

A SENATE RESOLUTION

To request the Office on Aging, the Commonwealth Healthcare Corporation, the CNMI State Medicaid Agency, the Northern Marianas Housing Corporation and other Partnering Agencies to coordinate their efforts to expand and strengthen elderly care services in CNMI.

1 **WHEREAS**, people worldwide are living longer. Today most people can expect to
2 live into their sixties and beyond. Every country in the world is experiencing growth in
3 both the size and the proportion of older persons or the elderly in the population according
4 to the World Health Organization; and

5 **WHEREAS**, Americans are projected to have longer life expectancies in the
6 coming decades based on research from the U.S. Census Bureau. By 2060, life expectancy
7 for the total population is projected to increase by about six years from 79.7 years old in
8 2017 to 85.6 years old in 2060; and

9 **WHEREAS**, according to the U.S. Census Bureau's 2020 demographic
10 characteristic of the CNMI, the CNMI had a population of 47,329 with 24,892 males
11 (52.6%) and 22,437 females (47.4%), and 5.9% of the population was age 65 or over and
12 2% was age 85 or over; and

13 **WHEREAS**, in 2010, the U.S. Census Bureau reported that the CNMI's total
14 population was 53,883, with ages 0-14 years: 26.4 %, ages 15-64 years: 70.7 %, and 65
15 years and over: 2.9 %; and

16 **WHEREAS**, in our culture, we are taught to take care of our aging parents and the
17 elderly or Man Amko' in our community. However, it is important to understand that this
18 growing aging population creates a necessity to adequately prepare for home and
19 community-based care, social and recreational care, transportation, nutrition and medical

1 services care needs of the elderly members of our community. We need to ensure that our
2 Man Amko' are satisfactorily cared for as they age; and

3 **WHEREAS**, the issues in the CNMI are accessibility and affordability of elderly
4 care services. According to Harvard's Joint Center for Housing Studies, as people age and
5 live alone, they need assistance. The problem is that while most older adults will require
6 long-term care, only about 13% of adults age 75+ in U.S. metro areas living alone can afford
7 to have help without dipping into their assets; and

8 **WHEREAS**, few elderly have the means to have independent caregivers in the
9 home. Other elderly on Medicare or Medicaid rely on the government to assist with in-
10 home care or care in a nursing home or similar facility. Right now, over 11 million people
11 in the U.S. are eligible for Medicare and Medicaid. Certainly, that's financially draining
12 and too many elderly to serve with proper care, especially with a shortage of qualified care
13 providers caused by the pandemic; and

14 **WHEREAS**, in the CNMI, the elderly have access to Medicare or Medicaid for
15 basic medical services, but not access for Comprehensive Home Health Care or at a Skilled
16 Nursing Facility. The CNMI currently does not have any nursing homes or similar facilities
17 to care for the elderly. Even if they had access to such facilities, the CNMI's state plan and
18 Medicaid funding cap prohibit the elderly from using Medicaid to pay for such services;
19 and

20 **WHEREAS**, the CNMI avails of federal programs for the elderly pursuant to the
21 2020 Reauthorization of the Older Americans Act. The CNMI state agency for aging is the
22 Office on Aging within the Department of Community and Cultural Affairs. The Office on
23 Aging's purpose is to develop, coordinate, and deliver support services to CNMI elders
24 and to assist the senior citizens in maintaining their independence. It is the program's
25 responsibility to proactively implement a wide range of functions relative to planning and
26 advocating for a system designed to assist older persons to lead meaningful and dignified
27 lives; and

28 **WHEREAS**, the Office on Aging offers a variety of services to assist in the
29 physical, mental, social, and emotional well-being of elderly clients and people with

1 disabilities. The Office on Aging continuously provides a number of supportive services
2 and activities that include: the Multi-Purpose Senior Center, transportation services,
3 nutrition services, and recreational services such as senior citizen discount program,
4 computer literacy, music, arts & crafts, morning stretch exercise, sports activities, movie
5 production, cultural tutorial, cultural variety shows, Man Amko' King and Queen,
6 gardening project, spirit week, fun Fridays, Man Amko' cook book, and cook show; and

7 **WHEREAS**, the Office on Aging should be commended for its implementation of
8 services aimed at assisting the Man Amko' in our communities. The Man Amko' of the
9 CNMI communities are fortunate to have the Office on Aging provide social,
10 transportation, recreational, and nutrition services. However, as our aging population
11 grows, we must increase the CNMI's federal grant opportunities and expand the elderly
12 care services to include accessible and affordable home health care services, help with
13 everyday activities, money management, emergency medical alert systems, other
14 professional services, and support and compensation for caregivers; and

