynda, Ari Houser, Claire Noel-Miller, Jonathan Shaw, Jay Bhattacharya, Lena Schoemaker, and Monica Farid. *Medicare Spends More on Socially Isolated Older Adults*. Insight on the Issues 125. Washington, DC: AARP Public Policy Institute, November 2017. <https://www.aarp.org/content/dam/aarp/ppi/2017/10/medicare-spends-more-on-socially-isolated-older-adults.pdf>.

⁸ Research Service: U.S. Congressional Research Service. *Paid Family and Medical Leave in the United States*. CRS Report R44835. Washington, DC: Congressional Research Service, 2024. <https://www.congress.gov/crs-product/R44835>.

⁹ Glynn, Sarah Jane. *The Rising Cost of Inaction on Work-Family Policies*. Washington, DC: Center for American Progress, January 21, 2020. <https://www.americanprogress.org/article/rising-cost-inaction-work-family-policies/>.

the difference between being able to take a parent to chemotherapy without losing a paycheck and being forced out of the workforce entirely, with all the downstream losses to family income, retirement security, and economic mobility that follow.

The Alzheimer’s Screening and Prevention (ASAP) Act (S. 3267 / H.R. 6130), introduced by Senators Collins, Cortez Masto, Capito, and Warner would permit the Centers for Medicare and Medicaid Services to cover FDA-cleared blood-based screening tests for Alzheimer’s disease and related dementias, using CMS’s existing evidence-based coverage process. Under current law, Medicare is prohibited from covering these screening tests without specific congressional authorization, even after FDA clearance. The result is that fewer than 10 percent of people receive a diagnosis at the mild cognitive impairment stage, when treatment is significantly more effective, even though nearly nine in ten Americans say they would want a simple test for early detection.¹⁰ For the millions of sandwich caregivers supporting a parent or grandparent with cognitive decline, earlier diagnosis means a longer window for treatment, advance planning, and preserving function — and a meaningful delay in the most intensive and costly phases of dementia care that fall hardest on family caregivers.

The Help Ensure Lower Patient (HELP) Copays Act (S. 864 / H.R. 6423), introduced by Senators Kaine and Marshall would require health insurers and pharmacy benefit managers to count any payment made on a patient’s behalf — including copay assistance from nonprofit organizations or drug manufacturers — toward that patient’s annual deductible and out-of-pocket maximum. Today, insurers and PBMs are allowed to pocket that assistance without crediting it to the patient; when the assistance runs out, the family is still on the hook for the full deductible. Family caregivers are often the ones managing prescriptions, paying pharmacy bills, and triaging which medications a loved one can afford this month, and *Caregiving in the US 2025* finds that one in five family caregivers reports high financial strain, one in four has taken on debt because of caregiving, and a clear majority now perform medical and medication-management tasks at home. By closing the copay accumulator and copay maximizer loopholes, the HELP Copays Act would deliver immediate, tangible relief on prescription costs to the families holding our long-term care system together.

¹⁰ https://portal.alzimpact.org/storage/resources/media-items/ASAP_Act.pdf

The **Well-Being Insurance for Seniors to be at Home (WISH) Act** (H.R. 2082), introduced by Representatives Suozzi and Moolenaar, would amend Title II of the Social Security Act to establish a federal catastrophic long-term care insurance program — a public-private partnership that addresses the single largest unfunded financial risk facing aging Americans and the families who care for them. After an income-based elimination period of one to five years, during which individuals would cover their care through private insurance or personal resources, eligible disabled seniors would receive a monthly federal benefit to help pay for long-term services and supports. By taking the catastrophic tail of long-term care risk off the table, the WISH Act creates the conditions for a real private long-term care insurance market to develop around it — coverage that today reaches only three to four percent of Americans over 50. For sandwich caregivers, the status quo offers two options when a parent's resources run out: absorb the care themselves on top of paid work and parenting, or watch that parent spend down a lifetime of assets to qualify for Medicaid. The WISH Act offers a third path — a defined federal benefit that supports aging in place, relieves pressure on state Medicaid budgets, and gives middle-income families a long-term care financing option to plan around.

The **reauthorization of the Older Americans Act** (S. 2120) is the foundation that holds all of this together. The OAA underpins our nation's home- and community-based services system, and its National Family Caregiver Support Program (Title III-E) is the only federal program dedicated specifically to supporting family caregivers — funding respite, training, counseling, and information and referral services that sandwich caregivers rely on every day. Reauthorizing the OAA is essential to modernizing this infrastructure for today's caregiving realities, and it should extend the authorities and funding for the RAISE Family Caregivers Act and the National Strategy to Support Family Caregivers through the OAA so that the federal commitment to caregivers is durable rather than dependent on year-to-year continuations. Reauthorization is one way Congress can signal that older adults and their family caregivers are a sustained priority.

Beyond reauthorization, **FY 2027 appropriations for Older Americans Act programs must catch up to the caregiving population they serve.** That population has surged to more than 63 million Americans — nearly one in four adults — who together provide an estimated \$1 trillion worth of care each year. Yet funding for the core federal programs that support them has been essentially flat, eroded further by inflation and rising costs of care. The result is a widening gap

between the scale of the caregiving workforce this country relies on and the federal investment meant to sustain it.

For FY 2027, the National Alliance for Caregiving and 39 other organizations across the caregiving, aging, disability, and patient advocacy communities — together representing the Caregiver Nation Coalition — urged appropriators to begin closing that gap by funding, at a minimum: \$256,069,552 for the National Family Caregiver Support Program under OAA Title III-E (including support for the RAISE Family Caregiving Advisory Council); \$18 million for OAA Title VI-C Native American Caregiver Support Services, which delivers culturally appropriate supports in Tribal communities; \$20 million for the Lifespan Respite Care Program, given that more than a third of caregivers want respite and only 14 percent receive it; and \$4 million for National Strategy Demonstration Grants to pilot and scale innovative models aligned with the National Strategy to Support Family Caregivers.¹¹ These are modest investments measured against \$600 billion in unpaid care — and against the cost of the institutional care and avoidable hospitalizations they help prevent. Appropriations need to start reflecting the size of the population doing this work.

A Framework for Action: Strengthening the National Strategy to Support Family Caregivers

Each of the bills described above is most powerful when implemented inside a coherent national framework — and the United States already has one. In 2022, the Department of Health and Human Services released the National Strategy to Support Family Caregivers, the first-ever federal roadmap dedicated to supporting America's family caregivers. Authorized by the bipartisan Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act, the Strategy was developed with input from more than 1,500 individuals and organizations and lays out nearly 350 federal actions across five interlocking goals: increasing awareness of and outreach to family caregivers; integrating caregivers as partners in clinical care; expanding services and supports; reducing financial and workplace barriers; and improving research, data, and evidence-informed practice.

¹¹ [NAC-Appropriations-Letter-for-FY27 FINAL Senate 4.14.26-4.pdf](#)

The Strategy is already producing measurable results. According to a 2024 ADvancing States survey, 72 percent of states report using the Strategy to inform their caregiving policy work¹², and the Administration for Community Living has now awarded two rounds of State Implementation Grants — most recently approximately \$2 million in 2025 — to help states translate the Strategy into action. Sixteen states have committed to advancing access to respite care after participating in implementation summits, and state Lifespan Respite grantees have launched concrete sandwich-caregiver-relevant initiatives, including quarterly respite vouchers and statewide caregiver assessments that recognize the caregiver as a person with their own needs. Philanthropic partners aligned with the Strategy invested an additional \$100 million in family caregiving programming in 2021 and 2022 alone.

But this progress is fragile. The initial federal investment of roughly \$22 million in Strategy implementation is a fraction of what is needed to reach 16 million sandwich generation caregivers and 63 million family caregivers nationwide. To make the Strategy a durable national framework rather than a paper plan, Congress should: (1) reauthorize the RAISE Family Caregivers Act through the upcoming Older Americans Act reauthorization, so the Strategy continues to be updated on a biennial basis; (2) at least double the current Activities of National Significance investment that funds implementation; (3) set time-bound, measurable targets so progress can be tracked and accelerated across federal agencies; and (4) hold each federal agency identified in the Strategy accountable for executing its assigned actions.

For sandwich generation caregivers specifically, the National Strategy is the only existing federal mechanism that connects the dots across the tax code, Social Security, Medicare and Medicaid, the Older Americans Act, the Department of Labor, and the workplace. The legislation before this Committee operationalizes pieces of that framework. Sustained funding and reauthorization is what turns the framework into a real, accountable national commitment — and turns the promise of caregiving infrastructure into reality for the families who need it now.

Conclusion

¹² National Academy for State Health Policy. *National Strategy to Support Family Caregivers Progress and Impact Report 2024: State and Community Actions*. Washington, DC: National Academy for State Health Policy, 2024. <https://nashp.org/national-strategy-to-support-family-caregivers-progress-and-impact-report-2024/>.

Senators, my mom gave up her degree, her career, and a substantial portion of her economic security to care for the woman who raised her. Millions of Americans are doing exactly what she did, right now. We have the data. We have the solutions. We have 63 million reasons to act. What we need now is leadership that matches the sacrifices of our nation's sandwich generation caregivers.

Thank you again for providing me with this opportunity to testify today.



Testimony of Josh Protas
Chief Advocacy and Policy Officer, Meals on Wheels America

for the hearing:
“Caught in the Middle: Supporting Families in the Sandwich Generation”

United States Senate Special Committee on Aging

May 13, 2026

Good afternoon, Chairman Scott, Ranking Member Gillibrand, and esteemed Members of the Committee. Thank you for the opportunity to testify before you at this hearing on the important topic of caregiving and the support needs of families in the sandwich generation. My name is Josh Protas, and I am proud to present before you as the Chief Advocacy and Policy Officer for Meals on Wheels America. Meals on Wheels America is the national leadership organization that works on behalf of the nationwide network of approximately 5,000 community-based senior nutrition providers committed to addressing senior hunger and isolation. Local Meals on Wheels providers operate in nearly every community across the country, working toward a vision in which all seniors live nourished, healthy and connected lives with independence and dignity.

With the support of hundreds of thousands of committed volunteers and staff members, these local programs provide nutritious meals in rural, suburban and urban communities through community meals, grab-and-go service, or home-delivered meals, where they also provide friendly visits and social interaction, safety checks and connections to other health and wellness services to support older Americans in greatest need. And the underpinning of all this work and impact is a direct result of the support, policies and funding provided through the Older Americans Act (OAA).

For more than 60 years, the OAA has supported millions of our nation's seniors and caregivers through a network of state, regional and local community-based entities. The local providers that we represent at Meals on Wheels America serve as a direct lifeline to those struggling with food insecurity, malnutrition, limited mobility, isolation, loneliness and other challenges to healthy aging. The Meals on Wheels model sets the gold standard for a successful public-private partnership, delivering on the original intent of the OAA and showing great resiliency and adaptability in response to trying circumstances. We frequently say the service starts with the meal and opens the door to so much more. It's the purposeful and unique combination of nutritious meals and social connection that fosters a relationship with the individual senior, and often their caregiver, enabling Meals on Wheels providers to identify and deliver valuable services that promote independence and well-being. This impact not only reduces senior nutritional risk and social isolation but also saves taxpayer dollars by ensuring that our nation's seniors live safer, longer and more nourished in their own homes and out of more costly health care or long-term care settings.¹ In fact, we can provide Meals on Wheels services to a vulnerable senior for an entire year for roughly the same cost as one day in the hospital or twelve days in a nursing home.²

Unfortunately, the failure of federal funding to keep pace with increasing need among our nation's rapidly growing senior population and high costs for food, fuel and program operations has left millions of vulnerable older Americans to struggle on their own, without

¹ Meals on Wheels America (September 2023), *The Case for Meals on Wheels: An Evidence-Based Solution to Senior Hunger and Isolation*, <https://www.mealsonwheelsamerica.org/learn-more/research/the-case-for-meals-on-wheels-sept23>

² Meals on Wheels America (2024), analysis of ACL and Mathematica's estimated meal cost (*OAA Nutrition Programs Evaluation: Meal Cost Analysis*), Kaiser Family Foundation's daily hospital expense data (*State Health Facts: Hospital Adjusted Expenses per Inpatient Day*), and Genworth's cost of semi-private nursing home room (*2021 Cost of Care Survey*) adjusted for inflation. Sources and methods available at: https://www.mealsonwheelsamerica.org/docs/default-source/fact-sheets/2023/what_we_deliver_2023_national_snapshot_sources_methods.pdf

the Meals on Wheels services they need and deserve. Right now, serious challenges of affordability impact both low-income older adults as well as the community-based programs that work hard to meet their basic needs. MAG Aging and Family Services, which serves aging adults and their families in Summit, Utah and Wasatch counties in Utah, shared this powerful reflection about how funding challenges cause harm to vulnerable seniors, caregivers and the ability of the agency to serve the community: “Due to lack of funding, we have had to resort to removing clients who have in home support from live-in, able bodied family members. This has resulted in a lot of panicked seniors and caregivers who are heavily reliant on our program. Our waiting list continues to grow day by day. Because of this, we are unable to care for seniors with immediate needs such as post-surgery, when good, nutritious food is most important. While we are still doing a lot of good and helping a lot of seniors, many seniors are still going without.”

The crises of senior hunger and isolation have been hiding in plain sight, growing more acute and costly³ as they continue to be overlooked and ignored by policymakers. Our seniors and their family caregivers deserve better. **As you explore ways to support sandwich generation families, it is critical that you prioritize strengthening and expanding access to Meals on Wheels and other community-based aging services that provide vital support for vulnerable seniors and for family caregivers.**

The Sandwich Generation: A Growing and Strained Population

For families in the sandwich generation — those simultaneously caring for aging parents and dependent children — rising costs of living, workplace demands, school and community involvements for children and families, chronic health conditions for elderly relatives, and gaps in long-term services and supports have placed caregivers squarely in the middle of competing responsibilities. **For many of these families and for family caregivers generally, Meals on Wheels is not simply a meal program — it is a foundational support that helps older adults remain independent, safe, connected and nourished at home while easing the emotional, time and financial burdens on family caregivers.**⁴

Today, 16 million Americans provide unpaid caregiving in some way for aging loved ones while also raising children or supporting younger family members.⁵ Trying to balance full- or part-time work, unpaid assistance with daily activities for family members and coordination of health care and long-term care in a fragmented system can be often stressful. Many family caregivers report missing work, reducing hours or leaving the workforce entirely to meet caregiving demands. Caregiving responsibilities often result in lost wages, reduced retirement savings and adverse

³ Bernadette Wright, Victoria Owens, *The Growing Unmet Need for Older Adult Nutrition Programs: Evidence from National Datasets*, *Innovation in Aging*, Volume 9, Issue Supplement 2, December 2025, igaf122.391, <https://doi.org/10.1093/geroni/igaf122.391>

⁴ Emily Gadbois, Nichole Stetten, Laura Samuel, Kimberly Bernard, Em Balkan, Yiqing Qian, Kali Thomas, *Meals on Wheels and Family Caregiving: Benefits Received and Unmet Needs*, *Innovation in Aging*, Volume 9, Issue Supplement 2, December 2025, igaf122.479, <https://doi.org/10.1093/geroni/igaf122.479>

⁵ AARP and National Alliance for Caregiving, *Caregiving in the U.S.* 2025. Washington, DC: AARP Public Policy Institute, 2025. <https://www.aarp.org/content/dam/aarp/ppi/topics/lss/family-caregiving/caregiving-in-us-2025.doi.10.26419-2fpfi.00373.001.pdf>

physical and mental health outcomes such as physical strain, emotional stress and feelings of isolation.⁶

A common daily concern for many sandwich generation caregivers is ensuring that an older loved one has access to regular, nutritious meals, particularly when chronic illness, mobility limitations, economic limitations or cognitive decline interfere with meal preparation and access.

For more than 50 years, Meals on Wheels providers have been here to help. A recent study of recipients of home-delivered meals found that in addition to meeting the goals of the Older Americans Act to reduce hunger, food insecurity and malnutrition and promote the health and well-being of the older adults, the services improved the health, well-being and finances of their caregivers. Many recipients expressed relief at not needing to rely on others for support getting groceries. And recipients who were themselves caregivers to spouses, children, grandchildren and other individuals indicated that, “receiving meals allowed them more time to relax and spend quality time with family.”⁷ In another study featuring qualitative interviews, both clients and caregivers reported that Meals on Wheels services eased some caregiving burdens, but there continued to be unmet needs. “Caregivers reported substantial burden and suggested that they would benefit from assistance with financial and care planning, identifying formal supports, and a desire for respite care.”⁸

The Role of Meals on Wheels in Supporting Vulnerable Older Adults

The majority of Meals on Wheels recipients live with multiple chronic conditions, physical limitations or disabilities. Many are unable to shop for groceries or prepare meals safely. Without Meals on Wheels, these older adults are at increased risk of malnutrition, exacerbated health challenges, hospitalization and premature institutionalization. The challenges associated with these risks are faced not only by the impacted individuals but also by family caregivers who balance their own demands of daily life with concern about the health and well-being of aging loved ones.

Meals on Wheels services provide support for both seniors and their caregivers in numerous ways, including by:

- Offering home-delivered and community **meals tailored to meet the nutritional and dietary needs of older adults**;
- Providing **regular wellness and safety checks** that family caregivers cannot always provide due to work or family obligations, often serving as the first line of defense against falls, medical emergencies or untreated health conditions;
- Supporting social connection and **reducing isolation and loneliness**;

⁶ Ibid.

⁷ Emily Balkan, Emily A. Gadbois, Emma L. Tucher, et al., Home-Delivered Nutrition Services for Older Adults Under the Older Americans Act, JAMA Network Open, Vol. 8 No. 9, September 30, 2025, [Home-Delivered Nutrition Services for Older Adults Under the Older Americans Act | Equity, Diversity, and Inclusion | JAMA Network Open | JAMA Network](#)

⁸ Emily Gadbois, Nichole Stetten, Laura Samuel, Kimberly Bernard, Em Balkan, Yiqing Qian, Kali Thomas, Meals on Wheels and Family Caregiving: Benefits Received and Unmet Needs, *Innovation in Aging*, Volume 9, Issue Supplement_2, December 2025, igaf122.479, <https://doi.org/10.1093/geroni/igaf122.479>

- Making helpful **referrals to other services**, such as transportation, home repairs and health care resources;
- Assisting with locating loved ones and **ensuring safety during natural disasters and emergency situations**;
- **Helping older adults remain independent in their homes** longer by delaying or preventing costly nursing home placements;
- **Providing peace of mind and reducing caregiver stress and burnout** by ensuring that nutrition and safety needs are met on a regular basis; and
- **Generating substantial cost savings for families and taxpayers** by providing low-cost, community-based services that help to prevent emergency room visits, hospitalizations and institutional care.

Aging in place is overwhelmingly preferred by older adults,⁹ yet it requires access to basic supports. **Meals on Wheels provides the reassurance to families that their loved one regularly gets nutritious meals, social connection, and safety and wellness checks that enhance their ability to remain living independently at home.** The services offered by Meals on Wheels can often bridge the gap for families who may not have the ability to provide assistance to their aging loved ones directly or on a regular basis, and they help to prevent or delay the need for institutional care, a costly burden for both families and taxpayers.

The lifesaving assistance provided by Matt Shade, a volunteer with Meals on Wheels San Diego, exemplifies the difference that Meals on Wheels services can make for vulnerable seniors and the reassurance this offers to caregivers who live apart and are not always able to be present. Last October, while delivering meals to Patricia, a senior with cognitive disabilities, Matt noticed smoke rolling out of her kitchen. Without hesitation, he called 911, smothered the flames and moved Patricia and her animals to safety. Had Matt not been there that morning, the fire could have engulfed the entire home. “Some might think my actions were heroic,” Matt said. “But the truth is that I was there because I am a volunteer for Meals on Wheels. That’s what allowed me to save the day.”

Relief and Reassurance: Supporting Family Caregivers

Family caregiving can often feel like a 24/7 job, with little to no opportunity for a break. The stress of constantly attending to an aging relative’s safety, health and nutrition can be overwhelming.

Meals on Wheels services support caregivers by:

- **Reducing time spent** on grocery shopping, meal preparation, transportation and daily check-ins;
- **Allowing caregivers a needed break** from some of the constant daily responsibilities;

⁹ AARP, *2024 Home and Community Preferences Survey: A National Survey of Adults Age 18-Plus*, Washington, DC: AARP Research, 2024. <https://www.aarp.org/content/dam/aarp/research/topics/livable-communities/housing/2024-home-community-preferences-report.doi.10.26419-2fres.00831.001.pdf>.

- Providing **predictability and reliability** for meeting the daily needs of elderly loved ones, allowing caregivers to focus more on work and their children and quality time with their older relatives;
- Offering **emotional relief and peace of mind**, knowing that someone else is checking in regularly; and
- Serving as an **early warning system** when health or safety concerns arise.

For sandwich generation caregivers, Meals on Wheels can be the difference between being able to maintain employment and being forced to reduce hours or exit the workforce – decisions with long-term economic consequences for families and the broader economy. And for families who are simultaneously saving for college and retirement, avoiding institutional care for an elderly family member is beneficial both financially and emotionally.

For family caregivers who do not live in close proximity to their aging loved one, these services can furnish an invaluable complement to the support the family is able to provide, reduce regular and stressful travel and offer reassurance that their relative's basic needs are being met.

A recent poll conducted by the National Opinion Research Center (NORC) at the University of Chicago for the University of Michigan Institute for Healthcare Policy and Innovation offers some helpful insights into common challenges that sandwich generation caregivers experience. The poll found that nearly a third of Americans over the age of 50 provide regular care to an adult relative or friend with a health issue or disability, but that many of them are unaware of local resources that can help them with caregiving. Among caregivers who also reported that they did not have close friends or family to depend on for help with their own needs, 41% say that they do not have the support they need to manage their caregiving responsibilities.

The findings also reflect financial challenges as a widespread problem faced by sandwich generation caregivers. 40% of those surveyed between the ages of 50 to 64 said that caregiving resulted in financial challenges for them. Among all caregivers who feel they don't have enough support to manage their caregiving responsibilities, 69% (the top answer by far) identified financial assistance or subsidies for caregiving responsibilities as what would help them the most.¹⁰

The support provided by one volunteer with Senior Concerns in Thousand Oaks, California highlights what a difference Meals on Wheels services can make for older adults who live far away from family caregivers. Losing a spouse is never easy. But it was especially heartbreaking for Claire, a homebound senior who lives hundreds of miles away from family. Luckily, she didn't have to endure her grief alone. After Claire's husband passed in 2018, Meals on Wheels volunteer Harlene Roan was there to help her mourn. In addition to delivering warm, nutritious meals, Harlene began grocery shopping for Claire and inviting her over for dinner, deepening their friendship during this difficult time. Harlene even made Claire a special stuffed animal to

¹⁰ University of Michigan Institute for Healthcare Policy and Innovation. (2026, March 19). *Caregiving without a net: Poll shows who needs help most* [News]. <https://ihpi.umich.edu/news-events/news/caregiving-without-net-poll-shows-who-needs-help-most>

remind her of Harry, the man who shared over 60 years of her life. Though Claire has started to develop memory loss, she still keeps the bear on her bed and tucks him in every morning.

Combatting Social Isolation and Loneliness

Social isolation and loneliness among older adults are serious public health concerns linked to increased risks of depression, cognitive decline, heart disease and mortality.¹¹ **Meals on Wheels volunteers are often the only regular human contact a home-delivered meal client receives.** These regular interactions are critical to the health and well-being of the seniors served by:

- Providing emotional connection and uplifting dignity;
- Documenting changes in mood, cognition or physical condition;
- Identifying safety risks and concerns about health and wellbeing; and
- Complementing, rather than replacing, family caregiver interactions.

For families juggling multiple responsibilities, the social connection that is an integral part of the Meals on Wheels model offers invaluable support that caregivers cannot always provide on their own.

Growing Demand, Rising Costs and Widening Funding Shortfalls Limit Access to Important Support for Vulnerable Seniors and Family Caregivers

Without adequate investment in senior nutrition services by the federal government, more families will face impossible choices between caregiving responsibilities, work and financial stability. The inability of Meals on Wheels providers to reach all seniors in need exacerbates stress on family caregivers and increases the likelihood of crisis-driven care decisions.

This situation has grown more dire due to the soaring population of older adults, increasing demand for Meals on Wheels services, rising costs and funding levels that have not kept pace. With roughly 12,000 people in America turning 60 years old every day, our nation's senior population is projected to grow from 79 million in 2022 to 91 million by 2030, with 112 million expected by 2060 – increasing the number of seniors today by nearly half.¹² And older Americans are living longer with less money. 1 in 2 seniors living alone lacks the income to pay for basic needs and 12 million older adults face financial challenges that impact their ability to age at home.¹³ The number of older adults with low or very low food security quadrupled between 1999

¹¹ From: Nakou A, Dragioti E, Bastas NS, Zagorianakou N, Kakaidi V, Tsartsalis D, Mantzoukas S, Tatsis F, Veronese N, Solmi M, Gouva M. Loneliness, social isolation, and living alone: a comprehensive systematic review, meta-analysis, and meta-regression of mortality risks in older adults. *Aging Clin Exp Res.* 2025 Jan 21;37(1):29. doi: 10.1007/s40520-024-02925-1. PMID: 39836319; PMCID: PMC11750934 <https://www.cdc.gov/social-connectedness/risk-factors/index.html>

¹² Meals on Wheels America analysis of US Census Bureau population projections data. Details available at [The-Issue-2026-National-Snapshot_Sources-and-Methods_Jan2026.pdf](https://www.mealsonwheels.org/wp-content/uploads/2026/01/The-Issue-2026-National-Snapshot_Sources-and-Methods_Jan2026.pdf)

¹³ Mutchler, Jan E., and Yang Li. *Living on the Edge: Economic Insecurity Among Older Americans* Boston, MA: Center for Social and Demographic Research on Aging, University of Massachusetts Boston, 2023. <https://scholarworks.umb.edu/cgi/viewcontent.cgi?article=1108&context=demographyofaging>

and 2023,¹⁴ contributing to much higher demand for Meals on Wheels services and other food assistance. But over this same time period, the buying power of federal funding for OAA Nutrition Program services *decreased*, and the program was serving meals to roughly the same number of seniors in 2024 (the latest data available) as it did in 1999, falling starkly behind the need.¹⁵

Addressing the chronic and worsening funding shortfalls in light of the growing need and rising costs will help solve for the numerous challenges that many sandwich generation families face – ensuring that older loved ones are nourished, safe and connected while caregivers continue to work, raise families and contribute to their communities.

During his historic site visit and ride-along with Meals on Wheels of Central Maryland in June 2025, Secretary Robert F. Kennedy, Jr. made a powerful statement about the impact of Meals on Wheels and the importance of strong support so the program can reach all in need: “History will judge the humanity of our civilization by how we care for our elderly. Meals on Wheels does not just provide nutrition for the malnourished; it combats the epidemic of loneliness through daily acts of care and compassion. President Trump has asked us at HHS to continue supporting Meals on Wheels so that no American in their twilight years feels forgotten.”¹⁶ Vulnerable seniors across the country and the Meals on Wheels providers that serve them are still waiting to be prioritized. It’s time to End the Wait!¹⁷

As Congress examines how best to support sandwich generation families, strengthening and expanding access to Meals on Wheels and other community-based aging services must be a central part of the solution. I urge you to view Meals on Wheels not as a discretionary benefit, but as an essential, cost-effective solution that supports the health and well-being of older Americans, strengthens families, protects taxpayers and honors the dignity of aging at home. As such, **adequate federal funding for the OAA Nutrition Program must be prioritized.**¹⁸

The Pervasive and Growing Problem of Senior Hunger

Since its addition to the Older Americans Act in 1972, the OAA Nutrition Program has provided billions of meals to seniors in need, improved countless lives and saved considerable taxpayer dollars through well-established trust built at both the community and national levels. While this program has worked as it was designed for decades, it is not close to reaching all those in need. Eight out of ten (80.3%) low-income, food insecure older adults are not receiving the congregate

¹⁴ Bernadette Wright, Victoria Owens, The Growing Unmet Need for Older Adult Nutrition Programs: Evidence from National Datasets, *Innovation in Aging*, Volume 9, Issue Supplement_2, December 2025, igaf122.391, <https://doi.org/10.1093/geroni/igaf122.391>

¹⁵ [Growing Unmet Need for Older Adult Nutrition Programs: Evidence from National Datasets | Innovation in Aging | Oxford Academic](#)

¹⁶ [Secretary Kennedy Instagram post](#) following visit to Meals on Wheels of Central Maryland, June 10, 2025.

¹⁷ [End the Wait®: Seniors are On Hold for Meals and Connection](#)

¹⁸ [The Time is Now: Meals on Wheels Funding Crisis Explained](#)

or home-delivered meals that they are eligible for and likely need.¹⁹ **From a national survey, we found that one in three local Meals on Wheels providers maintains a waitlist, with seniors waiting on average four months for vital meals and moments of human connection, and in some cases for two or more years.**²⁰ Of note, nearly two-thirds of providers with waitlists serve rural areas.²¹ The same survey found an overwhelming majority of providers indicated they face severe challenges in serving all of the seniors in their communities. 78%, have already or would need to add seniors to waitlists due to funding cuts, and 97% indicated they believe that there is unmet need in the area they serve.²²

Additional research has found that older adults who seek Meals on Wheels services are already more vulnerable than the average American seniors, with poorer self-reported health, higher levels of depression and anxiety, greater fears of falling and more.²³ ²⁴**In a recent study, older adults enrolling in Meals on Wheels from waitlists had a five-fold higher risk of food insecurity than typical U.S. older adults** (47% vs. 9% based on 2023 national data). Simply put, while older adults are on waitlists and struggling to have their nutritional and social needs met, their health is continuing to decline and they are more likely to end up in a hospital or nursing home prematurely, at significantly higher cost to the individuals, their families and taxpayers.

The OAA Nutrition Program is an essential linchpin in supporting healthy aging for millions of Americans. But its effectiveness as a solution to the dual crises of senior hunger and social isolation depends on adequate funding. The reality of senior hunger and isolation in our country is sobering. Nearly 14 million older adults aged 60+ worry about having enough food (i.e., are marginally food insecure)²⁵. This was an increase of 3.7 million from 2021.²⁶

¹⁹ Meals on Wheels America analysis of data from U.S. Census Bureau (2021), *2021 Current Population Survey (CPS) Food Security Supplement*. Dataset available at: https://www.census.gov/data/datasets/time-series/demo/cps/cps-supp_cps-repwgt/cps-food-security.html

²⁰ Meals on Wheels America, *2025 Member Benchmarking Survey*. Report forthcoming.

²¹ Meals on Wheels America, *The Crisis of Waitlists for Meals on Wheels: Fact Sheet*. Arlington, VA: Meals on Wheels America, 2024.

²² Meals on Wheels America 2021 Comprehensive Network Survey conducted by Trailblazer Research. Report summary available at: [Member Perspectives and Practices Survey](#)

²³ *Characteristics of Older Adults on Waiting Lists for Meals on Wheels: Identifying Areas for Intervention* - Kali S. Thomas, Raul Smego, Ucheoma Akobundu, David Dosa, 2017

²⁴ Laura Samuel, Emily Gadbois, Kimberly Bernard, Claire Wang, Nichole Stetten, Tiffany Riser, Christopher Liu, Kali Thomas, *The Role of Food Insecurity in Relation to Meals on Wheels Participation*, *Innovation in Aging*, Volume 9, Issue Supplement 2, December 2025, igaf122.477, <https://doi.org/10.1093/geroni/igaf122.477>

²⁵ Meals on Wheels America analysis of data from the 2024 Current Population Survey. More information on sources and methods available at [STATES-and-US-Fact-Sheets_Sources-and-Methods-3_2026-update.pdf](#)

²⁶ 10.0M in 2021, 13.7M in 2024=3.7M increase. Source MOWA calculations of 2021 Current Population Survey Food Security Supplement data.

