



2022

AARP Michigan State Legislative Agenda



AARP'S VISION

A society in which all people live with dignity and purpose,
and fulfill their goals and dreams.

AARP'S PURPOSE

Empower people to choose how they live as they age.

AARP MICHIGAN

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AARP MICHIGAN 2022 STATE LEGISLATIVE AGENDA

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To become an AARP e-advocate and receive AARP's state and federal advocacy emails, sign up at: AARP.org/GetInvolved



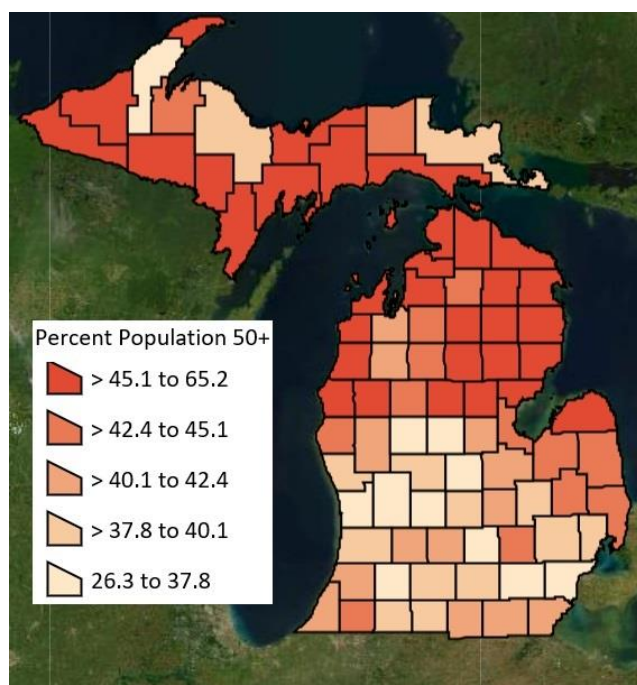
AARP Michigan advocates on policy issues that matter most to Michigan residents age 50 and over and their families. AARP staff and volunteers work on both state and federal legislative issues. In our state legislative advocacy efforts, AARP relies on nearly 300 AARP Michigan volunteers, a state office headquartered in Lansing and our approximately 1.3 million Michigan members.

Each spring we publish this document – ***our annual State Legislative Agenda*** – that we share with Michigan’s State Representatives, State Senators, Governor, AARP members, our volunteers and the public. We also notify legislators of our positions on bills important to Michigan residents age 50 and over *in real time* as bills move through the legislative process. We communicate our positions through emailed and hand-delivered letters to legislators, committee testimony, one-on-one meetings, social media, our website, press releases, media interviews and more.

After votes take place, AARP Michigan educates our members and the public about how state legislators voted on our priority issues via AARP’s various communication channels. At the close of each two-year Michigan legislative session, we publish a comprehensive End of Session Report.

As of 2022, more than
3.8 million
 Michigan residents
 are age 50 and over.
***That’s 38.5% of
 Michigan’s population.***

In **23** of Michigan’s
 83 counties,
more than half
 of the total population
 is age 50 or over.



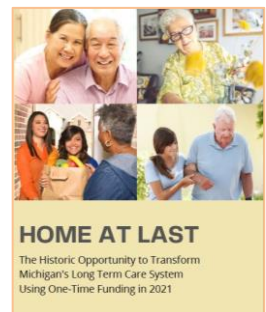
LONG TERM CARE

Use One-Time Funding to Transform Michigan's Long Term Care System

AARP urges the Legislature to make use of one-time federal funding available under the American Rescue Plan Act (ARPA) for use from 2021 through 2024 to make needed reforms to the state's long term care system. Directing these funds in ways that increase access to home and community-based services and other alternatives to traditional nursing home settings would allow Michigan to better align the supply and demand for services, improve safety and make more cost-effective use of the taxpayer dollars spent on long term care.

AARP Michigan's white paper entitled [Home at Last: The Historic Opportunity to Transform Michigan's Long Term Care System Using One-Time Funding in 2021](#) lays out our specific recommendations, which include:

- Creating statewide presumptive eligibility for Medicaid home and community-based services, so fewer older adults get institutionalized unnecessarily;
- Expanding access to Programs of All-Inclusive Care for the Elderly (PACE) to parts of the state where PACE is not currently available; and
- Piloting a transformation to single room occupancy as the new norm for nursing home care, building on the "Green House" small house nursing home model.



Each of our proposals would bring about needed structural changes in ways that will make a difference for both the short- and long-term without creating additional funding obligations for taxpayers when the one-time funds run out.

