

Older Americans Act: Overview and Funding

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Contents

| | |
|--|----|
| Introduction | 1 |
| Older Americans Act: Current Law | 1 |
| Title I. Declaration of Objectives; Definitions | 2 |
| Title II. Administration on Aging | 2 |
| Aging and Disability Resource Centers | 3 |
| Title III. Grants for State and Community Programs on Aging | 5 |
| Title IV. Activities for Health, Independence, and Longevity | 6 |
| Title V. Community Service Senior Opportunities Act | 9 |
| Title VI. Grants for Services for Native Americans | 9 |
| Title VII. Vulnerable Elder Rights Protection Activities | 10 |
| FY2024 Appropriations Overview | 10 |
| OAA Funding History | 11 |

Figures

| | |
|---|----|
| Figure 1. The Aging Network..... | 3 |
| Figure 2. Older Americans Act, FY2024 Funding..... | 11 |
| Figure 3. Total Funding for Older Americans Act Programs, FY2014-FY2024 | 12 |

Tables

| | |
|---|----|
| Table A-1. Funding for the Older Americans Act (OAA) Programs: FY2017-FY2024..... | 14 |
| Table B-1. Authorizations of Appropriations for Older Americans Act as Amended by the Supporting Older Americans Act of 2020 (P.L. 116-131)..... | 19 |

Appendixes

| | |
|---|----|
| Appendix A. Older Americans Act Programs: FY2017-FY2024 Funding..... | 13 |
| Appendix B. Authorizations of Appropriations for Older Americans Act (OAA) Programs | 18 |

Contacts

| | |
|-------------------------|----|
| Author Information..... | 22 |
|-------------------------|----|

Introduction

The Older Americans Act (OAA) supports a wide range of health and health-related social services programs for older individuals defined as aged 60 years or older. These include supportive services such as personal care, chore services, and transportation, congregate nutrition services (i.e., meals served at group sites such as senior centers, community centers, schools, churches, or senior housing complexes), home-delivered nutrition services, family caregiver support, the long-term care ombudsman program, and services to prevent the abuse, neglect, and exploitation of older persons. The OAA also provides part-time opportunities in community service activities for unemployed low-income individuals aged 55 and older. Except for Title V, Community Service Employment for Older Americans (CSEOA), all programs are administered by the Administration on Aging (AOA) in the Administration for Community Living (ACL) within the Department of Health and Human Services (HHS). Title V is administered by the Department of Labor's (DOL's) Employment and Training Administration.

The OAA has been reauthorized and amended numerous times since it was first enacted in 1965. On March 25, 2020, the President signed the Supporting Older Americans Act of 2020 (P.L. 116-131) which authorizes appropriations for OAA programs through FY2024.¹ In response to the Coronavirus Disease 2019 (COVID-19) pandemic, the 116th and 117th Congresses passed several laws providing additional funding for OAA programs, among other activities.² FY2024 discretionary funding for OAA programs, projects, and activities were provided under the Further Consolidated Appropriations Act, FY2024 (P.L. 118-47).

The following provides an overview of the Older Americans Act. It briefly describes the act's titles, highlighting selected provisions, followed by FY2023 appropriations and funding history. **Table A-1** provides detailed OAA program budget authority for FY2016 through FY2024, including annual additional appropriations for COVID-19 response by OAA title and activity. For OAA authorizations of appropriations by year, see **Table B-1**.

Older Americans Act: Current Law

The OAA statutory language contains the following seven titles, which are summarized in this section, highlighting selected activities:

- Title I sets policy objectives and defines terms;
- Title II establishes administrative functions for the executive branch;
- Title III authorizes grants to states and local entities for supportive and nutrition services, family caregiver support, and disease prevention programs;
- Title IV authorizes grants for training, research, and demonstration projects in the field of aging;
- Title V authorizes grants to states and national organizations to promote part-time opportunities in community service activities for unemployed low-income older individuals;

¹ For more information on the OAA 2020 reauthorization, see CRS Report R46439, *Older Americans Act: 2020 Reauthorization*.

² Additional funding for OAA authorized programs was provided in the Families First Coronavirus Response Act (FFCRA; P.L. 116-127); Coronavirus Aid, Relief, and Economic Security Act (CARES; P.L. 116-136); Consolidated Appropriations Act, 2021 (P.L. 116-260); American Rescue Plan Act of 2021 (ARPA; P.L. 117-2). For more information, see CRS Report R47602, *Older Americans Act: COVID-19 Response*.

- Title VI authorizes grants for supportive and nutrition services as well as family caregiver support to older Native Americans; and
- Title VII authorizes grants for vulnerable elder rights protection activities.

This section briefly describes each of the act's titles, including FY2024 appropriations where applicable for each title. The following sections provide a more detailed overview of FY2024 appropriations and the act's funding history.³

Title I. Declaration of Objectives; Definitions

Title I of the OAA sets out broad social policy objectives oriented toward improving the lives of all older Americans, including adequate income in retirement, the best possible physical and mental health, opportunity for employment, and comprehensive long-term care services, among other objectives. Also, Title I provides definitions for various terms under the act. Title I is the only title under the act that does not authorize appropriations.

Title II. Administration on Aging

Title II establishes the Administration on Aging (AOA) as the chief federal agency advocating for older persons and sets out the responsibilities of AOA and the Assistant Secretary for Aging. The Assistant Secretary is appointed by the President with the advice and consent of the Senate. Title II also establishes the State and Territorial Units on Aging (SUAs) that serve as the state agencies primarily responsible for planning and policy development as well as administration of OAA activities. In addition, the act authorizes the Assistant Secretary to make grants to eligible tribal organizations for social and nutrition services to older Native Americans.

Title II also establishes Area Agencies on Aging (AAAs), which each operate within a planning and service area (PSA) designated by the SUA. AAAs serve as local entities that, either directly or through contract with local service providers (LSPs), oversee a comprehensive and coordinated service system for the delivery of social, nutrition, and long-term services and supports to older individuals. AAAs are required to be public or private nonprofit organizations. SUAs are responsible for developing and administering a multiyear State Plan that provides goals and objectives, as well as assurances, under the act. Similarly, AAAs are responsible for developing Area Plans that are submitted to states.

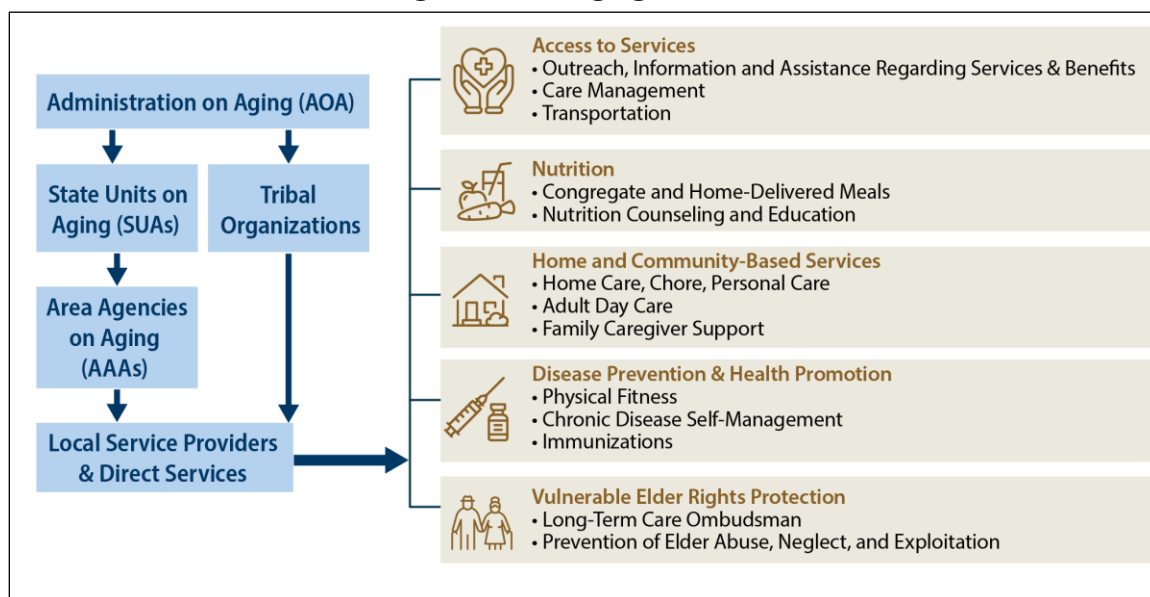
According to a 2023 survey of AAAs across the country, 42% of AAAs are independent nonprofit agencies, 31% are located within a part of city or county government, and 23% are part of councils of government or regional planning and development agencies. A smaller share are part of a tribe or tribal organization (1%) or exist in another type of organizational structure (3%).⁴ Collectively, these 56 SUAs, 615 AAAs, over 290 tribal and Native Hawaiian organizations, and tens of thousands of aging and social service providers in local communities comprise the Aging

³ This report does not address congressionally directed spending or community project funding, which are sometimes referred to as *earmarks*. These earmarks are considered by ACL to be funded under the authority of the annual Departments of Labor, Health and Human Services, and Education, and Related Agencies (LHHS) appropriations act (for example, P.L. 118-47 in FY2024), not under the authority of the Older Americans Act, per email communication with Matt Cutler, AOA/ACL Office of Budget and Finance, 2024.

