

United States Senate

WASHINGTON, DC 20510

April 28, 2025

The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Dear Secretary Kennedy,

We are writing in opposition to the proposed dismantling of the Administration for Community Living (ACL) as outlined in the Department of Health and Human Services (HHS) fact sheet on March 27, 2025. ACL is essential to administering the critical programs established and funded by Congress that ensure older adults and people with disabilities can live in their communities with the dignity, security, and independence they deserve. Scattering its functions among several different agencies and firing over half of its workforce is in direct conflict with the fiscal year 2025 appropriations bill that Congress just passed and will cause tangible and enduring harm to older adults and people with disabilities.

The vague proposal to improve “efficiency” by shuttering ACL will achieve the exact opposite.¹ ACL was created in 2012 to bring together the Administration on Aging, the Office on Disability, and the Administration on Developmental Disabilities to enhance coordination of services.

For over a decade, ACL and its expert staff have coordinated services across federal, state, and local governments to ensure that older adults and people with disabilities live healthy, connected, independent lives in the community. In fact, ACL saves the Federal government and taxpayers money by keeping older adults and people with disabilities out of institutions; for example, it costs less to feed a senior for an entire year through the *Older Americans Act* (OAA) than it does for a senior to spend one night in a hospital.² Transferring ACL programs to the Administration for Children and Families, Assistant Secretary for Planning and Evaluation, and Centers for Medicare & Medicaid Services—also reeling from your devastating staffing reductions—will create havoc and disrupt delivery of bipartisan supported programs such as home-delivered and congregate meals for older adults, Medicare enrollment assistance, peer supports, community living activities, and interventions to support family caregivers.

ACL was created to further the fundamental principle that older adults and people with disabilities should be able to live independently and fully participate in their communities. ACL has grown significantly since its creation in 2012 as it took on programs Congress transferred from other agencies. These functions include a research institute, independent living, assistive technology, and traumatic brain injury programs; paralysis and limb-loss resource centers; and programs to assist in the navigation of Medicare benefits and the health care system.

¹ <https://acl.gov/about-acl/history>

² <https://www.sanders.senate.gov/press-releases/news-with-bipartisan-vote-sanders-leads-help-committee-in-historic-reauthorization-of-the-older-americans-act/>

Last month Congress passed a fiscal year 2025 appropriations bill that provides funding for ACL to continue to carry out these important functions and programs. The proposed reorganization is a brazen disregard of that law. HHS has always worked closely with Congress on reorganizations such as this, including in the establishment of ACL. This time, HHS has refused to provide any information to Congress or the American people regarding exactly how these changes would take place, and how they would be enacted without resulting in delays in the implementation of programs, activities, and functions Congress just funded and tasked ACL with carrying out. There have been reports that the Department fired the entire staff of the Office of Grants Management, which raises additional concerns about how funding will reach the thousands of community-based organizations that rely on it.³ The obvious conclusion is these are haphazard changes, and HHS has not considered the impact they will have on older Americans and people with disabilities. You claim a mission of making Americans healthier and a commitment to “radical transparency,” but both of those assertions fall flat with this proposal.

Any interruption to the effective delivery of programs administered by ACL will have detrimental consequences. For example, a breakdown in adult protective services, long-term care ombudsman programs, and other protection and advocacy programs means that older adults and people with disabilities will be more vulnerable to abuse and neglect. Further, children with disabilities will be left at risk when protection and advocacy agencies aren’t able to advocate and monitor institutional settings where abuse and neglect has been widely documented.⁴ Interruption to nutrition programs means millions of older adults may go hungry without the over 220 million meals they rely on.⁵ 53 million family caregivers will be left without support, forcing some to leave the workforce to care for their loved ones.⁶ Vital evidence-based research and services for people with developmental disabilities will be in jeopardy. Your attempt to dismantle ACL will have far-reaching implications.