Increase Access to Home and Community Based Services

AARP urges the Legislature to continue efforts to *rebalance* Michigan's long term care system by increasing funding for home and community-based services (HCBS) in the annual budget for the Michigan Department of Health and Human Services (MDHHS).



Michigan continues to rank worse than many other states in terms of the large proportion of taxpayer dollars we spend to provide care in nursing homes compared to the smaller share of resources that go toward providing long term care for older adults through HCBS. Currently, 68.5% of Michigan's Medicaid spending for long term services and supports (LTSS) goes to pay for care in nursing homes, instead of in people's homes, where they want to be.¹

Many options exist that allow people to age in place by receiving LTSS in home and community-based settings rather than in traditional institutional settings.² Programs in the MDHHS budget that provide HCBS in Michigan – with various eligibility requirements, and funded by different combinations of taxpayer dollars –

include the MI Choice Medicaid Waiver Program, non-Medicaid services delivered through Michigan's Area Agencies on Aging, Programs of All-Inclusive Care for the Elderly (PACE), and MI Health Link. However, because access to these services is currently limited in Michigan, too many people end up in nursing homes unnecessarily.

Rebalancing Michigan's long term care system to provide more services through HCBS also makes fiscal sense. Studies show that states who provide a higher proportion of long term care through HCBS save money. On average, Medicaid dollars can support nearly three older adults or people with disabilities in home and community-based services for every one person in a nursing home.³ Statistical modeling found that increasing the portion of Medicaid LTSS dollars toward HCBS by 2 percentage points annually can reduce overall Medicaid LTSS spending by 15 percent over 10 years.⁴

89% of Michigan voters say they want to avoid ever living in a nursing home. If or when they need long term care services, they prefer to stay at home, or in a home-like community setting.⁵

Help Ensure a More Sustainable Direct Care Workforce

It is estimated that Michigan needs 34,000 more direct care workers (DCWs) than the 165,000 we currently have,⁶ but uncompetitive pay, low job satisfaction, unpredictable schedules and the absence of benefits make it difficult to attract or retain these workers. Turnover rates in the direct care workforce exceed 80% annually. With turnover costs ranging from \$6,160 to \$7,893 per turnover occurrence, the high rate of turnover in this field costs an estimated \$684 million per year statewide.⁷ Most importantly, high turnover and workforce shortages lead to a lower quality of care for the older adults and people with disabilities who rely on these services.

AARP urges policymakers to address critical shortages in Michigan's direct care workforce by advancing the recommendations of the MDHHS Direct Care Workforce Advisory Committee, including efforts not only to increase wages, but to increase job satisfaction through improved staffing models, comprehensive training, credentialing and career pathways.



AARP supports the proposal developed by the Impart Alliance and Area Agencies on Aging Association of Michigan to use \$2.8 million in one-time funding to implement a sustainable DCW training infrastructure, including model curricula, a structure to deliver it, a credentialing arm and a job placement program.

We also urge policymakers to pursue opportunities set forth in a new report from the Center for Health Care Strategies entitled [*Forging a Path Forward to Strengthen Michigan's Direct Care Workforce*](#).

Reform Traditional Nursing Homes

The tragedy of COVID-19 over the past two years shed new light on inherent deficiencies in Michigan's traditional nursing homes. As 2022 unfolds, AARP urges the Michigan Legislature and Governor to find common ground to improve quality of life for nursing home residents, not only in response to COVID-19 but also to address long-standing problems that have been around since before the pandemic,

including infection control violations, low staffing ratios and insufficient training for care providers working with residents with dementia.

Throughout the pandemic, AARP has urged the Legislature to prioritize the following with regard to Michigan's long term care facilities:

- Ensure that infection control measures are in place and that personal protective equipment (PPE) is available and properly used.
- Ensure that long term care facilities carry out comprehensive testing for staff and residents, and that staff and residents receive COVID vaccines and boosters.
- Facilitate virtual and, when possible, in-person visitation for residents with family and friends.
- Facilitate access for residents and their family members to advocates from the Michigan Long Term Care Ombudsman program.
- Ensure that nursing homes continue to be held accountable for providing the high level of quality care that is required of them.

AARP's [Nursing Home COVID-19 Dashboard](#) tracks key state statistics, including resident deaths and the percentage of nursing home staff and residents who are vaccinated.

