AARP Michigan advocates on policy issues that matter the most to Michigan residents aged 50 and over, and their families: economic security; access to quality, affordable health care; and age-friendly communities in which to live. In 2012, 32.8% of Michigan residents were aged 50 or older. By 2030, 36.8% of Michigan residents are expected to be aged 50 or older.

In our state legislative advocacy efforts, AARP relies on more than 200 AARP Michigan volunteers, a state office staff located in Lansing, and our 1.4 million Michigan members. Our 2013 state legislative priorities include:

- **Age-Friendly Communities**
- **Fighting the Erosion of Retirement Security**
- **Medicaid Expansion to 133% FPL**
- **Employment and Entrepreneurship**
- **Home & Community Based Long Term Services**
- **Implementing Michigan’s Health Insurance Exchange**
- **APRN Scope of Practice**
- **Retired Nurse Volunteer Licensure**
- **Preventing Elder Abuse and Exploitation**
- **Fighting Medigap Rate Increases**
- **Uniform Guardianship Jurisdiction Act**
- **Integrated Care for “Dual Eligibles”**

### Age-Friendly Communities

AARP supports state and local efforts to ensure that Michigan residents have the opportunity to “age in place.” The essential pillars of an age-friendly community are: the availability of health care and long term care services that promote consumer independence, choice, and dignity; paid work and volunteer opportunities; a wide range of housing options; safe and affordable transportation; availability of outdoor spaces such as parks and recreational facilities; social participation, inclusion, and multigenerational interaction; and access to information and communications technology. An age-friendly community emphasizes enablement rather than disability, and is friendly for all ages, rather than just “elder-friendly.” At this juncture in our state’s history, we have real possibilities before us to create a more vibrant, age-friendly Michigan. AARP looks forward to working together with the Michigan Legislature, the Governor, and local communities to achieve this great vision for our great state.
Fighting the Erosion of Retirement Security in Michigan

AARP opposes legislation that erodes the retirement security of Michigan residents, and we are concerned about the acutely negative impact on our state and local economies as the disposable income of Michigan seniors continues to shrink. For most Michigan residents aged 65 and older, Social Security benefits are their primary source of income, and for about one-third of them, Social Security accounts for 90-100% of income.

Americans aged 65 and older spend 84% to 92% of their income, a higher proportion than other age groups. Older adults also tend to spend a larger share of their income locally, purchasing goods and services - particularly medical services - that are produced locally. As a result, increases or decreases in the amount of money that Michigan seniors have available to spend create significant ripple effects across our state and local economies.

Since 2011, Michigan seniors have faced a new state pension tax, the loss of their annual $2,400 per senior tax exemption, and increased property taxes due to changes in the homestead tax exemption. Most seniors live on fixed incomes, making it more difficult for them to absorb unexpected new costs. AARP supports efforts by the current Michigan Legislature such as Senate Bill 280 (Jones), Senate Bill 145 (Johnson), House Bill 4130 (Graves) and House Bill 4301 (Townsend), which would mitigate the negative financial impacts on seniors that have resulted from the Legislature’s decision last session to shift taxes away from businesses and onto seniors instead.

Expanding Medicaid to Cover People Up to 133% FPL

Beginning in 2014, states will be allowed to provide residents with incomes up to 133 percent of the federal poverty level – about $20,000 a year for a family of two – with health coverage under Medicaid. AARP supports the proposal in the Governor’s FY 2014 budget recommendation to allow an additional 470,000 uninsured Michigan residents to qualify for health care under Medicaid, which would reduce the number of uninsured Michigan residents by 46%.

This issue is particularly important to AARP members who are over age 50 but not yet eligible for Medicare. During our historic economic recession, many older workers have lost their jobs and their employer-sponsored insurance coverage. Older adults are particularly vulnerable to deterioration in function and health status if they do not have health coverage, inevitably increasing their need for and use of health care and long term care in the future. Expanding Medicaid to include residents with incomes up to 133% FPL would provide health coverage for an estimated 75,000 Michigan residents aged 50-64 who are currently uninsured.

In addition to saving lives, Medicaid Expansion saves money. As Michigan’s Department of Community Health has testified, pursuing Medicaid Expansion will result in $206 million in savings in the state
budget for FY 2014 alone. The Michigan House Fiscal Agency estimates that Michigan’s participation in Medicaid expansion will save the state between $121 million and $224 million per year from 2014 to 2019, and be roughly cost-neutral (saving an estimated $13 or $14 million per year) in subsequent years. The Senate Fiscal Agency similarly found that “while there would be long-term GF/GP costs for the expansion, there would be savings to more than offset any costs from the first day.” These savings will occur because covering these additional people under Medicaid will reduce the need for other medical services that are currently paid for by the state. Medicaid Expansion will also lower uncompensated care costs and is expected to lower private insurance premiums for individuals and businesses across Michigan by an estimated 3.06%. AARP urges the state to accept the available federal funding and expand Medicaid for Michigan residents beginning with the FY 2014 Department of Community Health budget. AARP opposes Senate Bill 41 (Caswell) which would statutorily prohibit Michigan from proceeding with this expansion.

