

The Elder Justice Reauthorization and Modernization Act of 2021

Studies estimate that one in 10 Americans over the age of 60 have experienced some form of elder abuse – including physical abuse, emotional abuse, neglect, financial exploitation, and isolation.¹ Enacted as part of the Affordable Care Act (ACA), the Elder Justice Act (EJA) programs were originally created to address the need for prevention, detection, and treatment of abuse of seniors and people with disabilities, working in tandem with flexible funding from the Social Services Block Grant that many states use partially for Adult Protective Services (APS). Since then, EJA programs have been chronically un-funded or underfunded. In December 2020, Congress for the first time provided significant funding for the EJA (appropriating \$100 million) and then invested in these programs again in the American Rescue Plan Act of 2021 (appropriating \$276 million). Still, additional investments are necessary to meet the growing needs of seniors and people with disabilities.^{2, 3}

To meet these ongoing needs, *The Elder Justice Reauthorization and Modernization Act of 2021*, introduced by Chairmen Neal, Wyden, and Casey, reauthorizes the EJA and commits dedicated funding to vital programs shown to address the needs of vulnerable seniors and people with disabilities, including APS. The addition of updated and new policies to address medical-legal needs, social isolation, and post-acute and long-term care workforce investments further address policy gaps to protect seniors.

Specifically, the legislation directly appropriates a substantial investment of \$4 billion for new and existing EJA programs and activities through fiscal year (FY) 2025, including a total of:

- \$1.6 billion for post-acute and long-term care worker recruitment and retention;
- \$1.4 billion for APS functions and grant programs;
- \$172.5 million for long-term care ombudsman program grants and training;
- \$500 million for supporting linkages to legal services and medical-legal partnerships (MLPs); and
- \$250 million to address social isolation and loneliness.

The bill creates three vital new programs to address growing needs underscored by the COVID-19 pandemic:

- ***Provides funding to address social isolation*** by granting the Secretary of the Department of Health and Human Services (HHS) authority to establish a grant and training program for community-based organizations to serve as technical assistance hubs and referral centers to address social isolation among seniors and people with disabilities. Social isolation is one of the most dangerous and modifiable risk factors of negative health outcomes that older adults and people with disabilities face today – a condition exacerbated by the COVID-19 pandemic and associated distancing and quarantine

¹ *Get the Facts on elder Abuse*, NATIONAL COUNCIL ON AGING (Feb. 23, 2021), <https://www.ncoa.org/article/get-the-facts-on-elder-abuse>.

² Consolidated Appropriations Act of 2021, Pub. L. No. 116-260, <https://www.congress.gov/bill/116th-congress/house-bill/133/text>.

³ American Rescue Plan Act of 2021, Pub. L. No. 117-2, <https://www.congress.gov/bill/117th-congress/house-bill/1319/text>.

guidelines. As of 2019, there were more than 54 million adults aged 65 and older in the United States, and one-fourth of these adults suffered from social isolation.⁴

- ***Creates new program to fund MLPs*** by establishing authority for the Secretary of HHS to fund MLPs within the EJA framework to integrate the expertise of lawyers into health and social services settings to help clinicians, case managers, and social workers address structural problems at the root of so many health inequities impacting older adults. MLPs are multidisciplinary teams that combine clinical staff with social workers and lawyers at a single site of care to ensure patients' social and legal needs like housing, food, education, and access to care are met.⁵
- ***Invests in the post-acute and long-term care workforce*** by reimagining an existing (but never funded) long-term care workforce program included as part of the original EJA. The bill provides funding to states to recruit, train, and retain this vital workforce. The COVID-19 pandemic exposed clear deficiencies in protections for the post-acute and long-term care workforce, including low wages, lack of career ladders, low levels of access to sick leave and childcare, and high turnover rates. More than three-quarters of states reported concerns about reductions in direct care workforce supply as a result of the pandemic. Compounding this crisis is the projected increase in demand for services as the population ages. By 2033, an additional 3.4 million direct care workers will be needed – an increase of 48 percent from today's already unmet needs.

⁴ *Loneliness and Social Isolation Linked to Serious Health Conditions*, CTRS. FOR DISEASE CONTROL AND PREVENTION, (Apr. 29, 2021), <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>.

⁵ *About Medical-Legal Partnership*, NATIONAL CTR. FOR MEDICAL-LEGAL PARTNERSHIP, <https://medical-legalpartnership.org/about-us/faq/> (last visited May 17, 2021).