

Multisector Plans for Aging (MPA) Executive Orders and Legislation



BY ELVIRA MAKK FRID AND AMY HERR
WEST HEALTH

Executive Summary

As America's population ages, a growing number of states are working to ensure they are prepared to meet the multifaceted needs of their older-adult residents. Currently, more than half of U.S. states are planning, developing, or implementing Multisector Plans for Aging, or MPAs. These are government-led, cross-sector, whole-person-focused plans that coordinate and prioritize the state's goals and initiatives to address the aging population. As of September 2023, ten states – California, Colorado, Massachusetts, Missouri, New York, North Carolina, Pennsylvania, Texas, Utah, and Vermont – have Executive Orders or legislation for their MPAs.

This issue brief highlights the structure of MPA Executive Orders and legislation, including who is responsible for coordinating efforts, how planning efforts are organized, which stakeholders are involved, and how progress is tracked. We also review plans for continued revision to ensure that MPAs are living documents and funding to support the effort. States looking to initiate their own MPA can learn from these states to craft a plan that is appropriate for their own state's needs, goals, and priorities. While legislation or an Executive Order is not required to create an MPA, they help bring authority and buy-in for the movement. Thus, exploring MPA Executive Orders and legislation in detail can be a helpful exercise for states seeking inspiration and advice for their own MPAs, and can also serve as an educational tool for anyone looking to learn more about the MPA movement.

Background

By 2040, the number of Americans aged 65 and older is estimated to reach 81 million, and by 2060, this group will make up nearly [25% of the U.S. population](#). States are experiencing the impact of this demographic shift across several domains, such as pressure on the health care system, direct care workforce, accessibility of home and community-based services, housing, transportation, and in many other areas.

The goal of an MPA is to create a coordinated system of high-quality care and support services that promote healthy aging, independent living, and social engagement, while also addressing intersecting issues related to healthcare, housing, transportation, and other social determinants of health.

The first step in creating an MPA is to identify and elevate the existing stakeholders and work that is already happening on this front in the state including state or local initiatives such as accessible housing, healthy aging programs, dementia care, transportation, disability rights, and more. The MPA coordinates and elevates existing efforts and works across state agencies and departments to engage diverse stakeholders including older adults, caregivers, industries, providers of services, researchers, advocates, and stakeholders from diverse communities. Each state will develop its own MPA with a unique name, high-level goals, and priorities that resonate with the state's demographic, geographic, and political landscape. However, all plans share the common purpose of serving as a blueprint for state and private efforts to improve the wellbeing of older adults and people with disabilities for a decade or more into the future.

Review of MPA Executive Orders and Authorizing Legislation

To get started, most states will need an Executive Order from the governor or legislation authorizing an MPA. Securing an Executive Order or legislation to develop an MPA is an important first step to create buy-in and support for the development of the plan. A state Executive Order is a directive issued by a governor for a variety of purposes, such as creating advisory and investigative committees, creating or reorganizing state agencies, boards, and commissions, or establishing gubernatorial priorities and initiatives, among other things. Legislation refers to the preparation and enactment of laws by a legislative body through its lawmaking process, including evaluating, amending, and voting on proposed laws. While Executive Orders and legislation both signify that an initiative is backed by state leaders, each has its advantages and disadvantages. Executive Orders, for instance, are directives for action given to state agencies from the governor, who is the chief executive of those state agencies. Through the use of an Executive Order, the governor can compel departments and agencies that are part of the executive branch to use their resources to support the MPA effort. Executive Orders, however, often do not include new funding, as legislative approval is often required to initiate new funds. Executive Orders may also be heavily administration dependent and thus, may not withstand the transition to a new administration with different priorities. Legislation can have the advantage of being more longstanding across leadership transitions and enable funds to be directly appropriated. However, while legislation can create administrative mandates that require agencies to act in accordance, substantial executive branch support for the legislation is still advantageous, to prevent the program from being deprioritized during implementation.

Leaders across the political spectrum have committed to taking steps to support our aging population.