Employment and Entrepreneurship

It is our goal to position Michigan as a place where older workers can find and retain satisfying work opportunities, where employers seek to hire and value experienced workers, and where older entrepreneurs can thrive. Approximately half of AARP’s members are not retired – they are still in the workplace, either in their original careers, or in “encore” careers. Others may have lost their jobs in the recent recession, but would like to return to the workforce. Since mid-2010, the average duration of unemployment for experienced workers is over one year – significantly longer than for workers with less employment experience. AARP’s efforts in 2013 include Work Reimagined, a social network-based program that provides experienced workers with timely, relevant information for seeking new employment and making career transitions. Our new partnership with the Small Business Administration links Michiganders aged 50 and over who are interested in starting a business with small business development resources, workshops, and mentoring programs. The median age of high-tech start-up company founders is 39, and there are actually twice as many entrepreneurs over age 50 as there are aged 20-34. AARP also supports increased awareness of and resources for the growing number of older workers who, in addition to their paid employment, serve as unpaid caregivers for family members. In Michigan, an estimated 1 out of every 7 adults is currently serving as a caregiver for an adult family member.

Increased Availability of Home & Community Based Long Term Care

AARP supports the expanded availability of Home & Community Based Services (HCBS) for people who need long term care, and we support continued efforts toward rebalancing Michigan’s long term care system to provide a greater proportion of long term care services through HCBS, rather than in institutional settings. Toward this end, we support the Governor’s proposal to increase funding for the MI Choice Medicaid Waiver program by 6 percent ($17.5 million) in the FY 2014 Department of Community Health budget. AARP is committed to ensuring that the long term care system in Michigan promotes consumer independence, choice, and dignity. Furthermore, rebalancing our long term care system will save taxpayer dollars.

As of 2011, Michigan’s long term care system was ranked #31 in the nation according to Raising Expectations (2011), A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical
Disabilities, and Family Caregivers. According to a 2011 Thomson Reuters analysis, the percentage of total public dollars spent on non-institutional long term care services for older adults and people with physical disabilities in Michigan was only 21.6%, compared to 78.4% that was spent on nursing home services. That analysis compared Michigan with other states and found that 35 states spend a smaller proportion of their long term care dollars on nursing homes than we do in Michigan, many of them quite significantly. A national analysis published in 2011 entitled *Do Medicaid Home and Community Based Service Waivers Save Money?* found that the use of HCBS produced an average annual public expenditure saving of $57,338 per participant. On average, Medicaid dollars can support nearly three older people and adults with physical disabilities in HCBS for every one person in a nursing home.

With the passage of the FY 2013 Department of Community Health budget, the State of Michigan took some important positive steps toward increasing the availability of HCBS in Michigan, but there is still tremendous room for improvement. The inclusion of increased funding for MI Choice in the FY 2014 budget will continue Michigan’s progress toward rebalancing. AARP further encourages the State of Michigan to apply for additional federal funding for HCBS through the State Balancing Incentive Payments Program (BIPP) and/or Community First Choice Option (CFCO) program.

**Implementation of Michigan’s State Partnership Health Insurance Exchange**

In February of 2013, Michigan submitted a declaration letter to the U.S. Department of Health and Human Services indicating that the state plans to operate a state partnership exchange. AARP supports implementation of a health insurance exchange in Michigan in accordance with the Affordable Care Act as an important step toward our vision of affordable, quality, secure health care for all. AARP applauds the Michigan House’s decision this spring to pass House Bill 4111, which appropriates the $30.6 million in federal funding (with no state match requirement) that has been awarded to the State of Michigan to develop our state’s partnership exchange, and we urge the Senate to pass HB 4111 without further delay. AARP also looks forward to working with the Michigan Department of Licensing and Regulatory Affairs (LARA) to ensure that consumers’ best interests will be foremost in the governance and operation of the exchange.

**Advanced Practice Registered Nurse Scope of Practice**

*Senate Bill 2 (Jansen)* would allow Advanced Practice Registered Nurses (APRNs) in Michigan to use the full scope of their training and education to treat patients. Currently, APRNs successfully prescribe medications without physician oversight in 16 states and the District of Columbia. AARP supports SB 2 as a way to increase consumers’ access to care, particularly in rural and urban underserved areas where there is a lack of available physicians with whom nurses can enter into prescriptive agreements.

**Retired Nurse Volunteer Licensure**

*House Bill 4156 (Potvin)* would amend Michigan’s Public Health Code to allow retired nurses to obtain a special license to engage in nursing in a volunteer capacity. The Public Health Code currently
allows retirees from other medical professions to serve in this capacity to provide care for needy patients in medically underserved areas. AARP supports this legislation as a way to help improve access to care, and it is in line with our philosophy of volunteerism and older adults “giving back” to our communities.

