

AMENDED IN ASSEMBLY MARCH 20, 2014

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 1744

Introduced by Assembly Member Brown
(Principal coauthor: Assembly Member Atkins)
(Coauthor: Assembly Member Yamada)

February 14, 2014

An act to ~~amend Section 9100 of~~ *add Section 9104 to* the Welfare and Institutions Code, relating to aging.

LEGISLATIVE COUNSEL'S DIGEST

AB 1744, as amended, Brown. California Department of Aging.

The Mello-Granlund Older Californians Act creates the California Department of Aging to provide leadership to the area agencies on aging in developing systems of home- and community-based services that maintain individuals in their own homes or least restrictive homelike environments. Existing law requires the department, in accomplishing its mission, to consider available data and population trends in developing programs and policies, collaborate with area agencies on aging, the California Commission on Aging, and other state and local agencies.

This bill would require the department to convene a ~~joint study committee on family caregiving and long-term support services~~ *blue-ribbon panel, comprised of at least 12 members, as specified, to make legislative recommendations to improve services for unpaid and family caregivers in California*, as provided. The bill would require the committee to prepare a report of its findings *and recommendations* and provide it to the Legislature on or before July 1, 2016. *The bill would make related findings and declarations.*

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. This act shall be known, and may be cited, as the*
- 2 *California Caregiver Act of 2014.*
- 3 *SEC. 2. The Legislature finds and declares all of the following:*
- 4 *(a) A caregiver can be any relative, partner, friend, or neighbor*
- 5 *who has a significant relationship with, and who provides a broad*
- 6 *range of assistance to, an older person or an adult with a chronic*
- 7 *or disabling condition.*
- 8 *(b) At present, there is no complete inventory of caregiving*
- 9 *programs available to Californians performing unpaid caregiving*
- 10 *services for an aging or disabled family member, friend, or*
- 11 *neighbor.*
- 12 *(c) Rising demand and shrinking families to provide caregiving*
- 13 *support suggest that California needs a comprehensive person-*
- 14 *and family-centered policy for long-term services and supports*
- 15 *systems that would better serve the needs of older persons with*
- 16 *disabilities, support family and friends in their caregiving roles,*
- 17 *and promote greater efficiencies in public spending.*
- 18 *(d) California ranked 30th out of 50 states and the District of*
- 19 *Columbia on the 2011 State Long-Term Services and Supports*
- 20 *Scorecard sponsored by the SCAN Foundation, American*
- 21 *Association of Retired Persons (AARP), and the Commonwealth*
- 22 *Fund.*
- 23 *(e) Family support is a key driver in remaining in one’s home*
- 24 *and community, but it comes at substantial costs to the caregivers,*
- 25 *their families, and to society. If family caregivers were no longer*
- 26 *available, the economic cost to California’s health care and*
- 27 *long-term services and supports systems would increase*
- 28 *astronomically.*
- 29 *(f) In 2009, approximately 4 million family caregivers in*
- 30 *California provided care to an adult with limitations in daily*
- 31 *activities at any given point in time, and over 5.8 million provided*
- 32 *care at some time during the year.*
- 33 *(g) In 2009, California’s family caregivers provided an*
- 34 *estimated 3,850,000 hours of unpaid labor caring for their loved*

1 ones. The estimated economic value of their unpaid contributions
2 was approximately \$47 billion.

3 (h) In 2009, 59 percent of all family caregivers were employed
4 full or part time. Family caregivers typically spend 20 hours a
5 week caring for a family member who needs help with bathing,
6 dressing, and other kinds of personal care, as well as household
7 tasks such as shopping and managing finances.

8 (i) Nationally, 46 percent of family caregivers performed
9 medical or nursing tasks for care recipients with multiple chronic
10 physical and cognitive conditions. More than three-quarters of
11 family caregivers who provided medical or nursing tasks were
12 managing medications, including administering intravenous fluids
13 and injections.

14 (j) Almost one-half of family caregivers were administering five
15 to nine prescription medications a day, and one in five was helping
16 with 10 or more prescription medications a day. Yet, 61 percent
17 of these caregivers reported that they trained themselves to perform
18 medication management.

19 (k) Only 31 percent of caregivers reported being visited at home
20 by a health care professional. In addition, 27 percent of caregivers
21 report that they have no additional assistance from a family
22 member, health care professional, or home health aide.

23 (l) Nationally, more than 8 in 10 caregivers are over the age of
24 50. Family caregivers are aging and are increasingly from diverse,
25 social, racial, ethnic, and political backgrounds.

26 (m) For many families in the midst of caregiving, there is deep
27 worry and concern about the quality of care and quality of life.

28 (n) Families do not know who to call or where to go to get the
29 right kind of affordable help when they need it.

30 (o) In just 13 years, as the baby boomers age into their 80s, the
31 decline in the caregiver support ratio is projected to shift from a
32 slow decline to a free fall in California.

