



COMING TOGETHER TO ADVOCATE FOR OLDER ADULTS

**NC Coalition on Aging
April Update – April 25, 2019**

Good News: The Coalition is excited to report that we have received approval from the IRS of our 501(c)3 application. We have been approved as a public charity, effective November 16, 2018, under IRS Statute 170 (b) (1) (A) (vi). With this approval donors can deduct contributions they make to the Coalition, and the Coalition is now qualified to receive tax deductible bequests, devices, transfers or gifts. This is an important step for the Coalition as we move forward to strengthen the Coalition and possibly broaden our revenue streams.



Coalition Board members in attendance at a meeting on April 11 celebrate the notification of the 501(c)3 approval.

Rep. Donna White Slated for April Coalition Meeting: The Coalition is pleased that Rep. Donna White (R-Johnston) will be the speaker for the April 26 Coalition meeting. Rep. White is a Vice-Chair of the House Appropriations Committee, a Chair of the House Appropriations Subcommittee on Health and Human Services, a Chair of the House Health Committee, and a member of the House Committee on Aging. She also serves on committees related to education and the environment. Rep. White is a nurse and worked for many years at the NC Division of Aging and Adult Services. She was a caregiver for her parents for many years which contributed to her passion as an advocate for issues which impact older adults and their family caregivers.



Rep. White

Rep. White is a prime sponsor of several bills pertaining to the Coalition's legislative priorities for this legislative session including [HB 335](#) (appropriate \$7 million for the Home and Community Care Block Grant), [HB 655](#) (close the health insurance coverage gap), and [HB 915](#) (establish Task Force on Aging to study the supports and services for family caregivers and to make recommendations on how to address needs). She is also a co-sponsor of [HB 763](#) which would establish a fund in the NC Housing Finance Agency to provide grants to retrofit existing housing for accessibility and universal design.

The meeting will be from 10:00 a.m. to 12:00 noon in Room 104 of the Brown Building that is located at 801 Biggs Drive (Dix campus) in Raleigh. The call in number for those who cannot attend in person is 1-866-215-3402 and the passcode is 5080266#.

Update on Advocacy for Priority Issues: In the last month, the Coalition has been actively engaged in numerous efforts to advocate for our priority issues for this legislative session. Personal visits have been conducted with numerous legislators to share information on our priorities and to seek their support for legislation pertaining to our issues. As noted in the information above about the April Coalition meeting, legislation has been introduced on a number of our priority issues. In addition to efforts on these issues, we have met with several legislators about the creation of a legislative study to look at the challenges faced by older adults and persons with disabilities in paying for their property taxes and to explore changes to the state's property tax exemption programs to help those struggling to pay their taxes. Several counties in the state, including Mecklenburg, report significant problems with seniors and those with disabilities being able to pay their property taxes. Two Democrat Mecklenburg legislators have proposed property tax expansion bills ([HB 692](#) – Modify Homestead Circuit Breaker and [SB 656](#) – Expand Property Tax Homestead Exclusion). In an attempt to expand the availability of safe and affordable housing, legislation has also been introduced, [SB 629](#), to increase funding of the Housing Trust Fund by \$30 million. In addition, legislation has been introduced, [SB 316](#), which directs municipalities in the state with a population of at least 90,000 to report to the Joint Legislative Committee on Local Government and the Fiscal Research Division of the Legislature by October 1, 2019, on local government funding, subsidies, and activities related to affordable housing. [HB 708](#) calls for the Legislative Research Commission to study affordable housing and to report its findings, together with any proposed legislation, to the 2020 regular session of the 2019 General Assembly upon its convening.

Unfortunately, the one legislative priority for the Coalition where there is a general lack of traction at this point is our effort to get increased funding for adult protective services. We continue to make the case with legislators that there were over 30,000 reported cases of abuse, neglect, or exploitation of adults in SFY 17-18 with the need for adult protective services found in 6,066 of these cases. In addition, our messaging includes the fact that state funding for adult protective services, which is a mandated responsibility of county departments of social services, is only 0.01% of total funding.

The House of Representatives, which is charged this year with developing the first draft of the state budget for the biennium, will return from its spring break later this week. House appropriations sub-committees will begin the process of approving their budgets on Thursday and Friday. A full House Appropriations Committee meeting could come as early as May 1 with a full floor vote on May 2 and May 3. The crossover deadline, the date by which a bill without budget implications must pass either the House or the Senate in order to remain eligible for consideration in the remainder of the session, is May 9. After the House budget vote and the crossover deadline, we will have a much better picture of where our legislative priorities stand.

House Committee on Aging Update: The House Committee on Aging has held two meetings since the last *Update* was distributed. On March 26, the Committee met briefly to learn more about the status of the personal needs allowance for residents in nursing home and assisted living in the state and about the state Long Term Care Ombudsman program. The personal needs allowance is the amount of money that Medicaid recipients can retain each month from their personal income to cover personal expenses such as clothing, cell phone costs, and toiletries. The allowance for both adult care home and nursing home residents has not been increased in many years. Information about the personal needs allowance was included in the March 22 *Update*. At the meeting, Ms. Joyce Massey-Smith, Director of the NC Division of Aging and Adult Services, shared information about the personal needs allowance for residents in assisted living, and Ms. Sabrina Lea, Associate Director for Long Term Supports and Services with NC Medicaid, discussed the allowance for Medicaid recipients in nursing homes. *NC Health News* ran a [story](#) on April 8 which profiled the challenges posed by a low personal needs allowance for an assisted living resident.

The overview of the Long Term Care Ombudsman program was provided at the meeting by Tara Myers, Deputy Secretary for Human Services with the NC Department of Health and Human Services. Ombudsmen assist residents in nursing homes and assisted living facilities to exercise their rights and attempt to resolve grievances between residents, families and/or facilities. They also work to educate the public and long-term care providers on relevant topics. There are currently 36.5 long term care ombudsmen in the state. In addition, 987 local volunteers serve as community advisory committee members to assist the program. The National Academy of Sciences Institute of Medicine recommends one full time equivalent ombudsman for every 2,000 long-term care beds. Based on this guideline, North Carolina needs 9.7 more ombudsmen based on the number of nursing home and assisted living beds in the state.



Ms. Joyce Massey-Smith address the House Aging Committee about the personal needs allowance while, Rep. Pat Hurley, Committee Chair, and Deborah Holder, Rep. Hurley's legislative assistance (left) review information shared by Ms. Massey-Smith.

The Committee on Aging also met on April 2 to take up [HB 410](#), Require Generators/ Nursing and Adult Care Homes. Rep. Julia Howard (R-Davie) a primary sponsor of the bill presented it to the Committee. She noted that her interest in seeing generators in homes resulted from a bad-weather incident in her district that left residents of an assisted living home without power for 12 and a half hours and roads were too treacherous to relocate residents. There was lively discussion pertaining to the bill with general agreement that, in concept, having emergency electrical service available in facilities during power outages was a desired goal. Jeff Horton, Executive Director of the NC Assisted Living Association, a Coalition member, shared with the Committee that it would cost \$84 million to outfit adult care homes across the state with generators. He noted that having a generator at every home would present a big challenge due to the level of reimbursement provided for low-income residents through public funding. The financial strain many adult care homes face were echoed by Committee member Mary Ann Black (D-Durham) and former Rep. Nelson Dollar, now an advisor to House Speaker Tim Moore. After back and forth on the bill, it was passed by the Committee with the promise by Rep. Howard that the bill would get further work. The bill was initially slated to go to the House Rules Committee but it has since been referred to the House Regulatory Reform Committee. If passed by this Committee, it will then be sent to the Rules Committee. To learn more about the deliberation on the bill in the House Committee on Aging, see this [article](#) by *NC Health News*.

Bills of Interest Filed: In the March *Update*, a list of some of the bills that have been filed that may be of particular interest to aging advocates was provided. Additional bills that may be of interest filed since March 22 are listed below. Click on the bill number or the short title for information about a bill, including a copy of the bill.

<u>Bill</u>	<u>Short Title</u>
HB 440	Study/Regional Behavioral Health Center.
HB 450	Reduce Barriers to Improve NC Health & Safety.
HB 464	Small Business Health Care Act.
HB 480	NC Cancer Treatment Fairness.
HB 488	Address Direct Sup. Personnel Staffing Crisis.
HB 534 (= SB 632)	NC Pharmacy Benefits Manager Licensure Act.
HB 539 (= SB 538)	Temp. Fin. Asst./SA Facilities.

HB 548 (= SB 574)	Modify Physical Therapy Definition.
HB 549 (= SB 456)	Matching Funds for Affordable Housing.
HR 550	Urge Congressional Support of VA MISSION Act.
HB 555	Modernize Medicaid Telemedicine Policies.
HB 556	Funds for Food Banks.
HB 562	Health Care Reimbursement Contracts/AOBs.
HR 564	Create House Select Committee on Homelessness.
HB 579	Local Communicable Disease Programs/Funds.
HB 586	Funds for Senior Tar Heel Legislature.
HB 588 (= SB 452)	2019 Governor's Budget.
HB 589	Let NC Vote Act.
HB 600 (= SB 523)	Rev. Laws Clarifying & Administrative Changes.
HB 601	Funds for NAMI North Carolina, Inc.
HB 604	Small Business Retirement Program.
HB 612	DSS Review of Procedures/Rule Making.
HB 619 (= SB 337)	Rethinking Guardianship.
HB 646	ID Approval/Flex Muni One-Stop.
HB 648	NC FAIR State & Congressional Districts Act.
HB 650	Military Retirement Income Tax Relief.
HB 655	NC Health Care for Working Families.
HB 656 (= SB 548)	Medicaid Changes for Transformation.
HB 658	Allow Donations of Unexpired Drugs.
HB 659	Improving Access to Patient Care.
HB 666	DOT/Restore funds to SMAP.
HB 667	Local Option Sales Tax Flexibility.
HB 676	Tax Reduction Act of 2019.
HB 683	Absentee Ballot Integrity Act.
HB 691	Online Voter Registration.
HB 692	Modify Homestead Circuit Breaker.
HB 695	Provide Certain Property Tax Relief.
HB 696	NC Families First Act.
HB 698	Adult Care Home Accreditation.
HB 699	Regulatory Reform/PACE Program Organizations.
HB 700	Digital Campaign Finance Disclosure Changes.
HB 701	Improve Impl. of Public Health System Mission.
HB 704 (= SB 252)	Dental Bill of Rights.
HB 708	LRC Study- Affordable Housing.
HB 719	Expanded Food/Nutrition Education Programs.
HB 721	Increase Access to Telehealth Services.
HB 724	Truth In Caller ID Act.
HB 728	Increase Innovations Waiver Slots.
HB 729 (= SB 537)	Establish New Payment Methodology/ACHs.
HB 732 (= SB 647)	Nonprofit Mergers/Incr.Charit.Solic.Exempts.
HB 743	Require Prepaid Envelope/Absentee Ballots.

