

AMENDED IN SENATE AUGUST 19, 2014  
AMENDED IN SENATE AUGUST 4, 2014  
AMENDED IN ASSEMBLY MAY 23, 2014  
AMENDED IN ASSEMBLY APRIL 8, 2014  
AMENDED IN ASSEMBLY MARCH 20, 2014  
CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1744**

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**Introduced by Assembly Member Brown  
(Principal coauthor: Assembly Member Atkins)  
(Coauthors: Assembly Members Cooley, Levine, Waldron, and  
Yamada)**

February 14, 2014

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An act to add and repeal 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, until January 1, 2018, would require the department to convene a blue-ribbon task force comprised of at least 13 members, as specified, to make legislative recommendations to improve services for unpaid and family caregivers in California, as provided. ~~The bill would condition this requirement upon the receipt of \$200,000 in if the department receives sufficient nonstate funds from private sources for purposes of implementing to implement~~ the bill. The bill would require the task force to prepare a report of its findings and recommendations and provide it to the Legislature on or before July 1, ~~2016~~ 2017. 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 24th out of 50 states and the District of~~  
 19    ~~Columbia on the State Long-Term Services and Supports Scorecard~~  
 20    ~~sponsored by the SCAN Foundation, American Association of~~  
 21    ~~Retired Persons (AARP), and the Commonwealth Fund.~~  
 22    ~~(e) Family support is a key driver in remaining in one's home~~  
 23    ~~and community, but it comes at substantial costs to the caregivers,~~  
 24    ~~their families, and to society. If family caregivers were no longer~~  
 25    ~~available, the economic cost to California's health care and~~

1 long-term services and supports systems would increase  
2 astronomically.

3 (f) Approximately 4 million family caregivers in California  
4 provide care to an adult with limitations in daily activities at any  
5 given point in time, and over 5.8 million provide care at some time  
6 during the year. In addition, California's family caregivers provide  
7 an estimated 3,850,000,000 hours of unpaid labor caring for their  
8 loved ones. The estimated economic value of their unpaid  
9 contributions is approximately \$47 billion.

10 (g) Fifty-nine percent of all family caregivers are employed full  
11 or part time. Family caregivers typically spend 20 hours a week  
12 caring for a family member who needs help with bathing, dressing,  
13 and other kinds of personal care, as well as household tasks such  
14 as shopping and managing finances.

15 (h) Nationally, 46 percent of family caregivers perform medical  
16 or nursing tasks for care recipients with multiple chronic physical  
17 and cognitive conditions. More than three-quarters of family  
18 caregivers who provide medical or nursing tasks are managing  
19 medications, including administering intravenous fluids and  
20 injections. Nearly half of family caregivers are administering five  
21 to nine prescription medications a day, and one in five is helping  
22 with 10 or more prescription medications a day. Yet most  
23 caregivers report that they trained themselves to perform  
24 medication management.

25 (i) Only 31 percent of caregivers report being visited at home  
26 by a health care professional. Twenty-seven percent of caregivers  
27 report that they have no additional assistance from a family  
28 member, health care professional, or home health aide.

29 (j) Nationally, more than 8 in 10 caregivers are over 50 years  
30 of age. Family caregivers are aging and are increasingly from  
31 diverse social, racial, ethnic, and political backgrounds. As the  
32 baby boomers age into their 80s, the decline in the caregiver  
33 support ratio is projected to shift from a slow decline to a free fall  
34 in California.

35 (k) For many families in the midst of caregiving, there is deep  
36 worry and concern about the quality of care and quality of life.  
37 They do not know who to call or where to go to get the right kind  
38 of affordable help when they need it.

39 (l) To avoid bankrupting our health and social service systems  
40 serving the elderly and persons with disabilities, it is imperative

1 that California prepare by identifying strategies that will promote  
2 appropriate, person-centered services for families struggling with  
3 providing care to a family member.

4 ~~(m) It is in the interest of the state to better serve the~~  
5 ~~approximately 4,000,000 families statewide who are currently~~  
6 ~~struggling to care for an aging or disabled family member, many~~  
7 ~~of whom are also in the workforce.~~

8 ~~(n) There is an immense need for caregiving resources and~~  
9 ~~services. As California's population ages, and as California~~  
10 ~~becomes increasingly diverse, it is in the interest of the state to~~  
11 ~~adequately serve the following emerging caregiver populations:~~

12 ~~(1) Caregivers from the Black, Latino, Asian American, and~~  
13 ~~Pacific Islander communities.~~

14 ~~(2) Families of individuals with developmental disabilities.~~

15 ~~(3) Persons who cannot access or are not eligible for existing~~  
16 ~~caregiver support programs.~~

17 ~~(4) Non-English speakers, and ethnically and racially diverse~~  
18 ~~populations that need caregiving programs to be provided in a~~  
19 ~~culturally and linguistically appropriate manner.~~

20 ~~(5) Those in the lesbian, gay, bisexual, and transgender~~  
21 ~~community.~~

22 ~~(6) Rural residents.~~

23 ~~SEC. 3.~~

24 ~~SECTION 1.~~ Section 9104 is added to the Welfare and  
25 Institutions Code, to read:

26 9104. (a) The department shall convene a blue-ribbon task  
27 force on unpaid family caregiving upon receipt of ~~two hundred~~  
28 ~~thousand dollars (\$200,000) of sufficient~~ nonstate funds, *as*  
29 *determined by the department*, from private sources ~~for purposes~~  
30 ~~of implementing to implement~~ this section. The department shall  
31 use the private funds solely for the planning, operation, assessment,  
32 and final recommendations of the task force.

