

policies supporting MAID, regulated penalties for practitioners related to the drugs used for MAID, and restricted legal assistance for accessing MAID. These bills intended to block or limit patient access to MAID by restricting drugs, funds, health care services, legal assistance, policy, and research. These findings suggest that the federal approach is incongruous with the growing numbers of states that have legalized MAID. Federal policymakers must develop policies to 1) prevent discrimination against vulnerable groups, 2) support funds to study MAID, and 3) build a system to allow eligible individuals to access MAID equally.

#### ASSISTED LIVING ADMINISTRATORS' VIEWS OF PALLIATIVE CARE

Elise Abken,<sup>1</sup> Molly Perkins,<sup>2</sup> and Alexis Bender,<sup>3</sup>  
 1. *Emory University School of Medicine, Atlanta, Georgia, United States*, 2. *Emory University of Medicine, Atlanta, Georgia, United States*, 3. *Emory University, Atlanta, Georgia, United States*

As many older adults with progressive chronic conditions choose to age-in-place in assisted living (AL) communities, external healthcare workers (e.g., those who provide palliative care) increasingly support AL staff in caring for residents with complex health needs. Palliative care is a branch of healthcare dedicated to preserving quality of life by attending to the physical, mental, and spiritual needs of individuals with chronic, life-threatening diseases and is well suited to manage AL residents' progressive medical conditions. However, AL residents and their care partners often face barriers to accessing palliative care. Using data from a larger 5-year NIA-funded study, we examined AL administrator knowledge and use of palliative care in seven AL communities around the Atlanta metropolitan area that were racially, ethnically, and socioeconomically diverse. Findings from thematic analysis of semi-structured interviews with 16 administrators indicated that 15 of 16 administrators were familiar with palliative care. A minority of administrators clearly distinguished palliative care from hospice services and conceptualized it as a "bridge" to hospice services. Administrators emphasized how palliative care assists communities in caring for health concerns in-house rather than having to send residents to the hospital. Despite their positive view of palliative care, administrators described infrequent use of palliative services in their communities. Findings show that although none of the AL communities integrate palliative care with their service offerings, AL administrators see value in palliative care for their residents. We provide recommendations for improving palliative care access and quality of life for AL residents at end of life.

#### DO STATE AGENCY ON AGING STRATEGIC PLANS INCLUDE TERMS RELATED TO MALNUTRITION?

Mary Beth Arensberg,<sup>1</sup> Jaime Gahche,<sup>2</sup> and Johanna Dwyer,<sup>3</sup>  
 1. *Abbott, Columbus, Ohio, United States*, 2. *National Institutes of Health, Bethesda, Maryland, United States*, 3. *National Institutes of Health, National Institutes of Health, Maryland, United States*

Demand for federal nutrition assistance programs is increasing as the older population grows and further accelerated with the COVID-19 pandemic. Older adult nutrition programs are based on federal nutrition guidelines that have traditionally focused on healthy populations, yet many older adults have multiple chronic conditions/advanced age.

Some guidelines are changing; the 2020 Dietary Guidelines for Americans recognize older adults' risk for malnutrition and also need for adequate protein to prevent lean muscle loss with age. The 2020 Older Americans Act (OAA) reauthorization included reduction of malnutrition in OAA's official purpose and added program participant screening for malnutrition. The OAA requires State Agencies on Aging submit multiyear strategic plans to receive program funding, but it is unknown how the plans address risks for malnutrition, including overweight, underweight, and muscle loss (sarcopenia/frailty). We searched 51 State Agency on Aging strategic plans posted at [advancingstates.org](http://advancingstates.org) to determine their frequency of mentioning nutrition, malnutrition/underweight/undernutrition, obesity/overweight, frail/frailty, sarcopenia, and dietary supplements/oral nutrition supplements (DS/ONS)/meal replacements. Every state plan included nutrition but less than a third included malnutrition. There was wide variability in how nutrition and malnutrition were incorporated into state goals and strategies. Very few plans included obesity, frailty, and DS/ONS terms; none included sarcopenia. Although there has been some movement, there is need for many State Agencies on Aging plans to address all aspects of malnutrition including overweight, underweight/other factors related to muscle loss (sarcopenia/frailty) that adversely impact healthy aging. Wide disparities in plan structure/use of terms create opportunities for more common approaches/definitions.

#### DOES CLOSING THE DONUT HOLE REDUCE FINANCIAL BURDENS AMONG MEDICARE PART D BENEFICIARIES?

Yalu Zhang, Lan Liu, Jingjing Sun, Xinhui Zhang, Jiling Sun, Xinming Song, and Gong Chen,  
*Peking University, Beijing, Beijing, China (People's Republic)*

The Medicare Part D donut hole has been gradually closed since 2010. But it is still unclear how it has impacted the beneficiaries' relative financial burdens, especially in the later stage of the closing plan. The measurement of catastrophic health expenditure induced by prescription drugs (CHE-Rx) reflects the relative financial burdens to beneficiaries' household income, which bears more information than the measure of dollar-value expenses or the absolute poverty line used in prior studies. Using the Medical Expenditure Panel Survey 2008-2017 longitudinal national representative data and the method of difference-in-differences, this study found that the donut hole closing policy was associated with more usage of prescription drugs ( $b=2.84$ ,  $p=0.023$ ) and a higher likelihood of experiencing CHE-Rx ( $b=2.4\%$ ,  $p=0.011$ ) among those who fell in the donut holes. Besides, the results show that the donut hole closing policy did not generate any immediate effects on prescription drug usage, CHE, and CHE-Rx. For the first time, this paper examined both the aggregated and marginal impact of the policy implementation, which had closed by an additional 35% between 2013 and 2017, on the relative financial burden among the beneficiaries.

HOME- AND COMMUNITY-BASED SERVICES USE PATTERNS AND FUNCTIONAL IMPROVEMENT AMONG OLDER CARE RECIPIENTS IN TAIWAN  
 Hsiao-Wei Yu,<sup>1</sup> Shih-Cyuan Wu,<sup>2</sup> and Ya-Mei Chen,<sup>2</sup>  
 1. *Chang Gung University of Science and Technology, Taoyuan City, Taoyuan, Taiwan (Republic of China)*,