Further, 1 in 4 adults age 60 and older live alone, and 56% of adults age 60 and older were lonely at least sometimes, with 23% reporting being severely lonely.^{27 28}

While the national scope of these issues is daunting, **even one individual struggling with hunger and isolation is too many**. With additional challenges fast approaching as America's senior population grows significantly, there is no time to wait for action. The number of OAA-funded meals and seniors the Meals on Wheels network has been equipped to serve has failed to keep pace with demographic shifts, growing need and the rising costs of food, fuel and other expenses. While the OAA Nutrition Program currently serves 244 million nutritious home-delivered and congregate meals annually to 2.6 million older adults²⁹ facing hunger and isolation, there are an estimated 2.5 million low-income, food insecure older adults who are not receiving the home-delivered or congregate meals and social connection they need.³⁰ We have the infrastructure and know-how to reach millions more, but increased appropriations and a strong and timely OAA reauthorization are desperately needed.³¹

The Costs and Consequences of Senior Hunger and Social Isolation

Today, millions of seniors are experiencing some degree of food insecurity and/or social isolation, leaving them at risk for a multitude of adverse health issues and adding stress and strain for family caregivers. Food-insecure older adults experience worse health outcomes than food-secure seniors, with greater risk for heart disease, high blood pressure, diabetes and depression. In addition, seniors with food insecurity reported 3 or more days a month of being in poor physical or mental health compared to food secure seniors.³²

Some of the most vulnerable seniors that the OAA serves – those who are frail, homebound and isolated – rely on the home-delivered meal program for nutritious meals and social connection. The infrastructure and cost-effective interventions to address these consequences already exist through the OAA network. Local, community-based organizations serve a critical role in addressing the nutritional and social needs of our nation's older adults. The impact of these services on seniors' lives is powerful.

Most seniors receiving OAA nutrition services consistently report that participating in the program helps them feel more secure, helps them eat healthier foods, prevents falls or fear of

²⁷ Meals on Wheels America calculations of 2024 American Community Survey data. Figure calculated by aggregating counts of persons 60+ (men + women) living alone, and dividing by the total population age 60+ with data, then multiplying by 100. Retrieved 3/5/2026. (Filters: Row: statefip (for states); age (for national) column: hhtype; weight: person weight, filter: age(60-140)). Available through the IPUMS USA website at <https://usa.ipums.org/usa/sda/> IPUMS USA, University of Minnesota, www.ipums.org.

²⁸ Meals on Wheels America analysis of data from the 2022 Health and Retirement Study survey.

²⁹ Administration for Community Living/Aging, Independence, and Disability (AGID) Data Portal Data Explorer. 2024 data for OAA Title III services

³⁰ Meals on Wheels America analysis of data from the 2021 Current Population Survey Food Security Supplement

³¹ Administration for Community Living/Administration on Aging (2023), *State Program Report (SPR) 2021*, available on ACL's Aging, Independence, and Disability Program Data Portal (AGID) at: <https://agid.acl.gov/>

³² Ziliak and Gunderson (2021), *The Health Consequences of Senior Hunger in the United States: Evidence from the 1999-2016 NHANES*, report prepared for Feeding America. www.feedingamerica.org/research/senior-hunger-research/senior

falling and allows them to stay in their own homes.³³ In turn, this helps avoid preventable emergency room visits, hospital admissions and readmissions, and extended rehab stays, preventing premature institutionalization, and ultimately reducing our nation's health care costs. Yet despite the well-founded, inextricable link between healthy aging and access to nutritious food and regular socialization, millions of seniors struggle to meet these basic human needs. The cost of not providing these vital services due to funding shortfalls is sobering.

Satish's story offers a powerful example of the difference Meals on Wheels services make for older adults in need. When he reached out for help to Meals on Wheels Etc. in Sanford, Florida, Satish could barely stand long enough to make a sandwich. Diabetes, memory loss and repeated falls made cooking dangerous. "I would take a glass of carrot juice and call that lunch," he said. "Some days, I'd just go to bed hungry." Even so, **Satish had to be placed on a waitlist with more than 400 other seniors due to funding constraints – the biggest reason for waitlists nationwide. He waited three long years for support.** The lack of sustainable funds is leaving seniors hungry, and that hunger isn't just physical – it's emotional and social, too. While Satish waited, his energy dwindled and his world shrank. "I couldn't go outside much. I didn't have the strength," he said. "I would just sit." When a meal slot finally opened, **his life changed overnight.** Satish now receives home-delivered meals five days a week and checks the menu each morning. "It gives me something to look forward to," he said. He regained strength, independence and a sense of connection. **"Meals on Wheels is lifesaving. For people like me it means everything."**

In 2018, 95% of older adults age 60 and older had at least one chronic condition, while nearly 80% had two or more.³⁴ Increasingly, older adults need access to nutritious meals and comprehensive services that can help them manage their chronic conditions.

Malnutrition, senior falls and social isolation tell a similar story. Adjusted for inflation to August 2025 dollars, older adult falls cost the U.S. healthcare system \$100 billion a year in 2020, with most of the cost paid by Medicare.³⁵ ³⁶ Studies show the highest rates of social isolation are found among older adults, putting seniors at risk for high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease and even death.³⁷ Adjusted for inflation to August 2025 dollars, social isolation among older adults leads

³³ Meals on Wheels America analysis of data from the 2023 Administration for Community Living (ACL) National Survey of Older Americans Act Participants. Details on sources and methods here: [What-We-Deliver-2026-National-Snapshot_Sources-and-Methods_Jan2026.pdf](#)

³⁴ National Council on Aging. Chronic Inequities: Measuring Disease Cost Burden Among Older Adults in the U.S. A Health and Retirement Study Analysis. Page 5, Figure 2. April 2022. Data are for adults age 60 and older in 2018. <https://ncoa.org/article/the-inequities-in-the-cost-of-chronic-disease-why-it-matters-for-older-adults>

³⁵ Haddad YK, Miller GF, Kakara R, et al. Healthcare spending for non-fatal falls among older adults, USA Injury Prevention 2024;30:272-276. <https://injuryprevention.bmj.com/content/30/4/272>

³⁶ Thomas, et al. (2018), Home-Delivered Meals and Risk of Self-Reported Falls: Results from a Randomized Trial. *Journal of Applied Gerontology*, 37(1), 41–57. <https://doi.org/10.1177/0733464816675421> Adjusted for inflation was calculated using the U.S Bureau of Labor Statistics CPI inflation calculator. Costs adjusted from \$80 billion in December 2020 dollars to August 2025 dollars.

³⁷ Holt-Lunstad, J., Smith, T. B., Layton, J. B. (2010), Social Relationships and Mortality Risk: A Meta-analytic Review. *PLoS Med* 7(7): e1000316. <https://doi.org/10.1371/journal.pmed.1002981>

to an extra \$9 billion in Medicare spending a year, similar expenditures to that of having high blood pressure or arthritis.³⁸

The Case for Meals on Wheels

As noted throughout this testimony, Meals on Wheels is a proven solution that addresses the escalating issues of senior hunger and isolation. We know this not only through the daily anecdotes we hear of how Meals on Wheels has impacted people's lives, but through decades of research. Our 2023 report, *The Case for Meals on Wheels: An Evidence-Based Solution to Senior Hunger and Isolation*, showcases consistent findings that Meals on Wheels improves senior health, safety, social connection and more while saving taxpayer dollars.³⁹

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

1. **Reduced use of costly health care services:** Several studies found Meals on Wheels program participants needed fewer visits to the emergency room or experienced fewer hospital stays or readmissions. This reduces stress, time and expense for both seniors as well as caregivers.
2. **Reduced nursing home use and increased ability to age in place:** Access to medically tailored and home-delivered meals allowed individuals to stay in their homes rather than transfer to a nursing facility for nutritional support. Nearly all (92%) home-delivered meal participants said the meals help them continue to live independently, according to the 2022 national survey of Older Americans Act Title III home-delivered meal participants.
3. **Reduced health care costs attributed to reduced hospital and nursing home spending:** In line with outcomes noted above, reduced health care and nursing home use also meant Meals on Wheels participants spent less on health care. One study found that among individuals receiving medically tailored meals, average medical expenditures were 40%

And for coronary heart disease and stroke. **Source:** Valtorta, N. K., Kanaan, M., Gilbody, S., Ronzi, S., Hanratty, B. (2016). Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies. *Heart* 2016; 102:987-989.
<http://dx.doi.org/10.1136/heartjnl-2015-309242>

³⁸ Flowers, L., Houser, A., Noel-Miller, C., Shaw, J., Bhattacharya, J., Schoemaker, L., & Farid, M. (2017). Medicare Spends More on Socially Isolated Older Adults. AARP Public Policy Institute. <https://www.aarp.org/ppi/info-2017/medicare-spends-more-on-socially-isolated-older-adults.html> and Shaw, J., Farid, M., Noel-Miller, C., Joseph, N., Souser, A., Asch, S., Bhattacharya, J., Flowers, L. (2017). Social Isolation and Medicare Spending: Among Older Adults, Objective Social Isolation Increases Expenditures while Loneliness Does Not. *J Aging Health*. 2017 October; 29(7): 1119–1143. doi:10.1177/0898264317703559. Adjusted for inflation was calculated using the U.S Bureau of Labor Statistics CPI inflation calculator. Costs adjusted from \$6.7 billion in December 2012 dollars to August 2025 dollars.

³⁹ Meals on Wheels America (September 2023), *The Case for Meals on Wheels: An Evidence-Based Solution to Senior Hunger and Isolation*. <https://www.mealsonwheelsamerica.org/learn-more/research/the-case-for-meals-on-wheels-sept23>

lower per month for those receiving meals than for a matched group not receiving meals (\$843 vs. \$1,413).

4. **Reduced social isolation and loneliness:** Several studies found a link between home-delivered meals and reduced social isolation or loneliness, particularly among participants who lived alone. These benefits resulted from contact with drivers during meal deliveries and opportunities for social connection via other Meals on Wheels programs.
5. **Reduced falls and increased home safety:** Several studies found Meals on Wheels participants experienced fewer falls and minimized exposure to hazards in the home, outcomes attributable to safety checks provided at meal delivery, and a reduced need to cook in the kitchen.
6. **Increased food security:** Several studies concluded that home-delivered meal participants worried less about having enough to eat. Those individuals who received breakfast and lunch deliveries, rather than just lunch, benefited even more.
7. **Improved diet quality:** Home-delivered meals led to higher-quality diets among participants, as measured by nutrient intake, calories, vitamins, and other indicators. Participant feedback reinforced that meal delivery helped them eat healthier, more nourishing foods.
8. **Reduced or slow decline in nutritional risk:** Program participants threatened by malnutrition saw improvement in their nutritional risk scores. Individuals benefited from both improved dietary intake and improved food security.

Robin's experience in Norman, Oklahoma, makes a personal case for how Meals on Wheels services can truly be lifesaving. It was 11:40 a.m. on a Monday, and Robin was in chronic heart failure. Her breathing was labored, and she had developed cellulitis in her right arm, which was about eight times its normal size. Fortunately, Meals on Wheels volunteers Gena and Jeff Freeman arrived in the nick of time. Desperate to keep Robin alive, they called 911 and gave her four aspirins at the instruction of the 911 operator. When first responders arrived, Robin was rushed to the hospital, where she had 24 pounds of fluid removed from her arm. Today, she is safe at home. But had Gena and Jeff not knocked on her door, she would have surely died.

Unfortunately, the evidence-based, life-bettering services offered by Meals on Wheels don't reach millions of older adults who desperately need them and, by extension, don't provide the critical support, reassurance and respite that could benefit sandwich generation and other family caregivers. **Seniors' and caregivers' access to these critical services is only possible with the support of Congress and sufficient federal funding.** *The Case for Meals on Wheels* report and the personal examples of seniors like Claire, Satish and Robin illuminate the profound impact of Meals on Wheels services and the necessity to increase federal funding to meet the needs of our growing senior population.

Conclusion

Thank you for holding this timely hearing and inviting me to testify before you. I appreciate the chance to share how Meals on Wheels services provided by trusted, community-based organizations improve the lives of senior citizens, caregivers, communities and our nation. I would like to extend a special thanks to Ranking Member Gillibrand for her leadership in prioritizing increased funding for the OAA Nutrition Program. And I want to thank all members

of the Committee for sharing the belief that no senior in America should be left hungry or isolated. I hope the information I provided today is helpful as you consider opportunities to address the challenges that older adults and their caregivers face and support their ability to lead nourished, connected and healthy lives. Thank you again for your time, and I am pleased to answer any questions you might have.

**Written Testimony on Family Caregiving in the United States and New York State
Submitted to the Senate Special Committee on Aging**

**Rebecca Preve – Executive Director Association on Aging in New York
May 13, 2026**

Chair Scott, Ranking Member Gillibrand, and Members of the Committee:

Thank you for the opportunity to testify on the vital issue of family caregiving in the United States. I am the Executive Director of the Association on Aging in New York State and represent the 59 Area Agencies on Aging (AAA) in New York. AAA's across the country are deeply committed to serving caregivers and keeping older adults in their homes and communities. Caregiving is not just a social issue, but also a major economic force that supports the health care system. This is done at a fraction of the fiscal cost of institutional settings, but more importantly, it protects the dignity and autonomy of older adults and individuals with disabilities. It is also paramount to understand that supporting Older Americans and caregivers should be an expectation, as older individuals contribute 1/3 of all economic output in the country, at almost 9 trillion dollars annually, and provide over 60% of all Federal income taxes.

Caregiving is a cornerstone of our nation's healthcare system, yet it remains largely underrecognized in policy and funding decisions. Across the country, millions of Americans provide essential care to family members and loved ones with chronic illness, disability, or age-related needs, often without compensation or formal support. Additionally, services for caregivers under the *Older Americans Act* for non-Medicaid eligible individuals have not kept pace with the growing need, which is leaving caregivers on long waiting lists to receive assistance. In New York there are more than 4.1 million caregivers making up over 26% of the adult population. They provide uncompensated care at an economic value of over \$39 billion per year. Nationally, unpaid caregiving is worth over a trillion dollars per year.

National data shows that roughly one in four caregivers, or about 15 to 17 million Americans, are part of the 'sandwich generation,' simultaneously caring for both children and aging relatives. Sandwich generation caregivers face intense and competing caregiving demands. They must navigate multiple complex systems that do not coordinate with each other with limited access to financial, emotional, or logistical support. Family caregivers, especially members of the Sandwich Generation, function as an extension of the formal healthcare system, enabling their loved ones to remain in their homes and communities while reducing reliance on institutional care.

Although much of the Sandwich Generation's caregiving work is unpaid, it often comes at a great personal cost. For working caregivers, there are enormous implications for workforce participation, financial stability, and even their personal health. Working caregivers are often forced to reduce their work hours, take unpaid leave, or exit the workforce prematurely. These disruptions can result in lost wages, diminished retirement savings, and long-term financial insecurities. Additionally, the demands of caregiving have dire consequences for caregivers' physical and mental health. Research indicates that 85% of sandwich generation caregivers report at least one adverse mental health symptom, and that serious suicidal ideation is reported by approximately half of working caregivers in a 30-day period. This is eight times the odds of adults who are not in caregiving roles. Sandwich generation caregivers have the highest documented mental health impact rates of any caregiver group. There is simply no opportunity to focus on one's own health when struggling to fulfill employment and caregiving demands for children and aging relatives.

At the same time, unpaid caregiving generates substantial cost savings by delaying or preventing more expensive forms of institutional care. In New York State, our average client is an 83-year-old, low-income female who lives alone, with 4-10 chronic conditions and needs assistance with Activities of Daily Living (ADLs) and more intense Instrumental Activities of Daily Living (IADLs). Without family support, these individuals would be forced to impoverish themselves to qualify for Medicaid services. AAAs serve these people in their homes and communities on average for 7 years for less than \$10,000 per year. This saves the Medicaid systems hundreds of millions of dollars each year. The AAA system provides these services across the country. They are needed now more than ever due to H.R. 1 and its drastic cuts to Medicaid.

The enacted reconciliation package included the largest cuts to Medicaid in program history and significantly reduced its federal spending over the next decade (estimated in the hundreds of billions to over \$1 trillion depending on scoring). H.R. 1's changes to Medicaid will have significant downstream effects on long-term care and caregiving systems by reducing federal Medicaid spending growth and shifting greater financial responsibility to states. As Medicaid is the primary payer for long-term services and support, including Home- and Community-Based Services (HCBS) and a large share of nursing facility care, any reduction in federal funding places pressure on state budgets to absorb rising costs. In practice, states typically protect mandatory Medicaid services first, which means optional programs such as HCBS are more vulnerable to reductions, stricter eligibility, reduced service hours, or expanded waiting lists, which are already years long in some places. As a result, the effect of H.R. 1's state implementation is likely to intensify caregiver burden, constrain access to community-based services that support aging in place and disability independence, and accelerate systemic strain across both institutional and home-based long-term care settings.

Additionally, Federal data and peer-reviewed analyses indicate that the United States has experienced the closure of more than 750 skilled nursing facilities since 2020, averaging roughly 150 closures per year, with continued closures driven by staffing shortages, rising labor and operating costs, and financial instability in facilities heavily reliant on Medicaid reimbursement. These closures are not occurring in isolation; they are part of a broader restructuring of the long-term care system in which institutional capacity is contracting while demand continues to grow. Care needs do not disappear when facilities close; they are instead shifted into home settings, placing additional strain on HCBS and, most significantly, on family caregivers. This, in turn, forces caregivers out of the workforce and threatens the independence and community of the older adults and people with disabilities who need that care. This dynamic underscores the urgency of strengthening both Medicaid HCBS infrastructure and federal caregiver support programs to prevent cost-shifting onto families without adequate training, respite, or financial assistance.

Lastly, the Administration for Community Living (ACL) must remain the independent authority for aging and disability resources instead of being absorbed into the broader Health and Human Services Agency structure as proposed in President Trump's Fiscal Year 2027 budget. As Sandwich Generation caregivers juggle their time and resources navigating childcare, education, and caregiving systems, ACL is one of the only federal agencies coordinating resources to support them at every juncture.

The solution to long-term care cannot be to rely on the unpaid labor of family members and loved ones. Not only is this approach burdensome, but it also ignores the reality that many older adults and people with disabilities lack the family support to rely on family caregivers. There are people who age alone with very little community support, and as Medicaid-funded systems are stretched, it is unclear who will care for them as they age.

To respond to these challenges, states like New York have focused on caregiving and community support. This includes free, online evidenced based caregiver interventions such as Trualta, which utilizes the Caregiver Intensity Index to assess caregivers and link them to services, the working caregiving initiative to screen and support New York State employees, and pilot programs in major employers to support working caregivers. Additionally, New York State is deploying a variety of technology-based services and interventions that support older individuals and caregivers by harnessing the power of Artificial Intelligence (AI) and technology to meet needs in the community. (see attached)

Regarding caregiving, there are key considerations that include the desperate need for funding at the Federal Level. Under the *Older Americans Act*, the primary federal support for family caregivers—the National Family Caregiver Support Program—receives only about \$200 million annually, representing less than 10 percent of total *Older Americans Act* funding. This is extremely limited funding, as family caregivers provide care valued in hundreds of billions of dollars each year, effectively serving as the unpaid backbone of our long-term care system. This imbalance highlights a clear gap between the critical role caregivers play and the level of federal investment dedicated to supporting them. Additionally, lawmakers should ensure robust funding for Medicaid, with an emphasis on programs that support people's ability to age in place, as this is the overwhelming preference of older adults. Additionally, paid family and medical leave, flexible work arrangements, such as those outlined in Senator Gillibrand's FAMILY Act, and supportive employers are critical in supporting caregivers. Caregivers should also have access to training for medical and caregiving tasks and should be formally recognized as part of the care team, including through compensation. Additionally, (S 2120) *Older Americans Act Reauthorization Act of 2025* needs to be passed, as services for caregivers are an essential part of the OAA.

Family caregivers represent a critical, yet largely invisible component of the national health care infrastructure. Contributions of caregivers reduce costs and allow millions of older and disabled Americans to remain in their homes and communities. They must be valued and served accordingly. We urge policy makers to not only deem family caregivers as heroes, but also enact legislation, funding, and policy that support their aging and disabled loved ones.

Thank you for the opportunity to testify at this hearing.

Footnotes

1. AARP & National Alliance for Caregiving. *Caregiving in the United States 2025*.
2. AARP New York. *Caregiving in New York State: Prevalence and Characteristics*. 2023.
3. AARP Public Policy Institute. *Valuing the Invaluable: 2023 Update*.
4. National Alliance for Caregiving & AARP. *Caregiving in the United States 2020*.

New York State Office for the Aging Technology Innovations

Archangels – Caregiver Intensity Index - ARCHANGELS works to support individuals who provide uncompensated care to someone else (caregivers). They focus on reframing how caregivers are seen, honored, and supported using a combination of data and stories, through public and private partnerships. The platform provides each caregiver with an intensity ‘score’ that not only validates their experience, but crosswalks them to state and local resources. This resource prioritizes helping individuals self-identify as a caregiver to provide supports and help, if needed.

Tualta - The New York Caregiver Portal, powered by Tualta, provides a vital support and training tool. The Caregiver Portal/Tualta teaches critical skills to reduce caregiver stress levels and increase confidence in one's caregiving abilities while connecting caregivers to other New York State resources. Tualta is evidenced based and reduces emergency department utilization by 30% for supported caregivers, and reduces skilled nursing facility placements. Tualta has saved \$11.48 million dollars in NYS since 2022 due to a reduction in emergency department visits, and delaying nursing home placements. Additionally, there have been over 5,573 online support groups held for caregivers.

Relish - Products include specially designed clocks, jigsaw puzzles, radios, brain teasers, and sensory activities for individuals with dementia.

Memory Lane TV - Memory Lane TV (MLTV) is a streaming, science-based behavioral and multisensory digital intervention designed to support people living with Alzheimer's and related dementias and their professional and family care partners. Over 1,500 hours of positive, plot-free content is personalized for each user and is built to reduce agitation and depression, connect with the natural rhythms of the day, experience soothing memories, and find joy.

Zinnia TV - For individuals with dementia, Zinnia TV is a therapeutic alternative to standard TV programming, which can trigger confusion, distress, and daytime sleeping. Exploring a meaningful topic on Zinnia TV can soothe, delight, and reinforce a person's sense of identity. Video is slow moving, soothing and promotes respite for caregivers.

Maphabit - The MapHabit platform uses scientifically proven step-by-step guides to empower individuals with intellectual and developmental disabilities (IDD), autism, and traumatic brain injuries (TBI), as well as individuals living with Alzheimer's Disease and related dementias (ADRD), to master their daily routines. A library of over 1,000 maps covering daily tasks can be customized for everyone to reduce caregiver burden and foster independence.

Ageless Innovation - Since 2018, NYSOFA has been providing more than 38,000 animatronic pets to older adults who experience social isolation. These plush, "lifelike" robotic pets are designed to make realistic sounds and motions, providing comfort and companionship to individuals. In 2023, NYSOFA also partnered with the Association on Aging in New York (AgingNY) and community groups to bring Ageless Innovation's reimagined, intergenerational games to increase social connections. Sending 7,200 boxes of intergenerational games to CBOs.

Intuition Robotics - ElliQ is an AI care companion designed to foster independence and provide support for older adults through daily check-ins, assistance with wellness goals and physical activities, and more using voice commands and/or on-screen instructions. ElliQ is proactive and personalized.

GetSetUp - GetSetUp is a dynamic learning and discovery platform offering training on technology to bridge the digital divide while offering virtual classes tailored exclusively for older adults. With over 5,000 classes across 40 categories, including technology, fitness, nutrition, cybersecurity, health and wellness, and social activities, it caters to diverse interests and needs. GetSetUp empowers older New Yorkers to bridge the digital divide, age independently, and combat loneliness through its platform available around-the clock.

Virtual Senior Center - The Virtual Senior Center (VSC) was created in 2010 by Selfhelp Community Services to help homebound and socially isolated older adults stay connected to their community. The VSC offers robust programs designed for older adults, managed by social workers who provide intentional engagement. It fosters an inclusive and engaging environment where older adults can connect with one another from wherever they call home.

Blooming Health - The platform enables instant communication about vital information such as weather alerts, program deadlines, event reminders for evidence-based programs, nutrition education, and wellness programs, and social engagement opportunities in over 80 languages.

Vivo - Team Vivo is an evidence-based strength training and exercise program designed to increase strength and reduce falls and injuries related to falls. Team Vivo provides an online small group fitness program that, unlike videos or livestreamed classes, is a live and interactive two-way experience with measured outcomes. Vivo classes are designed to build strength and function through individualized feedback from a live trainer while also providing social engagement and building community that drives 98% monthly customer retention.

BetterAge - BetterAge provides a population health solution through a web-based platform that measures what matters with respect to healthy aging and generates important insights for

individuals and organizations. A health and well-being assessment, aligned with the social determinants of health, provides in-depth insight into healthy aging at every scale. For older adults, a personalized health and well-being report and recommendations are provided, and organizations can review this data as they develop programs, set policy approaches, and work to maximize funding.

Onscreen – Onscreen turns TVs into interactive care hubs, making family video calls, telehealth, and virtual social events easily accessible for older adults that struggle with technology. The platform also includes a TV-based AI companion that helps with regular check-ins and provides companionship, simplifying daily interactions and enhancing quality of life for older adults and caregivers.

LifeBio – LifeBio is capturing the stories and life experiences of New York State older adults, especially people who are reaching end of life and those who may be receiving hospice or palliative care. LifeBio is an evidence-based life story/reminiscence therapy solution that records people's backgrounds, stories, and care preferences in their own voices with an easy-to-use app.

SCCMedQR – wearable band for instant information on older adults that can be scanned by EMS, ER's and hospitals and instantly connects with caregivers if QR code is scanned

MyRosalie – Up to 2 hours monthly of phone calls to combat social isolation by connecting older adults with others with same interests.

Smart Hygiene – AI bidet that cleans and washes older adults to reduce UTI's and fall risk in the bathroom – targeting older women with UTI history and fall risk.

Essential Care Visitor Program – Trains family in nursing homes to provide care to their loved on due to workforce shortage in facility to improve quality of care.

Eversafe – platform to protect financial and other information and to flag irregularities to prevent/combat financial exploitation

FraudFindr – platform to quickly analyze financial information to identify possible financial fraud.

SilverShield – makes it easy for people to spot and stop scams, all over SMS and email, no app or training required. Built and tested with hundreds of professionals (APS, FBI, case managers, tech trainers, senior centers)

Questions for the Record

U.S. SENATE SPECIAL COMMITTEE ON AGING

"CAUGHT IN THE MIDDLE: SUPPORTING FAMILIES IN THE SANDWICH GENERATION"

MAY 13, 2026

QUESTIONS FOR THE RECORD

Karla Radka**Ranking Member Kirsten E. Gillibrand****Question:**

Can you speak to the broad range of caregiving relationships amongst the caregivers you work with and why a more [generous/expansive] understanding of family caregivers is critical for this growing wave of Americans entering the sandwich generation?

Response:

Caregiving today extends far beyond traditional definitions and must be understood through a broader, more inclusive lens.

Through our work at the Senior Resource Alliance, we support caregivers across a wide and evolving spectrum of relationships. Caregivers are not only adult children caring for aging parents, but they also include spouses, siblings, grandparents raising grandchildren, and even neighbors or close friends who step into caregiving roles out of necessity. Many of these caregivers are unpaid and operate outside formally recognized systems of care, yet they provide essential support that enables individuals to remain in their homes and communities with dignity.

Within the sandwich generation, caregivers are balancing multiple responsibilities simultaneously raising children while supporting aging parents, often while maintaining full-time employment. Increasingly, this also includes multi-generational caregiving arrangements that reflect the complexity of modern families.

An expansive understanding of "family caregiver" is critical to ensure that policies reflect lived realities, promote equitable access to services, and strengthen program effectiveness. When definitions are too narrow, many individuals providing substantial care are excluded from support and resources designed to assist them.

Policy Recommendations:

To better align federal policy with the realities of caregiving today, Congress should:

- Modernize the federal definition of "family caregiver" to explicitly include non-biological and non-legal caregiving relationships.
- Expand and strengthen the National Family Caregiver Support Program to ensure it serves caregivers across relationship types and circumstances.
- Promote culturally responsive caregiving approaches that recognize extended family and community-based caregiving structures.
- Enhance outreach and navigation support through the aging network to ensure all caregivers can access services early and effectively.

What impact does the persisting direct care workforce shortage have on family caregivers, particularly those in the sandwich generation?

Response:

The persistent shortage of direct care workers has a profound and compounding impact on family caregivers, particularly those in the sandwich generation. In many cases relying and leveraging assisted technology, like 24/7 fall detection that is installed in the home of seniors and engaging caregivers in the process and monitoring.

Direct care workers including home health aides and personal care aides are essential to enabling older adults and individuals with disabilities to remain safe in their homes. However, workforce shortages continue to limit access to these services, shifting increasing responsibility to family caregivers. As a result, family caregivers are often required to fill critical gaps in care delivery, taking on complex and time intensive responsibilities without formal training or adequate support. Many are forced to reduce their work hours, take unpaid leave, or exit the workforce entirely affecting both their immediate financial stability and long term retirement security.

The strain is especially acute for sandwich generation caregivers, who are already balancing caregiving responsibilities across two generations while managing employment and family obligations. Inadequate access to direct care also contributes to delays in services, increased stress, and a higher risk of caregiver burnout.

Addressing the direct care workforce shortage is therefore essential not only to strengthen the long term care system, but also to stabilize and support family caregivers.

Policy Recommendations:

To address the workforce crisis and reduce strain on families, Congress should:

- Increase federal investment in the direct care workforce, including support for competitive wages, benefits, and retention strategies.
- Expand workforce development initiatives focused on training, credentialing, and career pathways for direct care workers.
- Strengthen funding for home and community based services (HCBS) to improve access to care and reduce reliance on unpaid caregivers.
- Advance financial support for family caregivers, such as tax credits, to offset the economic burden when formal care is unavailable and seeking effective models such the Veterans Direct Care from the Veterans Administration.
- Promote integrated care models that better connect family caregivers and direct care workers to improve coordination and support.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"CAUGHT IN THE MIDDLE: SUPPORTING FAMILIES IN THE SANDWICH GENERATION"

MAY 13, 2026

QUESTIONS FOR THE RECORD

Megan Maher**Ranking Member Kirsten E. Gillibrand****Question:**

Please share with us how caring for your parents has affected your employment status and work-related decisions.

Response:

Caregiving has shaped nearly every major professional decision I've made.

I left oncology clinical research when my oldest son was under a year old, during the same period my mother had been diagnosed with stage IV breast cancer. When I later returned to work, it became clear that traditional employment structures were difficult to reconcile with the realities of caregiving.

The unpredictability of caregiving - medical appointments, care coordination, responding to urgent situations with little warning - in addition to mothering two children, does not fit neatly into fixed schedules or limited leave policies. Much of caregiving happens in the spaces between planned events, and those demands are often invisible until they become unavoidable.

