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Older Americans Act: 2016 Reauthorization

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Summary

First enacted in 1965, the Older Americans Act (OAA) was created in response to concern by policymakers about a lack of community social services for older individuals. Since then, the OAA has been reauthorized and amended numerous times. The last OAA reauthorization occurred in 2006, when the Older Americans Act Amendments of 2006 (P.L. 109-365) was enacted, which extended the act's authorizations of appropriations through FY2011 (authorizations of appropriations for most OAA programs expired on September 30, 2011). OAA-authorized activities have continued to receive funding for FY2012 through FY2016.

Today the OAA supports a wide range of social services and programs for individuals aged 60 years or older. These services and programs include supportive services, 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, community service employment, the Long-Term Care Ombudsman Program, and services to prevent the abuse, neglect, and exploitation of older persons. 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.

In the 114th Congress, both the House and the Senate have considered bipartisan legislation to reauthorize the OAA. On July 16, 2015, the Senate passed S. 192, the Older Americans Act Reauthorization Act of 2015. The House took up S. 192 and passed the bill with an amendment on March 21, 2016. The Senate passed S. 192, as amended by the House on April 7, 2016. On April 19, 2016, President Barack Obama signed P.L. 114-144, the Older Americans Act Reauthorization Act of 2016. Key reauthorization issues for policymakers and stakeholders included changes to the Title III statutory funding formula for certain programs, statutory language for discretionary authorizations of appropriations, and constraints on discretionary appropriations in the current budgetary climate that have curbed interest in amending the act to establish new programs or activities.

This report provides information on the status of bipartisan legislation to reauthorize the OAA and key issues, followed by a brief summary of that act's historical development. Next, it provides a section-by-section summary of P.L. 114-144, the Older Americans Act Reauthorization Act of 2016.

Contents

Introduction	1
Older Americans Act: Reauthorization Timeline and Key Issues	1
Reauthorization Timeline	1
Key Issues	2
Title III Funding Formula	2
Authorizations of Appropriations	2
Expansion Versus Consolidation.....	3
Older Americans Act: Historical Development	3
Major Amendments to the Older Americans Act	4
1960s.....	4
1970s.....	5
1980s.....	5
1990s.....	6
2000s.....	6
The Older Americans Act Reauthorization of 2016	7
Section 1. Short Title.....	7
Section 2. Definitions.....	7
Section 3. Administration on Aging	7
Best Practices.....	7
Technical Assistance and Training.....	7
Authorizations of Appropriations	8
Section 4. State and Community Programs on Aging.....	8
Authorizations of Appropriations	8
Statutory Funding Formula Allocations.....	9
Area Plans	9
Nutrition Services Incentive Program.....	10
Supportive Services and Senior Centers Program	10
Nutrition Services	10
Disease Prevention and Health Promotion Services Program	10
National Family Caregiver Support Program	10
Section 5. Activities for Health, Independence, and Longevity	11
Section 6. Community Service Senior Opportunities	11
Coordination with the Workforce Innovation and Opportunity Act.....	11
Performance Measures.....	11
Technical Assistance, Corrective Efforts, and Implementation	12
Authorizations of Appropriations	12
Section 7. Grants for Native Americans.....	12
Section 8. Vulnerable Elder Rights Protection Activities.....	12
Ombudsman Definitions	13
Ombudsman Programs.....	13
Procedures for Access.....	13
Disclosure	14
Conflict of Interest.....	14
Section 9. Behavioral Health.....	15
Section 10. Guidance on Serving Holocaust Survivors	15

Tables

Table A-1. Comparison of Definitions in Title I of the Older Americans Act: Prior Law and P.L. 114-144.....	16
Table B-1. Authorizations of Appropriations for Older Americans Act (OAA) Programs.....	19

Appendixes

Appendix A. Changes to Definitions Under P.L. 114-144	16
Appendix B. Older Americans Act: Authorizations of Appropriations	19

Contacts

Author Contact Information	22
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Introduction

Originally enacted in 1965, the Older Americans Act (OAA) supports a wide range of social services and programs for individuals aged 60 years or older. These services and programs include supportive services, 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, community service employment, the Long-Term Care Ombudsman Program, and services to prevent the abuse, neglect, and exploitation of older persons. 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.¹

The OAA has been reauthorized and amended numerous times since it was first enacted in 1965. On April 19, 2016, President Barack Obama signed P.L. 114-144, the Older Americans Act Reauthorization Act of 2016. P.L. 114-144 authorizes appropriations for OAA programs through FY2019, among other changes to act. Prior to the 2016 reauthorization, the last OAA reauthorization occurred in 2006, when the Older Americans Act Amendments of 2006 (P.L. 109-365) was enacted, which extended the act's authorizations of appropriations through FY2011 (authorizations of appropriations for most OAA programs expired on September 30, 2011). OAA-authorized activities have continued to receive funding for FY2012 through FY2016.

This report provides information on bipartisan efforts to reauthorize the OAA, including a discussion of key issues, followed by a brief summary of that act's historical development. Next, it provides a section-by-section summary of P.L. 114-144, The Older Americans Act Reauthorization Act of 2016.

Older Americans Act: Reauthorization Timeline and Key Issues

Reauthorization Timeline

OAA reauthorization bills have been introduced in the past two Congresses, with legislative action in the 113th and 114th Congresses. In the 112th Congress, only the Senate introduced legislation, the Older Americans Act Amendments of 2012 (S. 3562); however, no action was taken. In the 113th Congress, OAA reauthorization bills were introduced in the House (H.R. 3850 and H.R. 4122) and Senate (S. 1028 and S. 1562), with legislative action in the Senate HELP Committee on a bipartisan bill, S. 1562. On October 30, 2013, the Senate HELP Committee ordered S. 1562, the Older Americans Act Reauthorization Act of 2014, reported favorably with an amendment in the nature of a substitute. The bill was subsequently placed on the Senate Legislative Calendar but was not considered on the Senate floor. In the House, OAA reauthorization bills were referred to the House Committee on Education and the Workforce but saw no further legislative action.

¹ For more information about the Older Americans Act, see CRS Report R43414, *Older Americans Act: Background and Overview*.

In the 114th Congress, both the House and the Senate have considered bipartisan legislation to reauthorize the OAA. The Senate first introduced a bipartisan bill, the Older Americans Act Reauthorization Act of 2015 (S. 192), on January 20, 2015, which would authorize appropriations for most OAA programs for a three-year period through FY2018. The bill would also make various amendments to existing OAA authorities, including changes to the statutory funding formula for certain programs under Title III of the act. On February 3, 2015, the Senate Health, Education, Labor, and Pensions (HELP) Committee reported the bill favorably. S. 192 passed the Senate on July 16, 2015, and was subsequently referred to the House Committee on Education and the Workforce. The House took up S. 192 and passed the bill with an amendment on March 21, 2016. S. 192, as amended, would authorize appropriations for OAA programs through FY2019, among other modifications. The Senate passed S. 192, as amended by the House on April 7, 2016. On April 19, 2016, President Barack Obama signed P.L. 114-144, the Older Americans Act Reauthorization Act of 2016.

