
SENATE COMMITTEE ON HUMAN SERVICES

Senator Hurtado, Chair
2021 - 2022 Regular

Bill No: SB 258
Author: Laird
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Urgency: No
Consultant: Taryn Smith
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Fiscal: Yes

Subject: Aging

SUMMARY

This bill adds human immunodeficiency virus (HIV) status to the list of noneconomic factors that restrict an individual's ability to perform normal daily tasks or that threaten capacity to live independently, in the context of greatest social need for services under the Older Californians Act (OCA).

ABSTRACT

Existing Law:

- 1) Establishes, in federal law, the Older Americans Act (OAA), which promotes the well-being of Americans 60 years old and above through services and programs designed to meet the specific needs of older citizens. Services provided under the OAA include home-delivered and communal meals; family caregiver support; health services; home assistance for the elderly; job training and volunteer opportunities; and protections from elder abuse, among others. (*42 U.S. Code 3001, et seq.*)
- 2) Defines in federal law greatest social need to mean the need caused by non-economic factors, which include: physical and mental disabilities; language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, which restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently. (*42 USC 3002 (24)*)
- 3) Establishes, with the Mello-Granlund Older Californians Act (OCA), the California Department of Aging (CDA) and states that the mission of the department is to provide leadership to the Area Agencies on Aging (AAAs) in developing systems of home and community-based services that maintain individuals in their own homes or least-restrictive homelike environments. (*WIC 9000 et seq.*)
- 4) Requires the CDA, in allocating specified state and federal funding to older individuals, to ensure that priority consideration is given to elderly individuals identified as in greatest economic or social need. (*WIC 9111*)

- 5) Defines “greatest economic need” as meaning the need resulting from an income level at or below the poverty threshold established by the Bureau of the Census. (*WIC 9014*)
- 6) Defines “greatest social need” as meaning the need caused by noneconomic factors that include physical or mental disabilities, language barriers, cultural or social isolation, including that caused by racial and ethnic status, sexual orientation, gender identity or gender expression, that restrict an individual’s ability to perform normal daily tasks or that threaten his or her capacity to live independently. (*WIC 9015*)

This Bill:

- 1) Adds HIV status to the list of noneconomic factors that restrict an individual’s ability to perform normal daily tasks or that threaten capacity to live independently, in the context of greatest social need for services under the OCA.
- 2) Makes technical and non-substantive changes.

FISCAL IMPACT

This bill has not yet been analyzed by a fiscal committee.

BACKGROUND AND DISCUSSION**Purpose of the Bill:**

SB 258 updates California’s definition of greatest social need to include cultural or social isolation caused by HIV status in order to make programs and services designed for older adults more readily available to those living with HIV. According to the author, “SB 258 provides California with the opportunity to continue leading the nation by ensuring that older adults living with HIV have the resources they need to age in place with dignity. This important legislation would ensure California’s legislature joins health and advocacy organizations in recognizing the critical role supportive aging services play in our continued fight against HIV/AIDS.”

Services for California’s Older Adults

CDA administers programs that serve older adults, adults with disabilities, family caregivers, and residents in long-term care facilities throughout the state. It administers funds allocated under the federal OAA, the state OCA, and through the Medicaid (Medi-Cal in California) program.

CDA contracts with and provides leadership and direction to the 33 AAAs operating in California. AAAs play a key role in planning, developing, coordinating and delivering a wide range of services and supports to consumers in their local planning service areas. They directly manage federal- and state-funded services that help older adults find employment; support older and disabled individuals to live as independently as possible in the community; promote healthy aging and community involvement; and assist family members as caregivers. They function as a

community link at the local level for development of home and community based services provided under the department's programs.

Services provided by AAAs, or through their contracts with community providers, include: home adaptation funding; provision of assistive devices; support groups; nutrition programs, including congregate nutrition programs and home delivered meal programs; disease prevention and health promotion programs; family caregiver support programs, including training and education; and supportive services programs.

CDA provides technical assistance to AAAs and shares strategies found to be effective in establishing relationships within target groups who are either in greatest economic need or social need of assistance. CDA also develops guidance, identifies promising practices, and provides technical assistance on effective strategies to better serve specific groups that have historically been underserved.

Greatest Economic or Social Need

Existing law requires CDA, in allocating specified state and federal funding to older individuals, to ensure that priority consideration is given to elderly individuals identified as having the greatest economic or social need. Greatest social need is currently defined as meaning the need caused by noneconomic factors, that include physical and mental disabilities, language barriers, cultural or social isolation, including that caused by racial and ethnic status, sexual orientation, gender identity or gender expression, that restrict an individual's ability to perform normal daily tasks or that threaten his or her capacity to live independently.

