



SWPPA – 2026 Policy Priorities Specifics & Talking Points

FEDERAL LEVEL PRIORITIES:

1. Reauthorize the Older Americans Act by supporting passage of S.2120

- A. S. 2120 amends the Older Americans Act of 1965 to authorize appropriations for fiscal years 2026 through 2030, and for other purposes.
- B. OAA provides important support for older adults through a broad range of community-based social services programs, including home-delivered and congregate meals, transportation services, caregiver support, chronic disease prevention services, and the Long-Term Care Ombudsman program.
- C. The Pennsylvania State Plan for Aging 2024-2028 is submitted to the federal government and indicates the plans for implementing programs under the Older American's Act.

2. Preserve, protect and adequately fund critical Medicaid programming in support of services improving the lives of older adults and those living with disabilities.

- A. The federal bill made several changes to how Medicaid is delivered in Pennsylvania.
- B. The following will be implemented in January 2027:
 - Some adults will have to prove they work or do other approved activities for at least 80 hours every month to qualify for Medicaid and to renew their coverage. The work reporting requirements apply to non-pregnant adults ages 19-64 who get Medicaid through Pennsylvania's Medicaid expansion category. This accounts for about 750,000 people (1 in 4) on Medicaid in Pennsylvania. (1)
 - Certain people in the Medicaid expansion category are exempt from the work reporting requirements, which means they don't have to follow the new work reporting rules. However, even those who are exempt will need to prove they qualify for the exemption by submitting acceptable documentation. (1)
 - All adults in the Medicaid expansion category will have to renew their Medicaid coverage every six months instead of once a year. This means more paperwork and more chances of losing coverage due to missed deadlines or paperwork errors. For those subject to work reporting requirements, this will mean having to prove meeting work requirements or an exemption no less than twice a year. (1)

3. To support the Direct Care Workforce by advocating for passage of H.R. 5495 Essential Workers for Advancement Act

- A. [H.R. 5494](#) amends the Immigration and Nationality Act to provide for an H-2C nonimmigrant classification, and for other purposes.
- B. H.R. 5494 is bipartisan legislation aimed at easing critical workforce shortages through the creation of a new H-2C nonimmigrant visa program. The visa would be available to employers who can demonstrate that positions have gone unfilled for three consecutive months in areas where unemployment is 7.9% or less. (2)
- C. The program is designed as a temporary, market-driven tool that can adjust to economic conditions and support essential industries, such as health care and long-term care, that are struggling to find enough workers. (2)

4. Advance mental health parity in Medicare, expanding coverage to include interventions that will better address the mental health needs of older adults.

- A. SWPPA advocates for mental health parity in Medicare (currently Medicare is not subject to mental health parity laws) and exploring opportunities for advocacy with the Center for Medicare and Medicaid Services (CMS) to address parity in Medicare and Medicare Advantage plans.
- B. SWPPA advocates for Medicare coverage of mental health crisis intervention, mobile mental health therapy, peer support services/certified peer specialists, and targeted case management.
- C. SWPPA argues that we need to review and alter Medicare regulations and processes to make it easier for providers to become empaneled which will help ensure that there are sufficient providers for the population. The Office of Inspector General's (OIG) 2024 report indicates that nationally, there are 2.9 providers for every 1000 traditional Medicare enrollees and 4.7 for every 1000 Medicare advantage enrollees leading to difficulty finding services. (3)
- D. SWPPA advocates for solutions to barriers Substance Use Disorder (SUD) Treatment for Medicare recipients which may include some combinations of regulatory changes, one time funding / grants for SUD sites to make physical plant changes to meet Medicare regulations, and / or supporting better infrastructure and supports within Skilled Nursing Facilities to be able to treat SUD. (4)

STATE LEVEL PRIORITIES:

1. Preserve, protect and grow state funding for services for older adults, with a focus on a strong lottery fund restricted for use in support of older adults.

- A. In 1972 the Legislature established the Pennsylvania Lottery to provide a restricted fund outside of the General Fund to assist low-income older adults. These dollars fund a range of different services and supports for older adults, enabling them to remain living in the community setting of their choice, as opposed to placement in a skilled nursing facility. SWPPA advocates for and supports reducing the transfer of lottery funds to cover deficits in Medicaid programs or to pay for Medicaid Long-Term Supports and Services (LTSS). Lottery funds must be maintained for the non-Medicaid aging population of the Commonwealth to ensure lower income older adults above the Medicaid cutoff have access to the essential home and community-based services they need that are provided through the Lottery.
- B. SWPPA supports closing the loophole allowing unregulated, unaudited, and untaxed skill games/gambling machines to compete with Lottery Games, without a guarantee of funds to Lottery sponsored programs. In short, any legalization of so-called skill games or other lottery competitive gambling must include a transfer of new revenue directly to the Lottery Fund to offset revenue lost to new forms of legalized gambling.
- C. SWPPA advocates for the state's full transparency of the specific use of funds when funds are transferred or allocated out of the Lottery Fund, along with full disclosure the funds were used for the intended purpose specified.