Key Issues

Title III Funding Formula

Similar to past OAA reauthorizations, the Title III funding formula became a point of contention in the most recent reauthorization debate. After much deliberation, the Senate revisited the FY2006 “hold harmless” requirement, which ensures that every state and U.S. territory receives at least its FY2006 amount. The hold harmless requirement has divided lawmakers from states with relatively faster-growing older populations from those representing states with relatively slower growth in their older populations. High-growth states have argued that the “hold harmless” provision in current law protects states whose populations are not increasing as quickly as others, resulting in an inequitable distribution of funds that disadvantage high-growth states.

To address this issue, P.L. 114-144 changes the Title III statutory funding formula for four programs by reducing the effect of the FY2006 hold harmless provision over a three-year period. These changes affect the following programs: (1) supportive services and centers, (2) congregate nutrition services, (3) home-delivered nutrition services, and (4) disease prevention and health promotion services. This legislative change was introduced in the bipartisan Senate bill (S. 192). The House amended S. 192 but did not change the hold harmless reduction as proposed in the Senate’s version. Rather, it amended the effective dates for the hold harmless reduction, from FY2016 through FY2019 to FY2017 through FY2020.²

Authorizations of Appropriations

Prior to the 2016 OAA reauthorization, the statutory language for most OAA discretionary authorizations of appropriations provided for “such sums as may be necessary” for a given fiscal year rather than identifying a discrete amount of funding authorized to be appropriated. P.L. 114-144 specifies certain amounts that are authorized to be appropriated for OAA programs and activities for FY2017 through FY2019. This change to the statutory language was included in the House amendment to S. 192 and reflects House protocols established by the majority leadership that are intended to guide legislation considered on the House floor. These protocols include

² For more information and analysis of the Title III formula changes under P.L. 114-144, see CRS Report RS22549, *Older Americans Act: Funding Formulas*.

“Elimination of ‘Such Sums’ Discretionary Authorizations” and “Cut-Go for Discretionary Authorizations.”³

Expansion Versus Consolidation

One challenge for OAA reauthorization has been balancing the interests of policymakers and stakeholders in establishing new programs and activities that would expand authorities or create new requirements under the act with competing interests to consolidate or streamline certain authorities. In addition, much of the reauthorization debate has been framed in the context of constraints on discretionary appropriations in the current budgetary climate. As a result, there has been little interest among policymakers and stakeholders in seeking new or significant program expansions under a reauthorization.

Certain provisions under P.L. 114-144 provide some additional flexibility to states, area agencies on aging, and social service providers in addressing modernization of senior centers, falls prevention, and behavioral health screening, for example. The law codifies existing practices, such as requiring “evidence-based” disease prevention and health promotion services. It also aligns related programs, such as the workforce programs under Title V and those under the Workforce Innovation and Opportunity Act (WIOA, P.L. 113-128) while establishing new Title V performance measures and providing states with the option to establish a combined state plan for Title V under WIOA.

Furthermore, the act repeals certain sections under Title IV that do not receive funding, such as grants for Computer Training, Multidisciplinary Centers and Multidisciplinary Systems, and Ombudsman and Advocacy Demonstration Projects. Other provisions clarify policy for the Long-Term Care Ombudsman Program and address coordination among Aging and Disability Resource Centers (ADRCs) and other home and community-based service organizations providing information and referral. For a section-by-section summary see “The Older Americans Act Reauthorization of 2016.”

Older Americans Act: Historical Development

First enacted in 1965, the Older Americans Act (OAA) was created in response to concern by policymakers about a lack of community social services for older individuals. The original legislation established authority for grants to states for community planning and social services, research and development projects, and personnel training in the field of aging. The law also established the Administration on Aging (AOA) within the then-Department of Health, Education, and Welfare (DHEW) to administer the newly created grant programs and to serve as the federal focal point on matters concerning older persons.

Although older persons may receive services under many other federal programs, today the act is considered to be the major vehicle for the organization and delivery of social and nutrition services to this population. It authorizes a wide array of service programs through a nationwide network of State Units on Aging (SUAs), Area Agencies on Aging (AAAs), and tribal organizations, as well as thousands of aging and social service providers in local communities. The act also supports the sole federal job program targeting low-income older workers and funds training, research, and demonstration activities in the field of aging.

³ For more information, see “Floor Protocols” at the website for Kevin McCarthy, Majority Leader, <http://www.majorityleader.gov/protocols/>.

Prior to the creation of the act in 1965, older persons were eligible for limited social services through some federal programs. However, with the recognition that older individuals were becoming an increasing proportion of the population and that their needs were not being formally addressed through existing programs, many groups began advocating on their behalf. Their actions led President Truman to initiate the first National Conference on Aging in 1950. Conferees called for government and voluntary agencies to accept greater responsibility for the problems and welfare of older persons.

Further interest in the field of aging led President Eisenhower to create the Federal Council on Aging in 1956 to coordinate the activities of the various units of the federal government related to aging. The beginning of a major thrust toward legislation along the lines of the later-enacted OAA was made at the 1961 White House Conference on Aging. The conferees called for a federal coordinating agency in the field of aging to be set up on a statutory basis, with adequate funding for coordinating federal efforts in aging, as well as a federal program of grants for community services specifically for the elderly.⁴

In response to the White House Conference on Aging recommendations, legislation was introduced in 1962 to establish an independent U.S. Committee on Aging to cut across the responsibilities of many departments and agencies, and create a program of grants for social services, research, and training that would benefit older persons. Legislation introduced in 1963 modified the 1962 proposal by creating within DHEW the AOA, which was to be under the direction of a Commissioner for Aging, appointed by the President with the approval of the Senate.

The OAA as introduced in 1965 paralleled the 1963 proposal. Sponsors emphasized how it would provide resources necessary for public and private social service providers to meet the social service needs of the elderly. The act received bipartisan support and was signed into law by President Lyndon Johnson on July 14, 1965 (P.L. 89-73). In addition to creating AOA, the act authorized grants to states for community planning and services programs, as well as for research, demonstration, and training projects in the field of aging. In his remarks upon signing the bill, the President indicated that the legislation would provide “an orderly, intelligent, and constructive program to help us meet the new dimensions of responsibilities which lie ahead in the remaining years of this century. Under this program every state and every community can now move toward a coordinated program of services and opportunities for our older citizens.”⁵

Major Amendments to the Older Americans Act

Since the original legislation was enacted in 1965, the OAA has been amended numerous times. The following provides a summary of major amendments to the OAA over the past four decades.

