



May 12, 2025

The Honorable Thomas Stanley, Chair
The Honorable Patricia Jehlen, Chair
Joint Committee on Aging and Independence

Dear Chairs Stanley, Jehlen and Members of the Committee:

On behalf of LeadingAge Massachusetts, I am writing to offer comments in support of **HB-1369 An Act to Strengthen Supportive Housing and Reduce Healthcare Costs for low-income seniors.**

LeadingAge Massachusetts is the only statewide association representing the continuum of not-for-profit providers of housing, health care and services for older adults including nursing homes, residential care facilities, assisted living residences, life plan communities (also known as continuing care retirement communities), subsidized senior housing and other community-based service providers. Governed by community-based volunteer boards, our members are sponsored by faith-based, ethnic, fraternal and other not-for-profit organizations, many of whom have been providing care to elders in their communities for more than 100 years. We are striving for a future where all older adults shall have an opportunity to live in age friendly communities where they have access to the services they need when they need them in the place they call home.

LeadingAge Massachusetts applauds the goal of this legislation, which is to expand access to site-based supportive services for residents of subsidized senior housing in the Commonwealth. It is known that the population of individuals living in subsidized senior housing tend to have greater health needs and have higher health care costs compared with the general senior population. A study conducted by the Lewin Group¹ found that HUD-assisted residents were more likely to be dually eligible for Medicare and Medicaid, were sicker and more costly to both programs compared with their non-subsidized peers in the broader community. Senior housing, by virtue of its above-average concentration of seniors with complex care needs and high medical costs, provides an opportunity for targeting service coordination and

¹ <https://aspe.hhs.gov/basic-report/picture-housing-and-health-medicare-and-medicaid-use-among-older-adults-hud-assisted-housing>



other site-based services to support individuals in their homes, defer institutionalization, and reduce unnecessary and expensive medical care.

Affordable senior housing is an ideal platform for the effective and efficient delivery of long-term services and supports (LTSS) and for programs that support the health and well-being of older adults. There is already a plethora of research² demonstrating that the availability of place-based supports at affordable senior housing communities can lead to better outcomes for residents, as well as savings to the health care system. LeadingAge Massachusetts members have been at the forefront of efforts to develop service-enriched affordable housing environments that support older adults' ability to remain in their community for as long as possible. For example, Hebrew Senior Life has developed a research-tested model of care, [R3](#), that focuses providing the right care in the right place at the right time. This model of care results in overall improved quality of life, including decreased hospitalizations, emergency department visits, long-term care placements, and falls.

More evidence of the benefits of site-based supports at affordable senior housing comes from an evaluation of the Supports and Services at Home Program or SASH. SASH is a model established in the State of Vermont under a Medicare demonstration grant, provides a full time enhanced resident service coordinator (referred to as a SASH coordinator) and part time wellness nurse for older adults and individuals with disabilities living in affordable senior housing with a goal of promoting greater care coordination, improved health status, and a slowing of the growth of health care expenditures. Evaluation of the SASH program³ has found among SASH participants, slower rates of growth in Medicare expenditures, significantly lower rates of all-cause hospital admissions, and a slower growth in Medicaid expenditures for institutional long-term care. SASH participants were also found to have lower incidents of falls, and increasing rates of preventative services including pneumococcal, shingles and seasonal flu vaccinations as well as higher rates of advance directives.

As our older population continues to grow and with more individuals unable to afford the cost of assisted living, it is critical that the Commonwealth take steps to foster the development of service enriched environments in affordable senior housing, enabling residents to remain in their homes as long as possible. HB-1369 is an important piece of legislation that moves

² https://ltsscenter.org/resource-library/Housing_Services_Value.pdf

³ <https://aspe.hhs.gov/basic-report/support-and-services-home-sash-evaluation-sash-evaluation-findings-2010-2016>



towards that reality. LeadingAge Massachusetts and our members welcome the opportunity to work with members of the Committee on this important topic.

Sincerely,

A handwritten signature in black ink that reads "Elissa Sherman".

Elissa Sherman
President