



NATIONAL PACE ASSOCIATION Issue Brief

March 2022

Cosponsor the Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act of 2022, H.R. 6823/S.3854 Ensure Every Veteran Has Access to the Care They Need at Home Whenever Possible

Action Requested

Please cosponsor H.R. 6823/S.3854, the Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act (Elizabeth Dole Home Care Act) of 2022. This critical bill would ensure any veteran enrolled in the U.S. Department of Veterans Affairs (VA) health care system eligible for and needing home- and community-based services (HCBS), including long term care services and supports (LTSS), would be able to receive such care and services at home, including PACE, through the Community Care Program.

Need for Action

Currently, the local availability of HCBS, including Programs of All-Inclusive Care (PACE), as a covered VA health care benefit varies widely across the nation. This inequity exists despite the enactment of the VA MISSION Act of 2018 (P.L. 115-182), which among its provisions established clear eligibility criteria for enrolled veterans wanting to seek care in the community. P.L. 115-182 also directed the VA to consolidate all existing community care programs into a new Community Care Program (CCP) with the goal of substantially increasing access. However, the roll out of the CCP has been piecemeal at best since 2019; full implementation is not expected to be largely completed until 2026 or beyond. In the meantime, enrolled veterans still encounter geographic and systemic difficulties in accessing care in the community. Given that most people (88%) prefer to receive any needed care in their own home or a family member/friend's home,

according to a **2021 NORC/AP poll**, veterans should be allowed the same freedom of choice.

The Elizabeth Dole Home Care Act not only would expand the capacity of the VA to provide HCBS through the CCP, heighten the ability of the Veterans Health Administration Office of Geriatrics and Extended Care **“to meet [v]eterans’ long-term care needs in the least restrictive setting through access to options that honor their choice while promoting their optimal independence, health and well-being,”** and improve caregiver support.

Providing care at home and in the community not only enhances the quality of life for veterans, their families and their caregivers, but also reduces VA health expenditures. Generally, the cost of HCBS is notably less than institutional care. Further, the VA has found that the use of HCBS creates additional savings by either delaying admission to a nursing home or avoiding such an admission altogether as well as lowering the risk of preventable hospitalizations.

However, not every eligible enrolled veteran has ready access to HCBS and PACE in particular. PACE organizations exclusively serve older adults (55+) deemed to need a nursing home care by their state and live within a fixed geographic service area. As an integrated, coordinated and comprehensive model of care, PACE enables this high-need population to remain living in their homes and communities safely. As of March 1, 2022, there are 144 PACE organizations located within 30 states; however roughly 12 PACE

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organizations are working with their local Veterans Affairs Medical Center (VAMC) to serve veterans for whom the VA is responsible for covering the costs of their HCBS care.

Further limiting eligible veterans' access to PACE is that the decision whether to establish a Veterans Care Agreement with a nearby PACE organization, which would allow an eligible veteran to receive this form of HCBS, is left up to each individual VAMC's leadership. Section 3 of the Elizabeth Dole Home Care Act would eliminate that barrier by requiring any VAMC located within the geographic service area of a PACE organization to establish a partnership. Then the opportunity to receive PACE care by local eligible veterans is up to them, not the VAMC.

Background

Demographic projections show the numbers of older adults (65+) will continue to rise. By 2045, the U.S. Census Bureau **predicts** that there will be 82.84 million older Americans in 2045, up from 65.23 million in 2025. The veteran population follows a similar path according to the **VA**. In 2020, almost half of the 9 million veterans enrolled in the VA health care system were at least 65 years old. By 2028, the number of veterans at least 75 years old will rise by 46 percent to 2.9 million as compared to 2018 data. And by 2038, the VA has estimated a nearly 500% increase in the number of enrolled veterans greater than 85 years old as compared to 2003.

The reason the data above is significant is the need for long term care and services increases considerably with age. The probability of an older adult needing LTSS within their

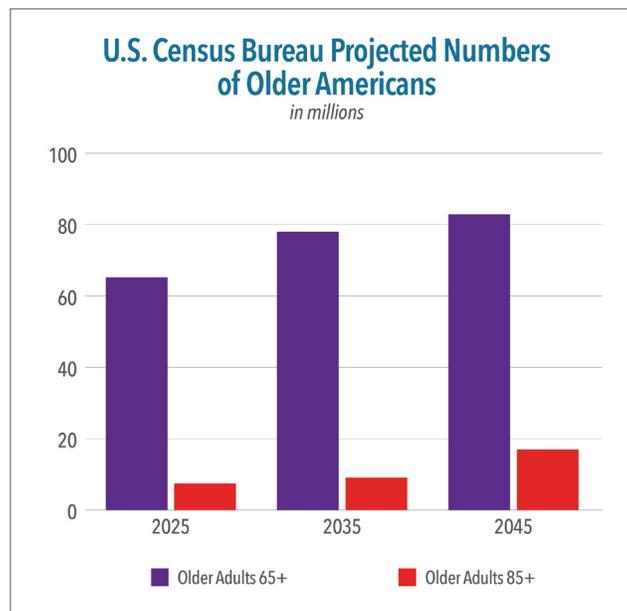
lifetime is nearly 70% according to the **Administration for Community Living**. For veterans, the percentage of those needing LTSS is even higher at 80%.

In response to the access issues experienced by many veterans at several Veterans Affairs Medical Centers (VAMCs), Congress enacted a series of bills instructing the VA to improve enrolled veterans' access to care in the community from 2014 to 2018. The **Congressional Budget Office (CBO)** outlined both the Congressional activity and the

accompanying VA regulatory activity in the graphic show here in a recent report. Progress was made, albeit slowly. CBO reported less than 25% or approximately 2 million veterans had been granted access to community care during that time frame.

The implementation of the VA MISSION Act of 2018 has improved the situation somewhat. Yet the impetus to address this issue remains clear because the need for this care will continue to rise along with the corresponding costs. **VA estimates** that if the

utilization rate of nursing home care stays constant over the next decade, the total costs of all LTSS will exceed \$15 billion every year during that time. Realizing such expenditure increases are unsustainable, last summer the VA **shared** with the House Veterans Affairs Subcommittee on Health that "there is an urgent need to accelerate the increase in the availability of these services, mainly because most Veterans prefer to receive care at home, and VA can improve quality at a lower cost by providing care in these settings." If enacted, the Elizabeth Dole Home Care Act will facilitate such an acceleration.



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