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May 3, 2023

The Honorable Kirsten Gillibrand  
United States Senator  
478 Russell Senate Office Building  
Washington, DC 20510

**Re: Older Americans Act revisions concerning age-related vision loss**

Dear Senator Gillibrand:

On behalf of the [Aging and Vision Loss National Coalition](#), a consortium of national, regional, and community-based advocacy and service providers for older people who are blind or low vision, we urge you to consider the following recommendations for changes to the Older Americans Act related to the needs of people with age-related vision loss.

These changes are critical given the growing numbers of older individuals with age-related vision loss and the current and ongoing paucity and quality of existing services. Further, this situation results in a great economic burden to the country, not to mention to individuals and family members as documented in the CDC Economic Burden report from 2021, [The Economic Burden of Vision Loss and Blindness in the United States \(cdc.gov\)](#).

**Overall Recommendations:**

1. We recommend the specific inclusion of several key definitions in the Older Americans Act (OAA). While each definition has an important function, the addition of a definition of "[vision rehabilitation services](#)" is absolutely essential to ensure that America's service delivery infrastructure addressing the needs of older people living with vision loss formally and accurately recognizes the indispensable role that vision rehabilitation must play to ensure the health, safety, independence and productivity of older Americans with vision loss. Along with the inclusion of this definition, we make frequent reference to vision rehabilitation services throughout our

recommendations and urge the amendment of the OAA at these various points to fully incorporate vision rehabilitation services at all critical junctures.

2. In further recognition of the critical role of [vision rehabilitation services](#), in several places we recommend OAA amendment language to specifically clarify that individuals who are institutionalized, or who may be at risk of institutionalization, are often so situated because existing service delivery systems fail to provide or even recognize the value of vision rehabilitation services in reducing the possibility of unnecessary institutionalization.
3. Throughout the specific statutory changes recommended below, we make repeated explicit reference to the inclusion of “[older individuals with vision loss](#)” (including defining the term in the definitions section), individuals with hearing loss, and individuals with dual sensory loss (vision and hearing loss), and similar provisions. These three distinct populations require intervention by the OAA: older individuals who have vision loss, individuals who have hearing loss, and individuals who have dual sensory loss. These references are intended to ensure that the OAA for the first time will be targeting the unique needs of this sizeable population.

These many additions are absolutely critical to raising the profile of the massive unmet needs of older people with vision loss and the imperative of the existing aging network and related OAA-funded resources to better address these needs.

4. Further, there is a major need for a focal point through which to direct public inquiries, referrals for services, resources, activities, and information related to aging and vision loss, as most people with vision loss, their families, and professionals are not aware of available services. We therefore recommend that Congress establish an Office on Aging and Vision Loss (OAVL), reporting directly to the Secretary of the Department of Health and Human Services. The OAVL is a central component of [Teddie-Joy’s law](#), proposed comprehensive federal legislation, to build critical infrastructure specifically to meet the unique needs of older people with vision loss. Therefore, we are call upon Congress to amend the Older Americans Act to ensure requirements and benefits of the OAA are coordinated with this new centralized function that we are advocating.

In addition to the OAVL, to connect older people with vision loss to the services they need, we recommend the Administration on Community Living (ACL) create a resource section on the ACL website dedicated to vision, eye health, and low vision. The section must include training resources for providers, tip sheets for older consumers with vision loss and their caregivers, and links to additional information such as where to find services to enhance independent living with vision loss. An example of this type of resource has recently been developed in Texas to help older Texans with vision loss and their family members find these critical services.

5. To further establish the need for vision rehabilitation services, we have a number of recommendations for the [Research, Demonstration, and Evaluation Center](#) to specifically name aging and vision loss as a discrete subject area for which expanded evidence-based research and data collection is required. Once implemented, these recommended changes will help us build on the body of knowledge which does currently exist to justify the effectiveness of vision rehabilitation services in reducing the risk of institutionalization. At the end of this document, included are several references that support our request.