HEALTH CARE

Lower Prescription Drug Prices



The average older American takes 4.5 prescription drugs, typically on a chronic basis.⁸ The average annual cost of prescription drug treatment increased 57.8% between 2012 and 2017, while annual incomes for Michiganders increased only 10.9% during that period.⁹ In 2017, 32% of Michigan residents stopped taking a medication as prescribed due to cost.¹⁰

Addressing the high cost of prescription drugs is a priority for AARP because even the best drugs in the world don't work when people can't afford to take them. AARP appreciates the committed efforts of **Senator Curt VanderWall**, **Senator Winnie Brinks**, **Representative Angela Witwer** and **Representative Padma Kuppa** who served on Michigan's bipartisan Prescription Drug Task Force created under Executive Order 2020-01, and we urge policymakers to pursue the [recommendations made by the Task Force](#)¹¹ regarding transparency, affordability, accountability and accessibility. Specific concepts we support include:

Transparency in Drug Pricing

One of the reasons prices are so high is that pharmaceutical companies are currently allowed to set them with no transparency. AARP also believes patients deserve to know how much taxpayer-funded research went into developing a drug, and how much manufacturers spent on advertising compared to research and development. AARP supports requiring drug manufacturers to file annual reports with the Michigan Department of Health and Human Services regarding particularly costly name brand drugs, and to make that information available to the public.

Wholesale Importation

Americans pay the highest prescription drug prices in the world – often double what people in other countries pay for the same medicine. While it's not a complete solution to the problem, safe and legal importation from Canada would help put downward pressure on prices. For drugs imported under such a program, the State should make sure the savings are passed on to payers and consumers to help them afford their medications.

Strengthening Consumer Protections

AARP supports strengthening Michigan's consumer protection laws with regard to prescription drug price gouging. We also support the concept of Drug Affordability Commissions or Boards that would have the authority to review information from drug manufacturers regarding non-generic drug costs and set a payment limit from state insurance providers and consumers.



AARP supports **Senate Bill 583 (Senator Ruth Johnson)**, which would allow the State to develop a wholesale prescription drug importation program from Canada, and **House Bill 4346 (Representative Sara Cambensy)**, which passed the House on 3/24/2021 and would help ensure that Michigan residents with diabetes can afford their insulin by capping out of pocket costs for a 30 day supply.

AARP does not support most of the prescription drug bills that have been introduced to date during the 2021-2022 session because, while they may sound promising on the surface, the specifics of the bills as introduced do not achieve our goal, which is lower drug prices for consumers.

We invite policymakers to contact AARP Michigan Associate State Director Melissa Seifert at 517.393.6393 or MSeifert@AARP.org to discuss potential amendments that could improve these bills on behalf of Michigan residents.

Increase Access to Health Care Through Telehealth

AARP supports efforts to expand access for Michigan residents to qualified health care providers via telehealth, if that is the patient's choice. Telehealth technologies offer promising opportunities to help people access health care in new ways, and to make it easier for family caregivers to care for their loved ones. For example, transportation to medical appointments is often an obstacle for older adults. Telehealth technologies can allow older adults and their family caregivers to consult with their doctors and better manage their health without taking a trip to the doctor's office every time.



One way to help facilitate the use of telehealth is to make it easier for qualified health care providers to practice across state lines, which is why AARP supports the following bills:



AARP supports House Bill 4046 (Representative Mary Whiteford), which would include Michigan in the multistate Nurse Licensure Compact. The compact allows registered nurses (RNs) and licensed practical nurses (LPNs) to practice in person or provide telehealth services to patients across state lines without having to obtain additional licenses. This is a practical way to help increase access to health care for older adults. Michigan is one of only 13 states that has yet to enact Nurse Licensure Compact legislation.¹² AARP urges the Michigan Legislature to pass this legislation in 2022, and we urge the Governor to support Michigan's participation in the compact.



AARP supports House Bill 4355 (Representative Ann M. Bollin), which would amend the Public Health Code to allow a health professional licensed in another state to practice that health profession through telehealth in Michigan without obtaining a separate Michigan license. This bill would codify one of the practices that was allowed in Michigan in 2020 by Executive Order due to COVID. It would allow Michigan patients to more readily access specialized care offered in other states, and help "snowbirds" who want to continue receiving care from a health care professional in another state while they're living in Michigan.

Nurse Scope of Practice

Nearly 3 million Michigan residents live in one of our state's more than 250 federally-designated primary care Health Professional Shortage Areas (HPSA).¹³ Medically underserved areas exist across the state, in both urban and rural communities. Currently 90% of nurse practitioners focus on primary care and are well positioned to help meet the increasing health care challenges facing Michigan. Unfortunately, Michigan's outdated state laws perpetuate barriers that restrict a patient's right to choose a nurse practitioner as their provider, limiting patients' access to timely, affordable care options, and leading to increased health care costs. AARP urges policymakers to update Michigan's scope of practice laws to remove these unnecessary barriers.



