15.0756.01000

FISCAL NOTE
Requested by Legislative Council
01/14/2015

Bill/Resolution No.: SB 2224

1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

SB 2224 provides employers an income tax credit for wages paid to employees during family medical leave.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The provisions of SB 2224 allow for an employer to receive a tax credit equal to wages paid up to $500 per week, for a maximum of 12 weeks, to employees who have taken family medical leave. This bill, if enacted, will result in a reduction in state general fund revenues, the amount of which cannot be estimated.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

Name: Kathryn L. Strombeck
Agency: Office of Tax Commissioner
Telephone: 328-3402
Date Prepared: 01/22/2015

2015 SENATE INDUSTRY, BUSINESS AND LABOR

SB 2224

2015 SENATE STANDING COMMITTEE MINUTES

Industry, Business and Labor Committee
Roosevelt Park Room, State Capitol

SB 2224
1/26/2015
Job Number 22512

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature	Eric Liebelt

Explanation or reason for introduction of bill/resolution:

Relating to an employer tax credit for wages paid for family medical leave

Minutes:

Attachments

Chairman Klein: Opened the hearing.

Senator Sinner: Written Testimony Attached (1). (:15-2:51)

Senator Miller: Asked if there were any programs through the federal government or insurance, anything similar to this, that is already being utilized.

Senator Sinner: Said that they couldn't find anything.

Chairman Klein: Asked if this was being mirrored after any other states?

Senator Sinner: Said he doesn't know that there is.

Senator Miller: This is for a spouse that is very sick that the employee needs to go take care of?

Senator Sinner: There is a definition in the bill. It can be up to twelve weeks and after someone has used up their regular paid time off. The employer can stipulate but there are some conditions in the bill that address those things.

Senator Burckhard: This could pertain to someone on maternity leave?

Senator Sinner: Yes, it could if they have a serious medical condition.

Senator Burckhard: Fiscal wise we don't know how much this would be?

Senator Sinner: We just don't know.

Chairman Klein: Asked what if an employee is earning a thousand dollars a pay period, he would be reimbursed for seventy five percent of that, up to twelve weeks.

Senator Sinner: Up to five hundred dollars per week and they must be paid seventy five percent of their going wages.

Chairman Klein: The employer would be able to use it for tax credit?

Senator Sinner: Yes and the benefits are for family members defined in the bill. (6:18-7:10)

Senator Murphy: Where does it say the cap that you can be earning?

Senator Sinner: The cap for earning isn't listed in the bill, the cap for benefits is and it also states that the benefit must be a minimum of seventy five percent of their daily wage.

Senator Campbell: Commented that they are giving so many tax exemptions and asked if he surveyed any businesses that would use this?

Senator Sinner: Said he spoke to a few colleagues that felt it would be a big benefit. (9:23-10:23)

Senator Tim Mathern: Written Testimony Attached (2). (11:09-14:37)

Senator Miller: Asked if he feels this bill could open up an issue where they could see abuse from people or even employers utilizing this method to offer vacation?

Senator Mathern: We do have ways of addressing that already. (15:35-17:40)

Josh Askvig, Associate State Director of Advocacy for AARP of North Dakota: Written Testimony Attached (3). (18:19-23:15)

Joseph Becker, North Dakota Tax Department: Answered question that Senator Miller asked earlier about section three and also, what happens if it gets on the wrong form. He said that the credit is allowed to the employer and it could be any type of tax payer. The section you are referring to just means, if we would have a partnership that earns the credit and passes it on through and it ends up in the hands of an individual, it just makes sure that they can claim it.

Senator Miller: Asked if you will find this on every North Dakota tax form?

Joseph Becker: Said they hadn't gotten that far but would have to provide for it on the tax form somewhere.

Senator Sinner: Does it make some sense to require employers to have documentation in the file, would that be easier for your department to make sure people aren't trying to abuse this program?

Joseph Becker: Yes.

Chairman Klein: Adjourned the meeting.