1960s

The first amendments to the act in 1967 (P.L. 90-42) extended authorization for the state grant program and for research, demonstration, and training programs created in 1965. In 1969, authority was added under P.L. 91-69 for a program of area-wide model projects to test new and varied approaches to meet the social service needs of the elderly. The 1969 amendments also

⁴ U.S. Department of Health Education and Welfare, Special Staff on Aging, *The Nation and Its Older People, Report of the White House Conference on Aging, Jan. 9-12, 1961*, Washington, DC, April 1961, <http://hdl.handle.net/2027/mdp.39015001657678>.

⁵ Public Papers of the Presidents of the United States, *Lyndon B. Johnson*, vol. 2, Washington, DC, 1965, p. 744.

authorized the foster grandparent and retired senior volunteer programs to provide part-time volunteer opportunities for the elderly. (Authority for volunteer programs was subsequently repealed and these programs were reauthorized under the Domestic Volunteer Service Act of 1973, P.L. 93-113).

1970s

Major amendments to the act occurred in 1972 with the creation of the national nutrition program for the elderly (P.L. 92-258). The 1973 amendments (P.L. 93-29) represented a major shift in federal law with the establishment of sub-state AAAs. For the first time, the act authorized the creation of local agencies whose purpose is to plan and coordinate services for older persons and to act as advocates for programs on their behalf. These amendments also created legislative authority for the community service employment program for older Americans that had previously operated as a demonstration initiative under the Economic Opportunity Act. In 1974, Congress passed legislation to extend the national nutrition program for the elderly (P.L. 93-351). The 1975 amendments (P.L. 94-135) extended the OAA through 1978, specifying certain services to receive funding priority under the state and area agency on aging program. In 1977, Congress made changes to the OAA nutrition program under P.L. 95-65, which permitted states to receive cash payments in lieu of donated food under the U.S. Department of Agriculture's surplus commodities food program.

The 1978 amendments (P.L. 95-478) represented a major structural change to the act when the separate grant programs for social services, nutrition services, and multipurpose senior center facilities were consolidated into one program under the authority of SUAs and AAAs. The intent of these amendments was to improve coordination among the various service programs under the act. Among other changes were requirements for establishing state long-term care ombudsman programs and a new Title VI authorizing grants to Indian tribal organizations for social and nutrition services to older Native Americans.

1980s

The 1981 amendments (P.L. 97-115) made modifications to give SUAs and AAAs more flexibility in the administration of their service programs. These amendments also emphasized the transition of participants to private sector employment under the community service employment program. In 1984, Congress addressed a number of provisions (P.L. 98-459), including adding responsibilities for AOA; adding provisions designed to target services toward low-income minority older persons; giving more flexibility to states regarding service funds allocations; and giving priority to the needs of Alzheimer's patients and their families. The 1986 amendments (P.L. 99-269) increased authorized appropriations to provide a higher per meal reimbursement rate and directed the Secretary of Agriculture and the Department of Health and Human Services (HHS) to inform states, AAAs, and meal providers of their eligibility to participate in the National Commodity Processing Program.

The 1987 amendments (P.L. 100-175) expanded certain service components of SUAs and AAAs to address the special needs of certain populations. Congress authorized the following six additional distinct authorizations of appropriations for services: in-home services for the frail elderly; long-term care ombudsman services; assistance for special needs; health education and promotion services; services to prevent abuse, neglect, and exploitation of older individuals; and outreach activities for persons who may be eligible for benefits under the supplemental security income (SSI), Medicaid, and food stamp programs. Among other changes were provisions designed to give special attention to the needs of older Native Americans and persons with disabilities, emphasize targeting of services to those most in need, elevate the status of AOA

within HHS, and liberalize eligibility of community service employment participants for other federal programs.

1990s

The 1992 amendments (P.L. 102-375) restructured some of the act's programs. A new Title VII, Vulnerable Elder Rights Protection Activities, was created to consolidate and expand certain programs that focus on protection of the rights of older persons. Title VII incorporated separate authorizations of appropriations for the long-term care ombudsman program; program for the prevention of elder abuse, neglect, and exploitation; elder rights and legal assistance development program; and outreach, counseling, and assistance for insurance and public benefit programs. In addition, provisions were included to strengthen requirements related to targeting of Title III services on special population groups. Other amendments authorized programs for assistance to caregivers of the frail elderly, clarified the role of Title III agencies in working with the for-profit sector, and required improvements in AOA data collection.

In 1993, the OAA was amended (P.L. 103-171) to establish an Assistant Secretary for Aging (formerly the Commissioner on Aging) within HHS, extended the time frame for convening the White House Conference on Aging, and made technical amendments to the act and several other acts.

2000s

The 2000 amendments (P.L. 106-501) were enacted after six years of congressional debate on reauthorization. P.L. 106-501 extended the act's authorizations of appropriations for programs through FY2005. These amendments authorized the National Family Caregiver Support Program under Title III; required the Secretary of Labor to establish performance measures for the senior community service employment program; allowed states to impose cost-sharing for certain Title III services older persons receive while retaining authority for voluntary contributions by older persons toward the costs of services; and consolidated a number of previously separately authorized programs. In addition, the amendments required the President to convene a White House Conference on Aging by December 31, 2005.

In 2003, the OAA was amended (P.L. 108-7) to revise provisions for the Nutrition Services Incentive Program, whereby maintaining access to commodities within USDA but transferring authority for such program from the USDA, where it had been since its inception, to AOA.

The 2006 amendments (P.L. 109-365) extended the act's authorizations of appropriations for programs through FY2011. Among other things, P.L. 109-365 authorized the Assistant Secretary for Aging to designate an individual within AOA to be responsible for prevention of elder abuse, neglect, and exploitation and to coordinate federal elder justice activities. It revised the formula for the allocation of Title III funds and revised the Title V community service employment program to place more emphasis on training of older individuals, while maintaining emphasis on placing them in community service activities. The law also required the Secretary of Labor to conduct a national competition for Title V funds every four years. The 2006 amendments also required states to conduct increased planning efforts related to the growing number of older people in coming decades, and focused attention on the needs of older people with limited English proficiency and those at risk of institutional placement. The law added authority for the Assistant Secretary for Aging to conduct several new demonstration programs under Title IV. Among these are demonstration projects for model projects to assist older people to age in place, including supportive services programs in Naturally Occurring Retirement Communities (NORCs).

The Older Americans Act Reauthorization of 2016

The following provides a section-by-section summary of key provisions in The Older Americans Act Reauthorization Act of 2016 (P.L. 114-144). For a comparison of prior law (as amended through the Older Americans Act Amendments of 2006, P.L. 109-365) and changes to certain definitions under P.L. 114-144, see **Appendix A, Table A-1**. For a comparison of prior law authorizations of appropriations (as amended by P.L. 109-365) with changes under P.L. 114-144, see **Appendix B, Table B-1**.

