

Individuals Over the Age of 65

National Federation of High Schools

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The Policy Crisis Facing Americans

Over the Age of 65

Historically, the federal government has established foundational protections such as Social Security and Medicare, acknowledging the economic and health-related vulnerabilities that often accompany aging. The federal government does this because individuals over the age of 65 represent one of the most vulnerable demographics in the United States, a fact well documented in economic and social policy literature.

Recently, the federal government enacted legislation colloquially known as the “Big Beautiful Bill,” named by President Donald Trump, which will affect individuals aged 65 and older. The measure now incorporates \$1 trillion in reductions to Medicaid and other health programs over the next ten years, substantially more than the initially proposed \$700 billion. Because Medicaid currently funds 61 percent of all long-term care services and over 70 percent of home- and community-based care for seniors, these cuts could precipitate nursing home closures, reduced service availability, and higher out-of-pocket expenses for older adults.

A significant problem is that the nation’s aging population is growing at an unprecedented rate. According to the U.S. Census Bureau, the population of those over 65 grew by 38.6% from 2010 to 2020, reaching 55.8 million, the fastest growth recorded since the late 19th century. Despite this significant demographic shift, the federal government is currently reducing its role in maintaining vital safety net programs designed to protect financial stability and healthcare access for older Americans.

Policy discussions indicate a significant shift toward fiscal austerity and potential privatization of entitlement programs, sparking concerns about the long-term sustainability of financial security for retirees. This emerging trend highlights the need to reassess federal commitments and determine whether existing frameworks are still sufficient to meet the evolving needs of older Americans.

Previous discourse about this topic area has revealed sensitivity around

terminology, particularly regarding descriptors such as "aging" and "elderly." In response to constructive feedback, this paper refocuses the discussion on individuals aged 65 and above, ensuring that the dialogue remains centered on policy rather than semantics. The debate surrounding federal support for individuals aged 65 and older is not new. For instance, the 1988-1989 resolution explicitly recognized the need for a comprehensive program ensuring retirement security for all U.S. citizens beyond this age threshold. The historical precedent for using 65 as a benchmark is well established, making it a logical framework for policy analysis and legislative discussion.

Ultimately, addressing this issue requires a balanced approach—one that considers both economic feasibility and ethical obligations toward the nation's aging population. Policymakers, scholars, and advocates must engage in meaningful debate to craft sustainable solutions that uphold the integrity of social support systems while adapting to demographic realities. The choices made today will shape retirement security for generations to come, making this an issue of national significance that demands immediate and thoughtful deliberation.

This issue warrants urgent national discourse, not only to elevate public awareness but also to generate forward-thinking policy solutions that future generations can implement.

Potential Topics

Resolved: The federal government should significantly increase its social programs for citizens over age 65.

Resolved: The United States federal government should substantially increase its funding and/or regulation of Social Security and/or Medicare for individuals over the age of 65.

Resolved: The United States Federal Government should substantially expand Medicare services for individuals over the age of 65.

Resolved: The United States Federal Government should increase protections against age discrimination in hiring and workplace policies.

Resolved: The United States Federal Government ought to increase protection of individuals over the age of 65 in one or more of the following areas; Long-term care, Housing, and/or financial stability.

NFHS Criteria

The Case for Individuals over the age of 65 as a Policy Debate Topic

A policy topic addressing long-term care and aging meets the criteria established by the National Federation of High Schools (NFHS) for several key reasons. This subject not only fulfills the educational objectives of competitive debate but also presents a unique opportunity for students to engage with a pressing issue that has long-term societal implications.

1. **Broad Educational Value:** This topic provides a substantial educational foundation across multiple disciplines. Students engaging in debates about individuals over the age of 65 will develop a deeper understanding of economic policy, healthcare systems, social equity, and governmental responsibilities. The issue intersects with various policy concerns, offering a comprehensive learning experience that is both intellectually rigorous and socially relevant.
2. **Accessibility Across Skill Levels:** Regardless of the specific resolution within this subject area, issues surrounding individuals over the age of 65 have a range of complexity that accommodates debaters at all experience levels. Novice debaters can easily grasp the fundamental policy actions associated with issues like long-term care, making the topic approachable for beginners. At the same time, more advanced competitors can explore deeper analytical frameworks, including economic implications, legal considerations, and complex critical theory debates. This ensures a dynamic debate environment where students of varying skill levels can participate meaningfully.
3. **Extensive Research Base and Stability:** The topic is supported by a robust and diverse body of literature, encompassing both commercial policy analyses and scholarly academic research. The availability of sources allows debaters to develop well-supported arguments with a range of perspectives. Additionally, the issue of long-term care and aging remains relevant over time, ensuring stability throughout the debate season. Due to governmental action and rapidly evolving policy areas, this subject offers consistency and depth, enabling students to refine their arguments through sustained engagement.
4. **Universal Relevance Across Demographics:** The challenges associated with individuals over the age of 65 are deeply personal and widely experienced across all socioeconomic and racial backgrounds. Nearly every debater has a direct or indirect connection to individuals affected by these concerns, be it grandparents, parents, extended family members, or community figures. This universal familiarity fosters engagement and critical reflection, encouraging students to explore both policy solutions and ethical considerations with a sense of personal investment.

A debate centered around individuals over the age of 65 presents a compelling and educationally rich debate topic that aligns with NFHS criteria. By offering accessibility across skill levels, a well-established research base, and broad societal relevance, this issue provides

students with an opportunity to engage in meaningful policy discussions. Additionally, its intersection with pressing social concerns, such as economic equity, healthcare reform, and public welfare, ensures that debaters develop nuanced perspectives that extend beyond the competitive setting and into real-world policy analysis.

