



# 2023 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 2023 STATE LEGISLATIVE AGENDA

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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 over 300 AARP Michigan volunteers, a state office headquartered in Lansing and our 1.25 million Michigan members.

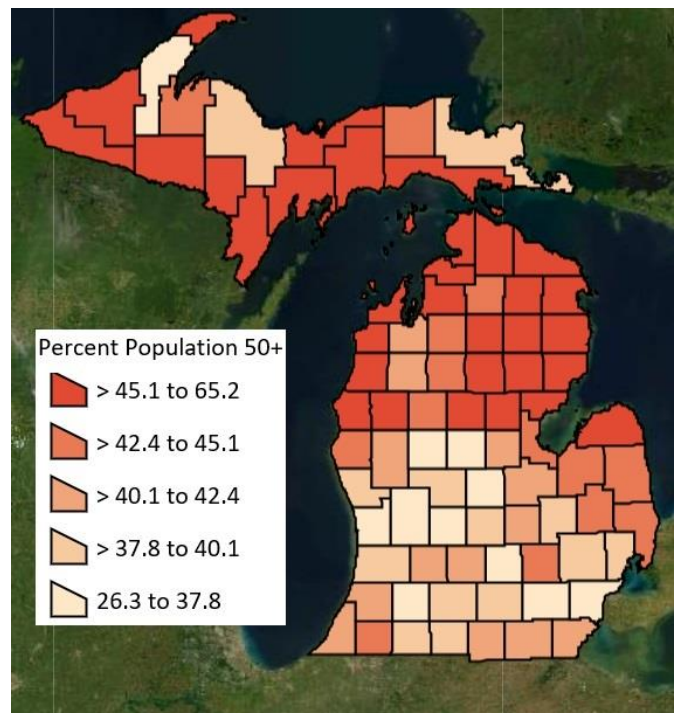
Each spring we publish this document – ***our annual State Legislative Agenda*** – that we share with Michigan’s State Representatives, State Senators, Governor, AARP members, our volunteers and the public. We also notify legislators of our positions on bills important to Michigan residents age 50 and 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.

As of 2022, approximately  
**3.9 million**  
 Michigan residents are age 50 and over.  
***That’s 39% of Michigan’s population.***

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

**Voters age 50+ cast**  
**60.17%**  
**of the total ballots in Michigan’s**  
**November 2022 election.**



# 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) to spark a transformation of the state's long term care system and make key, long-needed reforms. Investing ARPA funds in strategic ways that increase access to home and community-based services and other alternatives to traditional nursing home settings will 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. Our specific recommendations include:

- Expanding access to Programs of All-Inclusive Care for the Elderly (PACE) to parts of the state where PACE is not currently available, particularly the Upper Peninsula and northern Michigan.
- Ongoing efforts to expand "presumptive eligibility" for the MI Choice Medicaid Waiver Program to reduce delays in access to home and community-based services.
- Incentivizing a transformation to single room occupancy as the new norm for nursing home care, building on the "Green House" small house nursing home model.<sup>1</sup>



Green Houses and other small house nursing home models are considered *nontraditional* due to their size (10-12 beds), home-like features, and the use of *universal caregivers* – a consistent, empowered work team of caregivers who are responsible for a full range of personal, clinical and home care activities. Green Houses offer a much higher quality of life for residents and higher family satisfaction.<sup>2</sup> Research also shows that residents of Green Houses fared significantly better than residents of traditional nursing homes during the coronavirus pandemic, with very low or nonexistent rates of COVID infection.<sup>3</sup>

## Establish Caregiver Resource Centers

Family caregivers shoulder great responsibilities. At any given time during the year, an estimated 1.73 million Michiganders<sup>4</sup> perform a great labor of love: helping their older loved ones to live independently at home, where they want to be. They are the single largest provider of long-term care for adults living at home and the first line of defense against older Michiganders being readmitted to hospitals or forced to move into nursing homes.<sup>5</sup>

In 2022, the U.S. Department of Health and Human Services identified supporting family caregivers as an urgent public health issue that has now been exacerbated by the long-term effects of the COVID-19 pandemic.<sup>6</sup>

