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BEFORE THE

UNITED STATES SENATE

SPECIAL COMMITTEE ON AGING

Hearing: Caught in the Middle: Supporting Families in the Sandwich Generation

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Opening

Chairman Scott, Ranking Member Gillibrand, and members of the committee, thank you for the opportunity to speak today about the crisis facing America's sandwich generation caregivers — the millions of Americans caring for their children and an adult at the same time, often invisibly, and almost always without enough support.

Personal Story

This issue is personal for me and I know for many of you.

I grew up watching my mom balance a full-time job while raising three kids and caring for my grandmother through multiple chronic conditions. It was tough work, and she did it out of a deep sense of love for her family. She also did it out of necessity. There were no alternatives in our small South Texas town, and there was very little support to make things easier.

For as long as I can remember, my mom dreamed of becoming a CPA but she was never able to finish college. That dream took a backseat to her caregiving responsibilities. The cost wasn't just a degree. It was a lifetime of lower wages, fewer opportunities, and a smaller retirement — because the years she spent caring for her mother didn't count toward Social Security the way paid work does.

The Scale of Sandwich Caregiving in America

My family’s story is not unique. According to research from the National Alliance for Caregiving and AARP, 63 million American adults — nearly one in four of us — now provide ongoing care to a family member or friend with a serious illness or disability. That is a nearly 50 percent increase in just a decade. Sixteen million Americans are sandwich generation caregivers, raising a child or grandchild under 18 at home while caring for an adult loved one. That's about 1 in 3 family caregivers in America.[1] Sandwich caregivers are predominantly women — about three in five. On average, they are 41 years old, more than a decade younger than other caregivers.

But that national average hides who is actually carrying this weight. Among caregivers under 50, the share rises to 47 percent. Among Latino caregivers, it is 43 percent. Among Black caregivers, 36 percent. In other words, sandwich caregiving falls hardest on younger Americans and on communities of color — the same communities already navigating wage gaps, wealth gaps, and the thinnest safety nets.[2]

When Care Spans Generations

Sandwich caregivers juggle three roles at once: paid work, raising kids, and caring for a family member. In doing so, they make visible what care policy too often obscures: care is not a discrete life stage or a single transaction, but a continuous thread that runs from a child's first day of preschool to a parent's last years of life. The same person who is packing lunches in the morning may be coordinating a medication schedule by afternoon and sitting in on a parent-teacher conference by evening. Their days collapse the full arc of the caregiving lifespan into a single household.

This matters because our systems still treat each end of that arc as a separate problem. Childcare sits in one policy silo, with its own subsidies, providers, and advocates; older adult care sits in another, governed by different agencies, funding streams, and workforce pipelines. Paid leave policies, employer benefits, tax credits, and care infrastructure tend to be built around one beneficiary at a time — a new baby, an aging parent, a person with a disability — as if families experience these needs in tidy sequence rather than all at once. Sandwich caregivers are the living rebuttal to that assumption.

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[1] AARP and National Alliance for Caregiving. Caregiving in the US 2025. Washington, DC: AARP. July 24, 2025. https://doi.org/10.26419/ppi.00373.001

[2] IBID

If we take their reality seriously, the implication is clear: care solutions must span the lifespan, not just one slice of it. That means paid leave that covers a sick toddler and a hospitalized father; tax credits and savings vehicles that flex to whichever generation needs support that year; a care workforce trained, paid, and supported to move across early childhood, disability, and aging care; and workplaces that recognize caregiving as an ongoing condition of adult life rather than an episodic crisis. Designing for the sandwich generation is, in effect, designing for everyone — because almost all of us will spend some portion of our lives caring for someone younger, someone older, or both at the same time.

The Daily Reality

This work is not occasional. Sandwich caregivers provide an average of 22 hours of care every week — a part-time job on top of their paid job and their parenting. Nearly three in five perform medical or nursing tasks at home — managing medications, dressing wounds, changing feeding tubes — and four in ten do so without any prior training. These are ordinary Americans providing extraordinary care.