⁴ National Association of Area Agencies on Aging, 20203 Chartbook, More Older Adults, More Complex Needs: Trends and New Directions from the National Survey of Area Agencies on Aging, <https://www.usaging.org/Files/AAA-Survey-Report-23-508.pdf>.

Network (see **Figure 1**).⁵ With respect to the distribution of federal funding, AOA allocates federal funds authorized under OAA statutory funding formulas to SUAs and tribal organizations. SUAs, in turn, award these funds to AAAs based on an intrastate funding formula developed in accordance with AOA guidelines and approved by the Assistant Secretary.

Figure 1. The Aging Network



Source: Prepared by the Congressional Research Service.

Discretionary funding authorized under Title II goes toward program administration and Aging and Disability Resource Centers (ADRCs), described in greater detail below, as well as other authorized activities that support the Aging Network and Elder Rights activities (see textbox entitled “OAA Title II: Aging Network and Elder Rights Support Activities”). Program administration funding for all Administration for Community Living (ACL) programs and activities, which includes those authorized by the OAA, is funded at \$48.1 million in FY2024.⁶

Aging and Disability Resource Centers

The Aging and Disability Resource Center (ADRC)/No Wrong Door System (NWD) assists with state efforts to streamline access to and provide information about the range of public and private long-term services and supports (LTSS) options available to consumers. The NWD initiative is a collaborative effort among ACL, the Centers for Medicare & Medicaid Services (CMS), and the Department of Veterans Affairs (VA). ACL has provided planning grants to states to deliver person-centered options counseling and to provide access and information about programs that provide LTSS such as Medicaid, the Older Americans Act, and VA programs, as well as state-funded programs. There are 1,322 access points nationwide, operating across 56 states and

⁵ Administration for Community Living, Department of Health and Human Services, “Older Americans Act: Grants to State and Community Programs on Aging; Grants to Indian Tribes and Native Hawaiian Grantees for Supportive, Nutrition, and Caregiver Services; Grants for Supportive and Nutritional Services to Older Hawaiian Natives; and Allotments for Vulnerable Elder Rights Protection Activities,” 45 *Federal Register* 11566-11699, February 14, 2014, <https://www.govinfo.gov/content/pkg/FR-2024-02-14/pdf/2024-01913.pdf>.

⁶ For more information about ACL administered programs that are authorized under other statutes see ACL, “Authorizing Statutes,” at <https://acl.gov/about-acl/authorizing-statutes>.

territories, as well as the District of Columbia.⁷ These sites include local AAAs and ADRCs; Centers for Independent Living; Statewide Independent Living Councils; University Centers for Excellence in Developmental Disabilities Education, Research, and Services; and tribal organizations. Discretionary funding to ADRCs is \$8.6 million in FY2024.⁸

The following OAA programs and activities receive discretionary funding under OAA Title II:⁹

Aging Network Support Activities

- *The National Eldercare Locator and Engagement and Older Adults Resource Center* assists individuals, through a nationwide toll-free phone number and website, in identifying community resources for older persons (<https://eldercare.acl.gov/>, or 1-800-677-1116). It also supports model programs in senior social engagement to address social isolation and loneliness among older adults through EngAGED, the national resource center for engaging older adults (FY2024 funding is \$2.0 million).¹⁰
- *The Pension Counseling and Information Program* provides funds to regional counseling projects that help older Americans access information about their retirement benefits and negotiate with former employers or pension plans about their compensation. This program also supports the National Education and Resource Center on Women and Retirement Planning, which provides workshops and information on financial education and retirement planning for women (FY2024 funding is \$1.9 million).

Elder Rights Support Activities

- *The National Center on Elder Abuse* provides information to the public and professionals regarding elder abuse prevention activities, and it provides training and technical assistance to state elder abuse agencies and to community-based organizations (<https://ncea.acl.gov>, FY2024 funding is about \$765,000).
- *The National Long-Term Care Ombudsman Resource Center* provides training and technical assistance to state and local long-term care ombudsmen (<http://www.ltombudsman.org>, FY2024 funding is about \$516,000).

⁷ ACL, Centers for Medicare & Medicaid Services, and Department of Veterans Affairs, *No Wrong Door*, <https://nwd.acl.gov>. For more information see, ACL, Aging and Disability Resource Centers Program/No Wrong Door System, <https://acl.gov/programs/connecting-people-services/aging-and-disability-resource-centers-programno-wrong-door>.

⁸ Beginning in FY2009, Congress provided mandatory funding under the Medicare Improvements for Patients and Providers Act (MIPPA, P.L. 110-275; 42 U.S.C. §1395b-3 note) for Medicare enrollment assistance to Aging Disability Resource Centers (ADRCs), as well as Area Agencies on Aging (AAAs), State Health Insurance and Assistance Programs (SHIPs), and the National Center for Benefits Outreach and Enrollment. ADRCs received \$6.25 million in mandatory funding for FY2024 under P.L. 118-42, the Consolidated Appropriations Act, 2024.

⁹ Email communication with Matt Cutler, AOA/ACL Office of Budget and Finance, April, 2024; Explanatory statement submitted by Ms. Granger, Chair of the House Committee on Appropriations regarding H.R. 2882, Further Consolidated Appropriations Act, 2024, *Congressional Record*, March 22, 2024, <https://www.congress.gov/118/crec/2024/03/22/170/51/CREC-2024-03-22-bk2.pdf>, pp. H1893, H2036-H2039; email communication with Matt Cutler, AOA/ACL Office of Budget and Finance, 2024; HHS, ACL, *Fiscal Year 2025 Justification of Estimates for Appropriations Committees*, pp. 86-95 and 141-146.

¹⁰ ACL reported combined program funding for the National Eldercare Locator and civic engagement under *National Eldercare Locator and Engagement*; however, civic engagement activities are authorized under OAA Title IV, Section 417, and included under Title II activities for simplicity.

Title III. Grants for State and Community Programs on Aging

Title III authorizes grants to SUAs, which in turn provide federal funding to AAAs. These entities are responsible for acting as advocates on behalf of and coordinating programs for older persons in their states and local communities. Title III accounts for 71.7% of the OAA's total FY2024 funding (\$1.700 billion out of \$2.372 billion).

States receive separate allotments of funds based on a statutory funding formula for supportive services and centers, congregate nutrition, home-delivered nutrition, the nutrition services incentive grant program, disease prevention and health promotion services, and family caregiver support.¹¹ The OAA allows states some flexibility to transfer funds among Title III programs. Specifically, the OAA authorizes SUAs to transfer up to 40% of funds received between the congregate nutrition and home-delivered nutrition services programs; states may request a waiver from the Assistant Secretary for up to an additional 10% of funds. SUAs may transfer up to 30% of funds received between these nutrition services programs and the supportive services and centers program.¹² States are prohibited from delegating transfer authority to an AAA or another entity. States are required to provide a matching share of 15% in order to receive grant funds for supportive services and congregate and home-delivered nutrition programs. A matching share of 25% is required for family caregiver support; no match is required for nutrition services incentive grants and disease prevention and health promotion services.