<u>HB 745</u>	<u>Increase Private Duty Nursing Medicaid Rates.</u>
<u>HB 747</u>	<u>NC Missing Person Information Sharing.</u>
<u>HB 752</u>	<u>Respect Personal Needs/Assisted Living Res.</u>
<u>HB 753</u>	<u>Increase Personal Needs Allowance/Medicaid.</u>
<u>HB 754</u>	<u>Advocacy for Long-Term Care Residents Act.</u>
<u>HB 762</u>	<u>Nutritional Assistance for Employment Deserts.</u>
<u>HB 763</u>	<u>Home Modification Grant Fund.</u>
<u>HB 780</u>	<u>Strengthen Do Not Call Registry.</u>
<u>HB 787</u>	<u>Consumer Credit/Finance Charge Rates.</u>
<u>HB 790</u>	<u>Restore State Emp/Teacher Retiree Med Benefit.</u>
<u>HB 792</u>	<u>Changes to Joint Tenancy Statutes.</u>
<u>HB 800</u>	<u>Chgs. to Real Prop. Statutes/Elective Share.</u>
<u>HB 801</u>	<u>DHHS Annual Report/SNAP & TANF Expenditures.</u>
<u>HB 811</u>	<u>Raise Personal Needs Allowance/SA Recipients.</u>
<u>HB 818</u>	<u>Allow Curbside Voting for Caregivers.</u>
<u>HB 822</u>	<u>Comprehensive Behavioral Health Plan.</u>
<u>HB 827</u>	<u>N.C. Citizens Redistricting Commission.</u>
<u>HB 849</u>	<u>Health Care Practitioner Transparency Act.</u>
<u>HB 854</u>	<u>Protect STATE Health Care Act.</u>
<u>HB 857</u>	<u>CON Exemption/Ambulatory Surgical Facilities.</u>
<u>HB 876</u>	<u>1% COLA/Bonus/TSERS/Funds.</u>
<u>HB 879</u>	<u>End of Life Option Act.</u>
<u>HB 883</u> (= <u>SB 570</u>)	<u>Dental Services/Medicaid Transformation.</u>
<u>HB 884</u>	<u>FQHC Medicaid Reimb./Telemed./CCPs.</u>
<u>HB 887</u>	<u>Amend Substance Abuse Prof. Practice Act.</u>
<u>HB 893</u>	<u>Allow Early Voting/Last Saturday/Flexibility.</u>
<u>HB 894</u>	<u>Universal Charitable Donation Credit.</u>
<u>HB 899</u>	<u>Enact KinCare Act.</u>
<u>HB 901</u>	<u>Study Voc. Rehab Rules/Patient Treatment.</u>
<u>HB 904</u>	<u>Identity Theft Protection Act/Changes.</u>
<u>HB 905</u>	<u>Death Certificates/Add Burial Place/Cremation.</u>
<u>HB 907</u>	<u>Fair Housing Protections-Source of Income.</u>
<u>HB 915</u>	<u>Establish Task Force on Aging.</u>
<u>HB 926</u> (= <u>SB 394</u>)	<u>Changes to Estates & Trusts Statutes.</u>
<u>HB 935</u>	<u>Social Services Reform/DHHS Recommendations.</u>
<u>HB 938</u>	<u>Raise Medicaid Personal Needs Allowance \$20.</u>
<u>HB 940</u>	<u>Health Care Provider Authorization to Report.</u>
<u>HB 943</u>	<u>Expand Prescription Assistance/Funds.</u>
<u>HB 944</u>	<u>Protect the Integrity of NC Elections Act.</u>
<u>SB 333</u>	<u>Sudden Cardiac Arrest Task Force.</u>
<u>SB 346</u>	<u>Nonprofit Sales Tax Exemption.</u>
<u>SB 361</u>	<u>Health Care Expansion Act of 2019.</u>
<u>SB 370</u> (= <u>HB 382</u>)	<u>Study Generator Req's for Medical Offices.</u>
<u>SB 374</u>	<u>Repeal Risky Retirement Payments.</u>

SB 379	Retiree Amendments.
SB 398	Felony Forfeiture Changes/Retirement.
SB 403	State and Local Government Pension/PED Study.
SB 408	Pensions Benefits Revision.
SB 409	Study NC Veterans Registry.
SB 421	Funds for NC Senior Games.
SB 428	Funds for Senior Tar Heel Legislature.
SB 430	Health Insurance Provider Payment Stability.
SB 431	Provider Credentialing/Reimbursement.
SB 443	Waiver/Prohibit Certain Foods/SNAP.
SB 453	Eligibility Reform/SNAP.
SB 472	Study/MPO Voting Power Distribution.
SB 479	North Carolina Cancer Registry Improvement.
SB 491	Revise Equitable Distribution Laws.
SB 495	Automatic & Online Voter Registration.
SB 501 (= HB 867)	Knight-LeCount Advocacy for Marrow Ed. & Reg.
SB 532	Amends Probate/Trusts/Wills Choice of Law.
SB 539	Repeal CON Laws.
SB 544	Establish Non-Opioid Treatment Alternatives.
SB 546	Opioid Epidemic Response Act.
SB 550	Supplemental Assistance for Group Homes/Funds.
SB 556	GSC People First Language 2019.
SB 573	Enact Naturopathic Doctors Licensure Act.
SB 585 (= HB 501)	Justice/Judge May Continue Term Past Age 72.
SB 587	Consumer Credit/Finance Charge Rates.
SB 599	State and Local Disability Benefit Reform.
SB 622	Tax Reduction Act of 2019.
SB 626	Assistance/Verification/Absentee Ballots.
SB 629	Funding for Housing Trust Fund.
SB 646	Amend Certificate of Need Laws.
SB 649	SAVE Our Benefits Act.
SB 657	Expand Property Tax Homestead Exclusion.
SB 658	Prescription Drug Pricing.
SB 664	Funds for Plymouth Health Care Facility.
SB 673	N.C. Citizens Redistricting Commission.

Advocacy by Friends of Residents in Long Term Care: On April 3 Friends of Residents in Long Term Care held an Advocacy Day at the General Assembly and over 80 people from around the state came to Raleigh to speak with their elected officials about the need to increase the personal needs allowance for adult care home and nursing home residents who are eligible for Medicaid and the need for additional support to hire more long term care ombudsmen. Click [here](#) to hear stories about these needs from some of those in attendance.



Some of those in attendance for Friends of Residents in Long Term Care's Advocacy Day on April 3

A press conference was also held on April 16 at the General Assembly to highlight the need for additional funding to increase the personal needs allowance and to add more ombudsmen.



Bill Lamb, Ex. Director of Friends of Residents in Long Term Care Speaking at the April 16 Press Conference

Four bills have been introduced in the House to increase the personal needs allowance for residents in adult care homes or nursing homes who receive Medicaid – [HB 752](#), [HB 753](#), [HB 811](#) and [HB 938](#). Click here to view an [article](#) from NC Health News about these bills and their potential impact. Also, [HB 754](#), which would provide funding for additional long term care ombudsmen, has been filed. (Friends of Residents in Long Term Care, April 21, 2019)

AARP NC Caregiver Survey: A new survey of North Carolina registered voters ages 40 plus finds that the vast majority of respondents (83.5%) of current caregivers said that they will provide future caregiving or assistance on an unpaid basis to an adult loved one. It also found that over 95 percent think it is important to have services available in their communities to help older adults live independently. The survey of 800 registered voters conducted by AARP in February and March found that current working caregivers are feeling stressed (59.8%), with the primary cause of their unease being balancing work and family (66.1 %). AARP North Carolina President Dr. Catherine Sevier explains, “More than half (56 %) of current and former caregivers are taking care of parents, meaning that many have to balance the demands of work, their own

children and other needs. That is why there is such strong support for simple measures introduced in the NC General Assembly that will make their labor of love less stressful and demanding.” Other than balancing work and family, the survey found that the other major sources of stress for current caregivers are getting enough rest (58%), finding time to exercise (51%) and difficulty maintaining a healthy diet (40%). A big challenge for most caregivers, is being able to provide care to loved ones so that they can keep living independently in their own homes (91%).

AARP NC notes that it is advocating for two bills introduced in the General Assembly this session that will go a long way to help caregivers. The Enact NC Caregivers Act ([HB 269/SB 161](#)) has already been passed in 38 states. The focus of this legislation is to prevent hospital readmissions and helps reduce caregiver stress and expense. According to the AARP survey, voters show overwhelming support for the major provisions of the Enact NC Caregivers Act such as 83.3% who favor requiring hospitals to record the name of a patient’s family caregiver in the medical record upon admission, 90.8% who believe hospitals need to keep a family caregiver informed of major decisions, like transferring or discharging the patient, and the 94.2 % who feel hospitals should be required to explain and demonstrate any medical or nursing tasks family caregivers will need to perform after the patient returns home.

A second bill, the Safe, Accessible, Value Directed and Excellent Health Care Act (SAVE Act - [HB185/SB143](#)), also finds strong support in the survey. 85.5 percent of the survey respondents support a proposal to modernize rules related to nurse practitioners and advanced practice registered nurses. These nurses, who have additional training in specific areas like elder care, often visit older patients in their homes. By adopting less restrictive regulations, nurse practitioners can serve as the primary or acute care provider for a patient relieving a growing problem of physician shortages, long appointment wait times and other barriers to care. (AARP Press Release, April 11, 2019)

AARP NC held a breakfast at the Legislative Building on April 11 to share survey results with legislators.



Lisa Riegel, Manager of Advocacy and Communications with AARP NC (right) pauses for a picture while talking with Mary Bethel (left) with the Coalition on Aging, Rep. Joe Sam Queen (D-Haywood), and Helen Savage, AARP volunteer and former staff member, about the survey results at the breakfast on April 11.

Social Security Trust Fund Report Released: On April 22, the Social Security Board of Trustees released its annual report on the long-term financial status of the Social Security Trust Funds. The combined asset reserves of the Old-Age and Survivors Insurance and Disability Insurance (OASI and DI) Trust Funds are projected to become depleted in 2035, one year later than projected last year, with 80% of benefits payable at that time. The OASI Trust Fund is projected to become depleted in 2034, the same as last year's estimate, with 77% of benefits payable at that time. The DI Trust Fund is estimated to become depleted in 2052, extended 20 years from last year's estimate of 2032, with 91% of benefits still payable.

In the 2019 Annual Report to Congress, the Trustees announced:

- The asset reserves of the combined OASI and DI Trust Funds increased by \$3 billion in 2018 to a total of \$2.895 trillion.
- The total annual cost of the program is projected to exceed total annual income, for the first time since 1982, in 2020 and remain higher throughout the 75-year projection period. As a result, asset reserves are expected to decline during 2020. Social Security's cost has exceeded its non-interest income since 2010.
- The year when the combined trust fund reserves are projected to become depleted, if Congress does not act before then, is 2035 – gaining one year from last year's projection. At that time, there would be sufficient income coming in to pay 80 percent of scheduled benefits.

“The Trustees recommend that lawmakers address the projected trust fund shortfalls in a timely way in order to phase in necessary changes gradually and give workers and beneficiaries time to adjust to them,” said Nancy A. Berryhill, Acting Commissioner of Social Security. “The large change in the reserve depletion date for the DI Fund is mainly due to continuing favorable trends in the disability program. Disability applications have been declining since 2010, and the number of disabled-worker beneficiaries receiving payments has been falling since 2014.” Other highlights of the Trustees Report include:

- Total income, including interest, to the combined OASI and DI Trust Funds amounted to just over \$1 trillion in 2018. (\$885 billion from net payroll tax contributions, \$35 billion from taxation of benefits, and \$83 billion in interest)
- Total expenditures from the combined OASI and DI Trust Funds amounted to \$1 trillion in 2018.
- Social Security paid benefits of nearly \$989 billion in calendar year 2018. There were about 63 million beneficiaries at the end of the calendar year.
- The projected actuarial deficit over the 75-year long-range period is 2.78 percent of taxable payroll – lower than the 2.84 percent projected in last year's report.
- During 2018, an estimated 176 million people had earnings covered by Social Security and paid payroll taxes.
- The cost of \$6.7 billion to administer the Social Security program in 2018 was a very low 0.7 percent of total expenditures.
- The combined Trust Fund asset reserves earned interest at an effective annual rate of 2.9 percent in 2018.