Over time, I found myself making professional decisions not primarily around advancement, but around flexibility and the ability to remain responsive to my family's needs.

I eventually became self-employed as an end-of-life doula, and that flexibility has allowed me to remain responsive as my family's caregiving needs have evolved. In many ways, the work I built professionally grew directly out of the caregiving realities I was living personally.

At the same time, self-employment has come with significant tradeoffs. It has meant constrained income growth, reduced retirement contributions, no employer-sponsored benefits, and long-term financial consequences that accumulate gradually over time.

I believe this is true for many caregivers. People quietly reshape their employment, career trajectories, and financial futures around what their families need. Much of that impact remains largely invisible from the outside and insufficiently recognized in policy conversations about work, caregiving, and economic security.

Question:

What kinds of caregiver and workplace offerings might have benefited your situation by providing you with additional options and peace of mind?

Response:

Two things would have made the greatest difference: flexible workplace policies and stronger caregiving infrastructure outside the workplace. I think they have to work together - one without the other is not enough.

On the workplace side, the most valuable offering would have been flexibility that was both meaningful for employees and workable for employers: flexibility around scheduling, some discretion for managers to accommodate unavoidable caregiving demands, and leave policies that recognize caregiving for aging parents as a legitimate and recurring need, not a rare exception. Caregiving is unpredictable. A workplace structure that acknowledges that reality, rather than requiring caregivers to manage it invisibly, would have changed the calculus significantly.

But workplace flexibility alone does not solve the problem if the support systems outside work are not there. What would have given me the most peace of mind was knowing there was reliable, accessible support available when caregiving needs changed unexpectedly - support that did not require navigating complicated systems or planning weeks in advance. An employee assistance program with real caregiving navigation support would have been enormously valuable: someone who could help identify what resources existed locally, through federal programs, and within the healthcare system.

For years, I did not know what I did not know. A single knowledgeable person pointing the way would have changed that.

For sandwich caregivers specifically, employer-sponsored backup childcare - the kind many large employers now offer for new parents - would have been transformative during the years when my sons were young and my caregiving responsibilities were most acute. Finding trusted, last-minute childcare for a single appointment was one of the hardest logistical challenges of those years. I also believe backup elder care support would make an enormous difference for many caregivers trying to balance work responsibilities with the unpredictable realities of caring for aging parents or relatives.

Question:

What policy reforms should Congress prioritize to better support family caregivers' financial security and workforce participation?

Response:

Three areas deserve urgent attention.

First, Congress should prioritize simplifying access to federal programs. The Alleviating Barriers for Caregivers Act addresses something I have witnessed firsthand, not in my own caregiving, but in my work supporting families. Navigating Medicaid is, for many families, meticulous and exhausting. The paperwork is rigorous, extraordinarily time-consuming, and requires a meticulous attention to detail that is difficult to maintain while actively caregiving. The process is opaque, and even finding the correct pathway can be difficult. Families apply, get denied, appeal, and start over. Many end up needing to hire a professional to help them through the process, which creates another cost families may not be able to absorb.

The Home and Community-Based Services (HCBS) Medicaid waiver program deserves particular attention. It is the pathway that can allow someone to receive home-based services and remain in the place they call home rather than entering a nursing facility. In practice, the waitlists can be extraordinarily long, and the eligibility rules, documentation requirements, and application processes are often burdensome for families already under significant strain.

What I find difficult to reconcile is this: it is often easier, procedurally, to place someone in a nursing facility than it is to support them remaining at home. For families who want to keep a loved one at home - which is what many people want, and what research has shown leads to better outcomes¹ - the burden can be significantly higher. Families are often required not only to go through the already rigorous Medicaid application process, but then also endure additional layers of assessments, documentation, and eligibility determinations specific for HCBS. Even after completing that process, many encounter extraordinarily long waitlists, inconsistent availability, or the reality that services may never become available at all. This imbalance in access and support deserves to be addressed directly.

Second, Congress should prioritize meaningful financial recognition of caregiving's economic cost. The Multigenerational Home Caregiver Credit Act is an important step. Caregiving carries real and often invisible financial costs: increased household expenses, constrained professional capacity, deferred income, reduced savings, and long-term financial tradeoffs. A tax credit that acknowledges those costs formally would be both practically helpful and symbolically important.

Third, paid family leave must include caring for aging relatives. Senator Gillibrand raised this during the hearing, and I want to support it clearly for the record. The caregiving workforce is not only new parents. Sandwich generation caregivers are navigating the needs of aging parents at the same time they are raising children and maintaining careers. Paid leave that covers elder caregiving - not only parental leave - would be a significant and meaningful support for millions of Americans doing this work.

Question:

Given that one in five families is now spending more than \$30,000 a year on childcare, can you speak to how these prohibitive costs specifically impact your ability to save for your own future while also managing the medical needs of your aging father?

¹ Rachel M. Werner et al., "Patient Outcomes After Hospital Discharge to Home Health Care vs Skilled Nursing Facility," *JAMA Internal Medicine* 179, no. 5 (2019): 617-623, doi.org; National Institutes of Health, "Effectiveness and Cost-Effectiveness of Home-Based Support for Older Adults," PubMed Central, last modified 2017, nih.gov; "Long-Term Care Survival Rates Among Matched Beneficiaries," *The Gerontologist* 58, no. 4 (2018): 685-694.

Response:

The financial reality of sandwich caregiving is a squeeze from both directions. For many of us, that squeeze does not announce itself all at once. It accumulates quietly, over years.

When my sons were young and my caregiving responsibilities were most acute, childcare costs were significant. Those were the same years I was navigating my mother's illness, supporting my father through a medical crisis, and eventually building a self-employed practice around the realities of caregiving in my family. The costs were simultaneous and compounding - not only in dollars spent, but in professional capacity, income growth, and long-term financial trajectory.

I want to speak clearly about what self-employment means for long-term financial security, because I think it is underrecognized in this conversation. I made a deliberate choice to be self-employed because traditional employment was not well suited to the unpredictability of my caregiving responsibilities. That choice gave me flexibility. It also meant no employer-sponsored retirement plan, no employer match, no employer-sponsored benefits, and an income I intentionally constrained to make space for my family.

Those are not temporary costs. They are permanent ones that compound over time and show up in retirement security.

This is true for many sandwich caregivers. The financial impact is not only what we spend. It is what we do not save, do not invest, and do not accumulate because caregiving reshapes the architecture of our professional and financial lives in ways that are largely invisible from the outside and largely unrecognized by policy.

The combined direct out-of-pocket costs and the ongoing responsibilities, time demands, and employment disruptions associated with caring for children and aging family members create long-term consequences for caregivers' financial futures. That is something this Committee should take seriously.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"CAUGHT IN THE MIDDLE: SUPPORTING FAMILIES IN THE SANDWICH GENERATION"

MAY 13, 2026

QUESTIONS FOR THE RECORD

Jason Resendez**Ranking Member Kirsten E. Gillibrand****Question:**

In what ways do home- and community-based services provide a lifeline for sandwich generation caregivers?

Response:

Home- and community-based services are often the difference between a sandwich generation caregiver being able to stay in the workforce and being forced to drop out or institutionalize a loved one. The 2025 Caregiving in the U.S. report finds that 29 percent of caregivers fall into the sandwich generation category, simultaneously providing care for children and adults, and among caregivers under age 50, that number rises to 47 percent⁽¹⁾ -a population already juggling paid work, childrearing, and high-intensity care. HCBS-personal care, adult day programs, home health, respite, and supported employment-directly absorbs hours of care that would otherwise fall to these families, allowing them to remain employed, sustain their own health, and parent their children. Over five million people receive Medicaid-covered home care services annually⁽²⁾, and for the family members of those recipients, HCBS is functionally the public infrastructure that makes their dual caregiving role survivable.

Question:

How might recent Medicaid cuts put home- and community-based services at risk, and what impact would this have on sandwich generation caregivers who would experience a loss of crucial support?

Response:

The 2025 reconciliation law is estimated to reduce federal Medicaid spending by approximately \$911 billion between 2025 and 2034-roughly a 14 percent reduction in federal funding for the program⁽³⁾-and HCBS is uniquely exposed because, unlike nursing facility care, it is an optional Medicaid benefit. During the last major reduction in federal Medicaid spending, all states reduced spending on home care: 40 states served fewer people and 47 states cut benefits or payment rates for long-term care providers⁽⁴⁾. The likely consequences for sandwich caregivers are longer waiting lists, fewer authorized service hours, lower provider rates that worsen workforce shortages, and tighter eligibility-forcing more unpaid hours onto family members already reporting record financial strain and burnout⁽¹⁾. In practical terms, every hour of HCBS the system cuts is an hour transferred to a daughter, son, or spouse who is also raising kids and holding a job.

Question:

Given the preference for and cost savings in providing supports and services through HCBS over institutional settings, could you please speak to the importance of rebalancing our systems to address this reality?

Response:

Rebalancing is both what people want and what costs less. McGarry and Grabowski found that a one percent increase in HCBS spending was associated with state nursing home populations falling by an average of 47 residents and institutional Medicaid LTSS spending dropping by \$7.3 million, with no evidence of a "woodwork" effect on Medicaid enrollment⁽⁵⁾. In 2023, average annual Medicaid LTSS expenditures were \$17,298 per person for individuals receiving HCBS, compared with \$54,462 for individuals in institutional settings, and the national evaluation of Money Follows the Person found that average per-person Medicaid health and LTSS costs were 23-30 percent lower following transitions back to the community⁽⁶⁾. Yet structural bias persists: nursing facilities are a mandatory Medicaid benefit while HCBS is optional⁽⁵⁾, forcing many older adults and people with disabilities into more costly institutional settings even when their needs and preferences could

be met at home. Eliminating that bias-by making a core HCBS benefit mandatory, sustaining Money Follows the Person, and tying enhanced federal match to rebalancing progress-would align spending with both consumer preference and fiscal reality.

Question:

Knowing that caregiving is almost an unavoidable reality for many Americans, how should policymakers approach family and caregiving leave as a foundational investment for both the labor force and for the health and wellbeing of the people they care for?

Response:

Policymakers should treat paid leave the way they treat roads or public schools: as core infrastructure that enables the rest of the economy to function. More than 63 million Americans-nearly one in four adults-provided care for an adult or child with a complex medical condition or disability and more than 60% provide that care while working. A national, job-protected paid leave program-covering serious illness, end-of-life care, and care for a parent, child, spouse, or chosen family member-keeps workers attached to jobs, preserves wage and retirement growth (which disproportionately protects women and caregivers of color), and improves outcomes for the person being cared for. Without it, the United States will continue to absorb the cost as lost productivity, premature workforce exits, and higher downstream Medicaid spending when unpaid caregiver health collapses.

Question:

What other workplace flexibilities should employers consider as more and more Americans are faced with new or compounding caretaking responsibilities?

Response:

Beyond paid leave, employers should normalize flexible and predictable scheduling, remote and hybrid options where feasible, part-time-with-benefits pathways, and intermittent leave that tracks the episodic nature of real caregiving (a hospital discharge, a fall, a new diagnosis). Concrete benefits matter: subsidized backup care for elders and children, employer-paid respite, navigator and care coordination services, eldercare FSA-style accounts, and caregiver employee resource groups to reduce isolation. Over 40 percent of caregivers now provide high-intensity care, and many perform complex medical tasks while only 22 percent receive training¹-designs that only accommodate a short, one-time leave miss the actual shape of long-term caregiving. The business case is straightforward: retention of experienced workers, lower turnover costs, and reduced presenteeism among the roughly one in four employees who are caregivers right now.

Question:

How do you respond to the argument that caregiving should be a purely uncompensated family responsibility, and why is direct financial support a necessary investment?

Response:

Family caregiving is essential, skilled work, and it deserves to be treated that way. Caregivers provide an estimated \$1.1 trillion worth of care each year-care the public system would otherwise have to buy at market rates-and the work is more demanding than ever. Today's caregivers handle complex medical tasks that once required a hospital and trained professionals: managing medications and IV lines, operating monitoring equipment, dressing wounds, and coordinating across multiple specialists, often around the clock and while holding down jobs of their own.⁽¹⁾ Work this skilled and this vital calls for real support, not gratitude alone. Formal supports and services-refundable caregiver tax credits, Social Security caregiver credits, Medicaid self-direction programs, paid leave, training, and respite care-recognize caregiving for what it is: a demanding job that sustains both the health system and the people who depend on it, while preventing the larger costs that follow when caregivers are pushed into poverty, forced to retire early, or worn down until their own health gives way.

Question:

Can you discuss how building a stronger long-term care system would reduce the burden on caregivers and help support the broader economy?

Response:

A robust long-term care system functions as workforce infrastructure. When HCBS, adult day, home health, and trained direct care workers are available and affordable, family caregivers can stay in paid jobs, contribute to GDP and tax revenue, and continue saving for their own retirement; when those supports are absent,

employers absorb the losses through turnover and reduced hours, and Medicaid eventually absorbs them through avoidable institutionalization in emergency room visits and nursing homes. The number of family caregivers has jumped to 63 million Americans—a 45 percent increase, or nearly 20 million more caregivers, over the past decade.⁽¹⁾ That growth is picking up speed as the population ages. Building the system now costs far less than the alternative: leaving families to carry the burden and paying for more expensive nursing-home care later.

Question:

Beyond direct caregiver support, what gaps exist in the long-term services and supports infrastructure itself, such as workforce shortages in home health and adult day programs, that can force families into caregiving roles with inadequate support?

Response:

Even with generous caregiver benefits, families hit a wall when there are no workers or programs to pay for. The direct care workforce numbers 5.4 million workers, including nearly 3.2 million home care workers.⁽²⁾ The field can't hold onto people: median annual turnover for nursing assistants in nursing homes was nearly 100 percent in 2017-2018, and home care turnover ran close to 75 percent in 2024.6 At the same time, adult day programs have shrunk in many states, respite care is chronically underfunded, rural areas have especially thin home care networks, and waiting lists for home- and community-based services stretch for years in many states.⁽³⁾ So families "choose" to provide care only in the narrowest sense—often there's no alternative, no matter their insurance or income.

Question:

What federal investments in the paid LTSS workforce would most reduce unmet need among older adults?

Response:

The federal investments with the largest expected return on unmet need are: (a) a permanent enhanced Federal Medical Assistance Percentage (FMAP) for HCBS tied to workforce wage floors and rebalancing benchmarks; (b) a substantial, sustained increase in funding for the Older Americans Act, including Title III-E for caregivers and nutrition and transportation programs; (c) federal floor wages and benefits for Medicaid-funded direct care workers; (d) reinvigorated Money Follows the Person and full implementation of the Ensuring Access to Medicaid Services rule; and (e) funded apprenticeships and career ladders for the direct care workforce.

Question:

What legislative opportunities are there to better support family caregivers, such as enhanced training, financial relief, or increased access to respite care?

Response:

Several bills now before Congress map directly onto the needs you've identified—financial relief, training, respite care, and access to care.

On financial relief, several bills stand out. The Social Security Caregiver Credit Act (S. 4396 / H.R. 8490) would credit eligible caregivers with up to five years of deemed wages toward their Social Security benefits, addressing the fact that total wage, pension, and Social Security losses due to caregiving exceed \$300,000 over a lifetime. The Multigenerational Home Caregiver Credit Act (S. 3295 / H.R. 7584) would establish a \$2,000 nonrefundable tax credit for adult family members who live with an aging relative and provide at least 10 hours per week of qualifying care. The FAMILY Act (S. 2823 / H.R. 5390) would establish the country's first comprehensive national paid family and medical leave program: up to 12 weeks of partial wage replacement. And the HELP Copays Act (S. 864 / H.R. 6423) would require insurers and pharmacy benefit managers to count copay assistance toward a patient's deductible and out-of-pocket maximum.

On respite care and training, the foundation is the Older Americans Act reauthorization (S. 2120), which underpins the home- and community-based services system; its National Family Caregiver Support Program (Title III-E) is the only federal program dedicated specifically to supporting family caregivers—funding respite, training, counseling, and information and referral services. Paired with it, FY 2027 appropriations would direct \$256 million to the National Family Caregiver Support Program and \$20 million to the Lifespan Respite Care Program, given that more than a third of caregivers want respite and only 14 percent receive it.

On access to care and earlier diagnosis, the ASAP Act (S. 3267 / H.R. 6130) would permit Medicare to cover FDA-cleared blood-based screening tests for Alzheimer's and related dementias. Under current law, Medicare is barred from covering these tests without specific congressional authorization, and the result is that fewer than

10 percent of people are diagnosed at the mild cognitive impairment stage, when treatment is significantly more effective. For the millions of caregivers supporting a parent or grandparent with cognitive decline, earlier diagnosis means a longer window for treatment and planning-and a delay in the most intensive and costly phases of dementia care.

On easing the burden of navigation, the ABC Act (S. 1227 / H.R. 2491) would require CMS, the Social Security Administration, and CHIP to identify ways to reduce administrative burden on family caregivers-a response to the fact that one in four caregivers explicitly say they want help with forms, paperwork, and eligibility for services.

Finally, these bills are most effective inside a coherent national framework: the National Strategy to Support Family Caregivers, the first-ever federal roadmap, authorized by the bipartisan RAISE Family Caregivers Act. The path forward is to reauthorize the RAISE Act through the Older Americans Act reauthorization, double the implementation funding, set measurable targets, and hold federal agencies accountable.

Question:

What lessons can we draw from the American Rescue Plan Act's enhanced federal match for HCBS, and what would it take to translate that one-time investment into durable HCBS system improvements?

Response:

Section 9817 of the American Rescue Plan Act gave qualifying states a temporary boost-a 10 percentage-point increase in the federal share of Medicaid spending (the FMAP) for certain home- and community-based services. As a result, states expected to spend nearly \$37 billion to enhance, expand, or strengthen those services, including essential caregiver supports like self-directed programs.⁽⁶⁾ The lesson is encouraging but incomplete: even a temporary increase in the federal match produced fast, measurable gains-higher pay rates, recruitment and retention bonuses, shorter waiting lists, and new technology investments. But states warned all along that one-time money couldn't sustain ongoing wage increases or new services.

Turning that one-time infusion into lasting change takes a permanent enhanced FMAP for these services-tied to transparency, minimum wage floors for workers, and real progress on rebalancing. It also takes making these services a mandatory Medicaid benefit, so states can't pull back the moment federal support fades.

Question:

How could streamlining and simplifying Medicaid HCBS waiver authorities reduce administrative complexity for states and beneficiaries navigating the patchwork system?

Response:

The current patchwork-1915(c) waivers, 1915(i) and 1915(k) state plan options, 1915(j) self-direction, and 1115 demonstrations-creates real administrative drag for states and bewildering complexity for families navigating eligibility, services, and waiting lists. The Bipartisan Policy Center has recommended that Congress streamline the authority process into one that captures the existing flexibilities within current waivers, such as the commonly used 1915(c) waiver, preserving access while making service delivery less administratively complex⁽⁹⁾. A consolidated HCBS authority-with a single set of person-centered planning, conflict-free case management, and quality reporting standards-would reduce state administrative cost, shrink approval timelines, and let beneficiaries move across services and life stages without re-qualifying every time their needs change.

Question:

What is your assessment of how the current federal-state HCBS financing structure is performing, and what reforms would most meaningfully expand older adults' ability to receive care at home and in the community?

Response:

The current structure is producing slow rebalancing but at the cost of profound inequity: where you live and what your disability label is determine whether you get services or sit on a multi-year list. From 2022 to 2023, HCBS users as a percentage of total Medicaid LTSS users grew from 86.6 to 87.1 percent, while HCBS expenditures as a percentage of total Medicaid LTSS expenditures fell from 64.6 to 63.8 percent⁽¹⁰⁾, signaling that more people are getting some HCBS but at thinner per-person service levels. The reforms most likely to expand older adults' ability to age at home are: making a core HCBS benefit mandatory in Medicaid (mirroring the existing mandatory status of nursing facility care); a permanent enhanced FMAP for HCBS; federally enforced minimum service standards; dedicated waiting-

list reduction funding; and Medicare coverage of a meaningful long-term care benefit so that Medicaid is not the only payer of last resort.

Question:

What actions should federal policymakers take to increase recruitment and retention of direct care workers, and how would those policies improve the experiences of family caregivers?

Response:

Despite incremental gains, the median hourly wage for direct care workers was just \$17.36 in 2024, with median annual earnings just under \$26,000⁽⁸⁾, and Medicaid is the dominant payer for HCBS services—meaning federal policy effectively sets wages in this field. Federal actions that would most move recruitment and retention include: a required pass-through of rate increases to worker compensation; federally funded apprenticeship and certification pathways with stackable credentials; immigration pathways for direct care occupations; health and retirement benefits parity; and OSHA-backed safety standards. For family caregivers, a stable, decently paid workforce means actually being able to find a worker—reducing the burden of last-minute call-offs, training a revolving door of aides, and filling unfilled hours themselves.

Question:

Can you speak to why investing in the direct care workforce including improving wages, benefits, training, labor protections, and career pathways is critical to meeting the nation's long-term care needs? And what should Congress be doing to support and stabilize the direct care (caregiving) workforce so that seniors, people with disabilities, and families can actually access the care they need?

Response:

PHI's twenty years of research has documented chronic challenges facing a direct care workforce comprised largely of women, people of color, and immigrants, who—despite incremental wage growth and the importance of their work—still face significant economic instability⁽⁷⁾. The HCBS workforce is projected to grow more than any single occupation in the coming decade, creating an estimated 700,000-plus new jobs, but turnover runs upwards of 80 percent⁽⁹⁾. A workforce in which a significant share of workers live in low-income households and rely on public assistance cannot be the foundation of care for the largest aging cohort in U.S. history⁽⁷⁾. Congress should: (1) fund apprenticeship, training, and advanced-role pathways (including universal direct care worker credentials and advanced aide roles); (2) extend FLSA and NLRA protections fully to home care workers; (3) make permanent the enhanced HCBS FMAP; and (4) invest in workforce data infrastructure so states can target shortages.

Question:

How would passing the Domestic Workers Bill of Rights support the direct care workforce that many sandwich caregivers rely on?

Response:

There are an estimated 2.2 million domestic employees across the United States working in private homes to provide direct care, child care, and house-cleaning services⁽¹¹⁾, and they remain partially or wholly excluded from foundational labor protections enacted in the 1930s. The federal Domestic Workers Bill of Rights Act (S. 3396 / H.R. 3971, 119th Congress) would extend common workplace protections to this workforce (overtime, paid sick days, freedom from discrimination and harassment); require written agreements and privacy protections; and provide a temporary increase in the federal medical assistance percentage for Medicaid-funded services delivered by domestic employees^(11,12). For sandwich caregivers, this matters because stable, fairly paid home care workers are far more likely to stay in the job, reducing the constant retraining and gap-filling that families currently absorb, and the bill's FMAP boost would channel real wage gains to the workers families depend on most.

Senator Raphael Warnock

Question:

Nearly 42 percent of Georgians aged 65 or older depend on Social Security benefits for at least half of their income. These benefits help them afford daily expenses and alleviate the financial burden on sandwich caregivers, who cover essential services for older adults. However, since January 2025, the Trump administration has cut more than 7,000 Social Security Administration (SSA) employees, and Georgia

lost nearly 10 percent of its SSA workforce between Fiscal Year 2024-2025. Due to massive workforce cuts, Georgians must wait weeks to schedule an appointment with the SSA field office and an average of 11 months for disability claims.

How can Congress improve SSA customer service to ensure older adults in states like Georgia have access to their hard-earned benefits?

Response:

Congress should: (1) restore SSA's frontline workforce through dedicated, multi-year administrative funding with staffing floors at field offices, prioritizing states like Georgia that have lost a disproportionate share; (2) require SSA to publicly report disaggregated, state-level wait-time and backlog data, after the agency's mid-2025 removal of detailed customer service metrics obscured the impact of staffing cuts; and (3) halt further field office closures, since older adults and their family caregivers depend disproportionately on in-person service. Every delayed benefit pushes a Georgia family closer to crisis and a caregiver closer to leaving the workforce—a cost the public system ultimately absorbs anyway.

Question:

Sandwich caregivers face mounting stress from managing the rising cost of child care while also caring for their aging family members. Compared to average parents who spend 20 percent of their annual income on child care, they spend an additional 17 percent of their annual income caring for older adults. On April 11, 2025, Senator Bennet and I co-introduced S. 1393, the American Family Act, which would expand the Child Tax Credit (CTC) by providing a \$4,320 credit for families with children under six years old and a \$3,600 credit for families with children aged 6-17.

How would an increase in the CTC help sandwich caregivers in Georgia, who carry the financial burden of supporting two generations of their families?

Response:

According to National Alliance for Caregiving and AARP research, 29 percent of family caregivers are in the sandwich generation, rising to 47 percent among caregivers under 50, and especially common among Latino (43 percent) and Black (36 percent) caregivers—populations strongly represented in Georgia.⁽¹⁾ The financial pressure is concrete: one in four family caregivers are taking on debt, half report a negative financial impact from caregiving, and one in five cannot afford basic needs like food.

An expanded Child Tax Credit is one of the most effective tools we have to relieve that pressure. The American Family Act would increase the credit's value from \$2,000 to \$6,360 for newborns, \$4,320 for children age one to six, and \$3,600 for children age six to seventeen, and—critically—deliver it as a refundable, monthly advance payment. For a sandwich caregiver in Georgia, monthly cash flow is the difference between covering this month's home health aide and skipping it; between keeping a child in licensed care and patching together informal arrangements that pull the caregiver out of the workforce. The 2021 American Rescue Plan version of the expanded CTC cut child poverty roughly in half almost overnight; restoring and improving on that policy through the American Family Act would do the same for the families holding up two generations at once. Paired with the caregiving-specific investments—HCBS, paid leave, the Credit for Caring Act, and a stabilized direct care workforce—the expanded CTC is a foundational piece of a comprehensive family economic policy, not a competing one.

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U.S. SENATE SPECIAL COMMITTEE ON AGING

"CAUGHT IN THE MIDDLE: SUPPORTING FAMILIES IN THE SANDWICH GENERATION"

MAY 13, 2026

QUESTIONS FOR THE RECORD

Josh Protas**Ranking Member Kirsten E. Gillibrand****Question:**

How do we best support older Americans who do not have any family members to serve as caregivers?

Response:

For older Americans without family caregivers, robust investment in community-based services like Meals on Wheels is not optional. It is essential. The scale of the need is significant: 1 in 2 seniors living alone lack the income to pay for basic needs,⁽¹⁾ and 12 million older adults face financial challenges that impact their ability to age at home.⁽²⁾ For these individuals, community-based programs made possible through the Older Americans Act help with critical support and assistance to fill in the gaps and enable seniors to remain at home, where they prefer to be.

These programs serve as a direct lifeline, providing nutritious meals and critical safety and wellness checks, social connection, and referrals to other health and supportive services.⁽¹⁾ For seniors without family nearby, Meals on Wheels volunteers are often the only people who check on them regularly, serving as the critical first line of defense against falls, medical emergencies, and untreated health conditions. The stories of Robin in Norman, Oklahoma, who was in cardiac distress when Meals on Wheels volunteers arrived and called 911, and Patricia in San Diego, California, whose home fire was extinguished by a volunteer, illustrate how these services can be lifesaving for seniors with no one else to look out for them.⁽¹⁾

Nearly 14 million older Americans are threatened by or experiencing hunger, with 1 in 2 seniors living alone lacking the income to pay for basic needs.⁽²⁾ For many vulnerable seniors, and particularly for those without family, they have no supplemental source of support to fill in the gaps to make ends meet. A senior on a four-month waitlist for Meals on Wheels services with family nearby may have someone able to bring groceries or check in. A senior on that same waitlist with no family may be left to struggle and suffer alone.

Addressing isolation is not a secondary concern for seniors without family support. Meals on Wheels volunteers are often the only regular human contact a home-delivered meal client receives.⁽¹⁾ Social isolation and loneliness among older adults are serious public health crises linked to increased risks of depression, cognitive decline, heart disease, and mortality. Research has found that social isolation among older adults leads to an extra \$6.7 billion in Medicare spending annually, comparable to the costs associated with having high blood pressure or arthritis.⁽¹⁾

Despite the effectiveness of Meals on Wheels services in meeting the needs of vulnerable seniors, community-based programs are experiencing growing need, high costs, and widening funding gaps. One in three local Meals on Wheels providers maintains a waitlist, with seniors waiting an average of four months for vital meals, connection and care, and in some cases, seniors must wait two or more years for the services they need and deserve.⁽¹⁾ Nearly two-thirds of providers with waitlists serve rural areas, where there is often less access to supportive services.

Federal funding has not kept pace with growing need for years. Between 1999 and 2023, the number of older adults experiencing low or very low food security quadrupled; but during that same period, the total purchasing power of OAA Nutrition Program funding measured in 2024 dollars declined. The OAA Nutrition Program served roughly the same number of seniors (2.6 million) in 2024 as it did in 1999, despite dramatic growth in the senior population over that period.¹ There are an estimated 2.5 million low-income, food insecure older adults who are not receiving the home-delivered or congregate meals they need.

Policymakers should prioritize robust and sustained funding for the OAA Nutrition Program to eliminate waitlists and dramatically expand the number of seniors the network can reach. Congress should also support a strong and timely OAA reauthorization to strengthen and expand the full network of community-based aging

services. We have the infrastructure and the knowledge to reach millions more seniors in need. What is missing is the federal investment to make it possible.⁽¹⁾ Ensuring that no older American without family support is left hungry, isolated, or unsafe is not only a moral imperative, it is also a cost-effective and fiscally responsible one: Meals on Wheels services can be provided to a vulnerable senior for an entire year for roughly the same cost as one day in the hospital or twelve days in a nursing home.⁽¹⁾

Question:

For those seniors who do have family members, either as part of their immediate household or who reside long-distance, how do we as policymakers structure and resource available programs and services to alleviate the need for families to provide hidden unpaid caregiving?

Response:

Family caregiving is often invisible to policymakers, yet its scale and economic weight are enormous. Family caregivers provided over \$1 trillion in economic value in 2024 through 49.5 billion hours of caregiving, a dramatic increase from the \$350 billion estimated in 2006.⁽³⁾ According to the AARP and the National Alliance for Caregiving's Caregiving in the US 2025 report, 63 million Americans are caregivers, representing nearly one in four adults. Of these, 29% are sandwich generation caregivers supporting both children and adults, half report a negative financial impact due to caregiving, and one in five caregivers cannot afford basic needs like food.⁽⁴⁾ The workforce consequences are significant: sandwich generation caregivers are 5.7% less likely to participate in the labor force and, for those employed, work five hours less per week compared to non-caregiving workers, with more pronounced effects on women.⁽⁵⁾ These are not marginal hardships. They are widespread, measurable, and addressable through smarter public investment.