2. Adopt the rate recommendations for all services within OLTL's rate study, which reflects a 23% increase for Commonwealth Providers – which would enable providers to more effectively combat the Direct Care Workforce Crisis

- A. SWPPA strongly advocates for the Office of Long-Term Living to appropriately respond to the 2025 Mercer rate study, which was ordered by Governor Shapiro's mandate for the comprehensive rate review of current PAS (Personal Assistance Services) and other HCBS services. The rate study indicates a service rate increase of 23% is required for the HCBS services included in the study, to support Pennsylvania's home and community-based service continuum. Low reimbursement rates are the leading cause for inadequate DCW compensation and factor largely in providers' inability to effectively compete for, hire and retain qualified DCW's in today's competitive hiring market.
- B. SWPPA advocates for the state to develop and implement innovative strategies that help our industry attract and retain DCW's (direct care workers) who provide critical services to older adults and individuals with disabilities. Initiatives could include programming that encourages young people to be exposed to and gain experience in social care professions as well as financial incentives that encourage and reward employers who create viable career pathways across the various social care settings.

- C. SWPPA advocates for the removal of regulatory barriers providers face with recruitment and hiring of quality DCW's, and for the support of consistent training and credentialing standards that are efficient, affordable and effective in preparing workers to assume direct care roles. These standards should be more directly correlated with the skills and competencies necessary to assume direct care roles. This includes advocating for a review of current immigration policies and removal of education requirements and misdemeanor offenses that currently disqualify potential qualified candidates.
- D. The Long-Term Council created the **Blueprint for Strengthening the Direct Care Workforce** in 2019, a powerful plan, recently refreshed, that supports the development of an engaged, professional workforce capable of driving integrated and multidisciplinary care. To date, not one aspect of the plan has been implemented. SWPPA strongly advocates for LTCC to begin holding members and the state accountable for executing the recommendations in the newly refreshed blueprint.

3. Support, fund and grow a robust and fluid long-term living continuum of care.

- A. SWPPA advocates for adequate funding in the state budget to support Medicaid HCBS and other programs that serve older adults and people with disabilities in the community to ensure that they continue to have a real choice about where they get long term services and supports when needed.
- B. SWPPA supports easing the path for personal care homes to convert to assisted living residences which will improve the availability of assisted living as an age in place care option.
- C. SWPPA advocates for assisted living to receive Medicaid reimbursement by including assisted living in Community Health Choices (CHC) as a viable housing option for seniors in the least restrictive setting. SWPPA supports HB 821 that require DHS to apply to CMS for the inclusion of Assisted Living services and as a medical assistance provider, This simple change of allowing assisted living services to be Medicaid reimbursable would save our Commonwealth tens of millions annually, per a 2007 PA House fiscal impact summary, since unnecessary nursing home services would not need to be borne. For example, the average annual cost of assisted living services is \$41,400, compared to over \$120,000 for skilled nursing facilities. Pennsylvanians who require assistance but who need more than in-home services should not have a nursing home as their only option
- D. SWPPA advocates for access to housing and services for older adults with dementia by removing barriers, including financial, for admission to Long-Term care facilities.
- E. SWPPA advocates for supports for seniors with behavioral health issues, including substance abuse, that face barriers in admission to Long-Term Care facilities. SWPPA supports funding for community mental health services and review of the Behavioral Health Commission for Adult Mental Health's report for funding for services for adults.
- F. SWPPA advocates for adequate support for Adult Daily Living Centers (adult day care centers) as a quality cost effective home and community-based care service to bridge the gap between community senior centers and residential care facilities
- G. SWPPA advocates for an annual increase of the SSI supplement for low income seniors in Personal Care homes. The availability of homes accepting the supplement has

diminished which limits the choices for housing which may force seniors to choose a skilled nursing facility as the only option.

