2020-2021
Position Papers
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PROTECT RESIDENTS IN NURSING HOMES AND OTHER RESIDENTIAL FACILITIES

Background

The Coronavirus pandemic has had a devastating impact on residents and staff living in long term care facilities. The death toll has been staggering accounting for 40% of the deaths nationally and an alarming 74% of the COVID deaths in Minnesota. While, old age and congregate settings are risk factors for the virus and can explain some of the deaths, it is not the only reason. The pandemic has revealed underlying structural problems of underfunding, short staffing and lack of rigorous infection control policies including access to testing and personal protective equipment that have contributed to the staggering loss of life.

At the onset of the pandemic, the lack of transparency of facilities with known outbreaks made it difficult for regulators to take swift action to control the spread of the virus. AARP advocated and was successful in requiring transparency for the public on both the number of case and deaths by facility. But we were also deeply troubled by the number of stories in the media about poor infection control policies; the lack of communication to residents and family members by facilities; the practice of accepting COVID-19 positive patients discharged from hospitals; and the failure to isolate COVID-19 positive residents from roommates who have not tested positive.

In early May, Governor Walz implemented his 5 point battle plan that provided more support to facilities including retaining the National Guard to help conduct testing at each of the facilities. As a result, deaths have decreased, but all indicators suggest that infections may be on the rise with the increase in COVID-19 cases in the community.

Given the duration of the pandemic, AARP is very concerned about the social isolation of seniors residing in these facilities. Social isolation can have a detrimental impact on the health of older people and health experts are alarmed at the deterioration of this population. To address this, AARP has worked with the Department of Health to ease visitation restrictions including allowing essential family caregivers access to facilities in order to help care for their loved ones. Yet, without enforcement of these guidelines, adequate testing supplies and wide variety of interpretation of the guidance, AARP is concerned many facilities may not allow family caregivers to visit. During this very stressful and difficult time, AARP calls on lawmakers to support the following reforms:

Solutions

1. Require Infection Control Plans

The importance of sound infection controls plans are critical, and yet not all Assisted Living Facilities have a plan related to COVID-19, nor an infection control specialist. We urge lawmakers to require Facilities to establish and maintain an effective infection control plan to address at a minimum the following: the use of PPE and testing by staff and residents; separation of COVID-19+ residents from non-COVID residents;
combatting the effect of isolation on residents; and resident transfers including efforts to minimize trauma for residents.

2. **Funding for Testing and Personal Protective Equipment (PPE)**

Testing of all staff and residents is critical, not only to reduce the spread of the COVID-19 but also is a necessary first step in opening up facilities so that residents can once again be reconnected with their loved ones. More funding for PPE and testing is necessary to ensure that facilities can provide baseline testing as well as on-going testing to protect the health and safety of both staff and residents.

3. **Protections Against Arbitrary Discharges and Home Care Services Terminations**

Maintain August 2021 Effective Date Or Earlier during the Pandemic

The legislature passed protections against arbitrary discharges, service terminations and appeal rights for Assisted Living Facilities last year, but they are not effective until August 2021. Now that the landscape has changed due to the COVID-19 pandemic, it is clear these protections are even more important for the health and safety of the residents and the community at large. The office of Ombudsman for Long Term Care still reports that nearly 40% of their calls relate to transfers and discharges from services.

4. **Strengthen MDH Guidance on Access to Facilities by Essential Caregivers/ Virtual Visitations**

Family Caregivers play a critical role in the care and support of residents in long term care. Yet, since mid-March visitor restrictions have been in place in long-term care facilities. In recognition of the adverse health consequences of social isolation and loneliness, The Minnesota Department issued guidance that recommends facilities designate a family caregiver who is allowed visitation rights. Unfortunately, this guidance is not enforceable, so we are asking lawmakers to require all facilities to ask residents to designate an essential caregiver going forward.