33 (p) To avoid bankrupting our health and social service systems
34 serving the elderly and persons with disabilities, it is imperative
35 that California prepare by identifying strategies that will promote
36 appropriate, person-centered services for families struggling with
37 providing care to a family member.

38 (q) It is in the interest of the state to better serve the
39 approximately 4,000,000 families statewide who are currently

1 *struggling to care for an aging or disabled family member, many*
2 *of whom are also in the workforce.*

3 *(r) There is an immense need for caregiving resources and*
4 *services. As California's population ages and as California*
5 *becomes increasingly diverse, it is also in the interest of the state*
6 *to adequately serve the following emerging caregiver populations:*

7 *(1) Caregivers from the Black, Latino, Asian American, and*
8 *Pacific Islander communities.*

9 *(2) Families of individuals with developmental disabilities.*

10 *(3) Persons who cannot access or are not eligible for existing*
11 *caregiver support programs.*

12 *(4) Non-English speakers, and ethnically and racially diverse*
13 *populations that need caregiving programs to be provided in a*
14 *culturally and linguistically appropriate manner.*

15 *(5) Those in the lesbian, gay, bisexual, and transgender*
16 *community.*

17 *(6) Rural residents.*

18 *SEC. 3. Section 9104 is added to the Welfare and Institutions*
19 *Code, to read:*

20 *9104. (a) The department shall convene a blue-ribbon panel*
21 *on family caregiving and long-term services and supports. The*
22 *panel shall be jointly chaired by the director of the department or*
23 *his or her designee and a representative of AARP California,*
24 *except that all decisions regarding the expenditure of state funds*
25 *shall be made by the department representative. The panel shall*
26 *be comprised of at least 12 members who shall serve at the*
27 *pleasure of the department and AARP, and shall include all of the*
28 *following:*

29 *(1) One person with experience in the field of academic research*
30 *on caregiving.*

31 *(2) One family caregiver for an adult with a chronic or disabling*
32 *condition.*

33 *(3) One representative of the mental health community.*

34 *(4) One representative of the California caregiver resource*
35 *centers.*

36 *(5) One representative of the national Alzheimer's Association.*

37 *(6) One representative of an organization that provides*
38 *community-based adult services.*

39 *(7) One representative of an organization that provides an adult*
40 *day program.*

1 (8) *One representative of an organization that provides services*
2 *to caregivers.*

3 (9) *One representative of an unpaid or family caregiver*
4 *consumer organization.*

5 (10) *One culturally and linguistically diverse caregiver.*

6 (11) *One adult with a chronic or disabling condition who*
7 *receives care from an unpaid caregiver or family member.*

8 (b) *The blue-ribbon panel shall do all of the following:*

9 (1) *Review the current policies and practices of state, local, and*
10 *community programs available to caregivers of adults with chronic*
11 *or disabling conditions, and consider how the needs of family*
12 *caregivers should be assessed and addressed so that they can*
13 *continue in their caregiving role without being overburdened.*

14 (2) *Consider the recommendations of other state plans,*
15 *including, but not limited to, the Olmstead Plan, the Long-Range*
16 *Strategic Plan on Aging, the State Plan for Alzheimer’s Disease,*
17 *and the State Plan on Aging.*

18 (3) *Compile an inventory of the resources available to family*
19 *caregivers.*

20 (4) *Determine gaps in services to family caregivers and identify*
21 *barriers to participation in current programs.*

22 (5) *Consider cultural and linguistic factors that impact*
23 *caregivers and care recipients who are from diverse populations.*

24 (6) *Consult with a broad range of stakeholders, including, but*
25 *not limited to, people diagnosed with Alzheimer’s disease, adults*
26 *with disabling or chronic conditions, family caregivers,*
27 *community-based and institutional providers, caregiving*
28 *researchers and academicians, formal caregivers, the Caregiver*
29 *Resource Centers, the California Commission on Aging, and other*
30 *state entities.*

31 (7) *Solicit testimony on the needs of family caregivers, including*
32 *the designation of caregivers, training, respite services, medical*
33 *leave policies, delegation of tasks to nonmedical aides, and other*
34 *policies.*

35 (8) *Identify best practices both in California and in other states.*

36 (9) *Explore expanding those best practices in caregiving*
37 *programs to populations that are not currently targeted.*

38 (10) *Develop at least three legislative recommendations to*
39 *improve the provision of services for unpaid and family caregivers*

1 in California. These recommendations shall address all of the
 2 following:

3 (A) Community-based support for California’s diverse
 4 population of caregivers for adults with chronic or disabling
 5 conditions.

6 (B) Choices for care and residence for persons with Alzheimer’s
 7 disease and their families.

8 (C) The family caregiving competence of health care
 9 professionals.

10 (11) Prepare and provide to the Legislature a report of its
 11 findings and recommendations on or before July 1, 2016.

12 (12) Provide ongoing advice and assistance to the department
 13 and the Legislature as to the needs and priorities of unpaid and
 14 relative caregivers.