For families with aging loved ones living in the same household, the daily demands of caregiving compound the pressures of work and child-rearing in ways that can become unsustainable. For those providing long-distance care, the challenges are different but equally serious: the inability to be physically present creates anxiety, generates costly and disruptive travel, and leaves seniors vulnerable in the gaps between visits. In both cases, community-based services like Meals on Wheels serve as a critical bridge. They provide regular nutritious meals, conduct wellness and safety checks, offer social connections and make referrals to other health and supportive services. These community-based programs provide daily, consistent support that family caregivers cannot always provide due to work, distance, or their own family obligations.⁽¹⁾

A study published in *Innovation in Aging* by researchers from Brown University and Johns Hopkins University, conducted through in-depth interviews with 85 clients and 14 caregivers across 13 Meals on Wheels programs, documented the concrete ways in which Meals on Wheels alleviates caregiver burden. Although clients and caregivers reported that Meals on Wheels eased some caregiving burden, they also identified substantial unmet needs. Caregivers reported substantial burden and suggested that they would benefit from assistance with financial and care planning, identification of additional available formal support, and access to respite care.⁽⁶⁾ A companion study published in *JAMA Network Open* and funded by the Patient-Centered Outcomes Research Institute found that home-delivered meals relieved stress and financial strain on family caregivers, giving them more time for their own health and well-being.⁽⁷⁾ For sandwich generation caregivers especially, Meals on Wheels can be the difference between being able to maintain employment and being forced to reduce hours or exit the workforce, with long-term economic consequences for families and the broader economy.⁽¹⁾

Meals on Wheels programming can also support the health and wellbeing of caregivers. Only 36% of caregivers report very good mental health, and 27% say their caregiving responsibilities cause them a great deal of stress.⁽⁵⁾ Local providers that offer predictability and reliability in meeting the daily needs of elderly loved ones allow caregivers to focus more fully on their work, their children, and quality time with their older relative, rather than operating in a constant state of worry and crisis management.⁽¹⁾ The story of Claire in Thousand Oaks, California, a homebound senior who lost her husband and lives hundreds of miles from family, illustrates this clearly. Her Meals on Wheels volunteer became not just a meal deliverer but a source of genuine social connection and emotional support, providing her distant family with the reassurance that someone was present and caring for her.⁽¹⁾

To alleviate the burden of hidden unpaid caregiving more significantly, policymakers should act on several fronts:

First, Meals on Wheels America urges Congress to adequately fund the OAA Nutrition Program to meet growing demand, eliminate waitlists, and ensure that the

network has the capacity to reach the estimated 2.5 million low-income, food insecure older adults not currently receiving the meals they need.⁽¹⁾

Second, policymakers should prioritize effective caregiver supports and resources. These include financial assistance, tax credits and respite care. Meals on Wheels America recommends investment in expanded access to information about local programs; many caregivers remain unaware of the community resources available to them.⁸ Research on state-level approaches has found that the most effective state strategies to support family caregivers of older adults include financial support for working caregivers, caregiver assessment and care planning, and expanded access to respite care, particularly for those at elevated risk of institutionalization.⁽⁹⁾

Third, community-based aging services must be made widely available, easily accessible, and sufficiently resourced so that families are not forced into crisis-driven care decisions, such as premature and costly institutionalization. Meals on Wheels services can be provided to a vulnerable senior for an entire year for roughly the same cost as one day in the hospital or twelve days in a nursing home.⁽¹⁾ The cost of not investing in these services falls on families, on caregivers, and ultimately on taxpayers.

Question:

What are some of the health outcomes related to isolated older adults receiving home-delivered meals?

Response:

Older adults enrolling in Meal on Wheels have high rates of food insecurity, nutritional risk, loneliness and chronic conditions factors that are associated with poorer health outcomes, increased health care utilization, and higher health care costs.⁽¹⁰⁾ Recent research from the Deliver-EE clinical trial found that seniors accessing Meals on Wheels services experience food insecurity at rates five times higher than typical U.S. older adults (47% versus 9%), and many report financial strain and functional limitations that make obtaining and preparing nutritious food difficult.⁽¹¹⁾ Additionally, more than half of participants lived alone, and approximately one in five reported frequently feeling isolated from others.

Meals on Wheels services help to effectively address food insecurity, malnutrition, poor diet quality and loneliness while reducing the likelihood of falls and other household injuries. These services lead to reduced need for costly hospital and nursing home care and improve the health and well-being of the older adults served. Regular meal delivery and contact with volunteers or staff also provide meaningful social connections for isolated older adults. The consequences of social isolation are substantial. Adjusted for inflation to August 2025 dollars, social isolation among older adults is associated with an estimated \$9 billion in Medicare spending annually. This estimate was calculated using the U.S. Bureau of Labor Statistics Consumer Price Index Inflation Calculator and is based on the original estimate of \$6.7 billion in excess Medicare spending attributable to social isolation in 2012 dollars.⁽¹²⁾

The impact of these services is reflected in participant-reported outcomes. According to the 2023 National Survey of Older Americans Act Participants, 79% of home-delivered meal participants reported that the meals helped improve their health, and 91% reported that the meals helped them live independently in their own homes.⁽¹³⁾

Question:

How have hospitalization rates or nursing home admissions been affected by nutrition assistance, and how does that demonstrate the cost-effectiveness of federal investment in these programs relative to institutional care?

Response:

Investment in community-based nutrition assistance prevents far more costly downstream expenses. This conclusion is supported by peer-reviewed studies, national surveys and the lived experiences of millions of seniors and their families.

Meals on Wheels America's 2023 report, *The Case for Meals on Wheels: An Evidence-Based Solution to Senior Hunger and Isolation*, analyzed 38 studies spanning 1996 to 2023 and found that Meals on Wheels programs consistently reduce healthcare utilization and costs, falls, nursing home use, and social isolation.⁽¹⁴⁾ The program does so while also improving food security, diet quality, nutritional status, and seniors' ability to age in place.⁽¹⁾ Multiple studies reviewed in the report found that participants needed fewer emergency room visits and experienced fewer hospitalizations and readmissions. Access to home-delivered meals also allowed seniors to remain in their homes rather than transfer to nursing facilities, and 92% of home-delivered meal participants report that meals help them continue to live independently.⁽¹⁾ These improvements represent a systematic reduction in the most expensive forms of care our health system provides.

Broader research literature on nutrition assistance and institutional care reinforces these findings. A Johns Hopkins University study published in *BMC Geriatrics* examining nearly 78,000 older adults dually eligible for Medicaid and Medicare in Maryland found that SNAP participants had a 23% reduced odds of nursing home admission compared to nonparticipants, and that an additional \$10 of monthly SNAP assistance was associated with lower odds of admission and fewer days of stay among those admitted. The implications are significant: modest food assistance investments at the front end translate directly to avoided nursing home costs, which are borne primarily by Medicaid.

Medically tailored meals, which are offered by many local Meals on Wheels providers, are associated with a 49% reduction in inpatient admissions, 72% fewer admissions to skilled nursing facilities, and 16% lower health care costs compared to individuals with similar demographic characteristics who did not receive them.⁽¹⁵⁾ A landmark 2025 study published in *Health Affairs* by researchers at Tufts University estimated that nationwide implementation of medically tailored meals could save approximately \$23 billion in health care costs in the first year alone and prevent more than 2.6 million hospitalizations annually related to complications from diabetes, heart disease, and cancer. Overall, the researchers found that medically tailored meal programs were linked to a 47% reduction in annual hospitalizations and a 19.7% reduction in annual healthcare spending.⁽¹⁶⁾ Research from Morrison Healthcare further found that participants in medically tailored meal programs saw a 30% decrease in emergency department visits and a 37% decrease in inpatient length of stay, with average savings of \$12,046 in healthcare costs per participant while enrolled.⁽¹⁷⁾

The cost comparison between nutrition assistance and institutional care is profound. Meals on Wheels can serve a vulnerable senior for an entire year for roughly the same cost as a single day in the hospital or twelve days in a long-term care facility.⁽¹⁾ Among individuals receiving medically tailored meals, the average monthly medical expenditures are 40% lower than for a matched group not receiving meals, \$843 versus \$1,413 per month. Senior malnutrition alone costs an estimated \$76 billion a year in health care expenses. Older adult falls cost the health care system an estimated \$100 billion annually, with most of that cost paid by Medicare. Research demonstrates that social isolation among older adults leads to an extra \$6.7 billion in Medicare spending per year, comparable to the costs associated with having high blood pressure or arthritis.⁽¹⁾ Each of these conditions, malnutrition, falls, and isolation, is directly addressed by the Meals on Wheels model, which provides nutritious meals, safety checks at the point of delivery and regular human contact for seniors who would otherwise have none.

Widening shortfalls in federal OAA Nutrition Program funding have exacerbated the challenges of a rapidly growing senior population and rising costs for food, fuel and program operations, leading to widespread and mounting unmet need. The number of older adults experiencing low or very low food security quadrupled between 1999 and 2023. During this same period, the purchasing power of OAA Nutrition Program funding adjusted to 2024 dollars declined. The OAA Nutrition Program is currently serving roughly the same number of seniors in 2024 as it did in 1999, despite a dramatically larger and more vulnerable senior population.⁽¹⁾ One in three local Meals on Wheels programs maintains a waitlist, with seniors waiting an average of four months for vital meals. Satish, a senior in Sanford, Florida, waited three years on a waitlist of more than 400 people before receiving services. During that time his health deteriorated, his energy dwindled, and his world shrank. The cost of that three-year delay in terms of health decline, potential hospitalizations, and reduced independence almost certainly exceeded by a wide margin what it would have cost to him with Meals on Wheels services from the start.⁽¹⁾

The failure to provide adequate federal funding for Meals on Wheels services results in significant downstream costs for seniors, family caregivers and taxpayers. Seniors who do not receive nutrition assistance, safety checks, and social connection are more likely to be at risk for falls, malnutrition, food insecurity, diet-related chronic diseases, social isolation and loneliness and the cascading challenges associated with these conditions. They are more likely to face emergency room visits, hospitalizations and premature nursing home placements. The costs for these situations are borne by Medicare, Medicaid, families, and taxpayers at rates profoundly higher than the modest costs of the community-based interventions that could have prevented them. Meals on Wheels services are an essential, cost-effective and fiscally responsible investment.⁽¹⁾

Question:

How do restrictive SNAP work requirements fail low-income sandwich generation?

Response:

The core problem with restrictive SNAP work requirements for sandwich generation caregivers is that the program does not consistently or clearly account for the realities of unpaid elder caregiving. The One Big Beautiful Bill Act, enacted in July 2025, made significant changes to SNAP work requirements, including raising the upper age threshold for work requirements from 54 to 64, and changing the caregiver exemption to only if the youngest child in the household is under age 14, down from the previous threshold of under age 18.⁽¹⁸⁾ The Congressional Budget Office estimates that the law's SNAP reductions, approximately \$187 billion over 10 years, will result in roughly four million people losing SNAP benefits.⁽¹⁹⁾ These changes create particular challenges for low-income sandwich generation caregivers, who are simultaneously caring for children and aging relatives.⁽¹⁾

While some caregivers may be able to seek exemptions or demonstrate that caregiving responsibilities satisfy work requirement obligations, doing so often requires navigating confusing and cumbersome state specific administrative processes and documentation requirements.⁽²⁰⁾ The statutory framework explicitly recognizes caregiving for young children but provides far less direct recognition for unpaid elder caregiving, despite its substantial time commitment and economic impact.⁽²¹⁾ 16 million Americans provide unpaid care to aging loved ones while also raising children or supporting younger family members. These caregiving responsibilities often result in lost wages, reduced retirement savings, and adverse physical and mental health outcomes, including physical strain, emotional stress, and social isolation.⁽¹⁾ For many low-income caregivers, SNAP helps offset income lost because of caregiving responsibilities. When access to benefits becomes contingent on work requirements that do not readily account for those responsibilities, caregivers may face difficult choices between maintaining food assistance, meeting administrative requirement and continuing to provide essential care for aging family members.

The threat to seniors is direct and serious. Meals on Wheels functions as a partnership with family caregivers, not a replacement for them, providing regular wellness and safety checks, social connection, referrals to transportation and health care resources, and an early warning system when health or safety concerns arise.⁽¹⁾ This system depends on caregivers remaining able to provide some baseline level of informal support: coordinating care, checking in, being available for emergencies, and supplementing meal delivery on days when Meals on Wheels doesn't deliver. If SNAP work requirements destabilize the financial footing of low-income sandwich generation caregivers, forcing them into more hours of paid work to maintain eligibility, the time and energy they devote to their aging relatives diminishes and the informal support network surrounding a senior can fray quickly.⁽¹⁾ New SNAP work requirements now include previously exempt individuals ages 55 to 64, and for many seniors, these changes come at a time when fixed incomes and rising costs already make it difficult to consistently afford food and healthcare, resulting in greater barriers to accessing nutrition assistance.

The Meals on Wheels network is already badly strained, making additional pressure from SNAP cuts especially dangerous. One in three local Meals on Wheels providers maintains a waitlist, with seniors waiting an average of four months for vital meals and in some cases two or more years. There are an estimated 2.5 million low-income, food insecure older adults not currently receiving the home-delivered or congregate meals they need.⁽¹⁾ Meals on Wheels America has warned that if more older Americans lose access to SNAP and are at risk of food insecurity and malnutrition, it will put greater pressure on senior nutrition providers that are already struggling to keep up with existing demand. Meals on Wheels providers do not have the resources to address increased need without significant additional federal investment.⁽³⁾

Restrictive SNAP work requirements fail low-income sandwich generation caregivers because they treat unpaid elder caregiving as economically invisible, fail to count it as qualifying work, ignore the income losses it causes, and risk weakening family supports in place for aging loved ones. Meals on Wheels services and family caregivers are critical complementary supports that bolster the health, well-being and independence of vulnerable older adults, and policies that undermine one will inevitably harm both.⁽¹⁾

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U.S. SENATE SPECIAL COMMITTEE ON AGING

"CAUGHT IN THE MIDDLE: SUPPORTING FAMILIES IN THE SANDWICH GENERATION"

MAY 13, 2026

QUESTIONS FOR THE RECORD

Rebecca Preve**Ranking Member Kirsten E. Gillibrand****Question:**

How would cuts to Home and Community-Based Services create added stress for Area Agencies on Aging?

Response:

Cuts to Medicaid under H.R. 1 are likely to affect Area Agencies on Aging indirectly but significantly, especially through pressure on home- and community-based services (HCBS), care coordination programs, and state aging-service budgets. Anticipated reductions will trigger a cascade: narrowed Medicaid eligibility will reduce service availability, loss of coverage will increase unmet need, and both pressures will intensify demand on an already underfunded system. Although AAAs are primarily funded through the Administration for Community Living and the Older Americans Act at the federal level, they are also dependent upon state and local funding streams that will be impacted by Medicaid reductions. This is occurring at a time when the older population is rapidly increasing, and there has been a continual loss of institutional settings nationally.

An important additional concern is that AAA networks are already underfunded relative to existing community needs. Even before any Medicaid reductions, many AAAs struggle to meet the needs of older adults and family caregivers who are not Medicaid-eligible, but still cannot afford private long-term care, transportation, respite services, or in-home supports. Waiting lists for all services under the AAA network continue to grow, as funding has not kept pace with inflation or population growth. If more older adults lose Medicaid coverage, lose HCBS access, or turn to AAAs for help after reductions in state-funded services, AAAs may face increased caseloads, longer waitlists, increased caregiver burnout and crisis, and individuals being unsafe in home and community-based settings.

Organizations focused on aging and disability policy believe that as HCBS is not a federally required program, it will be one of the first targeted for cuts, as the focus will be on mandated services.

Several analyses of H.R. 1 note that states may respond to federal Medicaid reductions by cutting provider payments, narrowing eligibility criteria, capping waiver slots available, and reducing any optional long-term services and supports.

The most immediate operational pressures are expected to begin in late 2026 and 2027, when new eligibility checks and Medicaid reporting requirements phase in. (benefitsusa.org)

Question:

In what ways does Medicaid's program structure and existing processes work to prevent fraud among beneficiaries?

Response:

Medicaid fraud in the United States is monitored through a layered system involving federal agencies, state Medicaid programs, private contractors, managed care organizations, data analytics systems, audits, and criminal investigations. Most anti-fraud efforts focus on providers rather than beneficiaries, because provider fraud accounts for the largest financial losses.

The key components to fraud prevention include federal oversight under the Centers for Medicare and Medicaid Services (CMS), the Office of the Inspector General (HHS-OIG), the Department of Justice (DOJ), and the Federal Bureau of Investigation (FBI). These agencies work to oversee program integrity requirements for the states, conduct audits and investigations, prosecute civil and criminal cases, and investigate large-scale healthcare fraud schemes. The federal government also operates the Medicaid Integrity Program, utilizing contractors to audit providers, review billing patterns, and identify suspicious claims.

Additionally, each state has a Medicaid Fraud Control Unit, usually housed in the state attorney general's office. These specialized units investigate provider fraud, patient abuse and neglect in facilities, and financial exploitation in Medicaid-funded care settings. These units are jointly funded by federal and state governments and recover billions each year in settlements, prosecutions, and penalties. States are also conducting random audits and payment reviews.

These state and federal agencies also use predictive analytics and artificial intelligence to find unusual billing behavior, such as extreme number of patients, duplicate claims, excessive billing for certain procedures, billing for deceased patients and geographic outliers.

CMS's Fraud Prevention System uses large claims databases and algorithmic pattern detection similar to financial fraud monitoring. Commonly targeted fraud in this system are typically phantom billing, upcoding, kickback schemes, identity theft, inappropriate and unnecessary durable medical equipment, and fraudulent visits. Again, the overwhelming majority of fraud is on a provider level, not an individual enrollee.

Oversight is also mandated to be provided by Managed Care Organizations, as many Medicaid recipients are enrolled in MLTC plans. MLTCs are required to provide utilization review, provider credentialing, claims audits, and fraud referrals. States then monitor MLTCs to determine whether they are complying with anti-fraud regulations.

Fraud is also targeted through employee whistleblowers, patient complaints, auditors, and law enforcement. The False Claims Act encourages whistleblowers to come forward by allowing them to file lawsuits and be provided a portion of recovery funds if fraud is identified. There is an additional fraud reporting portal available through HHS-OIG.

Question:

How might these claims of fraud and demand for rigorous review of services undermine access to HCBS, and how would that impact the families that rely on this essential support?

Response:

Claims of widespread Medicaid fraud - especially when paired with demands for more aggressive eligibility reviews, service authorizations, or utilization controls - can unintentionally undermine access to home- and community-based services (HCBS), even for people who are fully eligible and legitimately need care.

HCBS programs already operate with extensive oversight, documentation requirements, care assessments, and periodic eligibility reviews. When additional layers of scrutiny are added in response to fraud concerns, the practical effect is often slower access to services, increased administrative burden, and greater instability for older adults, people with disabilities, and family caregivers. At the individual level these impacts can include delays in approving services or renewing eligibility, interruptions of personal care hours, additional paperwork and reassessments, stricter prior authorizations, increases in denials, and provider withdrawal from Medicaid due to administrative burden and lower reimbursements.

For families, these disruptions can be significant because HCBS often functions as the support system that allows an older adult or person with a disability to remain safely at home rather than enter institutional care. Families losing services are faced with increased unpaid caregiver burden, lost income due to leaving work or taking time off, social isolation and loneliness, more frequent emergency department utilization due to poor health outcomes, and a higher risk of nursing home placement.

The burden is especially severe for middle- and lower-income families who do not qualify for extensive private-pay care but also cannot absorb sudden caregiving costs on their own. Additionally, many of these services that are available for non-Medicaid eligible individuals through the AAA network are waitlisted due to the significant increase in demand.

Rural communities can be particularly vulnerable because provider networks are already thin. Additional administrative requirements may cause home care agencies or direct care workers to stop participating in Medicaid altogether, further reducing available services.

There is also concern that broad political narratives emphasizing fraud can create public skepticism around Medicaid and HCBS programs generally, even though many oversight systems already exist and most beneficiaries rely on services appropriately and legitimately. In practice, heightened anti-fraud systems sometimes identify procedural or paperwork issues rather than intentional abuse, yet beneficiaries can still lose services during reviews or appeals.

For Area Agencies on Aging and disability organizations, this often translates into more crisis calls from family members, increased demand for caregiver supports, longer waitlists, and more demand for appeal and enrollment assistance.

In many cases, the result is not simply reduced spending, but a shift of care responsibilities from publicly supported systems onto unpaid family caregivers - most often spouses, adult children, and other relatives.

Question:

Based on your years of experience working with older adults and their families in New York state, can you discuss the importance of New York's strategic plan for supporting family caregivers?

Response:

The importance of New York's strategic plan for supporting family caregivers is rooted in a simple reality: family caregivers are the backbone of the long-term care system, and without stronger support for them, both families and public systems face growing strain. Having a State Strategic Plan for Aging elevates the conversation to the forefront of all government agencies and future planning, and directly addresses the two most persistent systemic barriers facing older adults and people with disabilities: ageism - the devaluation of older adults as contributing members of society - and ableism, the systemic exclusion of people with disabilities from equitable access to services and opportunities.

In communities across New York family caregivers routinely provide transportation, medication management, personal care, meal preparation, supervision, financial coordination, and emotional support for aging relatives. The majority of this care is unpaid, often provided while caregivers are also balancing employment, raising children, or managing their own health concerns.

Through decades of work with older adults and caregivers, I have witnessed many families reach crisis points not because they are unwilling to provide care, but because they lack adequate support, respite, training, financial stability, or access to services.

New York's Master Plan for Aging included family caregivers because it recognizes caregiving as a public health, workforce, and economic issue - not simply a private family responsibility. The plan helps establish a coordinated statewide framework to expand respite and caregiver supports, improve access to information and navigation, increase caregiver training and mental health support, address workforce shortages in the home, improve coordination across systems, and allow older adults to remain in homes and communities for as long as possible.

The plan is especially significant given New York's aging population and growing demand for home- and community-based services (HCBS). As more older adults prefer to age at home, family caregivers increasingly fill gaps created by workforce shortages, rising long-term care costs, and limited institutional capacity.

From the perspective of aging service providers, strategic caregiver investments are also cost-effective. Supporting caregivers can help delay or prevent nursing home placement, reduce emergency department utilization, and lower overall Medicaid expenditures - making caregiver support one of the highest-return investments a state can make in its long-term care system.

Importantly, New York's caregiver strategy acknowledges that caregiver support is not only about preventing hardship - it is about preserving dignity, independence, and quality of life for older adults and the people who care for them.

As Medicaid, HCBS, and aging-service systems face increasing pressure nationally, a comprehensive caregiver strategy gives New York a framework for responding proactively rather than reactively to the growing demands placed on families and community-based aging networks.

Question:

How would other states benefit from drafting similar plans like I am working to do with my Strategic Plan for Aging Act?

Response:

Other states could benefit significantly from developing strategic plans like New York's because these approaches encourage states to prepare systematically for the realities of an aging population rather than responding only after crises emerge.

A statewide aging strategy creates a coordinated framework for addressing the interconnected challenges facing older adults, family caregivers, healthcare systems, workforce development, housing, transportation, nutrition, and long-term care. Without that kind of planning, aging services are often fragmented across agencies and programs, making it difficult for families to navigate support or for states to respond efficiently to growing need.

States that adopt comprehensive aging plans could benefit in key ways such as better coordination between all systems, improving support for family caregivers, making the case for investments into HCBS services, identifying gaps in services and workforce, and more efficiently using public resources.

A strategic plan also helps states shift from a reactive model to a preventive one. Instead of focusing primarily on institutional care after someone enters crisis, states can invest earlier in caregiver support, home modifications, nutrition programs, transportation, dementia services, and community-based supports that help older adults remain independent longer.

Plans modeled after New York's approach can also elevate the role of family caregivers as essential partners in long-term care policy. Across the country, millions of unpaid caregivers provide care that would otherwise fall to Medicaid-funded systems or institutional providers. Supporting caregivers through respite, training, workplace flexibility, and navigation services can improve both family stability and system sustainability.

Another important benefit is accountability. Strategic aging plans establish measurable goals, timelines, and cross-agency collaboration, helping states evaluate whether policies are improving outcomes for older adults and caregivers.

Question:

How does keeping the Administration for Community Living intact ultimately benefit sandwich caregivers?

Response:

Keeping the Administration for Community Living (ACL) intact benefits sandwich caregivers because ACL serves as one of the primary federal agencies coordinating the programs, funding, and infrastructure that help families care for both older adults and people with disabilities while also balancing work and child-rearing responsibilities. The organization was founded specifically for the needs of Older Americans and people with disabilities to have a separate and distinct representation and support. ACL is also responsible for providing State Unit on Aging support, and for providing grant funding opportunities for aging and disability populations.

ACL helps sustain services such as caregiver support, home delivered and congregate meals, transportation, evidence-based wellness programs, caregiver education and support groups, dementia services, benefits counseling, falls prevention programs, elder rights protections, and local AAAs.

ACL also plays a unique coordinating role by integrating aging and disability policy rather than treating them as separate systems. That matters for sandwich caregivers because many families navigate multiple overlapping needs at once - such as caring for an older parent with dementia while also supporting an adult child with disabilities or children with behavioral health needs.

If ACL were weakened, fragmented, or absorbed into agencies without a dedicated aging and disability focus, families could face reduced coordination between programs, complicated service navigation, inconsistent caregiver supports across states, and decreased federal attention to caregiver needs.

Keeping ACL intact also supports a broader policy goal: shifting care away from expensive institutional settings and toward home- and community-based services (HCBS), which most older adults prefer and which many family caregivers depend on to keep loved ones safely at home.

Ultimately, maintaining ACL helps preserve the infrastructure that allows sandwich caregivers to continue caring for loved ones without carrying the entire burden alone. It supports not only older adults and people with disabilities, but also the economic and emotional stability of the families who care for them every day.

Question:

How might paid, as opposed to unpaid, leave benefits change the way caretakers balance their caregiving responsibilities, especially if they are in the sandwich generation?

Response:

Paid leave benefits can significantly change how caregivers - especially those in the sandwich generation - manage caregiving responsibilities because they provide something many families currently lack: time without immediate financial sacrifice.

For sandwich caregivers balancing employment, child-rearing, and care for aging parents or relatives, unpaid leave often forces impossible choices between maintaining income and health insurance vs caring for a loved one, meeting a child's needs or protecting their own physical and mental health.

Paid family and medical leave can reduce those pressures by allowing caregivers to temporarily step away from work while still receiving partial or full income replacement. That flexibility can make caregiving more sustainable and reduce the

likelihood that caregivers will leave the workforce entirely. The workforce impact of caregiving is already substantial. Recent research from AARP and S&P Global found that:

- 67% of working caregivers report difficulty balancing jobs and caregiving responsibilities,
- 27% reduced work hours or shifted from full-time to part-time employment,
- 16% turned down promotions,
- 13% changed employers;
- and 16% stopped working entirely for a period of time because of caregiving demands.

The same research found that caregiving-related stress and work disruption are especially severe for people providing high levels of care while trying to maintain employment. For sandwich-generation caregivers, paid leave may help them attend medical appointments, coordinate hospital discharges and home care, provide intensive care at home after a medical event, and develop a sustainable long-term care plan for a loved one without the added pressure of lost wages.

Compared with unpaid leave, paid leave can particularly benefit middle- and lower-income families who cannot afford extended periods without income. While higher-income workers may sometimes absorb unpaid time away from work, many caregivers live paycheck to paycheck and risk financial instability, loss of housing, depletion of retirement accounts, and loss of employment.

Paid leave may also improve workforce retention and productivity. Many caregivers - especially women, who still provide a disproportionate share of family caregiving - reduce hours, miss advancement opportunities, or exit employment altogether because balancing work and caregiving becomes unmanageable. Employers often experience increased absenteeism, reduced productivity, turnover, and burnout among employees managing caregiving responsibilities without adequate support.

At the same time, family caregivers provide an enormous economic benefit to the country. AARP estimates that family caregivers now provide roughly \$1 trillion annually in unpaid care - labor equivalent to nearly 24 million full-time workers. Without stronger caregiver supports, including paid leave, many families absorb these costs privately through lost wages, reduced retirement savings, and long-term financial insecurity.

There are also broader health and social impacts. Research consistently shows that caregiving stress contributes to increased alcohol and substance use, increased suicidal ideation, sleep disruption, caregiver burnout. Notably, research indicates that 85% of sandwich generation caregivers have at least one adverse mental health impact.

In sandwich-generation households, paid leave can also reduce intergenerational strain. Caregivers are often simultaneously supporting children's educational, emotional, and financial needs while managing aging relatives' medical and functional needs. Paid leave gives families more flexibility to respond to these overlapping responsibilities without forcing one set of needs to compete directly against another.

Importantly, paid leave recognizes caregiving as a legitimate societal and economic responsibility rather than a purely private family issue. As the population ages and more adults provide care across generations, policies that support caregivers increasingly affect workforce participation, economic stability, and the long-term sustainability of the care system itself.

Question:

How are soaring prices for gas and other essentials impacting families who are struggling to care for young children and aging relatives?

Response:

Soaring prices for gas, food, housing, utilities, prescription medications, and other essentials place significant additional pressure on families who are already balancing the costs of caring for both young children and aging relatives, particularly those in the sandwich generation.

Caregiving is already financially demanding, even before inflation is factored in. Families caring for children and older adults often face overlapping expenses such as transportation, childcare, prescription drugs, home heating and utilities, groceries, home modifications, medical equipment, and loss of wages due to time away from employment.

In rural communities, where healthcare providers and services may be located long distances away, transportation costs can become a major barrier to care access. Families may postpone appointments, reduce social visits, or struggle to maintain consistent caregiving routines because of travel expenses.

At the same time, the cost of essentials continues to rise. Families may find themselves making difficult tradeoffs between paying for childcare, filling prescriptions, purchasing groceries, paying utility bills, or being able to hire respite or home care workers. These costs also intensify stress, as many Older Americans are on very fixed incomes and are forced to rely on caregivers for financial support.

Parents and caregivers may feel constant pressure trying to meet the needs of multiple generations simultaneously while watching household expenses increase faster than wages or benefits.

These economic pressures also affect workforce participation and productivity. Some caregivers take on additional jobs, reduce hours to manage caregiving, or leave employment altogether when care responsibilities and costs become unmanageable. Employers may see increased absenteeism and burnout among workers balancing caregiving and financial stress.

Inflation can also drive increased demand for publicly supported services such as nutrition, transportation, caregiver respite, energy assistance, and Medicaid-funded services - all of which are already strained by significant waitlists.

For sandwich-generation families, rising costs do not affect only one part of life - they create cumulative pressure across caregiving, employment, healthcare, transportation, and household stability all at once. Policies that support affordable caregiving services, transportation access, paid leave, caregiver tax relief, and home- and community-based services can help reduce some of that strain and allow families to continue caring for loved ones safely and sustainably.

Senator Raphael Warnock

Question:

More than 47,000 older adults and individuals with disabilities in Georgia rely on Medicaid Home and Community-Based Services (HCBS) for personal care assistance, meal delivery, and home health services. Family caregivers, including the sandwich generation, also depend on HCBS for critical respite care and training services. However, on July 4, 2025, President Trump signed the One Big Beautiful Bill Act (OBBBA) into law, which cut nearly \$1 trillion in Medicaid funding for the next several years.

Ms. Preve, how will cuts to Medicaid from OBBBA affect older Georgians' and sandwich caregivers' access to HCBS?

Response:

If Medicaid funding is reduced substantially, the impact on HCBS for older Georgians and sandwich caregivers is usually immediate and structural rather than gradual.

In Georgia, where tens of thousands of older adults and people with disabilities rely on Medicaid HCBS for personal care, meal delivery, case management, and home health supports, the first pressure point is typically eligibility and access. States facing reduced federal Medicaid funding often respond by tightening waiver eligibility, limiting enrollment slots, or creating waiting lists for HCBS programs. That means some individuals who are already eligible may experience delayed services, reduced hours of care, or loss of certain supportive services like respite care.

For older adults, this can directly affect the ability to remain safely at home. HCBS is often what prevents premature nursing home placement. When those services are reduced, families frequently must step in to fill the gap. That shifts responsibility from paid professional support onto unpaid family caregivers.