AARP supports Senate Bill 680 (Senator Rick Outman), which would amend the Public Health Code to allow nurse practitioners to provide care based on their education, certification and role.

Dementia and Brain Health



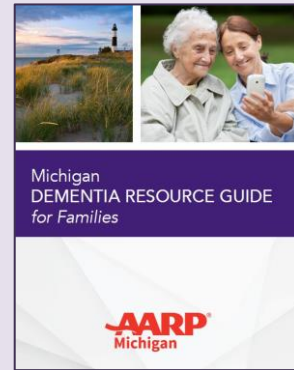
Since 2016 AARP Michigan has partnered with the Alzheimer's Association, the Michigan Alzheimer's Disease Research Center, University of Michigan, Michigan State University, Wayne State University, Michigan's Area Agencies on Aging, the Michigan Assisted Living Association, the Luella Hannan Memorial Foundation, the Michigan Department of Health & Human Services (MDHHS) and other partners as the *Michigan Dementia Coalition*, united in our commitment to improve quality of life for people living with dementia and their families.

In 2019, we published our [2019-2022 Roadmap for Creating a Dementia Capable Michigan](#) which outlines four goals and 20 strategies for policymakers and community leaders to increase public awareness about dementia and brain health; improve access to quality, affordable services for people living with dementia and their families; address rising costs; facilitate best practices; and improve coordination across the continuum of care.¹⁴ We urge the Legislature to continue pursuing goals in the *Roadmap* to make Michigan a more “dementia capable” state.

We were heartened in 2021 that the Legislature included \$400,000 in one-time funding in the FY 2022 MDHHS budget to establish a designated Dementia Unit within MDHHS.



In 2022, we urge the MDHHS to set up this unit, and we urge the Legislature and Governor to include funding for it for the FY 2022-23 budget year and beyond, including one or more full-time employees (FTEs).



AARP Michigan invites legislators to make use of our **Michigan Dementia Resource Guide for Families**

and to visit the Michigan Dementia Coalition’s **Speakers Bureau** webpage to connect with expert presenters on dementia-related topics.

Disrupting Disparities



Michigan’s ability to improve the health of its aging population is hampered by the existence of health disparities among diverse groups of people based on race, ethnicity, gender, disability, geography, income and other characteristics.

Disparities are widely found in the *social determinants of health* in our state, which refers to conditions in the environments in which people are born, live, work and age that affect their health and other quality of life factors. AARP Michigan has published three reports that provide recommendations for addressing health care and other disparities in ways that can improve health outcomes while also reducing long-term costs to taxpayers.

Read our reports here:

- **[Disrupting Disparities: The Continuum of Care for Michiganders 50 and Older \(2018\)](#)**
- **[Disrupt Disparities 2.0: During and After COVID-19 \(2020\)](#)**
- **[Closing the Gaps: Opportunities for Aging Well \(2022\)](#)**

LIVABLE COMMUNITIES

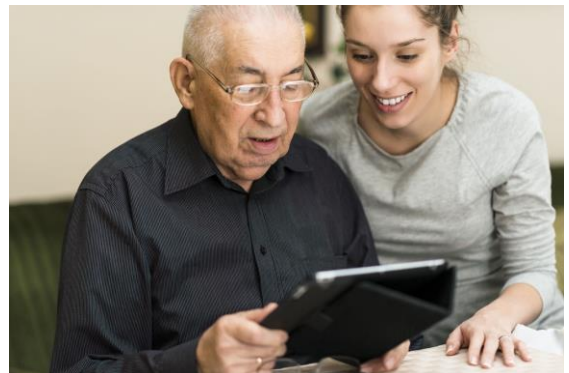
Bridge the Digital Divide for Older Adults

Broadband access can reduce isolation, improve health outcomes and help lower health care costs, but Michigan's digital divide is leaving many older adults behind.¹⁵ Stark disparities exist regarding access, with rural and low-income Michiganders impacted most negatively. Residents age 65 and over and those with disabilities – two groups of individuals who often face difficulty traveling for medical appointments – are also significantly less likely to have broadband service at home.¹⁶

Part of the digital divide for the older adult population in Michigan stems from a lack of affordable broadband infrastructure where they live, and part is due to a lack of know-how when it comes to using the internet, computers, and smartphones. The COVID-19 pandemic magnified the negative effects, as older adults without internet access faced added difficulties signing up for vaccines and participating in contact tracing, and had fewer outlets to combat isolation during quarantine.