Scope

A policy debate topic that focuses on individuals aged 65 and older invites students into a rich interdisciplinary arena that reflects the complexity of modern governance and societal priorities. The lived experiences of older adults are deeply entwined with key public concerns—ranging from geriatric healthcare and pension reform to housing access, intergenerational equity, and demographic shifts that challenge existing infrastructure. Engaging with this topic encourages participants to critically assess how aging intersects with systemic inequalities, historical legacies, and scientific advancements in medicine and technology. Moreover, the multifaceted nature of this population—encompassing diverse racial, cultural, and socio-economic backgrounds—necessitates a sensitive and inclusive analytical lens. Students not only strengthen their argumentative rigor and policy literacy but also cultivate empathy and civic responsibility by confronting ethical dilemmas and evaluating the long-term implications of policy decisions on future generations. In this way, debating senior-focused policy issues fosters both intellectual growth and a deeper awareness of how societies define care, dignity, and justice across the lifespan..

Timeliness

Debating issues that impact individuals over the age of 65 has become increasingly urgent amid shifting national demographics and intensifying economic and political pressures. As the aging population grows rapidly—driven by extended life expectancy and the aging of the Generation X—policymakers face mounting challenges in sustaining cornerstone programs such as Social Security, Medicare, and long-term care infrastructure. These systems, already under financial strain and political pressure, must adapt to meet rising demand while maintaining fiscal responsibility and intergenerational equity. Beyond the economic dimension, aging Americans confront emerging obstacles like digital exclusion, which limits access to essential online services, and elder abuse, a widespread yet often hidden threat to physical and psychological safety. In parallel, shortages in the caregiving workforce—exacerbated by low wages and high turnover—jeopardize the availability and quality of support for seniors. Elevating these issues within policy debate settings equips students to think critically about the multifaceted implications of aging, fosters innovative policy solutions, and cultivates a deeper understanding of the ethical and civic stakes involved. By engaging with these topics now, the next generation of leaders can help shape a society where aging is met not with neglect or indifference, but with inclusive, forward-thinking care.

Range

Discussions about policy for individuals over 65 span a wide spectrum of issues, from the sustainability and potential restructuring of Social Security and Medicare to the expansion of home- and community-based long-term care alternatives. Advocates weigh the merits of means-testing benefits or raising payroll taxes against preserving universal entitlements. In contrast, others push for a national long-term care insurance program or refundable tax credits for family caregivers. Debates also extend to strengthening protections against age discrimination in hiring and healthcare, capping out-of-pocket drug costs, and subsidizing accessible housing and transportation. Emerging topics—such as bridging the digital divide with senior-focused broadband initiatives and integrating mental health services into existing programs—further illustrate the multifaceted nature of policymaking for an aging population.

Quality/Balance

The body of evidence available to both affirmative and negative teams on policies affecting individuals over 65 is remarkably comprehensive and multidimensional. Proponents can draw on robust data from the Congressional Budget Office, academic studies in gerontology and public health, as well as longitudinal surveys that demonstrate the positive impacts of expanded benefits on health outcomes, financial security, and caregiver well-being. Conversely, opponents have at their disposal detailed fiscal analyses forecasting long-term budgetary pressures, evaluations of unintended market distortions, and case studies illustrating the complexities of program implementation and administrative burden. Moreover, cross-national comparisons offer empirical lessons on best practices and cautionary tales, while qualitative research—including interviews with seniors and care providers—adds crucial context to purely quantitative models. This breadth of high-quality evidence ensures that debaters on either side can mount well-substantiated, nuanced arguments anchored in real-world outcomes and rigorous forecasting.

Material

There are several areas in which a rich base of research evidence and a high level of demand for policy change exist:

- Sustainability of Medicare financing and potential benefit adjustments
- Expanding or means-testing Social Security versus preserving universal benefits
- Federal versus state responsibility for long-term care funding
- Integrating dental, vision, and hearing coverage into Medicare
- Raising the Medicare eligibility age and its socioeconomic implications
- Prescription drug pricing reform and negotiation authority for Medicare
- Expanding home- and community-based services to reduce nursing home reliance
- Implementing or modifying Medicaid work requirements for older adults
- Tax incentives for family caregivers versus expanding paid caregiver programs
- Addressing elder abuse: federal oversight, reporting mandates, and penalties
- Housing policy for aging in place, including zoning and accessibility standards
- Transportation access and funding for rural seniors
- Digital inclusion: broadband subsidies and training for older populations
- Pension reform: protecting defined-benefit plans versus promoting 401(k) expansion
- Immigration policy's impact on the elder care workforce and service availability

Interest

The need to support individuals aged 65 and above is a growing and often overlooked issue in the United States. Virtually every student can identify an older adult within their own community who may require assistance, making this a relatable and relevant topic for debate. Despite its significance, discussions surrounding aging populations and their protections are frequently deprioritized in favor of issues such as climate change, racial equity, inclusion, and political activism—topics that dominate contemporary discourse. However, the challenges faced by older adults are deeply interconnected with these broader concerns.

The well-being of seniors is inextricably tied to social and environmental policies, economic disparities, healthcare access, and systemic inequities. As demographic shifts continue, the sustainability of safety net programs, ethical considerations surrounding caregiving, and the role of government intervention become increasingly pressing. Yet, despite its relevance, the issue of protecting aging populations is often relegated to the periphery of policy discussions.

By engaging with this topic, students have the opportunity to critically analyze the structural factors that shape the lives of older adults, while addressing the intersections with social justice, economic policy, and public health. Elevating this conversation fosters a more comprehensive understanding of societal challenges and underscores the need to advocate for innovative, forward-thinking solutions.

The assertion that students will not be interested in debating issues related to individuals over the age of 65 assumes that engagement is driven solely by preexisting interest rather than the intellectual merit of the topic itself. However, this rationale could be applied to virtually any subject. If debate topics were selected solely based on students' immediate preferences, the range of discussions would become significantly narrowed, limiting exposure to complex and socially relevant issues.