5. **Improved Surveys and Maltreatment Investigations**

Under current law, Assisted Living Facilities are only being surveyed one every 3 years. With limited oversight by the Minnesota Department of Health, more resources are necessary to for infection control surveys and maltreatment investigations including alleviating isolation of residents during COVID-19 in these facilities.

6. **Support Higher Wages and Paid Sick Leave For Staff**

The United States is experiencing a severe shortage of qualified direct-care workers. This shortage only promises to grow as our country ages. Direct-care work is demanding, and working conditions are often difficult. Turnover is high because the job is strenuous and offers limited opportunities for advancement, inadequate training, lack of respect, and exclusion from care planning. These workers also are underpaid and often lack benefits. If policymakers want to ensure quality of care they must address the pay and benefits of workers.
ELDER ABUSE: DON’T DELAY CRITICAL RESIDENT RIGHTS

Background

In 2017, more than 25,000 complaints to the Minnesota Department of Health (MDH) relayed horrific stories of abuse, neglect, and exploitation in our state’s long-term residential care settings. The “Left to Suffer” series in the Star Tribune further demonstrated the gravity of the abuse epidemic. In response to these shocking stories, Governor Dayton appointed AARP Minnesota to convene the Elder Abuse Consumer Workgroup. AARP, Alzheimer’s Association, Elder Voice Family Advocates, Legal Aid, and the Minnesota Elder Justice Center collaborated to create a set of recommendations to protect elders from abuse.

After pushing for reforms for over two years, Minnesota lawmakers passed meaningful protections in 2019 that provided for the licensure of assisted living facilities and dementia care standards to ensure quality of care and appropriate staffing levels. The final legislation also expanded the rights for both vulnerable adults and their families, including: anti-retaliation laws, the right to place a camera, prohibiting deceptive marketing practices, and putting an end to arbitrary service terminations and evictions by establishing the right to appeal these decisions. Additionally, the law also called on the Minnesota Department of Health (MDH) to increase the frequency of provider surveys and the authority to level fines beyond the maximum of just $5,000 for cases of serious abuse.

While the law is not scheduled to go into effect until August 2021, due to the COVID-19 pandemic and the redeployment of staff, the MDH is asking lawmakers for another year to implement Assisted Living licensure until August, 2022. While AARP understands the need for licensure delay, both AARP and MDH believe the rights of vulnerable adults including protections against arbitrary service terminations and discharges can and must still go in effect as scheduled. Unfortunately, industry providers are wanting delay of both the licensure and the new expanded rights.

Having access to a home is even more important during pandemic and so we believe these rights should go into effect no later than August 2021.

Solutions

AARP Supports Maintaining the August 2021 Effective Date for Assisted Living Consumer Rights or Earlier During the Pandemic

The legislature passed protections against arbitrary discharges, service terminations and appeal rights for Assisted Living Facilities last year, with an effective date August 2021. Now that the landscape has changed due to the COVID-19 pandemic, it is clear these protections are even more important for the health and safety of the residents and the community at large. The office of Ombudsman for Long Term Care still reports that nearly 40% of their calls relate to transfers and discharges from services.

Read the Elder Consumer Work Group’s full report at: https://states.aarp.org/elder-abuse-report/
MN UNEMPLOYMENT LAW PENALIZES OLDER WORKERS

Background

In Minnesota, unlike most other states, unemployment benefits are reduced significantly if a laid off worker receives Social Security. Under Minnesota Statute 268.085 Subdivision 4, “50 percent of the weekly equivalent of the primary Social Security old age benefit the applicant has received…must be deducted from an applicant's weekly unemployment benefit amount.” Therefore, during this economic crisis, older workers are penalized for receiving a modest benefit they’ve worked their entire life for.

Social Security is the principal source of income for over half of older American households receiving benefits. Despite its critical importance, Social Security’s earned benefits are modest, averaging only about $16,933 per year in Minnesota. Given the modest nature of this earned benefit, many people work and receive Social Security at the same time. Roughly 54 million workers across the country are age 50-plus. According to the most recent federal jobs report, the unemployment rate for workers 55 and older rose from 2.6 percent in February to 3.3 percent in March. This number is expected to dramatically rise over the coming weeks and months. AARP research has found that older workers can be highly vulnerable to layoffs in times of economic uncertainty and have more difficulty getting rehired at previous wages when displaced.

