



# **2026 Legislative Recommendations**

**July 15, 2025**

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## 1. Increase Funding for Home and Community-Based Services Through Area Agencies on Aging

Background: The 25 Area Agencies on Aging (AAAs) in Virginia have been designated by the Commonwealth to provide services that help adults aged 60 and older to live safely and independently in their communities. AAAs provide critical services such as information and assistance; home-delivered and congregate meals; homemaker and personal care services; transportation; legal assistance; caregiver and respite services; Medicare counseling; and the State Long-Term Care Ombudsman Program.

Virginia's AAAs, in partnership with other aging network stakeholders, are requesting additional funding to provide these services to an expanding population in need. Waiting lists are growing for these services, as Virginia's AAAs do not have the resources to help all those in need. In the 2025 Session, the General Assembly increased funding to AAAs by \$750,000.

But that additional funding is not enough. The Virginia Association of Area Agencies on Aging (V4A) is seeking \$10 million increased funding each year to meet the need.

Investing in these services now will pay great dividends in the future, reducing health care utilization and long-term care needs. For example, a recent study showed that home delivered meals alone resulted in 50% fewer hospital readmissions, 37% shorter lengths of stay, and 31% total reduction in health care costs.<sup>1</sup> As directed by the Older Americans Act, AAAs also develop partnerships and foster coordinated and comprehensive systems of services that provide an effective alternative to long term care at greatly reduced costs.

This is a budget request. This is also a priority for the Virginia Association of Area Agencies on Aging (V4A), Northern Virginia Aging Network (NVAN), State Long Term Care Ombudsman, and Senior Services of Southeastern Virginia.

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<sup>1</sup> Gurvey et al, (2013, June). Examining Health Care Costs Among MANNA Clients and a Comparison Group, Journal of Primary Care and Community Health, DOI: 10.1177/2150131913490737.

## 2. Increase Funding for the Nursing Home Inspection and Enforcement Process

Background: To ensure compliance with federal standards and to maintain certification from the U.S. Centers for Medicare and Medicaid Services (CMS), Virginia nursing homes must regularly undergo periodic inspection surveys from Virginia Department of Health's (VDH) Office of Licensure and Certification (OLC). OLC must also investigate and respond to complaints about nursing homes.

All except eight of Virginia's 289 nursing homes are certified for Medicare/Medicaid reimbursement. Nursing homes must be inspected every two years under state licensure, and CMS-certified facilities must be surveyed every 12 months on average to continue to qualify for Medicare/Medicaid reimbursement.<sup>2</sup> These inspections/surveys protect the health, safety, and welfare of residents, and identify problems concerning staffing, effective staff supervision, enforcement of resident rights, and the quality of care and quality of life of nursing home residents. Without timely inspections/surveys, Virginia's nursing home failures are left unchecked, and residents are put at serious risk.

OLC needs additional staffing and resources to effectively enforce federal and state requirements. CMS data shows that of the 289 nursing homes in Virginia, 129 (or 42%) have not had an inspection survey since 2022, and 34 were last inspected in 2021.<sup>3</sup> Additional funding would enable OLC to hire more inspectors/surveyors, enhance staff training, reduce the backlog of nursing homes that have not had timely inspections, and better enforce compliance with state and federal regulations.

This is a budget request. It is also a priority of the State Long-Term Care Ombudsman.

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<sup>2</sup> Virginia Department of Health, Office of Licensure and Certification, <https://www.vdh.virginia.gov/licensure-and-certification/division-of-long-term-care-services/>

<sup>3</sup> Data.CMS.gov, Centers for Medicare and Medicaid Services, <https://data.cms.gov/provider-data/dataset/svdt-c123> (2024). Note that similar backlogs in Maryland prompted a lawsuit against the Department of Health and the Health Secretary in May 2024; see Shepherd, K., "Nursing Home Residents Sue in Md," The Washington Post, B1 (May 20, 2024).