Title III services are available to all persons aged 60 and older. Means testing is prohibited.¹³ Rather, states must target programs and services to individuals with greatest economic and greatest social need, which are defined in statute as follows:

- *Greatest economic need* means the need resulting from an income level at or below the poverty line.¹⁴
- *Greatest social need* means the need caused by noneconomic factors, which include physical and mental disabilities; language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic status that restricts the ability of an individual to perform normal daily tasks or threatens their capacity to live independently.¹⁵

In targeting OAA funding, states are required to develop an intrastate funding formula (IFF) for distribution of certain Title III program funds within the state.¹⁶ The IFF takes into account the geographical distribution of older adults in the state, as well as the distribution of older adults with greatest economic and social need (with particular attention to low-income minority older individuals) among specified PSAs. The state formula for distribution of Title III allocations must be developed in accordance with AOA guidelines and approved by the Assistant Secretary for Aging.

¹¹ State allotments for Title III programs are listed at HHS, ACL, *Older Americans Act (OAA)*, <https://acl.gov/about-acl/older-americans-act-oaa>.

¹² OAA §308(b)(4)(A) and (5)(A).

¹³ OAA §315.

¹⁴ OAA §102(23).

¹⁵ OAA §102(24).

¹⁶ OAA §305(a)(2)(C).

States are allowed to implement cost-sharing policies for certain services based on a sliding-scale fee.¹⁷ LSPs may solicit voluntary contributions from older adults toward the costs of services. Older persons must not be denied services due to failure to make a contribution. State, local, and private funding sources also supplement federal OAA funds for these services.

In FY2021, the most recent year for which participation data are available, about 10.2 million older persons were served by Title III programs.¹⁸ Title III services included the provision of 206.2 million home-delivered meals; 55.6 million congregate meals; 14.7 million rides to medical appointments, grocery stores, and other activities; 41.8 million hours of personal care, homemaker, and chore services; and 3.4 million hours of case management services in FY2022.¹⁹

Title IV. Activities for Health, Independence, and Longevity

Title IV of the OAA authorizes the Assistant Secretary for Aging to award funds for training, research, and demonstration projects in the field of aging. Over the years, Title IV has supported a wide range of research and demonstration projects, including those related to income, health, housing, retirement, and long-term services and supports, as well as projects on career preparation and continuing education for personnel in the field of aging. Title IV activities receive \$63.5 million in discretionary funding for FY2024; an additional \$65.1 million is transferred from mandatory funding sources under the Prevention and Public Health Fund (PPHF) and Medicare Trust Funds. A total of \$128.5 million in Title IV funding is provided for FY2024. Funding provided under Title IV goes toward various activities that are designed to support health, independence, and longevity of older individuals.²⁰ Among these activities are the following:

- *Alzheimer's Disease Program* provides funding for competitive grants to states and community-based organizations to provide services and training to individuals with Alzheimer's Disease and Related Dementia and their caregivers. ACL also funds a training and technical assistance resource center (FY2024 funding is \$16.8 million; another \$14.7 million is mandatory funding from the PPHF).²¹
- *Chronic Disease Self-Management Education* are evidence-based interventions that assist those with chronic conditions (e.g., diabetes, heart disease, cancer, HIV, depression, pain) and address their condition by emphasizing the

¹⁷ OAA §315. States are not permitted to implement cost sharing for the following services: information and assistance, outreach, benefits counseling, case management; ombudsman, elder abuse prevention, legal assistance, or other consumer protection activities; congregate and home-delivered nutrition services; or any services delivered through tribal organizations. In addition, states are not permitted to implement cost sharing for older adults who have incomes at or below the federal poverty level.

¹⁸ ACL, *Aging, Independence, and Disability Program Data Portal*, National Tables, Table 1. Persons Served Under OAA Title III – Estimated Unduplicated Counts (Clusters 1-3), <https://agid.acl.gov/release.html#NationalTabl>.

¹⁹ ACL, *Fiscal Year 2025 Justification of Estimates for Appropriations Committees*, pp. 45-46, 58.

²⁰ Title IV Section 411 also authorizes Falls Prevention activities; \$5.0 million was provided for these activities in FY2022 under mandatory funding from the Prevention and Public Health Fund. This program did not receive discretionary funding for FY2022. (Explanatory statement submitted by Ms. DeLauro, Chair of the House Committee on Appropriations regarding the House Amendment to the Senate Amendment to H.R. 2471, Consolidated Appropriations Act, 2022, *Congressional Record*, March 9, 2022, p. H2685).

²¹ The Prevention and Public Health Fund (PPHF) was established in Section 4002 of the Affordable Care Act (ACA; P.L. 111-148, as amended). The PPHF has its own appropriation (provided by its authorizing law) and its own account within the HHS Office of the Secretary. In recent years, appropriators have directed specific amounts of annual PPHF funding to specific ACL programs (in addition to other HHS agencies) through LHHS Appropriations Acts and accompanying report language. For more information, see CRS Report R47895, *Prevention and Public Health Fund: In Brief*.

- individual's role in disease management through group workshops led by trained non-health care professionals who often themselves have chronic disease (FY2024 funding is \$8.0 million in mandatory funding from the PPHF).
- *Elder Falls Prevention* provides funding for evidence-based falls prevention programs in the community and funds the National Falls Prevention Resource Center among other activities (FY2024 funding is \$2.5 million; another \$5.0 million in mandatory funding from the PPHF).
 - *Senior Medicare Patrol Program (SMP)* funds projects that educate older Americans and their families to recognize and report Medicare and Medicaid fraud.²² Appropriations measures have funded SMP activities under discretionary appropriations from the Centers for Medicare & Medicaid Services (CMS) Health Care Fraud and Abuse Control (HCFAC) account. This account distributes funding to various antifraud activities from the Medicare Trust Funds at the joint discretion of the HHS Secretary and Attorney General (referred to as “wedge” funds), and distributes certain discretionary appropriations at the discretion of Congress. (For FY2024, the HHS Secretary is to provide no less than \$35.0 million from HCFAC discretionary appropriations to SMP; ACL estimates an additional \$2.4 million in HCFAC wedge funds).²³

The following OAA programs and activities receive discretionary funding under Title IV authorities:²⁴

Aging Network Support Activities

- *National Resource Centers on Native American Elders* provide research and technical information on health, long-term services and supports, elder abuse, mental health, and other issues relevant to tribal communities through cooperative agreements with institutions of higher education. (FY2024 funding is about \$655,000.)
- *Older Adult Equity Collaborative* includes five National Minority Aging Organization Technical Assistance Resource Centers, as well as a Coordinating Center for Minority Organizations Technical Assistance Resource Center that provide culturally and linguistically appropriate information on health promotion and disease prevention for older individuals of African American, Hispanic, Asian American and Pacific Islander descent, American Indian and Alaska Native elders, and older lesbian, gay, bisexual, and transgender (LGBT) persons. (FY2024 funding is \$1.2 million.²⁵)

²² Beginning in FY2016, discretionary funding under ACL's Aging and Disability Services Programs account is no longer provided for SMP.

²³ P.L. 118-47, Division D. *FY2025 ACL Congressional Budget Justification*, <https://acl.gov/sites/default/files/about-acl/2024-03/FY2025ACL-CJ-508.docx>; HCFAC “wedge” funding may vary from year to year, as determined by the HHS Secretary.

²⁴ Email communication with G. Steven Hagy, director, ACL Office of Budget and Finance, April 4, 2022; explanatory statement submitted by Rep. DeLauro, Chair of the House Committee on Appropriations regarding the House Amendment to the Senate Amendment to H.R. 2471, Consolidated Appropriations Act, 2022, Congressional Record, March 9, 2022, pp. H2683, H2878-H2879, H2791-H2792; HHS, ACL, Fiscal Year 2023 Justification of Estimates for Appropriations Committees, pp. 147-151; HHS, ACL, Operating Plan for FY2022, <https://acl.gov/sites/default/files/about-acl/2022-05/ACL%20Operating%20Plan%20-%20FY22%20Web%20Version.pdf>.

²⁵ The FY2023 Budget refers to National Minority Aging Organizations Technical Assistance Centers as the “Older Adult Equity Collaborative.” FY2022 funding for the Elder Justice/APS may also be used for activities authorized (continued...)

