

FY 2022 Labor-HHS Subcommittee Appropriations Testimony

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Chair DeLauro, Ranking Member Cole:

Thank you for the opportunity to testify today on FY 2022 funding for the **Older Americans Act (OAA) nutrition programs administered through the HHS Administration for Community Living**. I wish to begin by offering the thanks of many, especially those delivering nutrition services, for the incredible commitment of support these 6,000+ programs received during the pandemic. Chair DeLauro, your distinct leadership resulted in these programs receiving a total of over \$1.6 billion in 4 different bills from March 2020 through March 2021. Today, my ask for FY 2022 on behalf of both my association, the National Association of Nutrition and Aging Services Programs (NANASP), and Meals on Wheels America is for a **minimum total of \$1.9 billion** for the three programs, divided approximately as follows:

- **Congregate Nutrition Services (Title III C-1) – \$965 million**
- **Home-Delivered Nutrition Services (Title III C-2) – \$726 million**
- **Nutrition Services Incentive Program (NSIP) (Title III) – \$211 million**

This precise funding level is also supported in a bipartisan letter authored by Reps. Suzanne Bonamici and Elise Stefanik that has more than 100 co-signers.

I can more than justify the need for this funding level. It is important to understand the reality of how the pandemic impacted these programs. The OAA nutrition programs endured a wholesale conversion of the operations because of the COVID-19 pandemic. Before the pandemic, according to the Administration for Community Living's AGID database, more than twice as

many older adults were served in the congregate program as in the home-delivered nutrition program. The pandemic caused the transition of almost all congregate program participants to the home-delivered nutrition program.

This conversion resulted in programs encountering immediate increases in costs for food, transportation and personnel, since many relied on older volunteers who were unable to continue their work. Price increases have been particularly felt in those transportation costs, including gasoline prices. Programs went from serving hundreds of participants per day in one location to getting meals to hundreds of individual locations. Gasoline prices have shown a 49.6 percent increase over the last year, including just a 9.1 percent increase over the last month. And should there be another attack like the recent Colonial Pipeline ransomware incident, then what might happen?

Further, in addition to providing additional funding during the pandemic, Congress also has approved some needed flexibilities to allow these programs to seamlessly convert. The most impactful of these was an updated definition of “homebound,” allowing any older adult forced to shelter in place to be eligible for a home-delivered meal, overriding any previous state restrictions. This has led to tremendous increases in demand. In fact, a survey conducted by Meals on Wheels America showed an average of 95 percent increase in demand in the early months of the pandemic, including 80 percent of surveyed programs reporting doubling of requests for home-delivered meals. While demand has stabilized to some extent, it remains at a national average of a 60 percent increase over pre-pandemic levels. Local programs also reported that operating costs will likely remain high for the foreseeable future, and nine in 10 home-delivered meals programs reported continued unmet need for home-delivered meals in their

community. Nearly a third of these programs said they would need to nearly double or more than double their home-delivered efforts in the future to serve this unmet need.

This is perhaps the greatest justification for this funding. We do not want to see older adults crashing into and falling over this “cliff” of funding running out while the need for service continues. We do not want to have our dedicated personnel in the field be forced to remove older adults in need from their programs, knowing what the health consequences would be.

This funding request is premised on the fact that while the pandemic may be easing, it is not over by any means. Without question, the emergency funding provided to this nutrition network has been used. These funds we request today will absolutely also be used.

It should also be noted that nutrition programs were creative and innovative in their use of emergency funds, establishing partnerships with restaurants, food delivery services, drop-ship services and the like in order to stretch their funding as far as it would go. But public-private partnerships do involve resources from both sides. Supporting our funding request for FY 2022 will allow these innovations and partnerships to continue and expand.

Another justification for this funding request must be what it can do to help alleviate the three evils of hunger, food insecurity, and malnutrition in older adults. We have documented information on major increases in food insecurity during the pandemic. We were also acutely aware that even before the pandemic, one in two older adults were at risk of or were already malnourished. The provision of a daily meal to an older adult in a homebound setting can often be the main source of their nutrition for that given day. Said another way, if you remove that meal, that older adult simply may not eat at all.

A continued investment in the OAA nutrition programs allows us an important intervention for those older adults who are socially isolated. Funding provided during the pandemic went well beyond just providing a meal. Our nutrition network responded by developing critically important programs to maintain contact with older adults who suddenly found themselves not being able to have their normal daily socialization at their congregate program. They provided telephone reassurance calls as well as higher-tech approaches to maintaining contact such as virtual book clubs, exercise classes, and nutrition education. These services, like the food provided, need to be continued in the year ahead.

We were also especially pleased that the American Rescue Plan Act included funding to allow the aging network to assist in the effort to get older adults vaccinated. At the time FY 2022 begins, we will be entering flu and pneumonia season. We need to ensure that we continue to provide the aging network with resources to aid older adults in getting the vaccines they need to prevent these illnesses.

In addition, we are all striving for the day when congregate nutrition sites, senior centers and adult day centers that provide meals can reopen. Of course, this can only be done with proper regard for health and safety rules and ordinances. NANASP and our colleagues at the National Council on Aging are surveying to find out what costs facilities will incur both to open and remain open. The results are concerning—many programs are reporting \$15,000 in costs or more per facility—and these expected costs go outside of most budgets. We hope that this funding can be significant and flexible enough to allow some to be used to facilitate reopening and/or that funding for these facilities be included in any major infrastructure bill Congress may produce with the President.

Finally, I implore this Subcommittee to think about what has unfolded in the past year with respect to different funding sources. Aging network programs must report their spending of regular FY 2021 funding as well as four streams of emergency funding and expected FY 2022 funding. We strongly request that you communicate through this legislation that while accurate reporting is necessary and important, steps should be taken by the Administration to ensure that the reporting process is as simplified as possible to ensure that programs are not spending much of their limited staff hours and resources on this onerous task.

Next year, this wonderful Older Americans Act nutrition program will celebrate its 50th anniversary. Without question, its 49th year has likely been its toughest. Yet the fact that the OAA nutrition program went seamlessly through an unexpected full-scale conversion speaks volumes about the dedication of nutrition service providers, who deserve our sincere thanks. They pivoted and persevered despite their personal struggles and fears about the virus. While not technically first responders, they were first to respond to one critical need for older adults—nutrition. In short, they always have the best interest of the older adults they serve front and center, as has this Subcommittee. We ask for you to keep this interest in mind again in this incredibly challenging time so we can be prepared for the final phases of the pandemic and all the related downstream issues there may be.

In closing, in the words of a program director from a recently-published *New York Times* [article on OAA nutrition programs](#): “[Program administrators] worry that if Congress doesn’t sustain this higher level of appropriations, the relief money will be spent and waiting lists will reappear. “There’s going to be a cliff,” Mary Beals-Luedtka [director of the area agency on aging serving northern Arizona] said. “What’s going to happen next time? I don’t want to have to call people and say, ‘We’re done with you now.’ These are our grandparents.”