This creates a ripple effect across households. Sandwich caregivers, who are already balancing children, work, and elder care, often experience the greatest strain because they have the least flexibility in time and resources. Even small reductions in HCBS can force difficult tradeoffs between employment, childcare, and elder care responsibilities.

There is also a broader system effect: when HCBS becomes less available, demand increases for hospitals, emergency departments, and institutional long-term care, which are far more expensive settings. Families often experience this not as a policy change, but as a crisis when home care suddenly becomes unavailable or insufficient.

From a policy perspective, HCBS is one of the most sensitive areas of Medicaid because it is optional for states but essential for families. This means when budgets tighten, it is often one of the first areas to face constraints, even though it is also one of the most cost-effective ways to support aging in place and reduce institutional care.

Question:

How will Georgians' access to these services compare to individuals in states like New York that have expanded Medicaid?

Response:

In general, Georgians' access to Home and Community-Based Services (HCBS) is more constrained than in states like New York that have more expansive Medicaid programs and a stronger policy commitment to long-term services and supports in the community.

In Georgia, Medicaid HCBS is largely structured through waiver programs, which means services are typically capped with enrollment limits, subject to waitlists, and are more narrowly targeted to individuals meeting strict functional and financial criteria. Even when someone qualifies clinically, services may be dependent upon the availability of a waiver slot.

By contrast, states like New York have made more extensive use of Medicaid expansion and long-term care investment in community-based services. New York has a broader infrastructure for HCBS delivery, including larger waiver capacity, stronger integration with managed long-term care programs, and more robust connections between Medicaid and aging-service systems.

For families, especially sandwich-generation caregivers, these differences matter in day-to-day life. In Georgia, limited HCBS availability can mean families more frequently have to fill gaps themselves when formal services are not available or are insufficient. That can increase unpaid caregiving burdens, workforce disruption, and reliance on informal support networks.

The broader policy distinction is that states with Medicaid expansion and stronger HCBS investments tend to treat home-based care as a core part of long-term care infrastructure, while states with more constrained Medicaid structures often rely more heavily on eligibility limits and capped waiver programs to manage costs.



**Association on
AGING
in New York**

POLICY BRIEF • ASSOCIATION ON AGING IN NEW YORK

THE CASE FOR INVESTMENT

in Area Agencies on Aging

How Community-Based Aging Services Improve Outcomes and Reduce
Healthcare Costs

THE AGING NETWORK AT A GLANCE	
Area Agencies on Aging operating nationwide	600+
Local service providers in the national network	20,000+
Americans age 65 and older served annually	Millions
Peer-reviewed studies confirming cost savings	Multiple

“Area Agencies on Aging are not social programs. They are preventive healthcare infrastructure — and they pay for themselves many times over.”

515 Broadway, Suite 402 • Albany, NY 12207 • agingny.org • becky@agingny.org

THE ECONOMIC CASE

Older Americans Are an Economic Engine

Older Americans are a major economic engine for the United States, contributing trillions of dollars annually through work, consumer spending, taxes, caregiving, and volunteerism.

THE ECONOMIC CONTRIBUTION OF OLDER AMERICANS	
Contribution of adults 50+ to U.S. GDP — roughly 40% of the entire economy (AARP)	\$8.3 trillion
Projected annual economic contribution of adults 50+ by 2050	\$26.8 trillion
Share of all U.S. consumer spending driven by older adults	>50%
Annual unpaid caregiving and volunteer contributions, adults 50+ (AARP)	\$745 billion
Annual value of unpaid family caregiving — equivalent to ~24 million full-time workers	>\$1 trillion

Older adults account for more than half of all consumer spending in the United States, driving demand across healthcare, housing, retail, transportation, and service industries. Beyond formal economic activity, older Americans provide enormous unpaid social and caregiving contributions that reduce pressure on public systems and strengthen families and communities. Family caregivers — many of whom are older adults themselves — now provide over \$1 trillion worth of unpaid care each year. Without these contributions, costs to Medicaid, healthcare systems, and long-term care institutions would rise dramatically.

“Investments in programs supporting older Americans are not simply expenditures — they are investments in a population that already generates immense economic and social value for the nation.”

Increased funding for aging services, nutrition programs, transportation, caregiving support, healthcare access, and community-based services helps older adults remain healthy, independent, and engaged — while preserving billions of dollars in economic productivity and unpaid community support.

EXECUTIVE SUMMARY

What Every Legislator Needs to Know

Area Agencies on Aging (AAAs) are among the most cost-effective tools a legislator has for reducing Medicaid expenditures, cutting hospital readmissions, and keeping older New Yorkers out of nursing homes — all at a fraction of institutional care costs.

Established under the Older Americans Act of 1965, the national AAA network coordinates home-delivered meals, case management, transportation, caregiver support, and health promotion for millions of older adults every year. A robust body of federal data and peer-reviewed research demonstrates, consistently, that these services reduce hospitalizations, lower emergency department utilization, delay nursing home placement, and generate significant Medicaid savings.

The choice facing policymakers is not whether to spend money on older adults — it is whether to spend it efficiently now, or expensively later.

BACKGROUND

What Area Agencies on Aging Do

Area Agencies on Aging were created through the Older Americans Act of 1965 to coordinate community-based services for older adults and caregivers. Today, the national network spans all 50 states, serving every urban, suburban, and rural community in the country.

Core Services Delivered by AAAs

- Home-delivered and congregate nutrition programs
- Case management and long-term care navigation
- Transportation to medical appointments and community services
- Family caregiver support and respite programs
- Benefits counseling, including Medicare and Medicaid navigation
- Evidence-based fall prevention and health promotion programs

The Administration for Community Living (ACL) identifies AAAs as critical infrastructure for “aging in place” — the strongest predictor of reduced institutional care costs. AAAs are already embedded in communities, operational, and scalable. Creating this infrastructure from scratch would cost orders of magnitude more than strengthening what already exists.

THE EVIDENCE

What the Research Tells Us

AAA Partnerships Reduce Medicare Spending

A landmark study published in Health Affairs examined partnerships between Area Agencies on Aging and healthcare systems and found measurable, sustained reductions in spending and institutional utilization.

\$136

Reduction in annual Medicare spending per beneficiary
through AAA-hospital partnerships — Brewster et al., Health Affairs 2020

- Mental health agency partnerships reduced potentially avoidable nursing home use
- Collaborative community initiatives improved measurable health outcomes

“Integrating health and social services through AAAs yields health returns among older adults, in the form of reduced health care use and spending.”

— Brewster AL, et al. Health Affairs, 2020

Brewster AL, et al. Health Affairs. 2020;39(4):587–594.

Home-Delivered Meals Prevent Nursing Home Placement

Research published in Health Affairs provided the first large-scale evidence that expanding home-delivered meal programs produces direct, measurable Medicaid savings at the state level.

\$109M+

Potential annual Medicaid savings per state
from a 1% increase in low-care seniors receiving home-delivered meals — Thomas & Mor, Health Affairs 2013

Meal delivery programs delay institutionalization by supporting nutrition, medication adherence, and basic health stability among seniors who would otherwise deteriorate and require placement.

Thomas KS & Mor V. Health Affairs. 2013;32(10):1796–1802.

Meal Programs Reduce Hospitalizations and Emergency Department Use

A Health Affairs study of medically tailored and home-delivered meal programs among high-risk Medicare and Medicaid beneficiaries found significant reductions across every major cost driver:

- Fewer emergency department visits
- Fewer inpatient hospital admissions

■ Lower overall healthcare expenditures

Berkowitz SA, et al. Health Affairs. 2018;37(4):535–542.

AAA Case Management Reduces Hospital Readmissions

Federal research supported by the Agency for Healthcare Research and Quality (AHRQ) demonstrated that AAA-led transitional care and case management programs substantially reduce the readmissions that drive hospital costs.



FEDERAL DATA

What ACL's National Surveys Show

The Administration for Community Living conducts annual surveys of Older Americans Act participants. The results are consistent across years and geography: AAA services work, and they are reaching the people who need them most.

ACL NATIONAL PARTICIPANT SURVEY — KEY FINDINGS	
Recipients who say services help them continue living independently	93%
Recipients who report improved nutrition and health	85%
Participants who live alone — among the most isolated and vulnerable	63%
Participants with mobility limitations or difficulty leaving home	42%

Federal officials emphasize that home-delivered meals also serve as a critical safety monitoring system: drivers and volunteers identify emerging medical problems, check on homebound seniors, and connect them to care before crises occur and hospitalizations result.

THE FISCAL STAKES

The Cost of Doing Nothing Is Not Zero**Warning: The Status Quo Is Expensive**

Failing to invest in community-based aging services does not save money. It shifts costs downstream into nursing homes, emergency departments, and Medicaid—at three to ten times the per-person expense. Every dollar not spent on prevention today becomes several dollars in crisis care tomorrow.

THE COST OF INSTITUTIONAL CARE VS. COMMUNITY-BASED SERVICES

Average annual nursing home cost nationally	>\$100,000
Home-delivered meals, case management, and support services	Fraction of that
Even a one-year delay in nursing home placement saves Medicaid	Tens of thousands
Return on every dollar invested in AAA services (est.)	Multiple ×

As the U.S. population ages, these dynamics only intensify. Americans age 65 and older now number more than 58 million. The population age 85 and older—the cohort with the highest care needs—is projected to more than double over coming decades. Healthcare workforce shortages are worsening. Family caregivers face increasing economic strain. Without investment in community-based infrastructure, Medicaid costs will escalate in ways that will make today's challenges look manageable.

“The question is not whether we can afford to invest in Area Agencies on Aging. It is whether we can afford not to.”

HEALTH EQUITY

Addressing What Drives Healthcare Costs

A growing body of research confirms that the most expensive health outcomes among older adults are driven not primarily by clinical conditions, but by unmet social needs. AAAs directly address the social determinants of health most closely linked to high-cost outcomes:

- Food insecurity → malnutrition, hospitalization, cognitive decline
- Transportation barriers → missed appointments, delayed diagnosis, avoidable ER visits
- Social isolation → depression, dementia progression, premature mortality
- Caregiver stress → caregiver burnout, premature institutionalization
- Housing instability → falls, infection, emergency department utilization

By intervening upstream at these root causes, AAAs reduce the downstream hospitalizations, nursing home placements, and emergency utilization that drive public program expenditures. This is not social work. It is cost containment.

LEGISLATIVE PRIORITIES

The Ask: Four Actions That Will Make a Difference

Area Agencies on Aging are shovel-ready, community-tested, and proven. The following four investments will produce measurable returns in reduced institutional care costs, improved health outcomes, and stronger communities.

1	Increase Federal and State Funding for Older Americans Act Programs Expand investments in home-delivered meals, congregate nutrition, transportation, case management, and caregiver support. These are the core services with the strongest evidence base for reducing institutional care costs.
2	Strengthen Healthcare Partnerships with AAAs Encourage hospital–AAA partnerships, Medicare managed care collaboration, and value-based care integration. The evidence shows these partnerships reduce Medicare spending and avoidable utilization.
3	Expand Evidence-Based Community Interventions Scale programs proven to reduce hospital readmissions, falls, malnutrition, and social isolation. The research is robust. What is needed now is the investment to bring these programs to scale.
4	Support Workforce and Infrastructure Capacity Invest in case management staffing, technology modernization, and rural service delivery capacity to meet growing demand before the demographic wave crests.

CONCLUSION

An Investment America Cannot Afford to Delay

The evidence is unambiguous. Area Agencies on Aging reduce hospitalizations, lower Medicaid expenditures, delay nursing home placement, and improve quality of life for millions of older Americans.

This is not an argument for expanding a social program. It is an argument for investing in infrastructure that is already working—infrastructure that saves money, reduces pressure on hospitals and long-term care systems, and delivers what older Americans and their families need most: the ability to age with dignity and independence in their own communities.

AAA programs are operational nationwide, community-embedded, and highly scalable. The research is compelling. The need is urgent. The demographic pressure is not slowing down.

“Rather than viewing aging services as optional social programs, policymakers should recognize AAAs as essential components of the nation's healthcare and long-term care infrastructure.”

The question before legislators is straightforward: invest now in proven, cost-effective community-based services—or pay far more later in nursing homes, emergency departments, and Medicaid. The right choice, both fiscally and morally, is clear.



Vendor & Resource Overview

Compiled for Testimony Response | Association on Aging in New York | 2026

This document consolidates reference materials across six vendor and program areas: Memory Lane TV, GetSetUp, Ageless Innovation / Joy for All, ElliQ by Intuition Robotics, Trualta / NewYork-Caregivers.com, and the AgingNY Partnership Portfolio summary.

Section 1: Memory Lane TV (MLTV)

Source documents: Memory Lane TV Introduction (2024); White Paper — Sensory Stimulation as a Means of Managing Behavioral and Psychological Symptoms of Dementia (November 2025). Research conducted in collaboration with Brown University School of Public Health, MaineHealth, NYS Department of Health Office for the Aging, and HITLAB.

Company Overview

Memory Lane TV (MLTV), developed by Memoro, Inc. (South Portland, ME), is the first global streaming service designed specifically to support people living with Alzheimer's disease and related dementias and their family and professional care partners. Launched to the open market in Q3 2023 and described as the "Netflix of Dementia," MLTV is a science-based, non-pharmacological behavioral and multisensory digital intervention. It was founded by Alban Maino, CEO, inspired by his grandmother Rosette's dementia journey and the absence of specialized programming for this population. Contact: 207.409.6900 | am@memory-lane.tv | www.memory-lane.tv

Platform Description

MLTV delivers over 1,200 purpose-built, plot-free films organized into 14 collections, accessible via Roku, Amazon Fire Stick, Apple TV, iPad, and web browser. Key features:

- 24/7 linear channel programmed to follow natural circadian rhythms (morning, afternoon, evening, night)
- VOD library with 14 collections including Nature & Wildlife, Music & Soundscapes, Vintage TV, Reminiscence, Appetite Stimulation, Sundowning Management, and Culture & Diversity content
- The Care Partner Channel — 250 free educational films from Teepa Snow (Positive Approach to Care), Naomi Feil (Validation Method), Alzheimer's LA, and UCLA Dementia Care
- Coordinated aromatherapy protocols developed with the Dementia Connection Institute — films paired with targeted therapeutic essential oils
- Personalized user profiling, customizable watchlists, and multicultural/Spanish-language content

Scientific and Clinical Basis

MLTV is grounded in five decades of research on multisensory environments (Snoezelen therapy), reminiscence therapy, music and olfactory interventions, and person-centered dementia care. Key evidence-based principles:

- Audiovisual: Pictures engage memory more effectively than words for people with Alzheimer's; plot-free, slow-paced content avoids agitation from standard narrative TV
- Hearing: Personalized music programs activate the brain's salience network; multicenter trials show reductions in agitation, psychiatric transfers, falls, and antipsychotic use
- Smell: Aromatherapy (lavender, Melissa oil) shows statistically significant reductions in agitation; olfactory stimulation is among the most powerful memory triggers
- Touch & Taste: Addressed via the Care Partner Channel's guidance on therapeutic touch and appetite-stimulation videos linking food to reminiscence
- Multi-sensory integration: Evidence suggests compounding benefits from combining modalities vs. single-sense approaches

The 2024 Lancet Commission update confirmed non-pharmacological interventions have sufficient evidence of effectiveness and cost-effectiveness to justify implementation for improving cognition, neuropsychiatric symptoms, and quality of life.

Research and Validation History

2015–2021: Pilot Studies and Early Development

Development involved observational studies at Tours General Hospital (France), Massachusetts General Hospital's Benson-Henry Mind Body Institute, and the Southern Maine Agency on Aging. Between 2016 and 2021, five U.S. nursing homes caring for 500+ patients evaluated the platform. Graduate OT students from the University of Southern Maine used structured observation tools at The Cedars (Portland, ME).

- 74% reported improvement in resident and staff mood and anxiety levels
- 67% reported improved resident engagement
- 70% reported more positive staff–resident interactions
- 70% reported reductions in observed stress levels

2022–2024: Maine Nursing Home Quality Improvement Initiative (52 Facilities)

Funded through the Civil Money Penalty (CMP) grant program as part of the Maine Dementia Care Partnership, this 22-month initiative deployed MLTV across 52 long-term care communities — 51% of all Maine long-term care facilities. Goal: reduce antipsychotic medication use while improving resident wellbeing.

- 92.5–96.5% of staff reported resident improvements in reminiscing, socializing, mood, cognitive stimulation, anxiety, and stress reduction
- 90% reported calmer mood; 85% more reminiscence; 80% less anxiety/stress; 80% calmer environment; 75% better focus/attention; 72% more socializing; 70% less wandering/agitation

- 96.5% product satisfaction; 96.5% would recommend MLTV to others
- Staff time savings: 36% of facilities saved 10–20 min/day; 8% saved 5–7 hours/day
- Antipsychotic medication: 46% of facilities reduced use (mean reduction 2.71%); Maine statewide average declined while national average increased

2024–2025: NYSOFA New York Adult Day Program Pilot (8 Sites, 101 Participants)

The most methodologically rigorous MLTV evaluation to date, conducted over five months (November 2024–April 2025) across eight adult day care facilities in partnership with the NYS Office for the Aging.

- 80% rated MLTV highly effective (4–5/5) for reminiscence therapy and mood enhancement
- 75% reported meaningful anxiety and stress reduction
- 90% rated attention redirection as highly effective (4–5/5)
- 80% rated platform reliability 5/5; 80% overall satisfaction (4–5/5)
- Staff time savings: 10–20 minutes per participant per day
- 90% indicated they would recommend MLTV to other providers
- 100% of facilities completed onboarding and platform activation
- Study recommends expanded deployment across New York State's adult day care network

2025: HITLAB Heuristic Evaluation

HITLAB conducted an independent usability evaluation using Jakob Nielsen's 10 usability heuristics, assessing from both an Alzheimer's patient and professional caregiver perspective. The platform scored 4–5/5 across system status visibility, real-world language, navigation freedom, and consistency. HITLAB concluded MLTV's multisensory, plot-free format "consistently improves mood, reminiscence, social interaction, and anxiety reduction" at the resident level across diverse settings.

2026–2028: SBIR Research Study with Brown University

An SBIR-funded multi-phase study with Brown University's Center for Long-Term Care Quality & Innovation (PI: Dr. Rosa Baier) commences in 2026. Objectives: (1) AI-driven personalization of MLTV programming; (2) pragmatic trial assessment of resident mood, disruptive behaviors, and cognitive function vs. matched control facilities; (3) focus groups on staff perceptions and burden. AI algorithms will adapt content dynamically based on individual patient responses, biometric feedback, and caregiver observations.

Partnerships and Recognition

- Research partners: Massachusetts General Hospital (Benson-Henry Institute), Brown University School of Public Health, University of Southern Maine, NYS Office for the Aging, HITLAB

- Distribution partners: Tover.care (16 countries), Uniquet, Engage Bundle, LeadingAge (2024 bronze partner), JF&CS Atlanta, AJAS, Dementia Connection Institute, Lien Foundation
- Endorsements: Teepa Snow (Positive Approach to Care), Naomi Feil (Validation Method), UCLA Health
- Awards: Memory Care Award for Behavioral Health Innovation (2024); 2nd Place, HITLAB Breakthrough Alliance Innovators Challenge 2024
- Deployed in 120+ facilities including 80% of Maine long-term care facilities; 1,000+ home users

Section 2: GetSetUp — New York State Partnership

Source document: *GetSetUp Partnership Update, New York State — February 2026*. Contact: Michelle Paganucci, Sr. Director, Partnerships & Customer Success | michelle@getsetup.io

Vendor Overview

GetSetUp is a separate vendor providing an online learning and engagement platform for older adults. The New York State partnership through NYSOFA has been active since May 2021. The platform offers live, instructor-led virtual classes across wellness, exercise, technology, aging in place, arts, self-help, food and nutrition, financial planning, and digital literacy. Classes are accessible via desktop (66.67%), mobile (23.44%), and tablet (9.9%), primarily through Chrome (51%) and Safari (19%) browsers.

Current Contract Performance (August 2025–February 2026)

- Contract term: 177,500 class attendances (August 1, 2025–February 28, 2026)
- Contract utilization to date: 68.5% (121,725 class attendances through February 28, 2026)
- February 2026 monthly attendance: 27,116 class participations
- February 2026 unique monthly users: 24,342

Cumulative Engagement (May 2021–February 2026)

Total cumulative class attendances since program inception: 1,230,571.

Top Content Categories — New York vs. National (February 2026)

Top Categories (New York)	Top Categories (USA)
Wellness	Wellness
Exercise	Exercise
Technology	Aging in Place
Aging in Place	Technology

Google	Art
Self Help	Online
Online	Social Media
Art	Self Help
Food & Nutrition	Financial Planning
Creativity	Phones

Geographic Distribution — Top 10 Cities (February 2026)

New York City, Brooklyn, Buffalo, The Bronx, Staten Island, Niagara Falls, Rochester, West Seneca, Cheektowaga, Albany. Engagement is concentrated in NYC metro and Western New York.

Top Classes — New York (Selected, February 2026)

Top-attended classes reflect strong demand for fitness, technology literacy, nutrition, and financial wellness:

- Embrace a Healthier You with Gentle Yoga (#1)
- Seated Indoor Walking Workout (#2)
- Morning Fitness — Aerobic Exercise (#3)
- Stretch and De-Stress with Easy Meditative Movement (#4)
- Introduction to Tai Chi: Basics of Movement and Balance (#7)
- Financial Wellness: Understanding Your Credit Report (#10)
- Basic Tips for Searching With Google (#13)
- How to Create a Safer Home Environment to Prevent Falls (#16)
- Deepfakes Demystified: Understanding AI-Generated Media (#20)
- Tips to Manage Your Medicare Costs and Reduce Expenses (#22)

2026 Content Campaigns

GetSetUp has organized 2026 programming into four thematic campaigns: Healthy Living; Creativity for Wellness; Finance Wise; and Digital Literacy for All. Holiday series include March Into Spring, Give Back in April (National Volunteer Month), Moments that Matter in May (Older Americans Month), and Stronger Together in June (Alzheimer's and Brain Awareness programming).

Learner Feedback Highlights

"Who would think that you could get your heart rate up sitting in a chair! 5 out of 5 Stars" — Phyllis R., Seated Indoor Walking Workout

"Wade is clear, concise, paced the information well. Just the right amount of time so there was no overload." — Phyllis R., Basic Tips for Searching With Google

Section 3: Ageless Innovation — Joy for All Companion Pets

Contact: Ted Fischer

Email: ted@agelessinnovation.com

Website: www.joyforall.com

Company Overview

Ageless Innovation, LLC (161 Exchange St., Suite 2, Pawtucket, RI 02860) manufactures the Joy for All (JFA) line of companion pets and engagement games designed for older adults. The product line includes lifelike animatronic companion animals intended to reduce loneliness and provide sensory comfort, and tabletop games designed for cognitive engagement and social interaction.

Participant Feedback

“The feedback we have gotten is that they really do help with loneliness.” — Elizabeth Weimer, Senior Aging Services Specialist, discussing Oswego County’s participation in the NYSOFA companion pet initiative.

“My mom is a 91-year-old hospice patient. This dog has brought such joy and entertainment to her and the staff at her assisted living facility. Highly recommended.”

“I’m talking to somebody. I do have companionship. There’s somebody here listening to me.” — Helen Macura, discussing the impact of her Joy for All companion pet received through the New York initiative.

“She received an animatronic cat while on hospice care — and it was transformational.” — Susan Schrader, Community Friendship Volunteer Program, describing a 97-year-old NYSOFA participant with dementia who began nurturing and interacting daily with the pet. “The animatronic pet project is a low-cost intervention that enhances the lives of older residents and their families.”

Section 4: ElliQ by Intuition Robotics — NYSOFA Partnership & Healthcare Framework

Source documents: (1) “Transforming Care for Older Adults Across the State of New York: Three Years of Success with ElliQ and NYSOFA” — Intuition Robotics, December 2025; (2) ElliQ Executive Overview for Healthcare Organizations, 2026; (3) ElliQ ROI Framework: The Economic Case for AI Companionship in Aging Populations — Intuition Robotics, 2026.

Company and Product Overview

Intuition Robotics (\$85M in funding, 30+ patents) develops AI-powered companions for older adults. Its flagship product, ElliQ, is deployed in thousands of homes and aging programs across the U.S. The New York program launched in June 2022 in partnership with NYSOFA, with funding support in the New York State Budget, and is administered with the support of the Association on Aging in New York and county offices for the aging. ElliQ provides daily companionship, health and wellness support, cognitive engagement, and communication tools through proactive, personalized interaction.

Note: The New York Times featured ElliQ on its front page in February 2026: "The first people living alongside artificially intelligent robots are octogenarians." Also featured in Forbes, Wired, and CBS.

How ElliQ Works

- Proactive, Not Reactive: ElliQ initiates 60% of all interactions — check-ins, reminders, and coaching without waiting to be asked
- Health & Wellness Agent: Personalized wellness plans, chronic disease support, medication adherence, and conversational HRA, PHQ-2/9, GAD-2, and fall risk assessments
- ElliQ Care Center: Real-time visibility for care teams — member engagement trends, health flags, and risk alerts enabling earlier intervention
- Turnkey Deployment: All-inclusive subscription (device, activation, onboarding, account management, analytics, platform updates); no new infrastructure or staff required
- Caregiver App (launched 2025): Family members can set wellness/medication goals, receive alerts, share messages/photos/video calls, coordinate with other family members; client controls all data sharing and can opt out at any time

Program Scale and Reach

- 834 older adults currently enrolled; ElliQ deployed in 834 homes across New York State
- More than 3,500 older adults have applied — demand significantly exceeds current capacity
- Statewide deployment with representation across all major regions including Western NY, Central NY, Capital Region, Hudson Valley, NYC metro, and North Country
- AgingNY's Area Agency on Aging network manages the client screening and enrollment process

Key Outcome Data — Year 3 (June 2024–May 2025)

Measured using anonymized ElliQ usage data and the Cobot scale, the first patient-rated outcome (PRO) tool designed specifically for companion robots. Peer-reviewed clinical research also conducted by Duke University and Cornell University (n=448, Journal of Aging Research & Lifestyle, 2024).

- Customer Satisfaction Score: 4.6 / 5 | NPS: +60
- 89.7% rated ElliQ 'Highly Trustworthy' on the validated TPS-HRI scale
- 94% of clients report feeling less lonely (up from 93% in Year 2)
- 97% report feeling better overall; 96% say ElliQ improved their overall health and wellbeing
- 79% feel more connected to the world; 88% say ElliQ makes a positive difference in daily life
- Average daily interactions: 41 per user (up from 29 in Year 2 — a 41% increase); 45+ per day per the healthcare framework

- 91% user retention after first month; 76% wellness coaching retention after 3 months
- 465% increase in physical activity among wellness-coached members
- 48% of users meet or exceed their initial wellness goal

Activity Breakdown (Typical Month)

- 88% of clients engage in two-way communication; 92% provide regular wellbeing updates; 81% participate in physical activity; 26% report health measurements
- Activity categories: Companionship 40.1% | Cognitive 19% | Wellness 15.1% | Health 11% | Tools & Reminders 8.9% | Infotainment 3.8% | Social Connectedness 2%

Wellness Coach Feature (Year 3)

- Clients set an average of 2 wellness goals, each including ~3.6 activities per week
- 60% retention after 3 months — significantly outperforms typical wellness app retention rates
- 50% of clients chose to increase their weekly targets after meeting initial goals
- 87% 30-day engagement retention for wellness coaching

Health Management and Quality Measure Performance

- HRA completion: 72% full completion; 50% among previously disengaged users (vs. ~30% industry average)
- CAHPS completion: 85% full completion; 63% among previously disengaged users
- Medication adherence: 77% respond to reminders; 61% confirm completion — 16-point gap provides real-time intervention signal for care teams
- Self-reported health monitoring: 71% of users share sleep quality, mood, pain level, and wellbeing through natural conversation
- HEDIS/CAHPS support: Deployed with MetroPlus Health Plan to re-engage previously unresponsive members

Case Study: Client in Yonkers

Representative Year 3 client profile: Age 84, female. Active 90% of days, 30 daily interactions, 7 daily activities. Top uses: Bingo, Wellness, Conversations, Cognitive Games. Wellness goals: Keep Sharp and Reduce Stress (both upgraded to 5 activities/week); Sleep Better (completed). Social connections: 7 total contacts including son, daughter, friend, care team, and other ElliQ clients; uses video calling, messaging, and photo sharing regularly.

Participant Feedback

"I want you to know that having ElliQ in my home is amazing. She's really brought a lot of interaction to me. I'm alone a great deal, many, many hours, and she's always right there." — Beatrice, 89, Broome County

"I've learned so many new things with my ElliQ! I really like it — it keeps me company, and I love playing games, dancing, and having fun with it." — Carol, 65, Jefferson County

"I just love it. It's awesome. My daughter wanted one too." — Gloria, 69, Erie County

Healthcare Savings Opportunity — ROI Framework

Source: ElliQ ROI Framework (Intuition Robotics, 2026). Model assumptions: ElliQ annual cost per user \$1,000; baseline 25% of target population receives paid home care. Does not claim direct causation; presents defensible savings ranges based on published benchmarks.

Five Cost Categories Addressed

Savings Category	Published Benchmark	Attribution Method	Est. Savings / User / Yr
Social Isolation	\$1,644 excess spend/isolated older adult (Shaw et al., 2017); \$6.7B additional Medicare spending (AARP/Stanford)	25% attribution to ElliQ's 94% loneliness reduction	\$411/user/yr
Care Delivery Efficiency	Home health aide ~\$30/hr (CareScout/Genworth, 2025); 59M family caregivers provide \$1.01T in unpaid care (AARP/NAC, 2026)	6 hrs/wk saved; 25% paid care population + care team efficiency	\$2,690/user/yr
Medication Non-Adherence	\$528.4B annual cost (PAN/IQVIA, 2023); 11% of older adult hospital admissions (Harvard, 2026)	5% reduction in adherence-related admissions; 61% confirmed completion	\$100–\$300/user/yr
Falls & Physical Inactivity	\$80B/yr non-fatal falls (NCOA, 2025); ROI \$8.36–\$23.80 per dollar invested in prevention	10% attribution; 465% physical activity increase among coached users	\$390/user/yr
Care Gap Closure / Star Ratings	5% quality bonus for MA plans with 4+ Stars (CMS, 2025); HEDIS becoming 26% of Star Rating in 2027	50% HRA completion among disengaged users vs. ~30% industry avg	\$250–\$750/user/yr

ROI Summary by Scenario

Scenario	Est. Savings / User / Year	ElliQ Cost	Net ROI
Baseline (6 hrs/wk, 25% paid care)	\$3,941	\$1,000	3.9x
Moderate (6 hrs/wk, 50% paid care)	\$6,281	\$1,000	6.3x
High (6 hrs/wk, 75% paid care)	\$8,621	\$1,000	8.6x

Note: Estimates do not include hospital admission reduction or institutionalization avoidance data, both of which are expected to further increase estimated savings as validation studies conclude.

Competitive Comparison

Metric	EllIQ	Papa (Human Companion)	Home Health Aide
Monthly cost	~\$83/month	~\$120 (4 hours)	\$30/hr; ~\$5,000+/mo for daily visits
Availability	24/7, proactive	Scheduled visits	Scheduled visits
Scalability	Unlimited	Constrained by labor	Severely constrained
Daily engagement	45+ interactions	2–3 visits/month	1–2 visits
Loneliness reduction	90–94%	~80% (reported)	Not measured
Data & reporting	Continuous, automated	Manual	Manual

EllIQ does not replace human care. It augments it, providing continuous engagement between human touchpoints at a fraction of the cost.