Exhibit 1: States with MPA Executive Orders or Authorizing Legislation, with Links to Full Text

DATE	STATE	NAME OF MPA	LINK
4/1/2005	Texas	Aging Texas Well Plan	TX Executive Order
6/4/2015	Colorado	Strategic Action Plan on Aging in Colorado	CO Legislation
4/12/2017	Massachusetts	The Age-Friendly Massachusetts Action Plan	MA Executive Order
6/10/2019	California	California Master Plan for Aging	CA Executive Order
10/5/2020	Vermont	Vermont Action Plan for Aging Well	VT Legislation
11/4/2022	New York	New York State Master Plan for Aging	NY Executive Order
1/19/2023	Missouri	Master Plan for Aging for the State of Missouri	MO Executive Order
3/15/2023	Utah	Utah Master Plan on Aging	UT Legislation
5/2/2023	North Carolina	Multisector Plan for Aging in North Carolina	NC Executive Order
5/25/2023	Pennsylvania	Pennsylvania Master Plan for Older Adults	PA Executive Order

State authorization through an Executive Order or legislation also helps to bring stakeholders to the table and foster accountability for the plans' development. Furthermore, these mechanisms allow governors and legislators to specify their priorities and goals for their states' MPA, yielding different structures, themes, and initiatives in the plan. Because of this, the support for MPAs has been wholly bipartisan, with both Republican and Democratic leaders seeing the value in the development of a cross-sector plan.

Motivating Factors

The motivators driving the enactment of MPAs differ greatly across states. For example, while the impetus for Massachusetts' Executive Order is the belief that "older adults should be able to choose to remain in their communities as they age," Missouri's Executive Order is inspired partly by a desire to "prepare for a restructured workforce that can include and serve older adults across the state." Texas' Executive Order calls for comprehensive policy changes in response to the growing numbers of informal caregivers, rapidly increasing costs associated with caring for people with chronic disease and disability, the need for providers with geriatric training, the aging of people with intellectual and developmental disabilities, and the increasing mobility and transportation needs of older Texans. Other motivating factors explicitly outlined in MPA Executive Orders and legislation include, but are not limited to, addressing the expected increased demand for public programs and services, securing commitment to being an age-friendly state, and ensuring that the social, financial, and health concerns of older residents met. Along with reviewing the motivators, examining other elements of MPA legislation and Executive Orders reveals commonalities and differences in priorities, structure, and planning processes.

Responsible Parties

To ensure that MPAs are implemented successfully, it is essential to designate who is primarily responsible for leading and coordinating efforts. In most states, the responsibility of planning spans multiple agencies, departments, and offices. This cross-sector focus is important because almost every state agency works with older adults, from health care services, transportation and housing to libraries and parks. Most commonly, Executive Orders or legislation have designated planning responsibilities to a state agency or they have appointed an advisory council to oversee the process. Specifically, Health and Human Services oversees planning in California, Texas, and North Carolina, while the Department of Aging in Pennsylvania, and the State Department of Health and State Office for Aging in New York oversee their states' MPA planning. In Colorado, Massachusetts, and Utah, the governor appointed members to a new planning group, commission, and council, respectively, tasked with leading MPA planning. This process is similar in Missouri, where the Director of the Department of Health and Senior Services designated stakeholders to the Advisory Council is responsible for creating the MPA. Texas' Executive Order establishes the Aging Texas Well Advisory Committee, which provides feedback on the Aging Texas Well Initiative and the development of the MPA. In Vermont, the Secretary of Administration, in collaboration with the Commissioners of Disabilities, Aging, and Independent Living and Health, is tasked with proposing the process for developing the action plan. Within all these leading organizations (such as state agencies and advisory councils), different subgroups, advisory committees, and stakeholders are involved in sharing the responsibility of MPA implementation. Once responsible parties have been identified, legislation and Executive Orders for MPAs outline comprehensive priorities and tasks to be achieved throughout the MPA creation process, although the level of detail and flexibility varies.

Planning Process and Priorities

In most MPA Executive Orders or legislation, the responsible entities for creating the Plan are tasked with making recommendations to improve the alignment and coordination between and among aging-related programs, policies, and services, as well as cultivating cross-sector engagement and involvement. Since motivators and priorities range from addressing workforce-related issues that accompany a growing aging population (Missouri), to addressing the increased demand and cost for long-term care (California), all authorizations provide guidance for how cross-sector planning is to be accomplished. In California, Colorado, Missouri, New York, and Pennsylvania, authorizations order the creation of expert advisory committees and workgroups/subcommittees to achieve these efforts. These workgroups/subcommittees include long-term services and supports, community-based care, caregiving, and more. Another common element is the submission of oral and/or written reports that outline the planning process for the MPA and progress on meeting goals. In Colorado, the Strategic Action Planning Group on

Aging is required to submit oral reports on the progress of the planning during legislative sessions. In Pennsylvania, the Department on Aging may provide quarterly updates on planning progress to the Governor. While California, New York, and Pennsylvania provide a rigid planning and implementation structure, other states like Vermont leave their authorizations more open and flexible. No matter how states choose to structure their planning, their Executive Orders and authorizations outline clear expectations, roles, and priorities.