ACL is critical to safeguarding the self-determination of older adults and people with disabilities. These populations should not have their decision-making power undermined and government programs they depend on put at risk simply because you decided that burying these programs within other agencies would be “more efficient.” An overwhelming majority of people prefer to live and age in their own homes where they can continue to be active members of their communities.⁷ The resources and programs administered by ACL are critical to achieving that goal, and dismantling ACL will undoubtedly harm efforts to ensure that people with disabilities and older adults can maintain and accomplish such goals.

We strongly urge HHS to consider the needs of seniors, people with disabilities, and those who care for them, and halt this effort to dismantle ACL. While we strongly oppose the decision to dismantle ACL, it is critical that HHS be transparent and provide information to Congress and the American public about the steps it is taking and plans to take with regard to ACL and all of its functions. Please respond to the following questions by April 30, 2025.

³ <https://www.usaging.org/content.asp?admin=Y&contentid=1710>

⁴ https://www.finance.senate.gov/imo/media/doc/sfc_report_warehouses_of_neglect.pdf

⁵ https://www.mealsonwheelsamerica.org/docs/default-source/fact-sheets/2021/2021-national-oaafactsheet_february2022_mowa.pdf

⁶ <https://www.cbsnews.com/news/the-hidden-costs-of-unpaid-caregiving-in-america/>

⁷ <https://www.aarp.org/home-family/your-home/info-2021/home-and-community-preferences-survey.html#:~:text=%EF%BB%BF%22%20Data%20%EF%BB%BFshows%20that%2077%20percent%20of%20been%20consistent%20for%20more%20than%20a%20decade.&text=%E2%80%9CThey%20don't%20have%20the%20financial%20resources%20to,afford%20to%20live%20in%20the%20nursing%20homes.%E2%80%9D>

1. How many ACL employees have been fired, put on administrative leave, accepted the deferred resignation program offer, or accepted the VERA/VSIP offer since January 20, 2025?
 - a. Please provide a complete breakdown by office and position. For each category of employee at each office, provide information on GS level and veteran status, and clearly state the justification for termination. Include employees who have since been reinstated or placed on administrative leave, noting that change in status. Please provide the latest data available.
 - b. How many ACL employees remain in force as of April 21, 2025? How many ACL employees were fired on April 1 and have subsequently been rehired?
2. Several positions at ACL are required in statute, including the Assistant Secretary on Aging and the Administrator of ACL. Please explain how HHS will remain in compliance with relevant statutes, including but not limited to the *Older Americans Act* and the *Rehabilitation Act of 1973*, following the restructuring of the agency.
3. Provide a detailed list of all programs implemented by ACL in fiscal year 2024 and either the agency or office that HHS proposes to transfer them to or whether the program will be eliminated entirely. Include an explanation for each, addressing HHS's decision to either eliminate a program, or to transfer a program to a new agency or office, including HHS's reasoning on why the chosen agency or office should administer it and how that will improve the delivery of services for older Americans and people with disabilities.
 - a. If changes will be made to any program (e.g., reduction of scope, cancellation of grants, contracts, or cooperative agreements) describe the consultation process HHS conducted with stakeholders, including career subject matter experts within HHS, organizations representing older adults and people with disabilities, and the expected consequences of such changes to the program.
 - b. Did HHS consult with subject matter experts and external stakeholders before changing the structure of ACL? If so, what concerns did HHS career subject matter experts and external stakeholders raise about cancelling, transferring, or changing programs implemented by ACL? If not, why did HHS not engage in a transparent process to seek comment on such a significant restructuring that would dissolve ACL into other HHS agencies or offices? Please provide unredacted copies of any written documents detailing concerns about transferring, cancelling, or changing ACL programs as a consequence of HHS's planned reorganization, including e-mails, texts, letters, memorandums, and other documents with HHS subject matter experts and external stakeholders.
4. For ACL programs that HHS proposes to transfer to another agency or office, describe how HHS would uphold all the statutory requirements currently under ACL's purview once its functions are transferred to other agencies or offices.