Affordable, reliable, high-speed internet access is important for older adults because:

- A reliable broadband connection can support monitoring devices and interactive video, making home health care a viable option for people with limited mobility, or for people who live in rural areas far from health care facilities.
- Increased access to broadband along with computers or smartphones and the know-how to use them can allow more seniors to make use of telehealth services.
- Increased access to the internet can help address issues of isolation among older adults. Studies show that isolation is associated with worse health outcomes and even premature death among adults age 50 and over.¹⁷



As of 2021, over 800,000 people in Michigan remain without access to a wired connection with 25 megabits per second (mbps) download speeds, which according to the Federal Communications Commission is the minimum speed for a service to be defined as broadband. Another 360,000 people don't have access to a wired broadband connection at all, and 816,000 Michiganders only have access to one internet provider at their place of residence, despite the fact that there are 269 internet providers operating within the state.¹⁸



AARP urges policymakers to expand access to affordable, reliable high-speed internet for all Michigan residents, regardless of where they live in the state, making use of new federal funding for broadband infrastructure.



AARP urges policymakers to support educational programs targeted at older adults making use of collaborative models that provide training and pre-loaded technology for program participants. This effort could build on pilot programs recently carried out by Connect Michigan in partnership with the Detroit Area Agency on Aging, and ongoing efforts such as the MDHHS Health & Aging Services Administration's "Get Set Up" program.¹⁹



AARP supports the Department of Labor and Economic Opportunity request for 8 FTEs and an appropriation of \$12.5 million in federal funds from the Coronavirus Capital Projects Fund to provide the Michigan Office of High-Speed Internet the resources it needs to ensure the most impactful, cost-effective investments of new federal broadband funds across Michigan.

Keep Absentee Voting Safe

AARP opposes Senate 285 and any other effort that would require voters to include a photocopy or add their driver's license number or last four digits of their Social Security number to absentee voter applications. In addition to creating a new hurdle for voters exercising their constitutional right to vote, this legislation would create new risks of identity theft for everyone who votes absentee.



Mailing or emailing a copy of your driver's license or social security card, or sending those numbers written out, can subject individuals to identity theft if their mail or email gets intercepted. AARP has long warned against sharing this information, especially the last four digits²⁰ of an individual's Social Security number.

Although widely used and shared in the past, the last four digits are in fact the most important for individuals to protect, because they are random and unique. The first five numbers represent when and where your Social Security card was issued. Scammers can get those numbers by knowing your birth date and hometown.

Such legislation would create a dangerous new treasure trove of personal information that is ripe for potential identity thieves to target and steal, and older voters would be disproportionately affected. In the 2020 election, 64% of the 3.3 million voters who cast absentee ballots in Michigan were age 50 or over. During the last three elections in Michigan, between 55% and 60% of total votes cast were by voters age 50 and over.

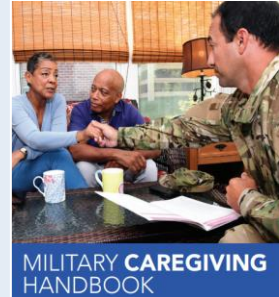
In 2020, identity theft was the most common fraud reported in Michigan. More than 24,000 Michiganders reported identity theft, with an average loss of \$590 per person.²¹ Older adults are already the demographic most likely to be targeted for identity theft, and this legislation would fuel more commission of these crimes against them.

AARP believes any legislation on election reform should protect and enhance access to voting and ensure safety for older voters and others who participate in the process.

Support for Veterans

AARP seeks to honor and support our veterans by helping Michigan veterans and their families to better access resources and employment opportunities. In 2022, AARP Michigan is continuing to partner with the Michigan Veterans Affairs Agency to help more Michigan veterans connect to the benefits they earned through their service. AARP also offers four sets of resources for veterans and their family members, which we invite legislators to make use of:

- AARP works with the Elizabeth Dole Foundation to provide assistance and resources to families caring for a veteran who may require long term services and supports. Many veterans sustain injuries due to their service that create a need for LTSS at a younger age than is typical for non-veterans. Through this partnership we created the [*Military Caregiving Handbook for Veterans, Service Members and their Families.*](#)
- Our [*Veterans and Military Families Health Benefits Navigator*](#) is a one-stop-resource that offers basic information about health care benefits from the U.S. Department of Veterans Affairs (VA) and Department of Defense, and tips to help veterans and family members decide the best path for their health care needs, whether VA health care, Tricare, Medicare, private insurance or Medicaid.
- Our [*AARP Watchdog Alert Handbook Veterans' Edition: Ten Ways Con Artists Target Veterans*](#) provides tips for veterans, service members and their families to better protect themselves from scams. Protecting veterans and service members from fraud is a priority for AARP because sadly, those same individuals to whom our nation owes so much are often targeted by criminals in efforts to rip them off.
- AARP's [*Veteran Job Center*](#) provides free courses and tools for veterans and their spouses to help them maximize the experience and skills they gained through military service as they transition from military to civilian employment.