The Financial Toll

The economic toll is severe. Fifty-eight percent of sandwich caregivers experience at least one negative financial impact — taking on debt, depleting savings, losing income, or leaving the workforce entirely.[3]

These are people in their prime earning years, and the costs compound across decades into smaller retirements and tighter household budgets. Family caregivers as a whole now provide more than $1.1 trillion in care each year.[4] They are the invisible backbone of America's economy and long-term care system.

The personal toll runs alongside the financial. One in three sandwich caregivers reports high emotional stress, and many say caregiving has worsened their own health. Most did not choose

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[3] IBID

[4] Houser, Ari, Selena Caldera, Brendan Flinn, and Rita Choula. Valuing the Invaluable 2026: Family Caregivers' Contribution Reaches $1 Trillion. Washington, DC: AARP Public Policy Institute, March 26, 2026. https://doi.org/10.26419/ppi.00402.001.

this role — it found them — and the overwhelming majority tell us they need more help to make care work.

Solutions

Family caregivers are clear about what would make a difference. They need financial relief to offset the rising out-of-pocket costs of care. They need a retirement system that recognizes caregiving as work. They want paid family and medical leave to help balance the responsibilities of caring for loved ones while working. They need affordable access to the medications, screenings, and care that keep their loved ones healthy. And they need easier access to the fragmented maze of benefits and supports that so many struggle with on top of the hard work of care.

There is legislation before this Committee and Congress that responds directly to each of these needs. Each of the bills described below addresses a specific dimension of the sandwich caregiver experience, and taken together they begin to assemble the family caregiving infrastructure America has lacked for too long.

The Multigenerational Home Caregiver Credit Act (S. 3295 /H.R. 7584), introduced by Chairman Scott and Senator Welch, would establish a $2,000 nonrefundable tax credit for adult family members who live with an aging relative and provide at least 10 hours per week of qualifying care under the Lawton Instrumental Activities of Daily Living scale. The bill directly addresses one of the most common configurations of sandwich caregiving: an adult living in a multigenerational household, raising children while caring for a parent or in-law under the same roof. The number of Americans living in multigenerational homes has quadrupled since 1970, and for older adults with dementia or disability, living with an adult family caregiver cuts their odds of nursing home placement roughly in half over the next two years — saving families and taxpayers from far more expensive institutional care. A $2,000 credit is modest relative to what sandwich caregivers actually spend each year, but for working families squeezed between rising childcare and elder-care costs, it is meaningful relief and a clear federal signal that this form of care is valued.

The Social Security Caregiver Credit Act (S. 4396 / H.R. 8490), championed by Ranking Member Gillibrand and Senator Murphy, would credit eligible caregivers with up to five years

(60 months) of deemed wages toward their Social Security benefits, for any month in which they provide at least 80 hours of unpaid care to a dependent relative. Social Security currently calculates benefits based on a worker's 35 highest-earning years, so the months and years a caregiver reduces their hours or leaves the workforce — disproportionately women, who make up roughly two-thirds of unpaid caregivers — become zero-earning years that permanently drag down their retirement income. Studies estimate that on average, total wage, pension, and Social Security losses due to caregiving exceed $300,000 over a lifetime.[5] For sandwich generation caregivers — average age 41, with decades of working life still ahead — this bill is the difference between a dignified retirement and the same downstream losses my own mother is facing today. By treating up to five years of caregiving as work, at a deemed wage equal to half the national average wage, this bill finally recognizes care as labor.

The Alleviating Barriers for Caregivers (ABC) Act (S. 1227 / H.R. 2491), introduced by Senators Markey and Capito with Representatives Cammack and Magaziner, tackles the navigation problem head-on. The bill would require the Centers for Medicare and Medicaid Services, the Social Security Administration, and the Children's Health Insurance Program to review their eligibility criteria, forms, procedures, and communications and identify ways to reduce administrative burden on family caregivers, with a report to Congress within two years. More than half of family caregivers act as advocates for their loved ones with care providers, community services, and government agencies, and one in four explicitly say they want help with forms, paperwork, and eligibility for services. For sandwich caregivers already providing an average of 22 hours per week of hands-on care on top of paid work and parenting, every hour spent on hold with Medicaid or re-filing the same Social Security form is an hour stolen from a child, a parent, or their own health. The ABC Act is exactly the kind of low-cost, common-sense, bipartisan reform the federal government should already have completed.