More than 30 million Americans applied for unemployment insurance across the country in the first six weeks of the COVID-19 crisis, including many older workers. We know that older workers are often forced to seek temporary or part time work that pays less and does not provide healthcare benefits. Additionally, older workers tend to remain out of work longer.

Solutions

AARP supports swift action to amend this statute to remove the Social Security offset under the Unemployment Insurance program (SF 4579). More than half of all households were at risk of a financially insecure retirement before the COVID-19 crisis. Now, more than ever, we need to take action to improve the financial security of the 50-plus.
ADDRESSING HEALTH DISPARITIES

Background

Minnesota has some of the most glaring racial disparities in the US: Income, education levels, life expectancy, health statistics, business ownership all reflect some of the worst racial disparities in the country. Black Minnesotans' unemployment rates have been more than double that of white Minnesotans.

Now, the COVID-19 pandemic is shedding light on a myriad of disparities that existed before this crisis and that have been exacerbated in the months since the spread of the virus began. For example, a recent study shed light on how African-Americans are more likely to be affected in the hardest-hit counties around the country. That study also found that socioeconomic factors like employment and access to healthcare were predictors of infection, even more so than overall health conditions. It is evident that there are stark racial disparities affecting health outcomes for the African American/ Latino/Native American communities in Minnesota.

During the pandemic many of the essential workers are people of color working on the front line and putting them at risk of contracting COVID-19. Many of these jobs are low-income and lack paid benefits including health care, sick and paid family leave and retirement benefits.

While racial and ethnic disparities have existed for decades, the ongoing coronavirus pandemic has once again sent a clear message—this time, perhaps louder than ever. Now is the time to work collectively—across all levels of government, non-profit, and the private sector—to expose and address structural inequities that adversely affect communities of color. It is a matter of life and death.

Solutions

Health and Long Term Care

AARP supports these recommended action items:

1. Broadening efforts to expand access to affordable health care and address chronic disease by increasing access to coordinated care that includes behavioral health providers, substance abuse and other specialists.
2. Expanding access to broadband internet in underserved areas to increase access to telehealth for more residents.
3. Increasing access to home and community long-term services and supports. This could help seniors stay in their homes longer and provide more support to their caregivers.
Physicians reported the biggest challenges their older patients face include:

- Transportation to appointments
- Adhering to medication as prescribed
- Safety at home, including a need for in-home support and modifications such as ramps and handrails
- Depression treatment and mental health access and
- Opportunities that would allow seniors to exercise, socialize and become educated on health topics

Workforce Supports

**AARP supports** improved long-term care workers’ benefits including increased wages; sick and family leave and access to employment opportunities.
PREVENT FRAUD AND SCAMS

Background

Every year, abuse and exploitation rob older Americans of $3 billion – and this is only the amount reported. Financial exploitation is a pervasive and increasing problem that specifically threatens our members’ financial security, requiring strong legal protections. AARP is addressing fraud through programs that educate members, families, professionals, and potential victims. While important, education alone is not enough. AARP has worked to pass numerous laws to address fraud and scams, and we will remain vigilant in our fight against new forms of financial exploitation.

In 2013, AARP Minnesota successfully advocated for protections against scam artists targeting the elderly via wire transfer. We also advocated for protection against exploitation by powers of attorney, which enable individuals to name someone else (the attorney-in-fact) to make decisions and act on their behalf. In 2013, the Minnesota Legislature passed safeguards against exploitation by attorneys-in-fact, limiting their abilities to self-gift assets and make health care decisions for individuals. As well, this law provided judicial remedies for individuals whose attorneys-in-fact misuse their authority.

AARP MN also supported the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act (UAGPPJA), a law that streamlines caregiving for long-distance caregivers. UAGPPJA allows states to determine jurisdiction easily, recognize and register guardianship orders from other states, and protect individuals under guardianship against exploitation and abuse.