- H. SWPPA supports the use of community mental health block grant funds to bridge the access gaps especially in rural areas, to connect older adults to behavioral health services, including telehealth and in-home monitoring
- I. SWPPA recommends increasing access to evidence-based resources and training related to detecting and reducing the risk of suicide in older adults.
- J. SWPPA advocates for improved coordination and communication between care level transitions to ensure as individuals move between levels of care (for example hospital to home) each health care entity on the treatment team is communicating effectively so the right care is provided at each level.
- K. SWPPA advocates for legislation that requires higher-density options, such as Accessory Dwelling Units (ADU's) or Elder Cottage Housing Opportunities (ECHO), to be considered in local zoning and planning regulations.
- L. SWPPA advocates for greater CHC service delivery accountability and transparency, specifically:
 - a. Consistent and accurate reporting of authorization to utilization gaps
 - b. Clearer identification as to root causes of gaps
 - c. Implementation of a requirement for a documented MCO response when gaps in utilization prevent a participant from receiving approved, necessary services

4. Strengthen and adequately fund local Area Agencies of Aging as the hub for aging services at the community level.

- A. Strong, well-funded Area Agencies on Aging (AAAs) are the cornerstone of the vision outlined in Aging Our Way PA (AOWPA) – one in which Pennsylvanians can age with independence, choice, and dignity. To ensure AAAs can effectively serve the growing number of adults in the Commonwealth, SWPPA advocates for an additional \$107 million transfer from the Lottery Fund to PENNCARE in the Department of Aging's 2026-2027 budget.
- B. SWPPA approves of the plan's emphasis on expanding services and supports to assist older adults with remaining in their own home and communities, such as the OPTIONS (Help at Home) program, the Senior Companion program, CAPABLE and other home modification and repair programs, and the use of assistive technology and other creative means to expand housing opportunities and accessibility.
- C. SWPPA advocates for sufficient, ongoing funding throughout the life of the AOWPA plan to fully realize the vision and goals of the plan.

- D. SWPPA supports the timely renewal of the partnership between OLTL and Aging Well, the Independent Assessment Entity, to preserve Area Agencies on Aging’s trusted role in determining functional eligibility for Community HealthChoices (CHC) applicants.

5. Upgrade and enact the Older Adult Protective Services Act (OAPSA)

- A. **Older Adult Protective Services Act (OAPSA)** – The revisions to OAPSA have been the focus of proposed legislative actions for the past 10 years. SWPPA advocates for any future legislation suggest including these priorities:
 - a. Reinstate a section in the act to protect consumers and providers by establishing a clear list of offenses that define eligibility for employment based on the severity of a crime, time-lapse since the crime occurred with consideration for the health care setting, Applicant’s requested position and the workforce and funding challenges currently facing aging services providers.
 - b. SWPPA supports bipartisan effort to address specific legislation regarding required clearances.
 - c. Clarify if aging service providers functioning under PA Code Title [28 Chapter 611 section 611.52](#) which identifies Criminal Background Checks [list of prohibited offenses](#) filed under Title 6, Chapter 15 of the PA code section 15.143 are held to OAPSA and/or those identified in Title 6, Chapter 15.
 - d. SWPPA advocates for this act to clarify mandated reporting expectations for licensed health professionals and for all mandatory reporters.

6. Support and advance the adoption of Age-Friendly principles

- A. Pennsylvania was designated an Age-Friendly state in 2025. The Aging Our Way, PA 10-year strategic plan is the framework for developing Age-Friendly principles in Pennsylvania.
- B. The 8 domains of livability are the principles of Age-Friendly and Aging Our Way, Pa.
 - a. Built Environment
 - i. Housing
 - ii. Outdoor Spaces and Buildings
 - iii. Transportation
 - b. Social Environment
 - i. Health Services and Community Support
 - ii. Social Participation
 - iii. Respect and Inclusion
 - iv. Communication and Information
 - v. Civic Participation and Employment

Resources:

1. <https://www.phlp.org/en/news/historic-medicaid-cuts-coming-to-pennsylvania-310-000-could-lose-coverage>
2. <https://www.argentum.org/senior-living-workforce-solutions-highlighted-at-pennsylvania-assisted-living-association-meeting-2/>
3. [A Lack of Behavioral Health Providers in Medicare and Medicaid Impedes Enrollees Access To Care](#)
4. Kelly, L. A., Accetta, R. C., Conroy, M. B., & Myrka, A. (2025). Improving access to substance use disorder care In nursing facilities. *Health Affairs*, 44(9), 1070–1077. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2025.00337>