The Social Engagement and Network Initiatives for Older Relief (SENIOR) Act (S. 473), from Chairman Scott and Senator Smith, addresses social isolation and loneliness as the public health crisis the U.S. Surgeon General has declared it to be — with mortality effects comparable

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[5] MetLife Mature Market Institute. *The MetLife Study of Caregiving Costs to Working Caregivers: Double Jeopardy for Baby Boomers Caring for Their Parents.* Westport, CT: MetLife Mature Market Institute, in partnership with the National Alliance for Caregiving and the Center for Long Term Care Research and Policy at New York Medical College, June 2011. https://www.caregiving.org/wp-content/uploads/2011/06/mmi-caregiving-costs-working-caregivers.pdf.

to smoking 15 cigarettes per day. The bill amends the Older Americans Act to add loneliness to the definition of "disease prevention and health promotion services," allowing states to use OAA grants for programs like Meals on Wheels, Foster Grandparent, and other community-integration efforts that combat isolation. Chronic loneliness in older adults is associated with roughly a 50 percent higher risk of dementia and a 30 percent higher risk of heart disease and stroke[6], and AARP estimates Medicare spends an additional $6.7 billion per year on socially isolated older adults.[7] For sandwich caregivers — who themselves report some of the highest rates of emotional stress of any caregiver group — strengthening community supports for the older adult they care for is also relief for them. Every meal delivered, every visit made, every program attended is one more hand on the wheel of a care arrangement that too often rests on a single overwhelmed family member.

The Family and Medical Insurance Leave (FAMILY) Act (S. 2823 / H.R. 5390), championed by Ranking Member Gillibrand and Congresswoman DeLauro, would establish our country's first comprehensive national paid family and medical leave program: up to 12 weeks of partial wage replacement, available from the first day of need, with a progressive structure that delivers 85 percent wage replacement for the lowest earners up to a $4,000 monthly maximum. The United States remains the only industrialized country in the world without a national paid leave program; 73 percent of American workers have no access to paid family leave through their employers[8]; and working families lose an estimated $22.5 billion in wages every year because of this gap.[9] For sandwich caregivers — predominantly working-age women caring for both children and adults — paid leave is the single most consequential reform Congress can pass. It is

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[6] Office of the U.S. Surgeon General. *Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community.* Washington, DC: U.S. Department of Health and Human Services, 2023. https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf.

[7] Flowers, Lynda, Ari Houser, Claire Noel-Miller, Jonathan Shaw, Jay Bhattacharya, Lena Schoemaker, and Monica Farid. *Medicare Spends More on Socially Isolated Older Adults.* Insight on the Issues 125. Washington, DC: AARP Public Policy Institute, November 2017. https://www.aarp.org/content/dam/aarp/ppi/2017/10/medicare-spends-more-on-socially-isolated-older-adults.pdf.

[8] Research Service: U.S. Congressional Research Service. *Paid Family and Medical Leave in the United States.* CRS Report R44835. Washington, DC: Congressional Research Service, 2024. https://www.congress.gov/crs-product/R44835.)

[9] Glynn, Sarah Jane. *The Rising Cost of Inaction on Work-Family Policies.* Washington, DC: Center for American Progress, January 21, 2020. https://www.americanprogress.org/article/rising-cost-inaction-work-family-policies/.

the difference between being able to take a parent to chemotherapy without losing a paycheck and being forced out of the workforce entirely, with all the downstream losses to family income, retirement security, and economic mobility that follow.