## Results of Studies Called for in Last OAA Reauthorization

In addition to these important changes, **your assistance is requested** in determining the results of two important studies called for in the last reauthorization of the OAA, as well as the annual reports on older people with the great social and economic need:

1. **Section 203(A)** Federal Agency Consultation (c)(1) The Secretary, in collaboration with other Federal officials specified in paragraph (2), shall establish an Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities focusing on the coordination of agencies with respect to aging issues and the development of a national set of recommendations, in accordance with paragraph (6), to support the ability of older individuals to age in place and access homelessness prevention services, preventive health care, promote age-friendly communities, and address the ability of older individuals to access long-term care supports, including access to caregivers and home- and community-based health services.
2. **Title II, Section 201 (33)** with input from aging network stakeholders, including caregivers, develop objectives, priorities, and about prevention of, detection of, and response to negative health effects associated with social isolation among older individuals, and submit a report to Congress on this effort by January 2021.
3. **SEC. 207.** (a) Not later than one hundred and twenty days after the close of each fiscal year, the Assistant Secretary shall prepare and submit to the President and to the Congress a full and complete report on the activities carried out under this Act. Such annual reports shall include—
  - (5) statistical data reflecting services and activities provided to individuals during the preceding fiscal year;
  - (6) statistical data collected under section 202(a)(16);
  - (7) statistical data and an analysis of information regarding the effectiveness of the State agency and area agencies on aging in targeting services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals, older individuals

residing in rural areas, low-income individuals, and frail individuals (including individuals with any physical including vision and/or hearing loss or mental functional impairment)

Specific recommended changes in the Older Americans Act begin on page 5 of 25.

The collective findings will provide excellent insight and considerably benefit older people with vision loss. Further, older people with vision and/or hearing loss should be included in the research and coordination efforts.

Sincerely,



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As the facilitator of the Aging and Vision Loss National Coalition, VisionServe Alliance appreciates the opportunity to address the Committee with our recommendations, including the particular needs of the significant population of older people with vision loss as a part of an aging policy national strategy. If you should have any questions, please reach out to Lee Nasehi, President/CEO (407)301-5193 or [LeeN@VisionServeAlliance.org](mailto:LeeN@VisionServeAlliance.org).

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# Specific Recommended Changes in the Older Americans Act of 1965, as Amended Through P.L. 116-131, Enacted March 25, 2020

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**Source:** [Older Americans Act of 1965 as amended through P.L. 116-131, enacted March 25, 2020](#)

**Note:** The **highlighted language** represents additions/amendments to current language

**Key search terms to find changes:** [vision loss](#), hearing loss, [vision rehabilitation services](#), [accessible and accessibility](#), sensory disabilities, [Teddie-Joy’s law](#), low vision, diabetes-related vision loss. The links go to added definitions or concepts.

## TITLE I—DECLARATION OF OBJECTIVES; DEFINITIONS

### SEC. 102

#### **Page 3 (Sec. 102)**

- (5) The term “aging network” means the network of—
- (A) State agencies, area agencies on aging, title VI grantees, and the Administration; and
  - (B) organizations that—
    - (i)(I) are providers of direct services to older individuals, **including vision rehabilitation services**; or

#### **Page 4 (Sec. 102)**

- (11) The term “case management service”—
- (B) includes services and coordination such as—
    - (i) comprehensive assessment of the older individual (including physical, **vision loss and/or hearing loss**, psychological, and social needs of the individual);
    - (ii)** development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services **(including vision rehabilitation services)**—

**Page 5 (Sec. 102)**

(14) The term “disease prevention and health promotion services” means—

- (D) evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease, alcohol and substance abuse reduction, **age-related and diabetes-related vision loss**, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and enhanced mobility of people with vision loss and improved nutrition;
- (E) programs regarding physical fitness, group exercise, and music therapy, art therapy, **vision rehabilitation**, and dance-movement therapy, including programs for multigenerational participation that are provided by—
  - (i) an institution of higher education;
  - (ii) a local educational agency, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801);  
or
  - (iii) a community-based organization;
  - (iv) an agency that provides **vision rehabilitation service**
- (F) home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment; **especially for older people with vision loss.**

**Page 6 (Sec. 102)**

- (J) medication management screening and education, including training, devices and instruments for people with age-related and **diabetes-related vision loss**, to prevent incorrect medication and adverse drug reactions.
- (K) information concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions, including osteoporosis, cardiovascular diseases, diabetes, **visual loss and/or hearing loss**, and Alzheimer’s disease and related disorders with neurological and organic brain dysfunction;