The Board of Trustees usually comprises six members. Four serve by virtue of their positions with the federal government: Steven T. Mnuchin, Secretary of the Treasury and Managing Trustee; Nancy A. Berryhill, Acting Commissioner of Social Security; Alex M. Azar II, Secretary of Health and Human Services; and R. Alexander Acosta, Secretary of Labor. The two public trustee positions are currently vacant. View the 2019 Trustees Report at www.socialsecurity.gov/OACT/TR/2019/. (Social Security Administration Press Release, April 22, 2019)

Update on Some of the Bills Being Tracked This Legislative Session

Medicaid Expansion: Some House Republicans are again introducing legislation to expand health coverage to hundreds of thousands of uninsured people in North Carolina. The sponsors of [HB 655](#), dubbed the North Carolina Health Care for Working Families Act, don't call their proposal Medicaid expansion, noting that it would function as a private insurance plan managed by Medicaid providers. The program would emphasize preventive and wellness care and would include a work requirement for those able to work. Enrollees would have to pay a premium of about 2 percent of their income, as well as co-pays for services. Eligibility would be restricted to people making no more than 133 percent of the federal poverty level, or about \$33,400 for a family of four. Still, backers said that would cover about 283,000 people in North Carolina, and they predicted that another 195,000 would shift onto the plan from other insurance. The proposal also includes a grant fund so rural hospitals, which struggle with large numbers of uninsured patients, could get money needed to recruit or retain physicians or expand telemedicine or other services. The program would cost \$4.7 billion a year, but the federal Medicaid program would cover 90 percent of the cost. The rest would be paid for by provider fees, insurer taxes and premiums and co-pays. The state's hospitals quickly jumped on board the proposal. But Democrats are holding out for a traditional Medicaid expansion that doesn't include work requirements or co-pays. Medicaid expansion also is a priority for Gov. Roy Cooper, but he has said he would be willing to consider work requirements as part of the proposal. An article in NC Health News provides more details. (Laura Leslie, WRAL NEWS, 4/09/19)

Senate Healthcare Bill: On March 26, N.C. Senate Republicans unveiled a wide-ranging healthcare bill ([SB 361](#)) that they're pitching as an alternative to Medicaid expansion. The "Health Care Expansion Act of 2019" would add funding to reduce the Intellectual/Development Disability (IDD) Medicaid program's years-long waitlist, and it includes the Senate's longstanding proposal to repeal the Certificate of Need regulations governing expanding healthcare facilities. It would also add North Carolina to a multi-state agreement that allows licensed psychologists to provide telemedicine and temporary services in other states that have joined the compact. (Colin Campbell, THE INSIDER, 3/27/19)

State Health Plan Bill: A House has passed [SB 184](#) which would halt proposed changes to the State Health Plan until the end of next year so that a thorough study of the plan's operations and potential cost-saving measures can be conducted. State Treasurer Dale Folwell began pushing

last fall to set prices the State Health Plan would pay hospitals and other providers for specific procedures. He said the change would save the state about \$300 million a year and would provide more transparency and consistency -- Blue Cross Blue Shield of North Carolina, which handles claims for the plan, currently negotiates rates with health systems in secret. Health care providers have furiously fought against Folwell's proposal, calling it in a television ad campaign a "risky scheme" that would make it harder for some people to get needed care. The bill has been forwarded to the Senate and has been assigned to the Senate Rules Committee. (Matthew Burns, WRAL NEWS, 3/26/19, Lauren Horsch, THE INSIDER, 4/02/19 and Travis Fain and Matthew Burns, WRAL NEWS, 4/03/19)

Bill to Scale Back State Retirement Plan Options: Vetoed by Gov. Roy Cooper last year, a bill to eliminate several benefit payment options in the state employees' retirement plan is again moving in the N.C. Senate. [SB 374](#) would limit the choices retirees have in how their pension benefits are paid out. It would eliminate the "social security leveling option" that provides higher payouts until the person hits the age for Social Security benefits, as well as two "pop-up" plans in which the person would immediately get the maximum pension allowance if their listed surviving family member dies. Sen. Andy Wells, R-Catawba and the bill's sponsor, said the measure is eliminating "unnecessary options" in an effort to "streamline and stabilize this retirement system. The State Employees Association of North Carolina, or SEANC, is backing the bill as a "compromise." The bill was amended in the Senate Committee on Pensions and Retirement and Aging to add a stipulation that if any provision of the act or its application is held unconstitutional, then the act applies to new members joining the Teachers' and State Employees' Retirement System and the Local Governmental Employees' Retirement System on or after July 1, 2020. The bill is now in the Senate Rules Committee. (Colin Campbell, THE INSIDER, 4/12/19 and 4/17/19 and Lauren Horsch, THE INSIDER, 4/19/19)

Association Health Plans: The N.C. House is moving forward with its own version of a plan to give small businesses more flexibility to band together for better employee health insurance rates. [HB 464](#) -- similar to a measure that has already passed the Senate -- would loosen the rules governing what are known as Association Health Plans, in which a trade group or other business association can develop employee insurance plans for their member businesses. AHPs typically offer lower rates than a small business would be able to secure on its own. HB 464 has passed the House Insurance Committee and it is now in the House Health Committee. House lawmakers chose to move their version instead of amending [SB 86](#), which has been referred to House Rules Committee. Bill sponsors acknowledged that the legislation will likely end up in conference committee negotiations, and they said they're open to changes as it moves through the House committee process. Among the differences between the two bills: The Senate bill would require sponsoring associations to have been in existence for two years, while the House has a five-year requirement. The House version would also require participating businesses to commit to staying in the sponsoring association for at least two years. Some suggested that the House bill's language might leave out local chambers of commerce looking to offer AHPs for a diverse set of member businesses. (Colin Campbell, THE INSIDER, 4/12/19)

Medicaid Work Requirements: Senate Republican leadership wants to add a work or community service requirement for "able-bodied" adult Medicaid recipients. [SB 387](#), co-primary sponsored by Sen. Joyce Krawiec, R-Forsyth, would use the work requirement

guidelines for participating in the federal SNAP (supplemental nutrition assistance program) for non-disabled adults. The bill would not expand Medicaid coverage in the state. The goal would be having the requirements in place by July 1, 2020. The bill would require the state Department of Health and Human Services to submit by Oct. 1 Medicaid waiver requests with the Centers for Medicare and Medicaid Services. The bill also would require DHHS to say by Nov. 1 how it plans to implement the requirements to a joint legislative committee. The bill has been referred to the Senate Rules Committee. See this [article](#) in NC Health News for more information about the bill. (Richard Craver, WINSTON-SALEM JOURNAL, 3/27/19)

Nonpartisan Elections Proposed: A group of House Democrats are proposing that all judicial elections revert back to being nonpartisan and that the North Carolina Public Campaign Fund be reestablished. The effort, [HB 510](#) which is led by two former judges, is "critical to the independence of the judicial branch of government," they said in a news conference on March 28. Rep. Joe John, D-Wake, said judges in the state are not partisan politicians. "Very simply, simply put, rank political partisanship is the very antithesis of what we all expect in a judge: fairness, impartiality and a dedicated and determined adherence to the law," said John, a former Court of Appeals judge. Rep. Marcia Morey, D-Durham, said when she was running to be a judge in Durham County, she didn't have a party identity on the ballot and was unopposed. "It was the way to do it," she said. "If you work on the bench, you're not a politician." The bill has been referred to the House Rules Committee. (Lauren Horsch, THE INSIDER, 3/29/19)

Medical Leave: A Democratic lawmaker in the state legislature wants to see North Carolina become one of the states where employees get paid family medical leave. The legislation ([HB 696](#) – NC Families First Act) filed by Rep. Graig Meyer, D-Orange, would require employers statewide to provide between 12 and 26 weeks paid family medical leave, allowing employees to care for newborns or sick relatives. At a news conference on April 10, Meyer said he has been trying to sell the idea to major employer representatives at the legislature. "It will reduce turnover from people who end up going out on leave anyhow, reduce their costs for rehiring and retraining new workers," Meyer said. The program would be funded by a \$2 payroll deduction, which would also cut costs for employers, according to Meyer. In proposing the legislation, Rep. Meyer noted a March 2019 study by the Center for Child and Family Policy at the Duke University Sanford School of Public Policy on an analysis of costs and benefits of paid family leave in North Carolina. See a copy of the study [here](#). (Rusty Jacobs, WUNC RADIO, 4/10/19)

Duke Energy Bill: Last week a state Senate committee amended and approved a controversial bill that would allow Duke Energy to request multi-year rate increases for long-term projects, high-dollar projects, such as coal-ash cleanup, and grid upgrades. [SB 559](#) would give state regulators the authority to approve annual rate hikes for up to five years for specific long-term projects proposed by utilities. The multi-year rate hikes would be approved in a traditional rate case. But once they are passed, the utility can implement them annually, without a new rate case. Critics -- on the committee and among interest groups -- found the amendment, which passed easily, insufficient. They say the bill fundamentally changes how rates are set in North Carolina, upsetting the regulatory balance between the interests of customers, utilities and the state. Several called on legislators to slow down and set up a thorough review process involving the utilities, customer groups, regulators and other stakeholders. But for now, the bill appears on a

track that could put it to a floor vote as early as April 30, after the N.C. General Assembly returns from its Easter break. (John Downey, CHARLOTTE BUSINESS JOURNAL, 4/18/19)

Absentee Ballots Bill: After allegations of absentee ballot fraud in the 9th Congressional District, some N.C. Senate Republicans want to update the rules on who can handle absentees. They have introduced [SB 626](#) which would limit who could assist voters with filling out their absentee ballots -- requiring voters in need of assistance to request a team from the county elections office to help. Known as "Multipartisan Assistance Teams," the groups currently visit nursing homes and similar facilities to help voters. They're paid by the county elections board and must include representatives from two different political parties "so you should receive impartial, professional assistance," the State Board of Elections website says. "Their job is to help you vote, but your voting choices will remain confidential." All others would be banned from providing assistance on ballots. The bill is co-sponsored by Sens. Dan Bishop, R-Mecklenburg, Warren Daniel, R-Burke, and Ralph Hise, R-Mitchell -- all co-chairs of the Senate Redistricting and Elections Committee where the bill has been referred. The bill also would require voters to list a temporary address if they want their ballot delivered to a location that differs from the address where they're registered to vote. Election officials would then verify temporary addresses. SB 626 is the second Senate bill this session to tighten absentee ballot rules. [SB 221](#), sponsored by Hise, Daniel and Sen. Don Davis, D-Pitt, would ban notaries who are also elected officials or candidates from notarizing absentee ballots (Colin Campbell, THE INSIDER, 4/05/19)

Tax Cut Proposal: A bill, [SB 622](#) (Tax Reduction Act of 2019) has been introduced that would roll back the state's franchise tax, gradually cutting it from \$1.50 per \$1,000 of a company's tax base to \$1 for each \$1,000. Sen. Ralph Hise, R-Mitchell, said the bill would cut taxes by about \$140 million a year by the second year. Hise said the bill stops at \$1, but his goal is to get rid of the franchise tax entirely at some point in the future, and his bill "would put us on a path" to do so. The bill also increases standard deductions, cutting taxes for individual taxpayers. The standard deduction for a married couple would go from \$20,000 to \$20,750 under the bill. A spokesman for Gov. Roy Cooper has indicated the governor is against the bill. The bill has been referred to the Senate Finance Committee. Hise is one of the chairs of the Committee. (Travis Fain, WRAL NEWS, 4/04/19)

Medical Billing: A Senate proposal to address surprise out-of-insurance-network medical bills is running into opposition from the state's hospitals. Sens. Ralph Hise, R-Mitchell, and Joyce Krawiec, R-Forsyth, filed [SB 386](#), which they titled "Greater Transparency in Health Care Billing." The bill would apply to situations where a patient visits a medical facility that's in-network for their insurance plan, but some of the providers there -- an anesthesiologist, for example -- aren't in the same network. That might result in higher bills that the patient wasn't expecting. SB 386 would require healthcare facilities to provide more disclosure about out-of-network providers that might serve them, and it would set a "Benchmark Amount" for billing when an out-of-network provider performs services at an in-network facility, which would limit bills from being more expensive than the standard in-network rates. The bill would also apply the Benchmark Amount anytime someone receives emergency services at an out-of-network facility. The N.C. Healthcare Association is opposing the change, arguing that existing law

provides adequate protections. The bill has been referred to the Senate Rules Committee. (Colin Campbell, THE INSIDER, 4/01/19)

Retired Teachers: Legislation has been introduced to encourage retired North Carolina teachers to return to teach in high-needs public schools. [SB 399](#) would let retired teachers work at Title I schools or schools that receive a D or F grade under the state's school performance system without it hurting their retirement benefits. Senate President Pro Tem Phil Berger is among the sponsors of the legislation. The bill has passed the Senate Education/Higher Education Committee and has been referred to the Senate Committee on Pensions, Retirement, and Aging. (T. Keung Hui, THE NEWS & OBSERVER, 3/29/19)

