



2024 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

Paula D. Cunningham, State Director
123 W. Allegan, Suite #500
Lansing, MI 48933

aarp.org/MI

Twitter: @AARPMichigan

Facebook.com/AARPMichigan

Toll-Free Phone: 1-866-227-7448

AARP MICHIGAN 2024 STATE LEGISLATIVE AGENDA

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For more information about any of the legislation that AARP is following at the State Capitol, contact:

- **Melissa Seifert**, Associate State Director for Government Affairs, at (517) 316-6393 or MSeifert@AARP.org
- **Lisa Dedden Cooper**, Manager of Advocacy, at (517) 267-8923 or LCooper@AARP.org
- **Jason Lachowski**, Advocacy Analyst, at (517) 267-8920 or JLachowski@AARP.org

Media Inquiries:

- **Careena Eggleston**, Associate State Director of Communications, at (517) 246-1225 or CEggleston@AARP.org

You can also visit our webpage at www.AARP.org/MI, like us on Facebook at [Facebook.com/aarp.michigan](https://www.facebook.com/aarp.michigan) or follow us on X at [@AARPMichigan](https://twitter.com/AARPMichigan) for real-time advocacy updates.

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

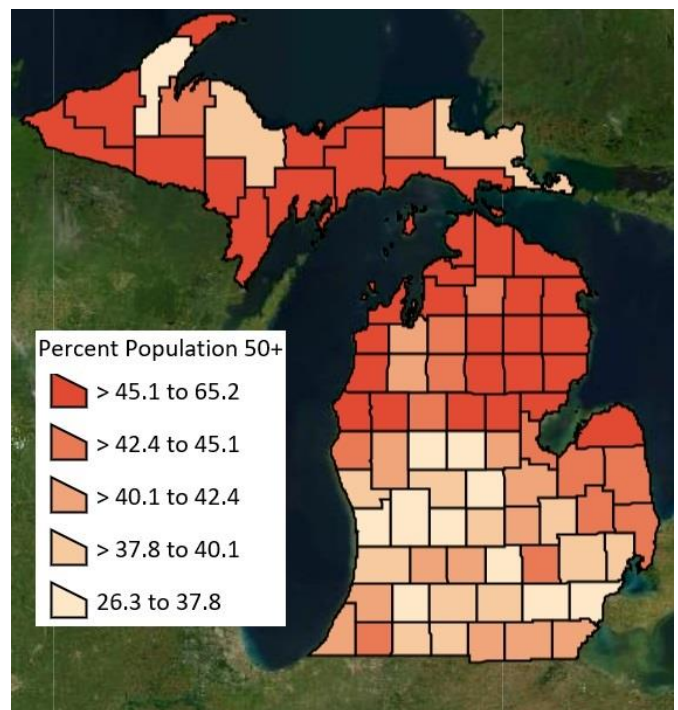
HOW YOU'LL HEAR FROM US

We publish this document – *our State Legislative Agenda* – annually to share our legislative policy and advocacy priorities with Michigan’s State Representatives, State Senators, Governor, AARP members, our volunteers and the public. We also notify legislators of our positions *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, local events, 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 2023, 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.



FINANCIAL SECURITY

Make It Easier to Save for Retirement

According to a 2021 AARP survey, 60% of Michigan registered voters aged 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.¹

Inadequate retirement saving also impacts the state budget, because when individuals don't 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.²



Currently, about 42% of Michigan workers aged 18-64 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.³ This is key because research shows that saving at work is critical. Fewer than 10% of households regularly contribute to an Individual Retirement Plan outside of their jobs.⁴ 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.

According to a 2023 AARP survey of more than 500 Michigan small businesses with between 1 and 150 employees, 79% of small business owners said being able to offer a portable retirement savings program would help them attract and retain quality employees and stay competitive. Furthermore, 73% said they would support the creation of a privately managed, plug-and-play retirement savings option to allow employees to save for their future through their paycheck.



AARP supports House Bill 5461 (**Representative Mike McFall**) which would establish a new automatic IRA retirement savings plan to give workers at small businesses in Michigan a simple way to save for their retirement through an optional payroll deduction. The plan would be administered by a public-private partnership and available to employees of small businesses that don't already offer their employees a retirement plan.

Similar retirement savings plans are currently up and running in Oregon, California, Illinois, Delaware and Hawaii. Additionally, Missouri, Minnesota and Nevada have recently passed legislation to establish them.

For up-to-date information about AARP's advocacy on this issue visit AARPMI.org/save

Tax Relief for Family Caregivers

Family caregivers for older adults serve as an invisible, unpaid workforce in Michigan's health care system, providing an estimated 1.1 billion hours of voluntary care to their loved ones worth approximately \$19.6 billion per year in the aggregate.⁵

They also typically spend significant portions of their own income in support of their caregiving activities, paying for expenses like home modifications, care at home, transportation, and equipment to help with daily living. 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.⁶



AARP urges Michigan Legislature to pass the *Caring for MI Family Tax Credit* to provide tax relief of up to \$5,000 per year for family caregivers who pay expenses out of their own pockets to help care for an older family member.