Section 1. Short Title

States the title of the act as Older Americans Act Reauthorization Act of 2016.

Section 2. Definitions

The law adds or amends terms and definitions under OAA Title I. Specifically, it replaces the term “abuse” with a new definition and adds a new term and definition for “adult protective services.” It also amends the definition of “Aging and Disability Resource Center” and “elder justice,” and it establishes that the term “exploitation” also includes “financial exploitation.” It further amends the definition of “disease prevention and health promotion services” to include oral health as a part of routine health screening. For a comparison of these current law definitions (as amended through P.L. 109-365, The Older Americans Act Amendments of 2006) and changes to the term or definition under P.L. 114-144, see **Table A-1**.

Section 3. Administration on Aging

The law makes the following amendments to Title II of the act, which sets forth requirements for the Administration on Aging (AOA).

Best Practices

The law adds a new requirement for the AOA Director of the Office of LTC Ombudsman Programs to collect and analyze best practices related to responding to elder abuse, neglect, and exploitation in LTC facilities, and publish a report. It further requires that the Assistant Secretary, acting through the designee responsible for elder abuse prevention and services, coordinate with the heads of state adult protective services programs and the Director of the Office of LTC Ombudsman Programs in fulfilling specified responsibilities.

Technical Assistance and Training

The law amends the function of the Assistant Secretary for Aging to include the term “health and economic” in requiring the AOA to (1) assist in the establishment of programs designed to meet the health and economic needs of older individuals, and (2) prepare, publish, and disseminate educational materials dealing with the “health and economic” welfare of older individuals. It adds the Health Resources and Services Administration (HRSA) to the list of agencies that AOA would coordinate with to develop a national plan regarding specified training needs in the field of aging.

The law adds a new provision requiring the AOA to provide information and technical assistance to states, AAAs, and service providers, in collaboration with relevant federal agencies, on providing efficient, person-centered transportation services, including across geographic boundaries. It requires the AOA to identify model programs and provide information and

technical assistance to states, AAAs, and service providers to support the modernization of senior centers. In addition, it requires the AOA to provide technical assistance and share best practices with states, AAAs, and ADRCs on how to collaborate and coordinate services with health care entities, such as Federally Qualified Health Centers (FQHCs), to improve care coordination for individuals with multiple chronic illnesses.

It requires the Assistant Secretary, in providing for the AOA to play a lead role with respect to issues concerning home and community-based long-term care to include, when feasible, developing a consumer-friendly tool to assist older individuals and their families in choosing home and community-based services. The tool focuses on ways for consumers to assess how providers protect the health, safety, welfare, and rights of older individuals, including the rights provided under OAA Section 314 (regarding Rights Related to In-Home Services for Frail Individuals).

In requiring the Assistant Secretary to implement ADRCs in all states, the law amends language with respect to ADRCs providing personalized and consumer-friendly assistance to empower individuals to “identify and articulate goals of care” and to help individuals “respond to” or plan ahead for their “long-term care needs.” It adds a new provision requiring ADRCs to provide information and referrals regarding available home and community-based services for individuals who are at risk for residing in, or who reside in, institutional settings, so that the individuals have the choice to remain in or return to the community.

It further adds a new provision requiring the Assistant Secretary to ensure that programs authorized under the OAA include appropriate training in the prevention of abuse, neglect, and exploitation and provision of services that address elder justice and exploitation of older individuals.

Authorizations of Appropriations

The law authorizes the appropriation of \$40,063,000 for each of fiscal years 2017 through 2019 for administration, salaries, and expenses for AOA.

It also authorizes appropriations for the following activities under Title II of the act:

- To carry out the National Eldercare Locator Service; \$2,088,758 for FY2017, \$2,132,440 for FY2018, and \$2,176,121 for FY2019.
- To carry out Pension Counseling and Information Programs; \$1,904,275 for FY2017, \$1,944,099 for FY2018, and \$1,983,922 for FY2019.
- To carry out Elder Rights Support Activities; \$1,312,904 for FY2017, \$1,340,361 for FY2018, and \$1,367,817 for FY2019.
- To carry out Aging and Disability Resource Centers; \$6,271,399 for FY2017, \$6,402,551 for FY2018, and \$6,533,703 for FY2019.

Section 4. State and Community Programs on Aging

The law makes the following amendments to OAA Title III, which provides grants for state and community programs on aging.

Authorizations of Appropriations

The law authorizes appropriations for the following:

- \$356,717,276 for FY2017, \$364,456,847 for FY2018, and \$372,196,069 for FY2019 to carry out Part B, Supportive Services;
- \$459,937,586 for FY2017, \$469,916,692 for FY2018, and \$479,895,348 for FY2019 to carry out Part C, Subpart 1, Congregate Nutrition Services;
- \$232,195,942 for FY2017, \$237,233,817 for FY2018, and \$242,271,465 for FY2019 to carry out Part C, Subpart 2, Home-Delivered Nutrition Services;
- \$20,361,334 for FY2017, \$20,803,107 for FY2018, and \$21,244,860 for FY2019 to carry out Part D, Disease Prevention and Health Promotion; and
- \$154,336,482 for FY2017, \$157,564,066 for FY2018, and \$160,791,658 for FY2019 for Part E, National Family Caregiver Support Program.

Statutory Funding Formula Allocations

The law changes the statutory funding allocations for OAA Title III, Parts B, C, and D, which allocate funding to supportive services, congregate nutrition, home-delivered nutrition, and preventive services. It retains the same state and territory minimum amounts allotted under current law and the same population-based formula factor (aged 60 and over), but reduces state and U.S. territory hold harmless amounts (previously referenced to FY2006 funding levels) by 1% from the previous fiscal year as follows:

- For FY2017, no state receives less than 99% of the annual amount allotted to the state in FY2016.
- For FY2018, no state receives less than 99% of the annual amount allotted to the state in FY2017.
- For FY2019, no state receives less than 99% of the annual amount allotted to the state in FY2018.
- For FY2020 and each subsequent fiscal year, no state receives less than 100% of the annual amount allotted to the state in FY2019.⁶

Area Plans

The law includes the term “modernization” in requiring that each plan provide for certain specified services through a comprehensive and coordinated system for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work). It also adds a new requirement that the area plan provide that the AAA will, in coordination with the state agency and with the state agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse neglect and exploitation education, as appropriate. It includes protection from elder abuse, neglect, and exploitation among a list of topics that AAAs may make recommendations to government officials in the planning and service area as well as recommendations to the state on actions to build capacity to meet the needs of older individuals in the planning and service area.

⁶ For further information about OAA statutory funding formulas and analysis of proposed change to certain Title III Program’s statutory funding formula under P.L. 114-144, see CRS Report RS22549, *Older Americans Act: Funding Formulas*, by (name redacted) .