The Alzheimer's Screening and Prevention (ASAP) Act (S. 3267 / H.R. 6130), introduced by Senators Collins, Cortez Masto, Capito, and Warner would permit the Centers for Medicare and Medicaid Services to cover FDA-cleared blood-based screening tests for Alzheimer's disease and related dementias, using CMS's existing evidence-based coverage process. Under current law, Medicare is prohibited from covering these screening tests without specific congressional authorization, even after FDA clearance. The result is that fewer than 10 percent of people receive a diagnosis at the mild cognitive impairment stage, when treatment is significantly more effective, even though nearly nine in ten Americans say they would want a simple test for early detection.[10] For the millions of sandwich caregivers supporting a parent or grandparent with cognitive decline, earlier diagnosis means a longer window for treatment, advance planning, and preserving function — and a meaningful delay in the most intensive and costly phases of dementia care that fall hardest on family caregivers.

The Help Ensure Lower Patient (HELP) Copays Act (S. 864 / H.R. 6423), introduced by Senators Kaine and Marshall would require health insurers and pharmacy benefit managers to count any payment made on a patient's behalf — including copay assistance from nonprofit organizations or drug manufacturers — toward that patient's annual deductible and out-of-pocket maximum. Today, insurers and PBMs are allowed to pocket that assistance without crediting it to the patient; when the assistance runs out, the family is still on the hook for the full deductible. Family caregivers are often the ones managing prescriptions, paying pharmacy bills, and triaging which medications a loved one can afford this month, and Caregiving in the US 2025 finds that one in five family caregivers reports high financial strain, one in four has taken on debt because of caregiving, and a clear majority now perform medical and medication-management tasks at home. By closing the copay accumulator and copay maximizer loopholes, the HELP Copays Act would deliver immediate, tangible relief on prescription costs to the families holding our long-term care system together.

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[10] https://portal.alzimpact.org/storage/resources/media-items/ASAP_Act.pdf

The **Well-Being Insurance for Seniors to be at Home (WISH) Act** (H.R. 2082), introduced by Representatives Suozzi and Moolenaar, would amend Title II of the Social Security Act to establish a federal catastrophic long-term care insurance program — a public-private partnership that addresses the single largest unfunded financial risk facing aging Americans and the families who care for them. After an income-based elimination period of one to five years, during which individuals would cover their care through private insurance or personal resources, eligible disabled seniors would receive a monthly federal benefit to help pay for long-term services and supports. By taking the catastrophic tail of long-term care risk off the table, the WISH Act creates the conditions for a real private long-term care insurance market to develop around it — coverage that today reaches only three to four percent of Americans over 50. For sandwich caregivers, the status quo offers two options when a parent's resources run out: absorb the care themselves on top of paid work and parenting, or watch that parent spend down a lifetime of assets to qualify for Medicaid. The WISH Act offers a third path — a defined federal benefit that supports aging in place, relieves pressure on state Medicaid budgets, and gives middle-income families a long-term care financing option to plan around.

The reauthorization of the Older Americans Act (S. 2120) is the foundation that holds all of this together. The OAA underpins our nation's home- and community-based services system, and its National Family Caregiver Support Program (Title III-E) is the only federal program dedicated specifically to supporting family caregivers — funding respite, training, counseling, and information and referral services that sandwich caregivers rely on every day. Reauthorizing the OAA is essential to modernizing this infrastructure for today's caregiving realities, and it should extend the authorities and funding for the RAISE Family Caregivers Act and the National Strategy to Support Family Caregivers through the OAA so that the federal commitment to caregivers is durable rather than dependent on year-to-year continuations. Reauthorization is one way Congress can signal that older adults and their family caregivers are a sustained priority.

Beyond reauthorization, **FY 2027 appropriations for Older Americans Act programs must catch up to the caregiving population they serve**. That population has surged to more than 63 million Americans — nearly one in four adults — who together provide an estimated $1 trillion worth of care each year. Yet funding for the core federal programs that support them has been essentially flat, eroded further by inflation and rising costs of care. The result is a widening gap between the scale of the caregiving workforce this country relies on and the federal investment meant to sustain it.