AARP supported the Safe Seniors Financial Protection Act of 2018, which equips financial professionals with new tools to protect their senior and vulnerable adult clients. Under the Safe Seniors Act, broker-dealers and investment advisors can report financial exploitation to the Commerce Department. They can also temporarily delay withdrawals and transfers from an account, helping to prevent financial loss and give investigators time to intervene.

As boomers reach retirement age, opportunities for financial elder abuse will only continue to grow, yet funding for abuse protection has dwindled. As scam artists become increasingly sophisticated, new protections may be necessary.

Solutions

AARP supports laws that use an interdisciplinary approach including law enforcement, consumer groups, and community organizations in solutions to prevent fraud, in order to protect vulnerable adults from financial exploitation and abuse.
ADDRESS SKYROCKETING RX COSTS

Background

The simple answer to why drug prices are so expensive is because no one is stopping pharmaceutical companies from charging such high prices. We allow drug manufacturers to set their own prices with no transparency. Drug companies concerned about their own bottom line have dramatically increased the price of prescription drugs, pushing them out of reach for the many of the Americans who need them.

No one should have to choose between food and medicine, yet the cost of brand-name drugs is rising 130 times faster than inflation. If these trends continue, older Minnesotans will be unable to afford the prescriptions they need, leading to poorer health outcomes and higher health care costs in the future.

After years of inaction at the federal level on this issue, states are starting to work on their own laws to curb the rise in the price of prescription drugs. As a national leader in health care, Minnesota has taken some steps to address skyrocketing drug prices and increase transparency in drug pricing but we must do more.

AARP worked to pass legislation in 2018 that the prohibited the use of gag clauses placed on pharmacists and other health care professionals. Pharmacists sometimes had “gag rules” placed on them that prevented them from sharing more affordable generic options with their patients.

AARP also worked to pass legislation that created an emergency insulin program for Minnesotans unable to afford this life-saving drug. Finally, AARP supported the new law on drug transparency, requiring drug manufacturers to report increases in the cost for new, acquired and existing drugs on the market. A lack of transparency in drug pricing keeps consumers in the dark and makes it easy for drug companies to price gouge.

AARP is calling on Minnesota legislators to protect seniors and all taxpayers from price gouging by big drug companies.

Solutions

AARP believes that the Attorney General should be empowered to take action against drug manufacturers and wholesalers who price gouge essential life-saving drugs. Price gouging, or spiking the price of prescription drugs beyond what is reasonable or fair, is a practice that harms consumers and all rate payers.

AARP supports the establishment of a Prescription Drug Affordability Commission to protect consumers, business and governments from the high cost of drugs. The Commission would be made up of experts in health care to examine the reasons behind the high prices and to set upper payment limits for drugs deemed to be unaffordable.
ENHANCE RETIREMENT SECURITY

Reduce Burden of Social Security Taxes on Middle Class

Create New Retirement Plans for Workers Who Lack Access

Background

The expectation of a comfortable retirement is no longer a reality for far too many Americans. According to the National Institute on Retirement Security, the typical working-age household has only $3,000 in retirement assets and near-retirement households have just $12,000. While Social Security provides a baseline of security for Minnesotans, it was never intended to be the sole source of income for retirees. Despite this, almost 30% of Minnesota’s retirees rely on Social Security alone.

In 2017 and again in 2018, AARP Minnesota successfully advocated for, and the Minnesota Legislature passed, an increase in the taxable income threshold for Social Security recipients. The new law takes a targeted approach that allows low- and middle-income married seniors to subtract $4500 from their income tax and $3,500 for single filers. Before this change, Minnesota was one of the few states that taxed Social Security benefits to the extent that they are taxable at the federal level, with few changes to account for inflation. Low thresholds meant that more and more lower- and middle income retirees were subjected to taxation of their Social Security benefits, funds they relied on in retirement. Raising this threshold goes a long way in providing retirement security to more than 200,000 low- and middle- income taxpayers.