Nutrition Services Incentive Program

The law authorizes appropriations of \$164,055,664 for FY2017, \$167,486,502 for FY2018, and \$170,917,349 for FY2019.

Supportive Services and Senior Centers Program

The law includes chronic condition self-care management and falls prevention to the list of supportive services that state grant programs may provide. It also adds behavioral health screening and falls prevention services screening, and screening for elder abuse, neglect, and exploitation to this list. It amends language to add senior center modernization to a list of grant activities the Assistant Secretary must make to states. It further requires the AAAs to make efforts to coordinate the services with agencies and organizations carrying out intergenerational projects to pursue opportunities for the development of intergenerational shared site models for programs or projects, consistent with the OAA's purposes.

Nutrition Services

The law replaces the term “solicit” with “utilize” in requiring the state to ensure that a nutrition project “utilize” the expertise of a dietician or other individuals with equivalent education and training in nutrition science, or an individual with comparable expertise. It further amends this section to add that, where feasible, the state should ensure that the nutrition project encourages the use of locally grown foods in meals programs and identifies potential partnerships and contracts with local producers and providers of locally grown foods.

Disease Prevention and Health Promotion Services Program

The law amends Part D to establish an “Evidence-Based” Disease Prevention and Health Promotion Services Program and require the Assistant Secretary to provide grants to states for “evidence-based” disease prevention and health promotion services and information.

National Family Caregiver Support Program

The law replaces the definition of “child” (which previously included an individual with a disability) with separate definitions of the terms “child” and “individual with a disability.” Specifically, it defines the term “child” to mean an individual who is not more than 18 years of age. It defines the term “individual with a disability” to mean an individual with a disability, as defined in Section 3 of the Americans with Disabilities Act (ADA), who is not less than 18 and not more than 59 years of age.

It also replaces the term “grandparent or older individual who is a relative caregiver” with the term “older relative caregiver.” It defines “older relative caregiver” to mean a caregiver who is 55 years of age or older and who lives with, is the informal provider of in-home community care to, and is the primary caregiver for a child or an individual with a disability. In the case of a caregiver for a child, an older relative caregiver is the grandparent, step-grandparent, or other relative (other than the parent) by blood, marriage, or adoption, of the child; is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregivers of the child; and has a legal relationship to the child, such as legal custody, adoption, or guardianship, or is raising the child informally. In the case of a caregiver for an individual with a disability, an older relative caregiver is the parent, grandparent, or other relative by blood, marriage, or adoption, of the individual with a disability.

Section 5. Activities for Health, Independence, and Longevity

Under OAA Title IV, the law authorizes the Assistant Secretary to make grants and enter into contracts providing continuing support for Medicare program integrity initiatives that train senior volunteers to prevent and identify health care fraud and abuse.

To carry out grants and contracts under Section 411, it authorizes appropriations for aging network support activities of \$6,216,054 for FY2017, \$6,346,048 for FY2018, and \$6,476,043 for FY2019; and elder rights support activities of \$10,856,828 for FY2017, \$11,083,873 for FY2018, and \$11,310,919 for FY2019.

It further amends requirements for training grants under Native American Programs to provide annually for “national trainings” for directors of programs under Title IV of the act instead of (previously) an annual national training meeting. The law also amends requirements for legal assistance demonstration and support projects for older individuals to require that the Assistant Secretary make grants or enter into contracts with “nonprofit organizations” experienced in providing support and technical assistance on a nationwide basis to certain specified entities and other organizations interested in the legal rights of older individuals instead of (previously) “national nonprofit organizations” with such experience.

The law repeals certain grant programs under Title IV of the act. Specifically, it repeals grants for Section 415 (Computer Training), Section 419 (Multidisciplinary Centers and Multidisciplinary Systems), and Section 421 (Ombudsman and Advocacy Demonstration Projects).

Section 6. Community Service Senior Opportunities

Coordination with the Workforce Innovation and Opportunity Act

The law amends Title V to replace references to the Workforce Investment Act of 1998 with the Workforce Innovation and Opportunity Act (WIOA, P.L. 113-128) throughout the title. It refers to a workforce development board when grantees conduct projects in certain areas and requires grantees to submit project descriptions to the local workforce development board in addition to the state agency and area agency on aging. With respect to pilot, demonstration, and evaluation projects, it includes state and local workforce development boards as entities to be consulted with in order to promote coordination of Title V activities. It defines the terms “local workforce development board” and “state workforce development board” to have the same meaning as the terms “local board” and “state board,” respectively, in Section 3 of WIOA.

The bill requires state plans to identify and address coordination and any unnecessary duplication of Title V grantee activities with those carried out under WIOA and other related programs in the state. It authorizes states to develop and submit a combined state plan in accordance with Section 103 of WIOA, which applies in lieu of a state plan approved under Title V.

Performance Measures

The law amends performance measures and additional indicators to strike reference to any additional indicators under Title V. It requires each grantee and the DOL Secretary to reach agreement on performance measures for the first two program years of the grant. Prior to the third program year, each grantee must reach agreement with the Secretary on performance measures for the third and fourth program years. In doing so, it requires each grantee and the Secretary to (1) take into account how performance levels compare for other established grantees, (2) ensure levels are adjusted using objective statistical modeling, and (3) take into account the extent to

which expected levels promote continuous performance improvement. It also allows for certain adjustments to performance based on economic conditions and individuals served based on objective statistical modeling.

The law replaces certain core performance indicators with the following new indicators:

- the percentage of project participants who are in unsubsidized employment during the second quarter after exit from the program;
- the percentage of project participants who are in unsubsidized employment during the fourth quarter after exit from the project;
- the median earnings of project participants who are in unsubsidized employment during the second quarter after exit from the project;
- indicators of effectiveness in serving employers, host agencies, and project participants; and
- the number of eligible individuals served, including the number of participating individuals, including those with a severe disability, are frail or are age 75 and older, have limited English proficiency or low literacy skills, among other specified characteristics.

Technical Assistance, Corrective Efforts, and Implementation

As soon as practicable after July 1, 2016, the law requires the Secretary to determine if a grantee has, for program year 2016, either met or failed to meet such expected performance levels. For purposes of assessing grantee performance before program year 2017, it requires the Secretary to use the core indicators of performance in effect at the time of the award and the most recent corresponding expected performance levels.

The Secretary is required to implement the core performance measures, as specified, no later than December 31, 2017. Effective on January 1, 2018, it prohibits the Secretary from publishing a notice announcing a grant competition until the day on which the Secretary implements the core performance measures.

Authorizations of Appropriations

The law authorizes appropriations of \$445,189,405 for FY2017, \$454,499,494 for FY2018, and \$463,809,605 for FY2019 for Title V of the act. It adds that such amounts obligated to grantees are available during the program year that begins on July 1 of the calendar year immediately following the beginning of the fiscal year in which the amounts are appropriated, and that ends on June 30 of the following calendar year.