Moreover, historical precedent suggests that students will engage with the topic presented, regardless of its initial appeal. For instance, past debate cycles have included topics that may not have naturally aligned with students' interests. Yet, students debated these issues with depth and analytical rigor because they were structured as formal resolutions. The nature of academic debate demands engagement with a wide array of subjects, fostering critical thinking and policy analysis rather than personal preference.

Thus, dismissing a topic based on assumed disinterest overlooks the fundamental purpose of structured debate: to challenge participants with nuanced policy discussions that require intellectual engagement and informed argumentation. The topic will be debated not because it is inherently popular, but because it is the selected resolution and, like previous topics, will prompt meaningful discourse.

Potential Affirmative plans

Comprehensive Retirement Security Program -

A guaranteed retirement security program plays a pivotal role in promoting economic stability for older adults by providing consistent financial support and significantly reducing poverty rates among seniors. This aligns with the government's broader responsibility to protect vulnerable populations, affirming its moral and civic obligation to ensure dignity and care throughout the aging process. Moreover, a structured retirement system mitigates reliance on emergency welfare interventions, which tend to be more reactive and costly. By investing in long-term financial planning for seniors, policymakers can create a more efficient, equitable, and sustainable framework that benefits individuals and the broader economy.

Increased Funding/Regulation of Social Security & Medicare -

Ensuring the long-term viability of Social Security and Medicare is a pressing fiscal and social imperative as demographic shifts strain existing resources. Increasing program funding—through measures such as payroll tax reforms or strategic budget reallocation—serves to prevent insolvency and protect millions of older Americans from financial uncertainty. In tandem, enhanced regulatory oversight can promote more equitable access to healthcare by standardizing benefit distribution across income and geographic disparities, reducing the risk of exclusion or inconsistent service delivery. Additionally, targeted investments in preventive care and early intervention not only improve health outcomes for seniors but also yield substantial cost savings by minimizing the need for high-cost emergency treatments and hospitalizations. This multifaceted approach reinforces the integrity of foundational programs while fostering a more just and efficient healthcare system for aging populations.

Medicare Expansion for Seniors -

Expanding Medicare to include comprehensive healthcare services—such as dental, vision, hearing, and long-term care—represents a critical step toward enhancing the well-being and autonomy of aging Americans. These services address fundamental health needs that are currently excluded from standard coverage, and their inclusion would markedly improve overall quality of life for seniors by reducing pain, increasing mobility, and supporting everyday functionality. Moreover, coverage gaps often lead seniors to postpone or entirely forego essential treatments, contributing to the under-treatment of chronic conditions and preventable health decline. By broadening access to these vital services, policymakers can close these gaps and promote more consistent, effective care. In turn, healthier aging populations benefit society at large through reduced demand for emergency medical interventions and hospitalizations—lowering healthcare costs and increasing economic and civic participation among older adults. This forward-thinking expansion not only addresses current deficiencies but also lays the foundation for a more just and efficient public health system.

Increased Workplace Age Discrimination Protections -

Strengthening workplace protections for older employees is essential to fostering equitable labor practices and ensuring that seniors can remain active participants in the workforce without fear of unjust termination, biased hiring decisions, or systemic marginalization. Fair employment policies that specifically address age-related discrimination uphold the integrity of labor markets and promote long-term career viability for older professionals. Moreover, the inclusion of senior workers offers distinct advantages to businesses and the economy at large, as their accumulated experience, institutional knowledge, and leadership capacity often contribute to enhanced organizational performance and continuity. By confronting and dismantling harmful age-based stereotypes—such as assumptions about adaptability or productivity—employers can cultivate more diverse, multigenerational teams that benefit from a broader range of perspectives and skills. In doing so, society advances both economic resilience and social justice, ensuring that the value of older individuals is fully recognized and leveraged.

Expansion of Social Services for Seniors -

Expanding social services for the elderly—such as assisted living support, in-home care, and accessible community resources—plays a crucial role in reducing pressure on hospitals and emergency response systems by addressing health needs proactively and outside of clinical settings. These services not only alleviate systemic burdens, but also empower seniors to maintain autonomy and dignity in their daily lives, leading to improved psychological and physical well-being. Moreover, the growth of elder-focused care industries stimulates job creation across healthcare, home services, and community programs, thereby contributing to broader economic development. Investing in these support systems is not only a compassionate choice, but also a strategic one with tangible social and fiscal benefits.

Potential Negative Ground

Each resolution presents strong affirmative arguments, but it also invites counterarguments that challenge its feasibility, economic impact, and potential government overreach. Here are some common counterarguments for each:

Comprehensive Retirement Security Program -

When considering a guaranteed retirement program for individuals aged 65 and older, concerns around fiscal sustainability become increasingly relevant. Establishing such a comprehensive system could place significant strain on federal resources, potentially driving up national debt or requiring higher taxes to maintain long-term viability. Moreover, some argue that retirement planning should remain a personal responsibility, even for older adults, emphasizing the importance of lifelong financial preparedness. Critics suggest that a government-guaranteed retirement could inadvertently diminish the incentive for proactive saving and planning earlier in life, leading to uniform solutions that may not reflect the diverse needs and financial goals of seniors. Balancing compassionate support with economic responsibility remains a critical challenge in designing policies that serve aging populations effectively.

Increased Funding/Regulation of Social Security & Medicare -

For individuals over the age of 65, regulatory decisions surrounding retirement programs can have profound implications on their financial stability and access to diverse support systems. Critics of expanded government intervention caution that excessive regulation may stifle innovation in private-sector offerings such as retirement investment products, annuities, and long-term care insurance—limiting choices for seniors who rely on these services to tailor their financial strategies. Additionally, concerns about long-term viability persist, especially in relation to Social Security. Expanding coverage or benefits without corresponding reforms could accelerate insolvency risks, jeopardizing the sustainability of essential programs upon which older adults disproportionately depend. Ensuring a balanced regulatory environment is essential not only for market resilience but also for safeguarding the economic security of aging populations.