Age-Friendly Michigan

Michigan is one of the most rapidly aging states in the nation. By 2025, the number of Michiganders age 65 and over will outnumber those under the age of 18. The percentage of residents age 65 and over – now at approximately 15% – is expected to increase to nearly 22% by 2050. The percentage of residents age 85 and up is expected to more than double, from 2.2% in 2015 to 4.8% in 2050.



In October 2019, the State of Michigan joined the AARP Network of Age-Friendly States and the World Health Organization Global Network of Age-Friendly Cities and Communities. Michigan was only the fifth state in the nation – and first state in the Midwest – to do so. The AARP Network of Age-Friendly States and Communities is a five-year program that helps states and communities plan to become age-friendly places. Nine communities in Michigan are already designated as Age-Friendly Communities (Auburn Hills, East Lansing, Grand Rapids, Highland

Park, Jackson, Lansing, Royal Oak, Southfield and Novi), and many other Michigan communities are in the planning stages of joining the network.

In an age-friendly state, people can *age in place* in their homes and communities, living there comfortably throughout their lifetimes. Being age-friendly recognizes the need across the generations for satisfying work and volunteer opportunities; a wide range of safe and accessible housing options; the availability of health care and other services; safe and affordable transportation; outdoor spaces such as parks and recreational facilities; and access to information and communications technology. Being an age-friendly state creates opportunities to attract and maintain employers and provides appeal for all ages, not just older adults. For more information visit AARP.org/AgeFriendly.



FINANCIAL SECURITY

Saving for Retirement

AARP welcomes the opportunity to work with legislators to help improve the financial security of Michigan residents. Due to high unemployment during the COVID-19 pandemic, many Michiganders have found themselves in more economically fragile situations than in years past, unable to meet their expenses in the here and now, let alone save for retirement.

Even before the pandemic took hold, the retirement security of many Michigan residents was at risk. Nearly 20% of people age 55 to 64 had no retirement savings²² and even among those who had saved, many had far too little savings to last their lifetime. This is a problem for both the short- and long-term financial health of Michigan residents, and for the financial health of our state. When individuals do not have enough retirement savings to live on, they are more likely to rely on public assistance programs.

An analysis by the AARP Public Policy Institute estimates the State of Michigan could save \$81.7 million over 15 years if lower-income retirees saved enough to increase their retirement income by \$1,000 per year.²³

Currently about 48% of Michigan workers age 18 to 64 in the private sector work for businesses that do not offer a retirement plan. In raw numbers, about 941,000 small-business employees in Michigan do not have access to a retirement plan at work, and about 751,000 workers at businesses with 100 or more workers do not have access to a retirement plan.²⁴

Research shows that saving at work is critical. Only about 5% of households regularly contribute to an Individual Retirement Plan outside of their jobs. However, when offered the opportunity to save for their retirement through a payroll deduction plan at work, 7 out of 10 people choose to participate.



AARP supports practical solutions to encourage more employees to save for their future, including making it easier and less costly for small businesses to offer their employees a retirement savings account option. For example, AARP has worked with other states to help develop state-specific “plug-and-play” retirement savings options, a concept AARP calls *Work and Save*.

Pension Tax Repeal

AARP has fought against Michigan's pension tax from the start. For nearly 50 years, Michigan workers had planned for retirement based on a promise that their pensions would not be impaired or diminished by the state. The pension tax created by Public Act 38 of 2011 reduced the effective value of every Michigan worker's retirement benefits. The timing was bad back then, and it's even worse today as Michigan residents face an erosion of their retirement security in other ways, including reductions in other post-employment benefits promised to them as workers, such as health coverage.



The state of retirement security in Michigan doesn't just matter to individual retirees, but to our state's economy as a whole. Americans age 65 and over spend a higher proportion of their income than other age groups, and older adults also tend to spend a larger share of their income locally, purchasing goods and services – particularly medical services – that are produced locally. Repealing the pension tax will put money back into our economy through retiree spending.

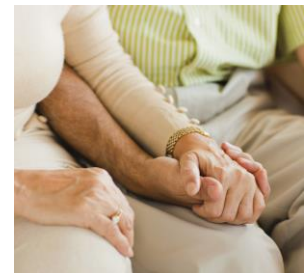


AARP supports efforts to repeal Michigan's pension tax, including **Senate Bill 3 (Senator Paul Wojno)**, **Senate Bill 24 (Senator Tom Barrett)**, **House Bill 4002 (Representative Joseph Bellino)** and **House Bill 4490 (Representative Angela Witwer)**.