Preventing Abuse and 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.

Professional Guardianship Reform

AARP supports legislation resulting from the work of the Elder Abuse Task Force 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 Bill 4909 (**Representative Kelly Breen**), House Bill 4910 (**Representative Penelope Tsernoglou**), House Bill 4911 (**Representative Graham Filler**) and House Bill 4912 (**Representative Ken Borton**). This package of bills would make needed reforms in response to identified patterns of abuse, mismanagement of funds and conflicts of interest involving professional guardians.

Security Cameras in Nursing Homes

One way to help increase the safety and security of nursing home residents and their property is the simple idea that a resident should have the right, if they wish, to use video cameras and communication devices in their room. These common, modern technologies are important both to connect residents with friends and family in the community, and to give residents and their families peace of mind that appropriate, secure and timely care is being provided.



AARP supports Senate Bill 717 (**Senator Jim Runestad**) which would allow nursing home residents and their families the voluntary option of having a video camera in a resident's room.

LONG TERM CARE

Increase Long Term Care Ombudsman Staffing

The Michigan Long Term Care Ombudsman Program (MLTCOP)⁷ 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,⁸ but there are currently only 20 designated ombudsmen (18.3 FTEs) to provide these essential functions that ensure quality of care and quality of life for the residents in these facilities.

The nationally recommended minimum ombudsman-staff-to-bed ratio is one ombudsman FTE to every 2,000 long term care beds.⁹ The NORC *Process Evaluation of the Long-Term Care Ombudsman Program* in 2019 found that the actual ombudsman FTE ratio nationwide was one ombudsman FTE to every 2,355 beds. 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, and only 6 states have a lower ombudsman expenditure per bed.¹⁰ 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.

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.



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.

Establish Caregiver Resource Centers

Family caregivers shoulder great responsibilities. At any given time during the year, an estimated 1.73 million Michiganders¹¹ perform a great labor of love: helping their older loved ones 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.¹²



In 2021 and 2022 AARP participated as part of a multidisciplinary Michigan team in the *Helping States Support Families Caring for an Aging America*¹³ policy 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. Those efforts led to the proposal we are now advocating 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 expand services for family caregivers by supporting implementation of a **Caregiver Resource Center** model for the State of Michigan which would:

- Expand caregiver services by funding new or expanded Caregiver Resource Centers through Michigan's Area Agencies on Aging network;
- Create a Michigan Caregiver Collaborative advisory committee on which AARP Michigan would serve as a stakeholder representing family caregivers; and
- Create a statewide virtual resource clearinghouse offering evidence-based educational and training materials, to maximize opportunities for scaling.

The Legislature appropriated \$5 million for Caregiver Resource Centers in the FY 2024 MDHHS budget as a first step toward establishing these centers, and the State of Michigan is currently planning to pay for the statewide aspects of this model with an initial \$1.6 million in HCBS funding under the American Rescue Plan Act (ARPA), pending approval from the federal Centers for Medicare & Medicaid Services.

AARP urges the Legislature to continue its support of Caregiver Resource Centers with an additional investment of \$5 million in the FY 2025 MDHHS budget, and to maintain that investment annually.

Increase Access to Home and Community-Based Services (HCBS)

Many options exist for 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 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, Programs of All-Inclusive Care for the Elderly (PACE), and Home Help. However, because access to these services is limited, too many older adults end up in nursing homes unnecessarily.



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.¹⁴

According to AARP's 2023 *Long-Term Services and Supports State Scorecard*, Michigan ranks 36th in the nation in terms of the outsized share of taxpayer dollars the state spends 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. Ideally, a state should spend the majority of its Medicaid long term care funding to provide care for people in home and community-based settings (where they want to be), but 70.6% of Michigan's Medicaid spending for long term care goes to pay for care in nursing homes instead.¹⁵

“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 settings for every one person in a nursing home.¹⁶ Statistical modeling finds 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.¹⁷



As part of Michigan’s Silver Key Coalition, **AARP urges** the Legislature to increase state funding in the Aging, Community Living and Supports (ACLS) portion of the FY 2025 MDHHS budget by \$7 million for in-home services provided through the Area Agencies on Aging network, and by \$1 million for home-delivered meals.



AARP also urges the Legislature to continue efforts to rebalance Michigan’s long term care system by increasing access to Medicaid-funded HCBS through MI Choice, including by raising the \$2,000 asset limit for participants.