In addition, more must be done to ensure that retirees have savings beyond Social Security. Almost 40% of Minnesota’s workers lack access to an employer-based retirement plan. In 2014, AARP worked to pass a legislative study to explore the creation of a new retirement model called the MN Secure Choice Plan. Secure Choice is structured as an IRA and 401k option, managed by the State Board of Investment. AARP supports this public-private partnership, which allows workers to save for retirement via payroll deduction at work, much like a 529 college savings plan. When employers offer retirement plans, workers are 15 times more likely to save. Secure Choice makes it easier for businesses to offer a retirement savings account for employees via payroll deduction, helping them take charge of their financial futures and live independently as they age. Minnesota’s workers deserve the opportunity to have access to a dignified, financially secure retirement.

Solutions

AARP supports tax reductions on Social Security benefits for lower- and middle-income retirees. This addresses the fact that taxable threshold limits had not been adjusted for inflation for thirty years.

AARP supports the creation of a publicly-managed, portable “Secure Choice” retirement structured as an IRA and 401k.
PAID FAMILY LEAVE

Background

Family caregivers are the backbone of our health care system. Nearly 585,000 Minnesotans are currently providing unpaid care for their loved ones. The estimated value of this care to Minnesota’s economy is $7.86 billion annually. Family caregivers struggle to balance work and caregiving responsibilities, which can create financial hardship. As a state, we should take steps to ensure that they are properly supported and have access to adequate caregiving resources.

The AARP CARE Act (Caregiver Advise, Record, Enable), passed into law in Minnesota in 2016, helps family caregivers navigate the health care system. This law requires hospitals to provide caregivers with necessary education and training when their loved ones go into the hospital and as they transition home, including:

- Providing the opportunity to designate a family caregiver in the medical record
- Notifying the family caregiver when their loved one is to be discharged to another facility or back home
- Giving descriptions and instructions regarding medical tasks that the caregiver will need to perform at home

There is still more work to be done. Many caregivers are not aware of the resources available to them, and feel overwhelmed by the emotional and financial toll of caregiving.

Paid family leave and sick leave policies are integral components of supporting family caregivers. Only 13% of Minnesota’s workers have access to paid family leave through their employers. Family caregivers who leave the workforce to care for a parent lose, on average, $304,000 in wages in benefits over their lifetime.

AARP worked with lawmakers in 2013 to allow employees to use their sick leave benefits to care for an aging parent and spouse. A statewide policy of paid family leave through a social insurance model will further expand the protections offered to family caregivers, and make it easier for caregivers to remain in the workplace.

Solutions

AARP supports statewide paid family leave through a social insurance model, with both employers and employees contributing to the program. The program would provide up to 12 weeks of partial wage replacement during pregnancy and medical leave and 12 weeks during family leave.
PROTECT MEDICAL ASSISTANCE

Background

Medicaid (referred to as Medical Assistance in Minnesota) provides a vital safety net for millions of Americans, including more than 17.4 million seniors, children, and adults with disabilities who rely on the program for critical health care and long-term services and support, such as help with daily activities including eating, bathing, dressing, managing medications, and transportation. Without Medicaid, many seniors will lose the services they need.

Under federal law, Medicaid covers inpatient and outpatient hospital care, physician services, rural health clinic services and nursing home care. States also help pay for services at home and in the community to help seniors and people with disabilities with daily activities, avoiding more costly nursing home care. There are several home- and community-based programs available for Minnesota’s elderly and those with disabilities, including elderly waivers and alternative care programs. AARP has called for more reliable coverage of services, increased quality measures, and health care for more hardworking Americans.

MEDICAID LONG TERM CARE

AARP has worked to strengthen Medical Assistance by improving eligibility for both seniors and the 50-64 population including expansion of home and community based waivers such as the Elderly Waiver and Alternative Care programs; financial protections for spouses; and improved income standards.