Tissue Donors Bill: That "organ donor" designation on your driver's license doesn't currently apply to tissue donation, but a bill that has cleared the state Senate would change that. Sen. Joyce Krawiec, R-Forsyth, a primary sponsor for the bill notes that most people don't realize extra steps are needed if they want to donate tissue when they die, because it's currently excluded from the state's Anatomical Gift Act. "North Carolina is the only state in the country that doesn't already have this, so we want to be uniform with the rest of the country," she said of her proposal, [SB 210](#). Carolina Donor Services, which manages organ and tissue donations, requested the change. Chuck Heald, director of marketing and communications from the group, said the change will make it easier for patients to access heart valves for surgeries and full tissue skin used for breast reconstruction and burn wounds. The bill has been sent to the House Rules Committee. (Colin Campbell, THE INSIDER, 3/28/19)

Jury Pay: Stipends for jury duty would increase for the first time in more than a decade under a bill that cleared the House Judiciary Committee on April. Currently, jurors get \$12 on their first day, \$20 per day for the rest of their first week, and \$45 per day after their service extends into multiple weeks; grand jurors are paid \$20 per day. Under [HB 332](#), that would increase to \$20 for the first day, \$30 for the rest of their first week, and \$50 per day if their service extends into multiple weeks. Grand jury service would pay \$30 per day. The bill is now in the House Finance Committee. (Colin Campbell, THE INSIDER, 4/05/19)

Other News and Updates

Durham Senior Center Honored: Congratulations to the Durham Center for Senior Life for being selected as a 2018 winner of a Program of Excellence Award given by NCOA's National Institute of Senior Centers (NISC). The NISC Awards are designed to honor and promote outstanding efforts made by senior centers throughout the nation to offer innovative, creative, and replicable programs for older adults. Award winners are selected in eight categories. The Durham Center for Senior Life was recognized in the nutrition category which focuses on programs that are geared to improving nutritional health or combating malnutrition. The Award winning program was their Top Chef program. The program entailed members of the Durham Center for Senior Life battled it out in front of a live audience in the senior center's inaugural healthy cooking competition. The center partnered with Whole Foods and The Chef's Academy culinary school to provide the senior competitors with fresh salmon, chicken, veggies, and spices

to create their one of a kind dish. They were offered two hands-on cooking workshops prior to the event to sharpen their culinary skills. They had no idea what they would be preparing or the ingredients that they would be given until the day of the competition. They each had 35 minutes to prepare their healthy meal. Contestants were judged by a panel of four judges, one of whom was a chef and culinary educator. They were judged on their creativity, presentation, taste and use of ingredients. The winner received a \$50 Whole Foods gift card and kitchen items donated by Williams Sonoma. All participants received \$25 Whole Foods Gift cards. This event sought to educate and inspire Durham seniors to continue making lifestyle and diet decisions that will keep them happy, healthy and active for years to come. For more information about this program and the other Program of Excellence Award winners, click [here](#). (NCOA Week 4/16/19)

Senior Center Month 2019 Theme Announced: Each September, the National Institute of Senior Centers sponsors Senior Center Month. It is a chance for senior centers to showcase the work they do for communities across the country. The 2019 theme is: *Senior Centers: The Key to Aging Well!* Learn more about this annual celebration, and the resources available for supporting it. [Get more information](#) (NCOA Week 4/23/19)

Grant to Address Shortage of Registered Nurses in Home Health and Hospice Settings: The member-funded SECU Foundation has approved a three-year challenge grant in the amount \$268,196 to support a new pilot initiative of the Hospice and Home Care Foundation (HHCF) of North Carolina. The initiative will focus on addressing the shortage of registered nurses in home health and hospice settings through the development of a comprehensive and systematic program to onboard recent graduates and newly hired nurses to the field. HHCF was established in 1998 by the Association for Home and Hospice Care of North Carolina to promote the industry, educate consumers, provide workforce development, increase philanthropy efforts, and advance industry standards of care. The HHCF pilot will support these goals by providing substantial education and learning experiences for RN students, including clinical rotation opportunities, one-on-one mentoring with veteran RNs, and a comprehensive and standardized employer-based training model to bring newly graduated nurses on board. Sixteen pilot sites will be selected to participate in partnership with eight nursing education programs at community colleges and universities and eight home health/hospice agencies. (AHHC of NC, Press Release, 3/8/19)

Geriatrics Certified Hospital: UNC Medical Center's Hillsborough Hospital has been accredited as a geriatrics-certified hospital. The hospital is the first in the state and one of about 20 hospitals accredited nationwide to receive Geriatric Emergency Department Accreditation (GEDA). Earning a Level 2 "Silver" accreditation from the American College of Emergency Physicians (ACEP) certifies that all Hillsborough staff are trained to assess older patients in more conscientious and comprehensive ways. In the Hospital's emergency department, geriatric-friendly policies and processes, along with special equipment and rooms, aim to improve emergency care for older adults. (UNC School of Medicine, Release, 11/23/18)

Food and Nutrition Benefits Resume Normal Schedule: Because of the federal government shutdown at the beginning of the year, the North Carolina Department of Health and Human

Services adjusted the distribution schedules for Food and Nutrition Services (FNS) benefits the last several months. All families will resume their normal FNS distribution schedule in May.

SNAP's Importance in Supporting Seniors Struggling Against Hunger in the U.S.: This primer by the Food Research and Action Center examines the importance of the Supplemental Nutrition Assistance Program (SNAP) in improving the health, nutrition, and well-being of millions of senior adults (age 60 and older) struggling against hunger, and it summarizes opportunities to expand this vital program to reach more seniors across the country. To get a copy of the publication, click [here](#).

Managed Care Update: Shifting North Carolina's massive Medicaid program to a managed care system was bound to get messy. And so, it has. The ambitious plan -- to pay managed care companies \$30 billion over five years to handle the health-care needs of 1.6 million low-income North Carolinians -- is expected to go live in November for 27 counties in the state's Piedmont and Research Triangle regions. But four of the eight managed care groups that bid for the Medicaid managed care contracts have filed protests with the N.C. Department of Health and Human Services. Three of those groups -- Aetna Better Health, Optima Family Care and My Health by Health Providers -- were rejected while the fourth, the N.C. Medical Society-affiliated Carolina Complete Health, received a nod to take on Medicaid patients in just two of six regions in the state. Other potential roadblocks along the path to Medicaid transformation include a major announcement last month in the national health insurance world that the managed care giant Centene is buying WellCare. Both companies are awarded contracts to offer Medicaid managed care plans in North Carolina. In addition, there are North Carolina health providers who anticipate problems in a mandated switch to electronic health records. My Health by Health Providers, a consortium of a dozen hospital systems in the state, elevated its dissatisfaction by filing a complaint in mid-April at the N.C. Office of Administrative Hearings, accusing DHHS of favoring for-profit managed care companies and discounting the state legislature's desire to allow homegrown, provider-led plans significant roles in the restructured Medicaid plan. The hospital group is asking the administrative law body to halt DHHS' ongoing transition to managed care until a hearing can be held. When it comes to the current shift to Medicaid managed care, DHHS officials say, regardless of the protests from managed care companies, they're plowing ahead with plans to begin transitioning Medicaid patients in the Triangle and Piedmont area this November. The rest of the state will follow in 2020. The entities selected for managed care contracts were AmeriHealth Caritas, Blue Cross Blue Shield of North Carolina, United HealthCare and WellCare. Read more on this [here](#). (Sarah Ovaska-Few, NC HEALTH NEWS, 4/11/19)

Tailored Medicaid Plans: The N.C. Department of Health and Human Services has set July 2021 as the goal for enrolling individuals with severe behavioral health issues in individual tailored Medicaid plans. Behavioral health includes mental health, substance abuse, traumatic brain injury and intellectual/developmental disability disorders. Enrollment can include individuals on waiting lists for services. As part of Medicaid reform, the state's seven behavioral health managed care organizations (MCO) would continue for up to four years to oversee individuals with severe behavioral-health symptoms or episodes. Meanwhile, four prepaid plans (PHP) will oversee behavioral- and physical-health care for individuals considered as "mild" to "moderate" for behavioral health care in standard plans. DHHS provided final guidance in March on the tailored plans, including eligibility and enrollment criteria, how transitions between

standard and tailored plans will work, and what benefits will be covered in tailored plans. "We are breaking down the barriers separating our physical and behavioral health care systems to focus on whole person health," state Health Secretary Dr. Mandy Cohen said in a statement. (Richard Craver, WINSTON-SALEM JOURNAL, 3/26/19)

Blue Cross, Duke Health to Partner on New Insurer: Blue Cross and Blue Shield of North Carolina and Duke Health are joining together to form a new health insurance company aimed at seniors. The new company, which will be called Experience Health, has filed an application with federal regulators to offer a Medicare Advantage plan in 2020. It will be jointly owned by Blue Cross NC and Duke Health and operate as a not-for-profit, the companies said in a news release. The company will use Blue Cross NC resources to provide enrollment, billing and claims services for customers, and it will use Duke Health doctors and facilities to provide medical services. If it's approved by the Centers for Medicare and Medicaid Services, Experience Health will begin offering Medicare Advantage plans in the following counties on Jan. 1, 2020: Alamance, Durham, Franklin, Granville, Lee, Orange, Person, Vance and Wake. Enrollment would start in fall 2019 and members could seek "in-network" care with Duke Health physicians and facilities, the companies said. The plan will be headed up by [Mark Waggoner](#), a former vice president of care integration and management at Blue Cross Blue Shield of Rhode Island. The company's board of directors will be split evenly with members from both Blue Cross NC and Duke. Read more about this [here](#). (Zachery Eanes, News & Observer Business, 4/2/19)

Lost Life Insurance Policy Locator: The NC Department of Insurance has created the Lost Life Insurance Policy Locator to help consumers locate lost life insurance policies or annuity contracts purchased in North Carolina. Individuals who believe they are beneficiaries, as well as executors and legal representatives of a deceased person, can submit an online form or mail a completed form to the Department of Insurance. These requests are forwarded to all North Carolina licensed life insurance companies who are instructed to contact beneficiaries if a policy is located. To find out more information or to submit an online request, click [here](#).

Special Elections in 3rd and 9th Congressional Districts: Early voting is underway for the seats in both the 3rd and 9th Congressional districts in the state. The primary for the 3rd District is April 30. In the 9th District, only a Republican primary is needed and it will be held May 14.

Voting Rights Hearing: Election-law changes enacted by the North Carolina General Assembly in recent years were roundly criticized on April 18 by politicians and voting-rights advocates testifying in Halifax County at a hearing of a U.S. House of Representatives subcommittee on voting rights. The speakers called for restoration and expansion of the U.S. Voting Rights Act, which was substantially weakened in 2013 when the U.S. Supreme Court threw out Section 5 of the act. That section required states and other jurisdictions with a demonstrated history of voting discrimination to get pre-clearance from the U.S. Justice Department for any changes to election law. North Carolina was one of the states covered by Section 5. The day after the Supreme Court ruling, several of the speakers recalled, the General Assembly approved one of the strictest voter ID requirements in the country. Congressional Democrats have introduced legislation that would restore Section 5 of the Voting Rights Act, and North Carolina would again be covered by its provisions, including the pre-clearance

requirement. U.S. Rep. G.K. Butterfield, D-N.C., a member of the subcommittee, assured the witnesses that their testimony would be taken into consideration and would help to build the case for the proposed legislation as it is debated. (Dave Hendrickson, WRAL NEWS, 4/18/19)

Unclaimed Cash: The North Carolina Treasurer's Office has accumulated more than \$900 million in unclaimed property -- money waiting to be returned to residents and businesses who are missing checks, refunds, stock shares and insurance payouts. The NC Cash Program -- part of the state Treasurer's Office -- collects unclaimed property when businesses, banks and government agencies can't locate the money's rightful owner. By law, these creditors must make an effort to reunite people with their money. If they can't, they're required to hand the money over to the state. In some cases, people have moved or changed phone numbers. In other cases, the owner of the money has died, and it's up to relatives or heirs to claim it. To find out more about this, go to [Unclaimed Cash Database](#).