15 (c) (1) Members shall serve without compensation, but shall
 16 receive reimbursement for travel and other necessary expenses
 17 actually incurred in the performance of their official duties.

18 (2) The panel shall meet on a bimonthly basis.

19 (3) All meetings of the panel shall be open to the public and
 20 adequate notice shall be provided in accordance with the
 21 Bagley-Keene Open Meeting Act (Article 9 (commencing with
 22 Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of
 23 the Government Code).

24 (d) (1) The requirement for submitting a report imposed under
 25 paragraph (11) of subdivision (b) is inoperative on July 1, 2020,
 26 pursuant to Section 10231.5 of the Government Code.

27 (2) A report to be submitted pursuant to paragraph (11) of
 28 subdivision (b) shall be submitted in compliance with Section 9795
 29 of the Government Code.

30 ~~SECTION 1.—Section 9100 of the Welfare and Institutions Code~~
 31 ~~is amended to read:~~

32 ~~9100. (a) There is in the California Health and Human Services~~
 33 ~~Agency, the California Department of Aging.~~

34 ~~(b) The department’s mission shall be to provide leadership to~~
 35 ~~the area agencies on aging in developing systems of home- and~~
 36 ~~community-based services that maintain individuals in their own~~
 37 ~~homes or least restrictive homelike environments.~~

38 ~~(c) (1) In fulfilling its mission, the department shall develop~~
 39 ~~minimum standards for service delivery to ensure that its programs~~
 40 ~~meet consumer needs, operate in a cost-effective manner, and~~

1 preserve the independence and dignity of aging Californians. In
2 accomplishing its mission, the department shall consider available
3 data and population trends in developing programs and policies,
4 collaborate with area agencies on aging, the commission, and other
5 state and local agencies, and consider the views of advocates,
6 consumers and their families, and service providers.

7 ~~(2) The department shall report the Elder Economic Security~~
8 ~~Standard Index data for each service area in its state plan and use~~
9 ~~it as a reference when making decisions about allocating its existing~~
10 ~~resources, but only if the Elder Economic Security Standard Index~~
11 ~~is updated and made available to the department, and if the~~
12 ~~available public data used to calculate each Elder Economic~~
13 ~~Security Standard Index data element is calculated and updated~~
14 ~~for each California county and made available to the department~~
15 ~~in a format that displays each county's specific data.~~

16 ~~(d) (1) The department shall convene a joint study committee~~
17 ~~on family caregiving and long-term support services. The~~
18 ~~committee shall be jointly chaired by a representative of the~~
19 ~~department and a representative of AARP California, except that~~
20 ~~all decisions regarding the expenditure of state funds shall be made~~
21 ~~by the department representative. The committee shall be~~
22 ~~comprised of at least five members, of which at least one shall be~~
23 ~~a representative of an area agency on aging advisory council. The~~
24 ~~committee shall do all of the following:~~

25 ~~(A) Identify policies, resources, and programs available for~~
26 ~~family caregivers and encourage additional innovative and creative~~
27 ~~means to support family caregivers to continue to provide needed~~
28 ~~in-home support for older adults.~~

29 ~~(B) Compile an inventory of the resources available to family~~
30 ~~caregivers.~~

31 ~~(C) Solicit testimony on the needs of family caregivers including~~
32 ~~the designation of caregivers, training, respite services, medical~~
33 ~~leave policies, delegation of tasks to nonmedical aids and other~~
34 ~~policies.~~

35 ~~(D) Prepare and provide to the Legislature a report of its findings~~
36 ~~on or before July 1, 2016.~~

37 ~~(2) The requirement for submitting a report imposed under~~
38 ~~paragraph (1) is inoperative on July 1, 2020, pursuant to Section~~
39 ~~10231.5 of the Government Code.~~

- 1 ~~(3) A report to be submitted pursuant to paragraph (1) shall be~~
- 2 ~~submitted in compliance with Section 9795 of the Government~~
- 3 ~~Code.~~
- 4 ~~(e) The minimum standards for the department programs shall~~
- 5 ~~ensure that the system meets all of the following requirements:~~
- 6 ~~(1) Have the flexibility to respond to the needs of individuals~~
- 7 ~~and their families and caregivers.~~
- 8 ~~(2) Provide for consumer choice and self-determination.~~
- 9 ~~(3) Enable consumers to be involved in designing and~~
- 10 ~~monitoring the system.~~
- 11 ~~(4) Be equally accessible to diverse populations regardless of~~
- 12 ~~income, consistent with state and federal law.~~
- 13 ~~(5) Have consistent statewide policy, with local control and~~
- 14 ~~implementation.~~
- 15 ~~(6) Include preventive services and home- and community-based~~
- 16 ~~support.~~
- 17 ~~(7) Have cost containment and fiscal incentives consistent with~~
- 18 ~~the delivery of appropriate services at the appropriate level.~~