In 2015, AARP advocated for, and the Minnesota Legislature passed, enhanced financial protections for spouses known as spousal impoverishment laws. These new protections prevent elderly couples from having to divorce in order to pay for long term care and allow community spouses (the partner not receiving long-term care) enough resources to pay for household bills. Expensive nursing home care—which ranges from $5,000 to $8,000 a month, can rapidly deplete the lifetime savings of an elderly couple. The law now treats 401(k) retirement plans similar to defined pensions if converted to an income stream in order for the community spouse to have income.

Additional law changes are needed including increasing the “spend down” amount for seniors who may not qualify for the Elderly Waiver program but still need services. These seniors are expected to spend their assets down to 80% of the poverty level if their income is even one dollar over the poverty level in order to retain services. Impoverishing seniors in order to provide medical assistance puts our most vulnerable neighbors in financial peril.

MEDICAID EXPANSION

AARP also supported the Medicaid Expansion program in 2013. This expanded eligibility of medical assistance provides much needed health care to thousands of people in Minnesota who may work at low-income wage jobs that don’t provide health insurance. Acute medical care and medical emergencies can be covered by this expansion, saving taxpayers from covering the full cost of uninsured emergency health care. Studies on the economic and fiscal impact of Medicaid expansion show that expansion states have seen budget savings and revenue gains, as well as reductions in uninsured hospital visits and uncompensated care costs.
Expanding Medicaid helps those facing tough times, especially 50- to 64-year-olds that have lost jobs, can’t find new ones and are struggling but don’t qualify for Medicaid because they don’t have young children.

**WORK AND REPORTING REQUIREMENTS**

AARP opposes new work and reporting requirements and believes that these requirements do not promote the objectives of the Medicaid Act in providing medical assistance to low-income families and individuals. It would present an unnecessary barrier to health coverage for a vulnerable sector of Minnesota’s population. We are concerned that work requirements may not include clear exemptions for family caregivers who provide critical care for their loved ones with chronic, disabling or serious health conditions. It may be burdensome for individuals who should be exempt to continually prove they are meeting the reporting requirements, which may lead to inappropriate denials of coverage.

**Solutions**

**AARP supports** expansion of home and community based services to keep seniors living in their homes and communities. AARP believes that Medical Assistance should not force seniors and people with disabilities in need from their homes and into nursing homes. Instead, Medical Assistance should offer services that help seniors and people with disabilities stay at home, where they want to be.

**AARP opposes** Medicaid block grants and per capita caps because we are concerned that such proposals will endanger the health, safety, and care of millions of individuals who depend on the essential services provided through Medicaid.

**AARP supports** legislation to raise the income eligibility standards for people with disabilities and seniors, and to enhance community-spousal impoverishment laws.

**AARP opposes** work and reporting requirements for Medical Assistance, as they can negatively impact family caregivers and the 50+ population.
OPPOSE TELECOM DEREGULATION

Background

As new technologies have been introduced and consumer utilization of telecommunications services has expanded, traditional landline telephone use has declined. This has prompted traditional landline telephone companies to lobby for de-regulation of consumer protections and price regulation in order to have a competitive advantage with cable companies and wireless carriers.

Despite industry claims, landlines are not dead, with more than 2 million Minnesota consumers still reliant upon them. For many Minnesotans, landlines are a lifeline. They allow people to connect directly to emergency services through 9-1-1 and monitor medical devices like pacemakers, which can’t be guaranteed with a cellular or an internet phone line known as VOIP (Voice Over Internet Protocol). It is important to ensure access to reliable and affordable phone service for those who depend on it.

AARP’s overarching goal is to preserve consumer access to affordable, reliable, and accessible telecommunications service during the industry’s transition to new technologies. Regardless of the technology, consumers need a strong regulatory framework and consumer protections that ensure that they can get their phones repaired in a timely manner, and that true competition means products are comparable in affordability and reliability.

Solutions

AARP opposes the deregulation of consumer protections and price regulations in the telecommunications industry.

AARP supports the Public Utilities Commission’s oversight over any technological transitions in the telecommunications marketplace.