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 needs 36,000 more direct care workers 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.¹⁸ Most importantly, high staff 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 the recommendations of the MDHHS Direct Care Workforce Advisory Committee, of which AARP is a member. These solutions 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, to make these positions more attractive in the current competitive job market.



AARP supports implementation of efforts spearheaded by the Impart Alliance to increase job satisfaction in the direct care workforce through improved staffing models, comprehensive training, credentialing, and career pathways.

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 2022,¹⁹ 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% taking 5 or more prescription drugs and nearly 20% taking 10 or more. More than half (57%) of Michigan adults aged 50 and over are concerned about being able to afford prescription drugs over the next few years for either themselves or their families.

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

74% support Michigan establishing a Prescription Drug Affordability Board.

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

Furthermore, high drug costs hurt everyone: not only those who rely on prescription drugs for their health, but all of us who are paying higher premiums and out-of-pocket costs, as well as the taxpayers who fund public programs. 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 the below policy solutions to help ensure Michiganders can afford their prescription medications.

Transparency in Drug Pricing and Drug Affordability Board

The latest *Rx Price Watch* report published by AARP's Public Policy Institute documents that retail prices for 943 commonly used drugs have increased faster than the rate of general inflation every year from 2006 until 2020 (the most recent year data is available).²⁰ One of the reasons prices are so high is that pharmaceutical companies set them with no transparency and essentially no guardrails. 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.

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.



Bills that **AARP supports to help lower the cost of prescription drugs include:**



Senate Bill 483 (Senator Darrin Camilleri), Senate Bill 484 (Senator Veronica Klinefelt) and Senate Bill 485 (Senator Kristen McDonald Rivet). This package of bills would establish a Prescription Drug Affordability Board to review drug prices that pose an affordability challenge and set upper payment limits that apply throughout the healthcare system to protect and reduce costs for consumers, taxpayers and healthcare providers alike.



House Bill 4409 (Representative Samantha Steckloff), which would create greater transparency by requiring drug manufacturers to disclose certain information on costs and pricing to the state Department of Insurance and Financial Services.



Senate Bill 563 (Senator Ruth Johnson), which would authorize the State of Michigan to establish a wholesale prescription drug importation program for the bulk importation of lower cost drugs from Canada that meet United States Food and Drug Administration (FDA) standards for safety and effectiveness. This would be similar to the plan that the FDA recently approved for the State of Florida.



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.

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.

Over the past five years, AARP Michigan has published four reports that provide recommendations for addressing health care, financial 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)**
- ***Disrupting Disparities: Retirement Savings and Food Security* (2023)**

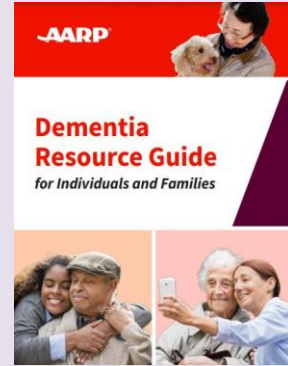
Dementia and Brain Health

United in our commitment to improving quality of life for people living with dementia and their families, AARP Michigan has partnered since 2016 with the Alzheimer's Association, University of Michigan, Michigan State University, Wayne State University, Michigan's Area Agencies on Aging, Michigan Assisted Living Association, Michigan Department of Health & Human Services, and other individual and organizational stakeholders to comprise the Michigan Dementia Coalition (MDC). Our *2019-2022 Roadmap for Creating a Dementia Capable Michigan*, progress report, and *2023 Update* to that roadmap are available at midementiacoalition.org/roadmap.

In 2024 we look forward to working with the state Dementia and Healthy Brain Unit to develop a new 4-year state strategic plan to increase public awareness about dementia and brain health, improve access to services for people living with dementia and their families, address rising costs, and improve coordination across the continuum of care.



Together with our MDC partners, **AARP urges** the Legislature to increase funding by \$2 million for the Dementia & Healthy Brain Unit in the FY 2025 Michigan Department of Health and Human Services budget.



AARP invites legislators to make use of our AARP

Dementia Resource Guide for Individuals and Families

and to visit the

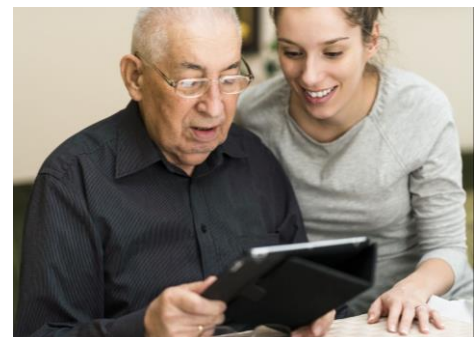
Michigan Dementia Coalition's **Speakers Bureau** webpage to connect with expert presenters on dementia-related topics.

LIVABLE COMMUNITIES

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.²¹



However, Michigan’s digital divide is leaving many older adults behind.²² 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.²³ As of 2024, Michigan currently ranks 27th among states in BroadbandNow’s annual rankings of internet coverage, speed and availability.²⁴

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 federal funding opportunities for 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.