Medicare Expansion for Seniors -

In considering healthcare policy for individuals over 65, concerns around budgetary impact and systemic efficiency are paramount. Expanding public healthcare services for this demographic—while potentially increasing access—could significantly escalate government spending, raising the possibility of cuts to other vital social programs such as housing assistance, nutritional support, or disability services. To mitigate these fiscal pressures, many experts advocate for a mixed healthcare model that leverages both public and private systems. Such a hybrid approach may offer a more sustainable solution by preserving patient choice, encouraging competition, and distributing financial responsibility. This structure not only promotes cost-efficiency but also helps

tailor care to the diverse medical and financial needs of older adults, ensuring more adaptive and resilient healthcare delivery.

Increased Workplace Age Discrimination Protections -

As workforce participation among individuals over the age of 65 continues to rise, discussions around labor protections and regulatory reform gain increased relevance. Critics of stronger employment regulations caution that mandates—such as age-specific accommodations or extended workplace protections—may inadvertently constrain employer autonomy, particularly among small businesses with limited operational flexibility. These constraints could affect hiring practices, leading to reluctance in employing older workers due to perceived compliance burdens. Additionally, concerns about productivity surface in industries where physical demands are high; some argue that mandated protections for seniors might unintentionally reduce efficiency or raise liability risks, especially in sectors ill-equipped to adapt roles for aging employees. Balancing equity and economic practicality remains central to shaping policies that support older workers while maintaining a viable business landscape.

Expansion of Social Services for Seniors -

When expanding public services targeted at individuals over the age of 65, policymakers must weigh potential trade-offs in resource allocation. Critics argue that increasing funding for elder care programs—though well-intentioned—could inadvertently divert financial support from other vulnerable populations, including children, low-income families, and individuals with disabilities. This raises concerns about equitable distribution and prioritization within limited government budgets. Furthermore, some advocates propose that elderly care may be more effectively managed at the local level through community-driven initiatives, charitable organizations, and private-sector providers. These alternatives, they argue, offer greater adaptability, cultural responsiveness, and cost-efficiency than broad federal programs, fostering solutions that are tailored to the specific needs of aging individuals within diverse communities.

Off-Case Arguments -

States' Counterplans:

In debates around federal programs for seniors, negative teams can argue that individual states are better positioned to implement and tailor elder care services. Drawing from examples in criminal justice and water resource management, this counterplan highlights how decentralization allows states to address local demographic trends, budget constraints, and health infrastructure more effectively than broad federal

mandates. It also avoids federal overreach and enhances policy responsiveness, which can resonate strongly in debates emphasizing subsidiarity and localized governance.

Agent Counterplan:

Rather than expanding federal authority, the negative can propose that non-governmental actors—such as faith-based groups, nonprofit elder networks, and local health organizations—can deliver support with fewer bureaucratic barriers and lower taxpayer costs. These agents already operate in many communities and may be more culturally attuned to seniors' needs. This counterplan challenges the affirmative's solvency claims while tapping into market-based and community-driven solutions that emphasize civic responsibility and private innovation.

Potential Disadvantages - a very limited list (Politics & Military Trade-Off)

- **Political Capital DA:** In a polarized climate, passing major eldercare legislation could expend limited political resources, jeopardizing other critical initiatives like climate policy or economic reform. Congress might lose momentum on broader bipartisan efforts by redirecting attention and negotiating power.
- **Military Trade-Off DA:** Expanding eldercare funding could necessitate cuts to defense spending or military modernization programs. This opens strategic vulnerability or risks to international commitments, creating ripple effects in foreign policy—especially compelling in debates emphasizing national security.

Quality of Life Argument:

While extending lifespan is often celebrated, the negative can argue that longevity must be weighed against well-being. Broad life-extension policies might prioritize biological survival over mental health, autonomy, and dignity. Without concurrent investments in enriching elder experiences—like community engagement, mental health services, and mobility support—policies may prolong life at the cost of fulfillment, raising ethical questions about what aging should look like.

Kritiks - There is rich and compelling kritikal ground for a high school policy debate centered on federal support for individuals over the age of 65. This limited list can serve as standalone kritik positions or as layered impacts within a broader negative strategy:

Gender & Ageism Kritik

Many societal conceptions of aging are intertwined with gendered norms—particularly those that marginalize older women through both structural and symbolic erasure. Feminist gerontology, womanist theory, and queer aging critiques argue that dominant narratives around eldercare disproportionately frame aging as decline, especially through the lens of femininity, passivity, and invisibility. A kritik in this area might challenge the affirmative's assumptions about aging as a universal experience, emphasizing how healthcare policies and cultural discourses neglect or reinforce inequality at the intersection of age and gender. Teams could invoke scholars like Margaret Morganroth Gullette or Patricia Hill Collins to highlight how the healthcare system has historically racialized and gendered its exclusions, calling into question the neutrality of the proposed policy.

Racial Critiques of Healthcare

Debaters may center race to critique how healthcare institutions uphold systemic racism, particularly against Black, Indigenous, and other communities of color. Authors like Dorothy Roberts and Ruha Benjamin explore how diagnostic processes, medical access, and funding structures reflect deep racial disparities. In a policy designed to expand federal services for seniors, a kritik could argue that benefits may disproportionately favor white and wealthy populations while failing to remedy longstanding inequalities faced by racialized elders. This challenges the moral legitimacy of the affirmative and reframes eldercare expansion as a continuation of racially stratified policy.

