

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, October 28, 2019.

Hon. NANCY PELOSI,
The Speaker, House of Representatives,
Washington, DC.

DEAR MADAM SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on October 28, 2019, at 12:27 p.m.:

That the Senate passed S. 2065.

That the Senate passed S. 2107.

With best wishes, I am,

Sincerely,

CHERYL L. JOHNSON.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or votes objected to under clause 6 of rule XX.

The House will resume proceedings on postponed questions at a later time.

DIGNITY IN AGING ACT OF 2019

Ms. BONAMICI. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4334) to amend the Older Americans Act of 1965 to authorize appropriations for fiscal years 2020 through 2024, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4334

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Dignity in Aging Act of 2019”.

(b) TABLE OF CONTENTS.—The table of contents of this Act is the following:

Sec. 1. Short title; table of contents.

TITLE I—ENSURING COLLABORATION AND PROMOTING INDEPENDENCE FOR OLDER INDIVIDUALS

Sec. 101. Person-centered, trauma-informed care.

Sec. 102. Vaccination.

Sec. 103. Functions of Assistant Secretary.

Sec. 104. Professional standards for nutrition official under Assistant Secretary.

Sec. 105. Interagency Coordinating Committee on Age-Friendly Communities.

Sec. 106. Technical assistance on age-friendly communities.

Sec. 107. Malnutrition.

Sec. 108. Coordination with resource centers.

Sec. 109. Arts education.

Sec. 110. Social determinants of health.

Sec. 111. Falls prevention and chronic disease self-management education.

Sec. 112. Extension of RAISE Family Caregivers Act.

Sec. 113. Support for socially-isolated older Americans.

Sec. 114. Increased focus of Assistant Secretary on health effects associated with social isolation.

Sec. 115. Advisory council on health effects associated with social isolation.

Sec. 116. Supportive services and senior centers.

Sec. 117. Demonstration projects.

Sec. 118. Younger onset Alzheimer’s Disease.

Sec. 119. Priority for the senior community service employment program.

Sec. 120. Direct care workforce.

Sec. 121. National resource center for older individuals experiencing the long-term and adverse consequences of trauma.

Sec. 122. National Resource Center for Women and Retirement.

Sec. 123. Definition.

Sec. 124. Review of reports.

Sec. 125. Area plans.

Sec. 126. Addressing chronic pain management.

Sec. 127. Extension of the Supporting Grandparents Raising Grandchildren Act.

Sec. 128. Screening for suicide risk.

Sec. 129. Traumatic brain injury.

Sec. 130. Addressing public health emergencies and emerging health threats.

Sec. 131. Prevention of sexually transmitted diseases.

Sec. 132. Aging and Disability Resource Center.

TITLE II—EMPOWERING THE AGING NETWORK TO MEET THE NEEDS OF OLDER INDIVIDUALS

Sec. 201. National family caregiver support program cap.

Sec. 202. Minimum funding level for State administrative expenses.

Sec. 203. Culturally-appropriate, medically-tailored meals.

Sec. 204. Business acumen provisions and clarification regarding outside funding for area agencies on aging.

Sec. 205. Other practices.

Sec. 206. Caregiver assessments.

Sec. 207. Research and evaluation.

Sec. 208. Grant program for multigenerational collaboration.

TITLE III—STRENGTHENING PROTECTIONS FOR OLDER INDIVIDUALS

Sec. 301. State Long-Term Care Ombudsman Program minimum funding and maintenance of effort.

Sec. 302. State long-term care volunteer ombudsman representatives.

Sec. 303. Clarification regarding board and care facilities.

Sec. 304. Report on legal hotlines.

Sec. 305. Community outreach.

Sec. 306. Principles for person-directed services and supports during serious illness.

TITLE IV—MEETING THE NEEDS OF OLDER NATIVE AMERICANS

Sec. 401. Expanding supportive services for Native American aging programs.

Sec. 402. Enhancing capacity to support Native American aging programs.

TITLE V—MISCELLANEOUS

Sec. 501. Technical corrections.

Sec. 502. Authorization of appropriations; uses of funds.

Sec. 503. Hold harmless formula.

TITLE I—ENSURING COLLABORATION AND PROMOTING INDEPENDENCE FOR OLDER INDIVIDUALS

SEC. 101. PERSON-CENTERED, TRAUMA-INFORMED CARE.

Section 101(2) of the Older Americans Act of 1965 (42 U.S.C. 3001(2)) is amended by in-

serting “(including access to person-centered, trauma-informed care)” after “health”.

SEC. 102. VACCINATION.

Section 102(14) of the Older Americans Act of 1965 (42 U.S.C. 3002(14)) is amended—

(1) in subparagraph (B) by inserting “immunization status,” after “oral health,”; and
(2) in subparagraph (D) by inserting “infectious disease, and vaccine preventable disease,” after “disease.”.

SEC. 103. FUNCTIONS OF ASSISTANT SECRETARY.

(a) REVIEW OF APPLICATIONS.—Section 202 of the Older Americans Act of 1965 (42 U.S.C. 3012) is amended—

(1) by amending subsection (a)(4) to read as follows:

“(4) administer the grants provided by this Act but not approve an application submitted by an applicant for a grant for a program for which such applicant previously received a grant unless the Assistant Secretary determines—

“(A) the program for which such application was submitted is operating effectively to achieve its stated purpose; and

“(B) such applicant complied with the assurances provided to the Assistant Secretary with the application for such previous grant; and

(2) by adding at the end the following:

“(h) The Assistant Secretary shall publish, on an annual basis, a list of centers and demonstration projects funded under each title of the Act. The Assistant Secretary shall ensure that this information is also directly provided to States and area agencies on aging.”.

(b) ADDRESSING THE NEEDS OF OLDER INDIVIDUALS IN DISASTERS.—Section 202(a) of the Older Americans Act of 1965 (42 U.S.C. 3012(a)) is amended—

(1) in paragraph (30) by striking “and” at the end.

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

(3) by adding at the end the following:
“(32) provide technical assistance to and share best practices with States and area agencies on aging on how to collaborate and coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments, federal agencies as appropriate, and any other institutions that have responsibility for disaster relief service delivery.”.

SEC. 104. PROFESSIONAL STANDARDS FOR NUTRITION OFFICIAL UNDER ASSISTANT SECRETARY.

Section 205(a)(2)(C)(ii) of the Older Americans Act of 1965 (42 U.S.C. 3016(a)(2)(C)(ii)) is amended to read as follows:

“(ii) be a registered dietitian or registered dietitian nutritionist.”.

SEC. 105. INTERAGENCY COORDINATING COMMITTEE ON AGE-FRIENDLY COMMUNITIES.

Section 203 of the Older Americans Act of 1965 (42 U.S.C. 3013) is amended—

(1) in subsection (b)—

(A) in paragraph (18) by striking “and” at the end,

(B) in subparagraph (19) by striking the period at the end, and inserting “; and”, and

(C) by adding at the end the following:

“(20) section 393D of the Public Health Service Act (42 U.S.C. 280b-1f), relating to safety of seniors.”, and

(2) in subsection (c)—

(A) in paragraph (1)—

(i) by striking “Aging” and inserting “Age-Friendly Communities”, and

(ii) by inserting “to support the ability of older individuals to age in place, including through the provision of homelessness prevention services, support the ability of older

individuals to access preventive health care, promote age-friendly communities, and address the ability of older individuals to access long-term care supports, including access to caregivers and home- and community-based services" before the period at the end,

(B) in paragraph (4) by inserting "“, except that the 1st term of a member appointed to the Interagency Coordinating Committee on Age-Friendly Communities shall begin not later than 1 year after the effective date of this exception” before the period at the end,

(C) in paragraph (5) by striking “once each year” and inserting “semiannually”,

(D) in paragraph (6)—

(i) in subparagraph (A)—

(I) in clause (iii) by striking “and” at the end,

(II) in clause (iv) by adding “and” at the end, and

(III) by adding at the end the following:

“(v) identifying best practices for connecting older individuals to services for which they may be eligible;”;

(ii) in subparagraph (B)—

(I) by inserting “transportation,” after “housing,” the 1st place it appears,

(II) in clause (i) by striking “and” at the end,

(III) by amending clause (ii) to read as follows:

“(ii) innovations in technology applications (including assistive technology devices and assistive technology services) that—

“(I) promote safe and accessible independent living environments; and

“(II) give older individuals access to information on available services or help in providing services to older individuals, including information on transportation services such as public transit, on-demand transportation services, volunteer-based transportation services, and other private transportation services; and”, and

(IV) by adding at the end the following:

“(iii) transportation models that reduce costs of transportation for older individuals and provide the ability to schedule trips in advance and on demand, as appropriate;”;

(iii) in subparagraph (E)—

(I) by striking “nongovernmental experts and organizations, including public health interest and research groups and foundations” and inserting “nongovernmental organizations, academic or research institutions, community-based organizations, and philanthropic organizations”, and

(II) by striking “(F)” and inserting “(G)”,

(iv) by redesignating subparagraphs (E), (F), and (G) as subparagraphs (F), (G), and (H), respectively,

(v) by inserting after subparagraph (D) the following:

“(E) work with the Centers for Disease Control and Prevention, the National Institute on Aging, Centers for Medicare and Medicaid Services, the Housing and Urban Development Office of Lead Hazard Control and Healthy Homes, and other Federal agencies as appropriate, to develop recommendations, in accordance with paragraph (1), to reduce falls among older individuals that incorporate evidence-based falls prevention programs and home modifications to reduce and prevent falls;”;

(vi) by adding at the end the following:

“(9) In this subsection, the term ‘age-friendly community’ means a community that—

(A) is taking steps—

(i) to include accessible housing, accessible spaces and buildings, safe and secure paths, variable route transportation services, and programs and services designed to maintain health and well-being;

“(ii) to respect and include older individuals in social opportunities, civic participation, volunteerism, and employment; and

“(iii) to facilitate access to supportive services for older individuals; and

“(B) has a plan in place to meet local needs for housing, transportation, civic participation, social connectedness, and accessible spaces.” and

(3) by adding at the end the following:

“(d) Not later than 2 years after the effective date of this subsection, the Comptroller General of the United States shall conduct a study and issue a report that includes—

“(1) an inventory of Federal programs, administered by the Department of Health and Human Services, the Department of Housing and Urban Development, or any other Federal agency determined appropriate by the Comptroller General, that support home assessments and home modifications for older individuals and individuals with disabilities;

“(2) statistical data, for recent fiscal years, on the number of older individuals and individuals with disabilities served by each Federal program described in paragraph (1) and the approximate amount of Federal funding invested in each such program,

“(3) a demographic analysis of individuals served by each such program for recent fiscal years;

“(4) an analysis of duplication and gaps in populations supported by the Federal programs described in paragraph (1),

“(5) what is known about the impact of the Federal programs described in paragraph (1) on health status and health outcomes in populations supported by such programs,

“(6) a review of Federal efforts to coordinate Federal programs existing prior to the effective date of this subsection that support home assessments and home modifications for older individuals and individuals with disabilities and any considerations for improving coordination, which may include an indication of the Federal agency or department that is best suited to coordinate such Federal efforts, and

“(7) information on the extent to which consumer-friendly resources, such as a brochure, are available through the National Eldercare Locator Service established under section 202(a)(21), are accessible to all area agencies on aging, and contain information on home assessments and home modifications for older individuals attempting to live independently and safely in their homes and for the caregivers of such individuals.”

SEC. 106. TECHNICAL ASSISTANCE ON AGE-FRIENDLY COMMUNITIES.

Section 205(a)(2) of the Older Americans Act of 1965 (42 U.S.C. 3016(a)(2)) is amended—

(1) by redesignating subparagraph (C) as subparagraph (D), and

(2) by inserting after subparagraph (B) the following:

“(C) The Assistant Secretary may provide technical assistance, including through the regional offices of the Administration, to State agencies, area agencies on aging, local government agencies, or leaders in age-friendly communities (as defined in section 203(c)(9)) regarding—

“(i) support for public and private entities in building partnerships to promote such age-friendly communities;

“(ii) dissemination of, or consideration of ways to implement, best practices and recommendations from the Interagency Coordinating Committee on Age-Friendly Communities established under section 203(c); and

“(iii) methods for managing and coordinating existing programs to meet the needs of growing age-friendly communities.”

SEC. 107. MALNUTRITION.

The Older Americans Act of 1965 (42 U.S.C. 2011 et seq.) is amended—

(1) in section 102(14)(B) by inserting “(including screening for malnutrition)” before the semicolon at the end, and

(2) in section 330(1) by striking “and food insecurity” and inserting “, food insecurity, and malnutrition”.

SEC. 108. COORDINATION WITH RESOURCE CENTERS.

(a) AREA PLANS.—Section 306(a) of the Older Americans Act of 1965 (42 U.S.C. 3026(a)) is amended—

(1) in paragraph (16) by striking “and” at the end,

(2) in paragraph (17) by striking the period at the end and inserting “; and”, and

(3) by adding at the end the following:

“(18) provide assurances that the area agency on aging will collect data to determine—

“(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

“(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

“(19) provide assurances that the area agency on aging will use outreach efforts that will identify older individuals eligible for assistance under this Act, with special emphasis on those older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.”

(b) STATE PLANS.—Section 307(a) of the Older Americans Act of 1965 (42 U.S.C. 3027) is amended by adding at the end the following:

“(31) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

“(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

“(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and,

“(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).”

SEC. 109. ARTS EDUCATION.

(a) PROGRAM DESIGN.—Section 202(a)(5) of the Older Americans Act of 1965 (42 U.S.C. 3012(a)(5)) is amended by inserting “cultural experiences, activities and services, including the arts,” after “education.”.