An 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 Communities²⁵ is a program that helps states and communities plan to become age-friendly places. Eleven communities in Michigan are currently designated as Age-Friendly Communities (Albion, Auburn Hills, Detroit, 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.²⁶
- **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.²⁷ 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 2024, 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.



ENDNOTES AND ADDITIONAL RESOURCES

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- ² *The US Could Save \$33 Billion by Helping People Save for Their Own Retirement*, AARP Public Policy Institute (February 2018). <https://www.aarp.org/content/dam/aarp/ppi/2017/National.pdf>
- ³ *Payroll Deduction Retirement Programs Build Economic Security - Fact Sheet: Michigan*. AARP Public Policy Institute (August 2022). <https://www.aarp.org/content/dam/aarp/ppi/2022/state-fact-sheets/michigan.doi.10.26419-2Fppi.00164.024.pdf>
- ⁴ *How States Are Working to Address the Retirement Savings Challenge: An analysis of state-sponsored initiatives to help private sector workers save*. Pew Charitable Trusts (2016). <https://www.pewtrusts.org/en/research-and-analysis/reports/2016/06/how-states-are-working-to-address-the-retirement-savings-challenge>
- ⁵ *Valuing the Invaluable: 2023 Update – Strengthening Supports for Family Caregivers*, AARP Public Policy Institute (March 2023). <https://www.aarp.org/content/dam/aarp/ppi/2023/3/valuing-the-invaluable-2023-update.doi.10.26419-2Fppi.00082.006.pdf>
- ⁶ *Caregiving Out-of-Pocket Costs Study*, AARP Public Policy Institute (June 2021). https://www.aarp.org/content/dam/aarp/research/surveys_statistics/ltc/2021/family-caregivers-cost-survey-2021.doi.10.26419-2Fres.00473.001.pdf
- ⁷ <https://mltcop.org/> and MCL 400.586(aa), MCL 400.586g and MCL 400.586h
- ⁸ Long-Term Care Ombudsman Program Data, National Ombudsman Reporting System (NORS). Table A - Selected Information: State and Region (Updated March 9, 2022). https://ltcombudsman.org/omb_support/nors/nors-data
Note: Since this NORC report was published, facility beds in Michigan increased to 103,459 as of July 2023, making the ratio of ombudsmen-to-beds even worse at 1:5177.
- ⁹ Institute of Medicine. Committee to Evaluate the State Long-Term Care Ombudsman Programs. *Real people, real problems: An evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act* (1995). <https://pubmed.ncbi.nlm.nih.gov/25101383/>
- ¹⁰ *Process Evaluation of the Long-Term Care Ombudsman Program*. National Long-Term Care Ombudsman Resource Center (September 30, 2019). Table C, pp 154-155. https://acl.gov/sites/default/files/programs/2020-10/LTCOPProcessEvaluationFinalReport_2.pdf
- ¹¹ *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>
- ¹² *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>
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To find resources for family caregivers in Michigan, and to hear about caregiving experiences from Michigan caregivers firsthand, visit AARPMI.org/care

AARP MICHIGAN STAFF DIRECTORY

Paula D. Cunningham, State Director, PCunningham@AARP.org

Lisa Dedden Cooper, Manager - Advocacy, LCooper@AARP.org

Cathleen Simlar, Manager - Communications, CSimlar@AARP.org

Melissa Seifert, Associate State Director - Government Affairs, MSeifert@AARP.org

Jason Lachowski, Advocacy Analyst, 517-267-8920 or JLachowski@AARP.org

Careena Eggleston, Associate State Director - Communications, CEggleston@AARP.org

Jennifer Feuerstein, Assoc. State Director - Community Outreach, JFeuerstein@AARP.org

Brenda Price, Assoc. State Director - Community Outreach, BPrice@AARP.org

Rich Howard, Assoc. State Director - Community Outreach, RHoward@AARP.org

Ramón Harris, Assoc. State Director - Community Outreach, RiHarris@AARP.org

Sadie Shattuck, Communications Analyst, SShattuck@AARP.org

Diane Dykstra, Senior Operations Associate, DDykstra@AARP.org

Andrea Palmer, Program Associate, APalmer@AARP.org

- 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 people 50 and over to choose how they live as they age. With 1.25 million members in Michigan, AARP strengthens communities and advocates for what matters most to people age 50-plus and their families: health security, financial stability and personal fulfillment. AARP also produces the nation’s largest circulation publications, *AARP The Magazine* and the *AARP Bulletin*. AARP does not endorse candidates for public office or make contributions to political campaigns or candidates.

CONTACT US

You can reach the AARP Michigan State Office
by calling toll-free 1-866-227-7448

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