2015 SENATE STANDING COMMITTEE MINUTES

Industry, Business and Labor Committee
Roosevelt Park Room, State Capitol

SB 2224
2/2/2015
Job Number 22997

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature	Eva Liebelt

Explanation or reason for introduction of bill/resolution:

Relating to an employer tax credit for wages paid for family medical leave

Minutes:

No Attachments

Chairman Klein: Opened the meeting. The fiscal effect is undetermined because we don't know how many people would use this. I am not excited about this one. I think there could be room for employee and employer issues that may not come to the top of the table.

Senator Sinner: I think we talked about that and we can make an amendment in section one subsection 2b2, where it says at the bottom of page 2 line 29 the heading under a family leave, it says "the employer may require". We can change that to "must" and then they are auditable.

Chairman Klein: Will the tax department ask the employer for verification?

Senator Sinner: If anybody feels they are being taken advantage of it would be pretty easy to get it.

Senator Miller: Another scenario that bothers me is if you have a parent that is elderly and you have to take off every day to go and take care of my parent. The normal practice would be to come in early and then you could leave earlier but this bill would instead the employer would get a tax credit and the employee would get additional wages from something that is easily accommodated. It would have to be limited to specific and infrequent amounts of time, something more catastrophic and not regular.

Senator Sinner: They would get reduced wages. Why would someone who wants to work, needs to work and they are working want reduced wages if they don't have to have them? The employer is only going to be reimbursed up to seventy-five percent up to a maximum of five hundred dollars per week. This is optional for the employer.

Senator Miller: The situation I am trying to avoid in a particular area where an employer wouldn't be necessarily taking on a hardship by allowing an employee to leave an hour earlier but still could maybe qualify for some assistance in this tax credit.

Senator Sinner: We are giving people tax relief all the time to people who don't need it. (7:15-8:20)

Senator Campbell: It is a great bill with good intent but there are so many people getting tax credit but the industries being given tax dollars are incentives to bring businesses to our state.

Senator Sinner: We make decisions about who we give tax relief to everyday. (9:30-10:15)

Senator Campbell: My point is all the employees and employers that don't take part in this in essence are subsidizing the people who choose to and I don't think that is right.

Senator Burckhard: I am concerned about the small businesses and how would they handle this? I think you are talking about a large company.

Senator Sinner: In my limited experience most small employers have personal relationship with their employees and are in many cases very sympathetic to these kinds of situations. (11:30-12:05)

Senator Poolman: Just to address some of the issues about abuse and not using this for a catastrophic purpose, there is a twelve week limit so it would be pretty difficult for someone to abuse it. About getting a tax credit for behavior that they would be doing anyway, I would that somewhere along the line it is saving the tax payer money in other places. If I can't stay home with my mother who is dying of cancer, she is going to go into a home or have some kind of cost to insurance premiums or social services. We try to provide incentives to businesses all the time to save the state money.

Senator Miller: I am speaking to the twelve week. It doesn't specify that you have to take twelve weeks or one week or one hour. If it's something we want to pass that is something that needs to be addressed. (14:45-15:45)

Senator Campbell: Especially in the last year there will be thousands maybe tens of thousands of people that will be filing loses on their returns, a lot of agricultural and oil people and so you are discriminating against those people. It is only the people that are profitable and report income that would be in essence eligible to get a tax credit.

Senator Sinner: That's across the board. The tax credit Senator Poolman gets for her donation to the university might work really well for her but might not work for me. (20:05-20:43)

Senator Miller: Asked what kind of company or individual employing somebody would get a benefit out of this. It would be a lot for me to get some kind of benefit out of this but a company that would benefit would be something like a Walmart.

Chairman Klein: There has been a lot of good discussion and I think there will be some amendments from both sides to address the concerns. Closed the meeting.