Over the past two years AARP participated as part of a multidisciplinary Michigan team in the *Helping States Support Families Caring for an Aging America*<sup>7</sup> initiative, assisted by the Center for Healthcare Strategies. The goal of that effort was to review and recommend opportunities for the state of Michigan to identify and reach more caregivers, connect more caregivers with supports and services, and reach more diverse caregiver populations. AARP urges policymakers to follow the recommendations from that effort as well as the *2022 National Strategy to Support Family Caregivers: Actions for States, Communities, and Others*.<sup>8</sup>



**Together with the Michigan Commission on Services to the Aging, Area Agencies on Aging Association of Michigan and other Michigan partners:**



**AARP urges** the Michigan Legislature to invest \$16.8 million to expand services for family caregivers by developing and implementing a **Caregiver Resource Center** model for Michigan that would include a Michigan Caregiver Collaborative on which AARP Michigan would serve in an advisory role; that would expand caregiver services making use of new or expanded Caregiver Resource Centers across the Area Agencies on Aging network; and that would create a statewide virtual educational resource clearinghouse offering evidence-based educational and training materials.

## **Increase Long Term Care Ombudsman Staffing**

The Michigan Long Term Care Ombudsman Program (MLTCOP)<sup>9</sup> is an essential tool for ensuring the health, safety, welfare and rights of Michigan residents who live in nursing homes and other licensed long-term care facilities in our state. State, regional and local long-term care ombudsmen advocate for and on behalf of people living in these facilities, including assisting residents and family caregivers with problems, helping them navigate complex systems, and investigating complaints.

As of FY 2020, there were approximately 4,897 licensed nursing homes, homes for the aged and adult foster care homes in Michigan with a total of approximately 102,914 resident beds,<sup>10</sup> but currently only 20 designated ombudsmen totaling 18.3 FTEs provide these essential functions to ensure quality of care and quality of life for the residents in these facilities.

***The tragedy of COVID-19 shed new light on longstanding problems in Michigan's long term care system – one of which is that our state's long term care ombudsman program has been terribly understaffed for many years.***

The nationally recommended ombudsman-staff-to-bed ratio is one ombudsman FTE to every 2,000 long-term care beds.<sup>11</sup> The NORC *Process Evaluation of the Long-Term Care Ombudsman Program*<sup>12</sup>



in 2019 found that the actual average ombudsman FTE ratio nationwide was one ombudsman FTE to every 2,355 beds based on 2016 data. By comparison, Michigan's ratio was one ombudsman FTE to every 5,166 beds. Only 3 other states in the U.S. had ombudsman staffing ratios worse than Michigan's. To adequately staff Michigan's Long Term Care Ombudsman Program at a level of one FTE per 2,000 beds, our state should have a total of 51.5 ombudsman FTEs.



**AARP urges** the Legislature to adequately staff Michigan's Long Term Care Ombudsman Program by adding 33 new FTEs to the MLTCOP program (30 additional local ombudsmen and 3 additional FTEs in the state Office of the Ombudsman) at an estimated total cost of approximately \$3 million.

## **Increase Overall Access to Home and Community Based Services (HCBS)**

Many options exist to allow people to *age in place* by receiving long term services and supports (LTSS) in home and community-based settings as they age, rather than in traditional institutional settings. Programs in the Michigan Department of Health and Human Services (MDHHS) budget that provide HCBS in Michigan – all with different eligibility requirements, and funded by different combinations of taxpayer dollars – include the MI Choice Medicaid Waiver Program, non-Medicaid senior services delivered through Michigan's Area Agencies on Aging, PACE and Home Help. However, because access to these services is limited in Michigan, too many older adults end up in nursing homes unnecessarily.

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. The most recent available data shows 68.5% of Michigan's Medicaid spending for long term care goes to pay for care in nursing homes, instead of in people's homes, where they want to be.<sup>13</sup>

"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.<sup>14</sup> 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.<sup>15</sup>



**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.<sup>16</sup>**



**AARP urges** the Legislature to continue efforts to *rebalance* Michigan's long term care system by removing unnecessary barriers to enrollment and increasing funding for home and community-based services in the FY 2024 MDHHS budget.

## **Ensure a Sustainable Direct Care Workforce**

Any effort to increase access to long term care options also relies on the availability of a direct care workforce to provide these services in home and community-based settings, and Michigan is currently facing a critical shortage of reliable, trained direct care workers.



Michigan already needs 36,000 more direct care workers (DCWs) than the 165,000 we currently have, 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.<sup>17</sup>

Most importantly, high turnover and workforce shortages lead to a lower quality of care for older adults and people with disabilities who rely on these services.

