Office of the Assistant Secretary for Planning and Evaluation effort to identify onset and patterns of reduced functional ability at end of life for older adults with and without dementia as related to other comorbidities. The last paper will present a Commonwealth Foundation study on older adults with functional disabilities and multiple chronic conditions, comparing those with high health care needs versus the subset of those people who are also high cost. Patterns of utilization differed between these two groups, and by state. These findings have implications for the development of care models that might best meet people’s needs. Our discussant will respond to the studies’ findings and discuss the important role that efforts to understand the nature of disability and functional status and the scale and scope of service use and costs have for people with disabilities.

**STATE-LEVEL HEALTH CARE EXPENDITURES ASSOCIATED WITH DISABILITY**

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This study updated prior (2003) state-level estimates of disability-associated health care expenditures (DAHE). We combined 2013-2015 data from three national data sets to estimate using multivariate regression all state-level DAHE for US adults in total, by payer, and per adult and per (adult) person with disability (PWD). In 2015, DAHE were $868 billion nationally (State range, $1.4 billion to $102.8 billion) accounting for 36% of total health care expenditures (range, 29%-41%). From over a decade ago, total DAHE increased by 65% (range, 35%-125%). DAHE per PWD was $17,431 (range $12,603 to $27,839). From over a decade ago, per-PWD DAHE increased by 13% (range, -20% to 61%). In 2015, Medicare DAHE per PWD ranged from $10,067 to $18,768. Medicaid DAHE per PWD ranged from $9,825 to $43,365. DAHE are substantial and vary by state and payer. Stakeholders can use these results to develop public health programs to support people with disabilities.

**UTILIZATION AND EXPENDITURES OF HIGH-NEED, HIGH-COST OLDER ADULTS WITH DISABILITIES**

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The factors that lead people to have high needs for care can vary greatly, with implications for the best approaches to serving their needs. One high need group of interest is older adults with disabilities and multiple comorbidities. There is variation in need within this group. Of particular interest is the subset that is both high need and high cost (HNHC). We present work describing Medicare and Medicaid utilization and expenditures for this high need group and the HNHC subset. Over 7.6 million people were identified as high need; 13.6% of them also were defined as HNHC. Patterns of utilization differed between these groups, with the HNHC group more likely to use inpatient care and nursing home care, but less likely to use community-based long-term services and supports. These findings have implications for the development of care models that might best meet the needs of this population.

**FUNCTIONAL TRAJECTORIES FOR PEOPLE WITH DEMENTIA AND OTHER COMORBIDITIES IN THE LAST YEARS OF LIFE**

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A hallmark of end-of-life (EOL) is reduced functional ability. However, the impact of dementia and other comorbidities on EOL decline for older adults is less well understood. We estimated the effect of having dementia and comorbidities on activity of daily living (ADL) scores using the 2000-2012 Health and Retirement Study. We identified 5,853 people over age 65 who died and predicted monthly ADL impairments in the last 4 years of life controlling for dementia and other characteristics. Stroke and obesity were associated with significantly higher ADL scores, regardless of dementia status. However, if both dementia and either stroke or obesity were present, dementia was associated with significantly higher ADL scores approximately 1-4 years before death. Functional decline occurred closer to death if they had these conditions and no dementia. Differences in function when patients have dementia and comorbidities may affect understanding of survival time and access to appropriate care.

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**LONG-TERM CARE AND COVID-19**

**BREATHING UNEASY: FIT-TESTED N95 RESPIRATOR ACCESS IN WASHINGTON STATE LONG-TERM CARE FACILITIES**

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Long-term care facilities (LTCF) have been disproportionately impacted by illness and death from COVID-19. Shortages of respirators for staff, especially Particulate Filtering Facepiece Respirators (N95), have limited LTCFs ability to follow public health recommendations for preventing COVID-19 transmission. Use of N95 respirators was infrequent in Washington State (WA) LTCFs prior to May 2020. N95 respirators must be individually fit tested to provide intended protection; a fit test is a procedure that tests the seal between the N95 respirator and the wearer’s face. The WA Department of Health (WA DOH), collaborated with stakeholders to survey LTCFs in November 2020 regarding needs for fit tested respirators and analyzed responses (n=384). Responses by facility type: 8.3% nursing