**Page 7 (Sec. 102)**

- (22) The term “frail” means, with respect to an older individual in a State, that the older individual is determined to be functionally impaired because the individual—
- (A)(i) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or
  - (ii) at the option of the State, is unable to perform at least three such activities without such assistance; **including the inability to see to perform activities resulting in the need for vision rehabilitation services as defined in paragraph (57).**
- (24) The term “greatest social need” means the need caused by noneconomic factors, which include—
- (A) physical **(including vision loss and/or hearing loss)** and mental disabilities

**Page 8 (Sec. 102)**

- (28) The term “information and assistance service” means a service for older individuals that—
- (A) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information **and training** relating to **low vision devices and** assistive technology;
  - (B) assesses the problems and capacities of the individuals **including the particular problems caused by inability to see and hear and how these relate to all aspects of everyday life.**
  - (E) serves the entire community of older individuals, particularly—
    - (i) older individuals with greatest social need;
    - (ii) older individuals with greatest economic need;
    - (iii) older individuals at risk for institutional placement; and
    - (iv) **older individuals with vision and/or hearing loss who are at risk for unnecessary institutional placement.**
- (30) The term “in-home services” includes—
- (A) services of homemakers and home health aides;
  - (B) visiting and telephone reassurance;
  - (C) chore maintenance;
  - (D) in-home respite care for families, and adult day care as a respite service for families;
  - (E) minor modification of homes that is necessary to facilitate the ability of



- older individuals to remain at home and that is not available under another program (other than a program carried out under this Act);
- (F) personal care services; and
  - (G) other in-home services as defined—
    - (i) by the State agency in the State plan submitted in accordance with section 307; and
    - (ii) by the area agency on aging in the area plan submitted in accordance with section 306.
  - (H) Such vision rehabilitation services as defined in paragraph (57) appropriate for in-home delivery.

**Page 9 (Sec. 102)**

- (34) The term “long-term care” means any service, care, or item (including an assistive device), including a disease prevention and health promotion service, an in-home service, and a case management service, and vision rehabilitation services, including low vision devices and training)—

**Page 11 (Sec. 102)**

- (48) The term “self-neglect” means an adult’s inability, due to physical (including vision or hearing loss) or mental impairment or diminished capacity, to perform essential self-care tasks including—
- (A) obtaining essential food, clothing, shelter, and medical care;
  - (B) obtaining goods and services necessary to maintain physical health, mental and behavioral health, or general safety; or
  - (C) managing one’s own financial affairs.
- (49) The term “severe disability” means a severe, chronic disability attributable to mental or physical (including vision or hearing loss) impairment, or a combination of mental and physical impairments, that—
- (A) is likely to continue indefinitely; and
  - (B) results in substantial functional limitation in 3 or more of the major life activities specified in subparagraphs (A) through (G) of paragraph (8).

**Page 12 (Sec. 102) [add the following language after paragraph (56)]**

- (57) The term “vision rehabilitation service” means a wide range of professional services that can restore functional independent living after vision loss; such services are provided by a team of specially trained and credentialed professionals, which may include low vision therapists, vision rehabilitation therapists, orientation and mobility specialists, assistive technology instructors, and other allied health professionals.

(58) The terms “accessible” and “accessibility” as used in this ACT in connection with the delivery of services and information to older individuals with vision loss mean physical, programmatic, and related usability by individuals who are blind or visually impaired, particularly with the provision of materials in accessible formats, communication of information that can be accessed using assistive technology, and other reasonable modifications to the programs and services described in this ACT to ensure the full equal participation of individuals with vision loss.

(59) The term “older individuals with vision loss” means individuals who are 60 years of age or older with functional visual impairment for whom independent living goals are feasible with the provision of vision rehabilitation services

## TITLE II—ADMINISTRATION ON AGING

### SEC. 201

#### **Page 16 (Sec. 201)**

(g)(1) The Assistant Secretary shall, as appropriate, coordinate the research and evaluation functions of this Act under a Research, Demonstration, and Evaluation Center for the Aging Network (in this subsection referred to as the “Center”), which shall be headed by a director designated by the Assistant Secretary from individuals described in paragraph (4)

#### **Page 17 (Sec. 201)**

(3) Activities of the Center shall include, as appropriate, conducting, promoting, coordinating, and providing support for—