### 3. Establish a Prescription Drug Affordability Review Board

Background:<sup>4</sup> In 2021, 24% of Virginians stopped taking medications as prescribed due to cost. From 2021 to 2022, drug companies increased the prices of more than 1,200 drugs above the rate of inflation, with an average increase of over 31%. AARP Virginia supports the creation of a Prescription Drug Affordability Board (PDAB) with the authority to set upper payment limits on certain high-cost prescription drugs. The measure would:

- Save taxpayers money by reducing state spending on prescription drugs,
- Help ensure access to life-saving medicine for illnesses like cancer and diabetes, and
- Prevent harmful price-gouging practices by the big drug manufacturers.

The legislation passed the General Assembly in 2025 (HB 1724) and 2024 (HB 570/SB 274), but was vetoed by Governor Youngkin following both General Assembly Sessions.

This is a legislative item with budget implications. It is also a priority for AARP Virginia.

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<sup>4</sup> AARP Virginia: 2025-26 Legislative Priorities

## 4. Strengthen Nursing Home Transparency, Data, and Oversight

Background: Requiring the disclosure of ownership, cost and quality reporting data from nursing homes is essential to ensuring that older Americans receive high quality, cost-effective care in these settings. It is needed by consumers making decisions about their short and long-term rehabilitative needs, and by licensure and oversight officials who are responsible for screening out or properly monitoring nursing home providers with a history of substandard care that places residents at risk and squanders stretched taxpayer dollars.

This is a particularly critical need in the Commonwealth of Virginia. Findings released in July of 2022 by the Office of the Assistant Secretary for Planning and Evaluation (within the federal Department of Health and Human Services) revealed that from 2016 to 2021, Virginia had the 4<sup>th</sup> highest percentage of nursing home ownership changes in the nation, with 35% of the state's facilities changing ownership during that 5-year period. In 2021, Virginia had the highest percentage of ownership changes.<sup>5</sup> Each year nursing homes funnel billions of dollars through related party companies, companies they also own, with little to no oversight at the federal or state level. Without requirements that nursing homes provide more transparent (i.e., clear, accurate, and understandable) cost reports that fully disclose ownership and financing structures, revenues, and expenditures, there can be no true accountability for the billions of taxpayer dollars awarded annually to such operators.

The Commonwealth Council on Aging proposes the following actions:

- Requiring disclosures to the oversight agency (Virginia Department of Health) of ownership, cost reporting, and quality metrics at the time of a nursing home's initial application for licensure to operate; annually, through clear annual cost reporting; and at any point at which the owner/operator seeks to change the terms of licensure (e.g., change in ownership or company restructuring or with the addition or reduction in the number of licensed beds).
- Using these disclosures to strengthen criteria and approval processes for licensure of nursing homes. This should include improving notice to, and input by, the public and other interested stakeholders; establishing clear screening mechanisms to determine an applicant's capacity to provide quality care; and defining clear criteria to deny licenses to operators with a history of providing poor care.

This is a legislative request. It is also a priority of the State Long-Term Care Ombudsman.

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<sup>5</sup> Office of the Assistant Secretary of Planning and Evaluation. (2022, July 7). Changes in ownership of skilled nursing facilities from 2016 to 2021: Variations by geographic location and quality. <https://aspe.hhs.gov/sites/default/files/documents/78aae3d6d528e77a729288746ccc2e84/changes-ownership-snf.pdf>.

## 5. Increase Funding of the Statewide Long Term Care Ombudsman Program

Background: The State Long-Term Care Ombudsman Program acts as a voice for long-term care facility residents in nursing home and assisted living residents as well as those who receive home and community-based services. The Program works tirelessly to resolve care problems and issues of basic resident rights. Individuals who are denied care may experience preventable complications and hospitalizations, costing taxpayer dollars and inflicting unnecessary suffering on a vulnerable population. Early intervention by a long-term care ombudsman representative can save money, prevent harm or abuse, and maintain the resident's dignity. The Program's services are needed now more than ever as oversight and enforcement processes struggle to provide timely and effective responses and as trends in long-term care facility ownership and operations that too often place profits over patients.