- *Program Performance and Technical Assistance* supports the development of performance measurement tools and best practices to assess the results of OAA programs. (FY2024 funding is \$2.7 million.)
- *Holocaust Survivor's Assistance* provides funding through a cooperative agreement with a national organization that has expertise in assisting Holocaust survivors living in the United States. Program funding supports the capacity to deliver person-centered, trauma-informed supportive services through a technical assistance center and other activities. (FY2024 funding is \$8.5 million.)
- *Care Corps Demonstration Grants* support public agencies and nonprofits in placing volunteers to provide nonmedical care to help family caregivers, seniors, and individuals with disabilities to maintain independence. (FY2024 funding is \$5.5 million.)
- *Direct Care Workforce Demonstration* provides funding for a national technical assistance center for federal, state, and private entities to access model policies, best practices, and training materials for recruiting and retaining direct care workers. (FY2024 funding is \$2.0 million.)
- *Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities (ICC)* began work with funding provided for the first time in FY2023. The committee is convening federal agencies and gathering stakeholder and expert input to inform the development of a national framework for multisector plans for aging. (FY2024 funding is \$1.0 million.)
- *Research, Demonstration, and Evaluation Center for the Aging Network* developed the ACL Innovation Lab with funding provided for the first time in FY2023. The Innovation Lab is charged with developing research, sharing analysis, and providing technical assistance on interventions that reduce falls and falls risk factors, among other activities. (FY2024 funding is \$5.0 million.)

Elder Rights Support Activities

- *Legal Assistance and Support* funds two different activities. First, the National Center on Law and Elder Rights provides technical assistance, case consultations, training, and capacity building support to OAA-funded legal assistance providers and their aging and disability services partners. Second, Legal Assistance Enhancement Program grants support legal assistance providers and their partners on innovative approaches to elder rights. Topics addressed by Legal Assistance and Support include guardianship, financial exploitation, grandparents raising grandchildren, evictions, and Medicare and Medicaid rights, among others. (FY2024 funding is \$2.6 million.)
- *Elder Justice/Adult Protective Services (APS)* provides funding for demonstration grants to states to enhance their APS Systems, technical assistance to states with regard to the national APS data collection effort, research in the areas of elder abuse, neglect, and exploitation. (FY2024 funding is \$15.0 million.)

under the Elder Justice Act (§2042(a) of the Social Security Act). The FY2023 Budget breaks out Elder Justice/APS into its own line item separately from Elder Rights Support Activities.

Title V. Community Service Senior Opportunities Act

Title V, Community Service Senior Opportunities Act, also known as Community Service Employment for Older Americans (CSEOA) or the Senior Community Service Employment Program (SCSEP), has as its purpose the promotion of useful part-time opportunities in community service activities for unemployed low-income²⁶ persons who are 55 years or older and who have poor employment prospects. The Title V program is administered by DOL's Employment and Training Administration; it is the only OAA program not administered by HHS under ACL. For FY2024, Title V represents 17.1% of total OAA funding (\$405.0 million out of \$2.372 billion). DOL allocates Title V funds for grants based on a statutory funding formula to state agencies in all 50 states, the District of Columbia, Puerto Rico, and the U.S. territories, and to national organizations. There is a 10% nonfederal match requirement for Title V grant activities.

SCSEP participants are placed in part-time positions working in a variety of community service activities, such as day care centers, senior centers, schools, and hospitals.²⁷ Participants work part-time and receive on-the-job experience and skills. The program operates on a program year (PY) basis from July 1 through June 30.²⁸ DOL estimates that the program will serve about 42,000 participants in PY2023 (ending June 30, 2024).²⁹ Enrollees are paid no less than the highest of the federal minimum wage, the state or local minimum wage, or the prevailing wage paid by the same employer for similar public occupations. In addition to wages, enrollees receive training, physical examinations, personal and job-related counseling, transportation for employment purposes (under certain circumstances), and placement assistance into unsubsidized jobs.

Title VI. Grants for Services for Native Americans

Title VI authorizes funds for supportive and nutrition services to older Native Americans. Funds are awarded directly by ACL to Indian tribal organizations, Native Alaskan organizations, and nonprofit groups representing Native Hawaiians. To be eligible for funding, a tribal organization must represent at least 50 Native Americans aged 60 and older. There is no requirement for tribal organizations to match these grant funds. In FY2023, grants were awarded to 290 tribal organizations representing over 400 tribal nations.³⁰ The program provides services such as transportation, home-delivered and congregate nutrition services, information and referral, and a wide range of home care services. Title VI also authorizes caregiver support services to Native American elders. Respite, caregiver training, information and outreach, counseling, and support

²⁶ Participants' incomes must be no greater than 125% of the federal poverty guidelines, 20 C.F.R. §641.500. For more information about the Community Service Employment for Older Americans (CSEOA) program, see CRS Report R45626, *Older Americans Act: Senior Community Service Employment Program*.

²⁷ U.S. Department of Labor, *Senior Community Service Employment Program*, <https://www.dol.gov/agencies/eta/Seniors>.

²⁸ Per OAA Section 517(b), CSEOA is forward funded; for example, dollars appropriated in FY2023 (October 1, 2022 to September 30, 2023) are used for PY2023 (July 1, 2023 to June 30, 2024).

²⁹ Department of Labor Employment and Training Administration, *FY2025 Congressional Budget Justification, Community Service Employment for Older Americans*, p. CSEOA-11, <https://www.dol.gov/sites/dolgov/files/general/budget/2025/CBJ-2025-V1-05.pdf>.

³⁰ Administration for Community Living, Department of Health and Human Services, "Older Americans Act: Grants to State and Community Programs on Aging; Grants to Indian Tribes and Native Hawaiian Grantees for Supportive, Nutrition, and Caregiver Services; Grants for Supportive and Nutritional Services to Older Hawaiian Natives; and Allotments for Vulnerable Elder Rights Protection Activities," 45 *Federal Register* 11566-11699, February 14, 2014, <https://www.govinfo.gov/content/pkg/FR-2024-02-14/pdf/2024-01913.pdf>.

groups are among the services provided. For FY2024, these programs received \$50.3 million (\$38.3 million for supportive and nutrition services, and \$12.0 million for family caregivers).

Title VII. Vulnerable Elder Rights Protection Activities

Title VII authorizes the Long-Term Care Ombudsman Program as well as Elder Abuse, Neglect, and Exploitation Prevention Programs. For FY2024, these programs are funded at a total of \$26.7 million. The majority of Title VII funding (\$21.9 million, or 82.1%, in FY2024) is directed at the long-term care ombudsman program, which investigates and resolves complaints of residents in nursing facilities, board and care facilities, and other adult care homes. In 2022, ombudsmen representatives worked on almost 183,000 resident complaints, partially or fully resolving about three-quarters of them.³¹

FY2024 Appropriations Overview

Funding for most OAA programs is provided in annual appropriations through the Departments of Labor, Health and Human Services, and Education, and Related Agencies (LHHS) Appropriations Act. The Further Consolidated Appropriations Act, 2024 (P.L. 118-47), Division H, Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2023, provided discretionary appropriations for OAA programs, projects, and activities under ACL's Aging and Disability Services Programs budget authority and the Department of Labor budget authority at an estimated total of \$2.307 billion for FY2024.³² In addition to discretionary appropriations, provisions in the LHHS Act transfer mandatory funding to certain OAA programs. For example, the Falls Prevention Program and Alzheimer's Disease Program, both authorized under OAA Title IV, receive a transfer of mandatory funding from the Public Health Prevention Fund (PPHF). The Senior Medicare Patrol Program receives mandatory and discretionary funding from the HCFAC account. Discretionary and mandatory OAA funding for FY2024 totaled \$2.372 billion, which is \$6.0 million (-0.3%) less than the FY2023 level.

Figure 2 shows the distribution of FY2024 OAA total funding by title, with program-level detail for Title III State and Community Programs on Aging. Title III programs received the largest proportion of OAA funding, with 71.7% of funding appropriated to nutrition, supportive services, family caregivers, and health promotion activities. About one-fifth of OAA funding (17.1%) is allocated to Title V, the CSEOA Program. The remaining funds are allocated to AOA-administered activities under Titles II (2.6%) and IV (5.4%), grants to Native Americans under Title VI (2.1%), and vulnerable elder rights protection activities under Title VII (1.1%).