**Elder Abuse and Exploitation**

AARP supports stronger protections for Michigan seniors against elder abuse, the financial exploitation of vulnerable adults, and fraudulent or unfair practices that place seniors’ homes or investments at risk. One such bill that we support is *House Bill 4264 (Leonard)*, which would allow a court to order consecutive sentencing in a case in which a person victimizes more than one vulnerable adult, or victimizes the same vulnerable adult repeatedly over time. House Bill 4264 passed the House on March 21 and now moves to the Senate.

**Blue Cross Restructuring/Medigap Rate Increases**

AARP Michigan opposed *Senate Bill 61 (Hune)* and *Senate Bill 62 (Smith)* because they will dramatically increase BCBSM Medigap rates for more than 200,000 Michigan residents as of 2016, and reduce access to health care for Michigan’s oldest and sickest residents. Seniors living on fixed incomes have already been hit hard by the Michigan Legislature’s recent tax increases on them, and contrary to assertions by the bills’ proponents, the Affordable Care Act did not require Michigan to make the changes these bills make regarding seniors and Medigap.

The total value of Michigan’s existing statutory Medigap support mechanism under Public Act 350 is approximately $200 million per year. The legislation’s proposed replacement funding amounts to less than $25 million per year (and would only be in place for 5 years). This means that 7 out of every 8 seniors who currently benefit from Medigap support under Public Act 350 will lose that support as of 2016 because of this legislation. People with disabilities who are under age 65 will also lose their guaranteed issue rights. AARP urges the Michigan Legislature to revisit this issue before 2016 to help restore affordability and access to Medigap for Michigan seniors and people with disabilities.

**Adoption of Uniform Guardianship Jurisdiction Act**

When someone becomes incapable of managing decisions related to their personal property, medical care, living arrangements, and/or financial issues, a court may appoint a guardian to make decisions on their behalf. Obtaining a guardianship order from a court can be an expensive and time-consuming process for a family, but if done appropriately, it can help prevent elder abuse and financial exploitation. As the American population continues to age and as American families have grown increasingly mobile, problems have arisen stemming from jurisdictional, transfer and recognition issues involving guardianship orders across state lines. Michigan is one of only 14 states which has yet to adopt the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act (UAGPJPJA), which means that it does not recognize guardianship orders from states where the uniform law has been enacted, and
vice versa. AARP supports adoption of the UAGPPJA as a way to help families save valuable time and money, and prevent unnecessary conflict when a family member who needs a guardian is located in a different state from the family member who needs to become their caregiver. Adopting the UAGPPJA will create a clear process for determining which state has jurisdiction to appoint a guardian or conservator if multiple states are involved, and will help facilitate enforcement of guardianship and protective orders in other states by authorizing a guardian or conservator to register their orders in other states.

Integrated Care for “Dual Eligibles”

In 2011, Michigan was one of 15 states to receive a federal grant to design an integrated care model for people who are dually eligible for Medicare and Medicaid. The Michigan Department of Community Health (MDCH) submitted its proposal to the federal Centers for Medicare and Medicaid Services (CMS) in 2012, and MDCH is currently in the process of negotiating its memorandum of understanding with CMS on the proposal. AARP is continuing to monitor and engage in Michigan’s efforts to develop and implement its integrated care model. We support those elements of Michigan’s proposal providing for personal preferences as a factor, increased retention and access to home and community based alternatives, requirements to use the “least restrictive setting,” the incorporation of evidenced based medicine, and the incorporation of quality incentives. We additionally believe 1) that the enrollment system should provide prospective enrollees with advance notice and a longer election period for selecting an Integrated Care Organization (ICO) or opting out; 2) that MDCH should develop minimum quality standards for the ICOs and their networks of providers based on objective quality data, and with accreditation standards (with an exception for consumer-directed care in which the ICO would pay family, informal caregivers, or personal care attendants selected by the consumer); 3) that the integrated model should include strong consumer protections and ready access to assistance with advocacy for dually eligible consumers; and 4) that consumer representation is essential not only during the development and implementation of this effort, but also in its ongoing operations, through participation on a state level governing board.

For More Information

Feel free to contact Felicia Wasson at fwasson@aarp.org or (517) 267-8917 if you have questions about any of the bills that we are following at the State Capitol. You can also follow us on Twitter at @AARPMichigan for real time updates on our advocacy efforts. And please let us know when you have an opportunity to advocate with your elected officials, and what sort of feedback you receive from them.

Thank you for your continued advocacy and commitment!

Jacqueline Morrison, State Director
Lisa Dedden Cooper, Manager of Advocacy
Felicia Wasson, Associate State Director for Government Affairs
309 N. Washington Square - Suite 110 - Lansing, MI 48933
Advocacy Office: (517) 267-8920
miaarp@aarp.org www.aarp.org/mi

AARP is a nonprofit, nonpartisan 501(c)(4) social welfare organization with a membership of more than 37 million. AARP helps people turn their goals and dreams into real possibilities, and we advocate on policy issues that matter the most to people aged 50+ and their families. AARP does not endorse candidates for public office or make contributions to political campaigns or candidates.