The General Assembly adopted the recommended national standard of one ombudsman representative for every 2,000 long-term care beds (Code of Virginia § [51.5-135 A 9](#)) but has never funded the Program at the level necessary to achieve that ratio. Across most of Virginia, Program coverage is hamstrung by the lack of sufficient funding to recruit and retain staff with adequate knowledge, skills, and professional experience to carry out their complex roles and cover operating costs. In some areas of the state, coverage is as low as one ombudsman representative per 5,000 beds. A fully funded Program will be better equipped to respond to the needs. The Council recommends fully funding the State Long-Term Care Ombudsman Program with an additional investment of \$1.5 million each year.

This is a budget request. It is also a priority of the State Long Term Care Ombudsman and Northern Virginia Aging Network (NVAN).

## 6. Increase Funding for Public Guardianship Program Slots

Background: The Virginia Public Guardian & Conservator Program (“PGP”) was established in 1998, to provide guardianship (and conservatorship) services for incapacitated, indigent adults who have no one else to serve as their legal decisionmaker. Each of the eleven contracted providers are allocated a portion of the 1,349 slots, each one representing a client for whom they must provide guardianship, and sometimes conservatorship, services.

Funding for the 1,349 PGP client slots is currently separated into two categories: 1,251 slots are funded at \$5,000 per slot annually, and 98 are funded at \$7,000 per slot annually.<sup>6</sup> The rate difference between the two slot categories no longer reflects a difference in client acuity, and the rates have not increased since SFY 2018, resulting in stagnant salaries for the employees responsible for crucial client oversight, decision making, and advocacy. It is increasingly difficult for providers to recruit new staff with the necessary skills and commitment to their clients and provide high-quality services.

While salaries have not increased, the acuity and intensity of client needs has increased, which is affecting the retention of experienced staff. Providers are responsible for ensuring 24-hour, 365-day coverage for their clients, many of whom have serious a mental illness, brain injury, dementia, and/or a developmental disability. Many of these individuals experience frequent illnesses, psychiatric hospitalization, homelessness, and incarceration, among other destabilizing factors.

In order to shore up the funding for the PGP and ensure its ongoing viability, the Commonwealth Council on Aging recommends funding all PGP client slots at a rate of \$7,000/slot annually (total \$2,502,000).

This is a budget request. It is also a priority of the Virginia Public Guardian and Conservator Advisory Board.<sup>7</sup>

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<sup>6</sup> See 2025 Appropriation Act Item 315 B: <https://budget.lis.virginia.gov/item/2025/1/HB1600/Chapter/1/315/>.

<sup>7</sup> Pending formal adoption at the Virginia Public Guardian and Conservator Advisory Board’s meeting on September 16, 2025.

## 7. Provide State General Funds for the Ongoing Operations of the Virginia Memory Project

Background: The Virginia Memory Project (VMP) is a statewide data registry specifically focused on quantifying the impact of brain health and neurodegenerative disorders in the Commonwealth. Housed within the Virginia Center on Aging at Virginia Commonwealth University and operated in close partnership with the Virginia Department of Health, the VMP collects and cultivates data about caregiving, neurodegenerative disorders, therapeutics, and conditions associated with brain health. In addition to the data collection, the VMP has a secure resource and education hub, which links enrollees with appropriate regional support. The VMP has been identified as vital to a dementia-capable Virginia because it provides essential, accessible, and cost-free information and education that can be used to inform data-driven policy and support equitable, effective resource allocation.

During the 2024 General Assembly session, the VMP was codified by HB 1455 (see Code of Virginia [§ 23.1-2311.1](#) of the Code of Virginia). However, current funding for the VMP is provided through time-limited grants; ongoing, reliable funding is needed to support the VMP in continuing its important work in Virginia.