(b) SUPPORTIVE SERVICES.—Section 321(a)(7) of the Older Americans Act of 1965 (42 U.S.C. 3030d(a)(7)) is amended by inserting “cultural experiences (including the arts),” after “art therapy.”.

SEC. 110. SOCIAL DETERMINANTS OF HEALTH.

Section 301(a)(1) of the Older Americans Act of 1965 (42 U.S.C. 3021(a)(1)) is amended—

(1) in subparagraph (C) by striking “and” at the end,

(2) in subparagraph (D) by striking the period at the end and inserting “; and”, and

(3) by adding at the end the following:

“(E) address the social determinants of health of older individuals.”

SEC. 111. FALLS PREVENTION AND CHRONIC DISEASE SELF-MANAGEMENT EDUCATION.

Section 411(a) of the Older Americans Act of 1965 (42 U.S.C. 3032(a)) is amended—

(1) by redesignating paragraphs (13) and (14) as paragraphs (15) and (16), respectively, and

(2) by inserting after paragraph (12) the following:

“(13) bringing to scale and sustaining evidence-based falls prevention programs that

will reduce the number of falls, fear of falling, and fall-related injuries in older individuals and older individuals with disabilities;

“(14) bringing to scale and sustaining evidence-based chronic disease self-management programs that empower older individuals and older individuals with disabilities to better manage their chronic conditions;”.

SEC. 112. EXTENSION OF RAISE FAMILY CARE GIVERS ACT.

Section 6 of the RAISE Family Caregivers Act (Public Law 115-119; 132 Stat. 27) is amended by striking “3” and inserting “4”.

SEC. 113. SUPPORT FOR SOCIALLY-ISOLATED OLDER AMERICANS.

Section 102(14) of the Older Americans Act of 1965 (42 U.S.C. 3002(14)) is amended—

(1) in subparagraph (K) by striking “and” at the end,

(2) in subparagraph (L) by striking “(K)” and inserting “(L)”,

(3) by redesignating subparagraph (L) as subparagraph (M), and

(4) by inserting after subparagraph (K) the following:

“(L) screening for the prevention of negative health effects associated with social isolation and coordination of supportive services and health care to address negative health effects associated with social isolation; and”.

SEC. 114. INCREASED FOCUS OF ASSISTANT SECRETARY ON HEALTH EFFECTS ASSOCIATED WITH SOCIAL ISOLATION.

Section 202(a) of the Older Americans Act of 1965 (42 U.S.C. 3012(a)), as amended by section 103, is amended—

(1) in paragraph (31) by striking “; and” and inserting a semicolon,

(2) in paragraph (32) by striking the period at the end and inserting “; and”, and

(3) by adding at the end the following:

“(33) develop objectives, priorities, and a long-term plan for supporting State and local efforts involving education about, prevention of, detection of, and response to negative health effects associated with social isolation among older individuals.”.

SEC. 115. ADVISORY COUNCIL ON HEALTH EFFECTS ASSOCIATED WITH SOCIAL ISOLATION.

Section 202 of the Older Americans Act of 1965 (42 U.S.C. 3012), as amended by section 103, is amended by adding at the end the following:

“(i)(1) The Assistant Secretary shall convene an advisory council on negative health effects associated with social isolation with aging network stakeholders, including caregivers, and select members in a manner that ensures geographic diversity of the members—

“(A) to review and evaluate efforts to address negative health effects associated with social isolation among older individuals; and

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

“(2) The advisory council convened under paragraph (1) shall—

“(A) ensure consideration of consumer-directed care models; and

“(B) submit a report to Congress on its findings.

“(3) The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply with respect to the advisory council convened under paragraph (1).”.

SEC. 116. SUPPORTIVE SERVICES AND SENIOR CENTERS.

Section 321(a) of the Older Americans Act of 1965 (42 U.S.C. 3030d(a)) is amended—

(1) in paragraph (24) by striking “and” at the end,

(2) by redesignating paragraph (25) as paragraph (26), and

(3) by inserting after paragraph (24) the following:

“(25) services that promote or support social connectedness and reduce negative health effects associated with social isolation; and”.

SEC. 117. DEMONSTRATION PROJECTS.

(a) DEMONSTRATIONS.—Section 411(a) of the Older Americans Act of 1965 (42 U.S.C. 3032(a)), as amended by section 111, is amended—

(1) in paragraph (15) by striking “and” at the end,

(2) by redesignating paragraph (16) as paragraph (17), and

(3) by inserting after paragraph (15) the following:

“(16) projects that address negative health effects associated with social isolation among older adults; and”.

(b) REPEAL.—Section 416 of the Older Americans Act of 1965 (42 U.S.C. 3032e) is repealed.

SEC. 118. YOUNGER ONSET ALZHEIMER'S DISEASE.

(a) DEFINITION OF “FAMILY CAREGIVER”.—Section 302(3) of the Older Americans Act of 1965 (42 U.S.C. 3022(3)) is amended by inserting “of any age” after “an individual”.

(b) DEFINITION OF “RESIDENT”.—Section 711(6) of the Older Americans Act of 1965 (42 U.S.C. 3058(6)) is amended by inserting “of any age” after “individual”.

SEC. 119. PRIORITY FOR THE SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM.

(a) PRIORITY.—The Older Americans Act of 1965 (42 U.S.C. 3001 et seq.) is amended—

(1) in section 503(a)(4)(C)—

(A) in clause (iii) by striking “and” at the end,

(B) in clause (iv) by adding “and” at the end, and

(C) by adding at the end the following:

“(v) eligible individuals who have been incarcerated within the last 5 years or are under supervision following the release from prison or jail within the last 5 years;”,

(2) in section 514(e)(1) by inserting “older individuals who have been incarcerated or are under supervision following the release from prison or jail,” after “need.”, and

(3) in section 518—

(A) in subsection (a)(3)(B)(ii)—

(i) in clause (IV) by striking “or” at the end,

(ii) in clause (V) by striking the period at the end and inserting “; or”, and

(iii) by adding at the end the following:

“(VI) have been incarcerated within the last 5 years or are under supervision following the release from prison or jail within the last 5 years.”, and

(B) in subsection (b)(2)—

(i) in subparagraph (F) by striking “or” at the end,

(ii) in subparagraph (G) by striking the period at the end and inserting “; or”,

(iii) by adding at the end the following:

“(H) has been incarcerated or is under supervision following the release from prison or jail within the last 5 years.”.

(b) TRANSITION PERIOD.—This section shall take effect 1 year after the date of the enactment of this Act.

SEC. 120. DIRECT CARE WORKFORCE.

(a) DEMONSTRATIONS.—Section 411(a) of the Older Americans Act of 1965 (42 U.S.C. 3032(a)), as amended by sections 111 and 117, is amended—

(1) by redesignating paragraphs (16) and (17) as paragraphs (18) and (19), respectively, and

(2) by inserting after paragraph (15) the following:

“(16) in coordination with the Secretary of Labor, the demonstration of new strategies for the recruitment, retention, or advancement of direct care workers, and to solicit, develop, and implement strategies—

“(A) to reduce barriers to entry for a diverse and high-quality direct care workforce, including providing wages, benefits, and advancement opportunities needed to attract or retain direct care workers;

“(B) to provide supportive services and career planning for direct care workers; and

“(C) to support the advancement of direct care workers through education and workforce development programs that include necessary credential or licensing preparation, paid on-the-job training or work-based learning, and appropriate safety training.”.

(b) OLDER AMERICAN COMMUNITY SERVICE EMPLOYMENT PROGRAM.—Section 502(e)(2)(B) of the Older Americans Act of 1965 (42 U.S.C. 3056(e)(2)(B)) is amended—

(1) in clause (iii) by striking “and” at the end,

(2) in clause (iv) by adding “and” at the end, and

(3) by adding at the end the following:

“(v) attract, retain, or advance the direct care workforce, in consultation with the Assistant Secretary, providing for wages and benefits needed to reduce barriers to entry for a diverse and high-quality direct care workforce, supportive services and career planning, and paid on-the-job training or work-based learning, with appropriate safety training.”.

SEC. 121. NATIONAL RESOURCE CENTER FOR OLDER INDIVIDUALS EXPERIENCING THE LONG-TERM AND ADVERSE CONSEQUENCES OF TRAUMA.

Section 411(a) of the Older Americans Act of 1965 (42 U.S.C. 3032(a)), as amended by sections 111, 117, and 120, is amended—

(1) in paragraph (17) by striking “and” at the end,

(2) in paragraph (18) by striking the period at the end, and

(3) by adding at the end the following:

“(19) the establishment and operation of a national resource center that shall—

“(A) provide training and technical assistance to agencies in the aging network delivering services to older individuals experiencing the long-term and adverse consequences of trauma;

“(B) share best practices with the aging network; and

“(C) make subgrants to the agencies best positioned to advance and improve the delivery of person-centered, trauma-informed services for older individuals experiencing the long-term and adverse consequences of trauma.”.

SEC. 122. NATIONAL RESOURCE CENTER FOR WOMEN AND RETIREMENT.

Section 202 of the Older Americans Act of 1965 (42 U.S.C. 3012), as amended by sections 103 and 115, is amended by adding at the end the following:

“(j)(1) The Assistant Secretary shall, directly or by grant or contract, operate the National Resource Center for Women and Retirement (in this subsection referred to as the ‘Center’).

“(2) The Center shall—

“(A) provide basic financial management, retirement planning, and other educational tools that promote financial wellness and help to identify and prevent fraud and elder exploitation, and integrate these with information on health and long-term care;

“(B) annually disseminate a summary of outreach provided, including work to provide user-friendly consumer information and public education materials;

“(C) develop targeted outreach strategies;

“(D) provide technical assistance to State agencies and to other public and nonprofit private agencies and organizations; and

“(E) develop partnerships and collaborations to address program objectives.”.

SEC. 123. DEFINITION.

Section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002) is amended—

(1) by redesignating paragraphs (41) through (54) as paragraphs (42) through (55), and

(2) by inserting after paragraph (40) the following:

“(41) The term ‘person-centered, trauma-informed’ when used with respect to services means services provided through an aging program that—

“(A) use a holistic approach to providing services;

“(B) promote the dignity, strength and empowerment of victims of trauma; and

“(C) incorporate research-based practices based on knowledge about the role of trauma in trauma victims’ lives.”.

SEC. 124. REVIEW OF REPORTS.

Sec. 308(b) of the Older Americans Act of 1965 (42 U.S.C. 3028(b)) is amended by inserting at the end the following:

“(8) The Assistant Secretary shall review the reports submitted under section 307(a)(31) and include aggregate data in the report required by section 207(a), including data on—

“(A) the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and,

“(B) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a), to identify such older individuals and their service needs.”.

SEC. 125. AREA PLANS.

Section 306(a)(4) of the Older Americans Act of 1965 (42 U.S.C. 3026(a)(4)) is amended in subparagraph (B)(i)(VII) by inserting “, specifically including survivors of the Holocaust” after “placement”.

SEC. 126. ADDRESSING CHRONIC PAIN MANAGEMENT.

Section 102(14)(D) of the Older Americans Act of 1965 (42 U.S.C. 3002(14)) is amended by inserting “chronic pain management,” after “substance abuse reduction.”.

SEC. 127. EXTENSION OF THE SUPPORTING GRANDPARENTS RAISING GRANDCHILDREN ACT.

Section 3(f) of the Supporting Grandparents Raising Grandchildren Act (Public Law 115-196) is amended by striking “3” and inserting “4”.

SEC. 128. SCREENING FOR SUICIDE RISK.

Section 102(14)(G) of the Older Americans Act of 1965 (42 U.S.C. 3002(14)(G)) is amended by inserting “and screening for suicide risk” after “depression”.

SEC. 129. TRAUMATIC BRAIN INJURY.

(a) Section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002), as amended by section 113, is amended—

(1) in paragraph (14)—

(A) in paragraph (M) by striking “(L)” and inserting “(M)”,

(B) by redesignating subparagraphs (H) through (M) as subparagraphs (I) through (N), respectively,

(C) by inserting after subparagraph (G) the following:

“(H) screening for fall-related traumatic brain injury; coordination of treatment, rehabilitation, and related services; and referral services;”, and

(2) by adding at the end the following:

“(56) The term ‘traumatic brain injury’ has the meaning given to it in section 339B(d) of the Public Health Service Act.”.

(b) Section 321(a)(8) of the Older Americans Act of 1965 (42 U.S.C. 3030d(a)(8)) is amended—

(1) by striking “screening and” and inserting “screening, screening for negative health effects associated with social isolation,”, and

(2) by striking “screening)” and inserting “screening, and traumatic brain injury screening)”.

(c) Section 411(a)(12) of the Older Americans Act of 1965 (42 U.S.C. 3032(a)(12)) is amended—

(1) by inserting “dementia,” after “dysfunction”,

(2) by striking “and” the 2d place it appears, and

(3) by inserting “and traumatic brain injury” before the semicolon at the end.

SEC. 130. ADDRESSING PUBLIC HEALTH EMERGENCIES AND EMERGING HEALTH THREATS.

Section 102(14) of the Older Americans Act of 1965 (42 U.S.C. 3002(14)), as amended by sections 113 and 129, is amended—

(1) in subparagraph (M) by striking “and” at the end,

(2) in subparagraph (N) by striking “(M)” and inserting “(N)”,

(3) by redesignating subparagraphs (K), (L), (M), and (N) as subparagraphs (L), (M), (N), and (O) respectively, and

(4) by inserting after subparagraph (J) the following:

“(K) responses to public health emergencies and emerging health threats;”.

SEC. 131. PREVENTION OF SEXUALLY TRANSMITTED DISEASES.

Section 102(14)(D) of the Older Americans Act of 1965 (42 U.S.C. 3002(14)(D)), as amended by section 102, is amended by inserting “prevention of sexually transmitted disease,” after “disease”.