Additional Value and Policy Context

- Washington State has created a statewide Medicaid reimbursement code for EllIQ, with the primary endpoint being the user's ability to remain in the community
- Supports the Health Equity Index (HEI) reward launching in 2027 Medicare Advantage Star Ratings
- NYSOFA executed a three-year contract renewal based on demonstrated outcomes
- 30+ patents (12 issued, 22 pending) in relationship orchestration, proactive AI, and human-robot interaction
- HIPAA-compliant platform with a published AI Code of Ethics governing transparency, data control, and protection of vulnerable populations

Section 5: Tualta — NewYork-Caregivers.com Caregiver Support Portal

Source document: NYSOFA Monthly Business Review (MBR), March 25, 2026.

Program Overview

Tualta operates NewYork-Caregivers.com, a NYSOFA-funded caregiver education and support portal. The platform provides self-led online education, live events, a peer support forum, and an AI-powered recommendation engine for family caregivers of older adults across New York State. It is integrated with Area Agency on Aging support plans statewide.

Support Plan Integration

- 377 out of 3,570 support plans (10.6%) reference 'Tualta,' 'caregiver portal,' or 'portal' as of 3/23/26
- Original goal of 10% by October 1, 2025 has been met

- Identified opportunity: more tightly coupling support plan documentation with portal invitation workflows
- 50 outstanding invitations from January were resent on 3/25/26

Portal Engagement Metrics (Cumulative Since Inception)

Self-Led Education

Metric	Since Inception	Since 2/25/26
Content Views	33,575	822
Toolkit Views	7,364	181
Total Seat Time (Hours)	4,035	170

93% of users state the information is helpful.

Live Events

Metric	Since Inception	Since 2/25/26
Unique Registrations	1,232 (21.5% of total)	25
Total Registrations	6,391 (avg 5.2/user)	342
Total Events Attended	4,180 (65%)	269 (78.7%)
Total Time (Hours)	3,388.7	218.3

Average event satisfaction score: 4.8 / 5.0

Power Users and Estimated System-Wide Cost Savings

- Total registered users: 5,721
- Power Users (15+ activities): 1,223 (21.38% of total)
- Power Users are 20% less likely to report an unexpected ED visit vs. control groups
- Power Users delay care transitions / extend time at home by approximately 15 months vs. control
- Estimated savings from reduced ED visits: \$1.6 million
- Estimated savings from delayed care transitions: \$10.8 million
- Total estimated savings: \$12.4 million+

New Platform Features — Q1 2026

AI Recommendation Engine

The platform now uses AI to blend users' onboarding topic selections with ongoing platform behavior. Recommendations respond dynamically to each user's actions, surfacing appropriate content at the right time.

AI Forum Moderation

Every forum post and reply is reviewed by an AI moderation agent before publication. Posts are flagged for review by a Trualta Care Coach. The AI screens for: respect/kindness violations, hate or discrimination, self-harm or crisis risk, privacy breaches, unsafe or unlicensed advice, graphic content, and spam. Users are notified if posts are rejected.

Event and Coach Introduction Videos

Short introductory videos help caregivers feel welcomed and comfortable before engaging with events or coaches.

Recent Adoption Activities (Since 2/25/26)

- Caregiver introduction to Clinton County caregiver group — 3/24/26, with custom QR code
- Trualta intro meeting with MSW team at Futterman Lanza, LLP with custom QR code for client connections
- HSBC partnership inquiry directed to organizational leadership
- 2026 Social Media Kit under review for county partner distribution

Section 7: ARCHANGELS — Sandwich Caregiver Identification and Support

Source document: “Sandwich Caregivers in New York” — ARCHANGELS / AgingNY Any Care Counts–NY (ACC–NY), April 2026. Data sources: Drane et al., Am J Health Promotion, 2026; SSRS/ARCHANGELS (2025); CDC MMWR COPE Initiative; CII Any Care Counts–NY dataset. Contact: ARCHANGELS.ME | ARCHANGELS.WORK | THECAREBADGE.COM

Organization Overview

ARCHANGELS is a public benefit corporation and national movement dedicated to reframing how family caregivers are seen, honored, and supported — using a combination of data and stories through public and private partnerships. ARCHANGELS operates on the principle that being seen and identified is itself the first line of care. In New York, ARCHANGELS runs the Any Care Counts–NY (ACC–NY) program in partnership with AgingNY and the NYS Office for the Aging, with the Caregiver Intensity Index (CII) deployed across all 62 counties.

Who Is a Sandwich Caregiver?

A sandwich caregiver is someone caring in two directions simultaneously — for a child under 18 and an aging parent or partner at the same time. This is not a niche population: 1 in 3 family caregivers in the U.S. belongs to the sandwich generation, disproportionately women ages 35–55 managing professional and family responsibilities alongside two simultaneous caregiving relationships. These are peak-earning-year adults — an essential segment of the American workforce — and they are the highest-need group in the caregiver population.

National Scale and Research Findings

- 36% of U.S. adults — 93 million people — provided unpaid care in the past year (SSRS/ARCHANGELS, 2025)
- 63 million family caregivers in the U.S., up 20 million in a decade; 1 in 3 are in the sandwich generation (NAC/AARP, 2025)
- The economic value of unpaid caregiving totals more than \$1 trillion annually (National Partnership for Women & Families)
- 23% of U.S. adults simultaneously cared for a child and an adult during the COVID-19 pandemic (CDC)

Mental Health Impact — The Highest-Risk Caregiver Group

Sandwich caregivers carry a documented mental health burden that exceeds every other caregiver category. Sources: Czeisler et al., MMWR Morb Mortal Wkly Rep 2021; Drane et al., Am J Health Promotion 2026.

- 85% of sandwich caregivers report at least one adverse mental health symptom — the highest documented rate of any caregiver group
- Approximately 50% report serious suicidal ideation in the prior month — eight times the odds of non-caregivers
- Caregivers who feel supported are 52% less likely to score at the highest-risk intensity level (SSRS/ARCHANGELS, 2025)
- Feeling supported is the strongest single predictor of whether caregiver intensity stays manageable
- Nearly 60% of caregivers who complete the CII connect with resources (IU Health implementation, 2024–25)

The Caregiver Intensity Index (CII)

The CII is a validated, 2-minute self-assessment that scores caregiver intensity across three levels: Clear (low) / Yellow (moderate) / Red (high). It is designed to engage all caregivers, including those who do not see themselves in a caregiving role. The CII provides each caregiver with a score that validates their experience and crosswalks them to existing resources that often go underutilized due to lack of awareness. It can be embedded in any channel — primary care, employer, health plan, AAA, or community organization.

Any Care Counts–NY: Statewide Results

Through the Any Care Counts–NY (ACC-NY) partnership with AgingNY and NYSOFA, the CII has been deployed across all 62 New York counties, reaching 25,577 total caregivers. Of those, 5,921 are identified sandwich caregivers — every one scored and connected to resources.

Sandwich caregivers represent 23.1% of all ACC-NY completions — exactly matching the national rate of 23% (Drane et al., 2026), confirming the program is identifying this population at national scale.

- 94% of sandwich caregivers in New York score yellow or red — nearly every sandwich caregiver reached shows a measurable level of intensity
- 34.2% of sandwich caregivers in NY score red (high intensity) — matching the national ARCHANGELS rate of 34% almost exactly
- 60.1% score yellow (moderate intensity) — the zone where early support has the greatest impact
- Only 5.6% score clear (low intensity) — meaning the vast majority of identified sandwich caregivers need some level of support

Top New York Counties by Sandwich Caregiver CII Intensity

Sandwich caregivers appear in every county in the state. The following counties showed the highest rates of red (high intensity) scores among sandwich caregiver CII completions:

- Dutchess County (Hudson Valley): 45.5% red, 52.3% yellow
- Nassau County (Long Island): 42.8% red, 54.7% yellow
- Albany County (Capital Region): 40.8% red, 54.5% yellow
- Queens County (NYC): 38.2% red, 55.9% yellow
- New York County / Manhattan (NYC): 36.8% red, 57.9% yellow
- Suffolk County (Long Island): 35.7% red, 58.4% yellow
- Onondaga County / Syracuse (Central NY): 32.0% red, 62.1% yellow
- Monroe County / Rochester (Finger Lakes): 30.3% red, 64.1% yellow
- Erie County / Buffalo (Western NY): 27.0% red, 66.4% yellow

NYC five-borough total: 1,718 identified sandwich caregivers. Every county in New York State has CII completions.

Why Federal Policy Must Respond

Workforce

- Sandwich caregivers are the workforce — adults ages 35–55 in their peak earning years, often holding essential, professional, or management roles
- In New York, 94% of sandwich caregivers score yellow or red on the CII — a measurable signal of intensity that responds to early support and resource connection
- Supporting sandwich caregivers to stay employed and engaged is a direct workforce investment with measurable returns

Mental Health — The Unscreened Population

- 85% of sandwich caregivers have at least one adverse mental health impact — the highest rate of any caregiver group; identifying them early and connecting them to support is a proven, cost-effective intervention
- CDC data show approximately 50% of sandwich caregivers report serious suicidal ideation in the prior month — eight times the rate of non-caregivers; early identification creates the opportunity for intervention
- The CII is a validated, 2-minute screening tool that can be embedded in any channel: primary care, employer, health plan, AAA, community organization; New York has already built the proof of concept across all 62 counties

Section 8: AgingNY Partnership Portfolio — At a Glance

This section provides a consolidated summary of three active AgingNY partnerships and programs as of early 2026: the GetSetUp lifelong learning platform, the Trualta caregiver support portal, and Memory Lane TV. Together, these programs represent New York's commitment to technology-forward, evidence-based services that support older New Yorkers, their caregivers, and the aging services professionals who serve them.

	GetSetUp	Trualta	Memory Lane TV
Audience	Older adults (60+)	Family caregivers	Dementia residents & care partners
Delivery	Online classes, live & on-demand	Web portal, events, forum	Streaming TV, aromatherapy kits
Scale (NY)	24,342 monthly users	5,721 total users	8 adult day sites (NYSOFA pilot)
Key Outcome	68.5% contract utilization; 1.23M cumulative classes	\$12.4M+ estimated savings	80–90% staff satisfaction ratings
Next Steps	Drive utilization to 177,500 contract cap	Deepen support plan integration	Expand across NY adult day network

Association on Aging in New York (AgingNY)
515 Broadway, Suite 402, Albany, NY 12207 | www.agingny.org

Statements for the Record



**AARP
STATEMENT FOR THE RECORD
for the**

**U.S. SENATE SPECIAL COMMITTEE ON AGING
on**

**CAUGHT IN THE MIDDLE: SUPPORTING FAMILIES IN THE SANDWICH
GENERATION**

**May 13, 2026
Washington, DC**

For further information contact:
Rhonda Richards
Government Affairs Director
Family and Caregiving
rrichards@aarpp.org

AARP, which advocates for 125 million Americans age 50 and older, thanks the Committee for holding this hearing, “Caught in the Middle: Supporting Families in the Sandwich Generation.” We appreciate the opportunity to submit this statement for the record on the challenges facing sandwich generation family caregivers and family caregivers more broadly, important federal programs and AARP resources that assist these caregivers, and commonsense solutions to support them. Family caregivers are the backbone of our nation’s long-term care system and they help enable older adults and people with disabilities to live independently in their homes and communities. The [majority](#) of Americans age 50-plus would like to live in their current home (75 percent) and community (73 percent) for as long as possible.

Family Caregivers and Sandwich Generation Family Caregivers

There are [63 million](#) family caregivers in the United States caring for adults or children with a medical condition or disability, enabling people to live in their homes and communities where they want to be. Family caregivers help with everything including medications and medical care, meals, bathing, dressing, finances, grocery shopping, transportation, coordinating and arranging care, advocating on behalf of their loved one, and more. Family caregivers are often the first line of assistance for a loved one who needs help living in their home.

While many find purpose in caregiving, it often brings financial, physical, and emotional challenges. Sandwich generation family caregivers who care for an older adult and a child simultaneously may feel the challenges of caregiving more acutely. [Three in ten](#) family caregivers (29 percent) or [about 16 million](#) caregivers have children or grandchildren under age 18 living at home while they care for an adult family member or friend. [Forty-seven percent](#) of caregivers under age 50 are sandwich generation caregivers. More African American/Black (36 percent) and Hispanic/Latino family caregivers (43 percent) care for a child who lives in their household and an adult care recipient than caregivers overall. Children can also care for adults: [about 4 million](#) children under age 18 assist their families with the care of adults.

Per AARP Public Policy Institute analysis of [Caregiving in the US 2025](#) data, while sandwich caregivers and non-sandwich caregivers are equally likely to report that caregiving is emotionally stressful (39% for each group), sandwich caregivers are more likely to report that caregiving is a physical strain (22% vs. 19%) and a financial strain (22% vs. 16%). These challenges can affect health and well-being. In fact, about a quarter (26%) of sandwich caregivers say it is difficult to take care of their own health because of their caregiving responsibilities.

[Nearly 12 percent](#) of caregivers of Medicare beneficiaries also care for a child under 18 years of age in their home. The average sandwich generation caregiver to a Medicare beneficiary is [44 years old](#). [Nearly 80 percent](#) are Generation X, millennials, or Generation Z. [Nearly three-quarters](#) (74 percent) are employed in full-time or part-time work on top of their dual caregiving duties. This is a higher level of employment than family caregivers overall.

Family caregivers spend, on average, [over \\$7,200](#) out-of-pocket on caregiving expenses each year, which equates to [26 percent](#) of their income on average. [Nearly half](#) experience at least one negative financial impact, such as depleted short-term savings, increased debt, unpaid bills,

borrowing money, or struggling to afford basics like food. [Seven in ten](#) caregivers ages 18-64 are working while caregiving. [Fifty-three percent](#) of employed caregivers are paid hourly. Yet many workers, about [73 percent of private industry workers](#), do not have access to paid family leave through their employer. Many caregivers reduce hours or leave the workforce, losing income, benefits, and retirement savings. The financial and economic toll are significant. Sandwich generation family caregivers experience expenses not only in caring for an older adult, but also raising a child, so they can be squeezed at both ends financially.

Family caregivers of adults provide [over \\$1 trillion](#) in care annually, reducing costly institutional care, hospitalizations, and emergency room visits, saving taxpayer dollars. On average, caregivers provide [27 hours](#) of care per week. Sandwich generation caregivers raising children have additional responsibilities and time commitments that cause them to juggle their schedules even more. [Over half](#) (58 percent) of family caregivers act as an advocate on behalf of their loved one. [One in four](#) want help managing paperwork and navigating eligibility for services. Among those coordinating care, [26 percent](#) find it difficult to do so. Coordinating care can be even more challenging for sandwich caregivers who may be coordinating care for both an older adult and a child simultaneously.

Some Existing Programs to Support Sandwich Generation Family Caregivers and Family Caregivers More Broadly

As family caregivers assist their loved ones initially or over time, they may need additional resources and support to aid them in their caregiving role and/or help ensure their own health and well-being. In some cases, caregivers may be the only source of support for their loved one, but their loved one needs more help.

For broader context, millions of older adults depend on long-term services and supports (LTSS) to live safely and remain in their homes and communities. These services include hands-on help with everyday activities such as eating, bathing, dressing, using the toilet, getting in or out of a bed or chair, walking, managing medications and finances, meal preparation, household tasks, and transportation. LTSS provided in the home or other community-based settings are called home and community-based services (HCBS) and are generally more cost-effective than institutional care, such as nursing home care.

Federal and state programs may provide essential support to both the family caregiver and the person they are assisting to meet their needs, fill in critical gaps, or ensure continued care and well-being. Some of these programs also help people who do not have family who can provide caregiving help. There are several important federal programs or initiatives that support sandwich generation family caregivers and family caregivers more broadly.

Older Americans Act

For 60 years, the Older Americans Act (OAA) has helped older Americans live at home with independence and dignity, delaying or eliminating more costly institutional services and hospitalizations. It delivers essential services to approximately 11 million older adults in a typical year. Significantly, OAA programs deliver critical, real-world support that helps sandwich generation caregivers who work to manage competing demands without sacrificing their own financial stability or well-being. Services like home-delivered meals, transportation,

in-home assistance, and caregiver respite provide essential support, allowing caregivers to remain employed and present for their children. For example, when an older adult receives reliable meal delivery or help with daily activities through OAA, a working caregiver is less likely to miss shifts, reduce hours, or leave the workforce altogether.

OAA-funded caregiver supports - including counseling, training, and respite care - also help reduce stress, prevent burnout, and improve caregivers' ability to provide safe, sustained care. Together, these are cost-effective investments that not only help older adults live independently with dignity but also stabilize families across generations by easing the economic and emotional strain on caregivers who are holding it all together. America's older population is growing and so too must the resources to help them remain independent and live at home. Now more than ever, OAA programs are essential for America's older adults and their families.

AARP supports the Older Americans Act (OAA) Reauthorization Act of 2025 (S. 2120). AARP commends you for your bipartisan work on this legislation and joins you in calling for its prompt passage. Within the OAA Reauthorization Act of 2025, we appreciate and support the effort to strengthen OAA's many successful programs, including the National Family Caregiver Support Program (NFCSP) and Title VI Native American Caregiver Support Services, the Senior Community Service Employment Program (SCSEP), nutrition services, the Long-term Care Ombudsman Program (LTCOP), the direct care workforce national resource center, and housing services. AARP previously provided a more specific [statement for the record](#) on OAA, that highlights the important services it provides, and the need to promptly reauthorize OAA so that our loved ones can continue to turn to these services for their health and economic security as they age.

Lifespan Respite Care Program

The Lifespan Respite Care Program helps family caregivers caring for loved ones regardless of age or disability, including by providing respite services, training respite workers and volunteers, providing information about and assistance in accessing services, and better coordinating services. We were pleased that Congress recently enacted AARP-supported legislation to reauthorize this program through Fiscal Year 2030 and enable it to serve caregivers under age 18. This program helps provide much-needed access to respite care to give sandwich generation and other caregivers short breaks from their caregiving responsibilities, enabling them to take care of themselves and balance competing demands.

Medicare

Medicare plays an important role in supporting sandwich generation and other caregivers and can do more to support them. Under the Medicare Physician Fee Schedule, Medicare pays certain health care professionals to provide Caregiver Training Services (CTS) that help family caregivers support people with Medicare. In the 2026 Medicare Physician Fee Schedule final rule, the Centers for Medicare & Medicaid Services (CMS) permanently authorized CTS via telehealth, expanding access—including for sandwich generation caregivers. This matters because only [11%](#) of caregivers receive any formal training to help with daily tasks like bathing, dressing, meal preparation, or handling transportation, even though two-thirds assist with at least one activity of daily living. While most caregivers perform medical or nursing tasks, just [22%](#)

receive training for them. Expanding CTS, particularly through telehealth, is a critical step to ensure caregivers get the training and support they need.

The Medicare hospice benefit provides an important inpatient respite benefit. The hospice benefit should also provide an in-home respite benefit to meet the needs of sandwich generation and other caregivers who want to help their loved ones remain at home during hospice care. This would be an additional benefit that is not currently included in Medicare hospice care. Hospital at Home programs also enable some older adults needing certain hospital care to choose to receive this care in their own homes. An [initial CMS study](#) found that beneficiaries who received care in the Acute Hospital Care at Home (AHCAH) initiative generally had a lower mortality rate than similar beneficiaries receiving inpatient care in bricks and mortar hospitals. CMS [notes](#) the study suggests that patients and caregivers had positive experiences with the care at home under the AHCAH initiative. We were pleased that Congress enacted AARP-supported legislation to extend the AHCAH Waiver enabling such care under the waiver through Fiscal Year 2030 with an accompanying study with family caregiving elements—such as family caregiver experience and involvement, as well as patient experience and safety.

The Center for Medicare & Medicaid Innovation (CMMI) Guiding an Improved Dementia Experience (GUIDE) Model, a care model being tested for eight years, provides critical support for family caregivers of Medicare beneficiaries with dementia, including a 24/7 support line, caregiver navigation, education and training, and respite care. The GUIDE Model offers a strong example to build upon. CMS—especially within Medicare—should consistently recognize family caregivers as essential partners in care planning, treatment, transitions (including discharge), and coordination. This means formally including caregivers as part of the care team, and ensuring access to education, training, navigation assistance, respite, and other supports across traditional Medicare, Medicare Advantage, and CMMI models. Replicating and scaling successful models is important, including to support sandwich generation caregivers balancing care for loved ones with Medicare and raising children.

Medicaid

When individuals need more assistance to live in their homes and communities than family caregivers can provide or family caregivers are unavailable, individuals and their families turn to paid care, such as a home care aide to help with daily activities, adult day services, assisted living, or home-based nursing care. Yet, these services are becoming [increasingly unaffordable](#) for middle class families, with costs rising and varying greatly across states.

[Several million](#) adults age 50-plus, including more than two million people ages 65 and over, utilize Medicaid because they have limited financial resources and significant disabilities or functional limitations that require hands-on assistance. Medicaid provides important direct support for family caregivers of Medicaid beneficiaries, such as respite care, education, and training on care delivery. While more than [2.5 million](#) adults 65 and older and [4.3 million](#) adults ages 21 to 64 (many of whom are 50 and older) receive Medicaid coverage for LTSS, [two-thirds](#) of adults 65 and older with Medicaid LTSS coverage receive HCBS, including from home care aides. More than [1.6 million](#) older adults received Medicaid HCBS in 2023, with older adults making up about [one in five](#) Medicaid HCBS recipients. Overall, about [9.7 million](#) people of all ages receive Medicaid LTSS, including [8.4 million](#) people who receive HCBS. Older adults age

65 and older [lag behind](#) other age groups in terms of the share of total Medicaid LTSS users receiving HCBS and the share of total Medicaid LTSS spending for HCBS.

Federal law requires states to cover institutional care, such as nursing home care. However, most HCBS are optional, giving states discretion to alter covered services, eligibility criteria, or provider payments in ways that can directly limit access to home care, even though HCBS are generally more cost-effective. Medicaid HCBS costs an [average of almost \\$25,900](#) per older adult per year, and Medicaid spends on average [about \\$20,000 less per year](#) per older adult who receives services in HCBS settings rather than nursing home settings. Despite the institutional bias in federal law requiring coverage of institutional care, but not most HCBS, state and federal policymakers across parties, branches, administrations, and states—along with advocates—have spent decades expanding access to home and community-based care for older adults and people with disabilities, a long-term effort often called “balancing” or “rebalancing.” As we have a growing aging population and the majority of individuals want to live in their homes and communities, it is more important now than ever to protect access to HCBS. The important services Medicaid provides can fill in gaps in care that families may not be able to meet, supplement care provided by family caregivers, and can make the difference between a person being able to live in their home or having to go into a nursing home.

HCBS help individuals maintain independence and choice in the care they receive. This choice is especially evident in Medicaid self-direction programs, a service delivery model that lets individuals or their representatives manage their own services, oversee their own budgets, and hire care providers, including family caregivers whom they know and trust. It is important for individuals to have the option to self-direct their services and select a family caregiver to provide services. This provides family caregivers with financial support they may need to continue providing care, relieves pressure on the paid direct care workforce that is strained and experiencing shortages, and allows those needing services to take control of the care they receive. The Department of Veterans Affairs also offers several programs that can support or enable compensation for caregivers, including Veteran-Directed Care, which allows eligible veterans to use a managed services budget to hire caregivers, including family members.

We note that CMS should take steps to exempt family caregivers —defined in Section 2 of the RAISE Family Caregivers Act —from Medicaid’s community engagement requirements. This would enable caregivers to continue to provide essential care to loved ones that helps them live independently in their homes and allow the caregiver to continue to receive health care coverage through Medicaid. Family caregivers are already saving taxpayer dollars by caring for their loved ones at home and delaying and preventing more costly institutional care and unnecessary hospital stays.

We also want to reaffirm our strong commitment to protecting the integrity of Medicare and Medicaid. We are fully committed to eliminating fraud, waste, and abuse, which drain needed resources that are vital to provide care to older Americans and support family caregivers. Fraud is a crime, and those who commit fraud against Medicare and Medicaid must be held accountable to the full extent of the law. Medicare and Medicaid have robust fraud prevention systems established by Congress, administrative action, and states that help ensure that if fraud happens, funding is recouped and bad actors are prosecuted. We also know the incredible need

for essential care and services in the community, and we oppose creating unnecessary barriers to care and coverage for innocent Americans who rely on these critical services. We wrote a recent [letter](#) addressing fraud more broadly.

Paid Leave

Paid leave is important to millions of workers, including older workers, who care for family and friends of any age and especially sandwich generation caregivers. We were pleased that AARP-supported legislation was enacted to make permanent tax credit 45S for paid family and medical leave. Enhancements to the credit will encourage and enable more employers, and especially small businesses, to provide this important benefit to support America's hardworking family caregivers. Importantly, 14 states and D.C. have paid leave programs, but family caregivers nationwide need access to paid leave.

Department of Veterans Affairs Caregiver Support Program

The Department of Veterans Affairs (VA) Caregiver Support Program has two programs, the Program of Comprehensive Assistance for Family Caregivers (PCAFC) and the Program of General Caregiver Support Services (PGCSS), which support caregivers of veterans. The PCAFC provides a stipend, education and training, health insurance (if the caregiver is otherwise uninsured), mental health counseling, respite care and other services for an eligible caregiver of an eligible veteran. The PGCSS provides skills training, mobile support, one-on-one coaching, group support and coaching, self-care, peer support mentoring, telephone support, online programs, and referrals to available VA and community resources for caregivers of veterans enrolled in VA health care who served in any era. Both programs provide essential support to caregivers of veterans and provide insights and experience that could benefit family caregivers more broadly.

State Program Highlights

AARP advocates at the federal, state, and local levels to support family caregivers by saving them money and time and working to ensure that all caregivers have access to the support they need. AARP's state advocacy efforts include not only fighting for new comprehensive paid family and medical leave programs, such as the one recently enacted in Virginia that would provide up to 12 weeks of paid leave for eligible workers, but also defending against efforts to repeal or narrow existing paid leave programs. Maine and Minnesota have both defeated bills in recent years to delay implementation, deny adequate funding mechanisms, or repeal programs altogether.

AARP state offices have also championed bipartisan efforts to create comprehensive caregiver tax credits in three states: Connecticut, Nebraska, and Oklahoma. Oklahoma passed legislation to provide eligible family caregivers with a nonrefundable tax credit of up to \$2,000 (\$3,000 for caregivers of veterans and individuals with dementia) in 2023, Nebraska followed suit with a similar credit in 2024, and Connecticut just created a caregiver tax credit in May of 2026. Oklahoma also recently expanded their existing law to raise the maximum credit to \$3,000 for all eligible caregivers, make more care expenses eligible for the credit, and expand eligibility requirements.

AARP Resources

In addition to AARP's local, state, and federal advocacy to support caregivers, AARP has an array of resources and programs to support family caregivers, including through work with employers and health care professionals. We are including some highlights of AARP's efforts here.

- AARP Family Caregiving site, www.aarp.org/caregiving or www.aarp.org/cuidar (Spanish): offers extensive information, tips and tools to help caregivers navigate every aspect of their caregiving journey and is a great place to start when looking for additional resources;
- AARP State Family Caregiver Resource Guides, www.aarp.org/caregiverresourceguides: to help family caregivers access key programs, services and agencies in their community;
- AARP Local, www.aarp.org/localcaregiving: guides, tips and local resources for caregivers in a particular state;
- AARP Care for the Caregiver Guide: Supporting Physical, Financial, Mental and Emotional Well-Being, www.aarp.org/careforthecaregiver;
- AARP/United Way Worldwide Collaboration on 211, www.aarp.org/211care: find AARP caregiving resources and local services by calling the 211 helpline;
- AARP Family Caregivers Discussion Group on Facebook, www.facebook.com/groups/aarpfamilycaregivers;
- Online Community Resource Finder (AARP and the Alzheimer's Association), www.aarp.org/crf: find resources, community programs, and services;
- AARP Veteran and Military Family Caregiver Guide, www.aarp.org/caringforvets;
- AARP Financial Workbook for Veteran and Military Family Caregivers, www.aarp.org/VMFcaregivermoney: a practical guide designed to help veteran and military caregivers manage the financial aspects of caregiving, including budgeting, expenses, and planning for future needs;
- AARP Resources for Veterans and their Families, www.aarp.org/vetresources: includes a Veterans and Military Families Health Benefits Navigator and Home Modification Benefits Guide;
- AARP Employer Caregiving Program Series, <https://employerportal.aarp.org/caregiving>: live virtual programs with 12 topic options for employers and their employees to help them balance work and caregiving; and
- AARP Healthcare Provider Resource Hub: Support Family Caregiver Integration: Tools for Healthcare Delivery, <https://www.aarp.org/caregiving/medical/healthcare-professionals/>.

Federal Policies Needed to Support Sandwich Generation Family Caregivers and Family Caregivers More Broadly

Sandwich generation family caregivers and family caregivers broadly need commonsense solutions to help save them money, time, and provide them with support. That's why AARP urges this Congress to pass the:

- Credit for Caring Act (S. 925) that would provide a non-refundable federal tax credit of up to \$5,000 for eligible working family caregivers to help offset a portion of out-of-pocket caregiving expenses such as a home care aide, home modifications, assistive technology, adult day services, respite care, transportation and other supports that help caregivers and their loved ones;
- Lowering Costs for Caregivers Act (S. 1565) that would allow family caregivers to use their health savings accounts, flexible spending accounts, health reimbursement accounts, and Archer medical savings accounts to pay for qualified medical expenses for their parents or parents-in-law, and not just spouses or dependents;
- Alleviating Barriers for Caregivers Act (S. 1227) that would help reduce red tape for family caregivers in Medicare, Medicaid, Social Security programs, and the Children's Health Insurance Program;
- Connecting Caregivers to Medicare Act (S. 3439) that would help inform people about Medicare's voluntary option for Medicare beneficiaries to allow family caregivers to access their health information through 1-800-MEDICARE;
- Older Americans Act Reauthorization Act of 2025 (S. 2120) to reauthorize the OAA and support family caregivers;
- Essential Caregivers Act (S. 3492) to require nursing homes and inpatient rehabilitation facilities to permit essential caregivers access during future periods of restricted visitation, establish reasonable limits on full lockdowns, and provide clear exemptions for end-of-life situations so that no resident is forced to spend their final moments without a loved one by their side;
- More Paid Leave for More Americans Act (H.R. 3089) that would help expand access to paid leave to hard-working Americans by incentivizing states through a grant program to establish paid leave programs, and address the current patchwork of state paid leave laws by coordinating benefits across states through the Interstate Paid Leave Action Network (I-PLAN). This will help all Americans balance work and family responsibilities, especially sandwich generation caregivers; and
- Legislation to make permanent the:
 - Money Follows the Person Rebalancing Demonstration Program that helps individuals transition out of institutional settings to certain home and community-based settings; and
 - Medicaid HCBS spousal impoverishment provisions that provide important financial protection for the spouses of individuals receiving Medicaid HCBS. The spouses of such individuals are often providing critical assistance to help their spouse live at home.

We support bolstering the paid direct care workforce who provides essential assistance with daily activities that help people remain in their homes and get the support they need regardless of

where they reside. While the demand for this workforce is high, the job quality (including wages) is low, which contributes to high turnover and workforce shortages. Helping to ensure a well-trained and sufficient workforce by addressing the factors impacting recruitment and retention is important now and as the population ages and the need for home care and other services increases. The paid direct care workforce provides vital support not only to individuals who need services themselves, but also to support family caregivers and provide care where they cannot, such as enabling caregivers to remain in their own paid employment.