This is a budget request. It is also a priority of the Alzheimer's Association. Additional information about the VMP may be found [here](#).

## 8. Extend the Sunset for the Alzheimer’s Disease and Related Disorders Commission

Background: Extending the sunset provision for Virginia’s Alzheimer’s Disease and Related Disorders (ADRD) Commission is essential to sustain the Commonwealth’s coordinated response to the growing numbers of people living with dementia.<sup>8</sup> According to the 2023 Behavioral Risk Factor Surveillance System (BRFSS), 1 in 6 Virginians over the age of 45 report changes in thinking or memory that are worsening over time.

The ADRD Commission leads the development and oversight of Virginia’s Dementia State Plan, updated every four years, most recently for 2024-2027. The Plan addresses care coordination, caregiver support, public awareness and brain health promotion. The ADRD Commission also facilitates cross-agency collaboration, bringing together leaders from health, aging, behavioral health, medical and social services to align efforts and resources. Recent initiatives, such as the Dementia Capable Summit held in 2023, have supported broader ongoing stakeholder engagement with the ADRD Commission. This engagement includes the addition of thirty non-ADRD Commission members to the Dementia State Plan workgroups and enhanced communication from the ADRD Commission related to progress on the Dementia State Plan throughout the four-year Plan period.

Ensuring continuity in leadership, planning and advocacy by extending the ADRD Commission’s authority is vital for building a dementia-capable Virginia that meets the needs of individuals and families affected by these conditions. The Commonwealth Council on Aging recommends extending its sunset by three years to July 1, 2029.

This is a legislative request. It is also a priority of the Alzheimer’s Disease and Related Disorders Commission and the Alzheimer’s Association.

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<sup>8</sup> The ADRD Commission is established and authorized under Code of Virginia § 51.5-154: <https://law.lis.virginia.gov/vacode/title51.5/chapter14/section51.5-154/>.

## 9. Increase Funding for No Wrong Door’s Statewide Resource Database

Background: VirginiaNavigator (formerly SeniorNavigator) is an award-winning, Virginia-grown public-private partnership that leverages technology and community collaboration to address the complex needs of older adults, caregivers, people with disabilities, veterans, and their families. It offers a comprehensive online resource directory featuring nearly 27,000 programs and services tailored to these groups.

Since 2004, VirginiaNavigator has partnered closely with the Virginia Department for Aging and Rehabilitative Services (DARS) to fulfill the directive outlined in the Appropriation Act: “to support the distribution of comprehensive health and aging information to Virginia’s senior population, their families and caregivers.”<sup>9</sup>

Access to accurate, reliable, and unbiased information about local programs and services is essential to planning for long-term care, wellness, and health needs across the lifespan—especially for our most vulnerable populations.

Despite the growing need, state appropriations for this essential service were cut by 49.5% between 2004 and 2011 and have remained flat for more than 14 years since. This stagnant funding has failed to keep pace with inflation, rising technology costs, and the overall cost of doing business. Meanwhile, demand and workload have increased significantly; since 2004, the number of program listings and profiles in VirginiaNavigator’s resource directory has grown by 144% and the number of Virginians served by the organization annually has increased by over 400%.

VirginiaNavigator, with the Commonwealth Council on Aging’s support, is seeking \$165,000 annually in restored funding to bridge the ongoing funding gap. Sustained and adequate investment is urgently needed to ensure continued access to trustworthy information that supports informed decision-making and strengthens the health and well-being of Virginians across the Commonwealth – while expanding capacity for critical work at Virginia’s health and human service agencies.

This is a budget request. Additional information about VirginiaNavigator may be found [here](#).

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<sup>9</sup> 2025 Appropriation Act Item 315 F: <https://budget.lis.virginia.gov/item/2025/1/HB1600/Chapter/1/315/>.