2015 SENATE STANDING COMMITTEE MINUTES

Industry, Business and Labor Committee
Roosevelt Park Room, State Capitol

SB 2224
2/9/2015
Job Number 23454

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature	Eva Liebelt

Explanation or reason for introduction of bill/resolution:

Relating to an employer tax credit for wages paid for family medical leave

Minutes:

No Attachments

Chairman Klein: Opened the meeting. Senator Sinner's bill on the employer's tax credit, we've had a lot of discussion on that. Were there any amendments or are we good with the way it was written?

Senator Miller: Asked if this would get rerefered.

Chairman Klein: Said that it didn't have a fiscal effect.

Senator Sinner: Moved a do pass.

Senator Poolman: Seconded the motion.

Roll Call Vote: Yes 4 No-3 Absent-0

Senator Sinner will carry the bill.

Date: 2/09/2015
Roll Call Vote #: 1

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2224

Senate Industry, Business and Labor Committee

☐ Subcommittee

Amendment LC# or Description: ______

Recommendation:
☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ ______

Motion Made By Senator Sinner Seconded By Senator Poolman

Senators	Yes	No	Senators	Yes	No
Chairman Klein		x	Senator Murphy	x	
Vice Chairman Campbell		x	Senator Sinner	x	
Senator Burckhard	x				
Senator Miller		x			
Senator Poolman	x				

Total (Yes) 4 No 3

Absent 0

Floor Assignment Senator Sinner

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2224: Industry, Business and Labor Committee (Sen. Klein, Chairman) recommends **DO PASS** (4 YEAS, 3 NAYS, 0 ABSENT AND NOT VOTING). SB 2224 was placed on the Eleventh order on the calendar.

2015 TESTIMONY

SB 2224

1/26/2015 #1

Testimony on SB 2224 - Employer-paid family medical leave

Mr. Chairman and members of the committee, thank you for allowing me to be here and present this bill for your consideration.

I am Senator George Sinner from District 46 in Fargo. I was a member of the 63rd Legislative Assembly Interim Economic Impact Committee where we consistently heard about the problems of maintaining quality employees.

After contemplation on this issue and consultation with my colleagues, this bill comes before this committee as a means to provide both employers and employees the "option" of implementing a solution that addresses one serious problem they face – family medical leave situations.

Nearly all of us have faced the situation of needing to assist a family member who is dealing with a serious medical condition. Many times these situations force us to take time off of work. That time off, if it exceeds our accrued vacation time, is more often than not without pay and causes financial problems for many.

As you might know, many employers will attempt to give employees an adjusted work schedule or even time off with pay. But some will not provide either because of the financial stress it will cause on the business. For many employees, time off without pay is simply not feasible.

So, what do we do? This bill provides a-solution where everyone wins. All of us like to provide the employers who provide the jobs in this state tax relief. This bill provides a program that gives employers optional tax relief in exchange for providing families with paid medical leave.

Remember, it is optional. No business has to take advantage of this program but I believe that you will quickly see employers signing up for this program providing paid family medical leave and getting tax credits for the amount of paid leave they have given. A Win-win for both.

Mr. Chairman and members of the committee, I respectfully request that you give this bill a do-pass recommendation and enthusiastically promote the bill to the full senate for approval.

Thank you.

#2

SB 2224

January 26, 2015

Chairman Klein and members of the Senate Industry Business and Labor Committee, my name is Tim Mathern. I am the senator from District 11 in Fargo. I am the former Family Life Director for the Catholic Dioceses of North Dakota and served on the Board of The National Association of Family Life Ministry. I am a licensed social worker.

SB 2224 if passed would be great support to families and to the business community of North Dakota.

Family is the oldest institution recorded in human history. It has important tasks and I note a few.

1. Family creates an intimate community of persons-our psychological health depends on it. Giving care in a medical need is a way to express intimacy.
2. The family serves life; feeding, rearing children, protecting and passing on values are aspects of this task.
3. The family serves the development of society. Family teaches social skills, hospitality and how to deal with others outside the family.
4. The family assists its members explore the possibility of a spiritual dimension to themselves and their world.