Census Participation: With encouraging prospects for additional congressional representation and federal dollars, North Carolina needs to do all it can to ensure the most accurate and complete census count next April, state officials said April 1. Gov. Roy Cooper, a Cabinet member and other government and nonprofit leaders held a news conference to mark the one-year countdown to the decennial national census required by the U.S. Constitution. Cooper created a state Complete Count Commission several months ago designed to promote the count so all families and individuals living in the state on April 1, 2020. "Good decisions are based on good numbers, and the decisions that will be made best from this census will impact the long-term future of our state," said Machel Sanders, state Administration Department secretary and the commission's chairwoman. (Gary D. Robertson, THE ASSOCIATED PRESS, 4/01/19)

Citizenship Question on Census: On Tuesday, the issue of whether to include a question on U.S. citizenship on the 2020 census was before the U.S. Supreme Court. Despite evidence that millions of Hispanics and immigrants could go uncounted, the Supreme Court's conservative majority seemed ready to uphold the Trump administration's plan to inquire about citizenship on the census in a case that could affect American elections for the next decade. There appeared to be a clear divide between the court's liberal and conservative justices in arguments in a case that could affect how many seats states have in the House of Representatives and their share of federal dollars over the next 10 years. States with a large number of immigrants tend to vote Democratic. Three lower courts have so far blocked the plan to ask every U.S. resident about citizenship in the census, finding that the question would discourage many immigrants from being counted. Two of the three judges also ruled that asking if people are citizens would violate the provision of the Constitution that calls for a count of the population, regardless of citizenship status, every 10 years. The last time the question was included on the census form sent to every American household was 1950. Census Bureau experts have concluded that the census would produce a more accurate picture of the U.S. population without a citizenship question because people might be reluctant to say if they or others in their households are not citizens. Federal law requires people to complete the census accurately and fully. Census Bureau experts have concluded that the census would produce a more accurate picture of the U.S. population without a citizenship question because people might be reluctant to say if they or others in their households are not citizens. Federal law requires people to complete the census accurately and fully. The Supreme Court is hearing the case on a tight timeframe, even though no federal

appeals court has yet to weigh in. A decision is expected by late June, in time to print census forms for the April 2020 population count. To read more about this, click [here](#). (Mark Sherman, Associated Press, 4/23/19)

Metro Growth: The U.S. Census Bureau released population estimates on April 18 for all 3,142 U.S. counties and 390 metropolitan statistical areas as of July 1, 2018. Growth in the Triangle continues as the Raleigh metropolitan area -- with nearly 1.4 million people in Wake, Johnston and Franklin counties -- ranked 10th nationally in percentage growth from 2010 to 2018 with 20.5%. Raleigh's growth ranked it just behind Orlando, Florida. The North Carolina county with the largest gain from 2017 to 2018 was Brunswick, with a 4.6% increase in population, up to 136,744 people. It also ranked fourth nationally in percentage growth from 2017 to 2018 among counties with 20,000 or greater population. The county that's home to popular beach towns like Oak Island, Southport and Ocean Isle Beach also ranked first in growth this decade among NC counties at 27%. Declines in population continued in more rural counties like Edgecombe (-1.4%), Halifax (-1.4%) and Washington (-1.3%) in the northeastern part of the state. Those three counties have averaged an 8% decline in population this decade. Scotland, Bladen and Columbus counties in the southeastern part of the state saw declines of 1%, 0.8% and 0.6%, respectively. Overall, 28 N.C. counties lost population from 2017 to 2018. Since 2010, 43 counties have lost population. About 1,600 people separated the top two most populous N.C. counties. Mecklenburg County held the top spot with 1,093,901 people, followed by Wake with 1,092,305. Guilford came in third with 533,670 people. The only change in the top 10 most populous counties from 2010 to 2018 was Union moving up from tenth to eighth and Gaston moving down from eighth to tenth. (David Raynor, THE NEWS & OBSERVER, 4/18/19)

Opioid Campaign: North Carolina Attorney General Josh Stein, Health and Human Services Secretary Mandy Cohen, Charlotte Mayor Vi Lyles and others launched a statewide awareness campaign on April 4 designed to fight opioid addiction, an epidemic that kills five North Carolinians a day. North Carolina is teaming up with the state's two biggest health care companies and dozens of other groups to roll out the program they're calling More Powerful NC. Most of the advertising money will come from private sources, including Charlotte-based Atrium Health and Blue Cross and Blue Shield of North Carolina. Another \$365,000 will come from state and federal money allocated for opioid-related programs. (Jim Morrill, THE CHARLOTTE OBSERVER, 4/03/19)

Florence Grant: North Carolina Gov. Roy Cooper announced on April 12 that the state would award \$12.2 million in grant funding from the Substance Abuse and Mental Health Services Administration and the Federal Emergency Management Agency to expand crisis counseling services to Hurricane Florence victims across 28 counties. The \$12.2 million grant is a continuation of an initial \$3.5 million that went to fund the Hope 4 NC program -- a program created to aid Hurricane Matthew victims with their behavioral health needs. Local licensed clinicians and professional counselors are employed by the program and connected directly with victims. Counselors are instructed to go door-to-door providing counseling and connecting adults and children with existing services such as long-term counseling, housing support and more. Since Florence hit, a release from the Governor's office states Hope 4 NC has already connected with 90,000 people across the affected region with the support of nearly 200 counselors. More than 10,000 residents have received more involved risk assessments -- half of

which were referred to more intensive mental health services. (Ashley Morris, WILMINGTON STAR-NEWS, 4/12/19)

LGBTQ Seniors: Asheville has been recognized as a hub for LGBTQ retirees. SeniorAdvice, an online publication for seniors and caregivers, weighed 100 factors from livability to LGBTQ representation in government to rank Asheville the #14 city in the nation for LGBTQ folk living out their golden years. SeniorAdvice highlighted Asheville's booming population of retirees -- a whopping 17% of residents are over 65 -- and the area's affordability (which has been a matter of some contention between listmakers and people sloggng their way through the Asheville real estate market), in addition to the surprising density of senior living facilities. SeniorAdvice also name-checked Asheville's "first openly lesbian county commissioner" Jasmine Beach-Ferrara. Beach-Ferrara, who is also the executive director of the Campaign for Southern Equality, said it was "heartening" to see Asheville on the list -- but that things aren't always so rosy for LGBTQ seniors in Beer City. "North Carolina lacks critical LGBTQ non-discrimination protections at the state level, and HB 142 prohibits cities like Asheville from passing their own LGBTQ-inclusive nondiscrimination ordinances," Beach-Ferrara said. (Elizabeth Anne Brown, ASHEVILLE CITIZEN-TIMES, 4/09/19)

Flu Deaths: The North Carolina Department of Health and Human Services reported that the number of North Carolinians to have died from flu-related conditions increased by four the week of April 8. The traditional end of the 2018-19 flu season was March 31, though the flu has lingered well into April during some seasons. The total number of flu-related deaths statewide is at 192. DHHS has cautioned the current total does not represent all flu-associated deaths in the state, since many go undiagnosed or unreported. Eight of the latest seven victims were 65 and older, while five was in the 50-to-64 age group. The flu season has been going for over 21 weeks according to the CDC. This makes it one of the longest seasons since the government started tracking the flu season duration more than 20 years ago. Three months ago, this flu season was shaping up to be short and mild in the U.S., but a surprising second viral wave has extended the season. (Richard Craver, WINSTON-SALEM JOURNAL, 4/18/19 and Mike Stobbe, Associated Press, 4/19/19)

Report on NC Institute of Medicine's Deaf and Hard of Hearing Task Force: To address barriers to communication access commonly experienced by deaf, hard of hearing, and deaf-blind people throughout North Carolina's healthcare system and continuing care retirement communities, the North Carolina Institute of Medicine established a task force. The task force has met twice and will meet four more times. The first meeting focused on the nature and scope of issues relating to lack of communication access and included simulation activities in which task force members directly experienced the adverse effects of poor communication. A panel of individuals with hearing loss also shared their experiences within the healthcare system. The second meeting featured Howard Rosenblum, CEO of the National Association of the Deaf and legal director of NAD's law center. Mr. Rosenblum provided an overview of the legal landscape, citing numerous cases of litigation, and proposed a solution to effect systems change. Future meetings will delve into issues commonly experienced by deaf-blind people and hard of hearing older adults as well as identify possible solutions. Julie Bishop, president of the Hearing Loss Association of America – North Carolina and member of the NCIOM task force, noted, "I believe this is a rare opportunity to help affect change and understanding in the state for the

improvement and prevention of communication barriers in medical settings. This is not only important for healthcare professionals who experience challenges in interactions with deaf and hard of hearing patients, but also profoundly important to the patient with hearing loss.” To stay abreast of the task force’s activities, visit the site [here](#). (The Link, NC DHHS Division of Services for the Deaf and Hard of Hearing, Spring 2019)

NC Rural Center Regional Policy Updates: Fresh on the heels of [Rural Day](#) which was held on March 26 in Raleigh with 684 people in attendance, the NC Rural Center is conducting six regional updates to put the advocacy priorities discussed at Rural Day into action. The updates will provide information on what is happening in the General Assembly and what rural advocates can do to advance important legislation in the areas of broadband, health, and small business. Dates and locations of the events are: May 7 in Laurinburg, May 14 in Bryson City, May 15 in Morganton, May 21 in Wentworth, May 22 in Rocky Mount, and May 30 in Jacksonville. Each regional update is from 11:30 a.m. to 2:00 p.m. and lunch will be provided with registration. There is a \$15 fee to help cover the cost of the meals. Students may register for \$8 with a valid .edu email address. To find out more, click here or contact Miles Kirksey at mkirksey@ncruralcenter.org or (919) 250-4314

Provider Training Opportunity: Provider Transition to Medicaid Managed Care 101: The NC Division of Health Benefits has published a Special Medicaid Bulletin, Provider Training Opportunity: Provider Transition to Medicaid Managed Care 101, dated March 2019. Providers are encouraged to review this important information. For details, please refer to the [2019 Medicaid Bulletin web page](#). (Advocacy in Action, LeadingAge NC, 3/22/19)

Alzheimer’s Drug Trial Scrapped: On March 21, pharmaceutical giant Biogen and its Japanese partner Eisai announced they were halting two phase three clinical trials of a drug that targets the buildup in the brain of beta-amyloid, one of two proteins that researchers believe contribute to the development of Alzheimer’s. The drug, called aducanumab, was the [most promising candidate](#) in a field that has been littered with failures. It was so promising that the company was running two phase three trials simultaneously. The decision to stop the aducanumab trials was not due to any safety concerns, but on the results of a futility analysis conducted by an independent data monitoring committee. It found the trials were unlikely to meet their primary goals at completion. To read more about this, click [here](#). (Santee LaMotte, CNN, 3/21/19)

BOLD Infrastructure for Alzheimer’s Act: Earlier this year, President Trump signed into law the Bold Infrastructure for Alzheimer’s Act, a measure aimed at building a public health model to fight Alzheimer’s disease and other dementias. The law would authorize up to \$100 million over five years to improve public education, support health and social service agencies’ dementia initiatives, and collect and disseminate data about cognitive decline. To learn more about this Act, click [here](#). (Howard Gleckman, Forbes, 1/9/19)

Dementia Simulation Experiences: There are a number of resources now that are offering dementia simulation experiences to help one gain a better understanding of life with cognitive impairment and sensory change. Good resources to contact for information about availability are the [Eastern and Western North Carolina Chapters of the Alzheimer’s Association](#), the [Dementia Alliance of North Carolina](#), or the [Area Agencies on Aging](#) in the state.

Sanders Add Coverage for Long-Term Care to Plan: Democrat Presidential contender Bernie Sanders launched a revamped “Medicare for All” plan on April 10. In this revamped version, he added coverage for long-term care in home and community settings. Brand name prescription drugs would also be subject to copays totaling no more than \$200 annually.

