

Introduced by Senator JacksonFebruary 7, 2019

An act to add Chapter 13 (commencing with Section 9800) to Division 8.5 of the Welfare and Institutions Code, relating to aging.

LEGISLATIVE COUNSEL'S DIGEST

SB 228, as introduced, Jackson. Master Plan on Aging.

Existing law requests the University of California to compile specified information, including a survey of existing resources throughout California's governmental and administrative structure that are available to address the needs of an aging society. Existing law requires the Secretary of the California Health and Human Services Agency, based upon the information compiled by the University of California and with the consultation or advice of specified entities, to develop a statewide strategic plan on aging for long-term planning purposes and submit the plan to the Legislature.

This bill would require the Governor to appoint an Aging Czar and a 15-member Aging Task Force to work with representatives from impacted state departments and with stakeholders to identify the policies and priorities that need to be implemented in California to prepare for the aging of its population and to develop a master plan for aging. The bill would require the master plan to address how the state should accomplish specified goals, including expanding access to coordinated, integrated systems of care. The bill would also require the Aging Task Force to solicit input from stakeholders and gather information on the impact of California's aging population.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. (a) The Legislature finds and declares all of the
2 following:

3 (1) The Public Policy Institute of California estimates that
4 California's older population will nearly double by 2030, bringing
5 an increase of 4 million people over the age of 65.

6 (2) The implications of the population aging impact not only
7 older adults and people with disabilities, but also their families,
8 local communities, and the state.

9 (3) Twenty percent of California's older adults live in poverty,
10 and this number is expected to increase with the rise of aging
11 adults in the state.

12 (4) Ninety percent of older adults would like to age in their
13 homes, but often lack access to the necessary services and supports
14 to do so.

15 (5) The cost of long-term services and supports (LTSS) is
16 unaffordable for most Californians:

17 (A) The annual cost of 30 hours per week of home care is almost
18 \$36,000, three-quarters of the state's median household income.

19 (B) The median annual cost of nursing home care is \$112,055,
20 more than twice the state's median household income.

21 (C) Only 5 percent of Californians aged 40 and older have
22 purchased private long-term care insurance.

23 (6) Across the state, older adults, people with disabilities, and
24 families rely on services provided through multiple state entities,
25 including, but not limited to, the State Department of Health Care
26 Services, the State Department of Social Services, the California
27 Department of Aging, the Department of Rehabilitation, the
28 Department of Transportation, the Department of Housing and
29 Community Development, the Department of Insurance, the
30 Department of Veterans Affairs, and the State Department of
31 Education.

32 (7) Despite the programs and services administered by a range
33 of state departments, families struggle to weave together services
34 and finance care in the hopes of helping loved ones remain at
35 home. Individuals and their families do not know where to turn
36 for help or how to pay for services. When help is finally found,
37 many people are bounced between programs with little assurance
38 that their needs will be met.

1 (8) California is woefully unprepared to care for this growing
2 and increasingly diverse demographic. California cannot meet the
3 workforce needs of older adults and people with disabilities, with
4 a growing shortage of paraprofessionals and professionals needed
5 to provide culturally competent care to an increasingly diverse
6 population.

7 (9) The AARP Public Policy Institute reports that in 2015,
8 California’s 4.5 million unpaid family caregivers provided
9 approximately \$57 billion worth of unpaid care, yet often without
10 the necessary training and support.

11 (10) As the population ages, the demand for healthcare,
12 long-term services and supports, affordable housing, accessible
13 transportation, oral healthcare, mental healthcare, and other services
14 will continue to outpace supply unless there is intentional
15 leadership and action.

16 (11) Recent polling data shows that more than two-thirds of
17 likely voters feel the state is not prepared to address the healthcare
18 and social support needs of its fast-growing older adult population.
19 Nearly 9 out of 10 voters say it is important for the state to have
20 a master plan to invest in services that allow older adults to age in
21 the place that they prefer.

22 (12) Numerous entities have issued reports calling for system
23 change, including the Little Hoover Commission in both 1996 and
24 2011, the Strategic Planning Framework for an Aging Population,
25 a report prepared in response to Chapter 948 of the Statutes of
26 1999, the Assembly Committee on Aging and Long-Term Care in
27 2006, and the Senate Select Committee on Aging and Long-Term
28 Care in 2015. Despite hopeful intentions, none of these efforts led
29 to meaningful change.

30 (13) The 2015 report by the Senate Select Committee on Aging
31 and Long-Term Care, “A Shattered System: Reforming Long-Term
32 Care in California” identified a number of system challenges
33 including system fragmentation, lack of access to services,
34 workforce challenges and cultural competency, and a crumbling
35 infrastructure.

36 (14) According to the 2017 Long-Term Services & Supports
37 State Scorecard, the highest-performing states all have one thing
38 in common: a commitment to a clear and strategic plan that guides
39 thoughtful investments as part of an integrated and responsive
40 approach to serving older adults and people with disabilities. As

1 examples, Connecticut, Washington, and Minnesota have outlined
2 clear strategies with a broad framework for systems improvement.
3 Policymakers and elected officials in these states have collaborated
4 in developing a vision with specific benchmarks and goals that
5 serve as the foundation for achieving broad transformation.

6 (b) It is the intent of the Legislature in enacting this act that a
7 Master Plan for an Aging California is developed that empowers
8 all Californians to age with dignity, choice, and independence.

9 SEC. 2. Chapter 13 (commencing with Section 9800) is added
10 to Division 8.5 of the Welfare and Institutions Code, to read:

11
12 CHAPTER 13. MASTER PLAN FOR AGING IN CALIFORNIA
13

14 9800. The Governor shall appoint both of the following:

- 15 (a) An Aging Czar to lead the master planning process.
- 16 (b) A 15-member Aging Task Force that includes consumers,
17 healthcare providers, long-term services and supports providers,
18 labor providers, transportation providers, housing providers, local
19 government, and marginalized communities.

20 9805. (a) The Aging Czar shall, with the assistance of the
21 Aging Task Force, work with representatives from impacted state
22 departments and with stakeholders, as described in Section 9810,
23 to identify the policies and priorities that need to be implemented
24 in California to prepare for the aging of its population and to
25 develop a master plan for aging.

26 (b) The master plan shall propose how, at a minimum, the state
27 should accomplish all of the following:

- 28 (1) Expand access to coordinated, integrated systems of care.
- 29 (2) Strengthen access to long-term services and supports (LTSS).
- 30 (3) Prepare families to plan and pay for LTSS.
- 31 (4) Support California’s family caregivers.
- 32 (5) Increase access to oral healthcare.
- 33 (6) Develop affordable housing options.
- 34 (7) Enhance access to transportation.
- 35 (8) Develop a culturally competent paraprofessional and
36 professional workforce.
- 37 (9) Prevent exploitation and abuse, including financial abuse
38 and physical abuse, of older adults.
- 39 (10) Streamline state administrative structures to improve service
40 delivery.

1 9810. Under the leadership of the Aging Czar, the Task Force
2 shall develop and implement a process to solicit input from a wide
3 variety of stakeholders, and shall convene community-specific
4 public forums to gather information on the impact on the
5 community of California's aging population.

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