

October 3, 2019

Dr. Mark Ghaly
Director, California Health and Human Services Agency
1600 9th Street, Suite 460
Sacramento, CA 95814

Re: AARP's Priorities in the Master Plan on Aging

Dear Director Ghaly:

On behalf of 3.3 million AARP members in California, I am writing to express our appreciation for the appointment of AARP Associate State Director Nina Weiler-Harwell, Ph.D. to the Stakeholder Advisory Committee for the Master Plan on Aging (MPA). Her appointment is an honor for our association, and we look forward to engaging actively and meaningfully in this process. AARP has identified the MPA as a priority, and we intend to offer resources — policy, technical assistance, and financial — to ensure that the final Master Plan on Aging supports an age- and disability-friendly California.

Our letter, dated July 18, to the Governor and Marko Mijic (attached) outlined that AARP's priorities for Master Plan on Aging process. The framework provided for the work of the MPA aligns well with AARP California's identified priorities of long-term care financing, support for family caregivers, health, financial security, livable communities, and technology. This letter elaborates on our previous letter.

AARP Priorities for the Master Plan for Aging

- Through the MPA process, California will officially become a member of the Network of Age-Friendly States and Communities;
- The creation of an innovative, viable and sustainable social insurance LTSS program that will help millions of Californians defray some of the costs of LTSS;
- The development of a roadmap to eliminate the enormous fragmentation in our LTSS system, through the creation of a holistic, integrated, patient-, family- and caregiver-oriented system;
- Center efforts on providing more support for family caregivers including permanent funding for the Caregiver Resource Centers; Develop a pathway to expand and improve

upon Paid Family Leave for family caregivers that will include job protections, 100% wage replacement for low-income workers, and allow family of affinity to qualify as family caregivers so they can receive the benefit.

- Advance actionable solutions that alleviate LTC workforce shortages through the implementation of some of the recommendations of the Future Healthcare Workforce Commission, including nurse delegation and full-practice authority for nurse practitioners;
- Examine the disparities in health and wealth experienced by multicultural communities age 50 and older and make recommendations to address those disparities.

Age-Friendly Communities

This year AARP sponsored AB 1118 (Rubio), which calls upon the Secretary of California Health and Human Services, in developing the Master Plan for Aging, to consider on behalf of the State of California, joining the AARP Network of Age-Friendly States and Communities. Through the MPA process, our hope is that California will become a member of the Network of Age-Friendly States and Communities, demonstrating to their own local jurisdictions and the nation that California is a leader in creating livable communities for people of all ages and abilities, including older adults. As the North American affiliate for the World Health Organization's Network of Age-Friendly Communities, AARP can provide technical assistance, survey instruments, and support for listening sessions to assess the needs, wants, and priorities of intergenerational residents and key stakeholders regarding what it would take to make their city or town a place where people of all ages, income levels, and abilities can thrive.

AARP California has been working with the 40 local jurisdictions — including Los Angeles, San Diego, Sacramento, and San Francisco — that have so far enrolled in the AARP Network of Age-Friendly States and Communities and represent approximately half of the state's population. Through their general planning process, elected officials from these communities have committed to implementing features that allow residents, regardless of age or disability, to get around town, live where they want to live, and maximize their health and well-being.

LTSS Financing

AARP also noted with interest that the Executive Order calls for “look[ing] beyond public programs and be[ing] inclusive of all older Californians.” This aligns with the work in which AARP and the California Aging and Disability Alliance (CADA) have been engaged for nearly three years, seeking viable, sustainable solutions to the long-term care affordability crisis — solutions that will not rely on General Fund dollars. Now that the LTSS Feasibility Study has been approved, we plan to work closely with the Administration on the execution of the study. As a member of CADA, we will continue to offer technical advice and input into the design of the feasibility study, as well as the program that ultimately emerges from the process.

No Wrong Door Systems

It is critical that while we are looking at ways to help Californians cover the costs of LTSS, the Master Plan process must tackle the enormous fragmentation in our LTSS system and focus on developing a holistic, integrated, patient- and caregiver-oriented system. According to the Senate Select Committee on Aging's "Shattered System" report from 2014, "the most critical issue facing California's LTSS system is its fragmentation of programs at the state, regional, and local levels." This situation is exacerbated by the lack of a universal assessment tool that would connect the various systems. There are promising legislative developments addressing further implementation of aging and disability resource centers, as well as legislation that would require the Department of Aging to implement a "no wrong door" system of access for individuals and their caregivers. We also hope to return to previous efforts toward the development of a universal assessment tool. We look forward to further discussions about how we can make LTSS truly person-centered and accessible for all Californians who need these services.

Support for Family Caregivers

We commend the Governor for signing a state budget in July that included \$30 million over three years for Caregiver Resource Centers. While this was an important first step, we believe this community approach to supporting family caregivers should be a candidate for permanent funding. The AARP Public Policy Institute has estimated that there are nearly 4.5 million family caregivers in California. The average family caregiver spends nearly \$7,000 out of pocket to care for an older loved one; that figure jumps to more than \$10,000 for caregivers of individuals suffering from Alzheimer's and other dementias. We also expect the Master Plan to include reinstating the caregiver tax credit.

Workforce Challenges

"Meeting the Demand for Health," a report from the California Future Workforce Commission notes that in 10 years, California will face a shortage of 4,100 primary care physicians and at least 600,000 direct care workers. In addition, California's 4.5 million family caregivers, who form the backbone of our system of LTSS, are not adequately supported. Among other things, AARP will look to the Master Plan on Aging process to implement some of the Workforce Commission's recommendations, including nurse delegation, which allows homecare workers to do some of the medical tasks for which they are trained but are not allowed to perform in California. California is also the only state in the West that does not allow nurse practitioners to practice to the full extent of their training and education. We agree with the commission that the long-overdue expansion of nurse delegation of health maintenance tasks is necessary. We argue that to ease the burden on family caregivers, nurses should be allowed to train — and delegate certain nursing tasks to — direct-care workers in homecare settings.

Paid Family Leave Expansion (PFL)

We appreciate that the 2019-20 state budget expanded the length of time that caregivers can take PFL from six to eight weeks. We also recognize the Governor's focus on expanding PFL for new parents and caregivers. However, the growth of our aging population, along with the financial and emotional toll experienced by family caregivers, requires a robust discussion on improving California's Paid Family Leave program. We will work with our partners in the Administration and on the Stakeholder Advisory Committee to forward recommendations to improve PFL for family caregivers, including adding job protections, increasing the replacement wage, and extending leave beyond eight weeks.

Last but not least, it is imperative that all solutions must be developed through the lens of racial, ethnic, and linguistic disparities to insure that current program flaws are not replicated in any new systems or programs that are developed.

In the coming weeks and months, AARP looks forward to rolling up our sleeves and actively contributing to the creation of a meaningful, sustainable, and lasting California Master Plan on Aging.

If you have any questions, please contact me directly at 626-585-2622 or nmcpherson@aarp.org, or Associate State Director for Advocacy Nina Weiler-Harwell at 916-556-3027 or nweiler@aarp.org.

Sincerely,

A handwritten signature in black ink that reads "Nancy McPherson". The signature is written in a cursive style with a large, looped initial "N".

Nancy McPherson
State Director