Obamacare Still in the News: President Donald Trump created a stir the end of March when he asked in a court filing that the Affordable Care Act be declared unconstitutional. Facing pushback from his own party, the President backtracked and quickly reassured the American people that they need not worry about the demise of the health care law because Republicans would replace it with something better. Later he noted that they will not have a replacement plan for at least 19 more months – and then only if Republicans win the 2020 election. The U.S. House of Representatives responded on April 3 by voting to condemn the Trump administration for pushing a federal appeals court to obliterate the Affordable Care Act, and it urged the Justice Department to defend the law in court. The vote was non-binding, but it documented the House’s support of the health law. With the resolution, Democrats sought to put Republican on the record for failing to come to the defense of the health law’s most popular provisions, such as protecting people with pre-existing medical conditions and mandating coverage for “essential health benefits,” like mental health coverage, prescription drugs, emergency services, and maternity care. (New York Times, 3/27/19 – 4/4/19)

U.S. House Passes Medicaid Home and Community Based Services Extenders: On March 25, the House passed H.R. 1839, which extends spousal impoverishment protections to let married couples protect certain assets while seeking Medicaid coverage for home- and community-based services. The protections would be extended until Sept. 30, 2019. The bill also includes \$20 million to fund the Money Follows the Person (MFP) program. MFP has proven very successful in helping states transition older adults and people with disabilities back into their communities while retaining access to care. NCOA is encouraging the Senate to pass similar legislation as soon as possible. [Read the letter 60 groups sent to the Senate.](#) (NCOA Week, 3/26/19)

Medicare Observation Days Legislation: Legislation has been introduced in both the U.S. House and the Senate, [H.R. 1682](#) and [S. 753](#) respectively, to resolve the observation days issue by requiring all time Medicare beneficiaries spend in a hospital to count toward the three-day stay requirement for coverage of any subsequent post-acute care. (Advocacy in Action, LeadingAge NC, 3/22/19)

Audit Finds Excess Managed Care Savings: The managed-care organizations that handle behavioral health care for North Carolina's Medicaid recipients had excessive savings of nearly \$440 million over a three-year period, an audit published by the state auditor's office says. The audit, published in January and based on a three-year period from 2015 to 2017, reported that money that could have been used for additional medical care or other public expenditures has instead remained in the coffers of seven state-established and publicly funded managed-care organizations. The savings were higher -- nearly \$800 million -- if the scope of the survey had been extended, State Auditor Beth Wood, who was elected in 2009, noted. The money, which is

meant to go toward treating Medicaid recipients with mental illness, substance abuse issues and other disabilities, may "have been moved outside of the state's control" once it was considered savings, the auditor's office found, because of a lack of laws or regulations around the savings. (Zachery Eanes, THE NEWS & OBSERVER, 3/27/19)

The Storm after the Storm: A report, [The Storm after the Storm](#), issued by Disability Rights North Carolina (DRNC), provides strong evidence that federal, state and local emergency management officials must act to ensure the well-being of people with disabilities during natural disasters. Analyzing the response to Hurricane Florence, the report shows how public officials must do more to include people with disabilities and their advocates in planning for future emergencies to ensure their safety. DRNC's report contains specific recommendations for local, state and federal agencies, as well as the American Red Cross, to meet the needs of individuals with disabilities as legally required by the Americans with Disabilities Act. Recommendations called for: collaboration with disability advocates in disaster planning regarding accessibility, transportation, access to public resources and more; improved shelter and staff preparation and training to assist people with disabilities and provide for functional and access needs including mobility, health and mental health; expanded utilization and placement of Disability Integration Specialists who are critical to adequately support people with disabilities during a disaster response; and substantial investments to prevent people with disabilities from experiencing housing instability, homelessness and increased rates of institutionalization, and address the state's longstanding failure to invest in accessible, affordable housing. (Disability Rights North Carolina, Press Release, 2/5/19)

New Funding Opportunity: Innovations in Nutrition Programs and Services: The Administration for Community Living (ACL) recently released a [new funding opportunity](#) for the aging services network. This opportunity supports systematic testing and documentation of innovative and promising practices that enhance the quality, effectiveness, and other proven outcomes of nutrition programs and services within the aging services network. An innovation must be a product, service, or process that is new (or a significant enhancement) and can be replicated by the aging services network using Older American Act funding. Applicants should ask themselves the question, "is this truly innovative" when conceptualizing ideas. ACL plans to award approximately seven cooperative agreements to domestic public or private non-profit entities for a 36-month project period. Applicants may request a total maximum of \$250,000 for each of the three 12-month budget periods. This Funding Opportunity closes on May 28, 2019.

Strengthening Medicaid Long-Term Services and Supports in an Evolving Policy Environment: 2019 Update: The Center for Health Care Strategies (CHCS) has published an updated toolkit summarizing long-term services and supports (LTSS) reform strategies adopted by state innovators. LTSS reform is a critical issue as demand for services grows. Medicaid LTSS expenditures are expected to grow 18 percent by 2020. This guide identifies concrete policy strategies, operational steps, and federal and state authorities that states have used to advance LTSS reforms. It also includes specific case studies and advice for other states looking to implement similar reforms. This toolkit is an updated version of the guide originally published in 2017. In addition, CHCS has published a brief for state legislators looking for a summary of options for developing cost-effective LTSS policies and programs. [Click here](#) to read more. (Friday Updates, NASUAD, 3/22/19)

Artificial Intelligence (AI) Health Outcomes Challenge: CMS has announced a new competition that aims to accelerate innovative solutions to better predict health outcomes and improve quality of care. The goal is to demonstrate how AI tools can be used to predict unplanned hospital and skilled nursing facility admissions and adverse events. The CMS Artificial Intelligence Health Outcomes Challenge is a three stage competition. If selected for Stage 1, participants will develop algorithms that predict health outcomes from Medicare fee-for-service data, and create strategies for explaining the artificial intelligence-driven predictions to front-line clinicians and physicians. The deadline for submitting applications for the Launch Stage is June 18, 2019. Participants must submit an application at ai.cms.gov. CMS and its partnering organizations, the American Academy of Family Physicians and the Laura and John Arnold Foundation, will award up to \$1.65 million in total to selected participants in Stage 1 and Stage 2. [Click here](#) to learn more. (Friday Updates, NASUAD, 3/29/19)

Alzheimer's and Brain Health: What You Should Know and What You Can Do: This webinar is the second installment in the 2019 Alzheimer's Webinar Series. This second webinar explains the impact of Alzheimer's disease and other dementia diseases and discusses practical, research-based lifestyle strategies for aging with a healthy brain and reducing the risk of cognitive decline. Participants will learn the latest Alzheimer's and brain health research. They will also receive tips for how to be a savvy consumer of the news and detect fact from fiction when it comes to claims about Alzheimer's research. The webinar will take place Thursday, May 9 at 2:00 p.m. [Click here](#) to learn more. (Friday Updates, NASUAD, 3/29/19)

Directory of Administration for Community Livings' (ACL) National Resource Centers: The National Association of States United for Aging and Disabilities (NASUAD) has published an updated guide of all the current ACL National Resource Centers. This tool includes a full summary of each resource center. It also highlights each center's primary point of contact as well as the ACL project officer for the center. This list is current as of February 2019 and will be updated as necessary. [Click here](#) to access the directory. (Friday Update, NASUAD, 4/5/19)

Driverless Cars and Accessibility: This report from the Intelligent Transportation Society of America (ITS America) highlights the potentially transformational power of autonomous vehicles (AVs). AVs have the opportunity to significantly benefit individuals with disabilities, but only if automakers work to ensure accessible design. This report states that key partners must work together on universal design now so that AVs can be developed to meet every potential driver's needs from the beginning, including wheelchair users. Additionally, according to ITS America, it is important that AV design be fully accessible not just for driving, but also with regards to how a vehicle is dispatched, how it parks or docks, and how it secures passengers and manages their entry and exit. This report stems from a July 2016 meeting at the White House National Council on Disability and was funded by the National Institute on Disability, Independent Living, and Rehabilitation Research and the Administration for Community Living. [Click here](#) to read the executive summary. [Click here](#) to read the full report. (Friday Updates, NASUAD, 4/12/19)

Study Finds Violence Against Older Americans on the Rise: The CDC has published a new report examining the prevalence of violence against adults aged sixty and over. The study was

published on April 5 as part of the Morbidity and Mortality Weekly Report (MMWR) and analyzes fifteen years of data on assaults and homicides. The results indicate that during this time frame, the nonfatal assault rate jumped 75.4 percent among older men and 35.4 percent among women. Additionally, the estimated homicide rate for older men increased about seven percent from 2010 to 2016. Many cases of violence against older adults involve perpetrators who had a relationship with the victim, including 58 percent of assault cases. At the present time, few strategies have been rigorously evaluated to prevent violence among older adults. These statistics demonstrate the need for improved violence prevention efforts, particularly with regard to older men. [Click here](#) to read the full report. (Friday Updates, NASUAD, 4/12/19)

Medicaid Home and Community-Based Services Enrollment and Spending: The Kaiser Family Foundation (KFF) has published a new issue brief highlighting Medicaid HCBS enrollment and spending data from KFF's 17th annual state survey. The report found that nearly all Medicaid HCBS enrollment (86%) and spending (93%) went to services provided at state option. The optional nature of most HCBS covered populations and services puts individuals at risk of losing services if the current structure of Medicaid financing were to change. Additionally, the report found that state choices about optional HCBS services accounts for much of the variation between states on Medicaid HCBS spending per enrollee. This report also highlights the fact that the majority of HCBS enrollment and spending takes place through waivers. [Click here](#) to access the full report and learn more about state enrollment and spending on Medicaid HCBS. (Friday Updates, NASUAD, 4/12/19)

ACL Health Promotion Evidence-Based Program Review: The University of North Carolina Center for Health Promotion and Disease Prevention and the Evidence-Based Leadership Collaborative oversee the program review process to identify new evidence-based programs that meet ACL's standard for evidence based programs. Programs which meet this criteria are eligible for funding through the Older Americans Act (OAA) Title III-D as well as other discretionary funding sources. Programs which go through this review process will be evaluated for potential inclusion on the ACL Title III-D approved list. The Review Council will also provide useful recommendations as part of this process. In order to apply for review, organizations must submit a letter of intent by April 24 to EBPapplications@unc.edu. [Click here](#) to learn more about the evidence-based program review process.

Updated Benefits 101 Series Introduces Five Core Benefits: NCOA has updated their Benefits 101 series, which covers the basics of core benefits for low-income Medicare beneficiaries. The series now includes refreshed slides and updated webinars which provide an introduction to five core benefits for low-income Medicare beneficiaries. The series covers how each benefit is administered, the 2019 eligibility criteria, and the application process. The materials are available for download, and NCOA encourages people to share and adapt them for your training needs. [Click here](#) to access the updated Benefits 101 series. (Friday Updates, NASUAD, 4/12/19)

Oral Health Survey of Older Americans: AARP has published a new Thinking Policy blog post highlighting the findings of a recent survey about the oral health of older adults. The survey asked older adults about their current oral health needs, the barriers they face obtaining oral health care, and the value they place on having regular access to such care. Significant findings include:

- Over a third of respondents ages 65 and older had not seen a dentist or dental hygienist in a year or more
- 90 percent said that oral health care is extremely or very important to a person's overall general health
- Over half of respondents (55%) reported not having any dental coverage

This survey helps illustrate the challenges many older adults face in accessing affordable dental care. The full blog post about the survey and its findings can be found [here](#). (Friday Updates, NASUAD, 4/19/19)

Navigating Caregiving Challenges with Early-Onset Alzheimer's: The American Society on Aging (ASA) is hosting a webinar about the unique challenges of early-onset Alzheimer's Disease faced by patients and caregivers. The webinar will provide an overview of early-onset Alzheimer's disease, as well as information about issues around care and financial, legal and social concerns. Presenters will also review resources available to help support those with early-onset Alzheimer's and their caregivers. This webinar will take place Tuesday, April 30 from 1:00-2:00 p.m. [Click here](#) to learn more. (Friday Updates, NASUAD, 4/19/19)