Most OAA programs received the same level of funding for FY2024 compared with FY2023-enacted levels. However, the Title III nutrition programs overall were funded at \$8.1 million (-0.8%) less in FY2024 compared with FY2023. While congregate nutrition and home-delivered nutrition programs saw increases of \$25.0 million (+4.6%) and \$15.0 million (+4.1%), respectively, the NSIP program received \$48.1 million (-30.0%) less, resulting in an overall

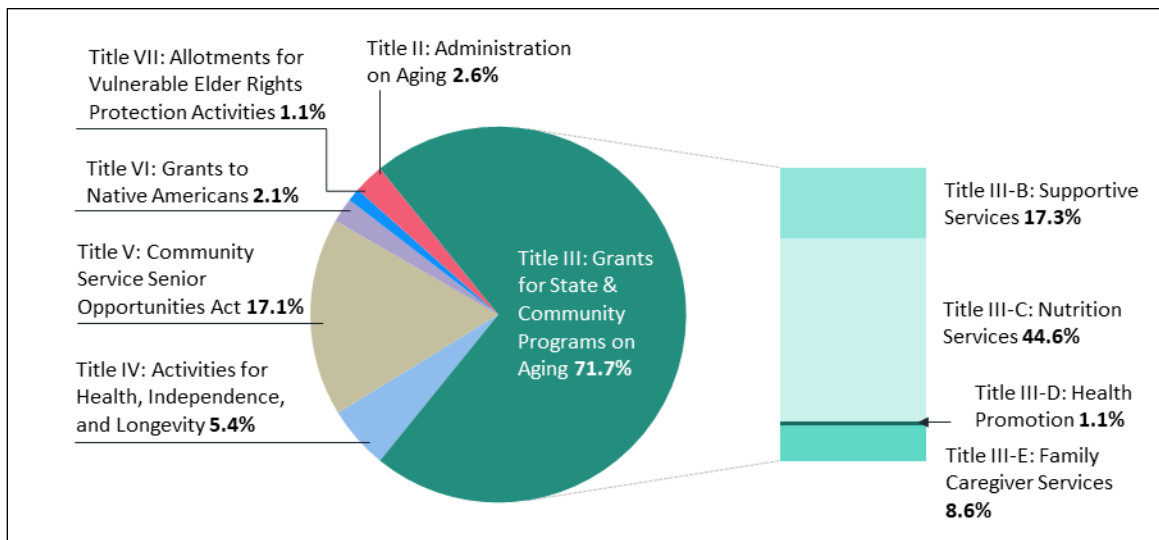
³¹ ACL, *Fiscal Year 2025 Justification of Estimates for Appropriations Committees*, p. 128.

³² Program administration funding reflects administration costs for ACL-administered programs authorized under OAA as well as the Developmental Disabilities Assistance and Bill of Rights Act (DD Act); the Help America Vote Act (HAVA); the Assistive Technology (AT) Act; the Rehabilitation Act; the Public Health Service Act (PHSA); the Elder Justice Act (EJA); the Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act; the Supporting Grandparents Raising Grandchildren Act; and the Medicare Improvements for Patients and Providers Act (MIPPA); see ACL, *Fiscal Year 2023 Justification of Estimates for Appropriations Committees*, p. 266.

decrease in Title III nutrition funding and total OAA funding for FY2024 compared with FY2023-enacted levels.

Figure 2. Older Americans Act, FY2024 Funding

Funding as a percentage of OAA total, \$2.372 billion



Sources: Explanatory statement submitted by Ms. Granger, Chair of the House Committee on Appropriations regarding H.R. 2882, Further Consolidated Appropriations Act, 2024, *Congressional Record*, March 22, 2024, <https://www.congress.gov/118/crec/2024/03/22/17051/CREC-2024-03-22-bk2.pdf>, pp. H1893, H2036-H2039; email communication with Matt Cutler, OAA/ACL Office of Budget and Finance, 2024; HHS, ACL, *Fiscal Year 2025 Justification of Estimates for Appropriations Committees*.

Note: Sums may not total due to rounding.

OAA Funding History

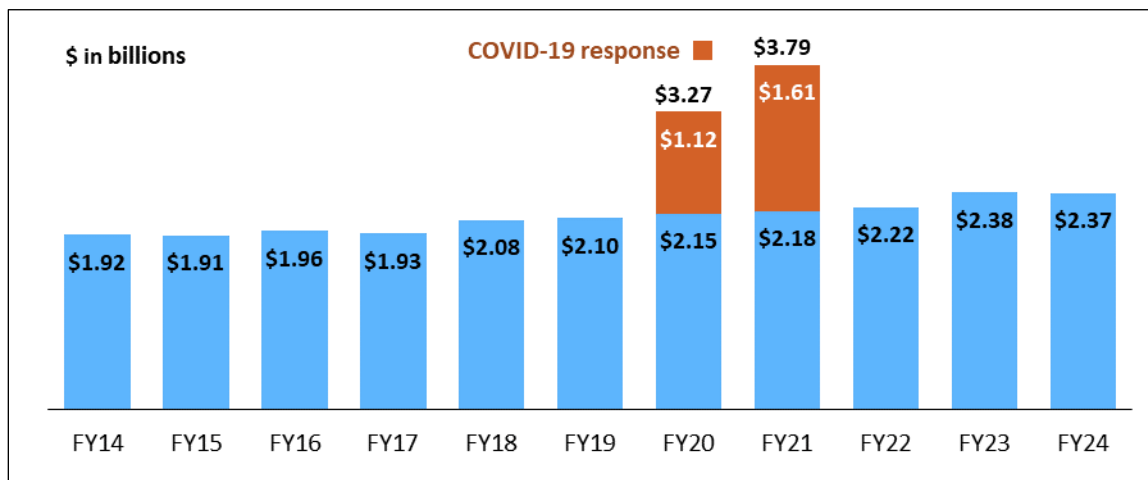
Overall, total annual OAA funding has increased over the 11-year period from FY2014 through FY2024, with the largest one-year increase in funding (55.4%) from FY2019 to FY2020 due to supplemental funding to respond to the needs of seniors during the COVID-19 pandemic (not adjusted for inflation; see **Figure 3**). For FY2021, total OAA funding, including supplemental funding, was at the highest level (\$3.788 billion for FY2021) in the act's 55-year history. Prior to FY2020, total OAA funding levels remained below the FY2010 level, when funding was at its previously highest level of \$2.374 billion (not shown) due to supplemental funding provided to the CSEOA Program to serve low-income seniors affected by the Great Recession.

For FY2014 through FY2017, total OAA funding remained relatively level. FY2017 saw a slight funding decrease from the prior year, with total OAA funding at 1.4% less than FY2016; most of the decrease was due to a 7.9% reduction to Title V CSEOA funding in FY2017.

Between FY2017 and FY2023, total OAA funding (not including the COVID-19 supplemental funding) increased slightly each year with annual increases from prior year funding levels of 7.8% in FY2018, 0.8% in FY2019, 2.1% in FY2020, 1.6% in FY2021, and 2.0% in FY2022. The 7.0% increase in total OAA funding from FY2022 to FY2023 was the largest increase since FY2018; most of the increase was attributable to increased funding for Title III grant programs, including additional funding for congregate and home-delivered nutrition services. FY2024 remained relatively constant compared with FY2023-enacted levels, the slight decrease due to a decrease in funding for the nutrition services under NISP as previously noted. (Amounts in this

discussion are not adjusted for inflation.) For programs and activities funded by OAA title since FY2017, see **Table A-1**.

Figure 3. Total Funding for Older Americans Act Programs, FY2014-FY2024



Source: Prepared by CRS based on appropriations legislation, committee reports, explanatory statements, and agency operating plans. Amounts are nominal dollars (not adjusted for inflation).

Note: Includes discretionary funding in annual appropriations laws, and discretionary and mandatory funding in additional appropriations related to COVID-19 response.

Appendix A. Older Americans Act Programs: FY2017-FY2024 Funding

Table A-1 shows the funding history for OAA programs for FY2017 through FY2024. It includes discretionary funding that is provided or allocated through the Departments of Labor, Health and Human Services, and Education, and Related Agencies (LHHS) Appropriations Act. It also includes funding transferred by provisions in the LHHS act from two mandatory sources—the Prevention and Public Health Fund (PPHF) and the Health Care Fraud and Abuse Control (HCFAC) account. **Table A-1** also includes discretionary and mandatory funding in COVID-19 relief legislation. Amounts are not adjusted for inflation. The table includes several nonadd lines—in italicized font with funding amounts in parentheses—for specific programs within a larger budget account (i.e., Nutrition Services).