I note these issues to highlight the time consuming job a family has. SB 2224 provides support to this important institution. A family able to carry out these tasks benefits us all. A successful family helps us reduce the need of our 3 billion dollar Department of Human Service budget. The tax credit offered by this bill helps each business be part of the solution to supporting family and decreasing social problems. I ask for a do pass recommendation from your committee.

SB2224
1/26/15 #3

Real Possibilities in

North Dakota

SB 2224 - SUPPORT
January 26, 2015
Senate Industry Business and Labor Committee
Josh Askvig - AARP North Dakota
jaskvig@aarp.org or 701-989-0129

Chairman Klein, members of the Senate Industry Business and Labor Committee, I am Josh Askvig, Associate State Director of Advocacy for AARP North Dakota. Thank you for the opportunity to appear before you today and share AARP's strong support of SB 2224.

Dr. Ethel Percy Andrus, a retired educator and AARP's founder, became an activist in the 1940s when she found a retired teacher living in a chicken coop because she could afford nothing else. Dr. Andrus couldn't ignore the need for health and financial security in America and set the wheels in motion for what would become AARP. We are a nonprofit, nonpartisan membership organization with 85,000 members in North Dakota and 38 million nationwide. We understand the priorities and dreams of people 50-plus and are committed to helping them live life to the fullest, including here in North Dakota.

Over the past few years, AARP has raised its attention on family caregivers — spouses, partners, relatives, friends, or neighbors who provide unpaid care for a loved one. We have watched the situation facing caregivers evolve — longer lifespans and an increase in the number of persons with complex medical conditions that have stressed current support systems; the growth in the number of Baby Boomers who find themselves squarely in the sandwich generation, caring for both children and parents, that has created demand for new models of care and greater access to information; and the increase in complex conditions requiring coordination that has left "caregivers trying to tie together the fragmented pieces of their family member's care with several different clinicians, hospital stays, and transitions between settings."[1] As such, we have intensified our efforts to ensure that family caregivers have the support they need to care for their loved ones.

In North Dakota, these efforts are particularly important. AARP Public Policy Institute's 2014 Long Term Scorecard showed that North Dakota ranked 33rd out of 50 states with respect to support that family caregivers receive.[2] Obviously, we can do more for the 109,000 individuals across the state who are caregivers for a loved one during the year and contribute $830 million in unpaid care.[3]

In November 2014, AARP conducted a telephone survey of 800 North Dakota voters age 45 and older who expressed their opinions on caregiving. As you can see on the attached summary, most North Dakota caregivers are helping or have helped their loved ones with shopping (90%), transportation (84%), household chores (82%), meal preparation (74%) as well as more complex care like managing medications (66%) and other nursing and medical tasks (56%). The majority (72%) of these caregivers says it is likely that they will need to provide this type of care in the future. As such, nearly all (91%) of these caregivers believe it is important to be able to provide care so that their loved ones can keep living independently in their own home.

SB 2224 recognizes the contributions that family caregivers play in keeping their loved ones out of costly institutions. It provides a way for employers to ensure their employees can keep their loved ones safely at home without worrying about the financial burden. An incentive to employers makes good financial sense for the state of North Dakota as well. Ensuring that individuals can stay home is far more affordable when you consider it is three times as costly to pay for a nursing home stay (many of which are funded by Medicaid) than it is to provide support and services for individuals to stay at home.

We encourage you to give SB 2224 a "Do Pass" recommendation. Thank you for the opportunity to testify today and I am happy to take any questions you might have.