Conclusion

We look forward to continued work with the Committee and Congress on a bipartisan basis to support our nation's sandwich generation family caregivers, family caregivers more broadly, the paid workforce, and improve our nation's long-term care system. Family caregivers need help to save them money and time and access the support they need. At the same time, we need to make sure that care is accessible, affordable, and high-quality, whether individuals live in their homes and communities or in nursing homes. These issues impact families every day and we look forward to working with policymakers on commonsense solutions.



Alzheimer's Association and Alzheimer's Impact Movement Statement for the Record

**United States Senate Special Committee on Aging
Hearing on "Caught in the Middle: Supporting Families in the Sandwich Generation"**

May 13, 2026

The Alzheimer's Association and Alzheimer's Impact Movement (AIM) thank the Committee for its continued leadership on issues crucial to individuals living with Alzheimer's and other dementias. We appreciate the opportunity to submit this statement for the record for the Senate Special Committee on Aging hearing on **"Caught in the Middle: Supporting Families in the Sandwich Generation."** This statement highlights the growing demands facing individuals living with Alzheimer's and other dementias, and the family caregivers — particularly those in the sandwich generation — who are supporting them.

Founded in 1980, the Alzheimer's Association is the world's leading voluntary health organization in Alzheimer's care, support, and research. Our mission is to eliminate Alzheimer's disease and other dementias through the advancement of research, to provide and enhance care and support for all affected, and to reduce the risk of dementia through the promotion of brain health. AIM is the Association's advocacy affiliate, working in a strategic partnership to make Alzheimer's a national priority. Together, the Alzheimer's Association and AIM advocate for policies to fight Alzheimer's disease, including increased investment in research, improved care and support, and the development of approaches to reduce the risk of developing dementia.

The burden of Alzheimer's on individuals and families continues to grow, with over 7 million Americans aged 65 and older living with Alzheimer's dementia. Total payments for all individuals with Alzheimer's or another dementia are estimated at \$409 billion (not including unpaid caregiving) in 2026. Medicare and Medicaid are expected to cover \$263 billion — or 64 percent — of the total health care and long-term care payments for Alzheimer's or another dementia,

which are projected to increase to more than \$1 trillion by 2050. These mounting costs threaten to bankrupt families, businesses, and the nation's health care system.

Families at the Center of Dementia Care

Nearly 13 million Americans provide unpaid care for a family member or friend with dementia. This care is valued at \$446.3 billion — more than 17 times the total revenue of McDonald's. In addition, unpaid caregivers provided care valued at more than \$30 billion in each of the four most populous states — California, Texas, Florida and New York.

While 83 percent of the help provided to older adults in the United States comes from family members, friends, or other unpaid caregivers, nearly half of all caregivers who help older adults do so for someone with Alzheimer's or another dementia. This underscores the central role of family caregivers in dementia care across the country.

Approximately one-quarter of Alzheimer's and dementia caregivers are "sandwich generation" caregivers, balancing care for someone living with the disease alongside responsibilities for children or grandchildren. For these individuals, caregiving is woven into already full lives, alongside work and family responsibilities that often require constant attention.

Of the total lifetime cost of caring for someone with dementia, 70 percent is borne by families — either through out-of-pocket health and long-term care expenses or from the value of unpaid care. In fact, the financial toll of Alzheimer's on individuals exceeds the toll on the Medicaid program. Most caregivers (66%) live with the person with dementia in the community, and dementia caregivers provide an average of 27 hours of care per week, reflecting the extraordinary dedication and responsibility carried by family caregivers on a sustained, ongoing basis.

Caregiving at this scale is deeply demanding and often sustained over many years. Fifty-nine percent of dementia caregivers report feeling high to very high emotional stress, and more than one-third experience significant emotional, financial, and physical difficulty compared with caregivers of older adults without dementia. Of the unpaid Alzheimer's and dementia caregivers, 86 percent have provided care for at least the past year, and well over half have been providing care for four or more years. This prolonged duration of care contributes to caregiver strain, particularly when combined with limited access to formal supports and increasing care

complexity over time. As families take on increasing responsibility for dementia care, earlier and more accurate diagnosis can help give them answers sooner, so they can better plan, prepare, and make informed decisions.

Enabling Earlier Detection to Support Families and Care Planning

Great progress has been made in advancing Alzheimer's and dementia research, and the approval of treatments that can slow disease progression in early stages has further increased hope for individuals and families.

Early and accurate diagnosis is critical, particularly as new therapies are limited to individuals in earlier stages of disease. For caregivers, especially those in the sandwich generation, earlier answers can also help bring clarity during periods of uncertainty and support more informed decision-making.

At the same time, diagnosing Alzheimer's disease and other dementias has historically required a combination of clinical assessments, cognitive evaluations, and imaging or cerebrospinal fluid testing — tools that, while effective, are not always accessible to every patient or primary care provider. Today, that landscape is changing rapidly. The FDA's recent clearance of blood-based biomarker tests marks a transformative advance in detection and diagnosis, opening new opportunities to identify Alzheimer's earlier, connect patients to treatment and care planning sooner, and ease bottlenecks in our health care system. Sustained NIH investment has been foundational to these breakthroughs — deepening our understanding of disease mechanisms and strengthening the broader therapeutic and diagnostic pipeline. Building on this progress, we strongly support the bipartisan Alzheimer's Screening and Prevention (ASAP) Act (S. 3267), led by Senators Susan Collins (R-ME), Catherine Cortez Masto (D-NV), Shelley Moore Capito (R-WV), and Mark Warner (D-VA), which would create a pathway for FDA-approved blood biomarker tests, ensuring that the seniors who need these innovations most can actually access them.

Without this legislation, Medicare coverage of new dementia screening tools could be delayed for years, even after FDA approval. The ASAP Act would not mandate coverage, but it would empower the HHS Secretary to determine whether FDA-approved dementia screening tests should be covered, translating scientific progress into meaningful, timely care that allows individuals and families to swiftly act on early detection, access interventions, and plan for the

future. We look forward to continuing to work with our bipartisan champions in Congress and on this Committee to ensure that advances in Alzheimer's diagnostics are translated into swift, meaningful care and improved outcomes for individuals living with Alzheimer's disease as well as their caregivers.

Supporting Caregivers Through HCBS and Respite

People living with dementia and their caregivers often prefer to keep the individual living in the home for as long as possible, and home- and community-based services (HCBS) allow people with dementia to remain in their homes while providing family caregivers with much-needed support. These services are essential to sustaining home-based care by helping caregivers manage increasingly complex needs while maintaining their own health and well-being. They also help reduce caregiver isolation — an often-overlooked challenge that affects emotional well-being and the sustainability of care.

Given the growing demands and responsibilities placed on caregivers, respite is critical to their health and well-being, and may allow individuals with dementia to remain in the home longer. The use of respite care by dementia caregivers has increased substantially, from 13 percent in 1999 to 27 percent in 2015. Yet the availability of respite programs in the community is limited, leaving many families without meaningful relief. We are proud to support the bipartisan Lifespan Respite Care Reauthorization Act of 2025 (S. 830), led by Senators Susan Collins (R-ME) and Tammy Baldwin (D-WI), to meet this growing demand.

One way the Alzheimer's Association is helping caregivers of individuals with Alzheimer's is by providing a 24/7 Helpline (800.272.3900) available around the clock, 365 days a year. Through this free service, specialists and master's-level clinicians offer confidential support and information to people living with dementia, caregivers, families, and the public. The Full-Year Continuing Appropriations and Extensions Act (P.L. 119-4) allocated \$2 million for the Alzheimer's Call Center, and we look forward to working with the Committee to continue funding this vital resource for individuals living with the disease as well as their caregivers.

Conclusion

The Alzheimer's Association and AIM appreciate the steadfast support of the Committee and its continued commitment to advancing issues important to the millions of families affected by

Alzheimer's and other dementia. We look forward to working with the Committee in a bipartisan way to address the challenges facing the dementia community.



Statement for the Record

U.S. Senate Special Committee on Aging–

May 13, 2026 – Hearing: Caught in the Middle: Supporting
Families in the Sandwich Generation

Submitted May 20, 2026

Prepared by Caring Across Generations

228 Park Avenue South, Suite 93898
New York, NY 10003

Caring Across Generations Statement for the Record
U.S. Senate Special Committee on Aging Hearing: Caught in the Middle: Supporting
Families in the Sandwich Generation

05.20.26

Dear Chairman Scott, Ranking Member Gillibrand, and Members of the U.S. Senate Special Committee on Aging,

Caring Across Generations is a national organization of family caregivers, care workers, people with disabilities, and aging adults working to transform the way we care in this country so that care is accessible, affordable and equitable—and our systems of care enable everyone to live and age with dignity. We appreciate the opportunity to submit a written statement for the record on the vital importance of supporting family caregivers in the sandwich generation.

Every person will at some point either give or receive care—for their children, an aging or disabled family member, or while experiencing disability or becoming older themselves. In this country, 130 million people are family caregivers for older adults, people with disabilities, or children.¹ Care is a fundamental part of the fabric of our daily lives. For nearly one-third of all caregivers for older adults or people with disabilities, there is also a child under 18 at home.² These 16 million people are the sandwich generation, providing care and supports to both their children and an adult in their lives.³ Every day, 10,000 Americans turn 65 years old, and the number of older adults over 85-years-old is expected to more than double by 2040.⁴ More than 1 in 4 people in the U.S. have disabilities, and across the country, more than one in five adults receive ongoing support with every day activities, like bathing, dressing, and taking

¹ Caregiving in the US, “Beyond Silos: Why America’s 130 Million Caregivers Need Connected Solutions,” Dec. 4, 2025.

<https://www.caregivingintheus.org/stories/beyond-silos-why-americas-130-million-caregivers-need-connected-solutions/>

² AARP and National Alliance for Caregiving, “Caregiving in the US Research Report,” July 2025.

<https://www.aarp.org/content/dam/aarp/ppi/topics/lts/family-caregiving/caregiving-in-us-2025.doi.10.26419-2fpfi.00373.001.pdf>

³ Ibid.

⁴ America Counts Staff, “2020 Census Will Help Policymakers Prepare for the Incoming Wave of Aging Boomers,” United States Census Bureau, Dec. 10, 2019.

<https://www.census.gov/library/stories/2019/12/by-2030-all-baby-boomers-will-be-age-65-or-older.html>

Administration for Community Living, U.S. Department of Health and Human Services, “2023 Profile of Older Americans,” May 2024.

https://acl.gov/sites/default/files/Profile%20of%20OA/ACL_ProfileOlderAmericans2023_508.pdf

medications.⁵ More than 62.5 million parents in the U.S. have children under 18 years old living with them.⁶

Sandwich generation caregivers provide critical support to both their children and older adults or people with disabilities in their lives. Like other caregivers, sandwich generation caregivers support older adults and people with disabilities with needs for daily living, like personal hygiene, getting out of bed, attending necessary appointments, managing medications, and preparing meals or supporting with eating.⁷ Sandwich generation caregivers provide similar amounts and intensity of care to older adults and adults with disabilities as their counterparts who are only providing care to an older adult or adult with disabilities while not also caring for a child at home.⁸ Sandwich generation caregivers are also raising their children, supporting them through the stages of development.

Millions of family caregivers are already at their economic breaking point, and the high cost of aging and disability care and child care hits sandwich generation caregivers twice as hard.

The majority of family caregivers face significant struggles with their employment, finances, and well-being; caring for both children and older adults or adults with disabilities compounds these struggles for sandwich generation caregivers.⁹ Sandwich generation caregivers are often in their prime earning years; nearly half of caregivers under age 50 are sandwich generation caregivers.¹⁰ Caregivers in the sandwich generation are more likely to be working than non-sandwich generation caregivers, increasing the risk they will reduce hours or exit the workforce entirely to provide care, struggling then to make ends meet for themselves, their children, and the older adults or adults with disabilities they provide for.¹¹ The extraordinarily high cost of care means

⁵ Center for Disease Control, "Prevalence of Disabilities and Health Care Access by Disability Status and Type Among Adults," Apr. 11, 2025.

⁶ <https://www.cdc.gov/disability-and-health/articles-documents/disabilities-health-care-access.html>; Ashley Kirzinger, Audrey Kearney, Mellisha Stokes, et. al, "KFF Health Tracking Poll - October 2021: Home And Community Based Services And Seniors' Health Care Needs," Kaiser Family Foundation, Oct. 15, 2021.

⁷ <https://www.kff.org/report-section/kff-health-tracking-poll-october-2021-home-and-community-based-services-and-seniors-health-care-needs-findings/>

⁸ United States Census Bureau, "Parents' Living Arrangements: Parents Who Live With Their Children Under 18 by Sex and Age of Children: 2007 and 2023," Nov. 14, 2023.

⁹ <https://www.census.gov/library/visualizations/interactive/parents-living-arrangements.html>

¹⁰ Lianlian Lei, Amanda N. Leggett, Donovan T. Maust, "A National Profile of Sandwich Generation Caregivers Providing Care to Both Older Adults and Children," *Journal of the American Geriatrics Society*, Volume 71, Issue 3, Nov. 25, 2022. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10023280/#R5>

¹¹ Ibid.

¹² AARP and National Alliance for Caregiving, "Caregiving in the US Research Report," July 2025. <https://www.aarp.org/content/dam/aarp/ppi/topics/ltss/family-caregiving/caregiving-in-us-2025.doi.10.26419-2fppi.0.0373.001.pdf>; Lianlian Lei, Amanda N. Leggett, Donovan T. Maust, "A National Profile of Sandwich Generation Caregivers Providing Care to Both Older Adults and Children," *Journal of the American Geriatrics Society*, Volume 71, Issue 3, Nov. 25, 2022. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10023280/#R5>

¹³ AARP and National Alliance for Caregiving, "Caregiving in the US Research Report," July 2025. <https://www.aarp.org/content/dam/aarp/ppi/topics/ltss/family-caregiving/caregiving-in-us-2025.doi.10.26419-2fppi.0.0373.001.pdf>

¹⁴ Regina A. Shih et al., "Prevalence and Social Support Networks of Underrepresented Caregivers: Sandwich, Millennial, Non-Kin, and Male Caregivers," *Journal of Applied Gerontology*, Apr., 9, 2026.

family caregivers write large experience significant financial barriers, but the dual cost of providing for children means sandwich generation caregivers are significantly more likely to report financial difficulties.¹² Caregivers broadly are more likely to be women and Black and Hispanic and Latino caregivers are both more likely to be sandwich generation caregivers and to face negative financial impacts because of the lack of robust supports for caregiving needs, contributing to racial and gender inequity across the country.¹³

For most families in America, getting care for their loved ones is nearly impossible to afford, leaving sandwich generation family caregivers to make impossible decisions between care for their older or disabled loved ones, care for their children, their financial futures, and their well-being. In nearly every state and the District of Columbia, center-based child care for two children costs more than rent.¹⁴ Since 2021, child care prices have increased nationally by 23%.¹⁵ Families with the least resources spend, on average, 35 percent of their income on child care.¹⁶ The high cost of care is also prohibitive for many families attempting to obtain child care – only 12 percent of families earning under \$50,000 annually report being able to afford child care without assistance.¹⁷

Simultaneously, only the wealthiest can actually afford long-term care and only those who qualify for Medicaid can access it through public programs. This leaves the vast majority of people across the U.S. with little recourse other than paying out of pocket. Aging and disability care in homes and communities, where most people want to receive it, costs between \$68,000 and \$288,000 annually.¹⁸ Nearly all adults say it would be very difficult or nearly impossible to pay for a year in a nursing home or a year of assistance from a paid nurse or aide due to the high

<https://pmc.ncbi.nlm.nih.gov/articles/PMC13077623/#TFN4>; Lianlian Lei, Amanda N. Leggett, Donovan T. Maust, “A National Profile of Sandwich Generation Caregivers Providing Care to Both Older Adults and Children,” *Journal of the American Geriatrics Society*, Volume 71, Issue 3, Nov. 25, 2022.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC10023280/#R5>

¹² Lianlian Lei, Amanda N. Leggett, Donovan T. Maust, “A National Profile of Sandwich Generation Caregivers Providing Care to Both Older Adults and Children,” *Journal of the American Geriatrics Society*, Volume 71, Issue 3, Nov. 25, 2022. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10023280/#R5>

¹³ AARP and National Alliance for Caregiving, “Caregiving in the US Research Report,” July 2025.

<https://www.aarp.org/content/dam/aarp/ppi/topics/ltss/family-caregiving/caregiving-in-us-2025.doi.10.26419-2fppi.0.0373.001.pdf>; Annette Jacoby, Anamika Sen, Gina Kelley, Alejandra Montoya-Boyer, Rebecca Rewald, & Kaitlyn Henderson, “Unseen Work, Unmet Needs: Exploring the Intersections of Gender, Race and Ethnicity in Unpaid Care Labor and Paid Labor in the US,” *Oxfam & Prosperity Now*, Apr. 25, 2024.

<https://oxfamlibrary.openrepository.com/bitstream/handle/10546/621617/r-unseen-work-unmet-needs-250424-en.pdf>

¹⁴ Child Care Aware of America, “Child Care in America: 2025 Price & Supply,” May 2026.

<https://info.childcareaware.org/price-and-supply-2025>

¹⁵ Ibid.

¹⁶ Julie Kashen, Laura Valle Gutierrez, Jaimie Worker, Kathy Mendes and Leela Berman, “The Care Imperative: Why Investing In Care Grows America’s Economy,” Nov. 18, 2025.

<https://caringacross.org/wp-content/uploads/2025/11/The-Care-Imperative-Why-Investing-In-Care-Grows-Americas-Economy.pdf>.

¹⁷ Ibid.

¹⁸ Priya Chidambaram & Alice Burns, “10 Things About Long-Term Services and Supports (LTSS),” Kaiser Family Foundation, July 8, 2024. www.kff.org/medicaid/issue-brief/10-things-about-long-term-services-and-supports-ltss/

cost of care.¹⁹ Unpaid caregiving solely for older adults and adults with disabilities is worth more than \$1 trillion dollars.²⁰

Sandwich generation caregivers are in an impossible position, where the cost for care for their children and their adult loved ones is too much to bear, due to limited public investments.

Direct care workers and child care workers are the backbone of the care economy but remain undersupported and undervalued, contributing to difficulties for sandwich generation caregivers.

Sandwich caregivers need care workers to provide safe, reliable, accessible, and affordable care in order to remain in the workforce and earn wages that enable affording care for their loved ones. Despite the immense need for a care workforce, these workers are also among the most underpaid. Direct care workers are paid an average of just \$26,000 per year.²¹ Child care workers are paid an average wage of \$16.84 an hour, but home-based child care providers earn a median wage of just \$9.01 per hour.²² Care workers are less likely to receive paid family and medical leave and more likely to rely on public benefits that will be reduced as a result of H.R. 1.²³ More workers leave the field as they are unable to afford to continue providing care, increasing training and turnover costs for employers and diminishing the quality and consistency of care for families and individuals in need.²⁴ Nearly half of children live in licensed child care deserts, and

¹⁹ Liz Hamel & Alex Montero, "The Affordability of Long-Term Care and Support Services: Findings from a KFF Survey," Kaiser Family Foundation, Nov. 14, 2023.

www.kff.org/health-costs/poll-finding/the-affordability-of-long-term-care-and-support-services/

²⁰ Ari Houser, Selena Caldera, Brendan Flinn, Rita Choula, "Valuing the Invaluable 2026: Family Caregivers' Contribution Reaches \$1 Trillion," AARP Public Policy Institute, Mar. 2026.

<https://www.aarp.org/content/dam/aarp/ppi/topics/lts/family-caregiving/valuing-the-invaluable-2026-family-caregivers-contribution-reaches-1-trillion.doi.10.26419-2fpfi.00402.001.pdf>

²¹ PHI, "Direct Care Workers in the United States: Key Facts 2025," Sept. 15, 2025.

<https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2025/>

²² Bureau of Labor Statistics, "Occupational Employment and Wage Statistics: Childcare Workers," May 2025.

https://data.bls.gov/oesprofile?major_group=390000&occupation=399011&measure=01&areas=INDUSTRY,STAT,E,MSA; McLean et al., "Early Childhood Workforce Index - 2024," Center for the Study of Child Care Employment, University of California, Berkeley, 2024.

<https://cscce.berkeley.edu/workforce-index-2024/the-early-childhood-educator-workforce/early-educator-pay-econo-mic-insecurity-across-the-states/>

²³ McLean et al., "Early Childhood Workforce Index - 2024," Center for the Study of Child Care Employment, University of California, Berkeley, 2024.

<https://cscce.berkeley.edu/workforce-index-2024/the-early-childhood-educator-workforce/early-educator-pay-econo-mic-insecurity-across-the-states/>; Georgetown Center for Children and Families, "Medicaid is a Critical Support for the Early Childhood Education Workforce,"

<https://ccf.georgetown.edu/2025/04/21/medicaid-is-a-critical-support-for-the-early-childhood-education-workforce/>; PHI, "Direct Care Workers in the United States: Key Facts 2025," Sept. 15, 2025.

<https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2025/>; Veronica Faison and Sarah Javid, "Medicaid Cuts Threaten the Direct Care Workforce," The National Women's Law Center, April 2025. <https://nwl.org/wp-content/uploads/2025/04/Medicaid-Cuts-Threaten-the-Direct-Care-Workforce.pdf>

²⁴ PHI, "Direct Care Workers in the United States: Key Facts 2025," Sept. 15, 2025.

<https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2025/>.

all 50 states report a shortage of direct care workers.²⁵ Even before H.R. 1, the number of direct care workers and child care workers did not keep pace with the demand for services.²⁶ An underpaid direct care workforce requires an overreliance on the support of family caregivers, often forcing caregivers out of the workforce entirely. Without a robust workforce, sandwich generation caregivers are left with few options.

Medicaid home and community-based services (HCBS) and child care programs make quality, accessible care possible for the older adults, people with disabilities, and children that sandwich generation caregivers provide for. These policies enable care for older adults, people with disabilities, and children and enable sandwich generation caregivers to remain in the workforce, but are being gutted.

For the millions of people seeking aging and disability care in their homes and communities, Medicaid is the only insurance that meaningfully covers long-term care, as private insurance is prohibitively expensive or limited in scope and Medicare does not cover most long-term care.²⁷ Medicaid pays for more than 70 percent of all spending on home and community-based services (HCBS), filling a critical gap.²⁸ Across the country, 8.4 million older adults and people with disabilities rely on Medicaid for HCBS.²⁹ Medicaid dollars are used to pay direct care workers and 11.2 million paid family caregivers, including a higher proportion of sandwich generation caregivers.³⁰ Access to Medicaid HCBS enables older adults and people with disabilities who need care and their families to choose what is right for them and their unique needs, including for sandwich generation caregivers. However, the long-term care system is already fragile, with more than 600,000 people on HCBS waiting lists, people forgoing care because of the cost, and

²⁵ Hailey Gibbs and Casey Peeks, “America’s Licensed Child Care Deserts,” Center for American Progress, Apr. 29, 2026, <https://www.americanprogress.org/article/americas-licensed-child-care-deserts/>; Alice Burns, Maiss Mohamed, and Molly O’Malley Watts, “Payment Rates for Medicaid Home- and Community-Based Services: States’ Response to Workforce Challenges,” KFF, Oct. 24, 2023, <https://www.kff.org/medicaid/payment-rates-for-medicicaid-home-and-community-based-services-states-responses-to-workforce-challenges/>.

²⁶ Amanda Kreider & Rachel Werner, 2023, “The Home Care Workforce Has Not Kept Pace with Growth in Home and Community-Based Services,” *Health Affairs*, May 2023, <https://pmc.ncbi.nlm.nih.gov/articles/PMC10278236/pdf/nihms-1899993.pdf>; Laura Valle Gutierrez, “Still Unaffordable: Child Care’s Rising Prices, Stretched Supply, and Staffing Shortages,” The Century Foundation, Dec. 10, 2025, <https://tcf.org/content/commentary/still-unaffordable-child-cares-rising-prices-stretched-supply-and-staffing-shortages/>.

²⁷ Congressional Research Service, “Long-Term Services and Supports: History of Federal Policy and Programs”, Dec. 20, 2023, <https://crsreports.congress.gov/product/pdf/R/R43328>.

²⁸ Priya Chidambaram & Alice Burns, “10 Things About Long-Term Services and Supports (LTSS),” KFF, Jul. 8, 2024, <https://www.kff.org/medicaid/10-things-about-long-term-services-and-supports-ltss/>.

²⁹ Alexandra Carpenter et al., “Trends in Users and Expenditures for Home and Community-Based Services as a Share of Total Medicaid LTSS Users and Expenditures, 2023,” Mathematica & Center for Medicare & Medicaid Services, Oct. 17, 2025, <https://www.medicicaid.gov/medicaid/long-term-services-supports/downloads/ltss-rebalancing-brief-2022.pdf>.

³⁰ Congressional Research Service, “Long-Term Services and Supports: History of Federal Policy and Programs”, Dec. 20, 2023, <https://crsreports.congress.gov/product/pdf/R/R43328>; AARP and National Alliance for Caregiving, “Caregiving in the US Research Report,” July 2025, <https://www.aarp.org/content/dam/aarp/ppi/topics/ltss/family-caregiving/caregiving-in-us-2025.doi.10.26419-2fppl.0373.001.pdf>.

the 50-state shortage of well-paying jobs for direct care workers resulting in inadequate access to care.³¹

When Medicaid funding is limited or reduced – as it was through H.R. 1 – states are forced to cut spending by eliminating services, including reducing hours of services, limiting eligibility, or reducing provider rates, including rates for direct care workers.³² States must provide services to all people enrolled in Medicaid who qualify for mandatory services, including nursing facility care.³³ Long-term care in homes and communities, however, are optional for states to provide, allowing states to limit how many people can receive care even when individuals are eligible, and leaving HCBS on the chopping block when states must pare back Medicaid funding.³⁴ More than half of state optional spending is spent on HCBS.³⁵ As of May 18, 2026, at least 15 states have proposed or enacted cuts to home and community-based services or are endangering access to aging and disability care.³⁶ These states are restricting how family caregivers and care workers are paid or limiting the hours they can work, cutting reimbursement rates to providers, and reducing access to services overall.

Similarly, federal and state support for child care through the Child Care and Development Block Grant (CCDBG), Head Start, and other critical funds support child care and early education systems across the country. However, only 11 percent of the 11.5 million eligible children are actually served by CCDBG, and even when combined with Head Start, they still don't meet the

³¹ KFF, "Number of People Waiting for Medicaid Home Care (HCBS), by Target Population and Whether States Screen for Eligibility, 2016-2025," Nov. 20, 2025.

³² <https://www.kff.org/medicaid/state-indicator/number-of-people-waiting-for-hcbs-by-target-population-and-whether-states-screen-for-eligibility/?activeTab=graph¤tTimeframe=0&startTimeframe=8&sortModel=%7B%22collid%22%22location%22%22sort%22%22asc%22%7D>; Alice Burns, Maiss Mohamed, and Molly O'Malley Watts, "Payment Rates for Medicaid Home- and Community-Based Services: States' Response to Workforce Challenges," KFF, Oct. 24, 2023.

³³ <https://www.kff.org/medicaid/payment-rates-for-medicaid-home-and-community-based-services-states-responses-to-workforce-challenges/>

³⁴ Leela Berman, Kathy Mendes, Tory Cross, and Jaimie Worker, "Federal Cuts, State Choices, and the Future of Aging and Disability Care: Protecting Home and Community-Based Services for Older Adults, People with Disabilities, and Family Caregivers," Caring Across Generations, Mar 4, 2026. <http://caring.nu/protect-HCBS>; Brit Vanneman, Elizabeth Zirker, & Geraldine Doetzer, "OBBA Harms People with Disabilities: Limits on State Directed Payments," National Health Law Program, Nov. 19, 2025, <https://healthlaw.org/resource/obbba-harms-people-with-disabilities-limits-on-state-directed-payments/>; Natalie Kean & Gelila Selassie, "What's in the Budget Reconciliation Act of 2025 and What Does it Mean for Low-Income Older Adults' Access to Health and Long-Term Care?," Justice in Aging, Aug. 13, 2025, <https://justiceinaging.org/budget-reconciliation-and-low-income-older-adults/>

³⁵ Medicaid and CHIP Payment and Access Commission (MACPAC), "Mandatory and Optional Benefits," March 15, 2021. <https://www.macpac.gov/subtopic/mandatory-and-optional-benefits/>

³⁶ MACPAC, "State Management of Home- and Community-Based Services Waiver Waiting Lists," Aug. 2020, www.advancingstates.org/sites/default/files/State-Management-of-Home-and-Community-Based-Services-Waiver-Waiting-Lists.pdf

³⁷ Jessica Schubel, et. al, "History Repeats? Faced With Medicaid Cuts, States Reduced Support For Older Adults And Disabled People," Health Affairs, April 16, 2025. www.healthaffairs.org/content/forefront/history-repeats-faced-medicaid-cuts-states-reduced-support-older-adults-and-disabled

³⁸ List determined with support from the Home and Community Based Services Impacts Tracker Project at George Washington University, Human Services Research Institute (HSRI), LTSS Center @UMass Boston, and ATI Advisory. <https://hpnmmatters.publichealth.gwu.edu/HCBS-impacts-tracker-project>

need for child care.³⁷ Policies that divest from the child care system and child care workers, like the rule reversing Child Care and Development Fund (CCDF) protections and the Administration's cuts to Head Start and CCDBG, make this crisis even worse, with multiple states imposing enrollment freezes for child care assistance and increasing their waiting lists.³⁸

Lawmakers can choose a different path and support sandwich generation caregivers by prioritizing public dollars for care.

Federal investments in caregivers, the aging and disability care system, child care, and paid family and medical leave must be prioritized to reduce the costs of care for millions of Americans. We urge the 119th Congress to enact the following solutions:

Repeal the Health Provisions in H.R. 1.

We urge Congress to repeal the entirety of the health provisions in H.R. 1. The budget reconciliation bill will result in people with disabilities, older adults, family caregivers, children, and families inevitably facing significantly higher costs, whether through increased premiums, loss of health insurance coverage, or a hospital or clinic in their community closing.³⁹ H.R. 1 is already forcing states to reduce Medicaid home and community-based services.⁴⁰ Families across this country are already struggling to make ends meet and struggling to afford tens or hundreds of thousands of dollars for care. Implementing H.R. 1 will only make affording aging and disability care more difficult, driving sandwich generation caregivers to pay tens to hundreds of thousands of dollars out of pocket or leave the workforce to provide care themselves.

Strengthen and increase access to Medicaid Home and Community-Based Services (HCBS) by meaningfully investing in Medicaid HCBS and making HCBS a mandatory Medicaid benefit.

We urge Congress to increase federal investments in HCBS and ensure sufficient Medicaid funding. In order to reduce the extreme costs of aging and disability care and to meet the large

³⁷ Nina Chien, "Estimates of Child Care Subsidy Eligibility & Receipt for Fiscal Year 2021," Assistant Secretary for Planning and Evaluation Office of Human Services Policy Data Point, Sept. 2024, <https://aspe.hhs.gov/sites/default/files/documents/a91fd97aa80b53fa52a52d38cd323509/cy2021-child-care-subsidy-eligibility.pdf>; Julie Kashen, Laura Valle Gutierrez, Jaimie Worker, Kathy Mendes and Leela Berman, "The Care Imperative: Why Investing In Care Grows America's Economy," Nov. 18, 2025, <https://caringacross.org/wp-content/uploads/2025/11/The-Care-Imperative-Why-Investing-In-Care-Grows-Americas-Economy.pdf>.