CDA's State Plan on Aging for the years 2017-2021 notes that efforts have been made to address the unique needs and experiences of California's LGBTQ senior population. Despite these efforts, the plan notes that "lifelong fears or experiences of discrimination have caused some of these older adults to remain invisible, preferring to go without much-needed social, health, and mental health services." This suggests that more could be done to ensure California's LGBTQ seniors are receiving the supports and services they need. Recognizing the growing unique needs of the LGBTQ community, sexual orientation, gender identity and expression were added to the definition of greatest social need in 2018.

This bill proposes to include older adults living with HIV to the list of people with greatest social need. Recent advancements in HIV treatment allow people living with HIV taking antiretroviral therapy to keep the virus suppressed and live long and healthy lives. For this reason, the number of older people living with HIV is increasing. According to a 2018 California HIV Surveillance Report published by the California Department of Public Health, over half of the people living with HIV in California are now aged 50 years or older. The same report shows that 15 percent of newly diagnosed HIV patients were age 50 and older in 2018.

A 2020 report by SAGE's HIV and Aging Policy Action Coalition (HAPAC) identified several unique challenges and barriers to services experienced by older adults living with HIV. Specifically, older people with HIV are more likely than their HIV-negative counterparts to have multiple comorbidities, including certain cancers, cardiovascular disease, fractures, and hepatitis C. Older people with HIV face a number of behavioral health challenges in addition to physical illnesses, including depression, anxiety, and substance use disorders. Older people with HIV also

reportedly experience greater levels of social isolation and loneliness. According to the sponsors, current medical and social service systems are largely unprepared to address the unique needs of this population.

Older people with HIV are likely to need government and community-based services due to multiple comorbidities, behavioral health issues and limited social support. However, older people with HIV report significant barriers to accessing the services they need. According to the Research on Older Adults with HIV 2.0 San Francisco Study, leading barriers include a perception that services are not available, difficult to find or hard to access, or are not free/too costly. Other barriers to obtaining services were the perception that service providers are unhelpful, and the sense that service providers might be biased against people with HIV.

Master Plan for Aging

California is projected to be home to 10.8 million people age 60 and older in 2030. This is nearly twice as many people age 60 and older as there were in 2010. Additionally, by 2030 one out of every four Californians will be older adults. The state is making efforts to meet the needs of this growing population, and recognizes the importance of meeting the needs of the LGBTQ community.

In January 2021, the Newsom Administration published its Master Plan for Aging, which is intended to be a ten year blue-print for state government, local government, the private sector, and philanthropy to prepare the state for the coming demographic changes and “continue California’s leadership in aging, disability, and equity.” The Master Plan for Aging outlines five goals, twenty-three strategies, and over 100 initiatives. Goal Three is somewhat related to this bill in that it addresses “inclusion and equity, not isolation,” and reads, “we will have lifelong opportunities for work, volunteering, engagement, and leadership and will be protected from isolation, discrimination, abuse, neglect, and exploitation.” Within this goal is a strategy to implement an anti-ageism and equity campaign for the public, employers, and entertainment industry, including equity by age, race, ethnicity, language, citizenship status, sex, gender identity, sexual orientation, family status, disability, dementia/cognitive status, and income.

Related/Prior Legislation:

AB 2719 (Irwin, Chapter 202, 2018) added sexual orientation, gender identity, and gender expression to the definition of communities to be considered for programs and services administered through CDA.

SB 219 (Wiener, Chapter 483, Statutes of 2017) created an LGBT Long-Term Care Facility Residents’ Bill of Rights to prohibit discrimination based on actual or perceived sexual orientation, gender identity, or HIV status.

AB 959 (Chiu, Chapter 565, Statutes of 2015) required CDA to collect demographic data from LGBTQ individuals to assess health and welfare disparities specific to the elderly LGBTQ community.

COMMENTS

While HIV status is not directly called out in the Master Plan for Aging or the federal definition of greatest social need, the proposal to include people living with HIV in California's definition of those with greatest social need does not appear to create a conflict.

POSITIONS

Support:

Equality California (co-sponsor)
The Los Angeles LGBT Center (co-sponsor)
APLA Health
SAGE
Advisory Council to The Napa/Solano Area Agency on Aging
Aids Legal Referral Panel (ALRP)
American Academy of HIV Medicine California/Hawaii Steering Committee
California Alliance for Retired Americans
California Department of Insurance
Centerlink: the Community of LGBT Centers
Coachman Moore & Associates, INC
Desert Aids Project
East Bay Getting to Zero
Harm Reduction Coalition
Harm Reduction Services
Harvey Milk LGBTQ Democratic Club
Let's Kick Ass (aids Survivor Syndrome) Palm Springs
LSS of Northern California
Lyric
Marty's Place Affordable Housing Corporation
Positive Women's Network-USA
Pozabilities
San Francisco Aids Foundation
UCSF Alliance Health Project

Oppose:

None received.

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