



**Recommendations/Suggestions to the General Assembly on How to Address the
COVID-19 Pandemic as it Pertains to Older Adults
Submitted by The NC Coalition on Aging
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As a Coalition comprised of a diverse array of 75 consumer, provider, and advocacy programs/organizations that represent North Carolina's aging population, we have sought input from our members about the impact of the COVID-19 pandemic on their operations and the persons they serve. Based on that input, we are pleased to have this opportunity to share with you suggestions for policy solutions that would help ensure the continuing viability of programs and organizations that serve older adults and protect the health and well-being of our state's seniors. According to the Centers for Disease Control and Prevention (CDC), adults who are 65 years of age and older, those in long-term care facilities, and those with underlying medical conditions might be at higher risk for severe illness or death from COVID-19. Today in our state, there are approximately 1.7 million people age 65 or over. According to state data, 84% of people 65 and over have at least one chronic disease and 55% have two or more chronic diseases. With this data in mind, we make the following suggestions:

- **Expedite the process for ensuring additional federal funding coming into the state for such programs as home delivered meals gets to the local level quickly.** For example, many programs already have waiting lists for people needing meals and demand is expected to grow with this crisis. In addition, numerous programs many have to make accommodations in their food procurement and delivery process which will be more expensive and funding for this is not included in their current budget.
- **Take steps to ensure that people can get the services they need.** This may entail granting state agencies flexibility to approve modifications in how services are delivered, where they are delivered, by whom they are delivered, how they are reimbursed, and what the reimbursement rate is. For example, allow adult day care programs to receive funding if they are continuing to serve a program recipient in a different manner/setting or allowing PACE (Program for All Inclusive Care for the Elderly) programs to shift staff from their center into the home of the recipient. Also, look at ways to increase the reimbursement to adult care homes which have not received funding for the temporary State/County Special Assistance (SA) payment for almost a year and seek approval from the federal Centers for Medicare and Medicaid Services (CMS) to provide more flexible access to the \$30 million in Civil Money Penalties (CMP) funds for skilled nursing facilities to supplement programs designed to improve the quality of life of nursing facility residents during this emergency period.
- Since having adequate staffing is a critical issue in all settings from home care to long-term care facilities, **look at ways to better support existing staff as well as steps the state can take to expand the workforce all across the continuum** from direct care workers to medical personnel. Policies pertaining to health care access, sick leave benefits, child care assistance, and other work place provisions need to be examined. In addition, potential options for increasing the supply of workers such as allowing medical and nursing students to graduate early, addressing provisions relative to locum tenens providers, fast tracking reciprocity of licensure for providers from out of state, relaxing scope of practice

requirements, and promoting the use of volunteers and non-clinicians as feasible need to be explored.

- Older adult on fixed incomes, including those whose life savings are tied to the stock market or volatile pension plans, may be at risk of having insufficient money coming in to cover basic expenses such as housing, food, transportation, and medical co-pays, deductibles and premiums. **Attention needs to be directed to identifying ways to support those at risk through efforts such as short-term financial assistance and counseling on options and budgeting.**
- **Make grants available to local aging service providers to expand their services to reach out to older adults in their communities,** including many they have not previously served. Many agencies are already increasing their efforts in such areas as telephone reassurance to older adults who live alone, assistance to family caregivers, providing help to seniors who need services such as prescription pick-up and food delivery, and matching volunteers to seniors in need. It is anticipated that these agencies will also be called upon to assist seniors who have problems receiving their federal stimulus check. Because many local agencies operate on a very tight budget, they do not have the staff or resources to sustain these efforts. Because of the social distancing policies in place due to the pandemic, older adults are at increased risk of social isolation. There is strong evidence that social isolation and loneliness is associated with poor health and higher rates of mortality among the elderly. Many of the enhanced efforts being undertaken by local aging agencies are directly related to addressing social isolation. Also due to the stay at home orders and social distancing provisions, many agencies are implementing continuous operations plans to support working remotely. Some agencies do not have equipment such as cell phones, laptops, tablets, and other items needed to help ensure they are able to operate with new requirements, and funding for these items were not included in current operating budgets.
- **Ensure that staff working with older adults in the home (ex. from local aging agencies and county departments of social services) and in all care settings (including home care, hospice, assisted living, and nursing home) have adequate personal protective equipment (PPE).** In addition to gloves, face masks, and gowns, there is also a need for adequate supplies of diapers, wipes, and hand sanitizer. Staff who work with older adults, particularly those with compromised immune systems, should also be a priority for COVID-19 testing.
- **Address measures to combat frauds and scams targeting the elderly.** Many older adults are very anxious about the COVID-19 virus and this along with the increased social isolation that some of them are facing makes them more vulnerable to fraud and financial exploitation.
- Because there is great dependence on the use of the Internet, not only for using telemedicine as a substitute for office visits with doctors and other medical providers but for such things as providing a source of communication for older adults in long-term care facilities with their family members who are now restricted from visiting them, **access to reliable broadband and technology needs to be available in every community in our state.**
- Due to the COVID-19 virus, there is heightened concern among some older adults about estate planning, and executing documents such as wills, powers of attorney, and health care powers of attorney which require witnesses and notaries. Due to the provisions of current state law, these sorts of transactions are now becoming more difficult. Some states have enacted provisions for electronic wills and remote notarization statutes. **The General Assembly should consult with the NC Bar Association's Elder and Special Needs Law**

Section, the NC Association of County Directors of Social Services, and other relevant entities to evaluate the need for changing North Carolina requirements pertaining to these legal documents.

- Because the impact of the COVID-19 virus is expected to extend into the run off election as well as the general elections in November, **provisions need to be made for accommodating older voters in the elections.** In addition to examining absentee voting provisions, the General Assembly and the State Board of Elections should look into the possibility of expanding the use of Multipartisan Assistance Teams (MATs). These teams are currently maintained by every County Board of Elections to help those in facilities such as nursing homes, hospitals, and assisted living facilities request and submit absentee ballots. The role of MATs could be expanded to assist anyone outside of these facilities who needs assistance.
- Many of the agencies who provide services to older adults are non-profits which rely on charitable giving and fund raising to fund significant percentages of their budgets. Agencies are already seeing a reduction in giving and many of them have had to cancel fund raising event for the foreseeable future. We encourage the General Assembly to **consider a tax change to add a targeted, temporary giving credit or deduction that would be available to all North Carolinians to encourage them to support the work of charitable organizations in their communities.**
- There are more than 1,200 people over the age of 65 in prisons in the state. Elderly prisoners are more likely to have multiple or serious health conditions like heart disease or diabetes that could lead to higher risk of COVID-19. Under North Carolina law, some people who are terminally ill, permanently and totally disabled or age 65 or older can be released and returned home through medical release. Also, the Secretary of the Department of Public Instruction has authority to “extend the limits of confinement” for people who are permanently and totally disabled or terminally ill so they can receive medical care outside of prison. **We recommend that the General Assembly examine the medical release and medical furlough provisions as they apply to older prisoners to determine if they are being used to the current extend needed to save as many lives as possible, conserve prison healthcare resources, and protect the public health.**

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