Amounts shown in **Table A-1** also account for the following:

- Annual and supplemental appropriations for FY2020, which are shown in two columns:
 - “FY2020 Annual Approps.” Includes discretionary funding and transfers of mandatory funding provided by P.L. 116-94, Further Consolidated Appropriations Act 2020.
 - “FY2020 Supplemental Approps.” includes total discretionary funding provided by P.L. 116-127, Families First Coronavirus Response Act and P.L. 116-136, Coronavirus Aid, Relief, and Economic Security Act (CARES Act).
- Annual and additional appropriations for FY2021, which are shown in two columns:
 - “FY2021 Annual Approps.” includes discretionary funding and transfers of mandatory funding provided by P.L. 116-260, Consolidated Appropriations Act, 2021, Division H, Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2021.
 - “FY2021 Additional Approps.” includes mandatory funding provided by P.L. 116-260, Consolidated Appropriations Act, 2021, Division N, Additional Coronavirus Response and Relief; and P.L. 117-2, American Rescue Plan Act of 2021.

Table A-1. Funding for the Older Americans Act (OAA) Programs: FY2017-FY2024

(\$ in millions)

| OAA Programs | FY2017 | FY2018 | FY2019 | FY2020 Annual Approps ^a | FY2020 Supplemental Approps ^b | FY2021 Annual Approps ^c | FY2021 Additional Approps ^d | FY2022 | FY2023 | FY2024 |
|---|--------------------|--------------------|--------------------|--|--|--|--|--------------------|--------------------|--------------------|
| Title II: Administration on Aging | \$51.359 | \$54.360 | \$54.360 | \$54.360 | \$50.000 | \$54.360 | 0 | \$55.360 | \$60.860 | \$61.860 |
| Program administration ^e | 40.063 | 41.063 | 41.063 | 41.063 | 0 | 41.063 | 0 | 42.063 | 47.063 | 48.063 |
| Aging network support activities ^f | 3.896 | 3.896 | 3.896 | 3.896 | 0 | 3.896 | 0 | 3.896 | 3.896 | 3.896 |
| Aging and Disability Resource Centers | 6.119 | 8.119 | 8.119 | 8.119 | 50.000 | 8.119 | 0 | 8.119 | 8.619 | 8.619 |
| Elder rights support activities ^g | 1.281 | 1.282 | 1.282 | 1.282 | 0 | 1.282 | 0 | 1.282 | 1.282 | 1.282 |
| Title III: Grants for State and Community Programs on Aging | \$1,358.411 | \$1,487.261 | \$1,497.861 | \$1,537.611 | \$1,020.000 | \$1,558.111 | \$1,567.000 | \$1,584.111 | \$1,708.092 | \$1,700.023 |
| Supportive services and centers | 350.224 | 385.074 | 385.074 | 390.074 | 200.000 | 392.574 | 460.000 | 398.574 | 410.000 | 410.000 |
| Family caregivers ^h | 150.586 | 180.586 | 181.186 | 185.936 | 100.000 | 188.936 | 145.000 | 193.936 | 205.000 | 205.000 |
| Disease prevention/health promotion | 19.848 | 24.848 | 24.848 | 24.848 | 0 | 24.848 | 44.000 | 24.848 | 26.339 | 26.339 |
| Nutrition services | 837.753 | 896.753 | 906.753 | 936.753 | 720.000 ⁱ | 951.753 | 918.000 | 966.753 | 1,066.753 | 1058.684 |
| Congregate meals (nonadd) | 450.342 | 490.342 | 495.342 | 510.342 | 80.000 ⁱ | 515.342 | 300.000 | 515.342 | 540.342 | 565.342 |
| Home-delivered meals (nonadd) | 227.342 | 246.342 | 251.342 | 266.342 | 640.000 ⁱ | 276.342 | 618.000 ⁱ | 291.342 | 366.342 | 381.342 |
| Nutrition services incentive grants (nonadd) | 160.069 | 160.069 | 160.069 | 160.069 | 0 | 160.069 | 0 | 160.069 | 160.069 | 112.000 |
| Title IV: Activities for Health, Independence, and Longevity | \$64.358 | \$77.657 | \$82.657 | \$80.657 | 0 | \$91.657 | 0 | \$106.657 | \$127.457 | \$128.507 |
| Elder rights support activities ^k | 12.593 | 14.592 | 14.592 | 14.592 | 0 | 16.592 | 0 ^l | 17.592 | 17.592 | 17.592 |
| Aging network support activities ^{f,m} | 6.065 | 8.565 | 13.565 | 8.565 | 0 | 12.565 | 0 | 14.565 | 26.565 | 26.565 |
| Alzheimer's Disease Program ⁿ | — | 8.800 | 8.800 | 11.800 | 0 | 12.800 | 0 | 14.800 | 16.800 | 16.800 |
| Alzheimer's Disease Program (PPHF) ^o | 14.700 | 14.700 | 14.700 | 14.700 | 0 | 14.700 | 0 | 14.700 | 14.700 | 14.700 |

| OAA Programs | FY2017 | FY2018 | FY2019 | FY2020 Annual Approps^a | FY2020 Supplemental Approps^b | FY2021 Annual Approps^c | FY2021 Additional Approps^d | FY2022 | FY2023 | FY2024 |
|--|--------------------|--------------------|--------------------|--|--|--|--|---------------------|---------------------|--------------------|
| Chronic Disease Self-Management Education (PPHF) ^o | 8.000 | 8.000 | 8.000 | 8.000 | 0 | 8.000 | 0 | 8.000 | 8.000 | 8.000 |
| Elder Falls Prevention | — | — | — | — | — | — | — | — | 2.500 | 2.500 |
| Elder Falls Prevention (PPHF) ^o | 5.000 | 5.000 | 5.000 | 5.000 | 0 | 5.000 | 0 | 5.000 | 5.000 | 5.000 |
| Senior Medicare Patrol Program (HCFAC) ^p | 18.000 | 18.000 | 18.000 | 18.000 | 0 | 22.000 ^q | 0 | 32.000 ^q | 36.300 ^q | 37.350 |
| Title V: Community Service Senior Opportunities Act | \$400.000 | \$400.000 | \$400.000 | \$405.000 | 0 | \$405.000 | 0 | \$405.000 | \$405.000 | \$405.000 |
| Title VI: Grants to Native Americans | \$38.764 | \$42.764 | \$44.264 | \$45.014 | \$30.000 | \$46.014 | \$32.000 | \$47.570 | \$50.264 | \$50.264 |
| Supportive and nutrition services | 31.208 | 33.208 | 34.208 | 34.708 | 30.000 | 35.208 | 23.670 | 36.264 | 38.264 | 38.264 |
| Native American caregivers | 7.556 | 9.556 | 10.056 | 10.306 | 0 | 10.806 | 8.330 | 11.306 | 12.000 | 12.000 |
| Title VII: Allotments for Vulnerable Elder Rights Protection Activities | \$20.658 | \$21.658 | \$21.658 | \$22.658 | \$20.000 | \$23.658 | \$10.000 | \$24.658 | \$26.658 | \$26.658 |
| Long-term care ombudsman program | 15.885 | 16.885 | 16.885 | 17.885 | 20.000 ^r | 18.885 | 10.000 ^s | 19.885 | 21.885 | 21.885 |
| Elder abuse prevention | 4.773 | 4.773 | 4.773 | 4.773 | ^r | 4.773 | 0 | 4.773 | 4.773 | 4.773 |
| TOTAL Older Americans Act Programs | \$1,933.550 | \$2,083.700 | \$2,100.800 | \$2,145.300 | \$1,120.000 | \$2,178.800 | \$1,609.000 | \$2,223.356 | \$2,378.331 | \$2,372.312 |
| <i>Discretionary funding^t</i> | <i>1,887.850</i> | <i>2,038.000</i> | <i>2,055.100</i> | <i>2,099.600</i> | <i>1,120.000</i> | <i>2,129.100</i> | <i>0</i> | <i>2,163.656</i> | <i>2,314.331</i> | <i>2,307.262</i> |
| <i>PPHF^o</i> | <i>27.700</i> | <i>27.700</i> | <i>27.700</i> | <i>27.700</i> | <i>0</i> | <i>27.700</i> | <i>0</i> | <i>27.700</i> | <i>27.700</i> | <i>27.700</i> |
| <i>HCFAC^p</i> | <i>18.000</i> | <i>18.000</i> | <i>18.000</i> | <i>18.000</i> | <i>0</i> | <i>22.000</i> | <i>0</i> | <i>32.000</i> | <i>36.300</i> | <i>37.350</i> |

Sources: FY2017 to FY2024 Labor-Health and Human Services (HHS)-Education Appropriations Acts and accompanying report and explanatory statement language available at the CRS appropriations status table; P.L. 116-127; P.L. 116-136; P.L. 116-260; P.L. 117-2, P.L. 117-103, P.L. 117-328, P.L. 118-47; various HHS, Administration on Aging (AOA), Administration for Community Living (ACL), and Department of Labor (DOL) budget documents, including budget justifications (FY2017); email communication with G. Steven Hagy, director, AOA/ACL Office of Budget and Finance, 2013 to 2023; email communication with Matt Cutler, AOA/ACL Office of Budget and Finance, 2024.

