

## Testimony Submitted by the National Alliance for Caregiving – April 16, 2026

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Subcommittee on Labor, Health and Human Services, Education and Related Agencies

Committee on Appropriations – United States House of Representatives

Administration for Community Living – Department of Health and Human Services

Chairman Aderholt, Ranking Member DeLauro, and members of the Subcommittee, on behalf of the National Alliance for Caregiving (NAC), a national membership-based organization focused on building health, wellness, and financial well-being for America's more than 63 million family caregivers, we appreciate the opportunity to submit written testimony for inclusion in the record of this hearing. We ask that you fund the following programs at the levels listed below, at a minimum:

- **\$256,069,552 – Older Americans Act (OAA) Title III-E, National Family Caregiver Support Program (NFCSP)**, including support for the including a minimum of \$400,000 for the Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Advisory Council.
- **\$18,000,000 – OAA Title VI-C, Native American Caregiver Support Services.**
- **\$20,000,000 – Lifespan Respite Care Program.**
- **\$4,000,000 – National Strategy Demonstration Grants.**

NAC is a catalyst for change, transforming how the United States recognizes, supports, and values family caregivers providing ongoing, complex care. Through our nationally recognized research and advocacy, we drive policy, system, and culture change to elevate family caregivers as a national priority.

As you develop FY 2027 appropriations legislation, we urge you to protect and increase funding for the Older Americans Act and other critical discretionary programs within HHS that support millions of family caregivers in every community across the country. This testimony is submitted against the backdrop of the President's FY 2027 budget proposal, released April 3, 2026, which proposes a 10 percent reduction in non-defense discretionary spending, a \$73 billion cut. Family caregivers, who provide an estimated *\$1 trillion in uncompensated care annually*,<sup>1</sup> would bear an outsized share of the burden created by these additional cuts. Many of the programs proposed for elimination or deep reduction are helping our nation's family caregivers. The proposed cuts do not reduce the need for caregiving; they simply transfer more costs onto families that are already strained financially and emotionally.

### **Background**

Family caregivers are the backbone of our healthcare system, in most cases providing uncompensated care while serving as essential partners to both patients and healthcare providers. Millions of Americans provide high-touch, high-impact activities to support older adults and adults living with disabilities. Research and personal experience show that

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<sup>1</sup> 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>.

family caregivers improve the quality of care offered to individuals by providing personalized care. Research further illustrated that caregiver support can both help improve population health and avoid major medical events and costs, such as hospitalization and hospital readmission following discharge.

Many of you and your colleagues share in the challenges of caregiving. We applaud the Members of Congress who have spoken openly about their own caregiving journeys. *Caregiving in the U.S. 2025*, a joint project of NAC and AARP, estimates that more than 63 million Americans provide ongoing care to a loved one - nearly one in four adults in the United States. These caregivers assist with activities of daily living such as bathing, dressing, and eating, as well as instrumental activities such as transportation and financial management. More than 30 million family caregivers also assist with complex medical and nursing tasks such as injections, catheter care, and wound management, often without adequate support or training.<sup>2</sup>

Despite their essential role, caregiving takes a profound toll. Research shows caregivers experience higher rates of depression, chronic disease, and financial strain than non-caregivers. The CDC found that between 2015 and 2022, family caregivers had significantly worse health outcomes across 13 of 19 key indicators compared to non-caregivers.<sup>3</sup> Investments in caregiver support programs, particularly those authorized through the Older Americans Act, help caregivers maintain their own health and well-being while enabling their loved ones to remain at home longer. These modest federal investments also help prevent far more costly institutional care and hospitalizations.

### **OAA Title III-E — National Family Caregiver Support Program (\$256,069,552)**

We request a minimum of \$256,069,552 for the NFCSP — the amount authorized in the bipartisan, bicameral 2024 OAA Reauthorization Act. The NFCSP remains the *only* federally administered program dedicated to supporting family caregivers of older adults and people with disabilities nationwide. Each year, the program serves more than 700,000 caregivers, including nearly one-third who support adults under age 65 with disabilities such as autism, Down syndrome, or early-onset Alzheimer’s disease. Nearly one in five participants live in rural areas, underscoring the program’s reach into underserved communities.

NFCSP services, including counseling, training, respite care, and supplemental supports, have demonstrated measurable impact on both caregivers and the broader health care system. More than half (51%) of caregivers receiving NFCSP respite services report it enabled them to provide care longer, compared to 37% without such support. In some states, caregiver services have reduced Medicaid long-term care enrollment by 20 percent. Nearly 80% of NFCSP users are not enrolled in Medicaid, and over 93% rate program services positively.<sup>4</sup>

NAC urges Congress to preserve the NFCSP’s administration within a unified, dedicated aging services structure. We also urge continued funding for the RAISE Family Caregivers

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<sup>2</sup> 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>

<sup>3</sup> Kilmer G, Omura JD, Bouldin ED, et al. Changes in Health Indicators Among Caregivers — United States, 2015–2016 to 2021–2022. *MMWR Morb Mortal Wkly Rep* 2024;73:740–746. DOI: <http://dx.doi.org/10.15585/mmwr.mm7334a2>.