AARP urges policymakers to address critical shortages in Michigan's direct care workforce – both right now and for the future – by advancing recommendations from the MDHHS Direct Care Workforce Advisory Committee, of which AARP is a member. These solutions include efforts not only to increase wages but also to increase job satisfaction through improved staffing models, comprehensive training, credentialing and career pathways. Specific immediate proposals that AARP supports include:



**AARP supports** increasing the Medicaid wage rate for direct care workers who provide care in home and community-based settings by \$4.00 per hour.



**AARP supports** making use of American Rescue Plan Act (ARPA) funds available to Michigan to provide retention bonuses for direct care workers to help address the current severe shortage of qualified staff in this workforce.

## **HEALTH CARE**

### **Lower Prescription Drug Prices**

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.

According to a survey conducted by AARP in 2022,<sup>18</sup> three in four Michiganders (75%) report taking prescription medications on a regular basis, and 58% cite not filling a prescription because of cost. Older adults are disproportionately affected by high prescription drug costs, with 40 percent taking 5 or more prescription drugs and nearly 20 percent taking 10 or more. More than half (57%) of Michigan adults 50 and over are concerned they will not be able to afford prescription drugs over the next few years for themselves or their families.



At the federal level, AARP supported the historic provisions in the Inflation Reduction Act of 2022 to allow Medicare to negotiate drug prices and to limit insulin co-pays for Medicare recipients to no more than \$35 per month.

***At the state level, AARP urges policymakers to pursue these policy solutions to help ensure Michiganders can afford their prescription medications:***

**88%** of Michigan voters age 50+ support requiring drug companies to publicly disclose how prices are set for their medications.

**74%** would support Michigan establishing a Prescription Drug Affordability Board.

**80%** would support Michigan establishing a wholesale prescription drug importation program.

## Transparency in Drug Pricing and Drug Affordability Board

One of the reasons prices are so high is that pharmaceutical companies set them with no transparency. AARP 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. AARP also supports the creation of a state “Prescription Drug Affordability Board” to review the cost of prescription drugs and make recommendations on what to do about drugs deemed unaffordable.

## International Reference Pricing and Importation

Americans pay the highest prescription drug prices in the world – often triple what people in other countries pay for the same medicine.

While it’s not a complete solution to the problem, International Reference Pricing could help lower consumer costs. This concept uses the price paid for certain drugs in other countries, such as Canada, to set up an upper payment limit for those drugs for payors in our state. AARP also supports safe and legal importation from Canada which would help put downward pressure on prices. For drugs imported under a wholesale prescription drug importation program, the state would need to make sure savings are passed on to consumers to help them afford their medications.



Specific proposals that **AARP supports** include:



**House Bill 4015 (Representative Jennifer Conlin)**, which would help ensure that Michigan residents with diabetes can afford their insulin by capping out-of-pocket costs for a 30-day supply.



Efforts to leverage the Michigan Strategic Fund and the power of state government to realize new opportunities to reduce insulin costs and other drug costs for consumers.

## 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.

To date, AARP Michigan has published three reports that provide recommendations for addressing health care and other disparities in ways that can improve health outcomes for Michiganders while also reducing long-term costs to taxpayers:

- [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 \(2022\)](#)

In addition, **AARP urges** the Michigan Legislature to implement the Michigan Coronavirus Racial Disparities Task Force's 2022 [Recommendations for Collaborative Policy, Programming and Systemic Change](#) by including funding in the FY 2024 MDHHS budget to increase culturally competent data collection and improve state and local public health capacity to reduce racial disparities in access to health care services.

## Dementia and Brain Health

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

Our [2019-2022 Roadmap for Creating a Dementia Capable Michigan](#) outlined goals and 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; and improve coordination across the continuum of care.<sup>19</sup> We are currently in the process of updating the *Roadmap* for 2023-2027 and urge the Legislature to continue working to make Michigan a more "dementia capable" state.



Michigan  
DEMMENTIA RESOURCE GUIDE  
for Families

**AARP**  
Michigan

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.

# FINANCIAL SECURITY

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.