Special Journal Issue on Self-Direction: The Journal of Gerontological Social Work has released a Special Issue focused on self-direction. This issue was published as a ten-year follow-up to the publication of the Cash & Counseling results. The articles in this Special Issue present findings on what needs remain unmet even when people can manage their own budgets; participants' and their family caregivers' views on what support broker activities really help (or hurt); and the results of a project involving the Council of Social Work Education and nine schools of social work to develop modules for training future social workers on person-centered planning and self-direction. The special self-direction issue is available for free online through June 2019. [Click here](#) to access the journal online. (Friday Updates, NASUAD, 4/19/19)

Building Community-Integrated Networks through Purposeful Partnerships: The National Council on Aging is hosting a webinar about how community-based organizations use community-integrated networks. Many CBO's use these networks to help support older adults' ability to live independently in their communities and develop health care contracts to improve service delivery. This webinar will focus on the building blocks of community-integrated networks. It will outline the steps of developing an effective hub, including conducting an environmental scan, evaluating organizational culture, and formalizing partnership roles and responsibilities. The webinar will also discuss details about the 2019-20 Network Development Learning Collaborative. This webinar will take place Thursday, May 9 from 1:00-2:00 p.m. [Click here](#) to learn more. (Friday Updates, NASUAD, 4/19/19)

Social Security Administration (SSA) Employee Impersonation Scam Alert: In recent months, allegations of people impersonating SSA employees over the phone has increased drastically. The SSA encourages aging related agencies to inform their members and extended networks not to engage with such callers, and to report any suspicious calls to Social Security's Office of the Inspector General by calling 1-800-269-0271 or [submitting a report on the OIG](#)

[website](#). The SSA also urges you to read and share the [Social Security Matters blog](#), which provides more information on the nature of these fraudulent calls, as well as instructions on how to report such activity. To hear what this scam sounds like, check out this example [video](#). (Friday Updates, NASUAD, 3/22/19)

Disabled Workers: State government is increasing employment for people with disabilities and is encouraging the private sector to do the same. On March 28, Gov. Roy Cooper signed an executive order declaring North Carolina as an "employment first" state, establishing employment as the goal for all people with disabilities who are able to work. Several states around the country are taking the same steps. Cooper wants the Office of State Human Resources and the Department of Health and Human Services to develop a plan for state agencies to expand recruiting efforts for people with disabilities and to create an inclusive job climate for them. (Laura Leslie, WRAL NEWS, 3/29/19)

Webinar from the National Alzheimer's and Dementia Resource Center on "The Messages We Send: Stigma Toward Persons Living with Dementia and How to End It:" This webinar will discuss the types of stigma around dementia, including prejudicial attitudes, negative stereotypes, discriminatory behaviors and social structures biased against persons with dementia. During the webinar, presenters will provide examples of how language influences stigma and review how person-centered language can help counter stigma around dementia. Participants will also learn what it means to use a strength-based approach with persons who have dementia. The webinar will take place Tuesday, May 7 from 2:00-3:00 p.m. ET. [Click here](#) to learn more. (Friday Updates, NASUAD, 3/22/19)

North Carolina Ranks 32nd in Voter Turnout in the 2018 Election: Nonprofit VOTE, has released its [America Goes to the Polls report](#), highlighting voter turnout in each state in the 2018 midterm election. North Carolina ranked 32nd in the country with 49.6% of registered voters participating in the election, as overall voter turnout was higher than the 2014 election throughout the country. The report notes that states with policies such as same-day registration (which is available during early voting, but not on Election Day, in North Carolina), automatic voter registration (not available in North Carolina), and vote at home (only available for absentee voting in North Carolina) generally had higher voter turnout rates. To learn more, [read the report](#). (Public Policy Update, NC Center for Nonprofits, 3/22/19)

State Appeals Court Extends Judges Order on Voter ID: A trial judge's ruling keeping two voter-approved amendments out of North Carolina's Constitution -- one of them a photo voter identification requirement -- will remain unenforceable while his decision is appealed by Republican lawmakers. The state Court of Appeals had already granted a temporary delay of the February decision by Wake Superior Court Judge Bryan Collins. On March 21, the appeals court extended the postponement of Collins' order until it rules on the substance of his decision. Collins voided the voter ID amendment and another amendment lowering caps on income tax rates that were approved by voters in November. He agreed with state NAACP arguments that the 2018 legislature lacked authority to propose alterations to the constitution because districts from which many legislators were elected had been declared unlawful racial gerrymanders. (THE ASSOCIATED PRESS, 3/21/19)

U.S. Supreme Court Hears State Gerrymander Case: North Carolina's current congressional districts were drawn to benefit Republicans and elect them to 10 of the state's 13 U.S. House seats, facts that no one disputes. Now the U.S. Supreme Court is tasked with determining whether partisan gerrymandering is constitutional. The court's nine justices heard oral arguments on March 26 on the issue, quizzing challengers of the current maps about what standards could be enforced across the country and whether by setting one they'd be opening the door to a flood of future litigation. At issue is the map used for the 2016 and 2018 congressional elections. It was drawn by Republican state lawmakers to replace a different one drawn in 2011 that was ruled unconstitutional due to racial gerrymandering. From their questions, the justices appeared split along ideological lines with the liberal justices more sympathetic to arguments that partisan gerrymandering could run afoul of the court's "one person, one vote" standard. Those challenging the map argued that voters were discriminated against on the basis of their political affiliation by splitting Democratic voters into several Republican-leaning districts and then packing Democrats into others. The attorneys challenging the maps -- Emmet J. Bondurant for Common Cause and Allison Riggs of Durham for the League of Women Voters of North Carolina -- said repeatedly they were not asking for the court to mandate proportional representation. Riggs, in answering a question, said the constitution does not require proportional representation. "We're looking for situations where the parties are being treated differently and there's a severe and long-lasting discriminatory effect on a disfavored party," Riggs said after the hearing. Paul Clement, the attorney representing North Carolina's Republican lawmakers, defended the maps, saying that the nation's framers intended for state legislatures -- inherently partisan bodies -- to construct congressional districts. Clement argued that courts have failed to identify a test to apply to partisan gerrymanders, though "not for lack of judicial imagination," he said. "The root cause of this failure is the basic decision of the framers to give responsibility for congressional districting to political actors," Clement said. (Brian Murphy, McCLATCHY DC, 3/26/19)

GOP Maps: North Carolina Republicans lost enough seats during the November elections to end their veto-proof control in the state House and Senate, but still retained the majorities they've held since 2011. They were helped by a structural advantage due in large part to how district boundaries have been drawn this decade, a process the Republicans controlled. It likely helped them avoid a worse outcome. An Associated Press analysis of election results using a test favored by redistricting reform advocates but criticized by Republicans attempts to describe that advantage. It shows Republicans won at least six more state House seats than would be expected based on vote shares for candidates of the two major parties in all 120 races in November. Democratic candidates on average received 51 percent of the two-party vote for state House seats while Republicans received 49 percent, and yet Democratic candidates won just 46 percent of the House seats. The AP did not analyze state Senate seats because voters in many states don't elect all of their senators at once. Republicans have a 65-55 seat advantage in the chamber. With six additional seats, Democrats could have won the majority for the first time since 2010. The North Carolina House is one of as many as seven state legislative chambers around the country that could have flipped to Democrats, according to the AP analysis. An analysis of 2016 races under somewhat different House seats found a similar six-seat benefit for the GOP. (Gary D. Robertson, THE ASSOCIATED PRESS, 3/21/19)

Legislative Privilege: A panel of state judges sided March 25 with a group that accused key legislators of slow-playing the system to gain advantage in an ongoing gerrymandering lawsuit. Legislators who asserted legislative privilege in the case won't face depositions, but their legal team will have to answer a number of questions, and the court may block some evidence at trial because privilege was invoked, a trio of superior court judges ruled Friday. The decision follows a hearing the previous week in *Common Cause v. Lewis*, one of several redistricting lawsuits North Carolina has seen in recent years. This state-level lawsuit targets legislative districts, accusing Republican leaders of drawing maps so unfairly stacked against Democrats that they violate the state constitution. As part of this suit, ten current or former legislators and two staffers claimed legislative privilege, allowing them to opt out of answering questions. (Travis Fain, WRAL NEWS, 3/25/19)

Election Hacking: The recently released Mueller report found that Russian spies successfully hacked into a U.S. voting software company during the 2016 elections, and North Carolina officials think there's a chance it was software that is in use here. The N.C. Board of Elections has sent a letter to Florida-based VR Systems which supplies e-pollbook software called EViD to 17 North Carolina counties for use on Election Day. The letter, which was first reported by WRAL TV, asks the company to "provide immediate, written insurance regarding the security of your network." The Mueller report does not go into the full extent of the hacking and does not name any North Carolina successes for the hackers, but it does say at least one Florida county was hacked. VR Systems has responded that it is disputing "misleading insinuations" by state elections officials about whether it's the company named in the Mueller report. In the company's letter to the board, attorney Michael Weisel wrote that VR Systems "was not breached during a phishing attempt" and that its previous statements about the security of its systems remained accurate. "Since VR Systems first alerted the Federal Bureau of Investigation in August 2016 of an attempted spearphishing attack, to VR Systems' knowledge, EViD has never been hacked," Weisel wrote. But he also told elections officials the company "has no independent knowledge and is unable to confirm or deny" whether it is the company referenced in the Mueller Report. (Will Doran, THE NEWS & OBSERVER, 4/19/19 and (Tyler Dukes, WRAL NEWS, 4/22/19)

Poor People's Campaign: The Poor People's Campaign is launching a national bus tour of poverty-stricken areas to bring attention to what they call the "real crises" or "interlocking injustices" afflicting the country including systematic racism, poverty, voter suppression and ecological devastation. "The war on poverty is not over. It was assassinated. It was defunded. It was rolled back, and it is time for us, now, to build it again," Rev. William Barber II said in a phone interview. The National Emergency Truth and Poverty Tour will kicked off the end of March in Charleston, South Carolina, and more than 30 states will participate in the bus tours. Part of the work is putting a face to the facts and driving the narrative which is why starting in the South is important, the North Carolina minister said. Campaign co-chair Rev. Liz Theoharis said while the group is not partisan, they are political. In June, the Poor People's Campaign plans to take their actions to D.C. for a moral congress and lead a march on Washington after the 2020 primaries. "We're nationalizing state movements," Theoharis said. "So much of this is about building the power of people at a local state level." (Christina L. Myers, THE ASSOCIATED PRESS, 3/24/19)

Hospital Merger: Charlotte-based Atrium Health, North Carolina's largest health care system, has signed an agreement to discuss combining with Winston-Salem-based Wake Forest Baptist Health. The plan is to start "exclusive negotiations with the goal of entering into a final agreement later this year," according to a press release. Financial and operational details have not been disclosed, including management structure and the impact on employees. At this time, CEOs Gene Woods of Atrium and Julie Ann Freischlag of Wake Forest Baptist will remain in their posts, an Atrium spokeswoman says. Significant questions still remain about a proposed four-year medical school for Charlotte, a part of the broader project in which Atrium Health, Wake Forest Baptist Hospital and Wake Forest University plan to create a new health care system. (David Mildenberg, BUSINESS NC, 4/10/19)

Unemployment Rate: The state's jobless rate rose to a 10-month high of 4% in March, the N.C. Commerce Department reported on March 18. The rate has inched up by 0.1 percentage point each of the past three months. The primary factor again was another increase -- up 5,136 for March -- in the number of North Carolinians listed as unemployed. Since March 2018, there has been a net gain of 64,200 private-sector jobs and a loss of 1,300 government jobs. In the household survey, the labor force rose by 13,679 people from February to March. There were 8,543 more North Carolinians employed and 5,136 more were listed as unemployed, which meant those individuals re-entered the workforce but were unsuccessful in being hired. Since March 2018, the labor force is up 49,933, with 54,964 people gaining employment and 5,031 dropping out of the labor force. (Richard Craver, WINSTON-SALEM JOURNAL, 4/18/19)

Bipartisan Bills in Congress Would Make Diabetes Training More Accessible Through Medicare: There are now bipartisan bills in both the House (H.R. 1840) and the Senate (S. 814) designed to remove barriers to diabetes self-management training (DSMT), which improves the quality of life for Medicare beneficiaries. The legislation would establish a demonstration program for online DSMT, among other provisions. Click here to read a press release from Rep. Diana DeGette (D-CO), one of the bill sponsors. (NCOA Week, 4/3/19)

People in the News

Charmaine Fuller Cooper, Associate State Director for Advocacy with AARP North Carolina and Chair-Elect of the Coalition on Aging Board of Directors, has accepted an interim assignment with AARP's national campaigns team as the Field Manager for the Southern Region. She will work in this capacity until after the November 2019 elections. She will continue to be based in North Carolina and will return to her job with AARP North Carolina at the end of the assignment.