Racial Capitalism / Anti-Capitalist Critiques

Healthcare expansion policies often operate within—and reinforce—the capitalist framework, where economic efficiency and profit motives shape whose lives are deemed valuable. A kritik could argue that this commodification of aging bodies sustains racial capitalism, privileging market-based solutions that exploit racialized labor and marginalize seniors who don't contribute economically. Scholars like Cedric Robinson or David Harvey provide frameworks to interrogate how eldercare is embedded in broader systems of exploitation, while materialist critiques may emphasize the neoliberal underpinnings of seemingly benevolent reforms. This position doesn't just oppose the mechanism—it reframes the entire affirmative paradigm as complicit in sustaining oppressive economic logics.

These kritiks open the door to alternative frameworks grounded in care ethics, solidarity economics, or radical reimaginations of aging.

Overview

Older adults are increasingly serving as unpaid caregivers for family members. More than one-third of the approximately 65 million Americans who are providing care for aging parents or a disabled family member are between the ages of 50 and 64. 2.6 million Grandparents are responsible for raising their grandchildren.

Individuals over the age of 65 are ethnically diverse. Today, more than one in five adults aged 65 and older is a person of color. This figure is expected to more than double by 2050.

Older adults make valuable contributions by volunteering—approximately one out of four adults age 55+ volunteers in their community. Americans are staying in the workforce for longer periods. In 2016, more than 18 percent of people 65+ were still in the labor force. Older adults vote. 71% of citizens 65 and older reported casting a ballot in the 2016 presidential election.

Yet Some Older Adults Need Help:

Nearly 9 percent of older adults live in poverty. 80 % of older adults have at least one chronic disease; 77% have at least two. Chronic diseases account for 75 percent of our nation's healthcare costs and 95 percent of healthcare costs for older adults.

One in 10 older adults who live at home is subject to elder abuse, including physical abuse, psychological or verbal abuse, sexual abuse, financial exploitation, and neglect. There has been little research on elder abuse, but some research suggests the numbers are equivalent to child abuse. Elderly who live in settings other than their own homes or with relatives have received relatively little attention from either the research or the policy communities. However, the elderly who live in residential settings that offer long-term supportive services are at particular risk for abuse and neglect. They are particularly vulnerable because most suffer from several chronic diseases that lead to limitations in physical and cognitive functioning and are dependent on others.

Analysis

Status Quo -

The federal government's approach to supporting individuals aged 65 and older is rooted in a network of programs that combine national oversight with state-level implementation. Chief among these is the Older Americans Act (OAA), enacted in 1965 as part of President Lyndon B. Johnson's Great Society reforms. The OAA was designed to address a growing concern over the lack of community-based services for older adults, and it established a framework to promote retirement income security, physical and mental health, suitable housing, employment opportunities, protection from age-based discrimination, and access to coordinated community services (Administration for Community Living [ACL], 2020; National Council on Aging [NCOA], 2025). These goals are achieved through direct federal funding to states, the creation of state-level aging agencies, and the establishment of federal bodies tasked with administering and evaluating eldercare programs.

However, recent developments under the Trump administration have introduced significant uncertainty into the future of these programs. In March 2025, the administration announced plans to dissolve the Administration for Community Living (ACL)—the federal office responsible for coordinating most non-Medicaid supports for older adults and individuals with disabilities living in non-institutional settings. The ACL has historically served as a central hub for programs funded through the OAA, including Meals on Wheels, adult day services, elder abuse prevention, and respite care for family caregivers (Gleckman, 2025).

The proposed restructuring would integrate ACL's functions into a newly formed Administration for Children, Families, and Communities (ACFC), as outlined in the Trump administration's FY 2026 budget proposal. This reorganization is part of a broader initiative to streamline the Department of Health and Human Services (HHS), which includes layoffs of approximately 10,000 employees and budget cuts across multiple divisions, with the stated goal of reducing inefficiencies and saving taxpayer dollars (HHS, 2025; Federal News Network, 2025).

While the administration maintains that these changes will enhance operational efficiency, critics—including former ACL officials and advocacy groups—warn that the dissolution of ACL could severely disrupt service delivery for older adults. The restructuring risks fragmenting oversight, delaying funding distribution, and diminishing the visibility of aging-related programs within the federal bureaucracy (Mother Jones, 2025; Gleckman, 2025). Moreover, although Congress retains authority over appropriations and agency funding levels, the executive branch's ability to reorganize federal agencies without legislative approval adds complexity to the policy landscape.

The implications of these changes are far-reaching. With over \$1 billion in FY 2025 OAA funding already appropriated but temporarily withheld, stakeholders are concerned about the continuity of essential services for seniors, particularly those in underserved and rural communities. As the nation grapples with an aging population and rising demand for long-term care, the future of federal eldercare policy remains uncertain—hinging on congressional negotiations, administrative restructuring outcomes, and public advocacy.

Health Care

As the U.S. population ages, older adults already account for a disproportionate share of hospital days, primary care visits, home care utilization, and nursing home residency. Over the next three decades, the number of Americans aged 65 and older is projected to double, surpassing 77 million by 2034 (SeniorSite, 2024). This demographic shift will significantly impact every medical specialty, requiring a reconfiguration of health and social services to meet the complex needs of aging individuals.

Policymakers are grappling with a wide array of challenges, including Medicare payment reform, restructuring care delivery through models like the patient-centered medical home, and enhancing quality through initiatives such as Medicare's Value-Based Purchasing Program (GovFacts, 2025). Reauthorization of the Older Americans Act needs to be discussed as a solution to expand support for nutrition, caregiver assistance, and elder rights protection (Congress.gov, 2025). Chronic care coordination strategies should be prioritized to address the growing burden of comorbidities among seniors, with integrated care models and telehealth playing a pivotal role (U.S. News, 2025).

Mental health services, long underutilized, are now more accessible under Medicare Part B, which covers outpatient therapy, psychiatric evaluations, and preventive screenings (Medicare.gov, 2025). Additionally, disparities within the aging population—particularly among single, widowed, or divorced women, racial minorities, and immigrant groups—are expected to intensify. These individuals often face compounded risks due to lower income, limited education, and poor health status (JAMA Health Forum, 2024).