SEC. 132. AGING AND DISABILITY RESOURCE CENTER.

Section 102(4) of the Older Americans Act of 1965 (42 U.S.C. 3002(4)) is amended—

(1) in the matter preceding subparagraph (A), by inserting “, in collaboration with (as appropriate) area agencies on aging, centers for independent living (as described in part C of title VII of the Rehabilitation Act of 1973 (29 U.S.C. 796f et seq.)), and other aging or disability entities” after “provides”,

(2) in subparagraph (B)—

(A) by inserting “services, supports, and” after “plan for long-term”, and

(B) by inserting “and choices” after “desires”; and

(3) in subparagraph (D) by striking “(29 U.S.C. 796f et seq.), and other community-based entities,” and inserting “, and other community-based entities, including other aging or disability entities”.

TITLE II—EMPOWERING THE AGING NETWORK TO MEET THE NEEDS OF OLDER INDIVIDUALS

SEC. 201. NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM CAP.

(a) FEDERAL SHARE.—Section 373(g)(2) of the Older Americans Act of 1965 (42 U.S.C. 3030s-1(g)(2)) is amended by striking subparagraph (C).

(b) MONITORING THE IMPACT OF THE ELIMINATION OF THE CAP ON FUNDS FOR OLDER RELATIVE CAREGIVERS.—

(1) REPORT.—Not later than 18 months after the date of the enactment of this Act, and annually thereafter, the Assistant Secretary shall submit to the Committee on Education and Labor of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report on the impact of the amendment made by subsection (a) to eliminate the limitation on funds that States may allocate to provide support services to older relative caregivers in the National Family Caregiver Support Program established under part E of title III of the Older Americans Act of 1965 (42 U.S.C. 3030s-3030s-2). Each such report shall also be made available to the public.

(2) CONTENTS.—For purposes of reports required by paragraph (1), each State that receives an allotment under such National Family Caregiver Support Program for fiscal year 2020 or a subsequent fiscal year shall re-

port to the Assistant Secretary for the fiscal year involved the amount of funds of the total Federal and non-Federal share allotment used by the State to provide support services for caregiver support for older relative caregivers and family caregivers.

SEC. 202. MINIMUM FUNDING LEVEL FOR STATE ADMINISTRATIVE EXPENSES.

Section 308(b)(2)(A) of the Older Americans Act of 1965 (42 U.S.C. 3028(b)(2)(B)) is amended by striking “\$500,000” and inserting “\$750,000”.

SEC. 203. CULTURALLY-APPROPRIATE, MEDICALLY-TAILORED MEALS.

Section 339(2)(A) of the Older Americans Act of 1965 (42 U.S.C. 3939h(2)(A)) is amended by inserting “, including cultural considerations and preferences (including needs based on religious, cultural, or ethnic requirements) and medically tailored meals” before the comma at the end.

SEC. 204. BUSINESS ACUMEN PROVISIONS AND CLARIFICATION REGARDING OUTSIDE FUNDING FOR AREA AGENCIES ON AGING.

(a) ASSISTANCE RELATING TO GROWING AND SUSTAINING CAPACITY.—Section 202(b)(9) of the Older Americans Act of 1965 (42 U.S.C. 3012(b)(9)) is amended—

(1) in subparagraph (A) by striking “and” after the semicolon at the end,

(2) in subparagraph (B) by inserting “and” after the semicolon at the end, and

(3) by adding at the end the following:

“(C) business acumen, capacity building, organizational development, innovation, and other methods of growing and sustaining the capacity of the aging network to serve older individuals and caregivers most effectively.”.

(b) CLARIFYING PARTNERSHIPS FOR AREA AGENCIES ON AGING.—Section 306 of the Older Americans Act of 1965 (42 U.S.C. 3026) is amended by adding at the end the following:

“(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

“(1) contracts with health care payers;

“(2) consumer private pay programs; or

“(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports in the planning and service area supported by the area agency on aging.”.

SEC. 205. OTHER PRACTICES.

Section 315 of the Older Americans Act of 1965 (42 U.S.C. 3030c-2) is amended by adding at the end the following:

“(e) RESPONSE TO AREA AGENCIES ON AGING.—Upon request from an area agency on aging, the State shall make available any policies or guidance pertaining to policies under this section.”.

SEC. 206. CAREGIVER ASSESSMENTS.

(a) DEFINITION OF CAREGIVER ASSESSMENT.—Section 372(a) of the Older Americans Act of 1965 (42 U.S.C. 3030s(a)) is amended by adding at the end the following:

“(4) CAREGIVER ASSESSMENT.—The term ‘caregiver assessment’ means a systematic process of gathering information about the situation of a caregiver who voluntarily participates in such process, which may include contact through a home visit, the Internet, telephone or teleconference, or in-person interaction, to identify the caregiver’s specific needs, barriers, and existing supports as identified by the caregiver that—

“(A) provides the opportunity for the recognized caregiver to participate in such process;

“(B) requires direct contact with the caregiver and is used to appropriately target and tailor support services to the caregiver’s unique needs; and

“(C) includes reassessment of such specific needs, barriers, and existing supports, including to accommodate a significant change

in the caregiving situation, which shall occur on a voluntary basis with the consent of the caregiver.”.

(b) USE OF CAREGIVER ASSESSMENTS.—Section 373(b) of the Older Americans Act of 1965 (42 U.S.C. 3030s-1(b)) is amended by inserting “may be informed through the use of caregiver assessments and” after “with.”.

(c) TECHNICAL ASSISTANCE FOR CAREGIVER ASSESSMENTS.—Section 373 of the Older Americans Act of 1965 (42 U.S.C. 3030s-1) is amended by adding at the end the following:

“(h) TECHNICAL ASSISTANCE FOR CAREGIVER ASSESSMENTS.—Not later than 1 year after the effective date of this subsection, the Assistant Secretary, in consultation with caregivers, older individuals, individuals with a disability who receive care from an older relative caregiver, the aging network, and other experts and stakeholders, shall provide technical assistance to promote and implement the use of caregiver assessments. Such technical assistance shall include sharing available tools and templates, comprehensive assessment protocols, and best practices concerning—

“(1) conducting caregiver assessments and reassessments;

“(2) implementing such assessments that are consistent across a planning and service area; and

“(3) implementing caregiver support service plans, including referrals to and coordination of activities with relevant State and local services.”.

(d) REPORTING ON CAREGIVER ASSESSMENT.—Section 373(e) of the Older Americans Act of 1965 (42 U.S.C. 3030s-1(e)) is amended—

(1) in paragraph (3) by inserting “, including caregiver assessments used in the State,” after “mechanisms” the 1st place it appears, and

(2) by adding at the end the following:

“(4) REPORT ON CAREGIVER ASSESSMENTS.—

“(A) IN GENERAL.—Not later than 3 years after the effective date of this paragraph, the Assistant Secretary shall issue a report on the use of caregiver assessments by area agencies on aging, entities contracting with such agencies, and organizations. Such report shall include—

“(i) an analysis of the current use of caregiver assessments, including a repository of caregiver assessment tools or templates and comprehensive assessment protocols;

“(ii) using objective data, an analysis of the impact of caregiver assessments on—

“(I) family caregivers and older relative caregivers; and

“(II) the individuals to whom the caregivers described in subclause (I) provide care;

“(iii) an analysis of the impact of using caregiver assessments on the aging network;

“(iv) an analysis of how caregiver assessments are being used to identify the specific needs, barriers, and existing supports of family caregivers and older relative caregivers;

“(v) recommendations for using caregiver assessments, including in rural or underserved areas; and

“(vi) feedback from State agencies and area agencies on aging, particularly in rural or underserved areas, on the implementation of caregiver assessments.

“(B) SUBMISSION.—Not later than 6 months after the issuance of the report under subparagraph (A), the Assistant Secretary shall submit the report to the Committee on Education and Labor of the House of Representatives, the Committee on Health, Education, Labor, and Pensions of the Senate, the Special Committee on Aging of the Senate, and the Committee on Education and Labor of the House of Representatives, a report on the activities funded under this section and title IV.

Section 201 of the Older Americans Act of 1965 (42 U.S.C. 3011) is amended by adding at the end the following:

“(g)(1) The Assistant Secretary shall coordinate the research and evaluation func-

tions of this Act under a National Research, Demonstration, and Evaluation Center for the Aging Network (in this subsection referred to as the ‘Center’), which shall be headed by a director designated by the Assistant Secretary from individuals described in paragraph (4).

“(2) The purpose of the Center shall be—

“(A) to coordinate research, research dissemination, evaluation, demonstration projects, and related activities carried out under this Act;

“(B) to provide assessment of the programs authorized under this Act; and

“(C) to increase the repository of information on evidence-based programs and interventions available to the aging network. Such information shall be applicable to existing programs and help in the development of new evidence-based programs and interventions.

“(3) Activities of the Center shall include conducting, promoting, coordinating, and providing support for—

“(A) research and evaluation activities that support the objectives of this Act, including—

“(i) evaluation of new and existing programs and interventions authorized by this Act; and

“(ii) research on and assessment of the relationship between programs and interventions under this Act and the health outcomes, social determinants of health, quality of life, health care savings (including to the Medicare program under title XVIII of the Social Security Act and the Medicaid program under title XIX of such Act as practicable), and independence of individuals served under this Act;

“(B) demonstration projects that support the objectives of the Act and activities to bring effective demonstration projects to scale with a prioritization of projects that address the needs of underserved populations;

“(C) outreach and dissemination of research findings; and

“(D) technical assistance related to the activities described in this subparagraph.

“(4) The director shall be an individual with substantial knowledge of and experience in aging and health policy, and research administration.

“(5) Not later than October 1, 2020, and at 5-year intervals thereafter, the director shall prepare and publish in the Federal Register for public comment a draft of a 5-year plan that—

“(A) outlines priorities for research, research dissemination, evaluation, and related activities;

“(B) explains the basis for such priorities; and

“(C) describes how the plan will meet the needs of underserved populations.

“(6) The director shall coordinate research, research dissemination, evaluation, and demonstration projects, and related activities with appropriate agency program staff, and, as appropriate, coordinate with other Federal departments and agencies involved in research in the field of aging.

“(7) Not later than December 31, 2020, and annually thereafter, the director shall prepare, and submit to the Secretary, the Committee on Health, Education, Labor, and Pensions of the Senate, the Special Committee on Aging of the Senate, and the Committee on Education and Labor of the House of Representatives, a report on the activities funded under this section and title IV.

“(8) The director shall, as appropriate, consult with experts on aging research and evaluation and aging network stakeholders on the implementation of the activities described under paragraph (3) of this subsection.

“(9) The director shall coordinate all research and evaluation authorities under this Act.”.

SEC. 208. GRANT PROGRAM FOR MULTIGENERATIONAL COLLABORATION.

Section 417 of the Older Americans Act of 1965 (42 U.S.C. 3032f) is amended—

(1) by amending subsection (a) to read as follows:

“(a) GRANTS AND CONTRACTS.—The Assistant Secretary shall award grants to, and enter into contracts with, eligible organizations to carry out projects—

“(1) to provide opportunities for older individuals to participate in multigenerational activities and civic engagement activities that contribute to the health and wellness of older individuals and individuals in younger generations by developing—

“(A) meaningful roles for participants;

“(B) reciprocity in relationship building;

“(C) reduced social isolation and improved participant social connectedness;

“(D) improved economic well-being for older individuals;

“(E) increased lifelong learning; or

“(F) support for older relative caregivers by—

“(i) providing support for older relative caregivers (as defined in section 372) raising children (such as kinship navigator programs); or

“(ii) involving volunteers who are older individuals who provide support and information to families who have a child with a disability or chronic illness, or other families in need of such family support;

“(2) to coordinate multigenerational activities and civic engagement activities, including multigenerational nutrition and meal service programs;

“(3) to promote volunteerism, including becoming a mentor to young people; and

“(4) to facilitate development of and participation in multigenerational activities and civic engagement activities.”,

(2) by amending subsection (b) to read as follows:

“(b) USE OF FUNDS.—

“(1) IN GENERAL.—An eligible organization shall use funds made available under a grant awarded, or a contract entered into, under this section to carry out a project described in subsection (a).

“(2) PROVISION OF PROJECTS THROUGH GRANTEES.—In making grants under this section, the Assistant Secretary shall ensure that awards are made for the activities and projects described in each of paragraphs (1) and (2) of subsection (a).”;

(3) in subsection (c)—

(A) in the matter preceding paragraph (1), by inserting “that serves individuals in younger generations and older individuals” after “to carry out a project”;

(B) in paragraph (1) by inserting “, intent to carry out, or intent to partner with local organizations or multiservice organizations to carry out,” after “record of carrying out”;

(C) in paragraph (3) by striking “; and” and inserting a semicolon;

(D) in paragraph (4) by striking the period at the end and inserting “; and”;

(E) by adding at the end the following:

“(5) eligible organizations proposing multigenerational activity projects that utilize shared site programs, such as collocated child care and long-term care facilities.”,

(4) by amending subsection (e) to read as follows:

“(e) ELIGIBLE ORGANIZATIONS.—Organizations eligible to receive a grant or enter into a contract under subsection (a) shall—

“(1) be a State, an area agency on aging, or an organization that provides opportunities for older individuals to participate in activities described in such subsection; and

“(2) have the capacity to conduct the coordination, promotion, and facilitation described in such subsection through the use of multigenerational coordinators.”,

(5) by striking subsection (g),

(6) in subsection (h)(2)(B)(i) by striking “individuals from the generations with older individuals” and inserting “older individuals”,

(7) by redesignating subsections (b) through (f) as subsections (c) through (g), respectively, and

(8) by inserting after subsection (a) the following:

“(b) GRANT PERIOD.—Each grant awarded or contract made under subsection (a) shall be to carry out projects for a period of not less than 36 months.”.