(A) research and evaluation activities that support the objectives of this Act, including—

- (i) evaluation of new and existing programs and interventions, including vision rehabilitation services, authorized by this Act; and
- (ii) research on and assessment of the relationship between programs and interventions under this Act and the health outcomes, social determinants of health, quality of life, and independence of individuals served under this Act;

(B) demonstration projects that support the objectives of this Act, including activities to bring effective demonstration projects to scale with a prioritization of projects that address the needs of underserved populations, and promote partnerships among aging services, community-based organizations (including organizations providing vision rehabilitation services), and Medicare and Medicaid providers, plans, and health (including public health) systems;

## SEC. 202

### **Page 18 (Sec. 202)**

(a) It shall be the duty and function of the Administration to—

- (1) serve as the effective and visible advocate for older individuals within the Department of Health and Human Services and with other departments, agencies, and instrumentalities of the Federal Government by maintaining active review and commenting responsibilities over all Federal policies affecting older individuals, **including those with vision loss;**
- (5) develop plans, conduct and arrange for research in the field of aging, and assist in the establishment and implementation of programs designed to meet the health and economic needs of older individuals for supportive services, including nutrition, hospitalization, education and training services (including preretirement training, and continuing education), cultural experiences, activities, and services, including in the arts, low-cost transportation and housing, assistive technology, and health (including mental and behavioral health, **and vision rehabilitation services**) services;
- (8) gather statistics in the field of aging which other Federal agencies are not collecting, and take whatever action is necessary to achieve coordination of activities carried out or assisted by all departments, agencies, and instrumentalities of the Federal Government with respect to the collection, preparation, and dissemination of information relevant to older individuals, **including data pertaining to services provided to older adults with vision loss;**

### **Page 19 (Sec. 202)**

- (14) develop, in coordination with other agencies (including the Health Resources and Services Administration), a national plan for meeting the needs for trained personnel in the field of aging, **and vision rehabilitation**, and for training persons for carrying out programs related to the objectives of this Act, and conduct and provide for the conducting of such training;

### **Page 22 (Sec. 202)**

- (27) improve the delivery of services to older individuals living in rural areas through—
  - (A) synthesizing results of research on how best to meet the service needs of older individuals in rural areas, **including older people with vision loss and/or hearing loss;**

- (B) developing a resource guide on best practices for States, area agencies on aging, and service providers, including concerning older people with vision loss and;
- (28) make accessible and available to States, area agencies on aging, and service providers information and technical assistance to support the provision of evidence-based disease prevention and health promotion services, including information and technical assistance on delivery of such services in different settings, including to older people with vision loss;
- (29) provide information and technical assistance to States, area agencies on aging, and service providers, in collaboration with relevant Federal agencies, on providing efficient, person-centered, accessible transportation services, including across geographic boundaries; prioritizing the needs of older people with vision loss who are reliant on such transportation for everyday and health needs;
- (31) provide technical assistance to and share best practices with States, area agencies on aging, and Aging and Disability Resource Centers, on how to collaborate and coordinate services with health care entities, such as Federally-qualified health centers, as defined in section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B)), in order to improve care coordination for individuals with multiple chronic illnesses; including vision and/or hearing loss;

**Page 23 (Sec. 202)**

- (b) To promote the development and implementation of comprehensive, coordinated systems at Federal, State, and local levels that enable older individuals to receive long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, the Assistant Secretary shall, consistent with the applicable provisions of this title—
- (1) collaborate, coordinate, and consult with other Federal entities responsible for formulating and implementing programs, benefits, and services related to providing long-term care, and may make grants, contracts, and cooperative agreements with funds received from other Federal entities, including OIB (Title 7, Chapter 2 Services);
- (2) conduct research and demonstration projects to identify innovative, cost-effective strategies for modifying State systems of long-term care to—
- (A) respond to the needs and preferences of older individuals and family caregivers; and
- (B) target services to individuals at risk for institutional placement, particularly older adults with vision loss who have not yet received vision rehabilitation services, to permit such individuals to remain in home and community-based settings;