33 (b) The task force shall be chaired by ~~the director of the~~  
34 ~~department or his or her designee and shall be vice-chaired by a~~  
35 representative elected by the members of the task force.

36 (c) The task force shall be comprised of at least 13 members,  
37 each of whom shall have experience in one or more of the  
38 following categories:

39 (1) A person with experience in the field of academic research  
40 on caregiving.

- 1 (2) A family caregiver for an adult with a chronic or disabling  
2 condition.
- 3 (3) A representative of the mental health community.
- 4 (4) A representative of the California caregiver resource centers.
- 5 (5) A representative of the ~~California Alzheimer's Association~~  
6 *Disease community*.
- 7 (6) A representative of an organization that provides  
8 community-based adult services.
- 9 ~~(7) A representative of an organization that provides an adult~~  
10 ~~day program.~~
- 11 ~~(8)~~
- 12 (7) A representative of an organization that provides services  
13 to caregivers.
- 14 ~~(9)~~
- 15 (8) A representative of ~~AARP California~~ *a nonprofit*  
16 *organization representing senior citizens*.
- 17 ~~(10)~~
- 18 (9) A representative with expertise in and knowledge of the  
19 specific needs of culturally and linguistically diverse caregivers  
20 and the unique challenges of delivering services to family  
21 caregivers who face cultural or linguistic barriers.
- 22 ~~(11)~~
- 23 (10) An adult with a chronic or disabling condition who receives  
24 care from an unpaid caregiver or family member.
- 25 ~~(12)~~
- 26 (11) A director or designated representative of an area agency  
27 on aging.
- 28 (d) The blue-ribbon task force shall do all of the following:
- 29 (1) Review the current policies and practices of state, local, and  
30 community programs available to caregivers of adults with chronic  
31 or disabling conditions, and consider how the needs of family  
32 caregivers should be assessed and addressed so that they can  
33 continue in their caregiving role without being overburdened.
- 34 (2) Consider the recommendations of other state plans,  
35 including, but not limited to, the Olmstead Plan, the Long-Range  
36 Strategic Plan on Aging, the State Plan for Alzheimer's Disease,  
37 and the State Plan on Aging.
- 38 (3) Compile an inventory of the resources available to family  
39 caregivers.

- 1 (4) Determine gaps in services to family caregivers and identify
- 2 barriers to participation in current programs.
- 3 (5) Consider cultural and linguistic factors that impact caregivers
- 4 and care recipients who are from diverse populations.
- 5 (6) Consult with a broad range of stakeholders, including, but
- 6 not limited to, people diagnosed with Alzheimer’s disease, adults
- 7 with disabling or chronic conditions, family caregivers,
- 8 community-based and institutional providers, caregiving
- 9 researchers and academicians, formal caregivers, the Caregiver
- 10 Resource Centers, the California Commission on Aging, and other
- 11 state entities.
- 12 (7) Solicit testimony on the needs of family caregivers, including
- 13 the designation of caregivers, training, respite services, medical
- 14 leave policies, delegation of tasks to nonmedical aides, and other
- 15 policies.
- 16 (8) *Assess information referral and resource sharing systems*
- 17 *used by family caregivers by doing all of the following:*
- 18 (A) *Compiling an inventory of the resources available to family*
- 19 *caregivers.*
- 20 (B) *Determining access barriers in the current system.*
- 21 (C) *Considering the cultural and linguistic factors that impact*
- 22 *caregivers and care recipients who are from diverse populations.*
- 23 (D) *Comparing consistency of access across the counties.*
- 24 ~~(8)~~
- 25 (9) Identify best practices both in California and in other states.
- 26 ~~(9)~~
- 27 (10) Explore expanding those best practices in caregiving
- 28 programs to populations that are not currently targeted.
- 29 ~~(10)~~
- 30 (11) Make specific recommendations that address, at a
- 31 minimum, each of the following:
- 32 (A) ~~The development of a one-stop information hub~~ *an Internet*
- 33 *Web site or portal that contains a list of current resources and*
- 34 *supports available in a family caregiver’s community, ~~or~~ and the*
- 35 *contact information of a person or organization who can help a*
- 36 *family caregiver navigate these support services.*
- 37 (B) ~~The enhancement of outreach and education efforts by area~~
- 38 ~~agencies on aging and family resource centers to ensure that~~
- 39 ~~information is provided to family caregivers at the time they need~~
- 40 ~~it most.~~ *centers.*

1 (C) The development of a caregiver screening and assessment  
2 tool that will help identify which services and supports a family  
3 caregiver needs.

4 ~~(H)~~

5 (I2) Prepare and provide to the Legislature a report of its  
6 findings and recommendations on or before July 1, ~~2016~~ 2017.

7 (e) (1) Members shall serve without compensation, but shall  
8 receive reimbursement for travel and other necessary expenses  
9 actually incurred in the performance of their official duties.

10 (2) The task force shall meet on a bimonthly basis.

11 (3) Members of the task force shall be appointed to serve for  
12 the duration of the task force.

13 (4) All meetings of the task force shall be open to the public  
14 and adequate notice shall be provided in accordance with the  
15 Bagley-Keene Open Meeting Act (Article 9 (commencing with  
16 Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of  
17 the Government Code).

18 (f) A report to be submitted pursuant to paragraph (11) of  
19 subdivision (d) shall be submitted in compliance with Section 9795  
20 of the Government Code.

21 (g) This section shall remain in effect only until January 1, 2018,  
22 and as of that date is repealed, unless a later enacted statute, that  
23 is enacted before January 1, 2018, deletes or extends that date.