TITLE III—STRENGTHENING

PROTECTIONS FOR OLDER INDIVIDUALS

SEC. 301. STATE LONG-TERM CARE OMBUDSMAN PROGRAM MINIMUM FUNDING AND MAINTENANCE OF EFFORT.

The Older Americans Act of 1965 (42 U.S.C. 3001 et seq.) is amended—

(1) by amending section 306(a)(9) to read as follows:

“(9) provide assurances that—

“(A) the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title; and

“(B) funds made available to area agencies on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.”, and

(2) by amending section 307(a)(9) to read as follows:

“(9) The plan shall provide assurances that—

“(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

“(B) funds made available to state agencies pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.”.

SEC. 302. STATE LONG-TERM CARE VOLUNTEER OMBUDSMAN REPRESENTATIVES.

Section 712(a)(5) of the Older Americans Act of 1965 (42 U.S.C. 3058g(a)(5)) is amended—

(1) by redesignating subparagraph (D) as subparagraph (E), and

(2) by inserting after subparagraph (C) the following:

“(D) VOLUNTEER OMBUDSMAN REPRESENTATIVES.—An individual designated as a volunteer ombudsman representative may receive financial support and recognition from the Office of the State Long-Term Care Ombudsman Program for expenses incurred during service.”.

SEC. 303. CLARIFICATION REGARDING BOARD AND CARE FACILITIES.

Section 102(35)(C) of the Older Americans Act of 1965 (42 U.S.C. 3002(35)(C)) is amended by striking “for purposes of sections 307(a)(12) and 712.”.

SEC. 304. REPORT ON LEGAL HOTLINES.

Not later than 3 years after the date of the enactment of this Act, the Assistant Sec-

retary on Aging shall prepare and submit to the Congress a report containing—

(1) information on which States or localities operate senior legal hotlines,

(2) information on how such hotlines operated by States or localities are funded,

(3) information on the usefulness of senior legal hotlines in the coordination and provision of legal assistance, and

(4) recommendations on additional actions that should be taken related to senior legal hotlines.

SEC. 305. COMMUNITY OUTREACH.

Section 721(b)(12) of the Older Americans Act of 1965 (42 U.S.C. 3058i(b)(12)) is amended—

(1) in subparagraph (C) by inserting “community outreach and education,” after “technical assistance”, and

(2) in subparagraph (F)—

(A) by striking “studying” and inserting “implementing”, and

(B) by inserting “, programs, and materials” after “practices”.

SEC. 306. PRINCIPLES FOR PERSON-DIRECTED SERVICES AND SUPPORTS DURING SERIOUS ILLNESS.

(a) DEFINITIONS.—

(1) ADMINISTRATOR.—The term “Administrator” means the Administrator of the Administration for Community Living.

(2) AREA AGENCY ON AGING; ASSISTANT SECRETARY; STATE AGENCY.—The terms “area agency on aging”, “Assistant Secretary”, and “State agency” have the meanings given the terms in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002).

(3) COVERED AGENCY.—The term “covered agency” means—

(A) a State agency or area agency on aging; and

(B) a Federal agency other than the Department of Health and Human Services, and a unit of that Department other than the Administration on Aging, that the Assistant Secretary determines performs functions for which the principles are relevant, and the Centers for Medicare & Medicaid Services.

(4) PRINCIPLES.—The term “principles” means the Principles for Person-directed Services and Supports during Serious Illness, issued by the Administration on September 1, 2017, or an updated set of such Principles.

(b) DISSEMINATION.—The Administrator shall disseminate the principles to appropriate stakeholders within the aging network, as determined by the Assistant Secretary, and to covered agencies. The covered agencies may use the principles in setting priorities for service delivery and care plans in programs carried out by the agencies.

(c) FEEDBACK.—The Administrator shall solicit, on an ongoing basis, feedback on the principles from covered agencies, experts in the fields of aging and dementia, and stakeholders who provide or receive disability services.

(d) REPORT.—Not less often than once, but not more often than annually, during the 3 years after the date of the enactment of this Act, the Administrator shall prepare and submit to Congress a report describing the feedback received under subsection (c) and indicating if any changes or updates are needed to the principles.

TITLE IV—MEETING THE NEEDS OF OLDER NATIVE AMERICANS

SEC. 401. EXPANDING SUPPORTIVE SERVICES FOR NATIVE AMERICAN AGING PROGRAMS.

Title VI of the Older Americans Act of 1965 (42 U.S.C. 3057 et seq.) is amended—

(1) in part D—

(A) by amending section 643 to read as follows:

“SEC. 403. AUTHORIZATION OF APPROPRIATIONS.

“There are authorized to be appropriated to carry out this title—

“(1) for parts A and B, \$38,524,324 for fiscal year 2020, \$40,835,783 for fiscal year 2021, \$43,285,930 for fiscal year 2022, \$45,883,086 for fiscal year 2023, and \$48,636,071 for fiscal year 2024; and

“(2) for part C subject to section 644, \$10,785,575 for fiscal year 2020, \$11,432,710 for fiscal year 2021, \$12,118,672 for fiscal year 2022, \$12,845,792 for fiscal year 2023, and \$13,616,540 for fiscal year 2024.”, and

(B) by adding at the end the following:

“SEC. 644. FUNDING SET ASIDE.

“Of the funds appropriated under section 643(1) for a fiscal year, not more than 5 percent shall be made available to carry out part D for such fiscal year if for such fiscal year—

“(1) the funds appropriated for parts A and B are greater than the funds appropriated for such parts for fiscal year 2019; and

“(2) the Assistant Secretary makes available for parts A and B not less than the amount of resources made available for fiscal year 2019.”,

(2) by redesignating part D as part E, and

(3) by inserting after part C the following:

“PART D—SUPPORTIVE SERVICES FOR HEALTHY AGING AND INDEPENDENCE

“SEC. 636. PROGRAM.

“(a) IN GENERAL.—The Assistant Secretary shall carry out a competitive demonstration program for making grants to tribal or Native Hawaiian organizations with applications approved under parts A and B, to pay for the Federal share of carrying out programs, to enable the organizations to build their capacity to provide a wider range of in-home and community supportive services to enable older individuals to maintain their health and independence and to avoid long-term care facility placement.

“(b) SUPPORTIVE SERVICES.—

“(1) IN GENERAL.—Subject to paragraph (2), supportive services described in subsection (a) may include any of the activities described in section 321(a).

“(2) PRIORITY.—The Assistant Secretary, in making grants under this section, shall give priority to organizations that will use the grant funds for supportive services described in subsection (a) that are for in-home assistance, transportation, information and referral, case management, health and wellness programs, legal services, family caregiver support services, and other services that directly support the independence of the older individuals served.

“(c) RULE OF CONSTRUCTION.—Nothing in this section shall be construed or interpreted to prohibit the provision of supportive services under part A or B.”.

SEC. 402. ENHANCING CAPACITY TO SUPPORT NATIVE AMERICAN AGING PROGRAMS.

Title II of the Older Americans Act of 1965 (42 U.S.C. 3011 et seq.) is amended—

(1) in section 201(c)(3)(H) by inserting “to ensure adequate capacity to deliver the services under such title, which technical assistance programs may include program management, data development and use, basic business skills, grant development, program and service innovations, and staff professional development and certification” before the semicolon at the end, and

(2) section 216 is amended to read as follows:

“SEC. 216. AUTHORIZATION OF APPROPRIATIONS.

“(a) IN GENERAL.—For purposes of carrying out this Act, there are authorized to be appropriated for administration, salaries, and expenses of the Administration \$44,042,171 for fiscal year 2020, \$46,684,701 for fiscal year 2021, \$49,485,783 for fiscal year 2022, \$52,484,930 for fiscal year 2023, and \$55,602,226 for fiscal year 2024.

“(b) AUTHORIZATION OF APPROPRIATIONS FOR PROGRAMS.—There are authorized to be appropriated—

“(1) to carry out section 201(g), \$20,000,000 for each of the fiscal years 2020 through 2024;

“(2) to carry out section 202(a)(21) (relating to the National Eldercare Locator Service), \$2,186,227 for fiscal year 2020, \$2,317,401 for fiscal year 2021, \$2,456,445 for fiscal year 2022, \$2,603,832 for fiscal year 2023, and \$2,760,062 for fiscal year 2024;

“(3) to carry out sections 215 and 202(j), \$1,992,460 for fiscal year 2020, \$2,112,008 for fiscal year 2021, \$2,238,728 for fiscal year 2022, \$2,373,052 for fiscal year 2023, and \$2,515,435 for fiscal year 2024;

“(4) to carry out section 202 (relating to Elder Rights Support Activities under this title), \$1,375,011 for fiscal year 2020, \$1,457,511 for fiscal year 2021, \$1,544,962 for fiscal year 2022, \$1,637,660 for fiscal year 2023, and \$1,735,919 for fiscal year 2024;

“(5) to carry out section 202(b) (relating to the Aging and Disability Resource Centers), \$8,708,043 for fiscal year 2020, \$9,230,526 for fiscal year 2021, \$9,784,357 for fiscal year 2022, \$10,371,419 for fiscal year 2023, and \$10,993,704 for fiscal year 2024; and

“(6) to carry out section 201(c)(3)(H) (relating to professional development and technical assistance for programs under title VI), \$500,000 for fiscal year 2021.”.

TITLE V—MISCELLANEOUS

SEC. 501. TECHNICAL CORRECTIONS.

The Older Americans Act of 1965 (42 U.S.C. 3001 et seq.) is amended—

(1) in section 102(37)(A) by striking “paragraph (5)” and inserting “paragraph (26)”;

(2) in section 202(a)(23) by striking “sections 307(a)(18) and 731(b)(2)” and inserting “sections 307(a)(13) and 731”,

(3) in section 202(e)(1)(A) by moving the left margin of clause (i) 2 ems to the left,

(4) in sections 203(c)(7), 207(b)(2)(B), and 215(i) by striking “Committee on Education and the Workforce” and inserting “Committee on Education and Labor”,

(5) in section 207(b)(3)(A) by striking “Administrator of the Health Care Finance Administration” and inserting “Administrator of the Centers for Medicare and Medicaid Services”,

(6) in section 304(a)(3)(C) by striking “term” and all that follows through “does”, and inserting “term ‘State’ does”;

(7) in section 304(d)(1)(B) by striking “(excluding” and all that follows through “303(a)(3))”,

(8) in section 306(a)—

(A) by inserting “the number of older individuals at risk for institutional placement residing in such area,” after “areas) residing in such area,” the last place it appears, and

(B) in paragraph (2) by striking “who are victims of” and inserting “with”,

(9) in section 339 by striking “Institute of Medicine of the National Academy of Sciences” and inserting “National Academies of Sciences, Engineering, and Medicine”,

(10) in section 611 by striking “(a)”, and

(11) in section 614(c)(4) by striking “(a)(12)”, and inserting “(a)(11)”.

SEC. 502. AUTHORIZATION OF APPROPRIATIONS; USES OF FUNDS.

(a) AUTHORIZATION OF APPROPRIATIONS; USES OF FUNDS.—Section 303 of the Older Americans Act of 1965 (42 U.S.C. 3023) is amended to read as follows:

“SEC. 303. AUTHORIZATION OF APPROPRIATIONS; USES OF FUNDS.

“(a)(1) There are authorized to be appropriated to carry out part B (relating to supportive services) \$413,011,586 for fiscal year 2020, \$437,792,281 for fiscal year 2021, \$464,059,818 for fiscal year 2022, \$491,903,407 for fiscal year 2023, and \$521,417,612 for fiscal year 2024.

“(2) Funds appropriated under paragraph (1) shall be available to carry out section 712.

“(b)(1) There are authorized to be appropriated to carry out subpart 1 of part C (relating to congregate nutrition services) \$531,279,663 for fiscal year 2020, \$563,156,443 for fiscal year 2021, \$596,945,830 for fiscal year 2022, \$632,762,580 for fiscal year 2023, and \$670,728,334 for fiscal year 2024.

“(2) There are authorized to be appropriated to carry out subpart 2 of part C (relating to home delivered nutrition services) \$269,577,167 for fiscal year 2020, \$285,751,797 for fiscal year 2021, \$302,896,905 for fiscal year 2022, \$321,070,719 for fiscal year 2023, and \$340,334,963 for fiscal year 2024.

“(c) Grants made under part B, and subparts 1 and 2 of part C, of this title may be used for paying part of the cost of—

“(1) the administration of area plans by area agencies on aging designated under section 305(a)(2)(A), including the preparation of area plans on aging consistent with section 306 and the evaluation of activities carried out under such plans; and

“(2) the development of comprehensive and coordinated systems for supportive services, congregate and home delivered nutrition services under subparts 1 and 2 of part C, the development and operation of multipurpose senior centers, and the delivery of legal assistance.

“(d) There are authorized to be appropriated to carry out part D (relating to disease prevention and health promotion services) \$26,650,753 for fiscal year 2020, \$28,249,798 for fiscal year 2021, \$29,944,786 for fiscal year 2022, \$31,741,473 for fiscal year 2023, and \$33,645,961 for fiscal year 2024.

“(e) There are authorized to be appropriated to carry out part E (relating to family caregiver support) \$194,331,264 for fiscal year 2020, \$205,991,140 for fiscal year 2021, \$218,350,609 for fiscal year 2022, \$231,451,645 for fiscal year 2023, and \$245,338,744 for fiscal year 2024.”.