- (3) establish criteria for and promote the implementation (through area agencies on aging, service providers, and such other entities as the Assistant Secretary determines to be appropriate) of **accessible** evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals, including **vision rehabilitation services;**
- (4) facilitate, in coordination with the Administrator of the Centers for Medicare & Medicaid Services, and other heads of Federal entities as appropriate, the provision of long-term care in home and community-based settings, including the provision of such care through self-directed care models that—
  - (A) provide for the assessment of the needs and preferences of an individual at risk for institutional placement, **particularly older adults with vision loss who have not yet received vision rehabilitation services,** to help such individual avoid unnecessary institutional placement and depletion of income and assets to qualify for benefits under the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.);

**Page 24 (Sec. 202)**

- (5) provide for the Administration to play a lead role with respect to issues concerning home and community-based long-term care, including—
  - (C) making recommendations to the Secretary with respect to home and community-based long-term care, including recommendations based on findings made through projects conducted under paragraph (2); and
  - (D) when feasible, developing, in consultation with States and national organizations, a consumer-friendly **and accessible** tool to assist older individuals and their families in choosing home and community-based services, with a particular focus on ways for consumers to assess how providers protect the health, safety, welfare, and rights, including the rights provided under section 314, of older individuals, **including those with vision loss and/or hearing loss;**
- (8) implement in all States Aging and Disability Resource Centers—
  - (A) to serve as visible and trusted sources of information on the full range of long-term care options, including both institutional and home and community-based care, which are available in the community;
  - (B) to provide personalized and consumer-friendly assistance to empower individuals to identify and articulate goals of care and to make informed decisions about their care options;

**Page 25 (Sec. 202)**

- (C) to provide coordinated and streamlined access to all publicly supported

long-term care options so that consumers can obtain the care they need through a single intake, assessment, and eligibility determination process;

(#) To provide a program of Navigators for older adults with vision loss in accordance with the ACT known as Teddie-Joy's Law.

(F) 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, particularly older adults with vision loss who have not yet received vision rehabilitation services, so that the individuals have the choice to remain in or to return to the community;

(9) establish, either directly or through grants or contracts, national technical assistance programs to assist State agencies, area agencies on aging, and community-based service providers funded under this Act or for older adults living with vision loss, Title 7 Chapter 2 in implementing—

(A) home and community-based long-term care systems, including accessible evidence-based programs;

(B) accessible evidence-based disease prevention and health promotion services programs, including delivery of such services in different settings;

(C) these activities and programs will be designed and researched and implemented with accessibility in mind/addressed to accommodate inclusion of people with vision loss; and

(D) activities for increasing business acumen, capacity building, organizational development, innovation, and other methods of growing and sustaining the capacity of the aging network to serve older individuals and care-givers most effectively;

**Page 27 (Sec. 202)**

(e)(1)(A) The Assistant Secretary shall make grants or enter into contracts with eligible entities to establish the National Aging Information Center (in this subsection referred to as the "Center") to—

(i) provide information about grants and projects under title IV;

(ii) annually compile, analyze, publish, and disseminate—

(I) statistical data collected under subsection (a)(19);

(II) census data on aging demographics; and

(III) data from other Federal agencies on the health, social, and economic status of older individuals and on the services provided to older individuals, including those with vision and/or hearing or loss;

## SEC. 203

### **Page 30 (Sec. 203)**

- (c)(1) The Secretary, in collaboration with other Federal officials specified in paragraph (2), shall establish an Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities (referred to in this subsection as the “Committee”) focusing on the coordination of agencies with respect to aging issues and the development of a national set of recommendations, in accordance with paragraph (6), to support the ability of older individuals to age in place and access homelessness prevention services, preventive health care, promote age-friendly communities, and address the ability of older individuals to access long-term care supports, including access to caregivers and home- and community-based health services.
- (6) The recommendations described in paragraph (1) may include recommendations for—
- (A) ways to improve coordination among Federal agencies with responsibility for programs and services that impact older individuals;
  - (B) best practices and **accessible** evidence-based program and service models to assist older individuals in meeting their housing, health care, and other supportive service needs, including—
    - (i) consumer-directed care models for home and community-based care and supportive services that link housing, health care, and other supportive services and that facilitate aging in place, enabling older individuals, **including those with vision and/or hearing loss**, to remain in their homes and communities as the individuals age;