Stakeholder Involvement

A common directive included in MPA Executive Orders and legislation are requirements around ensuring appropriate stakeholder representation in the planning process. These requirements are cross-sector and serve to incorporate expertise, viewpoints, and input from across different agencies, departments, and sectors of society. Furthermore, this directive has its roots in a common desire to promote greater equity through MPAs. Specifically, MPAs built on equity can allow states to build communities in which all members are valued and supported, regardless of age or ability, and ensure that they can live and age well in their communities. Goals of promoting greater equity have led many states to incorporate a broad range of stakeholders into their planning processes — including philanthropy, consumers, people with disabilities, caregivers, governments, healthcare providers, social service agencies, community-based organizations, and more.

In Colorado, HB 15-1033 specifically outlines that the governor will appoint 23 voting members to the [Strategic Action Planning Group on Aging](#), including consumers, private, public, and community-based health care representatives, experts in long-term services and supports, business representatives, higher education representatives, and those involved in aging-related state agencies and departments. Additionally, the legislation specifies that “the governor will consider representation for members of diverse racial, cultural, income, gender, and ability groups,” signifying a commitment to incorporating diversity into the planning process. Similarly, for [The Governor’s Council to Address Aging in Massachusetts](#), the governor is responsible for appointing 24 members to the Governor’s Council to Address Aging, including Secretaries of the Executive Offices of Health and Human Services, Elder Affairs, Labor and Workforce Development, Transportation, and Housing and Economic Development, and with “consideration given to the importance of participation by representatives of the business community, health care, technology and innovation, municipal leaders, the aging network, advocacy organizations, caregivers, and direct service providers focused on the older adult population”. [The Stakeholder Advisory Committee in California](#), [The Master Plan on Aging Advisory Council in Missouri](#), and [The Master Plan for Aging Council in New York](#) are made up of members that have been explicitly outlined in their state’s Executive Orders. In contrast, North Carolina’s Executive Order more broadly outlines the groups and organizations that are to be involved in the collaborative effort. Other states, like Vermont, emphasize the importance of diverse cross-sector stakeholder involvement but their authorizations are less explicit regarding who can participate in the MPA planning process, perhaps allowing for more flexibility. Again, through Executive Orders and legislation, governors and legislators have the option to decide how they wish to outline stakeholder involvement based on their own preferences and the needs of their states. Incorporating diverse opinions and expertise is a priority across the board.

Evaluation and Progress Tracking

Along with engaging participation from diverse sectors of society, many Executive Orders and legislation for MPAs place importance on monitoring and evaluation. To track progress of their plans’ implementation over time, states establish requirements for evaluating the advancement of their plans’ implementation within their Executive Orders and legislation. In Pennsylvania, this includes ensuring that the plan is “data-driven and includes identifiable goals with measurable outcomes”. Similarly, California, New York, and North Carolina’s Executive Orders specify the requirement for target measures and data indicators to be tracked over a 10-year period. [California’s Data Dashboard for Aging](#) allows users to track the state’s progress on five goals and twenty-three strategies that

make up its MPA. Missouri and Utah stress engaging public commentary and stakeholders directly to create accountability. Specifically, Missouri's Executive Order calls for state agencies to establish and clearly communicate their priorities to stakeholders. In Texas, the Executive Order requires the [Aging Texas Well](#) Advisory Committee and the Health and Human Services Commission to prepare biennial updates and reports on its implementation. Evaluation and progress tracking can be incorporated into authorizations in different ways but is an important step for creating an MPA.

The effect of the COVID-19 pandemic and its outsized impact on older adults accelerated the need for thoughtful cross-sector planning to support healthy aging across the lifespan.