## Repeal the Retirement Tax

AARP has fought against Michigan's retirement tax from the start. For nearly 50 years, Michigan workers planned for retirement based on a promise that their pensions would not be reduced by the state. The state retirement tax created by Public Act 38 of 2011 violated that promise and unexpectedly reduced the effective value of Michigan workers' retirement benefits. The timing was bad back then, and it's even worse today as Michigan residents face the erosion of their retirement security in other ways, too, due to reductions in their retiree health benefits, increasing prescription drug costs, and record inflation.



The state of retirement security in Michigan doesn't just matter to individual retirees, but to our state's economy. Americans age 65 and older spend a higher proportion of their income than other age groups, and older adults also tend to spend a larger share of their income purchasing goods and services that are produced locally. Moreover, this spending creates a ripple effect throughout Michigan's economy, as one person's spending becomes another person's income. These dollars help to sustain Michigan's businesses and workers by creating jobs, wages, and salaries immediately and in the future. Repealing Michigan's retirement tax will put money back into our economy through retiree spending.



**AARP urges** the Michigan Legislature to repeal the retirement tax. We support **Senate Bill 1 (Senator Kevin Hertel)** and **House Bill 4001 (Representative Angela Witwer)**.

## Make It Easier to Save for Retirement

Inadequate retirement saving 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. According to a 2021 survey, 60% of Michigan registered voters ages 25-64 feel anxious about having enough money to live comfortably through their retirement years, and half say they are behind schedule for planning and saving for retirement.<sup>20</sup>

*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.<sup>21</sup>*

Currently, about 42% 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 813,000 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.<sup>22</sup>

Research shows that saving at work is critical. Fewer than 10% of households regularly contribute to an Individual Retirement Plan outside of their jobs.<sup>23</sup> 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*.

## **Family Caregiver Tax Credit**

Family caregivers typically spend significant portions of their own income in support of their caregiving activities. More than three in four family caregivers (78%) incur out-of-pocket expenses for caregiving purposes, spending an average of \$7,242 per year related to caregiving.<sup>24</sup> 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 \$15.1 billion per year in the aggregate.<sup>25</sup>



**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. As part of that work, **AARP supports** a package of four bills, expected to be reintroduced from the 2021-2022 legislative session, 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.



# LIVABLE COMMUNITIES

## Age-Friendly Michigan

Michigan is one of the most rapidly aging states in the nation. 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 the first in the Midwest – to do so.



The [AARP Network of Age-Friendly States and Communities](#)<sup>26</sup> is a five-year program that helps states and communities plan to become age-friendly places. Ten communities in Michigan are currently designated as Age-Friendly Communities (Albion, Auburn Hills, East Lansing, Grand Rapids, Highland Park, Jackson, Lansing, Oak Park, Royal Oak and Southfield), and several 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; safe and affordable transportation; outdoor spaces such as parks; and access to information and communications technology. Being age-friendly creates opportunities to attract and maintain employers and provides appeal for all ages, not just older adults.

***Current opportunities to make Michigan a more age-friendly state include:***

### **Affordable, Accessible Housing**

People of all ability levels need accessible and affordable housing that allows them to continue to live safely in their homes and communities as they age. Many homes are not accessible, however. For example, most existing housing stock and new construction are multi-level with stairs.



**AARP supports** opportunities to increase affordable, accessible housing in Michigan by incentivizing *universal design* in construction and renovation. Opportunities include providing subsidies or tax breaks to individuals who modify their homes to include elements such as zero-step entrances, wide doorways, adequate maneuvering space in kitchens and bathrooms, slide-out shelves, and handles that are easy to reach and operate.



**AARP supports** proposals to increase the diversity and supply of age-friendly housing for persons of low income.



**AARP urges** policymakers to meet the pressing need in our state to improve the availability of safe, appropriate housing options for persons who are involuntarily transferred out of nursing home settings, including by implementing person-centered plans to end the practice of evicted nursing home residents being relegated to hotels or homeless shelters.

## Transportation

Access to transportation is a key social determinant of health for older adults, and lack of access is associated with negative health outcomes including social isolation, depression, and early entry into a long-term care facility.<sup>27</sup> Mobility is an essential component of quality of life. Unfortunately, many older adults have comparatively fewer transportation options than their younger counterparts.