(b) Section 311(e) of the Older Americans Act of 1965 (42 U.S.C. 3030a(e)) is amended to read as follows:

“(e) There are authorized to be appropriated to carry out this section (other than subsection (c)(1)) \$171,682,200 for fiscal year 2020, \$181,983,132 for fiscal year 2021, \$192,902,120 for fiscal year 2022, \$204,476,247 for fiscal year 2023, and \$216,744,822 for fiscal year 2024.”.

(c) Section 411(b) of the Older Americans Act of 1965 (42 U.S.C. 3032(b)) is amended to read as follows:

“(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out—

“(1) aging network support activities under this section, \$14,549,157 for fiscal year 2020, \$15,422,107 for fiscal year 2021, \$16,347,433 for fiscal year 2022, \$17,328,279 for fiscal year 2023, and \$18,367,976 for fiscal year 2024; and

“(2) elder rights support activities under this section, \$15,650,667 for fiscal year 2020, \$16,589,707 for fiscal year 2021, \$17,585,090 for fiscal year 2022, \$18,640,195 for fiscal year 2023, and \$19,758,607 for fiscal year 2024.”.

(d) Section 517(a) of the Older Americans Act of 1965 (42 U.S.C. 3056a(a)) is amended to read as follows:

“(a) IN GENERAL.—There are authorized to be appropriated to carry out this title \$429,020,486 for fiscal year 2020, \$454,761,715 for fiscal year 2021, \$482,047,418 for fiscal year 2022, \$510,970,263 for fiscal year 2023, and \$541,628,478 for fiscal year 2024.”.

(e) Section 702 of the Older Americans Act of 1965 (42 U.S.C. 3058a) is amended to read as follows:

“SEC. 702. AUTHORIZATION OF APPROPRIATIONS.

“(a) OMBUDSMAN PROGRAM.—There are authorized to be appropriated to carry out chapter 2, \$18,110,027 for fiscal year 2020, \$19,196,629 for fiscal year 2021, \$20,348,427 for

fiscal year 2022, \$21,569,332 for fiscal year 2023, and \$22,863,492 for fiscal year 2024.

“(b) OTHER PROGRAMS.—There are authorized to be appropriated to carry out chapters 3 and 4, \$5,119,287 for fiscal year 2020, \$5,426,444 for fiscal year 2021, \$5,752,031 for fiscal year 2022, \$6,097,153 for fiscal year 2023, and \$6,462,982 for fiscal year 2024.”.

SEC. 503. HOLD HARMLESS FORMULA.

(a) IN GENERAL.—Section 304(a)(3)(D) of the Older Americans Act of 1965 (42 U.S.C. 3024(a)(3)(D)) is amended to read as follows:

“(D)(i) In this subparagraph and paragraph (5):

“(I) The term ‘allot’ means allot under this subsection from a sum appropriated under section 303(a) or 303(b)(1), as the case may be.

“(II) The term ‘covered fiscal year’ means any of fiscal years 2020 through 2029.

“(ii) If the sum appropriated under section 303(a) or 303(b)(1) for a particular fiscal year is less than or equal to the sum appropriated under section 303(a) or 303(b)(1), respectively, for fiscal year 2019, amounts shall be allotted to States from the sum appropriated for the particular year in accordance with paragraphs (1) and (2), and subparagraphs (A) through (C) as applicable, but no State shall be allotted an amount that is less than—

“(I) for fiscal year 2020, 99.75 percent of the corresponding sum appropriated for fiscal year 2019;

“(II) for fiscal year 2021, 99.50 percent of that sum;

“(III) for fiscal year 2022, 99.25 percent of that sum;

“(IV) for fiscal year 2023, 99.00 percent of that sum;

“(V) for fiscal year 2024, 98.75 percent of that sum;

“(VI) for fiscal year 2025, 98.50 percent of that sum;

“(VII) for fiscal year 2026, 98.25 percent of that sum;

“(VIII) for fiscal year 2027, 98.00 percent of that sum;

“(IX) for fiscal year 2028, 97.75 percent of that sum;

“(X) for fiscal year 2029, 97.50 percent of that sum.

“(iii) If the sum appropriated under section 303(a) or 303(b)(1) for a particular covered fiscal year is greater than the sum appropriated under section 303(a) or 303(b)(1), respectively, for fiscal year 2019, the allotments to States from the sum appropriated for the particular year shall be calculated as follows:

“(I) From the portion equal to the corresponding sum appropriated for fiscal year 2019, amounts shall be allotted in accordance with paragraphs (1) and (2), and subparagraphs (A) through (C) as applicable, but no State shall be allotted an amount that is less than the percentage specified in clause (ii), for that particular year, of the corresponding sum appropriated for fiscal year 2019.

“(II) From the remainder, amounts shall be allotted in accordance with paragraph (1), subparagraphs (A) through (C) as applicable, and paragraph (2) to the extent needed to meet the requirements of those subparagraphs.”.

(b) REPEAL.—Section 304(a)(3)(D) of the Older Americans Act of 1965 (42 U.S.C. 3024(a)(3)(D)) is repealed effective October 1, 2029.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Oregon (Ms. BONAMICI) and the gentlewoman from New York (Ms. STEFANIK) each will control 20 minutes.

The Chair recognizes the gentlewoman from Oregon.

GENERAL LEAVE

Ms. BONAMICI. Mr. Speaker, I ask unanimous consent that all Members

may have 5 legislative days in which to revise and extend their remarks and insert extraneous material on H.R. 4334, the Dignity in Aging Act.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Oregon?

There was no objection.

Ms. BONAMICI. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of H.R. 4334, the Dignity in Aging Act of 2019. I introduced this bipartisan bill to reauthorize and update the Older Americans Act, or OAA, which was first passed in 1965 as part of President Lyndon Johnson's Great Society initiative.

For more than 50 years, OAA programs have helped older Americans maintain their independence and their dignity.

Today, the Older Americans Act serves about 11 million individuals each year, with 3 million of those Americans relying regularly on OAA programs to meet their basic needs. Unfortunately, funding for the Older Americans Act lags far behind the increasing demand for its services.

Although the population of Americans over age 60 has grown more than 60 percent since 2001, OAA funding has only grown by about 20 percent. Adjusting for inflation, this means that OAA funding has declined by about 16 percent.

That erosion of funding exacerbates the vast unmet need in my home State of Oregon and across the country. It means that every day in our communities there are seniors who do not have the care they need and deserve.

I have heard and read too many stories about seniors rationing medication or saving portions of their meal so they can stretch their resources just a bit further into the week. I will never forget the story I heard of an 80-year-old woman in Oregon who was living in her car. She did not know where to turn for help.

Far too many Americans continue to face poverty, discrimination, and barriers to basic necessities. This is, in part, because OAA programs are underfunded and not fully supported.

According to a 2015 GAO report, OAA services do not reach 83 percent of the low-income, older Americans who experience food insecurity. That is more than four out of every five seniors in need.

Today, we recommit to investing in OAA programs because we have an obligation, a moral obligation, to take care of those who cared for us.

The Dignity in Aging Act authorizes record levels of funding for OAA programs, which will help expand access to food assistance, transportation, and other basic services that the growing population of seniors needs to live independently.

Under this bill, all OAA programs are eligible to receive an immediate 7 percent increase in funding and a 6 percent increase each year thereafter.

This will result in a more than 35 percent total increase in program funding over the 5-year reauthorization program, restoring OAA funding to pre-recession baseline.

This is a good investment because OAA programs help seniors stay in their homes and out of costly facilities.

The bill also recognizes the need to support family caregivers and direct-care workers. It extends the RAISE Family Caregivers Act, which helps develop a national strategy to recognize and support those caring for their loved ones. My 91-year-old mother has Alzheimer's, so I know how important caregivers are.

H.R. 4334 strengthens our focus on combating social isolation, which greatly increases the risk of stroke, heart disease, dementia, and premature death. It does so by incorporating social isolation screening into the health and supportive services that seniors receive and by empowering local organizations to evaluate solutions for social isolation.

The Dignity in Aging Act also establishes a National Research, Demonstration, and Evaluation Center for the Aging Network. This center will be responsible for conducting, promoting, and coordinating research, including evaluation and demonstration projects and related technical assistance through the act. The center will increase the repository of information on evidence-based programs and interventions available to the Aging Network.

The bill improves economic opportunity and engagement for older Americans. It includes individuals who are justice-involved as a priority population for the Senior Community Service Employment Program.

The bill also encourages the inclusion of arts education and cultural experiences, among other supportive services, and further allows for demonstration funds to be used for multigenerational collaboration projects that provide opportunities for older individuals to participate in multigenerational activities and civic engagement activities.

Finally, this bipartisan legislation seeks to improve services for historically underserved and marginalized individuals, including Native Americans, Holocaust survivors, and LGBT seniors. For example, it will create a National Technical Assistance Center dedicated to expanding the Aging Network's capacity to deliver person-centered, trauma-informed services that meet the needs of aging trauma survivors.

The bill codifies the National Resource Center on Women and Retirement to recognize the ongoing importance of their work, and it improves data collection and outreach for all resource centers that focus on populations needing additional or unique services.

This bill provides a rare bipartisan opportunity to help millions of older Americans across the country spend

less of their limited income on costly care and, just as importantly, empowers every individual to age with dignity.

I would like to thank Education and Labor Committee Chairman BOBBY SCOTT and Ranking Member VIRGINIA FOXX, as well as my co-leads on the bill—Representative ELISE STEFANIK; Subcommittee Ranking Member Representative JAMES COMER; and Representatives SUSIE LEE, SUSAN WILD, and DUSTY JOHNSON—for working together to bring this bipartisan bill to the floor.

I also want to thank the hardworking staff, especially Carrie Hughes and Ali Hard from the committee; my personal office staff: Jack Arriaga, Alison Smith, and Rachael Bornstein; and the staff on both sides of the aisle.

Mr. Speaker, I encourage my colleagues to join me in supporting this legislation so we can better care for those who have cared for us, and I reserve the balance of my time.

Ms. STEFANIK. Mr. Speaker, I yield myself such time as I may consume.

As the Representative of a district that has one of the largest constituencies of older Americans, I am proud to rise as a coauthor of H.R. 4334, the Dignity in Aging Act, bipartisan legislation that reauthorizes the Older Americans Act, which will directly benefit the seniors in my district and the seniors across the country.

Since 1965, this statute has provided a wide range of social and nutrition services for Americans aged 60 years or older. In addition to well-known programs like Meals on Wheels, the Older Americans Act supports services that include nutrition programs providing meals at senior centers, schools, and churches; care to prevent abuse, neglect, and exploitation of seniors; family caregiver support systems; and community service employment opportunities for older Americans.

This legislation is full of bipartisan agreements and priorities, and during times of stark political divide, it is encouraging to be here today with my colleagues on both sides of the aisle to speak in support of the Dignity in Aging Act, which is the product of a diligent, congenial effort that embodies the good that can come from working across the aisle.

The bill before us today provides States the flexibility to spend funds on the issues impacting their senior communities, which include support for older Americans who have become caregivers of younger relatives due to the devastating toll of the opioid epidemic on our communities.

It enhances the cost effectiveness of critical programs and ensures program accountability and integrity by prohibiting the renewal of grants that do not demonstrate effectiveness.

It assists formerly incarcerated, older individuals in reentering the workforce rather than re-offend and ensures that funded programs are evidence based and effectively serving seniors.

Additionally, this bill includes long-overdue updates from the Younger Onset Alzheimer's Act that I co-led with my friend and colleague from New York, Congresswoman KATHLEEN RICE.

Those under 60 with this heart-breaking disease face unique hardships, for themselves and for their families. The current support structures for individuals with Alzheimer's are focused almost exclusively on seniors, leaving the 200,000 Americans living with younger onset Alzheimer's without access to these critical services.

This bill ensures individuals of any age living with Alzheimer's receive full access to the services and support provided by the Older Americans Act.

I am also very proud to say that included in this bill is language from another bipartisan legislative proposal that I coauthored encouraging the use of caregiver assessments to identify the needs of family caregivers.

This individualized approach to care will ensure that both caregivers and those who require assistance are provided tailored support to achieve the best possible health outcomes.

There is another group of older Americans in this country we must not forget: the nearly 80,000 Holocaust survivors who live among us. As victims of the very worst of humanity, Holocaust survivors deserve devoted care and support to address the unimaginable, horrific trauma they experienced. Sadly, one-third of our country's Holocaust survivors live in poverty.

During the markup process in the House Committee on Education and Labor, I was honored to work with my friend and colleague, Representative BONAMICI, on a provision that works to address the needs of aging Holocaust survivors.

Institutional placement can present a unique challenge to those who have suffered the trauma of the Holocaust, so it is critical that these individuals are identified for the services necessary to support independent living. Our provision will ensure local outreach efforts place a special emphasis on Holocaust survivors and others at risk for institutional placement.

Additionally, the bill recognizes the specific needs of this community by ensuring that nutrition programs should meet the religious, cultural, or ethnic dietary requirements of all older Americans.

These men and women have survived unconscionable suffering, yet many continue to live with physical and emotional scars from the horror they faced. Together, we acknowledge their resilience and seek to offer opportunities that allow them to live healthy, dignified, and independent lives through their elder years.

Mr. Speaker, I am encouraged by the bipartisan effort from the Education and Labor Committee that has resulted in the meaningful legislation before us today. I strongly encourage all of my colleagues to vote "yes" on H.R. 4334, the Dignity in Aging Act. In doing so,

we reaffirm our commitment to our Nation's older generation.

Mr. Speaker, I reserve the balance of my time.

Ms. BONAMICI. Mr. Speaker, I yield 3 minutes to the gentleman from Virginia (Mr. SCOTT), chairman of the Education and Labor Committee.

Mr. SCOTT of Virginia. Mr. Speaker, I thank Representatives BONAMICI, STEFANIK, LEE of Nevada, COMER, WILD, and JOHNSON of South Dakota for their work on this bipartisan bill.