Implementation/Revision of MPAs

MPAs are designed to be living documents that get updated, refreshed, and revised over time, whether or not this is explicitly stated in the Executive Order or legislation. For example, Colorado and Massachusetts are in the process of revising existing plans, developed in 2015 and 2017, respectively. In Colorado's legislation, the statutory authorization for the designated advisory committees was scheduled for repeal on September 1, 2022, signifying the need for renewal. Massachusetts's Executive Order states that "this Executive Order shall continue in effect until amended, superseded, or revoked by subsequent Executive Order", suggesting that there is an ability to change and update the document authorizing the MPA plan. North Carolina's Executive Order states that "the Governor's Advisory Council on Aging will periodically review the Multisector Plan for Aging in North Carolina and make annual recommendations that support its goals," illustrating how annual evaluation and recommendations can be another way for states to keep their MPAs flexible and modifiable. California is also refreshing its MPA currently, although this was not specifically stated in its Executive Order. Additionally, Texas passed legislation in June 2023 to create a [Statewide Interagency Aging Services Coordinating Council](#), charged with creating annual reports and recurring five-year strategic plans. The Council's work will support the Aging Texas Well Advisory Committee in the refreshing of Texas' MPA. Including stipulations within Executive Orders and legislation that allow MPAs to be refreshed and updated as needed is important for ensuring that states continue to monitor and improve their plans based on the changing needs of their aging populations.

Funding

Another important element to consider in the development of an MPA is funding. As previously noted, Executive Orders and legislation each have different advantages when it comes to designating funding for initiatives like MPAs. Colorado's MPA legislation creates the "Strategic Action Plan on Aging Cash Fund" within the state treasury. This fund consists of "any moneys that may be appropriated to the funds of the General Assembly together with any gifts, grants, or donations received by the planning group." These funds are to be continuously appropriated to the Planning Group for indirect and direct costs associated with its implementation. For the 2015-2016 fiscal year, Colorado's legislation appropriated \$364,915 to the department of local affairs for use by the division of local government. On the other hand, Utah's MPA legislation states that the commission may "apply for and accept grants or donations for uses consistent with the duties of the commission from public or private sources," although no money is directly appropriated. Thus, states can address MPA funding through their Executive Orders or legislations either by directly appropriate funding or by specifying where MPA planning groups and commissions can receive funding.

Other opportunities for funding may include public-private partnerships and philanthropy. For example, in California, the California MPA Foundation partners (The Gary and Mary West Foundation, The SCAN Foundation, Archstone Foundation, Metta Fund, May & Stanley Smith Charitable Trust, San Diego Foundation, and The Rosalinde and Arthur Gilbert Foundation) have contributed more than \$3.9 million to date to fund contractors and consultants that are needed to augment state resources to ensure the successful creation and implementation of the MPA.

Conclusion

Examining the legislation and Executive Orders that have led to the development of MPAs illustrates the flexibility and opportunities that states have when crafting these important plans. MPA authorizations allow state governors and legislators to prioritize what matters most to them in their MPA—whether it be access to long-term services and supports, affordable housing, outdoor recreation, or financial security. Despite differences in structure, one common theme is present in all authorizations: a focused commitment to healthy aging. As new states look to enact legislation or issue Executive Orders for their own MPAs, they can adopt useful elements from earlier states and incorporate their own to create a unique plan that prioritizes the health and successful aging of older adults.

This brief will be updated with additional examples of MPA Executive Orders and legislation.

MPA planning also provides unique opportunities for states to collaborate with and learn from each other. One resource for such collaboration is the MPA Learning Collaborative led by the Center for Health Care Strategies, which brings states together in a learning community to help them advance their MPAs. This opportunity allows states to share best practices and lessons; access a network of experts, including those who have helped advance MPAs in other states; and receive technical assistance on how to build cross-sector buy-in and facilitate a collaborative MPA development process. The MPA Learning Collaborative is a useful resource for states wishing to implement their own plan and serves as evidence that MPAs are becoming a national movement. The MPA Learning Collaborative is made possible through support from The SCAN Foundation, West Health, and the May & Stanley Smith Charitable Trust.




The multisectorplanforaging.org website serves as a hub for involvement opportunities, including an interactive map showing state progress on MPAs, links to helpful resources such as articles, event recordings, and toolkits, and an option to sign up for our periodic MPA newsletter.

About West Health



Based in the nation's capital, the West Health Policy Center conducts policy research, education, and outreach on a range of issues including healthcare costs and prescription drug pricing, value-based care models, equitable COVID-19 vaccine distribution, and senior-specific models of care. The goal is to connect best practices to policies that increase access, lower costs, and improve care.

 [Learn more at westhealth.org](https://westhealth.org)

 [@WestHealth](https://twitter.com/WestHealth)