15 **WHEREAS**, the CNMI, through the Office on Aging, the Commonwealth
16 Healthcare Corporation, the CNMI State Medicaid Agency, the Northern Marianas
17 Housing Corporation and other Partnering Agencies, should apply for and avail of any and
18 all federal programs/grants available to assist our Man Amko' and caregivers as well as
19 coordinate with other agencies to ensure that complete and comprehensive elderly care and
20 medical care services are provided to all the Man Amko' in the CNMI; and

21 **WHEREAS**, in her Proposal to Strengthen Elderly Care Services in CNMI, Ms.
22 Chelsey Cabrera, a doctoral student doing her dissertation on caregiving services in
23 Portland, Oregon, stated that "[t]he Commonwealth of the Northern Mariana Islands
24 (CNMI) is facing several challenges in providing adequate healthcare services to its elderly
25 population. The aging population in the CNMI has increased significantly in recent years,
26 with an estimated 5.9% of the population age 65 or over and 2% was age 85 or over
27 according to the U.S. Census Bureau 2020. In the CNMI, there's no skilled nursing homes
28 so relatives and friends take on the role as caregivers with minimal to no support and
29 resources. They are called informal caregivers because they are providing caregiving

1 services without compensation. Informal caregivers feel neglected by the system because
2 they do not have support. Many informal caregivers leave the workforce to take care of
3 loved ones. What are we doing to help them?"; and

4 **WHEREAS**, Ms. Chelsey Cabrera recommended availing of the National Family
5 Caregiver Support Program (NFCSP), which provides grants to states and territories to
6 fund various supports that help family and informal caregivers care for older adults in their
7 homes for as long as possible. The Office on Aging already administers the NFCSP in the
8 CNMI. Total Fiscal Year 2024 Funding is \$83,471,341. GovGuam received \$228,000 from
9 the NFSCP while the CNMI received \$57,074 and is expected to receive a total of \$122,151
10 for the current fiscal year; and

11 **WHEREAS**, the NFCSP grantees provide five types of services: information to
12 caregivers about available services, assistance to caregivers in gaining access to the
13 services, individual counseling, organization of support groups, and caregiver training,
14 respite care, & supplemental services, on a limited basis; and

15 **WHEREAS**, another recommendation made by Ms. Cabrera is to provide financial
16 incentives for informal caregivers such as relatives or friends. The CNMI could introduce
17 tax credits or allowances for individuals who undertake caregiving roles. This could help
18 offset the financial costs associated with caregiving and encourage more people to take on
19 these roles. Additionally, the CNMI government could offer subsidies to organizations
20 providing eldercare services to seniors. Organizations can invest in training programs that
21 equip caregivers with the necessary skills to provide care more effectively; and

22 **WHEREAS**, Ms. Cabrera further recommended a program under the U.S. Centers
23 for Medicare & Medicaid Services called the Program of All-Inclusive Care for the Elderly
24 (PACE). PACE provides comprehensive medical and social services to certain frail, elderly
25 people (participants) who are still living in the community. Most of the participants who
26 are in PACE are dually eligible for both Medicare and Medicaid; and

27 **WHEREAS**, the primary goal of PACE is to support older adults in remaining in
28 their homes for as long as possible by delivering coordinated and all-encompassing care.

1 There are two types of care: Coordinated Care and Home-based Care. Coordinated Care:
2 PACE coordinated care brings together healthcare services through a team of professionals
3 to create personalized plans, ensuring all health needs are met and improving overall
4 outcomes. Home-based Care: While PACE provides a variety of services, the care delivery
5 is structured to support the elderly in their home environment. By doing so, the program
6 enables participants to receive the care they require in familiar surroundings, promoting a
7 sense of independence and comfort; and

8 **WHEREAS**, in addition to the foregoing programs for the elderly and caregivers,
9 Ms. Tafa Tua-Tupuola, State Director of the American Samoa Center on Human Security,
10 in her presentation to the Joint Health & Welfare Committees of the CNMI Legislature on
11 May 14, 2024, shared American Samoa's success in securing funds for the "Money
12 Follows the Person" (MFP) Program. MFP is a Medicaid-funded program for eligible
13 individuals including persons 65 years and older in an institutional setting to help them
14 move back into their community. Services such as home aide, homemaker, case
15 management, adult day care, habilitation, and non-medical transport can be provided under
16 MFP Program; and