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[1] Susan Reinhard, *Home Alone: Family Caregivers providing Complex Chronic Care,* AARP http://www.aarp.org/content/dam/aarp/research/public_policy_institute/health/home-alone-family-caregivers-providing-complex-chronic-care-rev-AARP-ppi-health.pdf

[2] Susan Reinhard, *Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers* http://www.longtermscorecard.org/

[3] Susan Reinhard, et.al., *Valuing the Invaluable: The Growing Contribution and Cost of Caregiving* http://assets.aarp.org/rgcenter/ppi/ltc/i51-caregiving.pdf

SB 2224 1/26/15 #3

AARP Real Possibilities · The Commonwealth Fund · The SCAN Foundation

North Dakota: 2014 State Long-Term Services and Supports Scorecard Results

Raising Expectations 2014: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers takes a multi-dimensional approach to measure state-level performance of long-term services and supports (LTSS) systems that assist older people, adults with disabilities, and family caregivers. The full report is available at www.longtermscorecard.org

Purpose: The *Scorecard* measures system performance from the viewpoint of service users and their families. It is designed to help states improve the performance of their LTSS systems so that older people and adults with disabilities in *all* states can exercise choice and control over their lives, thereby maximizing their independence and well-being. State policymakers often control key indicators measured, and they can influence others through oversight activities and incentives.

Results: The *Scorecard* examines state performance, both overall and along five key dimensions. Each dimension comprises 3 to 6 data indicators, for a total of 26. It also measures changes in performance since the first *Scorecard* (2011), wherever possible (on 19 of the 26 indicators). The table below summarizes current performance and change in performance at the dimension level. State ranks on each indicator appear on the next page.

Dimension	Rank	Number of indicators with trend *	Number of indicators showing: **		
			Substantial improvement	Little or no change	Substantial decline
OVERALL	**33**	**19**	**7**	**8**	**4**
Affordability & Access	48	6	2	3	1
Choice of Setting & Provider	34	4	4	0	0
Quality of Care & Quality of Life	3	4	1	1	2
Support for Family Caregivers	27	3	0	2	1
Effective Transitions	29	2	0	2	0

* Trend cannot be shown if data are missing for either the current or baseline data year. In each state, 16 to 19 indicators have enough data to calculate a trend. ** See full report for how change is defined.

Impact of Improved Performance: If North Dakota improved its performance to the level of the highest performing state:

- 3,502 more low/moderate-income adults with ADL disabilities would be covered by Medicaid.
- 774 more new users of Medicaid LTSS would first receive services in the community.
- 774 nursing home residents with low care needs would instead receive LTSS in the community.
- 328 more people entering nursing homes would be able to return to the community within 100 days.
- 650 more people who have been in a nursing home for 90 days or more would be able to move back to the community.

4

North Dakota: 2014 State Long-Term Services and Supports Scorecard Dimension and Indicator Data