Veterans represent another vulnerable cohort, with aging service members requiring specialized long-term care and support through VA programs (VA.gov, 2025). Addressing these challenges will require sustained investment in health information technology, workforce training, and biomedical research, alongside targeted policies to support those dually eligible for Medicare and Medicaid.

The United States continues to lag behind other high-income nations in elder care, with older Americans reporting poorer health outcomes and greater barriers to accessing care. According to the Commonwealth Fund's 2024 International Health Policy Survey, nearly one-third of U.S. seniors spent over \$2,000 annually on out-of-pocket healthcare costs—far higher than their counterparts in countries like France and the Netherlands (Gunja et al., 2024). This disparity is largely attributed to gaps in insurance coverage prior to age 65, which often result in delayed preventive care and unmanaged chronic conditions. To address these challenges, evidence-based interventions in prevention and wellness have shown promise in reducing long-term costs and improving outcomes. These include early screening, nutrition education, physical activity programs, and patient empowerment strategies (CDC, 2024; NCOA, 2025). However, a critical shortage of geriatric-trained professionals threatens the scalability of such efforts. Policy reforms could support new care models that expand the roles of nurses, caregivers, and community health workers, while investing in geriatric workforce development (Yang, 2024; Wright, 2025). Additionally, coordinated care

initiatives—such as bundled payments, disease management programs, and integrated primary and long-term care—have demonstrated improved patient outcomes and reduced hospital readmissions (WHO, 2024; BMJ Global Health, 2022). Complementing these efforts, self-management programs like the Chronic Disease Self-Management Program (CDSMP) have led to significant reductions in emergency room visits and improved quality of life for seniors with multiple chronic conditions (NCOA, 2025; Hig, 2024). Finally, palliative and end-of-life care remains a vital yet underutilized component of eldercare. With nearly one-third of Medicare spending concentrated in the last two years of life, integrated palliative care models have been shown to enhance patient comfort, reduce unnecessary interventions, and support families through bereavement (APA, 2024; Kantrow, 2024). As the aging population grows, a comprehensive, multi-pronged approach that combines prevention, coordination, empowerment, and compassionate care is essential to meet the evolving needs of older Americans.

Medical malpractice and long-term care represent two critical pressure points in the U.S. healthcare system, both contributing to inefficiencies and financial strain. Defensive medicine, driven by fear of litigation, leads providers to order unnecessary tests, procedures, and hospitalizations. Estimates suggest this practice costs the U.S. healthcare system between \$50 billion and \$65 billion annually, with some analyses placing the upper bound as high as \$300 billion (Mello et al., 2010; Berwick & Hackbarth, 2012; Stolt, 2024). While intended to shield physicians from liability, defensive medicine often results in overdiagnosis, resource misallocation, and erosion of patient trust, without improving health outcomes. Reform efforts—such as safe harbor protections for physicians adhering to evidence-based guidelines—have been proposed to reduce these costs while preserving patient safety (Center for American Progress, 2013).

Meanwhile, long-term care (LTC) poses a growing challenge as the population ages. Over 14 million Americans currently require assistance with activities of daily living (ADLs), such as bathing, dressing, and eating (Saldin, 2017). The spectrum of need ranges from occasional in-home support to full-time skilled nursing care. According to Genworth's 2024 Cost of Care Survey, the national median annual cost for a private room in a nursing home exceeds \$127,000, while shared rooms average over \$111,000 (Genworth, 2024). In states like Alaska and Connecticut, monthly costs can surpass \$15,000 to \$19,000, placing immense financial pressure on families (ElderLawAnswers, 2025).

Although Medicaid remains the primary payer for institutional LTC, eligibility is restricted to individuals with limited income and assets. To address this, many states have adopted Home and Community-Based Services (HCBS) Medicaid Waivers, which allow seniors to receive care in less restrictive settings (Medicaid Planning Assistance, 2022). These waivers cover services such as adult day care, respite care, and home health aides, but access varies widely by state and often involves long waitlists (Congressional Research Service, 2025). The Stern Center for Evidence-Based Policy emphasizes that while state-level innovation is promising, significant gaps remain in coverage, quality, and workforce capacity (Stern Center, 2022).

Health-policy experts have long recognized LTC as a fiscal and ethical priority. As families become smaller and more geographically dispersed, informal caregiving becomes less viable. The ratio of potential caregivers to older adults is projected to fall below 3:1 by 2050,

exacerbating the demand for formal care services (Redfoot, Feinberg, & Houser, 2013; Activated Insights, 2024). Without comprehensive reform—including expanded funding, workforce development, and integration of technology—the system risks becoming unsustainable.

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As the U.S. population ages, health and aging policies must evolve to support the comprehensive well-being of older adults—addressing healthcare access, income security, and civic engagement. By 2030, over 71 million Americans will be 65 or older, many with multiple chronic conditions, which heightens the need for coordinated care models, integrated mental health services, and Medicare payment reforms (CDC, n.d.; Health and Aging Policy Fellows, 2024).

Preventive interventions and wellness programs have proven effective in lowering long-term costs and improving outcomes, yet disparities persist by race, gender, and socioeconomic status (ODPHP, n.d.; Justice in Aging, 2025). Vulnerable populations—especially single women, racial minorities, immigrants, and rural residents—face increased risks of poverty, housing instability, and food insecurity (NCOA, 2023; Justice in Aging, 2025).

Long-term care costs continue to soar, with annual nursing home expenses often exceeding \$127,000, depleting middle-class families' assets and shifting the burden to state Medicaid budgets through spend-down requirements (Genworth, 2024; AHCA/NCAL, 2024). This dynamic threatens fiscal sustainability and strains state resources, while gaps in coverage and workforce capacity remain unresolved (Stern Center, 2022; Institute of Medicine, 2008).