Section 7. Grants for Native Americans

The law authorizes appropriations under Title VI of the act as follows: \$31,934,018 for FY2017, \$32,601,843 for FY2018, and \$33,269,670 for FY2019 for supportive and nutrition services to Native Americans; and \$7,718,566 for FY2017, \$7,879,982 for FY2018, and \$8,041,398 for FY2019 for the Native American Caregiver Support Program.

Section 8. Vulnerable Elder Rights Protection Activities

The law authorizes appropriations under Title VII of the act as follows: \$16,280,630 for FY2017, \$16,621,101 for FY2018, and \$16,961,573 for FY2019 to carry out the long-term care (LTC)

Ombudsman Program under chapter 2; and \$4,891,876 for fiscal year 2017, \$4,994,178 for fiscal year 2018, and \$5,096,480 for fiscal year 2019 to carry out Prevention of Elder Abuse, Neglect, and Exploitation Activities and the Legal Assistance Development Program under chapters 3 and 4.

Ombudsman Definitions

The law amends the definition of the term “resident” to mean “an individual” who resides in a LTC facility instead of (previously) an “older individual.” Thus, it eliminates explicit reference to “older” individuals, which allows residents of any age who reside in LTC facilities to receive Ombudsman Program services, including investigating and resolving complaints.

Ombudsman Programs

The law requires the state long-term care (LTC) Ombudsman to be responsible for the management, including the fiscal management, of the Office of the State LTC Ombudsman (hereinafter referred to as the “Office”). It amends the functions of the Ombudsman to add language stating that the Ombudsman’s functions include identifying, investigating, and resolving complaints that are made by, or on behalf of, residents with limited or no decision making capacity and who have no known legal representative. It further specifies that if such a resident is unable to communicate consent for an Ombudsman to work on a complaint involving the resident, the Ombudsman is required to seek evidence to indicate what outcome the resident would have communicated and work to accomplish that outcome. It also amends the duties of designated local ombudsman entities and representatives to identify, investigate, and resolve complaints made by or on behalf of residents with limited decision making capacity in similar circumstances.

In addition to residents having regular and timely access to the Ombudsman’s services, the law requires that the Ombudsman ensure that residents have private and unimpeded access to such services. In providing technical support for the development of resident and family councils, the law requires the Ombudsman to actively encourage and assist in the development of such councils. Similarly, it amends the duties of designated local ombudsman entities and representatives to actively encourage and assist in the development of such councils. It further adds that the Ombudsman, when feasible, continue to carry out specified functions on behalf of residents transitioning from a LTC facility to a home care setting.

Procedures for Access

The law amends the requirement that states ensure representatives of the Office have “access” to LTC facilities and residents to specify that representatives have “private and unimpeded access.” It also amends a provision that requires representatives to have appropriate access to the medical and social records of a resident, subject to certain conditions, to provide that representatives have appropriate access to “all files, records, and other information” concerning a resident rather than (as previously) “files.” It amends current law to clarify that representatives must have appropriate access to review such information when a resident is “unable to communicate consent” to the review and has no legal representative, rather than (as previously) “unable to consent.” Similarly, it expands the requirement that representatives have access to the “records” as is necessary to investigate a complaint, to specify that representatives have access to the “files, records, and information” necessary.

It adds that the Ombudsman and representatives of the Office would be considered a “health oversight agency” for purposes of Section 246(c) of the Health Insurance Portability and

Accountability Act of 1996 (HIPAA, P.L. 104-191), including regulations issued under that section. Thus, the release of residents' individually identifiable health information to the Ombudsman could not be prevented from occurring under certain specified circumstances.

Disclosure

Under current law, the state agency is required to establish procedures for the disclosure of files maintained by the program by the Ombudsman or other ombudsman entities. P.L. 114-144 strikes the language "files and records" and replaces it with "files, records, and other information" in each place the term appears under disclosure requirements. It amends disclosure requirements pertaining to the identity of the complainant or resident to ensure that the Ombudsman may disclose information as needed in order to best serve residents with limited or no decision making capacity who have no known legal representative and are unable to communicate consent, in order for the Ombudsman to carry out functions and duties as described.

Conflict of Interest

The law replaces the subsection on conflict of interest with a new subsection that separately describes individual and organizational conflict of interest.

Individual Conflict of Interest

The law also requires the state agency to ensure that no individual, or member of an immediate family of an individual, involved in the designation of the Ombudsman, or the designation of a local ombudsman entity or representative, is subject to a conflict of interest. Furthermore, the state agency is required to ensure that no officer or employee of the Office, representative of a local Ombudsman entity, or member of the immediate family of the office, employee, or representative, be subject to a conflict of interest. The law also requires the state agency to ensure that the Ombudsman

- does not have direct involvement in the licensing or certification of a LTC facility or provider of a LTC service;
- does not have an ownership or investment interest in a LTC facility or service;
- is not employed by, or participating in the management of, a LTC facility or a related organization, and has not been employed by such a facility or organization within one year before the date of the determination involved;
- does not receive, or have the right to receive, directly or indirectly, remuneration under a compensation arrangement with an owner or operator of a LTC facility;
- does not have management responsibility for, or operate under the supervision of an individual with management responsibility for adult protective services (APS); and
- does not serve as a guardian or in another fiduciary capacity for residents of LTC facilities in an official capacity.

Organizational Conflict of Interest

The law requires the state agency to comply with specified requirements in a case where the Office poses an organizational conflict of interest, including a situation in which the Office is placed in an organization that is responsible for licensing, certifying, or surveying LTC services in the state; is an association of LTC facilities or any other residential facilities for older individuals;

provides LTC services including those carried out under certain Medicaid waiver and other authorities; provides LTC case management; sets rates for LTC services; provides APS; is responsible for Medicaid eligibility determinations; conducts preadmission screenings for placement in LTC facilities; or makes decisions regarding admission or discharge of individuals to or from such facilities.

The state agency is not authorized to operate the Office or carry out the program, directly or by contract or other arrangement, in a case in which there is an organizational conflict of interest unless such conflict of interest has been identified by the state agency, disclosed by the state agency to the Assistant Secretary in writing, and remedied in accordance with certain requirements. In a case where potential or actual organizational conflict of interest involving the Office is disclosed or reported to the Assistant Secretary by any person or entity, the Assistant Secretary requires the state agency to remove the conflict or submit and obtain the approval of the Assistant Secretary for an adequate remedial plan that indicates how the Ombudsman will be unencumbered in fulfilling specified functions.

Section 9. Behavioral Health

The law amends certain sections of the act (§102, Definitions; §201, Establishment of AOA; §202, Functions of the Assistant Secretary; and §321, Supportive Services and Senior Centers) to include the term “behavioral” to specified provisions that address mental health to read “mental and behavioral” health.

