

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2017

H.B. 248
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HOUSE PRINCIPAL CLERK

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HOUSE BILL DRH50023-MG-63B (02/23)

Short Title: Establish Aging Subcommittee of JLOC HHS. (Public)

Sponsors: Representatives Dobson, Presnell, White, and Carney (Primary Sponsors).

Referred to:

A BILL TO BE ENTITLED

AN ACT ESTABLISHING A SUBCOMMITTEE ON AGING OF THE JOINT LEGISLATIVE
OVERSIGHT COMMITTEE ON HEALTH AND HUMAN SERVICES.

The General Assembly of North Carolina enacts:

SECTION 1.(a) The Joint Legislative Oversight Committee on Health and Human Services (HHS Oversight Committee) shall appoint a Subcommittee on Aging to examine the State's delivery of services for older persons in order to (i) determine their service needs and (ii) make recommendations to the HHS Oversight Committee on how to address their service needs.

SECTION 1.(b) The Subcommittee on Aging shall consist of 21 members, appointed as follows:

- (1) Two cochairs appointed as follows:
 - a. One member of the House of Representatives who is currently serving on the HHS Oversight Committee, appointed by the House of Representatives cochair of the HHS Oversight Committee.
 - b. One member of the Senate who is currently serving on the HHS Oversight Committee, appointed by the Senate cochair of the HHS Oversight Committee.
- (2) Eight members appointed by the House of Representatives cochair of the Subcommittee with the following qualifications:
 - a. Three members of the House of Representatives designated by the Speaker of the House of Representatives.
 - b. One licensed physician who is board certified in geriatric medicine.
 - c. One representative of AARP North Carolina.
 - d. One licensed provider of home care services, as defined in G.S. 131E-136.
 - e. One consumer of services for older persons.
 - f. One licensed provider of home- and community-based services.
- (3) Eight members appointed by the Senate cochair of the Subcommittee with the following qualifications:
 - a. Three members of the Senate designated by the President Pro Tempore of the Senate.
 - b. One licensed long-term care facility operator.
 - c. One representative of a North Carolina chapter of the Alzheimer's Association.
 - d. One licensed provider of hospice care services.
 - e. One consumer of services for older persons.



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1 f. One representative of the North Carolina Health Care Facilities
2 Association.

3 (4) The Director of the Division on Aging and Adult Services of the Department of
4 Health and Human Services (DHHS) or the Director's designee.

5 (5) The Director of the Division of Social Services of DHHS or the Director's
6 designee.

7 (6) The Director of the Division of Medical Assistance of DHHS or the Director's
8 designee.

9 **SECTION 1.(c)** Vacancies on the Subcommittee shall be filled by the original
10 appointing authority. The Subcommittee may meet at any time upon the joint call of the cochairs.
11 A quorum of the Subcommittee is nine members. No action may be taken except by a majority
12 vote at a meeting at which a quorum is present.

13 The Subcommittee, while in the discharge of its official duties, may exercise all powers
14 provided for under G.S. 120-19 and G.S. 120-19.1 through G.S. 120-19.4. The Subcommittee may
15 meet in the Legislative Building or the Legislative Office Building. The Subcommittee may
16 contract for professional, clerical, or consultant services as provided by G.S. 120-32.02.

17 The Legislative Services Commission, through the Legislative Services Officer, shall
18 assign professional staff to assist the Subcommittee in its work. The Senate and House of
19 Representatives' Directors of Legislative Assistants shall assign clerical staff to the Subcommittee,
20 and the expenses relating to the clerical employees shall be borne by the Subcommittee. Members
21 of the Subcommittee shall receive subsistence and travel expenses at the rates set forth in
22 G.S. 120-3.1, 138-5, or 138-6, as appropriate.

23 **SECTION 1.(d)** As part of its examination, the Subcommittee shall study all of the
24 following issues:

25 (1) Existing services for older persons and any deficiencies in service array, quality
26 of services, accessibility, and availability of services.

27 (2) Current and future service needs of older persons, including supports for older
28 persons residing in institutional and in-home settings.

29 (3) The feasibility of developing mechanisms for allowing older persons to express
30 the setting in which they prefer to receive services and honoring these
31 preferences.

32 (4) Existing service definitions for older persons who receive services through
33 federally funded programs, including Medicaid; through federal block grants;
34 through State-funded programs; through county-funded programs; and through
35 other funding sources, as well as the need for additional or revised service
36 definitions to meet the specific needs of older persons.

37 (5) The adequacy of existing Special Assistance programs in meeting the needs of
38 older persons residing in institutional, in-home, and community settings.

39 (6) Current accessibility of information, educational materials, and family
40 resources for older persons, as well as any deficiencies and needed
41 improvements.

42 (7) Issues pertaining to working caregivers for older persons, including at least all
43 of the following:

44 a. The percentage of working caregivers in the workforce.

45 b. The needs of working caregivers.

46 c. The consequences of working and caregiving.

47 d. Employment opportunity for caregivers.

48 e. Family responsibility discrimination encountered by working
49 caregivers.

50 f. Protections available to working caregivers under existing laws.

- 1 g. Costs associated with caregiving, including costs to the employer, the
- 2 working caregiver, and the public health care system.
- 3 h. Leave policies for working caregivers.
- 4 i. Employer responses to the needs of working caregivers.
- 5 j. Government responses to the needs of working caregivers.
- 6 k. Strategies for addressing the needs of working caregivers.

7 (8) Any other matter related to services for older persons and their families.

8 **SECTION 1.(e)** The Subcommittee on Aging shall submit an interim report of its
9 findings and recommendations, including any proposed legislation, to the HHS Oversight
10 Committee on or before May 8, 2018, and shall submit a final report of its findings and
11 recommendations, including any proposed legislation, to the HHS Oversight Committee on or
12 before January 15, 2019, at which time it shall terminate.

13 **SECTION 2.** This act is effective when it becomes law.