I want to specifically recognize Ms. BONAMICI, who serves as the chair of the Subcommittee on Civil Rights and Human Services for the Committee on Education and Labor. Because of her leadership, we are here today to consider the Dignity in Aging Act and to reauthorize the Older Americans Act and, thereby, support and invest in our Nation's seniors.

□ 1445

Congress first passed the Older Americans Act in 1965, along with Medicare, Medicaid, and other civil rights legislation as part of President Johnson's great society.

Fifty-four years later, this act continues to support a range of programs that now help 11 million aging Americans retain their independence and avoid costly institutional care. This includes 3 million Americans who regularly use OAA services to address their basic needs, especially food, transportation, and social interaction.

Unfortunately, the OAA funding has not kept pace with inflation and the growing population of aging Americans. In 2010, the annual funding was \$42.95 per senior in today's dollars. Today, it is not \$42.95, it is only \$27.25.

This disinvestment has weakened the OAA programs at a time when services are in high demand. According to a 2015 GAO report, OAA services fail to reach a vast majority of low-income Americans who experience food insecurity.

The investments we make through this legislation will not only allow us to help seniors, but also help us save money. OAA services allow older Americans to delay or altogether avoid costlier care by promoting healthier behaviors and promoting critical supportive services.

The bill funds OAA services at record levels. It focuses on the vital role of family caregivers, as well as direct care workers, and allows those with early onset Alzheimer's to benefit from the act.

As the number of older Americans continues to increase, the Dignity in Aging Act is an opportunity for us to strengthen essential services that allow millions of Americans across the country to age independently and with dignity. I urge my colleagues to support the Dignity in Aging Act of 2019.

Ms. STEFANIK. Mr. Speaker, I yield 2 minutes to the gentleman from Kentucky (Mr. COMER), the ranking member of the Subcommittee on Civil Rights and Human Services.

Mr. COMER. Mr. Speaker, today's life expectancy rate in our Nation is at a historic high, and that is great news. It also means we need to be doing all we can to ensure that Americans have access to quality, timely services which allow them to live independently in their homes as long as possible.

Since 1965, the Older Americans Act, or OAA, has governed the organization and delivery of services for senior citizens throughout the country. With more than 41 million Americans aged 65 and older, the social and nutritional programs offered by OAA are critical to helping them maintain independence.

The reach of this law is substantial and covers many aspects of elder care. In addition to well-known programs like Meals on Wheels, OAA supports services provided by more than 300 State organizations and approximately 20,000 local providers. Some of these services include: Nutrition programs providing meals at senior centers, schools and churches; care to prevent the abuse, neglect, and exploitation of seniors; family caregiver support systems; and community service employment opportunities for older Americans. These types of programs offer valuable assistance for America's seniors, and we must ensure the law is aging as well as the people it serves.

I am proud that our committee has worked together to produce bipartisan, effective legislation to support our Nation's seniors. Specifically, the Dignity in Aging Act we are considering today eliminates the arbitrary cap on the percentage of funding Area Agencies on Aging can use to provide services to older caregivers raising younger relatives. These provisions will be especially beneficial for my constituents in Kentucky where, in the midst of the opioid crisis, many older relatives have taken on the responsibilities of raising children whose parents are not present or unable to take care of them.

As an original cosponsor of this legislation, and the ranking member of the subcommittee of jurisdiction, I appreciate the work of Chairwoman BONAMICI, and my colleagues on the Committee on Education and Labor to advance the Dignity in Aging Act of 2019.

I urge all my colleagues to support this legislation to build upon the flexible policies found in the Older Americans Act to promote consumer-driven, independent living for our Nation's elderly population.

Ms. BONAMICI. Mr. Speaker, I yield 1 minute to the gentlewoman from Illinois (Ms. UNDERWOOD), a member of the Education and Labor Committee.

Ms. UNDERWOOD. Mr. Speaker, I rise today in strong support of H.R. 4334, the Dignity in Aging Act of 2019. This is a strong bipartisan bill to reauthorize the Older Americans Act, which provides vital services and support to seniors and their families in our community.

Reauthorization has been an important local priority in my community in northern Illinois.

During the August work period, I held a roundtable on the issue at the Fox Valley Older Adult Services with local stakeholders. Their priorities for reauthorization included increased funding, transportation, legal services, and support for seniors who age in place, and their caregivers.

That is why I am so proud that the bill that we are discussing today, among other improvements: Increases overall transportation program funding by 35 percent; improves access to that funding; increases availability and accessibility of meals for seniors; and strengthens support for family caregivers, including those caring for individuals with younger-onset Alzheimer's disease.

I am so proud that this bill includes my bipartisan amendment to ensure that programs that serve seniors are ready to respond to outbreaks or other public health emergencies.

I urge my colleagues on both sides of the aisle to support the Dignity in Aging Act so that our seniors have the services and support they need.

Ms. STEFANIK. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. ALLEN), the ranking member on the Subcommittee on Early Childhood, Elementary, and Secondary Education.

Mr. ALLEN. Mr. Speaker, 54 years ago, our country made a commitment to older Americans and their families. In 1965, the Older Americans Act was enacted to support a wide range of services and programs for individuals over the age of 60. By passing this legislation, Congress made a promise to help provide compassionate care to our Nation's most vulnerable adults who are sometimes exploited, abused, or neglected.

This legislation is vital to Georgia's seniors, and it supports many important community-based services like nutrition programs at churches and family caregiver support.

I have seen the benefits of these programs firsthand, as I have had several opportunities to deliver Meals on Wheels to those who are unable to grocery shop or prepare a warm meal for themselves. What a privilege, as a Member of Congress, to visit with these older adults and talk to them about their contribution to this great country as we delivered these meals.

This legislation upholds the dignity of those who are aging, and it has received bipartisan support for more than 50 years. Today should be no different, as we have a responsibility to uphold the promise that was made to support our Nation's seniors.

I urge my colleagues to, once again, reauthorize the Older Americans Act.

Ms. BONAMICI. Mr. Speaker, I yield 3 minutes to the gentlewoman from New York (Miss RICE) who, along with Representative STEFANIK, were lead sponsors of the Younger Onset Alz-

heimer's Act, which was included in this legislation.

Miss RICE of New York. Mr. Speaker, I rise today in support of H.R. 4334, the Dignity in Aging Act of 2019, which includes key provisions from our bill, the Younger Onset Alzheimer's Act.

This critical legislation will amend the Older Americans Act to ensure that the hundreds of thousands of Americans living with younger-onset Alzheimer's disease receive the care and support that they desperately need and deserve.

The Older Americans Act was originally enacted in 1965 and supports a range of home and community-based programs for Americans age 60 and older. These programs include nutritional services like Meals on Wheels, in-home and adult daycare, transportation services, legal aid, elder abuse prevention, and vital assistance and support for family caregivers. These programs have become absolutely essential to people living with Alzheimer's disease and their families.

However, today 5 percent of Americans living with Alzheimer's disease, approximately 250,000 people, are living with younger-onset Alzheimer's, a disease that has a particularly devastating effect on families, with diagnoses coming in individual's thirties, forties, or fifties, when they still have young children, new homes and growing careers. They are in the prime of their lives, and they don't always have the financial stability to leave the workforce, which is usually inevitable.

And because of their young age, they are currently ineligible for all OAA-funded programs. Virtually overnight, these families face unimaginable and unforeseen financial and emotional strain; and yet they are denied access to critical OAA programs, programs that we know work, and that so many people with Alzheimer's rely on every day.

By including major provisions from our bill, the Dignity in Aging Act will ensure that younger Alzheimer's patients and their families have access to critical programs and support.

Before I conclude, Mr. Speaker, I want to take a moment to acknowledge two of my constituents who helped bring this issue to my attention, Karen Henley and Connie Wasserman.

Karen lost her husband, Mike, to younger-onset Alzheimer's in 2012. He was diagnosed at the age of 36 and passed away at 47.

Karen, Mike, and their two children, Brandon and Courtney, experienced firsthand how challenging it is for people with this disease to find affordable and quality care.

Connie Wasserman is the Associate Executive Director of Social Services of the Sid Jacobson JCC in East Hills, New York. For years, she has played a crucial role in supporting people and families living with younger-onset Alzheimer's right on Long Island, families like the Henleys, who had nowhere to go.

But because the government does not fund Alzheimer's programs for people under the age of 60, Connie has had to start her own. And right now, she relies almost entirely on private funding.

Connie and Karen have become tireless advocates for those living with younger-onset Alzheimer's, and they worked closely with my office on this bill.

As fate should have it, today is Karen and Mike Henley's wedding anniversary and, in honor of them, I ask all of my colleagues to support the Dignity in Aging Act of 2019.

Ms. STEFANIK. Mr. Speaker, I yield 4 minutes to the gentlewoman from North Carolina (Ms. FOXX), the Republican leader of the Committee on Education and Labor.

Ms. FOXX of North Carolina. Mr. Speaker, I would like to begin by thanking Representative STEFANIK for her leadership on this legislation before us today.

I rise today to speak in support of H.R. 4334, the Dignity in Aging Act, which will reauthorize the Older Americans Act through 2024.

For over 50 years, the Older Americans Act, or OAA, has helped provide social and nutrition services to older Americans. With more than 40 million Americans aged 65 and older, the programs and services offered by OAA are helping them maintain independence, and the data shows overwhelmingly that these programs help older Americans live higher-quality lives.

The reach of this law is substantial and covers many aspects of elder care beyond just well-known programs like Meals on Wheels. OAA supports services that include: Nutrition programs providing meals at senior centers, schools, and churches; care to prevent the abuse, neglect, and exploitation of seniors; family caregiver support systems; and services to help older Americans move into employment.

This reauthorization is the product of bipartisan hard work with Members of the Education and Labor Committee and shows the good that can come from working together. Through productive conversation and compromise, we have successfully authorized grants for States and Area Agencies on Aging, AAAs, responsible for coordinating local services for older individuals.

Specifically, the supportive services program funds a wide range of social services aimed at helping our older population remain independent in their own homes and communities. These services include, case management, adult daycare, and other numerous activities of senior centers. Additionally, States are required to devote a certain portion of funding to access services, home care, and legal assistance.

Furthermore, local agencies that implement the law on the ground will receive additional clarity about cost-sharing policies designed to increase the cost-effectiveness of OAA programs.

The bill also infuses additional accountability over hardworking taxpayer funds into these programs by requiring programs to demonstrate they met their stated goals prior to receiving a renewal of their grant.

In addition to funding for supportive services and nutrition services, H.R. 4334 also provides for caregiver support. The bill continues support for the National Family Caregiver Support Program, which provides funds to States to support Americans caring for aging family members.

□ 1500

The program provides a range of services, including information and assistance to caregivers about available services, counseling, organization of support groups and caregiver education, respite services to provide families temporary relief from care-giving responsibilities, and supplemental services to complement care provided by other caregivers.

The bill also provides increased flexibility to states by lifting a cap on the percentage of funds that can go to older relative caregivers, which will allow for additional support for those seniors who have taken responsibility for caring for family members due to the growing problem of opioids in our Nation.

Mr. Speaker, I am very encouraged by the teamwork and bipartisanship that went into this bill. H.R. 4334, the Dignity in Aging Act, reflects Congress' commitment to our Nation's seniors and builds upon the law's flexible policies, allowing older Americans to age with health, dignity, and independence in the communities of their choosing.

I would like, again, to thank Representative STEFANIK for her diligent work on this legislation and Chairman SCOTT for his commitment to bipartisanship. I strongly urge all of my colleagues to support this reauthorization that will benefit an entire generation of older Americans.

Ms. BONAMICI. Mr. Speaker, I yield 3 minutes to the gentlewoman from Pennsylvania (Ms. WILD), a member of the Education and Labor Committee and a passionate advocate for suicide prevention.

Ms. WILD. Mr. Speaker, back in 1965, when President Lyndon Johnson signed the Older Americans Act, Congress codified into law an essential and universal truth, that each generation has a responsibility to protect and support those who raised and have cared for us.

These bonds of solidarity tie our society together. We are stronger both as individuals and as a Nation when we hold each other up.

The objectives of the Older Americans Act were to secure adequate income in retirement, the best possible physical and mental health services without regard to economic status, suitable housing and transportation, restorative services, and employment opportunities free of discrimination.

The programs funded through the OAA remain immensely popular, but funding has not kept pace. In 2010, OAA funding was approximately \$42.95 per senior in today's dollars. Today, it is just \$27.25 per senior.

Every time funding fails to meet demand, the foundation of our Great Society is chipped away. Every time funding fails to meet demand, we run the risk of malnutrition, unsafe living conditions, and social isolation for our seniors.

Fortunately, there is a solution, and that solution is the legislation we are voting on today. The Dignity in Aging Act of 2019 is a bipartisan reauthorization of the OAA, which gives all OAA programs an immediate 7 percent increase in fiscal year 2020 and a 6 percent increase every year thereafter.

Reflecting the fact that this is a national priority, transcending differences of party and politics, three of my Republican colleagues—Representative DUSTY JOHNSON, Representative STEFANIK, and Representative COMER—worked alongside me as original co-sponsors of this legislation, which was introduced by my colleague Representative BONAMICI.

Critically, this legislation includes provisions that will guide OAA's nutrition programs, like Meals on Wheels, programs that meet an urgent need across our country, and it includes language that will benefit our seniors by ensuring access to nutritional services that are culturally sensitive and reflect the diverse needs of our communities.

I am particularly proud that this bill updates the OAA by putting a greater focus on countering social isolation, empowering local organizations to develop solutions that incorporate social isolation screening into mental health and supportive services that seniors receive.

That is why I proposed an amendment unanimously adopted by the Education and Labor Committee as part of the underlying legislation to add screening for suicide risk to the disease prevention and health promotion services offered under the OAA.