Section 10. Guidance on Serving Holocaust Survivors

The law requires the Assistant Secretary to issue guidance to states, AAAs, and providers of services for older individuals with respect to serving Holocaust survivors, including promising practices for conducting outreach. It requires the Assistant Secretary to consult with experts and organizations serving Holocaust survivors and take into account the possibility that the needs of Holocaust survivors may vary based on geography. The guidance must include how certain providers, such as nutrition services providers, transportation service providers, LTC ombudsman, and supportive services providers may address the specified needs of Holocaust survivors under the act.

Appendix A. Changes to Definitions Under P.L. 114-144

Table A-1 compares prior law definitions under Title I of the Older Americans Act (as amended through P.L. 109-365) and changes to definitions under the Older Americans Act Reauthorization Act of 2016 (P.L. 114-144). Changes under P.L. 114-144 are indicated in italics.

Table A-1. Comparison of Definitions in Title I of the Older Americans Act: Prior Law and P.L. 114-144

Term	Prior Law	P.L. 114-144
Abuse	The term “abuse” means the willful— (A) infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish; or (B) deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness.	<i>The term “abuse” means the knowing infliction of physical or psychological harm or the knowing deprivation of goods or services that are necessary to meet essential needs or to avoid physical or psychological harm.</i>
Adult Protective Services	Not defined.	<i>The term “adult protective services” means such services provided to adults as the Secretary may specify and includes services such as— (A) receiving reports of adult abuse, neglect, or exploitation; (B) investigating the reports described in subparagraph (A); (C) case planning, monitoring, evaluation, and other casework and services; and (D) providing, arranging for, or facilitating the provision of medical, social service, economic, legal, housing, law enforcement, or other protective, emergency, or support services.</i>

<p>Aging and Disability Resource Center</p>	<p>The term “Aging and Disability Resource Center” means an entity established by a State as part of the State system of long-term care, to provide a coordinated system for providing—</p> <p>(A) comprehensive information on the full range of available public and private long-term care programs, options, service providers, and resources within a community, including information on the availability of integrated long-term care;</p> <p>(B) personal counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long-term care designed to meet their specific needs and circumstances; and</p> <p>(C) consumers access to the range of publicly-supported long-term care programs for which consumers may be eligible, by serving as a convenient point of entry for such programs.</p>	<p>The term “Aging and Disability Resource Center” means an entity, network, or consortium established by a State as part of the State system of long-term care, to provide a coordinated and integrated system for older individuals and individuals with disabilities [as defined in Sec. 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102)], and the caregivers of older individuals and individuals with disabilities, that provides—</p> <p>(A) comprehensive information on the full range of available public and private long-term care programs, options, service providers, and resources within a community, including information on the availability of integrated <i>long-term care services, and Federal or State programs that provide long-term care services and supports through home and community-based service programs;</i></p> <p>(B) <i>person-centered</i> counseling to assist individuals in assessing their existing or anticipated long-term care needs <i>and goals</i>, and developing and implementing a <i>person-centered plan</i> for long-term care <i>that is consistent with the desires of such an individual and</i> designed to meet the individual’s specific needs, <i>goals</i>, and circumstances;</p> <p>(C) access for individuals to the full range of publicly-supported long-term care services and supports for which the individuals may be eligible, including home and community-based service options, by serving as a convenient point of entry for such programs and supports; and</p> <p>(D) in cooperation with area agencies on aging, centers for independent living described in part C of title VII of the Rehabilitation Act of 1973 (29 U.S.C. 796f et seq.), and other community-based entities, information and referrals regarding available home and community-based services for individuals who are at risk for residing in, or who reside in, institutional settings, so that the individuals have the choice to remain in or to return to the community.</p>
<p>Disease Prevention and Health Promotion Services</p>	<p>The term “disease prevention and health promotion services” means—</p> <p>(A) health risk assessments;</p> <p>(B) routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening;</p> <p>...</p>	<p>The term “disease prevention and health promotion services” means—</p> <p>(A) health risk assessments;</p> <p>(B) routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, <i>oral health</i>, and nutrition screening;</p> <p>...</p>

<p>Elder Justice</p>	<p>The term “elder justice”— (A) used with respect to older individuals, collectively, means efforts to prevent, detect, treat, intervene in, and respond to elder abuse, neglect, and exploitation and to protect older individuals with diminished capacity while maximizing their autonomy; and (B) used with respect to an individual who is an older individual, means the recognition of the individual’s rights, including the right to be free of abuse, neglect, and exploitation.</p>	<p>The term “elder justice” means— (A) <i>from a societal perspective</i>, efforts to—(i) prevent, detect, treat, intervene in, and <i>prosecute</i> elder abuse, neglect, and exploitation; and (ii) protect older individuals with diminished capacity while maximizing their autonomy; and (B) <i>from an individual perspective</i>, the recognition of <i>an older individual’s</i> rights, including the right to be free of abuse, neglect, and exploitation.</p>
<p>Exploitation and Financial Exploitation</p>	<p>The term “exploitation” means the fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an older individual for monetary or personal benefit, profit, or gain, or that results in depriving an older individual of rightful access to, or use of, benefits, resources, belongings, or assets.</p>	<p>The term “exploitation <i>and financial exploitation</i>” mean the fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an older individual for monetary or personal benefit, profit, or gain, or that results in depriving an older individual of rightful access to, or use of, benefits, resources, belongings, or assets.</p>

Sources: CRS analysis of Section 102, Definitions, of the Older Americans Act (OAA, P.L. 89-73, as amended through P.L. 109-365) and Section 2, Definitions, of the Older Americans Act Reauthorization Act of 2016 (P.L. 114-144).

Appendix B. Older Americans Act: Authorizations of Appropriations

Table B-1 compares the authorizations of appropriations for each title of the act as stipulated under prior law of the Older Americans Act, as amended by the Older Americans Act Amendments of 2006 (P.L. 109-365), and The Older Americans Act Reauthorization Act of 2016 (P.L. 114-144).