Policies must also prioritize civic engagement, empowering seniors—particularly those with low incomes or from marginalized communities—to shape the healthcare system through volunteerism, advocacy, and intergenerational programs (ACL, n.d.; AARP, 2023).

Without significant reform, aging demographics will constrain public systems and compromise America's standing as a humanitarian leader. Robust investment in community-based care, economic protections, and inclusive civic platforms will be essential to meet the needs of a diverse and growing senior population.

Social Security

Financial security remains a pressing concern for older Americans, particularly as the population over age 65 continues to grow and face heightened economic vulnerability. According to the Economic Policy Institute, nearly half of seniors—approximately 19.9 million individuals—have incomes below twice the supplemental poverty threshold, placing them at risk of material hardship from even a single economic shock (Cooper & Gould, 2013).

This vulnerability is especially pronounced among women, racial minorities, and those over

age 80, who experience disproportionately higher rates of economic insecurity. Most older adults rely on modest retirement incomes, with Social Security and Medicare serving as foundational supports for maintaining basic living standards. However, these programs are not universally sufficient: the average Social Security benefit in 2025 is estimated at just under \$1,976 per month, which may not cover rising costs in housing, healthcare, and long-term care.

Policymakers should consider reforms to social insurance programs, it is imperative that the United States assess not only fiscal implications but also the potential impact on seniors' ability to afford essential goods and services, preserve independence, and age with dignity. Strengthening these programs is not merely a budgetary exercise—it is a moral and economic imperative to protect millions of older Americans from falling into poverty.

The Trump administration's 2025 enactment of the "One Big Beautiful Bill" Act introduced a temporary "senior bonus," granting individuals aged 65 and older a one-time federal income tax deduction of up to \$6,000 (or \$12,000 for married couples) on Social Security benefits. Under this measure, approximately 88% of beneficiaries will pay no federal taxes on their benefits during its effective years (Brockman, 2025; GovFacts, 2025). However, this deduction is subject to income phase-outs—beginning at \$75,000 for single filers and \$150,000 for joint filers—and is scheduled to expire after tax year 2028 (GovFacts, 2025).

Crucially, by reducing the amount of benefits subject to taxation—a dedicated revenue source for the Social Security Old-Age and Survivors Insurance trust fund—the legislation is projected to accelerate the depletion of retirement reserves by nearly one year, potentially precipitating a funding shortfall and automatic benefit reductions as early as 2032 (GovFacts, 2025). Consequently, while providing short-term relief to many seniors, the policy exacerbates Social Security's long-term fiscal challenges.

Ageism

Ageism in the United States—a form of prejudice that stereotypes, demeans, and discriminates against individuals based on age—remains pervasive despite its profound harms to health, well-being, and economic security (World Health Organization, 2021). National data reveal that approximately 82% of older Americans report regular experiences of age-based insults or neglect in everyday interactions and media portrayals, reinforcing narratives that elders are frail, incompetent, or burdensome (Medical News Today, 2023). Such negative messaging exacts a measurable toll: internalized ageism is linked to elevated stress, depression, cardiovascular disease, and neuropathological changes associated with Alzheimer's disease—specifically, increased amyloid plaques and neurofibrillary tangles in the brain (Chang et al., 2020; Levy et al., 2015).

Conversely, older adults who maintain positive self-perceptions of aging live an average of 7.5 years longer—a longevity benefit that surpasses the gains from low cholesterol, blood pressure control, healthy weight, or smoking cessation—underscoring the protective power of constructive age beliefs (Levy & Slade, 2002).

Economically, Ageism in the workplace remains a pervasive issue for individuals over 65,

often manifesting through hiring biases, exclusion from professional development, and assumptions about technological ineptitude. Despite the growing presence of older adults in the labor force, many face subtle and overt discrimination that undermines their contributions and limits opportunities. AARP reports that nearly two-thirds of adults over 50 believe ageism is widespread, with older workers frequently sidelined from innovative projects or subjected to negative performance reviews despite consistent records (de Visé, 2024). Such practices not only marginalize experienced professionals but also deprive organizations of the benefits of age-diverse teams, including enhanced problem-solving and broader institutional knowledge (Elting, 2025).

Importantly, ageist attitudes cultivated in youth also predict poorer health behaviors and outcomes later in life, highlighting the necessity of combating ageism across the lifespan to foster healthier aging for all generations (JournalistsResource, 2022).

Elder Abuse

Elder abuse in the United States poses a significant public health and human rights concern, affecting approximately 10% of adults aged 60 and older annually (Administration for Community Living, 2020). The consequences are profound: victims experience elevated rates of depression, anxiety, and poor physical health, and are three times more likely to die prematurely than non-victims (Acierno, 2020).

Financial exploitation alone results in an estimated \$2.9 billion in annual losses, often perpetrated by trusted individuals such as family members or caregivers (National Council on Aging, 2024).

Despite its prevalence, elder abuse remains vastly underreported, with only one in 24 cases reaching authorities, largely due to fear, shame, or dependence on the abuser (National Institute of Justice, 2020). These patterns underscore the urgent need for systemic reforms, increased public awareness, and stronger protective services to safeguard older adults from harm.

Social isolation and elder abuse compound the vulnerabilities of older adults, undermining both their physical health and dignity. As people age, the risk of becoming socially isolated increases dramatically—approximately 28 percent of U.S. seniors live alone and many contend with mobility limitations, sensory impairments, or the loss of loved ones (National Institute on Aging, 2019).

Such isolation is associated with higher rates of hypertension, cognitive decline, depression, anxiety, and even premature mortality (Centers for Disease Control and Prevention, 2024). One tragic consequence of isolation is the heightened risk of elder abuse, defined by the World Health Organization (2024) as any act—or failure to act—by a trusted individual that

causes harm or distress to someone aged 60 or older.