Dimension and Indicator (Current Data Year)	Baseline Rate	Current Rate	Rank	Change	All States Median	Top State Rate
OVERALL RANK			33			
Affordability and Access			48			
Median annual nursing home private pay cost as a percentage of median household income age 65+ (2013)	233%	**249%**	33	↔	234%	168%
Median annual home care private pay cost as a percentage of median household income age 65+ (2013)	113%	**103%**	50	↔	84%	47%
Private long-term care insurance policies in effect per 1,000 population age 40+ (2011)	107	**102**	5	↔	44	130
Percent of adults age 21+ with ADL disability at or below 250% of poverty receiving Medicaid or other government assistance health insurance (2011-12)	53.6%	**46.1%**	48	✗	51.4%	78.1%
Medicaid LTSS participant years per 100 adults age 21+ with ADL disability in nursing homes or at/below 250% poverty in the community (2009)	34.1	**40.4**	25	✓	42.3	85.2
ADRC functions (composite indicator, scale 0-70) (2012)	**	**42**	42	✓	54	67
Choice of Setting and Provider			34			
Percent of Medicaid and state LTSS spending going to HCBS for older people & adults w/ physical disabilities (2011)	10.7%	**14.5%**	51	✓	31.4%	65.4%
Percent of new Medicaid aged/disabled LTSS users first receiving services in the community (2009)	31.1%	**35.7%**	36	✓	50.7%	81.9%
Number of people participant-directing services per 1,000 adults age 18+ with disabilities (2013)	*	**10.5**	22	*	8.8	127.3
Home health and personal care aides per 1,000 population age 65+ (2010-12)	20	**31**	29	✓	33	76
Assisted living and residential care units per 1,000 population age 65+ (2012-13)	37	**45**	7	✓	27	125
Quality of Life and Quality of Care			3			
Percent of adults age 18+ with disabilities in the community usually or always getting needed support (2010)	71.9%	**72.9%**	23	↔	71.8%	79.1%
Percent of adults age 18+ with disabilities in the community satisfied or very satisfied with life (2010)	91.0%	**89.5%**	5	✗	86.7%	92.1%
Rate of employment for adults with ADL disability ages 18–64 relative to rate of employment for adults without ADL disability ages 18–64 (2011-12)	44.4%	**30.2%**	7	✗	23.4%	37.2%
Percent of high-risk nursing home residents with pressure sores (2013)	*	**4.4%**	4	*	5.9%	3.0%
Nursing home staffing turnover: ratio of employee terminations to the average number of active employees (2010)	33.6%	**29.2%**	9	✓	38.1%	15.4%
Percent of long-stay nursing home residents who are receiving an antipsychotic medication (2013)	*	**18.6%**	15	*	20.2%	11.9%
Support for Family Caregivers			27			
Legal and system supports for family caregivers (composite indicator, scale 0-14.5) (2012-13)	**	**2.40**	33	↔	3.00	8.00
Number of health maintenance tasks able to be delegated to LTSS workers (out of 16 tasks) (2013)	13	**13**	18	↔	9.5	16
Family caregivers without much worry or stress, with enough time, well-rested (2011-12)	66.2%	**61.9%**	20	✗	61.6%	72.8%
Effective Transitions			29			
Percent of nursing home residents with low care needs (2010)	16.1%	**15.1%**	36	↔	11.7%	1.1%
Percent of home health patients with a hospital admission (2012)	*	**24.1%**	14	*	25.5%	18.9%
Percent of long-stay nursing home residents hospitalized within a six-month period (2010)	13.4%	**13.6%**	13	↔	18.9%	7.3%
Percent of nursing home residents with moderate to severe dementia with one or more potentially burdensome transitions at end of life (2009)	*	**12.9%**	8	*	20.3%	7.1%
Percent of new nursing home stays lasting 100 days or more (2009)	*	**23.4%**	41	*	19.8%	10.3%
Percent of people with 90+ day nursing home stays successfully transitioning back to the community (2009)	*	**5.1%**	50	*	7.9%	15.8%

* Comparable data not available for baseline and/or current year. Change in performance cannot be calculated without baseline and current data.

** Composite measure. Baseline rate is not shown as some components of the measure are only available for the current year. Change in performance is based only on those components with comparable prior data. See page 73 and page 83 in *Raising Expectations 2014: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers* for more detail. Notes: ADL = Activities of Daily Living; ADRC = Aging and Disability Resource Center; HCBS = Home and Community Based Services; LTSS = Long Term Services and Supports.

Please refer to Appendix B2 on page 97 in the report for full indicator descriptions, data sources, and other notes about methodology; for baseline data years, please see Exhibit 2 on page 11. The full report is available at www.longtermscorecard.org

Key for Change:	
✓	Performance improvement
↔	Little or no change in performance
✗	Performance decline