For FY 2027, the National Alliance for Caregiving and 39 other organizations across the caregiving, aging, disability, and patient advocacy communities — together representing the Caregiver Nation Coalition — urged appropriators to begin closing that gap by funding, at a minimum: $256,069,552 for the National Family Caregiver Support Program under OAA Title III-E (including support for the RAISE Family Caregiving Advisory Council); $18 million for OAA Title VI-C Native American Caregiver Support Services, which delivers culturally appropriate supports in Tribal communities; $20 million for the Lifespan Respite Care Program, given that more than a third of caregivers want respite and only 14 percent receive it; and $4 million for National Strategy Demonstration Grants to pilot and scale innovative models aligned with the National Strategy to Support Family Caregivers.[11] These are modest investments measured against $600 billion in unpaid care — and against the cost of the institutional care and avoidable hospitalizations they help prevent. Appropriations need to start reflecting the size of the population doing this work.

A Framework for Action: Strengthening the National Strategy to Support Family Caregivers

Each of the bills described above is most powerful when implemented inside a coherent national framework — and the United States already has one. In 2022, the Department of Health and Human Services released the National Strategy to Support Family Caregivers, the first-ever federal roadmap dedicated to supporting America's family caregivers. Authorized by the bipartisan Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act, the Strategy was developed with input from more than 1,500 individuals and organizations and lays out nearly 350 federal actions across five interlocking goals: increasing awareness of and outreach to family caregivers; integrating caregivers as partners in clinical care; expanding services and supports; reducing financial and workplace barriers; and improving research, data, and evidence-informed practice.

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[11] NAC-Appropriations-Letter-for-FY27_FINAL_Senate_4.14.26-4.pdf

The Strategy is already producing measurable results. According to a 2024 ADvancing States survey, 72 percent of states report using the Strategy to inform their caregiving policy work[12], and the Administration for Community Living has now awarded two rounds of State Implementation Grants — most recently approximately $2 million in 2025 — to help states translate the Strategy into action. Sixteen states have committed to advancing access to respite care after participating in implementation summits, and state Lifespan Respite grantees have launched concrete sandwich-caregiver-relevant initiatives, including quarterly respite vouchers and statewide caregiver assessments that recognize the caregiver as a person with their own needs. Philanthropic partners aligned with the Strategy invested an additional $100 million in family caregiving programming in 2021 and 2022 alone.

But this progress is fragile. The initial federal investment of roughly $22 million in Strategy implementation is a fraction of what is needed to reach 16 million sandwich generation caregivers and 63 million family caregivers nationwide. To make the Strategy a durable national framework rather than a paper plan, Congress should: (1) reauthorize the RAISE Family Caregivers Act through the upcoming Older Americans Act reauthorization, so the Strategy continues to be updated on a biennial basis; (2) at least double the current Activities of National Significance investment that funds implementation; (3) set time-bound, measurable targets so progress can be tracked and accelerated across federal agencies; and (4) hold each federal agency identified in the Strategy accountable for executing its assigned actions.

For sandwich generation caregivers specifically, the National Strategy is the only existing federal mechanism that connects the dots across the tax code, Social Security, Medicare and Medicaid, the Older Americans Act, the Department of Labor, and the workplace. The legislation before this Committee operationalizes pieces of that framework. Sustained funding and reauthorization is what turns the framework into a real, accountable national commitment — and turns the promise of caregiving infrastructure into reality for the families who need it now.

Conclusion

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[12] National Academy for State Health Policy. *National Strategy to Support Family Caregivers Progress and Impact Report 2024: State and Community Actions.* Washington, DC: National Academy for State Health Policy, 2024. https://nashp.org/national-strategy-to-support-family-caregivers-progress-and-impact-report-2024/.

Senators, my mom gave up her degree, her career, and a substantial portion of her economic security to care for the woman who raised her. Millions of Americans are doing exactly what she did, right now. We have the data. We have the solutions. We have 63 million reasons to act. What we need now is leadership that matches the sacrifices of our nation's sandwich generation caregivers.

Thank you again for providing me with this opportunity to testify today.