Table B-1. Authorizations of Appropriations for Older Americans Act (OAA) Programs

Comparison of Prior Law (as amended by P.L. 109-365) and P.L. 114-144

Authorizations of Appropriations	Older Americans Act Programs	
	Prior Law [OAA Section]	P.L. 114-144
Title II, Administration on Aging (AOA)		
Administration of the Act	[[§205(c)] Authorizes to be appropriated such sums as may be necessary	Strikes §205(c)
Administration, salaries, and expenses of AOA	[[§216(a)] Authorizes to be appropriated such sums as may be necessary for FY2007 to FY2011	Amends §216(a) to authorize to be appropriated \$40,063,000 for each of FY2017 to FY2019
Eldercare Locator	[[§216(b)] Authorizes to be appropriated such sums as may be necessary for FY2007 to FY2011	Strikes §216(b) and replaces with §216(b)(1)-(4); in §216(b)(1), relating to the National Eldercare Locator Services, authorizes to be appropriated: <ul style="list-style-type: none"> • \$2,088,758 for FY2017, • \$2,132,440 for FY2018, and • \$2,176,121 for FY2019
Pension Counseling and Information Program	[[§216(c)] Authorizes to be appropriated such sums as may be necessary for FY2007 to FY2011	Strikes §216(c) and replaces with §216(b)(2), relating to Pension Counseling and Information Programs, it authorizes to be appropriated: <ul style="list-style-type: none"> • \$1,904,275 for FY2017, • \$1,944,099 for FY2018, and • \$1,983,922 for FY2019
Elder Rights Support Activities (Title II)		Adds a new §216(b)(3); it authorizes to be appropriated: <ul style="list-style-type: none"> • \$1,312,904 for FY2017, • \$1,340,361 for FY2018, and • \$1,367,817 for FY2019
Aging and Disability Resource Centers		Adds a new §216(b)(4); it authorizes to be appropriated: <ul style="list-style-type: none"> • \$6,271,399 for FY2017; • \$6,402,551 for FY2018; and • \$6,533,703 for FY2019

Older Americans Act Programs

Authorizations of Appropriations	Prior Law [OAA Section]	P.L. 114-144
Title III, State and Community Programs on Aging		
Supportive services and centers	[[§303(a)] Authorizes to be appropriated such sums as may be necessary for FY2007 to FY2011	Amends §303(a) to authorize to be appropriated: <ul style="list-style-type: none"> • \$356,717,276 for FY2017, • \$364,456,847 for FY2018, and • \$372,196,069 for FY2019
Congregate nutrition services	[[§303(b)(1)] Authorizes to be appropriated such sums as may be necessary for FY2007 to FY2011	Amends §303(b)(1) to authorize to be appropriated: <ul style="list-style-type: none"> • \$459,937,586 for FY2017, • \$469,916,692 for FY2018, and • \$479,895,348 for FY2019
Home-delivered nutrition services	[[§303(b)(2)] Authorizes to be appropriated such sums as may be necessary for FY2007 to FY2011	Amends §303(b)(2) to authorize to be appropriated: <ul style="list-style-type: none"> • \$232,195,942 for FY2017, • \$237,233,817 for FY2018, and • \$242,271,465 for FY2019
Disease prevention and health promotion	[[§303(d)] Authorizes to be appropriated such sums as may be necessary for FY2007 to FY2011	Amends §303(d) to authorize to be appropriated: <ul style="list-style-type: none"> • \$20,361,334 for FY2017, • \$20,803,107 for FY2018, and • \$21,244,860 for FY2019
Family caregiver support	[[§303(e)] Authorizes to be appropriated: <ul style="list-style-type: none"> • \$160 million for FY2007, • \$165.5 million for FY2008, • \$173 million for FY2009, • \$180 million for FY2010; and • \$187 million for FY2011. 	Amends §303(e) to authorize to be appropriated: <ul style="list-style-type: none"> • \$154,336,482 for FY2017, • \$157,564,066 for FY2018, and • \$160,791,658 for FY2019
Nutrition services incentive program	[[§311(e)] Authorizes to be appropriated such sums as may be necessary for FY2007 to FY2011	Amends §311(e) to authorize to be appropriated: <ul style="list-style-type: none"> • \$164,055,664 for FY2017, • \$167,486,502 for FY2018, and • \$170,917,349 for FY2019
Title IV, Activities for Health, Independence, and Longevity		
	[[§411(b)] Authorizes to be appropriated such sums as may be necessary for FY2007 to FY2011	Amends §411(b) to authorize to be appropriated: for aging network support activities, <ul style="list-style-type: none"> • \$6,216,054 for FY2017, • \$6,346,048 for FY2018, • \$6,476,043 for FY2019; and for elder rights support activities, <ul style="list-style-type: none"> • \$10,856,828 for FY2017, • \$11,083,873 for FY2018, and • \$11,310,919 for FY2019

Older Americans Act Programs		
Authorizations of Appropriations	Prior Law [OAA Section]	P.L. 114-144
Title V, Community Service Senior Opportunities Act		
Community Service Employment for Older Americans	[[§517(a)] Authorizes to be appropriated such sums as may be necessary for FY2007 to FY2011	Amends §517(a) to authorize to be appropriated: <ul style="list-style-type: none"> • \$445,189,405 for FY2017, • \$454,499,494 for FY2018, and • \$463,809,605 for FY2019
Title VI, Grants for Native Americans		
Indian and Native Hawaiian programs	[[§643(1)] Authorizes to be appropriated such sums as may be necessary for FY2007 and subsequent fiscal years	Amends §643(1) to authorize to be appropriated: <ul style="list-style-type: none"> • \$31,934,018 for FY2017, • \$32,601,843 for FY2018, and • \$33,269,670 for FY2019
Native American caregiver support program	[[§643(2)] Authorizes to be appropriated: <ul style="list-style-type: none"> • \$6.5 million for FY2007; • \$6.8 million for FY2008; • \$7.2 million for FY2009; • \$7.5 million for FY2010; and • \$7.9 million for FY2011 	Amends §643(2) to authorize to be appropriated: <ul style="list-style-type: none"> • \$7,718,566 for FY2017, • \$7,879,982 for FY2018, and • \$8,041,398 for FY2019
Title VII, Vulnerable Elder Rights Protection Activities		
Subtitle A—State Programs		
Long-term care ombudsman program	[[§702(a)] Authorizes to be appropriated to carry out chapter 2, such sums as may be necessary for FY2007 and subsequent fiscal years	Amends §702(a) to authorize to be appropriated: <ul style="list-style-type: none"> • \$16,280,630 for FY2017, • \$16,621,101 for FY2018, and • \$16,961,573 for FY2019
Elder abuse, neglect, and exploitation prevention program	[[§702(b)] Authorizes to be appropriated to carry out chapter 3, such sums as may be necessary for FY2007 and subsequent fiscal years	Amends §702(b) to authorize to be appropriated to carry out Chapters 3 and 4: <ul style="list-style-type: none"> • \$4,891,876 for FY2017, • \$4,994,178 for FY2018, and • \$5,096,480 for FY2019
Legal assistance development program	[[§702(c)] Authorizes to be appropriated to carry out chapter 4, such sums as may be necessary for FY2007 and subsequent fiscal years	Strikes §702(c); for Chapter 4, it authorizes appropriations under an amended §702(b)
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 for FY2007 and subsequent fiscal years	No change.

Sources: The Older Americans Act, as amended by the Older Americans Act Amendments of 2006 (P.L. 109-365); and The Older Americans Act Reauthorization Act of 2016 (P.L. 114-144).

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