Older Americans are among the most at-risk members of our population when it comes to the suicide epidemic across our Nation. We must stand with these fellow Americans and offer them our support as we all work to break the stigma around suicide and mental health, and as we all work to build a society in which we prioritize mental health just as much as physical health.

Ms. STEFANIK. Mr. Speaker, I reserve the balance of my time.

Ms. BONAMICI. Mr. Speaker, I yield myself such time as I may consume.

I include in the RECORD letters of support from AARP supporting H.R. 4334, a letter from the Jewish Federation of North America supporting H.R. 4334, a letter from the Alzheimer's Association and the Alzheimer's Impact Movement supporting the legislation, a letter from 72 national organizations

representing older adults and caregivers across the country, and a letter from Meals on Wheels supporting H.R. 4334 and its attention to the impacts of social isolation.

AARP,

October 25, 2019.

DEAR REPRESENTATIVE: On behalf of our nearly 38 million members and all older Americans nationwide, AARP is pleased to support H.R. 4334, the bipartisan Dignity in Aging Act of 2019, legislation to reauthorize the Older Americans Act (OAA). We urge you to pass this legislation that will maintain the critical service and information roles of OAA programs and promote greater responsiveness to the needs of older Americans.

Too often, advancing age and increasing frailty threaten the ability of older Americans to live independently in their own homes and communities. The fear of having to leave family behind and enter a nursing home weighs heavily on the minds of many. According to AARP's Home and Community Preferences Survey, the vast majority of adults age 50-plus—more than three out of four people—want to remain in their community as long as possible. Giving Americans the support they need to live at home with independence and dignity has always been a bedrock goal of OAA, and it has been remarkably successful.

For many older Americans, the key to being able to stay in their own homes is the dedication and commitment of family caregivers. An estimated 40 million family caregivers provide a staggering \$470 billion annually in unpaid care to their loved ones—ranging from bathing and dressing to paying bills and transportation and assisting with medical/nursing tasks. By supporting family caregivers, we can help people stay at home, helping to delay or prevent more costly nursing home care and unnecessary hospitalizations. Therefore, we are pleased the Dignity in Aging Act addresses AARP's family caregiving priorities, including further strengthening the National Family Caregiver Support Program (NFCSP) and extending the bipartisan Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act (P.L. 115-119).

Specifically, the legislation includes H.R. 3782, the bipartisan Supporting Family Caregivers Act sponsored by Representatives Andy Levin and Elise Stefanik. This provision will help make sure that more caregivers can get their needs assessed when they turn to NFCSP for support. Understanding the family caregiving situation is a critical step in the process for linking the family caregiver to the most appropriate support services, as every family's needs are unique. Assessments of the caregiving situation provide information to help target services more effectively. Better targeting of support services can also help maintain the health and well-being of the caregiver, sustain their ability to provide care, produce better outcomes for their loved ones, and prevent or delay nursing home placement. H.R. 4334 also provides more time for implementation of the RAISE Family Caregivers Act. This will allow the Advisory Council to do its work and find additional meaningful solutions to better support the 40 million family caregivers nationwide.

Importantly, H.R. 4334 also provides increased funding levels for OAA programs. People age 80 and older are among the most likely to need assistance to live independently in their homes and communities. The population of Americans in this age group is projected to increase by 54 percent from 2019 to 2030. Additionally, over the next decade, the number of family caregivers is not expected to keep up with the large number of

older adults needing care, underscoring the need for greater investments in OAA programs. Increased funding levels will assist more older Americans and caregivers, thus helping more older adults remain at home and in better health, avoiding costlier services.

We urge you to vote for the Dignity in Aging Act. Prompt reauthorization of this law will help ensure the sustainability of OAA programs, and as a result, our loved ones can continue to turn to these vital services for their health and economic security as they age. If you have any questions, feel free to contact me.

Sincerely,

BILL SWEENEY,
Senior Vice President,
Government Affairs.

THE JEWISH FEDERATIONS OF
NORTH AMERICA,
Washington, DC, October 25, 2019.

Chairman ROBERT C. SCOTT,
House Education and Labor Committee,
Washington, DC.

Ranking Member VIRGINIA FOXX,
House Education and Labor Committee,
Washington, DC.

Chairwoman SUZANNE BONAMICI,
House Education and Labor Committee, Sub-
committee on Civil Rights and Human Ser-
vices,
Washington, DC.

Ranking Member JAMES R. COMER,
House Education and Labor Committee, Sub-
committee on Civil Rights and Human Ser-
vices,
Washington, DC.

DEAR CHAIRMAN SCOTT, RANKING MEMBER FOXX, CHAIRWOMAN BONAMICI AND RANKING MEMBER COMER: The Jewish Federations of North America (JFNA) is proud to endorse H.R. 4334, the Dignity in Aging Act of 2019. JFNA represents 146 local Jewish Federations, 300 Network communities, and thousands of affiliated social service agencies across the continent. Our movement protects and enhances the well-being of Jews worldwide through the values of *tikkun olam* (repairing the world), *tzedakah* (charity and social justice) and *torah* (Jewish learning). Jewish social services provide support for more than one million vulnerable individuals each year, Jewish and non-Jewish alike, with our clients spanning the age range and including approximately 100,000 older adults.

For more than 50 years, the Older Americans Act (OAA) has been essential in developing, coordinating, and delivering home and community-based services that help older adults age with independence and dignity in their homes and communities. Without these crucial services, many individuals served by OAA-funded programs in our network are at significant risk of hunger, isolation, and losing their ability to live with health and independence.

The Jewish community is disproportionately older than the general population in this country with more than 25% of American Jews already over the age of 65, and the fastest growing demographic in the Jewish community is those over the age of 85. Jewish family service agencies, Jewish vocational service agencies and Jewish community centers are a key component of the country's Aging Services Network and, in a classic public-private partnership, provide many services funded through the OAA, including case management, transportation, congregate and home-delivered meals, adult day care, elder abuse prevention and intervention, family caregiver support, home care, legal conservatorship, and support groups.

This year's reauthorization process produced a bill that, if passed by the full House

of Representatives on Monday, will significantly move the ball forward in how our country and its Aging Services Network treat and care for seniors. The very first provision of the Dignity in Aging Act incorporates "person-centered, trauma-informed care" as a new objective of the Older Americans Act. This principle, which is subsequently defined in the bill, represents a new trend in service delivery that will positively impact both clients and agencies. It incorporates a holistic approach to service provision that promotes the dignity, strength, and empowerment of trauma victims by referencing knowledge about the role of trauma in trauma victims' lives. The inclusion of the PCTI approach in this bill is indicative of the forward and necessary progress embedded in the Dignity in Aging Act.

The Dignity in Aging Act authorizes a technical assistance center to serve older adults experiencing the long-term and adverse consequences of trauma, including but not limited to Holocaust survivors. Holocaust survivors are also specifically mentioned for the first time within the Older Americans Act in the context of providing additional outreach to older individuals "including Holocaust survivors" who are at risk of institutional placement. The bill also emphasizes cultural considerations (including religious and ethnic requirements) in the provision of congregate and home-delivered meals.

This Older American Act reauthorization incorporates new support for age-friendly communities, a major new focus on social isolation in older adults, recognition of the emergency confronting our direct care workforce, an updating of, recognition and support for multigenerational families, and assistance to family caregivers with an extension of the RAISE Family Caregivers Act. Each of these provisions and many others contained in the bill will serve our nation well. JFNA also commends the Education and Labor Committee for supporting a five year reauthorization period for the Older Americans Act, which helps safeguard support and removes uncertainty for the growing aging population.

Finally, and very importantly, this bill provides relatively robust funding increases of 7% for FY 2020 and 6% for each of the next four years.

While the Older American Act formally expired on September 30, 2019, this year's process to reauthorize it was the most efficient, transparent, bipartisan and productive of the five similar reauthorizations that I have worked on going back to 1999. The result is a reauthorization vehicle that is very worthy of support, and JFNA looks forward to the House of Representatives passage of the Dignity in Aging Act and the enactment of the reauthorization.

Sincerely,

STEPHAN O. KLINE,
Associate Vice President, Public Policy,
The Jewish Federations of North America.

ALZHEIMER'S IMPACT MOVEMENT,
October 25, 2019.

Hon. BOBBY SCOTT,
Chairman, House Education and Labor Com-
mittee, Washington DC.

Hon. VIRGINIA FOXX,
Ranking Member, House Education and Labor
Committee, Washington, DC.

DEAR CHAIRMAN SCOTT AND RANKING MEM-
BER FOXX: On behalf of the Alzheimer's Asso-
ciation and the Alzheimer's Impact Move-
ment (AIM), including our nationwide net-
work of advocates, thank you for your con-
tinued leadership on issues and legislation
important to Americans living with Alz-
heimer's and other dementias and to their
caregivers. In addition, thank you for work-

ing together in a bipartisan manner to reau-
thorize the Older Americans Act (OAA). We
are proud to support the Dignity in Aging
Act of 2019 (H.R. 4334) and are pleased to
highlight several provisions that are critical
to persons living with dementia, their fami-
lies and their caregivers.

We strongly support the inclusion of lan-
guage codifying existing authority to pro-
vide services to individuals living with
younger-onset Alzheimer's disease under the
National Family Caregiver Support Program
and the Long-Term Care Ombudsman Pro-
gram. We are very appreciative for the Com-
mittee's inclusion of parts of the Younger-
Onset Alzheimer's Disease Act (S. 901/H.R.
1903).

There are approximately 5.8 million Ameri-
cans living with Alzheimer's disease. The
vast majority of those individuals are over
the age of 65; however, approximately 200,000
Americans are under the age of 65 living with
younger-onset Alzheimer's disease. Individ-
uals living with younger-onset face unique
challenges when it comes to family, work,
and finances. They may be parenting young
children at home, or may still be working as
the primary income provider for their fami-
lies. Due to their young age, they may have
more trouble receiving an accurate diag-
nosis, and even family and friends might
question their diagnosis. The stigma associ-
ated with younger-onset Alzheimer's can
have a significant impact on their well-being
and quality of life.

Since 97 percent of all people living with
Alzheimer's are age 65 or older, current Alz-
heimer's support infrastructure focuses ex-
clusively on seniors. As a result, few sup-
portive services are available to those with
younger-onset. With other diseases—like
heart disease, diabetes, and even cancer—
many people living with them are middle-
aged and there is a large support structure
available to them. Those same support struc-
tures are not available for the individuals
living with younger-onset Alzheimer's dis-
ease. The services provided under the OAA
are particularly helpful for individuals with
younger-onset Alzheimer's disease and re-
lated dementias who need assistance with ac-
tivities of daily living.

The Younger-Onset Alzheimer's Disease
Act is consistent with the National Plan to
Address Alzheimer's Disease. The Advisory
Council on Alzheimer's Research, Care, and
Services, which is responsible for updating
and implementing the Plan, has noted that
persons living with younger-onset Alz-
heimer's face unique challenges in accessing
care. In the 2017 National Plan, the Advisory
Council recommended that Congress amend
the OAA to allow additional services to be
provided to younger adults living with de-
mentia.

The Alzheimer's Association and AIM also
deeply appreciate the Committee's extension
of the RAISE Family Caregivers Act from 3
to 4 years. We have been strong advocates for
the RAISE Family Caregivers Act since it
was introduced in Congress. There has been a
delay in the implementation of the Act and
the decision to extend the authorization al-
lows the Department of Health and Human
Services to better develop a national strat-
egy for education and training, longterm
services and supports, and financial stability
and security for caregivers.

For millions of Americans caring for indi-
viduals with Alzheimer's and other dementias
the emotional, physical, and financial costs
can be overwhelming. Caregivers of
people with dementia report higher levels of
stress, depression, and worse health out-
comes than those providing care to individ-
uals without dementia. As a result, Alz-
heimer's caregivers incurred \$11.8 billion in

additional health costs last year. We appreciate the Committee prioritizing this important program.

We also applaud the Committee's strengthening of Caregiver Assessments. In 2018, more than 16 million unpaid caregivers provided 18.5 billion hours of care valued at nearly \$234 billion and face the challenges noted above. Eighty-three 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 provide help to older adults do so for someone living with Alzheimer's or another dementia. Alzheimer's takes a devastating toll on caregivers. Compared with caregivers of people without dementia, twice as many caregivers of those with dementia indicate substantial emotional, financial, and physical difficulties. Of the total lifetime cost of caring for someone with dementia, 70 percent is borne by families—either through out-of-pocket health and longterm care expenses or from the value of unpaid care.

These dedicated caregivers would greatly benefit from increased resources, training and support to help them navigate the strain of caregiving and improve their health and quality of life. The proposed changes would provide these caregivers much-needed resources, increase the use of caregiver assessments, and identify best practices relating to the programs. These important actions will enhance support for caregivers through skills building, increased resources and information, respite care, counseling, and other helpful benefits.

Finally, the Alzheimer's Association and AIM appreciate your commitment to supporting individuals facing social isolation. Social isolation is an issue within the aging community as a whole, and particularly in the Alzheimer's and related dementias community. Studies have found that support groups can decrease social isolation and increase social support, the ability to accept the diagnosis, cope with symptoms, improve quality of life, and enhance family communication. (Alzheimer's Association Dementia Care Practice Recommendations, 2018). Support programs offered through the National Family Caregiver Support Program can work to decrease social isolation. We appreciate the bill's inclusion of an advisory council dedicated to identifying the challenges, solutions, and best practices to address social isolation.

Again, thank you for your leadership in ensuring OAA's reauthorization, which will improve the quality of care for people living with Alzheimer's.

Sincerely,

ROBERT EGGE,
Chief Public Policy Officer,
Executive Vice President,
Government Affairs, Alzheimer's Association.