Charmaine Fuller Cooper

Rep. Ken Goodman (D-Richmond) resigned his seat in the NC House of Representatives on April 18. He was nominated by Gov. Roy Cooper and approved by the General Assembly for a seat on the NC Industrial Commission.

Former NC Representative Doug Yongue died on March 21 at the age of 82. A former educator, he served in the NC House from 1994 to 2011 representing Hoke, Robeson, and Scotland Counties. He was an advocate of public education and viewed by his colleagues as a gentleman and statesman.

Former U.S. Rep. Renee Ellmers is running again for elected office, this time to become the next lieutenant governor. The Harnett County Republican made her announcement on March 27. Ellmers was first elected to Congress in 2010, upsetting Democratic incumbent Bob Etheridge. She served three terms but lost to current Rep. George Holding in the 2016 Republican primary after redistricting had them running for the same 2nd District seat. After leaving Congress, Ellmers worked as southeast regional director for the U.S. Department of Health and Human Services. (THE ASSOCIATED PRESS, 3/27/19)

Judge Robert N. "Bob" Hunter Jr. retired on March 29 after over 10 years of service on the North Carolina Court of Appeals and the Supreme Court of North Carolina. Hunter, a Republican, hit the mandatory retirement age for judges of 72. (NEWS RELEASE, 3/29/19)

Gov. Roy Cooper has appointed state ACLU legal director **Chris Brook** and **Reuben Young**, chief deputy secretary for adult corrections and juvenile justice to the state Court of Appeals. The appointments of Brook and Young will last through the end of 2020. They can choose to run for full eight-year terms on the November 2020 ballot.

Dallas Woodhouse, who has worked as executive director of the NC Republican Party since October 2015 has announced he will leave the position after his contract expires in June.

Republican Party chairman **Robin Hayes** has announced that he will be stepping down following his indictment, along with the indictment of Greg Lindberg (the state's largest political donor) and two of his business associated, for allegedly trying to funnel bribe money to N.C. Insurance Commissioner Mike Causey. Hayes is also charged with making false statements to the FBI.

Retired News & Observer editorial cartoonist **Dwane Powell**, whose drawings summarized and satirized decades of North Carolina political debates and decisions with humanity and humor, died April 14. Powell, 74, kept track of current events after he stopped working full time in 2009 and was still skewering elected officials in weekly N&O cartoons until a few weeks before his death. He had been fighting a rare form of cancer.

Capitol Advantage Associates and Focus Public Affairs are joining forces in a new collaboration. The expertise of the two firms includes healthcare, education, high tech, real estate and automobile manufacturing, with clients such as Amazon, American Airlines, JM Family Enterprises, Lime, NC REALTORS, Smithfield Foods and Toyota. The principals include: Capitol Advantage founder **Theresa Kostrzewa**, Capitol Advantage partner **Lisa Martin**, Focus

Public Affairs founder and Meredith College political science instructor **Wendy Kelly**, Focus partner and former NC REALTORS lobbyist **Cady Thomas**, and Focus government relations policy analyst **Rhaegan Jackson**. (NEWS RELEASE, 4/01/19)

Upcoming Meetings: (Events New to the Calendar Are in Bold)

April 26, 2019 - Monthly Meeting of the NC Coalition on Aging at 10:00 a.m. in Room 104 of the Brown Building on the Dix Campus (801 Biggs Drive) in Raleigh NC

April 26, 2019 - Accelerating the Pace: Advancing the Science in Alzheimer's and Dementia Presented by Alzheimer's Association Eastern North Carolina Chapter, 8:00 a.m. to 3:30 p.m. at One Eleven Place, 111 Realtors Way, Cary, NC

April 28-30, 2019 - 47th Annual Convention and Expo of the Association for Home and Hospice Care of North Carolina - at Raleigh Convention Center, Raleigh, NC

April 29-30, 2019 - 2019 Self-Direction Conference - (Hosted by Applied Self-Direction) - Hyatt Regency in Baltimore, Maryland.

April 29-May 1, 2019 - NC Public Transportation Association Annual Conference and Expo - in Wilmington

April 30-May 2, 2019 - 2019 National Lifespan Respite Conference: Buffalo, NY at the Adams Mark Hotel

May 2019 - Older Americans Month Theme: Connect, Create, Contribute. Visit oam.acl.gov in early 2019 for more information.

May 1, 2019 and 1st Wednesday of Each Month - Webinar Series: Moving Mountains, SNF Provider Training, Tools and Insight to Conquer 2019 Industry Changes. Contact Leslie at LeadingAge NC at leslie.roseboro@leadingagenc.org.

May 6-9, 2019 - 2019 LeadingAge North Carolina 63rd Annual Conference & Trade Show Marriott Resort at Grande Dunes, Myrtle Beach, SC.

May 1-3, 2019 - NC Guardianship Association 2019 Annual Conference - at Courtyard Marriott, Carolina Beach, NC. [Click here](#) to register

May 15, 2019 - NC Partnership to Address Adult Abuse Annual Conference at Wake Technical Community College on Hwy. 401 South - Raleigh, NC

May 17, 2019 - Monthly Meeting of the NC Coalition on Aging at 9:30 a.m. in Room 104 of the Brown Building on the Dix Campus (801 Biggs Drive) in Raleigh NC

May 18, 2019 - Dementia Alliance of North Carolina Rock Around the Clock Gala at 6:00 p.m. – Briar Creek Country Club, Raleigh, NC.

May 8, 2019 – Mental Health Advocacy Day in Raleigh. [Register here.](#)

May 28, 2019 – Care4Carolina Meeting – Winston-Salem, Site to be announced – 11:00 a.m. to 12:30 p.m.

June 5, 2019 – NC Oral Health Collaborative Oral Health Day 2019 – Bicentennial Plaza and Legislative Building – 9:00 a.m. to 2:00 p.m. [Click here for more information and to register.](#)

August 21, 2019 – LeadingAge NC Management Leadership Series: Let Your People Manage Your Process – Friends Homes West, Greensboro

Resources/Articles

- News & Observer: [CDC: If you were born 1945-1965 get tested for hepatitis C](#)
- Modern Healthcare: [We're not addressing the root causes of poor health](#)
- WTVD: [Caregivers Corner Q&A: How to identify fake caregiving websites](#)
- Modern Healthcare: [DOJ changes course: Entire ACA should be struck down](#)
- WRAL: [UNC Hospital Making Effort to Improve Care for those with Mental Illness](#)
- Los Angeles Times: [Do Americans Have a Right to Health Care?](#) (Opinion by Jon Healey)
- WRAL: [Daily Aspirin to Prevent Heart Attack No Longer Recommended for Older Adults](#)
- CNN (from Kaiser Health News): [Seniors' suicides in long-term care often go overlooked, analysis finds](#)
- WRAL: [Washington set to be 1st state with long-term care benefit](#)
- WRAL: [Falling for phone scams could be an early sign of dementia, study says](#)
- WRAL: [Time to take Dad's keys? When to talk to aging parents about driving](#)
- New York Times: [The Diagnosis is Alzheimer's, But That's Probably Not the Only Problem](#)
- [2020 Medicare Call Letter](#) (provides guidance to Medicare Advantage plans on new non-health supplemental benefits for chronically ill individuals)
- LeadingAge Report: [Hospice Care Thriving in Nursing Homes](#)
- Healthcare Finance: [CMS proposes \\$887 million increase for skilled nursing facilities](#)
- Carolina Caring: [Keeping Hospice Patients and Their Pets Together](#)
- CNN; multiple outlets: [Health insurer says it will cap insulin prices at \\$25 for a month's supply under new program](#)
- WRAL: [As FDA moves to cut insulin prices, Cigna launches program to cap expenses](#)
- WNCW: [Nearly 60 Doctors, Other Medical Workers Charged In Federal Opioid Sting](#)
- LeadingAge-NORC Survey of Older Boomers: [How Do Older Baby Boomers Envision Their Quality Of Life If They Need Long-Term Care Services?](#)

NC Health News: (click on story to open):

[Bill to require generators in NC adult care homes faces funding questions](#)

[Selling sex to meet daily needs: Life in assisted living on \\$66 a month](#)

[NC's long-term care residents would get more spending money under proposed laws](#)

[Lawmakers look for ways to cover more low-income uninsured](#)

[GOP senator's plan would fund services for people with disabilities, end CON requirements](#)

[More than a medical school: health care giants Atrium Health and Wake Forest Baptist Hospital want to consolidate](#)

[Computer glitches frustrate county workers, could eventually cost the state millions](#)

[N.C.'s path to Medicaid managed care gets complicated](#)

[Medicaid work requirement bill faces legislative, legal challenges](#)

[Nursing students ready to go to rural NC, but need more autonomy](#)

NPR Aging Series: To view a story, go to <https://www.npr.org/sections/aging/> and click on the story.

Hospitals Chafe Under A Medicare Rule That Reduces Payments To Far-Flung Clinics

Scientists Test Whether Brain Stimulation Could Help Sharpen Aging Memory

Economic Ripples: Hospital Closure Hurts A Town's Ability To Attract Retirees

Such Great Heights: 84-Year-Old Pole Vaulter Keeps Raising The Bar

Hospitals Look To Nursing Homes To Help Stop Drug-Resistant Infections

Medicare's Uncapped Drug Costs Take A Big Bite From Already Tight Budgets

Nappuccinos To Weekend Z's: Strategize To Catch Up On Lost Sleep

It Will Take More Than Transparency To Reduce Drug Prices, Economists Say

Remaining Coalition Meetings for 2019:

April 26 (Brown Building)

May 17 (Brown Building; meeting will be from 9:30 to 11:30 a.m.)

June 28 (Brown Building)

August 23 (Brown Building)

September 27 (annual meeting at the NC State University Club)

October 25 (Brown Building)

December 6 (Brown Building).

Meeting Location, Time, and Call-In Number: Unless indicated otherwise, meetings will be held from 10:00 a.m. to 12:00 noon in room 104 of the Brown Building on the Dix Campus (801 Biggs Drive) in Raleigh. For those who can not attend in person but can call in, the call in number is [1-866-215-3402](tel:1-866-215-3402) and the passcode is 5080266#.

Have You Paid Membership Dues for 2019?

Membership Registration and Renewal: Coalition on Aging membership registration/renewal can be done in one of two ways:

Option 1: Go to <http://www.nccoalitiononaging.org/membership.aspx>, and print off a membership registration/renewal form which can be completed and returned along with dues payment (payable to the NC Coalition on Aging) to the address noted on the form.

Option 2: Complete the registration and payment process (PayPal) on-line. Contributions in addition to dues can also be paid in this way.

For 2019, the membership dues remain the same as 2018 -- \$100 for agencies and organizations and \$20 for individual supporters. The Coalition has a hardship provision for those who which to join the Coalition but are unable to pay the full dues amount. To apply for this hardship provision, please contact Mary Bethel, Coalition Executive Director, at mmbethel72@gmail.com.

Submitting Information for Updates: If you have news or information on activities and events you would like to have included in an *Update* to Coalition members, please send details to Mary Bethel, Coalition Executive Director, at mmbethel72@gmail.com. The Coalition also posts a master calendar of aging related events and activities on its website.

Have questions about the Coalition on Aging or need more information, including information about joining the Coalition or renewing membership, please contact us at mmbethel72@gmail.com or check out our website at <http://www.nccoalitiononaging.org/>.