5. For ACL programs that HHS proposes to transfer to another agency or office, describe how the receiving agency or office will find the necessary expertise to ensure effective operation of programs, including:
 - a. Existing content expertise of the program at the receiving agency or office.
 - b. Expertise at the receiving agency or office in coordination between stakeholders and state and local government and any other partners.
 - c. Any feedback that career employees at the receiving agency have provided regarding their capacity to take over the transferred programs, especially in light of recent, or planned, reduction in force efforts including firings, resignations, and buy-outs.
6. Explain how your decision to decimate ACL—the agency created to reduce duplication of programmatic efforts—will increase efficiency, including:
 - a. Which organizations representing older adults, people with disabilities, and state and local governments did HHS consult with to reach its determination that eliminating ACL would increase efficiency?
 - b. If HHS did not consult with groups representing older adults, people with disabilities, and state and local governments before reaching its determination that ACL would increase efficiency, please explain why HHS did not engage in a transparent process with impacted stakeholders before dissolving ACL.
7. How will you monitor the impact of transitioning programs on the lives of older adults and people with disabilities? Please include:
 - a. Variables to be measured and methods for assessment.
 - b. How HHS will include feedback, when determining the impact of its changes, from older adults and people with disabilities, and the organizations that represent them.
 - c. How HHS will include feedback, when determining the impact of its changes, from state and local governments and the organizations that represent them.
8. We understand that HHS will eliminate all ACL staff from HHS regional offices.
 - a. Can HHS confirm that there will be no ACL staff at HHS regional offices?
 - b. How does HHS intend to replace or address the critical functions of ACL regional staff, including technical expertise, support, and administration of OAA State and Tribal grant programs and disaster response coordination, with the elimination or reduction in ACL regional staff?

9. How will HHS execute ACL's fiscal year 2025 appropriations, given it explicitly funded ACL to carry out specific authorized activities, programs, and functions? Does HHS proposed reorganization include any transfer of funds?

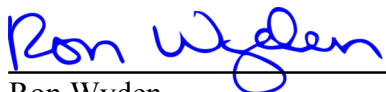
Sincerely,



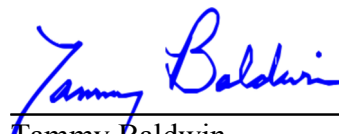
Kirsten Gillibrand
United States Senator
Ranking Member, Special
Committee on Aging



Bernard Sanders
United States Senator
Ranking Member, Committee
on Health, Education, Labor,
and Pensions



Ron Wyden
United States Senator
Ranking Member, Committee
on Finance



Tammy Baldwin
Ranking Member
Appropriations Subcommittee
on Labor, Health and Human
Services, Education, and
Related Agencies



Charles E. Schumer
United States Senator



Amy Klobuchar
United States Senator



Mazie K. Hirono
United States Senator



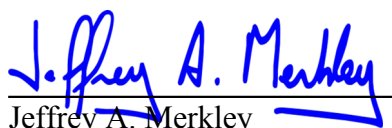
Lisa Blunt Rochester
United States Senator

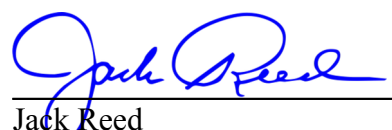


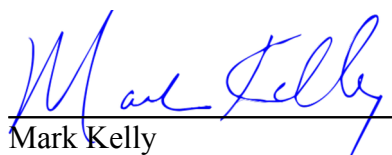
Christopher A. Coons
United States Senator




Tammy Duckworth
United States Senator



Jeffrey A. Merkley
United States Senator


Jack Reed
United States Senator



Mark Kelly
United States Senator

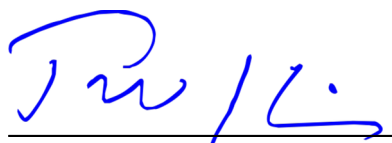

Angela Alsobrooks
United States Senator



Andy Kim
United States Senator

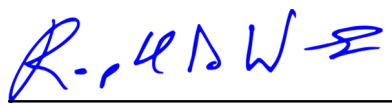

John Fetterman
United States Senator



Ruben Gallego
United States Senator


Richard Blumenthal
United States Senator


Tim Kaine
United States Senator


Elizabeth Warren
United States Senator


Raphael Warnock
United States Senator


Mark R. Warner
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