## SEC. 207

### **Page 36 (Sec. 207)**

- (a) Not later than one hundred and twenty days after the close of each fiscal year, the Assistant Secretary shall prepare and submit to the President and to the Congress a full and complete report on the activities carried out under this Act. Such annual reports shall include—
- (1) statistical data reflecting services and activities provided to individuals during the preceding fiscal year;
  - (2) statistical data collected under section 202(a)(16);
  - (3) statistical data and an analysis of information regarding the effectiveness of the State agency and area agencies on aging in targeting services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals, older individuals

residing in rural areas, low-income individuals, and frail individuals (including individuals with any physical, including vision and/or hearing loss, or mental functional impairment);

## TITLE III—GRANTS FOR STATE AND COMMUNITY PROGRAMS ON AGING

### SEC. 301

#### **Page 45 (Sec. 301)**

- (2), for the planning, and for the provision of, supportive services, and multipurpose senior centers, in order to—
- (A) secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services;
  - (B) remove individual and social barriers to economic and personal independence for older individuals;
  - (C) provide a continuum of care for vulnerable older individuals;
  - (D) secure the opportunity for older individuals to receive managed in-home and community-based long-term care services, including vision rehabilitation services for those with vision loss; and
  - (E)<sup>3</sup> measure impacts related to social determinants of health of older individuals.
- (2) The persons referred to in paragraph (1) include—
- (A) State agencies and area agencies on aging;
  - (B) other State agencies, including agencies that administer home and community care programs;
  - (C) Indian tribes, tribal organizations, and Native Hawaiian organizations;
  - (D) the providers, including voluntary organizations or other private sector organizations, of supportive services, nutrition services and multipurpose senior centers, including Community Rehabilitation Providers which provide vision rehabilitation services to older adults with vision loss;
  - (E) organizations representing or employing older individuals or their families; and
  - (F) organizations that have experience in providing training, placement, and stipends for volunteers or participants who are older individuals (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings.



## SEC. 305

### **Page 51 (Sec. 305)**

(E) provide assurance that preference will be given to providing services to older individuals (with particular attention those living with vision and/or hearing loss) with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the State plan

### **Page 52 (Sec. 305)**

(3) the State agency shall, consistent with this section, promote the development and implementation of a State system of long-term care that is a comprehensive, coordinated system that enables older individuals to receive long-term care in home and community-based settings, in a manner responsive to the needs and preferences of the older individuals and their family caregivers, by—

- (C)(iii) target services to individuals at risk for institutional placement, particularly older adults with vision loss who have not yet received vision rehabilitation services, to permit such individuals to remain in home and community-based settings;
- (D) implementing (through area agencies on aging, service providers, and such other entities as the State determines to be appropriate) accessible evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes, and for those with vision loss to participate in vision rehabilitation services, intended to reduce the risk of injury, disease, and disability among older individuals;

## SEC. 306

### **Page 57 (Sec. 306)**

- (B) provide assurances that the area agency on aging will use outreach efforts that will—
- (i) identify individuals eligible for assistance under this Act, (or for older individuals with vision loss under Title 7 Chapter 2 )with special emphasis on—
    - (I) older individuals residing in rural areas;
    - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals

- residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities including people with vision and/or hearing loss;

**Page 58 (Sec. 306)**

- (5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities including those with vision loss and/or hearing loss and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

**Page 59 (Sec. 306)**

- (D) establish an advisory council consisting of older individuals (including minority individuals, and older individuals residing in rural areas, and those living with vision and or/hearing loss) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

**Page 60 (Sec. 306)**

- (I)<sup>7</sup> to the extent feasible, coordinate with the State agency to disseminate accessible information about the State assistive technology entity and access to assistive technology devices and services options-(including the provision of low vision devices and training for those with vision loss.)
- (7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—
  - (B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—
    - (i) respond to the needs and preferences of older individuals and family

- caregivers;
  - (ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
  - (iii) target services to older individuals at risk for institutional placement, particularly older adults with vision loss who have not yet received vision rehabilitation services, to permit such individuals to remain in home and community-based settings;
  - (C) implementing, through the agency or service providers, accessible evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes and for those with vision loss to participate in vision rehabilitation services intended to reduce the risk of injury, disease, and disability among older individuals; and
- (8) provide that case management services provided under this title through the area agency on aging will—
- (A) not duplicate case management services provided through other Federal and State programs;
  - (B) be coordinated with services described in subparagraph (A); and
  - (C) be provided by a public agency or a nonprofit private agency that—
    - (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging
    - (ii) for individuals with vision loss, a service provider with expertise in blindness and low vision.

