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Good afternoon Madam Chair and Honorable Members of the Senate Health and Welfare Committee.

Thank you for the opportunity to provide testimony today. My name is Lisa Raye Anderson, Advocacy Director for AARP Idaho. AARP is a nonpartisan, nonprofit organization with over 188,000 Idaho members, many of whom live in rural communities. We come before you today to respectfully request that you support **Senate Bill 1267**.

Idaho is one of the fastest-aging states in the nation. More than one in five Idahoans are age 60 or older, and that number continues to grow, particularly in rural communities where access to services and infrastructure is already stretched thin. As our older population increases, thoughtful data-driven planning becomes essential. **SB 1267** is an important step in ensuring Idaho is prepared for the demographic realities ahead.

Specifically:

Addresses Eligibility Barriers as People Age

Many older Idahoans face coverage “cliffs” as they transition from workforce-based health coverage to retirement or disability-based programs. **SB 1267** directs the Department to “*identify and evaluate policy options ... including options to modify, remove, or provide alternatives to age-related eligibility limits.*” This gives the Legislature credible data and options to ensure older adults don’t lose coverage simply because of their age or changes in work status.

Promotes Stable Health Coverage

Older Idahoans often have chronic health conditions and may need continuous medical care. By studying how income and resources affect eligibility and coverage transitions, the state can better protect older Idahoans who might otherwise lose essential health services during periods of retirement, reduced work, or disability. Continuity of care improves health outcomes and helps avoid costly inpatient care or institutionalization, outcomes that matter greatly to seniors, their families and their caregivers.

Supports Community Living and Independence

One of the explicit priorities referenced for the study is “*supporting continuity of coverage and community living*”. Older Idahoans overwhelmingly want to age in place, with dignity, in their homes and communities, not in institutions far from family. **SB 1267** can generate information on policy options

that help older adults remain independent and connected to their communities by aligning Medicaid rules with real needs. Evaluating how Medicaid options can expand or strengthen HCBS, including personal care, respite care, transportation, and home-delivered meals, would help seniors remain in their homes longer, reduce avoidable institutionalization, and respond to caregiving demands- especially in rural areas of the state.

Encourages Work and Savings Without Penalizing Aging or Disability Transitions

As Idahoans age, their work status changes and often their income does too. **SB 1267's** directive to explore "*alternative methods in which income or resources may be considered*" can help ensure that older workers and older adults who return to work are not penalized by losing coverage, preserving their dignity and financial stability. This is especially important for older Idahoans who work part-time to supplement retirement income.

S1267 does not create immediate mandates or large-scale spending. Instead, it lays the groundwork for informed data based decision-making. That is a prudent and responsible approach.

Older Idahoans have built our communities, paid taxes for decades, and contributed to the state's growth. Conducting this study ensures Idaho honors that contribution by preparing for their future needs with foresight and accountability.

For these reasons, we respectfully ask the committee to support **S1267**. Thank you for your consideration and for your continued commitment to Idaho's aging population.