³⁸ Hailey Gibbs and Casey Peeks, "America's Licensed Child Care Deserts," Center for American Progress, Apr. 29, 2026, <https://www.americanprogress.org/article/americas-licensed-child-care-deserts/>; Child Care for Every Family Network, "New Trump Administration Rule Change Will Hurt Providers and Make Child Care More Expensive for Families," May 13, 2026, <https://childcareforeveryfamily.org/press-release/new-trump-administration-rule-change-will-hurt-providers-and-make-child-care-more-expensive-for-families/>; Sophia Anderson et al., "52 Ways Federal Actions Hurt Early Childhood Educators in 2025," Center for the Study of Child Care Employment, Feb. 9, 2026, <https://cscce.berkeley.edu/publications/brief/52-ways-federal-actions-hurt-ece/>.

³⁹ Leela Berman, Kathy Mendes, Tory Cross, and Jaimie Worker, "Federal Cuts, State Choices, and the Future of Aging and Disability Care: Protecting Home and Community-Based Services for Older Adults, People with Disabilities, and Family Caregivers," Caring Across Generations, Mar 4, 2026, <http://caring.nu/protect-HCBS>

⁴⁰ Ibid.

unmet need for aging and disability care in homes and communities,⁴¹ Congress must provide adequate funding to raise wages and benefits for direct care workers and expand the workforce, address waiting lists and availability of services, provide support to family caregivers, improve coordination of HCBS with housing, transportation, and employment supports, and provide immediate relief to people who depend on HCBS. This should include expanding access to respite care for people who are not currently enrolled in Medicaid waivers and must include making HCBS a mandatory service for states to provide.

Strengthen Medicare by adding a Home Care Benefit and Bolstering the Home Health Aide Program

While most Americans do not know Medicare doesn't cover long-term care, 88% of voters support strengthening Medicare by adding robust long-term care coverage.⁴² Research done by Georgetown University and the Brookings Institution outlined the critical need to add a home care benefit for older adults and people with disabilities who are Medicare beneficiaries.⁴³ This would ensure that disabled people of all ages and older adults enrolled in Medicare can receive the services they need to remain in their homes and communities. A home care benefit under Medicare should follow a person-centered, self-directed, community-first model and should bolster and enforce the current but limited home health benefit. Adding a home care benefit to Medicare would significantly benefit millions of middle class families who currently must pay tens or hundreds of thousands of dollars out of pocket each year for care or spend down their life savings to qualify for Medicaid to pay for long-term care.

Make aging and disability care affordable by establishing a robust aging and disability care program for people not eligible for Medicaid or Medicare and who cannot afford to pay out of pocket.

Strengthening and expanding Medicaid HCBS and creating a robust Medicare home care benefit would make aging and disability care affordable and accessible for millions of people, but would not meet the needs of millions of middle class families who are ineligible for either program and cannot afford to pay tens or hundreds of thousands of dollars out of pocket annually for aging and disability care. Private long-term care insurance is unaffordable, limited in scope, and has high denials of coverage, with some of the most common disqualifiers including advanced age

⁴¹ Community Living Equity Center at the Lurie Institute for Disability Policy, "Who Needs LTSS? [Data dashboard]," 2024. <https://heller.brandeis.edu/community-living-policy/clec/who-needs-ltss.html>

⁴² Heart and Mind Strategies, "Medicare/Medicaid Long-Term Care Expectations Nationwide," Dec. 1, 2023. <https://caringacross.org/wp-content/uploads/2024/02/CAG-Medicare-Omnibus-Findings-National-12123-Final.pdf>; Matthew Cortland, "A Bipartisan Majority of Voters Support Expanding Medicare to Include Coverage for Long-Term, In Home Care Services," Data for Progress, Oct. 8, 2024. www.dataforprogress.org/blog/2024/10/2/a-bipartisan-majority-of-voters-support-expanding-medicare-to-include-coverage-for-long-term-in-home-care-services

⁴³ Judith Feder, PhD, & Nicole Jorwic, JD, "Delivering on Medicare's Promise: Providing a Home Care Benefit for People Who Need Long-term Care," Georgetown Law O'Neill Institute, Sept. 27, 2024. <https://oneill.law.georgetown.edu/delivering-on-medicare-s-promise-providing-a-home-care-benefit-for-people-who-need-long-term-care/>; Sherry Glied, et.al, "Commentary: A home care benefit for Medicare," The Brookings Institution, Sept. 20, 2024. <https://www.brookings.edu/articles/a-home-care-benefit-for-medicare/>

and disability, preventing the very people who need care from becoming insured.⁴⁴ For sandwich generation caregivers, a program for middle class families would significantly decrease the financial and emotional stress caused by the lack of necessary services. We urge Congress to establish an aging and disability care program for people with disabilities and older adults who are ineligible for Medicaid and Medicare and cannot afford to pay out of pocket.

Increase wages and benefits, including health benefits, to fairly compensate direct care workers and child care workers and reduce issues with recruitment and retention.

Investment in the direct care workforce and child care workforce will create economic mobility for the families and communities they are part of, in addition to stabilizing the services families, children, older adults, and people with disabilities need and sandwich generation caregivers rely on.⁴⁵ Congress must pursue policies to increase direct care worker and child care wages and benefits to support the care workforce and the people who need care. This must include adequate funding to states and providers to recruit and retain the care workforce. We implore Congress to act on this proven solution – investing in the direct care and child care workforce to increase pay and support workers’ rights to organize, the ability to join a union, and strengthen this workforce to increase availability of care for the people who need it most.

Make child care affordable and accessible through federal investments to reduce costs and increase supply, so sandwich generation caregivers have safe, reliable choices for child care and can remain in the workforce.

Sandwich generation caregivers will continue to face extraordinary costs in caring for their children until Congress meaningfully increases federal investments in child care to ensure all families have access to safe, affordable child care that works for their unique needs. In order to reduce the extreme costs of child care and meet the unmet need, Congress must invest sufficient, sustainable funds to ensure no family pays more than 7 percent of household incomes for child care, the federal benchmark for affordable family co-payments, and those with the lowest incomes get access to child care for free.⁴⁶ Congress must invest to build the supply of high quality child care and pre-K options in diverse and culturally responsive settings and for parents who work nontraditional work hours, who especially struggle to find child care that aligns with

⁴⁴ Liz Hamel and Alex Montero, “The Affordability of Long-Term Care and Support Services: Findings from a KFF Survey,” Kaiser Family Foundation, Nov. 14, 2023.

www.kff.org/health-costs/the-affordability-of-long-term-care-and-support-services/; Jordan Rau and JoNel Aleccia, “Why Long-Term Care Insurance Falls Short for So Many,” KFF News, Nov. 22, 2023.

<https://kffhealthnews.org/news/article/dying-broke-why-long-term-care-insurance-falls-short/>; National Council on Aging, “6 Potential Roadblocks to Getting Long-Term Care Insurance,” Dec. 9, 2024.

www.ncoa.org/article/6-potential-roadblocks-to-getting-long-term-care-insurance/

⁴⁵ Christian Weller, Beth Almeida, Marc Cohen, & Robyn Stone, “Making Care Work Pay: How Paying at Least a Living Wage to Direct Care Workers Could Benefit Care Recipients, Workers, and Communities,” LeadingAge, Sept. 11, 2020, <https://leadingage.org/wp-content/uploads/2022/10/Making-Care-Work-Pay-Report.pdf>; The Conference Board, “Child Care in the State Economies: Part 3: Child Care and Regional Economic Growth,” The December 2024, <https://www.conference-board.org/publications/child-care-in-state-economies-part-3>.

⁴⁶ Child Care Aware of America, “A Snapshot of State Responses in Draft CCDF Plans,” 2024.

<https://info.childcareaware.org/hubfs/SnapshotofStateCCDFPlanResponsesUpdated.pdf>

their work.⁴⁷ We also urge Congress to provide funding to states to provide grants to child care providers, largely small businesses to support the cost of wages, benefits, rent, and utility payments.

Create a permanent, comprehensive federal paid family and medical leave policy to support all workers, including sandwich generation caregivers, who need time to care for themselves and their loved ones without risking their economic security.

No one should have to choose between risking losing their employment or critical income and taking care of their own health or that of a family member. Despite the popularity of paid leave policies among the public, the U.S. continues to fail to provide guaranteed paid leave for serious health and family needs.⁴⁸ Even unpaid leave under the Family Medical Leave Act (FMLA) is inaccessible and unaffordable for many.⁴⁹ The lack of a comprehensive, federal paid family and medical leave program costs workers an estimated \$34 billion in wages each year due to unpaid or only partially paid leave, putting family caregivers in impossible positions, choosing between their income and filling their loved ones' needs.⁵⁰ More than half of family caregivers say they would benefit from paid leave.⁵¹ Establishing a federal paid family and medical leave program would support family caregivers and reduce racial and gender inequities in wages and work.⁵² We urge Congress to provide the federal paid family and medical leave program that all families need, bringing an outsized benefit to sandwich family caregivers.

Support family caregivers through training, care coordination, and bolster programs that pay family caregivers for some of the care they provide.

Family caregivers are undersupported and expected to perform tasks that are difficult physically and emotionally.⁵³ Many caregivers are handling medical and nursing tasks and supporting activities of daily living, like bathing, feeding, and mobility, but only 11 percent of caregivers have received formal training to provide these tasks.⁵⁴ Medicaid programs that enable paying

⁴⁷ Administration for Communities and Families, "Understanding Families' Access to Nontraditional-hour Child Care and Early Education," Child Care and Early Education Policy and Research Analysis, Aug. 2023.

<https://acf.gov/sites/default/files/documents/opre/Nontraditional-hour%20Care%20highlight%20508.pdf>

⁴⁸ Data for Progress, "Polling on Paid Leave, September 2024," Sept. 2024.

<https://www.dataforprogress.org/datasets/polling-on-paid-leave>

⁴⁹ The National Partnership for Women & Families, "Key Facts: The Family and Medical Leave Act," Jan. 2026.

<https://nationalpartnership.org/report/fmla-key-facts/>

⁵⁰ Emily Andrews, Sapna Metha, and Jessica Milli, "Working People Need Access to Paid Leave," Center for Law and Social Policy, Sept. 25, 2024.

https://www.clasp.org/wp-content/uploads/2024/09/2024.9.25_Need-for-Paid-Leave.pdf

⁵¹ AARP and National Alliance for Caregiving, "Caregiving in the US Research Report," July 2025.

<https://www.aarp.org/content/dam/aarp/ppi/topics/ltss/family-caregiving/caregiving-in-us-2025.doi.10.26419-2fpfi.0.0373.001.pdf>

⁵² Amanda Novello, "Paid Leave Could Keep More than 6 Million Caregivers Connected to the Labor Force by 2030," National Partnership for Women & Families, Nov. 2021.

<https://nationalpartnership.org/wp-content/uploads/2023/02/paid-leave-caregivers-connected-2030.pdf>

⁵³ AARP and National Alliance for Caregiving, "Caregiving in the US Research Report," July 2025.

<https://www.aarp.org/content/dam/aarp/ppi/topics/ltss/family-caregiving/caregiving-in-us-2025.doi.10.26419-2fpfi.0.0373.001.pdf>

⁵⁴ Ibid.

family caregivers for some care they provide supports family caregivers with their household finances by providing modest wages and often offer training and care coordination.⁵⁵ Right now, 47 states and Washington, D.C. allow payment to family caregivers for personal care services under some Medicaid long-term services and supports programs, but some states have proposed reducing these programs to reduce budgetary strain following the Medicaid cuts in H.R. 1.⁵⁶ Paying family caregivers for their work is highly popular and is what family caregivers report they want – 68 percent of family caregivers would consider caregiver payment programs helpful, and desire for this support is especially high among people who have care responsibilities and the least resources.⁵⁷ Family caregivers also express their need for supportive programs like respite care and training for their own emotional and physical stress.⁵⁸ We urge Congress to bolster the programs that enable payment for some care work done by caregivers and to invest in additional supports for caregivers, including robust training and respite care.

Conclusion

There are proven policies and approaches that would support the 16 million sandwich generation caregivers who are currently facing significant struggles. We thank you for your attention to the importance of sandwich generation caregivers, and we urge you to take action to enable all people to live and age with dignity in the setting of their choice, all children to receive accessible, quality child care, and all workers to receive comprehensive paid family and medical leave when they need it. If you have any questions or would like to discuss further, please contact Tory Cross, Associate Director of Federal Policy & Government Relations at Caring Across Generations, at tory@caringacross.org.

Sincerely,

Tory Cross, Associate Director of Federal Policy & Government Relations
Caring Across Generations

⁵⁵Ibid.

⁵⁶ Ibid; Leela Berman, Kathy Mendes, Tory Cross, and Jaimie Worker, “Federal Cuts, State Choices, and the Future of Aging and Disability Care: Protecting Home and Community-Based Services for Older Adults, People with Disabilities, and Family Caregivers,” Caring Across Generations, Mar 4, 2026. <http://caring.nu/protect-HCBS>

⁵⁷AARP and National Alliance for Caregiving, “Caregiving in the US Research Report,” July 2025. <https://www.aarp.org/content/dam/aarp/ppi/topics/lts/family-caregiving/caregiving-in-us-2025.doi.10.26419-2fppi.00373.001.pdf>

⁵⁸ Ibid.



Celebrating Older Americans Month: How Congress Can Support Older New Yorkers

By 2030, more than 70 million, or one in five, Americans will be ages 65 or older. New York state has the fourth largest population of older adults in the country, as more than 4.8 million call New York home.

Federal support is crucial for promoting and supporting older adult services and eliminating harmful policies. This support will help ensure we all can age with dignity, respect and access to the care we need.

Our population is aging – now is the time to act. HANYS encourages our federal partners to:

- **Re-authorize the *Older Americans Act*** to preserve access to community-based nutrition and other essential social support programs. The OAA supports meals, transportation, caregiver support and elder abuse prevention for an estimated 1.3 million New Yorkers statewide. Without reauthorization, the program remains at risk of federal funding cuts.
- **Mitigate harmful effects of H.R. 1** to safeguard long-term care for older Americans. Medicaid is the primary payer for long-term care, covering 72% of New York nursing home residents. H.R. 1's billions of dollars in reduced federal funding threatens the financial viability of long-term care providers and increases the financial burden on state governments, which may be forced to cut home- and community-based services to offset lost federal dollars.
- **Address the acute physician shortage** by passing the *Resident Physician Shortage Act* (S.2439/H.R.4731). The U.S. is projected to face a shortage of up to 86,000 physicians by 2036. As the U.S. population ages, the demand for healthcare and need for physicians will continue to grow. New Yorkers are living longer with more chronic diseases, increasing the demand for healthcare services, but we lack the workforce needed to ensure access to care.
- **Break down existing barriers to post-acute care** for the over 3.9 million New Yorkers enrolled in Medicare by implementing needed reforms:
 - More than 2.1 million New Yorkers are enrolled in a Medicare Advantage plan, many of whom will require specialized care outside of an acute care hospital. Currently, many MA plans choose not to include critical post-acute providers, such as skilled nursing facilities, inpatient rehabilitation facilities and long-term care hospitals, in their network listings. This leaves MA enrollees without needed post-acute care options, driving up costs for these enrollees and the healthcare system overall and often leaving enrollees to stay in more expensive acute care hospitals. Congress should require MA plans to include post-acute care providers as a network adequacy requirement to ensure beneficiaries can access the full continuum of care.
 - Medicare patients who need to be discharged to a skilled nursing facility are still required to remain in an acute care hospital for three days before Medicare will cover



Celebrating Older Americans Month:
How Congress Can Support Older New Yorkers

their post-acute care. This three-day inpatient requirement, dating back to the 1960s, applies an antiquated "one size fits all" provision to all Medicare patients and drives up the cost of care by requiring patients to stay in a higher cost treatment setting longer than may be medically necessary. Congress should repeal it.

- **Enact needed MA reforms** by passing the *Improving Seniors' Timely Access to Care Act* (S.1816/H.R.3514) and the *Medicare Prompt Pay Act* (S.2879/H.R.5454). MA plans continue to use more stringent medical necessity criteria than traditional Medicare for enrollees to qualify for care coverage. This excessive use of prior authorization leads to patient care delays. MA plans are also not required to pay in-network providers in a timely manner, threatening hospitals' ability to maintain service lines and manage cash flow. These two bills together would update prior authorization requirements to reduce wait times and establish prompt pay requirements and transparency regarding MA plans' claims denials.
- **Protect Medicare reimbursement** to preserve access to care across communities. As the primary insurer for older Americans, strong Medicare reimbursement is essential to keep facilities open and maintain access to care across the state. Efforts to further cut Medicare rates such as through site-neutral cuts threaten that access by undercutting the providers and care settings that serve complex patients, which often include older New Yorkers.

Older New Yorkers are our neighbors, our colleagues, our friends and our family. Congress can and should play a leading role in ensuring they can live and thrive in our communities.



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Prepared Statement for the Congressional Record

Submitted by MomsRising

May 13, 2026

Dear Chairman Rick Scott, Ranking Member Kirsten Gillibrand, and Members of the United States Senate Special Committee on Aging:

Thank you for the opportunity to submit testimony on behalf of the 3.7 million cumulative members of MomsRising. MomsRising is a national grassroots organization working to improve economic security, health, and opportunity for women, mothers, and families across the country. We appreciate the Committee convening this important hearing, “Caught in the Middle: Supporting Families in the Sandwich Generation.”

Families across the country are facing an escalating affordability and caregiving crisis. Sandwich generation caregivers – people simultaneously caring for children, aging parents, or loved ones with disabilities – are being stretched beyond their financial, emotional, and physical limits. Rising costs for child care, gas, housing, groceries, health care, prescription drugs, and elder care are making it increasingly difficult for families to remain economically secure while meeting their caregiving responsibilities. At the same time, too many workers still lack access to paid family and medical leave, affordable child care, and long-term care support.

MomsRising members consistently report that Medicaid, SNAP, home- and community-based services, paid leave, and affordable care infrastructure are essential lifelines that allow families to remain healthy, employed, and financially stable. Without these supports, many caregivers are forced to leave the workforce, reduce work hours, drain savings, or take on debt simply to care for their loved ones.

Below are stories from MomsRising members that may be helpful for Members’ remarks and inclusion in the Congressional Record.



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Florida

Nicole is a mom of three young kids in the Orlando area. She and her husband both work full-time in decent jobs that pay good money, but they still live paycheck to paycheck because of the soaring cost of child care and health care. In 2023, her mother-in-law moved to Florida from Maryland because she could no longer care for herself. Before she passed, she lived up the street and Nicole helped with caregiving and accompanying her to doctor's appointments several times a week. She told MomsRising, "There aren't enough hours in the day to meet everyone's needs. And an emergency could be devastating." She recently testified to the Democratic Women's Caucus: "I've heard it said that this country doesn't have a social safety net – we have moms. That definitely rings true for me. It means when health care funding is slashed and costs rise, moms bear the brunt of that burden."

New York

Vonetta is a mom of three and family caregiver in New York City. She works full-time as a bus operator. She is also a sandwich generation caregiver, supporting her mother, a retired nurse, who lives with her, and her three kids, including her 21-year-old daughter who has Down Syndrome. Medicaid is critical for her mother and her daughter's care, and she worries how cuts will impact her family. Recently, with rising costs, she's needed to take on more overtime shifts, which means she has less time with her family and has needed to lean on relatives who can help with caregiving. She told MomsRising that retirement isn't in the cards for her and that the stressors are different when you have an adult child with special needs.

Massachusetts

Marisa is a mom of two and a nonprofit professional in Dedham. As a sandwich generation caregiver, she has testified that "I know from personal experience why we have to talk about the full range of caregiving needs when we talk about the need for paid leave in this country."



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Her mother was diagnosed with brain cancer shortly after her dad had a major stroke, and Marisa struggled to juggle their care with supporting her kids and keeping her job without basic caregiving supports like paid leave. “The reality is that we had so much going for us: We had college degrees, salaried jobs, and good health insurance, and my parents had been saving for retirement for many years -- and yet, my parent’s medical crisis nearly also meant a financial crisis for them and for us, because none of us had access to paid family and medical leave.”

Sonja is a mom of two in Somerville. When her father broke his hip and required hip replacement surgery, she took a month off work to care for him. She has [testified](#): “I cooked for him, I did laundry, I talked with him, and I ran errands. He needed help with his physical therapy and I was able to be there for him. My sisters and nieces had been my father’s primary caregivers at that time, but they needed a break and I stepped up. This is what families are supposed to do in times of need. None of it would have been possible if I had not had access to paid leave. He would not have been able to stay independent if I had not been there. Paid family and medical leave should not be considered a perk, doled out to the lucky few who have employers who decide to offer it – it should be a right for all workers. A comprehensive, adequate paid family and medical leave policy would go a long way to relieve the stress that so many families feel during medical crises.”

West Virginia

Tracy is a MomsRising member in Wheeling. She is a speech language pathologist who juggles many caregiving responsibilities for her children, one of whom has complex medical needs, and elderly family members. Years ago, she worked one full-time job but was forced to leave that role because it didn't offer paid leave. Since then, she has needed to take unpaid leave from contracting roles, causing financial strain for her family. In an op-ed for [The Intelligencer](#), she wrote: "I can't imagine the pain of having to choose between holding my son's hand in the hospital and keeping food on the table. But because the United States is one of only two developed nations without a national paid leave policy, working families face impossible choices like that all the time. West Virginia's working families are counting on our elected leaders to stand up for us and champion this crucial policy in Congress."



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Georgia

Joanna lives in Albany. She is a mom, a community organizer and doula, and a caregiver for her mom. Joanna has struggled to make ends meet without adequate care support as she juggles care for multiple generations. Medicaid and SNAP are critical to her health, her children's health, and her mother's help. Diabetes runs in Joanna's family, and Medicaid and SNAP have helped her access the medication and healthy food she needs to thrive. Medicaid has also provided her a stipend as her mother's caregiver. She is horrified that these critical programs are under attack and wants Congress to focus on investing in policies that families need, including affordable child care.

Maryland

Arielle lives in Takoma Park. She juggles care for her mom, who has dementia, and her two young kids. As a small business owner, she has zero paid leave and has lost significant income to her family caregiving responsibilities. She's also paying high child care costs. She told MomsRising, "Sandwich generation caregiving is not for the faint of heart – especially not in a country that has failed to invest in the care policies we need. But Medicaid is a lifeline for us. It is a saving grace, helping my mom to remain in her home and community rather than a nursing facility, and covering the in-home team of doctors and nurses who help alleviate her symptoms as she is now in the late stages of her illness. Caring for my mom while also growing my family is not easy. At times, I thought the stress would eat me alive. But Medicaid helps give me peace of mind. The drastic Medicaid cuts in the Republican budget package are heartless and terrifying for families like mine. They're also insulting. Surely the health and wellbeing of people like my mom is more important than yet another round of tax breaks for billionaires and giant corporations."



MomsRising.org | MamásConPoder.org

Ohio

Donna is a nurse in Cleveland. She is a mom of a son with autism and a primary caregiver for her mother, who is disabled. She wrote in an op-ed for the *Cleveland Plain Dealer*, "Without paid leave, it's always been difficult to handle both care and work. I've often had to leave work or take days off when child care for my son falls through." When schools went remote during COVID, she was forced to take two months of unpaid leave. "As a nurse, my job is to care for people. I love what I do, and I work hard to care for my patients. Yet, when my own family needed me, I was forced to sacrifice our only income to support them. I know I'm not alone in my struggle. Moms across the country are barely getting by as we try to manage so many competing responsibilities. Paid leave for caregiving is a critical part of our infrastructure. The fact is, we cannot wait any longer to strengthen America's care infrastructure."

Pennsylvania

Tori is a single mom to a seven-year-old son who has special needs in Pittsburgh. She is a sandwich generation caregiver who has supported her mom and grandmother. For many years, she worked as a freelancer/contractor for many years because she did not have access to the care supports she needed to take a full-time job. The high cost of child care has put enormous strain on her budget, and she has struggled without the paid leave she needs to show up for her family.

She has testified: "I worry about what would happen if my mother or son were to be sick. I have to save all of my paid time off for a what-if scenario instead of using it for vacation time with my family or even for my own sick days. These challenges have limited my income and my career opportunities – and I know so many moms who can say the same. When working people like me can't fully utilize our skills, that's bad for businesses and our overall economy. I often feel like I'm running in 1,000 directions at once. Sandwich generation caregivers like me are struggling with burnout and exhaustion. I will never stop using my voice to tell lawmakers to invest in the care infrastructure working families need, with paid leave for all, affordable high-quality child care, elder care, and disability care."



Statement for the Record
Submitted to the
United States Senate Special Committee on Aging

Hearing: *"Caught in the Middle: Supporting Families in the Sandwich Generation"*
May 13, 2026

Submitted by:

Joseph M. Macbeth
President and Chief Executive Officer
[National Alliance for Direct Support Professionals \(NADSP\)](#)

Submitted to:

The Honorable Rick Scott, Chairman
The Honorable Kirsten Gillibrand, Ranking Member
and the Honorable Members of the Senate Special Committee on Aging

Chairman Scott, Ranking Member Gillibrand, and Honorable Members of the Committee:

The National Alliance for Direct Support Professionals (NADSP) respectfully submits this Statement for the Record in connection with the Committee's hearing entitled, "*Caught in the Middle: Supporting Families in the Sandwich Generation.*" NADSP appreciates the Committee's bipartisan attention to the growing pressures confronting older Americans, individuals with disabilities, family caregivers, and the direct support workforce that millions of families rely upon every day.

NADSP is a national nonprofit organization dedicated to strengthening the Direct Support Professional (DSP) workforce through advocacy, education, credentialing, and workforce development. DSPs provide essential supports to older adults and individuals with intellectual and developmental disabilities (IDD), autism, brain injuries, behavioral health needs, and other disabilities, enabling millions of Americans to live and participate in their home communities.

The issues before the Committee are national in scope and increasingly urgent. Across the country, members of the "sandwich generation" are simultaneously caring for aging parents while supporting adult children or family members with disabilities. Families are struggling to balance caregiving responsibilities with employment, financial obligations, and their own health needs.

The nation's DSP workforce crisis has intensified these pressures.

There are an estimated 1.3 to 2 million DSPs in the United States. Yet despite the size and importance of this workforce, the nation lacks comprehensive information regarding DSP training standards, credentialing pathways, certification practices, vacancy rates, turnover trends, and workforce shortages.

For this reason, NADSP strongly supports inclusion of report language in the Fiscal Year 2027 Labor, Health and Human Services, and Education (LHHS) Appropriations bill directing the Administration for Community Living (ACL) to survey existing internal and external data regarding DSP professional training programs and associated state and county certification systems, followed by a report to Congress.

This proposal represents a practical and fiscally responsible effort to better understand the DSP workforce using existing resources and available data systems.

Across the nation, provider organizations report severe workforce shortages and unsustainable turnover rates among DSPs and frontline caregivers. In many communities, providers are reducing services, limiting admissions, or closing programs because they cannot recruit or retain qualified staff.

The impact on families has been substantial.

When DSP positions remain vacant due to low wages and workforce shortages, family members are forced to assume caregiving responsibilities themselves. Parents continue providing care for adult

children with disabilities well into old age. Adult children reduce work hours or leave employment entirely to care for aging parents or loved ones with disabilities.

Many family caregivers effectively become unpaid DSPs out of necessity rather than choice.

The consequences include caregiver burnout, worsening financial instability, and increased risk of hospitalization or institutionalization when adequate community-based staffing cannot be sustained.

DSPs are essential to the nation's home and community-based services infrastructure. They assist with activities of daily living, medication administration, transportation, healthcare coordination, employment supports, behavioral supports, and community integration. Yet despite these responsibilities, DSPs remain among the most underpaid and undervalued workers in the American economy.

NADSP believes Congress cannot effectively address workforce shortages without an improved understanding of workforce training and certification systems. The proposed ACL report would provide valuable information regarding:

- Existing DSP training and certification models;
- Workforce development best practices;
- Variations in state and county credentialing systems; and
- Strategies to improve DSP recruitment, retention, and professional advancement.

Improved workforce data will help policymakers strengthen community-based supports for older Americans, individuals with disabilities, and the millions of family caregivers balancing caregiving responsibilities with work and family obligations.

Strengthening the DSP workforce is not simply a disability or aging policy issue. It is also a workforce, healthcare, economic, and family stability issue affecting communities throughout the United States.

NADSP respectfully urges support for inclusion of the proposed ACL report language in the FY27 LHHS Appropriations bill and appreciates the opportunity to submit this Statement for the Record.

Respectfully submitted,

Joseph M. Macbeth
President and Chief Executive Officer
[National Alliance for Direct Support Professionals \(NADSP\)](#)



May 13, 2026

The Honorable Rick Scott
Chairman
Special Committee on Aging
U.S. Senate
Washington, DC 20510

The Honorable Kirsten Gillibrand
Ranking Member
Special Committee on Aging
U.S. Senate
Washington, DC 20510

Re: U.S. Senate Special Committee on Aging Hearing Entitled: Caught in the Middle: Supporting Families in the Sandwich Generation

Dear Chair Scott and Ranking Member Gillibrand:

The Securities Industry and Financial Markets Association (SIFMA)¹ commends the Committee on holding this important hearing on supporting sandwich generation families. Consistent with this effort, one of the best ways to ensure a secure retirement is to begin saving early in tax-advantaged retirement accounts. The impact of compounding on savings put to work in the market can lead to exponential growth over the course of decades, creating wealth that translates into a retirement free of financial stress. However, retirement planning can often be impacted by life circumstances and affected by nonfinancial priorities, particularly for sandwich generation families.

SIFMA supports providing individuals who leave the workforce or significantly reduce their hours to take care of a family member the ability to continue to save for their own retirement. The *Improving Retirement Security for Family Caregivers Act* and the *Catching Up Family Caregivers Act* would help achieve that goal. The *Improving Retirement Security for Family Caregivers Act* would allow family caregivers who meet certain requirements to contribute to a Roth IRA. The *Catching Up Family Caregivers Act* would allow family caregivers an extra year of eligibility for the highest catch-up contribution levels for up to five years. This would assist individuals who are unable to contribute at a younger age due to competing financial demands.

Ensuring retirement security is a shared responsibility. On behalf of the financial services industry, SIFMA stands ready to work together with policymakers, advocates, and families to enhance opportunities for retirement saving, particularly for caregivers. We remain committed to pursuing solutions that leverage legislation, regulation, education, and collaborative partnerships to address this important objective.

¹ SIFMA is the leading trade association for broker-dealers, investment banks and asset managers operating in the U.S. and global capital markets. On behalf of our industry's nearly one million employees, we advocate for legislation, regulation and business policy, affecting retail and institutional investors, equity and fixed income markets and related products and services. We serve as an industry coordinating body to promote fair and orderly markets, informed regulatory compliance, and efficient market operations and resiliency. We also provide a forum for industry policy and professional development. SIFMA, with offices in New York and Washington, D.C., is the U.S. regional member of the Global Financial Markets Association (GFMA). For more information, visit <http://www.sifma.org>.

We thank the Committee for its leadership in convening this hearing and look forward to continuing our efforts to ensure that retirement security is an achievable goal for all.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Luc West", with a stylized, cursive script.

Lucas West
Executive Vice President, Advocacy
SIFMA