## SEC. 307

### **Page 69 (Sec. 307)**

- (16) The plan shall provide assurances that the State agency will require outreach efforts that will—
- (A) identify individuals eligible for assistance under this Act, with special emphasis on—
    - (i) older individuals residing in rural areas;
    - (ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
    - (iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
    - (iv) older individuals with severe disabilities;
    - (v) older individuals with vision loss under Title 7 Chapter 2

(vi) older individuals with limited English-speaking ability; and

**Page 70 (Sec. 307)**

- (vii) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.
- (17) The plan shall provide, with respect to the needs of older individuals with blindness, vision loss, hearing loss, or other severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with blindness, vision loss, hearing loss or other severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.
- (18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—
- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently, particularly older adults with vision loss who have not yet received vision rehabilitation services;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.
- (19) The plan shall include the assurances and description required by section 705(a).

**Page 71 (Sec. 307)**

- (27)(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State’s statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
- (B) Such assessment may include—
- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on

- aging, and how re- source levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.
  - (v) **An analysis of the individuals living with vision and/or hearing loss.**

## SEC. 321

### **Page 85 (Sec. 321)**

- (4) services designed (A) to assist older individuals to obtain adequate housing, including residential repair and renovation projects designed to enable older individuals to maintain their homes in conformity with minimum housing standards; (B) to adapt homes to meet the needs of older individuals who have physical disabilities **or vision and/or hearing loss, using guidelines developed in conjunction with rehabilitation professions trained to assess, including vision rehabilitation professional;** (C) ...

### **Page 86 (Sec. 321)**

- (5) services designed to assist older individuals in avoiding institutionalization and to assist individuals in long-term care institutions who are able to return to their communities, including—
  - (A) client assessment, case management services, and development and coordination of community services;
  - (B) supportive activities to meet the special needs of caregivers, including caretakers who provide in-home services to frail older individuals; and
  - (C) in-home services and other community services, including home health, homemaker, shopping, escort, reader, and letter writing services, to assist older individuals to live independently in a home environment;
  - (D) Vision rehabilitation services for those living with vision loss.**
- (8) services designed to provide health screening (including mental and behavioral health screening, screening for negative health effects associated with social isolation, falls prevention services screening, **including screening for functional vision loss, which may put an individual at risk for falls,** and traumatic brain injury screening) to detect or prevent (or both) illnesses and injuries that occur most frequently in older individuals;

### **Page 87 (Sec. 321)**

- (11)** provision of services and assistive devices (including provision of assistive technology services and assistive technology devices, **and provision of vision**

rehabilitation services and low vision and other assistive technologies) which are designed to meet the unique needs of older individuals who are disabled and/or living with vision loss, and of older individuals who provide uncompensated care to their adult children with disabilities;

## SEC. 361

### **Page 93 (Sec. 361)**

SEC. 361. (a) The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 307 to provide evidence-based disease prevention and health promotion services and information at multipurpose senior centers, at congregate meal sites, through home delivered meals programs, or at other appropriate sites. In carrying out such program, the Assistant Secretary shall provide technical assistance on the delivery of evidence-based disease prevention and health promotion services in different settings and for different populations, including older people with vision and/or hearing loss, and consult with the Directors of the Centers for Disease Control and Prevention and the National Institute on Aging.

## SEC. 373

### **Page 95 (Sec. 373)**

- (e) BEST PRACTICES.—Not later than 1 year after the date of enactment of the Supporting Older Americans Act of 2020 and every 5 years thereafter, the Assistant Secretary shall—
- (1) identify best practices relating to the programs carried out under this section and section 631, regarding—
    - (A) the use of procedures and tools to monitor and evaluate the performance of the programs carried out under such sections;
    - (B) the use of evidence-based caregiver support services, including information about vision rehabilitation services;

## **TITLE IV—ACTIVITIES FOR HEALTH, INDEPENDENCE, AND LONGEVITY**

### Sec. 411

#### **Page 98 (Sec. 411)**

- (a) In General.—For the purpose of carrying out this section, the Assistant Secretary may make grants to and enter into contracts with States, public agencies, private

nonprofit agencies, institutions of higher education, and organizations, including tribal organizations, for—

