

February 21, 2020

The Honorable Lamar Alexander
Chairman
Committee on Health, Education, Labor and
Pensions
United States Senate
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Bobby Scott
Chairman
Committee on Education & Labor
United States House of Representatives
2176 Rayburn House Office Building
Washington, DC 20515

The Honorable Patty Murray
Ranking Member
Committee on Health, Education, Labor and
Pensions
United States Senate
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Virginia Foxx
Ranking Member
Committee on Education & Labor
United States House of Representatives
2176 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Alexander, Ranking Member Murray, Chairman Scott, and Ranking Member Foxx,

As members of the Rural Aging Advisory Council (RAAC), we write to express our support for the reauthorization of the Older Americans Act (OAA) and, specifically, for the Amendment in the Nature of a Substitute (AINS) to H.R. 4334, the “Dignity in Aging Act of 2019.” It has long been recognized that the OAA provides for critical services for seniors to live as independently as possible. We believe that the AINS to H.R. 4334 is a culmination of thoughtful, bipartisan collaboration that incorporates stakeholder feedback, including ours, and its enactment will improve the lives of millions of American seniors.

Tivity Health along with the MIT AgeLab and Jefferson College of Population Health began examining the issues surrounding seniors living in rural America. Three annual connectivity summits on rural aging have been convened during which stakeholders have examined and discussed solutions to a variety of issues impacting seniors in rural areas including addressing social isolation and loneliness and, most recently, demystifying social determinants of health. A diverse group of stakeholders have been participating in these efforts including government, faith-based organizations, non-profits, academia and research groups, the business community, health plans, rural health experts and aging experts. The RAAC was created in order to continue this important work during the course of the year and meets on a regular basis.

We believe that the AINS to H.R. 4334 would help address a number of our priority issues impacting seniors in rural America including social isolation and loneliness, addressing social determinants of health and enhancing the ability seniors to access the services of Area Agencies on Aging (AAAs). We provide a brief discussion of these important issues below.

Addressing Social Determinants of Health and Social Isolation

As our country’s senior population continues to grow, it becomes even more important to understand and respond to social determinants of health, which include social connection, food insecurity,

transportation, housing, crime and violence, economic wellbeing and literacy. Social determinants of health can have a profound impact on health, longevity, and quality of life, and it is well documented that they play a greater role on health status and wellbeing than direct clinical care. Among these social determinants of health, social connection has been a major focus for the RAAC as we have been engaging in efforts to reverse social isolation and loneliness among older adults in rural areas.

We appreciate the increased prioritization of social determinants of health in the AINS to H.R. 4334 and support provisions that address social determinants of health. These provisions would enable stakeholders to provide important feedback to assess the impact of social determinants of health on seniors and to what extent federal government programs currently address these factors. Moreover, these provisions include the opportunity for stakeholders to engage and provide feedback as the Assistant Secretary for Aging at the Administration for Community Living (ACL) develops a plan to address social determinants of health among seniors.

We also support the Committees' work in elevating social isolation in the AINS to H.R. 4334 and recognizing the need to address this issue, which especially impacts seniors in rural areas. We support provisions in the legislative proposal that require an assessment of the impact of social isolation and the extent to which federal programs address this problem. We also support the development of a plan to address social isolation in federal programs. Although there is much work to do in addressing social isolation and loneliness, this bill is an important step in the right direction to improve the lives of seniors, especially those in rural areas.

Area Agencies on Aging

AAAs are critical in coordinating and providing services to help seniors remain in their homes and communities. They develop, fund and provide home-delivered meals, in-home assistance, transportation, information on and referral to local resources, and many other services to support independence for seniors. We appreciate the Committees' work to expand senior access to AAA services. As you may know, AAAs are increasingly serving seniors through non-OAA activities including private pay programs or contracts to provide home and community-based services on behalf of managed care organizations, health systems or other organizations. AAAs provide these services outside the OAA's scope and without OAA-appropriated funding. For example, the Centers for Medicare & Medicaid Services recently encouraged Medicare Advantage plans to partner with ACL-funded entities like AAAs to provide supplemental benefits for the chronically ill. Unfortunately, some state and regional governmental entities incorrectly believe that AAAs are limited to participating in OAA-related programs only.

We appreciate the Committees' work to provide clarification that AAAs can engage in business partnerships outside of the OAA. This clarification will enable AAAs to partner with organizations they may not otherwise have in the past and therefore increase access to vital services for more seniors.

We are hopeful Congress will move forward with this legislation as soon as possible and stand ready to help with its enactment. Please contact Vicki Shepard if you have any questions or need more information at vicki.shepard@tivityhealth.com.

Sincerely,

Julianne Holt-Lunstad, PhD

Tivity Health

Health eVillages

Sharecare

MIT AgeLab

Jefferson College of Population Health

Saint Joseph's College of Maine

National Association of Area Agencies on Aging

Valley Area Agency on Aging

National Association of Nutrition and Aging Programs

National Council on Aging

Grantmakers in Aging

Mercy Health Care

National Rural Health Association

Healthcare Leadership Council

National Minority Quality Forum

NashvilleHealth

DoucetSolutions

Lois Drapin, The Drapin Group LLC

YMCA of Portage (Indiana)

Ashtabula County YMCA (Ohio)

Lyft

Better Medicare Alliance

American College of Lifestyle Medicine

Comcast

Carefully, Inc.

Motion Picture & Television Fund