17 **WHEREAS**, Ms. Tua-Tupuola is assisting the CNMI State Medicaid Agency with
18 comprehensive research regarding the Home and Community Based Services Survey. The
19 Office on Aging should collaborate with the CNMI State Medicaid Agency, the
20 Commonwealth Healthcare Corporation, and the Northern Marianas Housing Corporation
21 to ensure that the Man Amko' of the CNMI are included in the survey and plans to
22 implement home and community-based services including the Money Follows the Person
23 Program; and

24 **WHEREAS**, the CNMI must also provide suitable Skilled Nursing Facilities and
25 Home Health Care for the elderly in our communities. The Commonwealth Healthcare
26 Corporation has reported that there are six elderly patients permanently residing at the
27 Commonwealth Health Center because they do not have any home to go to, family willing
28 to take care of them, or a nursing home to help them. The Northern Marianas Housing
29 Corporation should look into partnering with individuals or businesses to use low-income

1 housing tax credits (LIHTC) or other federal programs to develop and build nursing homes
2 and assisted living facilities for the elderly in the CNMI; and

3 **WHEREAS**, while the recommendations to expand and strengthen the elderly care
4 services in the CNMI will undoubtedly require additional local effort and planning, the
5 Senate is cognizant that these recommendations will also require increasing or removing
6 the CNMI's Medicaid funding cap and providing additional local funding that may not be
7 available at this time. However, starting a dialogue and planning for the expansion of such
8 elderly care services is necessary to assist the elderly population today and prevent an
9 emergency situation where the CNMI cannot take care of its elderly population in the near
10 future; and

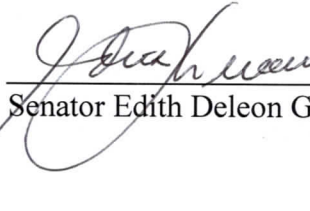
11 **WHEREAS**, expanding and strengthening elderly care services in CNMI is a
12 monumental task that cannot be planned and implemented by one agency. The Office of
13 the Governor, the Legislature, the Office on Aging, the Department of Community &
14 Cultural Affairs, the Commonwealth Healthcare Corporation, the Community Guidance
15 Center, the CNMI State Medicaid Agency, the Northern Marianas Housing Corporation,
16 Private Medical Clinics and Partners, and other partnering agencies or stakeholders must
17 collaboratively combine their work and efforts to create and implement a state plan(s) to
18 expand and strengthen elderly services; and

19 **WHEREAS**, as our Man Amko' population continues to increase each year in the
20 CNMI, we must be diligent and proactive in securing all local and federal grants and
21 programs available to enhance and expand the elderly care services for our communities.
22 Additionally, we must also provide local assistance, support, funding and incentives for
23 our elderly caregivers who often sacrifice gainful employment and other benefits to be
24 informal caregivers;

25 **NOW, THEREFORE, BE IT RESOLVED**, that the Senate of the Twenty-Third
26 Northern Marianas Commonwealth Legislature hereby requests the Office on Aging, the
27 Commonwealth Healthcare Corporation, the CNMI State Medicaid Agency, the Northern
28 Marianas Housing Corporation, and other Partnering Agencies to coordinate their efforts
29 to expand and strengthen elderly care services in CNMI.; and

1 **BE IT FURTHER RESOLVED** that the President of the Senate shall certify and
2 the Senate Legislative Secretary shall attest to the adoption of this Resolution, and
3 thereafter the Senate Clerk shall transmit certified copies to Frank Rabauliman, Secretary
4 of the Department of Community & Cultural Affairs; Walter Manglona, Director of the
5 Office on Aging; Annie Reyes, Acting Medicaid Director of the CNMI State Medicaid
6 Agency; Esther L. Muna, Chief Executive Officer of the Commonwealth Healthcare
7 Corporation; Jesse S. Palacios, Corporate Director of the Northern Marianas Housing
8 Corporation; the Honorable Arnold I. Palacios, Governor of the CNMI; and the Honorable
9 Edmund S. Villagomez, Speaker of the House of Representatives; and the Honorable
10 Gregorio “Kilili” C. Sablan, CNMI Delegate to the House of Representatives Washington.

Date: 10/8/24

Introduced By: 
Senator Edith Deleon Guerrero