OCTOBER 28, 2019.

Hon. NANCY PELOSI, Speaker,
Hon. KEVIN McCARTHY, Minority Leader,
House of Representatives,
Washington, DC.
Hon. BOBBY SCOTT, Chairman,
Hon. VIRGINIA FOXX, Ranking Member,
Committee on Education and Labor, House of
Representatives, Washington, DC.

DEAR SPEAKER PELOSI, LEADER McCARTHY,
CHAIRMAN SCOTT AND RANKING MEMBER FOXX:
On behalf of the undersigned 72 national organizations with a vested interest in the well-being of America's older adults and caregivers, we write to you today in support of the House-proposed Dignity in Aging Act (H.R. 4334) to reauthorize the Older Americans Act (OAA). We urge Members of the

House to support this important five-year OAA reauthorization. Reauthorization of this critical Act, which expired on September 30, will ensure the sustainability of vital OAA programs, as well as the health, dignity, and independence of older Americans and their caregivers.

The OAA is essential to developing, coordinating, and delivering home and community-based services that help older adults age with independence and dignity. Many individuals served by OAA-funded programs are at significant risk of hunger, isolation, abuse, and losing their ability to live with health and independence. OAA-supported programs are provided to more than 11 million seniors and their caregivers annually. These vital supports include, but are not limited to, home-delivered and congregate nutrition services, in-home supportive services, multipurpose senior centers, transportation, caregiver support, disease prevention and health promotion, community service employment, the long-term care ombudsman program, and services to prevent the abuse, neglect, and exploitation of older adults.

By keeping seniors healthy and in their communities for more than 50 years, OAA programs have delayed or prevented the need for more expensive institutional care for many older adults, which is often paid for through Medicare or Medicaid. OAA services can effectively save taxpayer, state, and federal dollars. In addition to helping older adults age in place where they most often want to be, OAA programs have improved our country's fiscal future and promoted efficiencies within the health care system by preventing unnecessary hospital stays, reducing readmission rates, coordinating care, and managing care transitions.

We appreciate that the Dignity in Aging Act, H.R. 4334 builds upon the early bipartisan Senate draft bill and incorporates a number of important priorities articulated by stakeholder organizations. Most importantly, the Dignity in Aging Act calls for much-needed and necessary investments in the OAA by increasing funding authorizations over the next five years—a top priority of the undersigned organizations and the most critical need of the Aging Services Network authorized by the OAA.

Other priority areas include research innovation and demonstrations, Native American services, local planning and development, supports for those suffering from dementias and social isolation, legal services, nutrition, in-home supportive services, disease prevention and health promotion, multigenerational collaboration, and family caregiver supports. We appreciate that the House proposal to reauthorize the OAA has preserved the numerous ways in which this Act works so well at the federal, state, and local levels, on behalf of the older adults and caregivers for whom it is a lifeline to dignity, independence, health, safety, and economic security.

Thank you for your commitment to this important issue. The undersigned organizations represent a diverse set of stakeholders, and we urge Members of the House to swiftly advance this bill to reauthorize the Older Americans Act.

Sincerely,

AARP, Academy of Geriatric Physical Therapy, Advancing States, Aging and Vision Loss National Coalition, AHEPA Management Company (AMC), Alliance for Aging Research, Alliance for Retired Americans, Alliance to End Hunger, Allies for Independence, Alzheimer's Association and the Alzheimer's Impact Movement, American Association of Service Coordinators, American Association on Health and Disability, American Geriatrics Society, American Hellenic Educational Progressive Association (Order

of AHEPA), American Music Therapy Association.

American Physical Therapy Association, American Public Health Association, American Society of Consultant Pharmacists (ASCP), American Society on Aging, Blinded Veterans Association, Bread for the World, Caregiver Action Network, Caregiver Voices United, Caring with Grace, LLC, CaringKind, the Heart of Alzheimer's Caregiving, Center for Medicare Advocacy, Center to Advance Palliative Care, Collective Action Lab, Congregation of Our Lady of Charity of the Good Shepherd, U.S. Provinces, Corporation for Supportive Housing (CSH).

Daughters of Penelope, Dementia Alliance International, Easterseals, Evangelical Lutheran Church in America, Feeding America, Home Instead Senior Care, International Association for Indigenous Aging, Jewish Council for Public Affairs, Justice in Aging, Lakeshore Foundation, LeadingAge, Lutheran Services in America, MAZON: A Jewish Response to Hunger, Meals on Wheels America, Medicare Rights Center.

Mercy Housing, Inc., Michigan State College of Human Medicine Alzheimer's Alliance, National Adult Protective Services Association, National Alliance for Caregiving, National Asian Pacific Center on Aging (NAPCA), National Association of Activity Professionals, National Association of Area Agencies on Aging (n4a), National Association of Development Organizations (NADO), National Association of Long-Term Care Ombudsman Programs (NASOP), National Association of Nutrition and Aging Services Programs (NANASP), National Certification Council for Activity Professionals, National Council on Aging, National Health Council, National Recreation and Park Association, National Respite Coalition.

NETWORK Lobby, Network of Jewish Human Service Agencies, Inc., PHI, RESULTS, Society for the Blind, The Gerontological Society of America, The Jewish Federations of North America, United Church of Christ Justice and Witness Ministries, United Spinal Association, USF Health Byrd Alzheimer's Institute, Village to Village Network, VisionServe Alliance, Volunteers of America.

MEALS ON WHEELS AMERICA,
Arlington, VA, October 28, 2019.

Hon. NANCY PELOSI,
Speaker, House of Representatives,
Washington, DC.

Hon. KEVIN McCARTHY,
Minority Leader, House of Representatives,
Washington, DC.

Hon. BOBBY SCOTT,
Chairman, Committee on Education & Labor,
House of Representatives, Washington, DC.

Hon. VIRGINIA FOXX,
Ranking Member, Committee on Education &
Labor, House of Representatives,
Washington, DC.

DEAR SPEAKER PELOSI, LEADER McCARTHY,
CHAIRMAN SCOTT AND RANKING MEMBER FOXX:
On behalf of Meals on Wheels America, the nationwide network of community-based senior nutrition programs and the individuals they serve, we write to express our support for H.R. 4334, the Dignity in Aging Act of 2019 and urge swift and bipartisan passage in the House of Representatives. We commend the efforts of the Education and Labor Committee for receiving unanimous approval following the September markup, as well as the leadership of Subcommittee Chairwoman Bonamici (D-OR) and Ranking Member Comer (R-KY), and Representatives Stefanik (R-NY), Lee (D-NV), Wild (D-PA) and Johnson (R-SD) in the introduction of this legislation.

For over five decades, the OAA has been the primary piece of federal legislation focused on establishing, coordinating and

strengthening community and home-based social and nutrition services for adults age 60 and older, their families and their caregivers. OAA services like Meals on Wheels, transportation, caregiver assistance, senior employment and training and elder rights protection are just some of the vital functions the OAA delivers to more than 11 million seniors annually.

As you and many of your colleagues know firsthand, OAA services and supports, including the three nutrition programs authorized under Title III of the Act, help keep our nation's most vulnerable, isolated and food insecure seniors healthier and in their own homes and communities longer. This in turn delays and/or prevents altogether the need for more expensive institutional care often paid for through Medicare or Medicaid. OAA programs are not only extremely cost-effective, but they are longstanding examples of public-private partnerships that help save taxpayers at the local, state and federal levels in reduced healthcare expenditures.

We specifically want to recognize the effort undertaken to increase authorization of appropriations in this legislation. With nearly half of our membership having a documented waiting list for nutrition services, the 7% increase in authorization of funding levels in Fiscal Year 2020—and 6% in subsequent years for all OAA programs over the five-year reauthorization period—will significantly improve the senior nutrition network's ability to address these gaps.

We also applaud the attention to and inclusion of additional research and innovation established through a new National Research, Demonstration, and Evaluation Center for aging services research and development. We already know the difference that OAA services and supports are making in the lives of those served each day, and this additional support will help identify where the greatest needs and opportunities are to produce substantial savings to Medicare and Medicaid and support our nation's most at-risk seniors.

Furthermore, we are grateful for the Dignity in Aging Act's acknowledgement of the components of our network's comprehensive service model, particularly around the areas of social isolation and loneliness; in-home safety; screenings and prevention; and community connections and support. This network has been addressing the social determinants of health (SDOH) for seniors long before it was a common definition used among policymakers, advocates and healthcare entities. Thanks to the foresight of this body in establishing the OAA Nutrition Program and its goals and purposes decades ago, the focus has transcended beyond just the meal to include an emphasis on socialization, overall health, well-being and safety.

As with each reauthorization, we have a new opportunity to evolve the OAA in ways that will help it better meet the inherent changes in our country's aging population and serve more of those in need. We are pleased that H.R. 4334, the Dignity in Aging Act of 2019, helps to address these shifts, and as such, we urge your support and swift passage in the House of Representatives. Meals on Wheels America and the network of senior nutrition programs across the country have appreciated contributing feedback and policy recommendations throughout this reauthorization process and look forward to continuing to work with you to build upon the ongoing successes of the OAA.

Thank you again for your leadership, public service and support for our nation's older adults.

Sincerely,

ELLIE HOLLANDER,
President and CEO.

Ms. BONAMICI. Mr. Speaker, I reserve the balance of my time.

Ms. STEFANIK. Mr. Speaker, I yield myself the balance of my time.

In closing, I would like to again thank my good friend, the gentlewoman from Oregon (Ms. BONAMICI), and our colleagues and our staff on the Education and Labor Committee for all of their work on this bipartisan bill that will help improve the lives of millions of seniors across the country.

As I said at the beginning of this debate, my district is home to one of the largest constituencies of older Americans, so I could not be prouder to have led the reauthorization of the Older Americans Act, which will directly and tangibly benefit the seniors in New York's 21st District and seniors across the country.

Our Nation's seniors deserve to age with health, dignity, and independence in the communities of their choosing. Again, I urge a "yes" vote. Mr. Speaker, I yield back the balance of my time.

Ms. BONAMICI. Mr. Speaker, I yield myself the balance of my time. I urge all of my colleagues to support the bipartisan Dignity in Aging Act of 2019. We know that the OAA programs—Meals on Wheels, community meal programs, caregiver support, protection against elder abuse—help older Americans live their lives with dignity.

Once again, I thank Representatives STEFANIK, LEE, COMER, WILD, and JOHNSON for joining me in leading this effort. Again, I thank Chairman SCOTT and Ranking Member FOXX for supporting this legislation as it moved through the committee process. The bipartisan engagement and the involvement of many committee members was crucial to achieving this legislation to successfully address many priorities and incorporate the input of numerous stakeholders.

I am sincerely grateful for the contributions of all involved, and I am eager to support the passage of this bill today so we can better empower every older American to age with dignity.

I urge my colleagues to support this legislation, and I yield back the balance of my time.

Mr. LEVIN of Michigan. Mr. Speaker, I urge my colleagues to support the Dignity in Aging Act. As vice chair of the House Education and Labor Committee, I am honored to be a part of this bipartisan effort to respond to the challenges facing a generation of aging Americans.

I'm also proud that this package includes my bill, the Supporting Family Caregivers Act, which will facilitate the assessment of in-home caregivers' needs to determine what resources would help them provide care. I want to thank Congresswoman ELISE STEFANIK for partnering on this bipartisan legislation to support in-home caregivers.

Americans across the country rely on family caregivers, whose contributions range from bathing and dressing their loved ones, to coordinating care across multiple health care providers, to managing the payment of household and medical bills, and more. Each year, this adds up to roughly \$470 billion in unpaid care provided by 40 million family caregivers.

I believe one of the best ways to improve home health care is to protect the health and wellbeing of the caregivers who provide it. The Supporting Family Caregivers Act encourages the use of assessments to identify caregivers' individual needs and challenges, thereby allowing services to be targeted to each person more effectively and efficiently. Although resources are currently available to family caregivers, direct feedback through assessments would improve the quality of the support they receive.

I am so pleased to see this body take a needed step towards more person- and family-centered care. Again, I am grateful to my partner on this bill, Congresswoman STEFANIK, as well as Chairman SCOTT, Ranking Member FOXX and Dignity in Aging Act sponsor BONAMICI for their support.

I urge my colleagues to join me in supporting America's seniors, and to vote for the Dignity in Aging Act.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Oregon (Ms. BONAMICI) that the House suspend the rules and pass the bill, H.R. 4334, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

FULL UTILIZATION OF THE HARBOR MAINTENANCE TRUST FUND ACT

Mr. DEFAZIO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2440) to provide for the use of funds in the Harbor Maintenance Trust Fund for the purposes for which the funds were collected and to ensure that funds credited to the Harbor Maintenance Trust Fund are used to support navigation, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2440

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Full Utilization of the Harbor Maintenance Trust Fund Act".

SEC. 2. USE OF HARBOR MAINTENANCE TRUST FUND TO SUPPORT NAVIGATION.

Section 210 of the Water Resources Development Act of 1986 (33 U.S.C. 2238) is amended—

(1) in the section heading, by striking "AUTHORIZATION OF APPROPRIATIONS" and inserting "FUNDING FOR NAVIGATION"; and

(2) by adding at the end the following:

"(g) ADJUSTMENTS TO DISCRETIONARY SPENDING LIMITS.—Amounts made available from the Harbor Maintenance Trust Fund under this section or section 9505 of the Internal Revenue Code of 1986 shall be made available in accordance with section 251(b)(2)(H) of the Balanced Budget and Emergency Deficit Control Act of 1985."

SEC. 3. ANNUAL REPORT TO CONGRESS.

Section 330 of the Water Resources Development Act of 1992 (26 U.S.C. 9505 note; 106 Stat. 4851) is amended—