<sup>4</sup> National Alliance for Caregiving. National Family Caregiver Support Program fact sheet (2025). <https://www.caregiving.org/wp-content/uploads/2025/09/National-Family-Caregiver-Support-Program.pdf>

Advisory Council, which produced the landmark *National Strategy to Support Family Caregivers* - a comprehensive roadmap for building awareness, advancing partnerships, strengthening services, and improving financial and workplace security for caregivers.

### **OAA Title VI-C — Native American Caregiver Support Services (\$18,000,000)**

Title VI-C provides grants to Tribal organizations to promote the delivery of culturally appropriate home- and community-based caregiver supports to Native American, Alaska Native, and Native Hawaiian elders and their families. These communities face disproportionate caregiving burdens with limited access to mainstream services. Funding at \$18,000,000 ensures that Tribal communities can deliver the supports their caregivers need.

### **Lifespan Respite Care Program (\$20,000,000)**

Respite is among the most evidence-supported interventions to prevent caregiver burnout and delay costly institutionalization. Yet only 14 percent of family caregivers who want respite services receive them.<sup>5</sup> The Lifespan Respite Care Program funds statewide systems of coordinated, community-based respite care for caregivers of individuals of all ages and abilities. Research consistently shows that caregivers who receive respite experience lower levels of stress, depression, and caregiver burden, as well as improved overall health and well-being. The program also strengthens the direct care workforce through recruitment and training.<sup>6</sup>

### **National Strategy Demonstration Grants (\$4,000,000)**

Demonstration grants support implementation of the *National Strategy to Support Family Caregivers* at state and federal levels, enabling states, communities, and organizations to pilot and scale innovative models aligned with national priorities, strengthen cross-sector partnerships, and build an evidence base for future investment. As the National Strategy moves from development to implementation, dedicated demonstration funding is essential to learning what works.

### **A Broader Threat to the Caregiving Infrastructure**

Beyond the OAA programs described above, NAC draws the Subcommittee's attention to a cascade of proposed cuts that would devastate the community infrastructure on which family caregivers depend. The reconciliation legislation enacted this year, H.R. 1, imposed more than \$1 trillion in Medicaid cuts in the coming years, which will reduce Home and Community-Based Services increasing the demands and hardship on unpaid family caregivers. The proposed FY 2027 budget would layer additional harm, including full elimination of the Community Services Block Grant (CSBG), which funds local organizations providing case management, transportation, and respite coordination; the Low Income Home Energy Assistance Program (LIHEAP), which low-income caregiver households depend on to maintain safe home environments; and the Senior Community

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<sup>5</sup> Reinhard, Susan, Jane Tilly, Brendan Flinn. *Respite Services: A Critical Support for Family Caregivers*. Washington, DC: AARP Public Policy Institute, January 29, 2024. <https://ltsschoices.aarp.org/resources-and-practices/respite-services-critical-support-for-family-caregivers>

<sup>6</sup> Utz RL, Caserta M, Iacob E, Sparks C, Stark L, Terrill A, Thompson A, Wong B. Maximizing the Benefit of Respite for Dementia Caregivers: A Study Protocol Describing the Development & Evaluation of the Time for Living & Caring (TLC) Intervention. *OBM Integr Compliment Med.* 2023;8(4):040. doi: 10.21926/obm.icm.2304040. Epub 2023 Oct 8. PMID: 38313766; <https://pmc.ncbi.nlm.nih.gov/articles/PMC10838170/>

Service Employment Program (SCSEP), which helps former caregivers, disproportionately women, re-enter the workforce. NAC urges Congress to reject the proposed eliminations of CSBG, LIHEAP, and SCSEP.

### **Conclusion**

The programs described in this testimony reduce caregiver depression, anxiety, and stress; enable caregivers to provide care longer; and help families avoid or delay costly hospital and institutional care. They offer a way for families to take a break from care and remain present with the people they love. Current funding levels have not kept pace with a rapidly growing caregiving population, the increasing number of individuals requiring care, or the rising costs driven by inflation. The proposed FY 2027 budget would not merely freeze support, it would increase the current burden.

On behalf of NAC and family caregiving advocates across the lifespan in every community in the United States, we urge you and your Subcommittee to protect and strengthen FY 2027 funding for these vital programs in recognition of the immense contribution caregivers make to our society, our health care system, and our economy. We stand ready to provide additional information, data, or technical assistance and welcome the opportunity to discuss how these investments can best support caregivers nationwide. Thank you for your continued leadership and your commitment to the millions of Americans who provide care every day.

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