

The Elder Justice Reauthorization and Modernization Act of 2026

One in 10 Americans over the age of 60 have experienced some form of elder abuse – including physical abuse, emotional abuse, neglect, financial exploitation, and isolation.ⁱ Enacted as part of the *Affordable Care Act (ACA)*, the *Elder Justice Act (EJA)* programs were originally created to address the need for prevention, detection, and treatment of abuse of seniors and people with disabilities, working in tandem with flexible funding from the Social Services Block Grant that many states use partially for Adult Protective Services (APS). Since then, EJA programs have been chronically un-funded or underfunded. In December 2020, Congress for the first time provided significant funding for the EJA (appropriating \$100 million) and then invested in these programs again in the *American Rescue Plan Act of 2021* (appropriating \$276 million). Still, additional investments are necessary to meet the growing needs of seniors and people with disabilities—particularly considering the significant attacks the Trump Administration has made on the very programs that support seniors and people with disabilities to live safely in our communities.^{ii, iii}

To meet these ongoing needs, *The Elder Justice Reauthorization and Modernization Act of 2026*, introduced by Ranking Member Neal and Representative Bonamici, reauthorizes the EJA and commits dedicated funding to vital programs shown to address the needs of vulnerable seniors and people with disabilities, including APS. The addition of updated and new policies to address medical-legal needs, social isolation, and post-acute and long-term care workforce investments further address policy gaps to protect seniors.

The legislation directly appropriates a substantial investment new and existing EJA programs and activities, including:

- post-acute and long-term care worker recruitment and retention;
- APS functions and grant programs;
- long-term care ombudsman program grants and training;
- supporting linkages to legal services and medical-legal partnerships (MLPs); and
- address social isolation and loneliness.

The bill creates vital new programs to address growing needs underscored by the pandemic:

- ***Invests in the post-acute and long-term care workforce*** by reimagining an existing (but never funded) long-term care workforce program included as part of the original EJA. The bill provides funding to states to recruit, train, and retain this vital workforce. National health emergencies exposed clear deficiencies in protections for the post-acute and long-term care workforce, including low wages, lack of career ladders, low levels of access to paid leave and child care, and high turnover rates. More than three-quarters of states reported concerns about reductions in direct care workforce supply because of the pandemic. Compounding this crisis is the increased demand for services as the population ages. By 2033, an additional 3.4 million direct care workers will be needed, which is an increase of 48 percent from today's already unmet needs. Nationally, the demand for such workers is projected to grow by 39% between 2022 and 2037.^{iv}
- ***Provides funding to address social isolation*** by granting the Secretary of the U.S. Department of Health and Human Services (HHS) authority to establish a grant and training program for community-based organizations to serve as technical assistance hubs and referral centers to address social isolation among seniors and people with disabilities. Social isolation is one of the

most dangerous and modifiable risk factors of negative health outcomes that older adults and people with disabilities face today, increasing risk of heart disease and stroke, type 2 diabetes, depression and anxiety, dementia, and earlier death.^v As of 2024, there were more than 61 million adults aged 65 and older in the United States (growing by 13 percent from 2020).^{vi} In 2023, a national poll reported that more than one-third of these adults experienced loneliness and reported feeling socially isolated.^{vii}

- ***Creates new program to fund MLPs*** by establishing authority for the HHS Secretary to fund MLPs within the EJA framework to integrate the expertise of lawyers into health and social services settings to help clinicians, case managers, and social workers address structural problems at the root of so many health inequities impacting older adults. MLPs are multidisciplinary teams that combine clinical staff with social workers and lawyers at a single site of care to ensure patients' social and legal needs like housing, food, education, and access to care are met.^{viii}

ⁱ *Get the Facts on elder Abuse*, NATIONAL COUNCIL ON AGING <https://www.ncoa.org/article/get-the-facts-on-elder-abuse>

ⁱⁱ Consolidated Appropriations Act of 2021, Pub. L. No. 116-260, <https://www.congress.gov/bill/116th-congress/house-bill/133/text>

ⁱⁱⁱ American Rescue Plan Act of 2021, Pub. L. No. 117-2, <https://www.congress.gov/bill/117th-congress/house-bill/1319/text>

^{iv} <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/ltss-projections-factsheet.pdf>

^v <https://www.cdc.gov/social-connectedness/risk-factors/index.html>

^{vi} <https://www.census.gov/newsroom/press-releases/2025/older-adults-outnumber-children.html>

^{vii} <https://jamanetwork.com/journals/jama/fullarticle/2819153>

^{viii} *About Medical-Legal Partnership*, NATIONAL CTR. FOR MEDICAL-LEGAL PARTNERSHIP, <https://medical-legalpartnership.org/about-us/faq/>