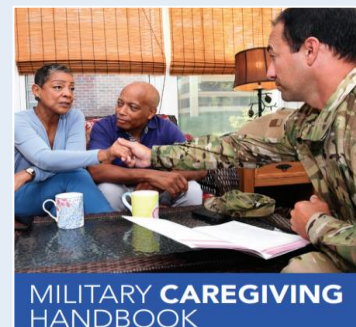


**AARP supports** opportunities to improve transportation options for older adults in Michigan including making greater use of automated vehicle (AV) technologies, and expanding access to “mobility on demand” services for older adults and others without access to a personal vehicle.

## Support for Veterans

AARP seeks to honor and support those who served by helping Michigan veterans and their families better access resources and employment opportunities. In 2023, 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, of which we invite legislators to make use:

- 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.



## **Bridge the Digital Divide for Older Adults**

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.<sup>28</sup>



However, Michigan's digital divide is leaving many older adults behind.<sup>29</sup> 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.<sup>30</sup> As of 2021, Michigan currently ranks 32nd among states in BroadbandNow's annual rankings of internet coverage, speed and availability.<sup>31</sup>

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.

### ***To help bridge the digital divide for older adults:***



**AARP urges** policymakers to continue 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 and making broadband more affordable.



**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.

## ENDNOTES AND ADDITIONAL RESOURCES

<sup>1</sup> <https://thegreenhouseproject.org/>

<sup>2</sup> *Small-House Nursing Homes*, Reinhard, Susan and Hado, Edem. AARP Public Policy Institute (2021). <https://www.aarp.org/content/dam/aarp/ppi/2021/small-house-nursing-homes.pdf>

<sup>3</sup> *Nontraditional Small House Nursing Homes Have Fewer COVID-19 Cases and Deaths*, The Journal of Post-Acute and Long-Term Care Medicine (2021). [https://www.jamda.com/article/S1525-8610\(21\)00120-1/fulltext](https://www.jamda.com/article/S1525-8610(21)00120-1/fulltext)

<sup>4</sup> *Scan of Family and Informal Caregiver Programs in Michigan*, Center for Health and Research Transformation (November 2021). <https://chrt.org/wp-content/uploads/2021/11/MHEF-Caregiver-Scan-Final-Report-11-23-21.pdf>

<sup>5</sup> *Caregiving in the U.S. 2020*. AARP and National Alliance for Caregiving (May 2020). <https://www.aarp.org/content/dam/aarp/ppi/2020/05/full-report-caregiving-in-the-united-states.doi.10.26419-2Fppi.00103.001.pdf>

<sup>6</sup> *HHS Delivers First National Strategy to Support Family Caregivers* (September 21, 2022). <https://www.hhs.gov/about/news/2022/09/21/hhs-delivers-first-national-strategy-support-family-caregivers.html#:~:text=%E2%80%9CSupporting%20family%20caregivers%20is%20an,in%20a%20loved%20one's%20life>

<sup>7</sup> <https://www.chcs.org/project/helping-states-support-families-caring-for-an-aging-america/>

<sup>8</sup> 2022 National Strategy to Support Family Caregivers: Actions for States, Communities, and Others [https://acl.gov/sites/default/files/RAISE\\_SGRG/NatlStrategyFamCaregivers\\_ActionsSCO.pdf](https://acl.gov/sites/default/files/RAISE_SGRG/NatlStrategyFamCaregivers_ActionsSCO.pdf)

<sup>9</sup> <https://mltcop.org/> and MCL 400.586(aa), MCL 400.586g and MCL 400.586h

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<sup>19</sup> To read the *Roadmap* and see current progress toward achieving these goals, visit <https://www.midementiacoalition.org/roadmap>

<sup>20</sup> AARP Michigan Retirement Security Survey (2021). <https://www.aarp.org/research/topics/economics/info-2021/michigan-registered-voters-retirement-survey.html?CMP=RDRCT-PRI-RETIREMENT-080521>

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<sup>28</sup> *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*. National Academies of Sciences, Engineering, and Medicine (2020). <https://pubmed.ncbi.nlm.nih.gov/32510896/>  
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<sup>29</sup> Pew Research Center Internet/Broadband factsheet: <https://www.pewresearch.org/internet/fact-sheet/internet-broadband/>

<sup>30</sup> *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](https://connectednation.org/wp-content/uploads/2020/03/CN_TELEHEALTH_2020_022720_FINAL.pdf)

<sup>31</sup> To see broadband access data in Michigan, including by city: <https://broadbandnow.com/Michigan>



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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 1.25 million members in Michigan. AARP does not endorse candidates for public office or make contributions to political campaigns or candidates.

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