AARP supports universal access to affordable phone service.

AARP supports rules to maintain consumer protections and service quality in the telecommunications industry.
BUILD LIVABLE AGE-FRIENDLY COMMUNITIES

Background

Minnesota is undergoing a major demographic shift. 2020 marks the first year older adults will outnumber school age children. Older adults overwhelmingly want to live independently in their homes and communities for as long as possible. However, the resources existing in many communities fall short of the needs of older adults. Our communities often do not take the needs of aging residents into account, leaving older adults disconnected, socially and physically, from their community.

A livable community is one that is safe and secure, has affordable and appropriate housing and transportation options, and offers supportive community features and services. Once in place, those resources enhance personal independence, helping seniors to stay in their homes as they age. Older residents are also empowered to engage more fully in the community’s civic, economic, and social life.

A key component of a livable community is accessibility to varied transportation options. All residents, including older adults and those with limited mobility, should be able to access public transit, ride a bike, and safely cross the street. Pedestrian access for all should be comfortable, and you should be able to get around your community without a car if you so choose.

Housing in livable communities should be safe and comfortable, and varied options should be available to reflect the diverse needs of seniors. Affordable housing that is safe for older adults and others with limited mobility is necessary for an inclusive and livable environment.

Necessary services should also be available within the community. Older adults should be able to easily get to medical care. In rural communities, access to health care and economic opportunity can depend on internet connectivity. Broadband internet access is crucial in helping a community stay informed and connected, and it opens up new channels for businesses to grow. As well, livable communities should have healthy, affordable food options for its residents.

An Executive Order signed by Governor Tim Walz in December of 2019 set Minnesota on a course to seek enrollment in the AARP Network of Age-Friendly States and Communities (NAFSC) and to strive to become a better place to live and grow old for people of all ages.

The AARP NAFSC serves as a catalyst to educate local leaders, both elected officials and engaged residents, and encourage them to implement the types of changes that make communities more livable for people of all ages, especially older adults. There are more than 400 states and communities enrolled in the Network nationwide, including six Minnesota communities – Alexandria, Hennepin County, Maple Grove, Minneapolis, Northfield, Olmsted County and Princeton. The network provides cities, towns, counties and states with the resources to become more age-friendly by tapping into national and global research, planning models and best practices.
Through the Executive Order, Governor Walz appointed an age-friendly council to develop an action plan with recommendations for Minnesota to address barriers to become age-friendly. On August 15, 2020 preliminary recommendations were adopted that call for, in part the creation of a sustainable, on-going infrastructure to support the work.

**Solutions**

**AARP supports** funding for on-going infrastructure that includes staff and creates the Age-Friendly Council in statute to lead the age-friendly work.

**AARP supports** investments into rural broadband and internet access to Greater Minnesota.

**AARP supports** investment into transit options that allow older Minnesotans to access a variety of safe, accessible modes of transportation.

**AARP supports** efforts to keep and expand affordable housing options for seniors in Minnesota.
ABOUT US

AARP is a nonprofit, nonpartisan organization, with a membership of over 38 million nationwide that helps people turn their goals and dreams into real possibilities, strengthens communities, and fights for the issues that matter to families. These issues include health care, employment and income security, retirement planning, and protection from financial abuse. There are over 650,000 members in Minnesota, with hundreds of them working as volunteers in advocacy, Driver Safety, Tax Aide, fraud prevention, community development, and a variety of education and outreach programs to local communities.

AARP Minnesota advocates on both state and federal legislative issues important to the 50+ population, as well as conducting both educational and issue-based events throughout the state. Staff and volunteers also work closely with our elected officials, representing older Minnesotans in the state legislature and in Congress. Our state advocacy work focuses on the policy areas outlined in this packet.

To learn more about the policy work of AARP Minnesota, or if you have questions about any position taken in this publication, contact our Associate State Director for Advocacy, Mary Jo George at mgeorge@aarp.org or call her at 651-726-5645.