NATIONAL PACE ASSOCIATION
Issue Brief
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Enable More Older Americans to Age in Place:
Co-Sponsor the PACE Access Improvement Act

Increasing access to the Program of All-Inclusive Care for the Elderly (PACE) is essential to closing the severe gap in comprehensive medical and long-term care options for older adults who wish to remain in their own homes and communities. Despite the proven effectiveness, strong outcomes and high satisfaction rates of PACE, its reach remains strikingly limited. Of the 12 million Americans age 55 and over needing long-term care services and supports (LTSS), 96 percent lack access to this high-quality, cost-effective care model.

The bipartisan, bicameral PACE Access Improvement Act, to be introduced by U.S. Sen. Mark Warner (D-VA) and U.S. Reps. Debbie Dingell (D-MI) and John Moolenaar (R-MI), would expand access to PACE in all 50 states and eliminate the most significant federal regulatory barriers to older adults accessing the model of care, enabling them to remain in their own homes rather than in a nursing facility. The bill also would eliminate administrative burdens that currently divert staff time and resources away from patient care.

A recent study by the U.S. Department of Health and Human Services (HHS) confirmed that PACE "stands out with its effectiveness."[i] Yet, outdated regulatory barriers continue to prevent PACE organizations from serving more older adults who could benefit from the care model. The scale of this unmet need is stark. According to a report by the Milken Institute, 67 percent of adults 55 and older with complex care needs "cannot access a PACE program due to geographic, financial and regulatory barriers."[ii]

On behalf of our more than 200 member organizations, the National PACE Association (NPA) urges your support.

Bill Highlights

Expand PACE Nationwide

Under current law, PACE is not a mandatory Medicaid service, unlike nursing facility care. The PACE Access Improvement Act would make sure PACE no longer depends on individual state action by making it a Medicaid mandatory service and prohibiting states from capping PACE enrollment. (See Section 4.)

Enable PACE Enrollment at Any Time

Under current law, PACE programs can enroll participants only on the first of the month, forcing older adults who urgently need care to wait weeks with no coverage. The PACE Access Improvement Act would allow enrollment any day of the month, with Medicare and/or Medicaid payments prorated accordingly. This commonsense fix would close a needless coverage gap and ensure older adults can access care the moment they need it. (See Section 2.)

Streamline PACE Applications and Approvals

Under current law, CMS accepts applications only once a quarter, whether from a new PACE organization, an existing organization seeking a new center within its service area, or an existing organization seeking to expand into a new service area. This rigid quarterly cycle can delay expansion by months, regardless of readiness or need.

CMS also permits only a single application to be in process at any time, regardless of type. The PACE Access Improvement Act would eliminate both restrictions. Not only could organizations submit applications of any type more frequently, but multiple applications could move forward simultaneously. This would allow for PACE to grow at the speed of demand.

The bill also would require the Centers for Medicare & Medicaid Services (CMS) to approve, deny, or request additional information within 45 days of submission of an application. If CMS does not act on an application within that window, it would be approved automatically. If CMS requests further clarification, the same 45-day clock would apply once the requested material was received, unless CMS denied the application.

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For existing PACE organizations seeking to add a center within their current service area, the bill would eliminate the application requirement altogether, replacing it with a simple notification process.

Finally, the bill would allow staffing requirements for all application types to be based on current enrollment, rather than the far higher projected full-census staffing currently required by CMS. This would remove a major cost barrier to expansion. (See Section 3.)

Improve Marketing Outreach to Prospective PACE Participants

Under current law, CMS prohibits PACE organizations from conducting any marketing outreach before their application receives final approval, often forcing new programs to open with little to no enrollment and no way to build a census in advance. The PACE Access Improvement Act would allow PACE organizations to market using CMS conditionally approved materials ahead of final approval, giving them the ability to raise awareness among older adults and build enrollment from day one. (See Section 5.)

Eliminate Outdated Statutory Growth Limitations

Current law caps the total number of PACE organizations allowed nationwide. This limit is a relic of the early rollout of PACE that no longer reflects the proven track record of the program. Before PACE can become a mandatory Medicaid service, Congress must repeal this outdated cap so access is limited by need, not by an arbitrary statutory ceiling. (See Section 6.)

Conclusion

The need for reform has never been more urgent. U.S. Census Bureau projections show the population of older Americans will grow to 77 million by 2034, the first year in American history that older adults will outnumber children.[iii] This demographic shift will not wait for policy-makers to act. By 2029 an estimated 14.4 million middle-income older adults, representing 43 percent of all aging Americans, will be searching for care options outside of Medicaid, even as one in five will have high health care and functional needs and 60 percent will face mobility limitations.[iv] At the same time, the vast majority of adults (83 percent) with high-care needs already depend on public coverage. Of those, 20 percent are dually eligible for Medicare and Medicaid, 50 percent are Medicare beneficiaries, and 13 percent are Medicaid beneficiaries.[v]

These numbers make it clear that the nation's long-term care system is approaching a breaking point and the reliance on Medicare and Medicaid to meet this need will only intensify. PACE is one of the few models proven to meet this moment, delivering high-quality, cost-effective care that allows older adults to live in their own homes rather than in institutional settings. However, outdated regulatory and statutory barriers continue to prevent PACE from reaching more than a small fraction of those who need it.

The PACE Access Improvement Act removes these barriers by modernizing enrollment, streamlining applications, expanding access nationwide, and repealing statutory growth limits that no longer serve any purpose. On behalf of our more than 200 member organizations, the National PACE Association urges Congress to pass this legislation and ensure that PACE can grow to meet the needs of the millions of older Americans who will depend on it in the years ahead.

[i] Feng, Z., Wang, J., Gauss, K., et al. (2026). Integrated Care and Health Outcomes for Dual Eligible Individuals. HHS/ASPE/OBHDAP. RTI International, March 27. Prepared for the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

[ii] Davis, D., Servat, C. (2021). New Approaches to Long-Term Care Access for Middle-Income Households. Milken Institute, April 8.

[iii] U.S. Census Bureau. (2019). Older People Projected to Outnumber Children for First Time in U.S. History. Oct. 8.

[iv] Pearson, C.F., Quinn, C.C., Loganathan, S., et al. (2019). The Forgotten Middle: Many Middle-Income Seniors Will Have Insufficient Resources for Housing and Health Care. Health Affairs, 38 (5): 851-859.

[v] Hayes, S.L., Salzberg, C.A., McCarthy, D., et al. (2016). Issue Brief: High-Need, High-Cost Patients: Who Are They and How Do They Use Health Care? A Population-Based Comparison of Demographics, Health Care Use and Expenditures. Appendix 1a. The Commonwealth Fund. August.