Family Caregiver Tax Credit

Family caregivers shoulder great responsibilities. At any given time during the year, nearly 1.3 million Michiganders perform a great labor of love: helping their older loved ones to live independently at home, where they want to be. They are the first line of defense against older Michiganders being readmitted into hospitals or forced to move into nursing homes.

They also spend significant portions of their own income to support their caregiving activities. More than three in four family caregivers (78%) incur out-of-pocket expenses for caregiving purposes, spending an average of \$7,000 per year related to caregiving.²⁵ They help pay for expenses like home modifications, care at home, transportation, equipment to help with daily living, and more. Family caregivers serve as an invisible, unpaid workforce in Michigan's health care system providing voluntary care to their loved ones worth approximately \$14.5 billion per year in the aggregate.²⁶ It makes fiscal sense to support and recognize Michigan's family caregivers for the value they provide.



AARP urges the Michigan Legislature to pass a state income tax credit to provide financial relief for family caregivers who pay expenses out of their own pockets to help care for an older family member.

Preventing Financial Exploitation

AARP is committed to preventing the financial exploitation of vulnerable adults. In addition to resources we provide through the [AARP Fraud Watch Network](#), AARP Michigan is a member of the state Elder Abuse Task Force launched in 2019. AARP supports the efforts of the task force to date, including a current package of legislation that would create new requirements for the certification of professional guardians and improve accountability to protect an individual's assets from misuse by unscrupulous guardians or conservators.



AARP supports House Bills 4847 and 4848 (**Representative Graham Filler**), House Bill 4849 (**Representative Kyra Harris Bolden**), House Bill 4850 (**Representative Rodney Wakeman**), Senate Bill 503 (**Senator Ruth Johnson**), Senate Bill 504 (**Senator Jim Runestad**), Senate Bill 505 (**Senator Jeff Irwin**) and Senate Bill 506 (**Senator Paul Wojno**).

These bills would make needed reforms in response to identified patterns of abuse, mismanagement of funds and conflicts of interest involving professional guardians.

50+ Adults in Michigan's Economy

Overall, Michigan's 50+ population is a positive economic driver for our state.²⁷ People age 50 and over represent a significant share of Michigan's workforce. Sixty-one percent of people age 50-64 are employed, and people over 50 represent 33% of Michigan's total workforce.²⁸ By 2030, 50+ workers in the state are projected to number 1.7 million, representing 34% of the state's total labor force.²⁹

Americans over 50 also serve as a resource and safety net for their parents and children. Roughly 58% of Americans between 47 and 65 provide assistance to their parents, including cooking, cleaning, laundry, personal care, and transportation, as well as financial support for such necessities as groceries, medical bills and utility bills. Over 90% of this age group provide some form of financial support to their adult children.³⁰

The aggregate impact of consumer spending by retirees is a significant, positive contributor to Michigan's economy. Each dollar received by Social Security beneficiaries living in Michigan generates nearly two dollars in spending by individuals and businesses, adding about \$55 billion in economic output to the Michigan economy annually.³¹

Still, there is a high level of financial insecurity among Michigan's senior population. AARP research shows 44.1% of Social Security recipients in Michigan rely on Social Security for 50% or more of their income, and nearly 17% of Social Security recipients in Michigan rely on Social Security for 90% or more of their income. Among those who currently receive Social Security benefits, 66% say their expenses are increasing faster than the Social Security Cost of Living Adjustment (COLA).³²

