

Date of Hearing: June 29, 2021

ASSEMBLY COMMITTEE ON AGING AND LONG-TERM CARE

Adrin Nazarian, Chair

SB 258 (Laird) – As Amended April 26, 2021

SENATE VOTE: 36-0

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).

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.
- 2) 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.
- 3) 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.
- 4) 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.
- 5) 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.

FISCAL EFFECT: Unknown.

COMMENTS:

Author's Statement: According to the Author, "Other states, such as Illinois in 2019, have already designated their older adults living with HIV as a target population of "greatest social

need.” 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. The COVID-19 pandemic is continuing to have a disproportionate impact on the LGBTQ community, and there needs to do be a deliberate push to connect our most vulnerable populations to vital resources. Ensuring older Californians living with HIV are considered among those with the greatest social need means important programs and services will be more readily available to them.”

BACKGROUND:

Services for California’s Older Adults. The 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.

The CDA contracts with and provides leadership and direction to the 33 AAAs operating in California. The 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.

The 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. The 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 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.

The 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 support 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 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.

In January of this year, the Governor released his Master Plan for Aging (MPA). 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. One of the five bold goals of the MPA includes, “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

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

Senate Bill 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.

Assembly Bill 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.

REGISTERED SUPPORT / OPPOSITION:

Support

Equality California (Sponsor)
APLA Health (Co-Sponsor)
Los Angeles LGBT Center (Co-Sponsor)
SAGE (Co-Sponsor)
AARP California
ACLU California Action
Advisory Council to The Napa/Solano Area Agency on Aging
AIDS Healthcare Foundation
AIDS Legal Referral Panel (ALRP)
American Academy of HIV Medicine California/Hawaii Steering Committee
California Alliance for Retired Americans
California Commission on Aging
California Department of Insurance
California LGBTQ Health and Human Services Network
Centerlink: The Community of LGBT Centers
Coachman Moore & Associates, Inc
Community Clinic Association of Los Angeles County (CCALAC)
Democratic Party of the San Fernando Valley
Desert AIDS Project D/B/A DAP Health
Drug Policy Alliance
East Bay Getting to Zero
Ella Baker Center for Human Rights
End Hep C SF
Harm Reduction Coalition
Harm Reduction Services
Harvey Milk LGBTQ Democratic Club
Let's Kick Ass - AIDS Survivor Syndrome
Los Angeles Gay & Lesbian Chamber of Commerce
LSS of Northern California
Lyric Center for LGBTQ Youth
Marty's Place Affordable Housing Corporation
National Association of Social Workers, California Chapter
Northeast Valley Health Corporation
Positive Women's Network - USA
POZabilities
Project Open Hand

Sacramento LGBT Community Center
San Diego LGBT Community Center
San Francisco AIDS Foundation
Seniors Council on Santa Cruz and San Benito Counties
UCSF Alliance Health Project

Opposition

None on file.

Analysis Prepared by: Elizabeth Fuller / AGING & L.T.C. / (916) 319-3990