Notes: Includes discretionary funding that is mostly provided or allocated through the Departments of Labor, Health and Human Services, and Education, and Related Agencies (LHHS) Appropriations Act. It includes mandatory funding transferred by provisions in the LHHS act from the Prevention and Public Health Fund (PPHF) and the Health Care Fraud and Abuse Control (HCFAC) account. It also includes discretionary and mandatory funding in COVID-19 relief legislation.

- a. This column reflects FY2020 appropriations in P.L. 116-94, Further Consolidated Appropriations Act, 2020. Funding was to remain available until September 30, 2021.
- b. This column reflects supplemental FY2020 appropriations in P.L. 116-127, Families First Coronavirus Response Act and P.L. 116-136, Coronavirus Aid, Relief, and Economic Security Act (CARES Act). Funding was to remain available until September 30, 2021.
- c. This column reflects discretionary and mandatory funding provided by P.L. 116-260, Consolidated Appropriations Act, 2021, Division H, Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2021.
- d. This column reflects mandatory additional funding provided by P.L. 116-260, Consolidated Appropriations Act, 2021, Division N, Additional Coronavirus Response and Relief, which was to remain available until September 30, 2022; and P.L. 117-2, American Rescue Plan Act, 2021, which was to remain available until expended.
- e. Amounts reflect program administration costs for aging and disability services programs administered by ACL, not just aging services programs administered by AOA.
- f. Budget documents provide funds for the National Eldercare Locator (authorized under Title II) and Multigenerational Civic Engagement (authorized under Title IV) together under the “National Eldercare Locator and Engagement” line item. For simplicity, this table includes this funding under Title II Aging network support activities.
- g. Elder rights support activities include the National Center on Elder Abuse and the National Long-Term Care Ombudsman Resource Center (both authorized under Title II), and Model Approaches to Statewide Legal Assistance and National Legal Assistance and Support Projects (both authorized under Title IV). Prior to FY2011, funding for these programs was included in totals for Aging network support activities and Program Innovations.
- h. Funding for Native American family caregiving is shown in Title VI.
- i. P.L. 116-127, the Families First Coronavirus Response Act, provided \$240.0 million in supplemental funding for OAA Title III nutrition services (\$80.0 million for congregate nutrition and \$160.0 million for home-delivered nutrition). P.L. 116-136, the Coronavirus Aid, Relief, and Economic Security (CARES) Act, provided \$480.0 million in supplemental funding for OAA Title III nutrition services that ACL allocated to states and territories under their home-delivered nutrition programs.
- j. P.L. 116-260, Division N, and P.L. 117-2 provided mandatory supplemental funding to OAA nutrition services under Title III-C. For P.L. 116-260, ACL allocated the entire Title III-C nutrition services amount (\$168.0 million) to home-delivered nutrition services. For P.L. 117-2, ACL allocated \$300.0 million to congregate nutrition and \$450.0 to home-delivered nutrition. However, of the Title III-C home-delivered and congregate nutrition services program funds received in FY2021, SUAs and AAAs may transfer up to 100% of the funds between the two programs without prior approval, per P.L. 116-260, Division N, Section 732 (email communication with ACL Budget Director, January 7, 2021 and March 15, 2021; P.L. 116-260, Division N, Section 732).
- k. Elder rights support activities also include Elder Justice/Adult Protective Services (APS) funding (\$15,000,000 in FY2023 and \$15,000,000 in FY2024), which is authorized under both OAA Title IV and Social Security Act Title XX-B. ACL does not break out the funding further between the two authorities. For simplicity, CRS counts this funding under Elder Rights Support Activities (OAA Title IV).
- l. P.L. 116-260, Division N, appropriated \$100.0 million in mandatory funding for activities authorized by the Elder Justice Act, to prevent, prepare for, and respond to coronavirus. ACL announced that \$93.9 million of that amount would be available for “Grants to Enhance Adult Protective Services to Respond to COVID-19,” *Federal Register*, February 1, 2021, 86 FR 7726, <https://www.federalregister.gov/d/2021-02091>. This funding is outside the scope of this report.

- m. Starting in FY2016, budget documents provide funds for the Resource Center on Women and Retirement Planning (authorized under Title IV) and the Pension Counseling and Information Program (authorized under Title II) together under a new “Pension Counseling and Retirement Information” line item. For simplicity, this table includes this funding under Title II Aging network support activities.
- n. The Consolidated Appropriations Act, 2018 (P.L. 115-141), streamlined ACL’s four Alzheimer’s disease programs (Alzheimer’s Disease Supportive Services, Alzheimer’s Disease Initiative—Specialized Supportive Services, Alzheimer’s Disease Initiative—Communications, and the National Alzheimer’s Call Center previously funded under Aging Network Support Activities) into a single Alzheimer’s Disease Program. For each of FY2018 through FY2021, in addition to discretionary funds, the Alzheimer’s Disease Program also received \$14.7 million in mandatory funds from the Prevention and Public Health Fund (PPHF).
- o. The Prevention and Public Health Fund (PPHF) was established in Section 4002 of the Affordable Care Act (ACA; P.L. 111-148, as amended). The PPHF has its own appropriation (provided by its authorizing law) and its own account within the HHS Office of the Secretary. In recent years, appropriators have directed specific amounts of annual PPHF funding to specific ACL programs (in addition to other HHS agencies) through LHHS Appropriations Acts and accompanying report language.
- p. The Centers for Medicare and Medicaid Services (CMS) Health Care Fraud and Abuse Control (HCFAC) account distributes funding to various antifraud activities from the Medicare Trust Fund at the joint discretion of the HHS Secretary and Attorney General, and distributes certain discretionary appropriations at the discretion of Congress. In FY2016, the Consolidated Appropriations Act, 2016 (P.L. 114-113), changed the source of discretionary funding for the Senior Medicare Patrol program from that funded under ACL appropriations to CMS HCFAC appropriations. Subsequent annual appropriations laws have continued this practice, with some changes over time. The FY2016 and FY2017 appropriations laws did not specify an amount for these activities. Appropriations laws in the subsequent years required the HHS Secretary to provide minimum funding in the following amounts from HCFAC for the Senior Medicare Patrol program: for FY2018 and FY2019, not less than \$17.621 million; for FY2020, not less than \$18.000 million; for FY2021, not less than \$20.000 million; for FY2022, not less than \$30.000 million; for FY2023, not less than \$35.000 million; for FY2024, not less than \$35.000 million. Appropriations laws for FY2021, FY2022, FY2023, and FY2024 gave HHS the authority to use discretionary HCFAC appropriations and/or mandatory HCFAC appropriations for the Senior Medicare Program.
- q. Starting in FY2021, Senior Medicare Patrol totals include HCFAC “wedge” (mandatory) funding in addition to discretionary HCFAC appropriations. For each of FY2021 and FY2022, HCFAC wedge funding was \$2.0 million; for FY2023, HCFAC wedge funding was \$1.3 million. *FY2024 ACL Congressional Budget Justification*, p. 26, <https://acl.gov/sites/default/files/2023-03/FY2024ACL-CJ-508.docx>. For FY2024, ACL estimates \$2.35 million in wedge funding. *FY2025 ACL Congressional Budget Justification*, <https://acl.gov/sites/default/files/about-acl/2024-03/FY2025ACL-CJ-508.docx>.
- r. P.L. 116-136, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), provides \$20.0 million for OAA Title VII services that ACL allocated to the long-term care ombudsman program.
- s. In addition, P.L. 116-260, Division N, appropriated in mandatory funding \$100.0 million for activities authorized by the Elder Justice Act to prevent, prepare for, and respond to coronavirus. ACL announced that \$4.0 million of that amount would be available for “Grants to Enhance Capacity of Long-Term Care Ombudsman Programs to Respond to Complaints of Abuse and Neglect of Residents in Long-Term Care Facilities During the COVID-19 Public Health Emergency,” *Federal Register*, February 1, 2021, 86 FR 7728, <https://www.federalregister.gov/d/2021-02092>.
- t. Total for “discretionary funding” does not include discretionary HCFAC appropriations which are accounted for in the HCFAC funding total.