Endnotes & Additional Resources

- ¹ *Long-Term Services & Supports State Scorecard: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers*, AARP, Commonwealth Fund, and SCAN Foundation (October 2020) <http://longtermscorecard.org/2020-scorecard/state-rankings>
- ² The definitions of “nursing home” and “skilled nursing facility” in Michigan are set forth in Section 20109 of the Public Health Code, MCL 333.20109.
- ³ *Stretching the Medicaid Dollar: Home and Community Based Services Are a Cost-Effective Approach to Providing Long-Term Services and Supports*, AARP Public Policy Institute (February 2017) <http://www.aarp.org/content/dam/aarp/ppi/2017-01/Stretching%20Medicaid.pdf>
- ⁴ *Gradual Rebalancing of Medicaid Long-Term Services and Supports Saves Money and Serves More People, Statistical Model Shows*, Health Affairs (June 2012) <http://content.healthaffairs.org/content/31/6/1195>
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- ⁶ *Policy Brief: Direct Care Workforce Shortage*, MDHHS Aging & Adult Services Agency (December 2019) https://www.michigan.gov/documents/osa/DCW_Policy_Brief_FINAL_December_2019_675918_7.pdf
- ⁷ *Michigan's Direct Care Workforce: Living Wage and Turnover Cost Analysis*, Public Sector Consultants (August 2021) <https://www.chcs.org/media/Michigans-Direct-Care-Workforce-Living-Wage-and-Turnover-Cost-Analysis.pdf>
- ⁸ *Rx Price Watch Report: Trends in Retail Prices of Brand Name Prescription Drugs Widely Used by Older Americans, 2017 Year-End Update*, AARP Public Policy Institute (September 2018) <https://www.aarp.org/content/dam/aarp/ppi/2018/09/trends-in-retail-prices-of-brand-name-prescription-drugs-year-end-update.pdf>
- ⁹ Based on the price associated with taking 4 widely used brand name prescription drugs. Income is based on median person-level income. AARP Public Policy Institute (September 2018)
- ¹⁰ Among 19-64 year old population. State Health Access Data Assistance Center (SHADAC) analysis of National Health Interview Survey data, State Health Compare (Accessed 2/1/2022) <http://statehealthcompare.shadac.org/map/73/percent-who-made-changes-to-medical-drugs-because-of-cost-in-the-past-year-by-age#13/24/110>
- ¹¹ *Report of Governor Gretchen Whitmer's Prescription Drug Task Force* (December 2020) https://www.michigan.gov/documents/mdhhs/Prescription_Drug_Task_Force_Report__12302020_FINAL.Web_1_712685_7.pdf
- ¹² For more information, visit <https://nursecompact.com/index.htm>
- ¹³ To see Michigan's Health Professional Shortage Areas visit <https://data.hrsa.gov/tools/shortage-area/hpsa-find>
- ¹⁴ To read the *Roadmap* and see current progress toward achieving these goals, visit www.midementiacoalition.org/roadmap
- ¹⁵ Pew Research Center Internet/Broadband factsheet: <https://www.pewresearch.org/internet/fact-sheet/internet-broadband/>
- ¹⁶ *Healthcare from Anywhere: Telehealth Use & Perceptions in Rural Michigan*, Connected Michigan, page 71 (2020) https://connectednation.org/wp-content/uploads/2020/03/CN_TELEHEALTH_2020_022720_FINAL.pdf
- ¹⁷ Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. National Academies of Sciences, Engineering, and Medicine (2020) <https://doi.org/10.17226/25663>external icon. See also: <https://news.umich.edu/social-isolation-puts-elderly-at-health-risk/>
- ¹⁸ Broadband access data in Michigan, including by city: <https://broadbandnow.com/Michigan>
- ¹⁹ <https://www.getsetup.io/partner/michigan>

- ²⁰ *Guard Your Social Security Number: Be Smart About Sharing and Protect Your Privacy*, AARP Bulletin (August 2017) <https://www.aarp.org/money/scams-fraud/info-2017/protect-social-security-number.html>
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- ²⁸ *The Longevity Economy: The Economic Value of People Over 50 Michigan Report*, Oxford Economics for AARP Research (2017) https://www.aarp.org/content/dam/aarp/research/surveys_statistics/econ/2017/Longevity%20Economy/Michigan.doi.10.26419%252Fres.00172.026.pdf
- ²⁹ *The Longevity Economy® Outlook*, AARP (2018) https://www.aarp.org/content/dam/aarp/research/surveys_statistics/econ/2020/longevity-economy-outlook-michigan.doi.10.26419-2Fint.00044.023.pdf
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- To learn about AARP events in your community, visit www.AARP.org/MI and click on “Events.”
- **AARP Foundation Tax-Aide** is the nation’s largest, free, volunteer-run tax assistance service for low- and moderate-income taxpayers who need help. For more information visit www.AARP.org/taxaide.
- **AARP Driver Safety** is the nation’s first and largest driver safety course designed for drivers age 50 and older, although it can be taken by licensed drivers of all ages. For more information, visit www.AARP.org/drive.

AARP is the nation’s largest nonprofit, nonpartisan organization dedicated to empowering Americans 50 and over to choose how they live as they age. With nearly 38 million members, AARP advocates on issues that matter the most to people age 50+ and their families, such as health care, financial security, support for family caregivers, retirement planning and livable communities. AARP has approximately 1.3 million members in Michigan. AARP does not endorse candidates for public office or make contributions to political campaigns or candidates.

