

Department of Legislative Services
Maryland General Assembly
2015 Session

FISCAL AND POLICY NOTE
Revised

Senate Bill 297

(Senator Kelley, *et al.*)

Finance

Health and Government Operations

Task Force on Family Caregiving and Long-Term Supports

This bill establishes the Task Force on Family Caregiving and Long-Term Supports to identify policies, resources, and programs available for family caregivers; find innovative and creative means to support family caregivers; receive testimony on the needs of family caregivers; compile an inventory of the resources available to family caregivers; and evaluate and recommend actions the State could take to develop, train, and retain a qualified and responsive in-home care workforce. AARP Maryland is to provide staff for the task force. By September 30, 2016, the task force must report its findings and recommendations to the Governor and the General Assembly.

The bill takes effect July 1, 2015, and terminates October 30, 2016.

Fiscal Summary

State Effect: Participation in the task force, including reimbursement for standard travel expenses, can likely be handled with existing resources of the various State entities involved. Revenues are not affected.

Local Effect: Participation of local county health officers, or their designees, can likely be handled with existing resources.

Small Business Effect: None.

Analysis

Bill Summary: The 27-member task force includes 1 member of the Senate and 1 member of the House of Delegates. The task force also includes one representative of the

Department of Human Resources (DHR), one representative of the Department of Health and Mental Hygiene (DHMH), and one representative of the Maryland Department of Aging (MDoA). A member of the task force may not receive compensation, but a State-agency affiliated member of the task force is entitled to reimbursement for expenses.

Current Law: The State agencies included in the task force each have a significant connection to the aging population in Maryland.

DHR administers programs, among others, focused on the needs of the elderly, disabled, and vulnerable adult. DHR works with local departments of social services and community-based organizations to coordinate services for the vulnerable adult population throughout the State to promote their safety, stability, and independence. Services are delivered with the principles of personal dignity, quality of life, privacy, and the right to make choices.

DHMH is a complex State agency which serves to protect the physical, mental, and social health of Marylanders. The department provides or purchases direct care services, including residential and outpatient care for the impaired elderly population.

MDoA administers multiple programs throughout the State, primarily through local “area agencies” on aging. Area agencies are designated by each county and Baltimore City to administer State and federal funds for local senior citizen programs. These programs cover advocacy services, health education, housing, information and referral, in-home services, and nutrition.

Background: The preamble notes that 770,000 Marylanders are taking care of loved ones who are aging or have failing health, and that the vast majority of older adults who need assistance with activities of daily living want to remain in their homes and communities. Almost three-fourths of older adults living in the community who receive personal assistance rely exclusively on unpaid caregivers for help. Providing services and supports to older adults in their homes and communities is generally much less expensive than nursing home care or adult day care, and older adults who receive cost-effective services in their homes are much less likely to need public assistance. The preamble concludes that, to successfully address the surging population of older adults who have significant needs for long-term services and supports, the State must develop methods to both encourage and support families to assist their aging relatives and recruit and retain a qualified, responsive in-home care workforce.

According to MDoA, the number of older Marylanders is increasing. In 2000, 15% of the population was older than 60. This percentage is expected to increase to 25% in 2030.

Additional Comments: AARP Maryland has agreed to provide staff for the task force and coordinate meetings, take notes and minutes, and compile the final report.

Additional Information

Prior Introductions: Similar legislation was considered in the 2014 session. SB 505 received a hearing in the Senate Finance Committee, but no further action was taken. Its cross file, HB 935, received an unfavorable report from the House Health and Government Operations Committee.

Cross File: None.

Information Source(s): AARP Maryland, Department of Human Resources, Department of Health and Mental Hygiene, Maryland Department of Aging, Department of Legislative Services

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