Appendix B. Authorizations of Appropriations for Older Americans Act (OAA) Programs

Table B-1 provides authorizations of appropriations under the Older Americans Act, as amended by P.L. 116-131. Authorizations of appropriations are shown by OAA title and program or activity (Titles II through VII). No authorizations of appropriations are under Title I of the act.

Authorizations of appropriations for each fiscal year (FY2020 through FY2024) have been summed to show a total amount for each year (bottom of **Table B-1**). However, this total amount includes only those OAA authorizations of appropriations with a discrete amount specified in statute, which applies to almost all authorizations of appropriations. The one exception is under OAA Title VII, Subtitle B, Native American Organization and Elder Justice Provisions. OAA Section 751 authorizes to be appropriated “such sums as may be necessary” for Native American elder rights program and grants for state elder justice systems. **Table B-1** shows the authorizations of appropriations by OAA title and program or activity (first column). The second column describes any amendments or changes to statutory language under P.L. 116-131. The last five columns show the authorizations of appropriations amounts for each program or activity for FY2020 through FY2024, with a total amount summed below for each fiscal year.

**Table B-1. Authorizations of Appropriations for Older Americans Act as Amended by the
Supporting Older Americans Act of 2020 (P.L. 116-131)**

| | | Authorizations of Appropriations | | | | |
|--|---|----------------------------------|---------------|---------------|---------------|---------------|
| | OAA Statutory Reference | FY2020 | FY2021 | FY2022 | FY2023 | FY2024 |
| Title II, Administration on Aging (AOA) | | | | | | |
| Administration, Salaries, and Expenses of AOA | §216(a) authorizes to be appropriated for administration, salaries, and expenses of the Administration | \$43,937,410 | \$46,573,655 | \$49,368,074 | \$52,330,158 | \$55,469,968 |
| Eldercare Locator | §216(b)(1) authorizes to be appropriated to carry out §202(a)(21), relating to the National Eldercare Locator Service | \$2,180,660 | \$2,311,500 | \$2,450,190 | \$2,597,201 | \$2,753,033 |
| Pension Counseling and Information Program | §216(b)(2), relating to Pension Counseling and Information Programs, authorizes to be appropriated | \$1,988,060 | \$2,107,344 | \$2,233,784 | \$2,367,811 | \$2,509,880 |
| Elder Rights Support Activities (Title II) | §216(b)(3) authorizes to be appropriated to carry out §202 relating to Elder Rights Support Activities under this title | \$1,371,740 | \$1,454,044 | \$1,541,287 | \$1,633,764 | \$1,731,790 |
| Aging and Disability Resource Centers | §216(b)(4) authorizes to be appropriated to carry out §202(b) relating to the Aging and Disability Resource Centers | \$8,687,330 | \$9,208,570 | \$9,761,084 | \$10,346,749 | \$10,967,554 |
| Title III, State and Community Programs on Aging | | | | | | |
| Supportive Services and Centers | §303(a) authorizes to be appropriated to carry out Part B | \$412,029,180 | \$436,750,931 | \$462,955,987 | \$490,733,346 | \$520,177,347 |
| Congregate Nutrition Services | §303(b)(1) authorizes to be appropriated to carry out Subpart 1 of Part C | \$530,015,940 | \$561,816,896 | \$595,525,910 | \$631,257,465 | \$669,132,913 |
| Home-Delivered Nutrition Services | §303(b)(2) authorizes to be appropriated to carry out Subpart 2 of Part C | \$268,935,940 | \$285,072,096 | \$302,176,422 | \$320,307,008 | \$339,525,428 |
| Disease Prevention and Health Promotion | §303(d) authorizes to be appropriated to carry out Part D | \$26,587,360 | \$28,182,602 | \$29,873,558 | \$31,665,971 | \$33,565,929 |

| | OAA Statutory Reference | Authorizations of Appropriations | | | | |
|--|---|----------------------------------|---------------|---------------|---------------|---------------|
| | | FY2020 | FY2021 | FY2022 | FY2023 | FY2024 |
| Family Caregiver Support | §303(e) authorizes to be appropriated to carry out Part E | \$193,869,020 | \$205,501,161 | \$217,831,231 | \$230,901,105 | \$244,755,171 |
| Nutrition Services Incentive Program | §311(e) authorizes to be appropriated | \$171,273,830 | \$181,550,260 | \$192,443,275 | \$203,989,872 | \$216,229,264 |
| Title IV, Activities for Health, Independence, and Longevity | | | | | | |
| Aging Network Support Activities | §411(b)(1) authorizes to be appropriated to carry out aging network support activities under this section | \$14,514,550 | \$15,385,423 | \$16,308,548 | \$17,287,061 | \$18,324,285 |
| Elder Rights Support Activities (Title IV) | §411(b)(2) authorizes to be appropriated to carry out elder rights support activities under this section | \$15,613,440 | \$16,550,246 | \$17,543,261 | \$18,595,857 | \$19,711,608 |
| Title V, Community Service Senior Opportunities Act | | | | | | |
| Community Service Employment for Older Americans | §517(a) authorizes to be appropriated for Title V | \$428,000,000 | \$453,680,000 | \$480,900,800 | \$509,754,848 | \$540,340,139 |
| Title VI, Grants for Native Americans | | | | | | |
| Indian and Native Hawaiian Programs | §643(1) authorizes to be appropriated for Parts A and B | \$37,102,560 | \$39,298,714 | \$41,626,636 | \$44,094,235 | \$46,709,889 |
| Native American Caregiver Support Program | §643(2) authorizes to be appropriated for Part C | \$10,759,920 | \$11,405,515 | \$12,089,846 | \$12,815,237 | \$13,584,151 |
| Title VII, Vulnerable Elder Rights Protection Activities | | | | | | |
| Subtitle A—State Programs | | | | | | |
| Long-Term Care Ombudsman Program (Chapter 2) | §702(a) to authorize to be appropriated to carry out Chapter 2 | \$18,066,950 | \$19,150,967 | \$20,300,025 | \$21,518,027 | \$22,809,108 |
| Elder Abuse, Neglect, and Exploitation Prevention Program (Chapter 3) and State Legal Assistance Development Program (Chapter 4) | §702(b) to authorize to be appropriated to carry out Chapters 3 and 4 | \$5,107,110 | \$5,413,537 | \$5,738,349 | \$6,082,650 | \$6,447,609 |

| | | Authorizations of Appropriations | | | | |
|---|---|----------------------------------|-----------------|-----------------|-----------------|-----------------|
| | OAA Statutory Reference | FY2020 | FY2021 | FY2022 | FY2023 | FY2024 |
| Subtitle B—Native American Organization and Elder Justice Provisions | | | | | | |
| Native American Elder Rights Program and Grants for State Elder Justice Systems | §751(d) authorizes to be appropriated such sums as may be necessary (SSAN) for FY2007 and subsequent fiscal years | SSAN | SSAN | SSAN | SSAN | SSAN |
| Total Authorization of Appropriations ^a | | \$2,190,041,000 | \$2,321,413,461 | \$2,460,668,267 | \$2,608,278,365 | \$2,764,745,066 |

Source: The Older Americans Act, as amended by the Supporting Older Americans Act of 2020, P.L. 116-131.

- a. The “Total Authorization of Appropriations” do not include an amount for OAA §751(d) under Subtitle B, Native American Organizations and Elder Justice Provisions.

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