Over 14 million chronically ill or disabled Americans require long-term care (LTC)—services ranging from a few hours of in-home assistance each week to 24-hour skilled nursing support (Saldin, 2017). The wide variation in care needs and settings underscores the necessity of robust community supports and vigilant oversight to prevent the social isolation and abuse that so often accompany dependency in later life.

Cost of long-term care -

Many older adults or their families lack the financial resources or systemic support to meet their care needs. Nearly 80% of adults over 60 are unable to afford long-term care or withstand another financial shock, with 20% having no assets to draw from as they age (National Council on Aging, 2025).

The misconception that Medicare covers extended care leads many to delay planning, only to discover that Medicaid is the primary payer—but only for those with limited means (LTC News, 2025). As care costs soar—ranging from \$8,000 to \$20,000 per month for in-home services—families often rely on unpaid caregiving, resulting in emotional strain and financial instability, especially for the “sandwich generation” balancing eldercare with other responsibilities (Watson, 2025).

Long-term care costs—including home care, assisted living, and nursing facilities—can exceed \$100,000 annually, quickly depleting personal savings and pushing many older adults into Medicaid eligibility (Butler, 2022). Informal caregiving, often provided by family members, represents an estimated \$600 billion in unpaid labor, with caregivers losing over \$500 billion in wages annually due to reduced work hours or job loss (Trualta, 2023). These financial strains ripple through the economy, reducing consumer spending and increasing reliance on public assistance.

Moreover, nearly 69% of older adults experience economic hardship when out-of-pocket LTC and healthcare costs are subtracted from income, even among those with higher lifetime earnings (Johnson et al., 2021). As the population ages, LTC demands are projected to consume nearly 2% of U.S. GDP, underscoring the urgency for sustainable financing models and policy reform (Gruber & McGarry, 2023).

Without comprehensive reform, including expanded insurance options and age-friendly care systems, the burden on individuals and families will continue to intensify.

Predatory Practices –

Predatory practices targeting individuals over the age of 65 have devastating financial, psychological, and social consequences, often exploiting vulnerabilities such as cognitive

decline, social isolation, and limited digital literacy. Financial exploitation alone results in an estimated \$28.3 billion in annual losses, frequently perpetrated by trusted individuals including family members and caregivers (National Council on Aging, 2024). These abuses not only strip older adults of their economic security but also erode trust and increase risks of depression, anxiety, and premature mortality (CDC, 2024).

The COVID-19 pandemic further exacerbated these risks, with a surge in fraud schemes and mistreatment linked to isolation and disrupted support systems (National Institute of Justice, 2025). Despite the scale of harm, elder abuse remains vastly underreported, highlighting the need for robust prevention strategies, legal protections, and community-based interventions to safeguard aging populations.

Housing -

Housing insecurity among individuals over 65 presents a growing crisis, driven by affordability, accessibility, and availability challenges that threaten older adults' ability to age safely and independently. Over 10 million senior households are cost burdened, with half spending more than 50% of their income on housing, forcing many to cut back on essentials like food and medical care (Molinsky, 2022).

The vast majority of homes lack basic accessibility features—such as no-step entries and single-floor layouts—making them unsuitable for aging individuals with mobility limitations (Urban Institute, 2025). Additionally, older renters face heightened vulnerability, with median net wealth under \$6,000, leaving little financial cushion to absorb rising housing costs or make necessary modifications (Molinsky, 2022).

These housing deficiencies disproportionately affect older adults of color, exacerbating long-standing disparities in homeownership and economic security. Without targeted policy interventions, such as expanded rental assistance and inclusive zoning reforms, the housing crisis will continue to undermine the health, dignity, and stability of aging populations.

Definitions

Elderly Traditionally, individuals aged 65 and older are considered elderly. In 1987, this group comprised over 30 million people, representing more than 12% of the U.S. population and nearly 96% of Medicare recipients (Institute of Medicine, 1988).

Medicare Medicare is a federal health insurance program for people aged 65 and older, younger individuals with disabilities, and those with End-Stage Renal Disease. It includes Part A (hospital insurance), Part B (medical insurance), and Part D (prescription drug coverage) (Centers for Medicare & Medicaid Services, n.d.).

Medicaid Medicaid provides health coverage to low-income individuals, including older adults and people with disabilities. It is jointly funded by federal and state governments and administered by states under federal guidelines (Centers for Medicare & Medicaid Services, n.d.).

Social Security Social Security refers to the Old-Age, Survivors, and Disability Insurance (OASDI) program, offering retirement, survivor, and disability benefits to eligible individuals, including most Americans over 65 (Social Security Administration, n.d.).

Ageism Ageism is discrimination based on age, often manifesting as negative stereotypes or exclusion of older adults from employment, healthcare, or social opportunities (American Psychological Association, n.d.).

Palliative Care Palliative care is a holistic approach to treating individuals with serious illnesses, focusing on symptom management and improving quality of life—especially relevant for older adults with chronic or terminal conditions (National Cancer Institute, 2022).

Predatory Lending Predatory lending involves deceptive or abusive loan practices that exploit vulnerable borrowers, including older adults, through high fees, misleading terms, and aggressive sales tactics (Investopedia, n.d.).

Geriatrics Geriatrics is the branch of medicine focused on health care for older adults, addressing age-related conditions and promoting functional independence (World Health Organization, 2024).

Aging in Place Aging in place refers to the ability of older adults to live safely and independently in their own homes and communities, often requiring supportive services and accessible housing (U.S. Department of Housing and Urban Development, 2023).

Elder Abuse Elder abuse includes physical, emotional, financial, and neglectful harm inflicted on older adults, often by caregivers or family members. It is a widespread and underreported issue (Centers for Disease Control and Prevention, 2024).

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