- (1) education and training to develop an adequately trained workforce to work with and on behalf of older individuals, including vision rehabilitation professionals;
- (2) applied social research, aligned with accessible evidence-based practice, and analysis to improve access to and delivery of services for older individuals;
- (3) evaluation of the performance of the programs, activities, and services provided under this section;
- (4) the development of methods and practices to improve the quality and effectiveness of the programs, services, and activities provided under this section;
- (5) the demonstration of new approaches to design, deliver, and coordinate programs and services for older individuals, including those with vision and/or hearing loss;
- (6) technical assistance in planning, developing, implementing, and improving the programs, services, and activities provided under this section;
- (7) coordination with the designated State agency described in section 101(a)(2)(A)(i) of the Rehabilitation Act of 1973 (29 U.S.C. 721(a)(2)(A)(i)) to provide services to older individuals who are blind as described in such Act; this coordination should result in the development of a MOA to develop a plan of coordination including for staff training of staff who serve older people through the Older Americans Act and those who serve older people through the Rehabilitation Act; this training could be facilitated through the Older Individuals Who Are Blind Technical Assistance Center (OIB-TAC), authorized through the Rehabilitation Act to develop training for OIB staff;
- (8) the training of graduate level professionals specializing in the mental health needs of older individuals;
- (9) planning activities to prepare communities for the aging of the population, which activities may include—a comprehensive menu of accessible interventions

**Page 99 (Sec. 411)**

- (10) the development, implementation, and assessment of technology-based service models and best practices, to support the use of health monitoring and assessment technologies, communication devices, assistive technologies, and other technologies consistent with section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d) that may remotely connect family and professional caregivers to frail older individuals residing in home and community-based settings or rural areas, including people with age-related vision loss, hearing loss and/or diabetes-related vision loss;
- (11) conducting activities of national significance to promote quality and continuous improvement in the support provided to family and other informal caregivers of older individuals through activities that include program evaluation, training, technical assistance, and research, including—

- (A) programs addressing unique issues faced by rural caregivers;
- (B) programs focusing on the needs of older individuals with cognitive impairment such as Alzheimer’s disease and related disorders with neurological and organic brain dysfunction, and their caregivers; and
- (C) programs supporting caregivers in the role they play in providing disease prevention and health promotion services;
- (D) programs supporting vision rehabilitation services and other needs of those living with vision loss

(15) bringing to scale and sustaining evidence-based falls prevention programs that will reduce the number of falls, fear of falling, and fall-related injuries in older individuals, including older individuals with disabilities, and including those with vision loss;

**Page 100 (Sec. 411)**

(16) bringing to scale and sustaining evidence-based chronic disease self-management programs that empower older individuals, including older individuals with disabilities, to better manage their chronic conditions including those with age-related vision loss or diabetic eye disease to better manage their chronic conditions;

(18) projects that address negative health effects associated with social isolation among older individuals including older people with vision and/or hearing loss;

## **TITLE V—COMMUNITY SERVICE SENIOR OPPORTUNITIES ACT**

### **SEC. 502**

**Page 113 (Sec. 502)**

(a) IN GENERAL.—

(1) ESTABLISHMENT OF PROGRAM.—To foster individual economic self-sufficiency and promote useful opportunities in community service activities (which shall include community service employment) for unemployed low-income persons who are age 55 or older, including older individuals with vision loss who may not be able to benefit from such employment services without the benefit of vision rehabilitation services, particularly persons who have poor employment prospects, and to increase the number of persons who may enjoy the benefits of unsubsidized employment in both the public and private sectors, the Secretary of Labor (referred to in this title as the “Secretary”) may establish an older American community service employment program.



## Contact Information

As the facilitator of the Aging and Vision Loss National Coalition, VisionServe Alliance appreciates the opportunity to address the Committee with our recommendations for including the particular needs of the significant population of older people with vision loss as a part of an aging policy national strategy. If you should have any questions, please reach out to Lee Nasehi, President/CEO, [LeeN@VisionServeAlliance.org](mailto:LeeN@VisionServeAlliance.org), or (407) 301-5193.

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Co-Chairs, Funding and Policy Committee

Aging & Vision Loss National Coalition

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