SB 2224 1/26/15

SB 2224 1/26/15

AARP Real Possibilities

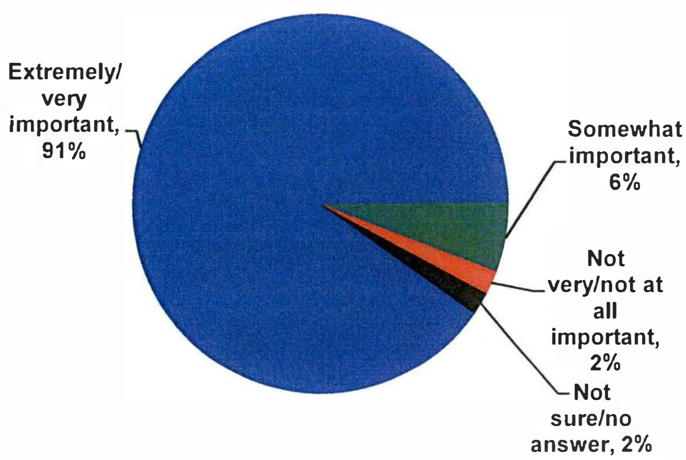
2014 AARP Caregiving Survey of North Dakota Registered Voters Age 45 and Older: Family Caregivers

There are approximately 109,000 caregivers over the course of the year in North Dakota. North Dakota caregivers provide 71 million hours of care per year with an estimated economic value of $830 million dollars.[1]

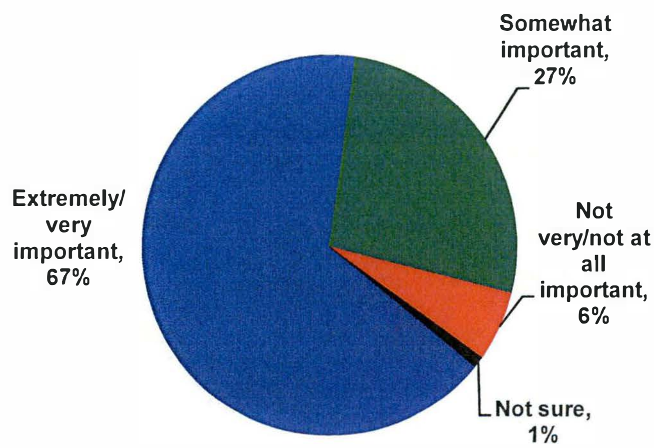
Most (70%) North Dakota registered voters age 45 and older believe that being cared for at home with caregiver assistance is the ideal situation when the basic tasks of life become more difficult due to aging or illness. Moreover, more than half (56%) of North Dakota registered voters age 45 and older say it is extremely, very, or somewhat likely they will provide care on an unpaid basis for an adult loved one who is ill, frail, elderly or who has a disability.

Most North Dakota caregivers are helping or have helped their loved ones with shopping (90%), transportation (84%), household chores (82%), meal preparation (74%) as well as more complex care like managing medications (66%) and other nursing and medical tasks (56%). The majority (72%) of these caregivers says it is likely that they will need to provide this type of care in the future. As such, nearly all (91%) of these caregivers believe it is important to be able to provide care so that their loved ones can keep living independently in their own home and two-thirds (67%) believe it is important to have more caregiver resources and training that allows family caregivers to continue to provide in-home care.

Importance of Providing Care to Adult Loved Ones Among North Dakota Caregivers
(n=383, Respondents Who Are Current or Past Caregivers)



Importance of Having More Resources and Training for Caregivers Among North Dakota Caregivers
(n=383, Respondents Who Are Current or Past Caregivers)



The average age of North Dakota caregivers is 63 years old and the majority is female (60%), married (71%), has a two year college degree or higher (64%), working either full or part-time (54%) and has an annual household income of less than $100,000 (56%).

AARP North Dakota commissioned a telephone survey of 800 North Dakota registered voters age 45 and older to learn about their experiences with family caregiving, as well as their opinions on proposals to support family caregivers in the state. This report highlights results from registered voters interviewed between November 6 and November 16, 2014. The data in this report has been weighted by age, gender and geographic county of residence to reflect the North Dakota population of registered voters age 45 and older. The survey has a margin of error of ±3.5 percent.

[1] Valuing the Invaluable: 2011 Update The Growing Contributions and Costs of Family Caregiving, Lynn Fein, Susan C. Reinhard, Ari Houser, and Rita Choula, AARP Public Policy Institute

SB 2224 1/26/15

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