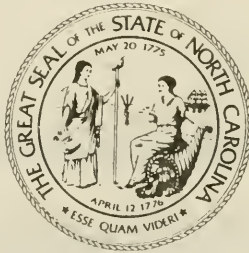


LEGISLATIVE RESEARCH COMMISSION

AGING



REPORT TO THE 1987 GENERAL ASSEMBLY OF NORTH CAROLINA

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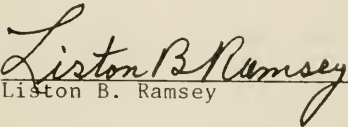
December 15, 1986

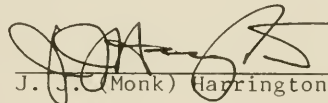
TO THE MEMBERS OF THE 1987 GENERAL ASSEMBLY:

The Legislative Research Commission herewith reports to the 1987 General Assembly on the matter of Aging. The report is made pursuant to Chapter 790 of the 1985 Session Laws.

This report was prepared by the Legislative Research Commission's Committee on Aging and is transmitted by the Legislative Research Commission for your consideration.

Respectfully submitted,


Liston B. Ramsey


J. J. (Monk) Harrington

Cochairmen
Legislative Research Commission

I N T R O D U C T I O N

The Legislative Research Commission, created by Article 6B of the General Statutes Chapter 120 is authorized pursuant to the direction of the General Assembly "to make or cause to be made such studies of and investigations into governmental agencies and institutions and matters of public policy as will aid the General Assembly in performing its duties in the most efficient and effective manner" and "to report to the General Assembly the results of the studies made, "which reports "may be accompanied by the recommendations of the Commission and bills suggested to effectuate the recommendations." G.S. 120-30.17. The Commission is chaired by the Speaker of the House and the President Pro Tempore of the Senate, and consists of five representatives and five senators, who are appointed respectively by the Cochairmen. G.S. 120-30.10(a). (See Appendix A for a list of the Commission members.)

Pursuant to G.S. 120-30.10(a). and (c), the Commission Cochairmen appointed study committees consisting of legislators and public members to conduct the studies. Each member of the Legislative Research Commission was delegated the responsibility of overseeing one group of studies and causing the findings and recommendations of the various committees to be reported to the Commission. In addition, one senator and one representative from each study committee were designated cochair.

By Senate Bill 636 (1985 Session Laws, Chapter 790), the Legislative Research Commission was authorized to continue its study of the problems of aging. In order to accomplish these tasks, Senator Ollie Harris as a member of the Legislative Research Commission was appointed to coordinate the Study of the Problems of Aging. (Senator Harris also serves as an appointed member of the Committee.) Senator Wanda H. Hunt and Representative Sidney A. Locks were appointed to cochair the Committee. The other members appointed were Senators Russell G. Walker and Marvin Ward; Representatives Barney P. Woodard and Betty H. Wiser and public members Mr. Daniel Mosca, Mr. Ernest Messer, and Mr. Joseph Pell. The Legislative Services Office provided staff assistance to the Committee for this study.

The minutes of the Committee meetings reflect the statements and discussions of each meeting. All of this information is included in the Committee files.

C O M M I T T E E H I S T O R Y

The aged, plagued by physical and sometimes mental frailty, assume secondary import in a society that idolizes the young, physical well-being and attractiveness. The problems confronting the aged are not new - income, housing, health, transportation - and have not changed. What has changed are the mechanisms provided for dealing with them, and with this change the problems themselves have intensified. For as the extended family and a rural society become phenomena of the past, and increased longevity more commonplace, the aged can no longer rely on traditional means of support and must look elsewhere for assistance. Consequently, federal and state governments have been increasingly relegated the responsibility of providing solutions. The remedies offered, however, have all too frequently fallen short of accomplishing their ends.

Thus, despite increased government concern and activity, the problems facing the aged remain acute. A partial explanation for the failure of past efforts to significantly alleviate the problems of the aged can, it is true, be found in the very circumstances of aging. With retirement, income becomes drastically reduced; Social Security benefits do not provide sufficient means to maintain the standard of living which was developed throughout the working career; health problems increase and corresponding medical costs rise; and, finally inflation eats

into savings that have been accumulated. Add to these factors the difficulties created by being a member of a minority group, a woman, or physically handicapped, and the picture becomes even more bleak and the likelihood of poverty in old age more a reality.

Not all of the failure can be attributed to the gravity of circumstances. Part of the blame also lies in a lack of national consciousness. By the time there was an awareness of the extensiveness of the problems confronting the aged, nothing short of a monumental effort could hope to solve them. Even some very innovative and worthwhile programs have not been able to produce the desired relief because of the constantly growing nature of the problems and the inability of remedies to keep up with the needs.

Between 1970 and 1984, the proportion of the U.S. population 65 or older increased from 9.8 to 11.9 percent. By the year 2000, it is projected that the elderly will account for approximately 13 percent of the total U.S. population. Continuation of this trend is expected into the next century and within 45 years, approximately 1 out of every 5 persons in the United States is likely to be 65 or older. Changing mortality rates are especially evident in that the fastest growing population subgroup in the United States in recent years has been that consisting of persons 85 or older. The number of individuals in this group is expected to more than double by 2000. This expansion is likely to result in an increase in the number of people requiring some type of institutionalized or special care.

Currently the fraction of North Carolina's population 65 or more years old is slightly less than the proportion for the entire United States. In 1984, approximately 11.2 percent of the State's population was 65 or older. This compares to 6.8 and 8.1 percent in 1960 and 1970. North Carolina's elderly population, however, has been increasing more rapidly than the national average. Between 1970 and 1984, the 65-plus age group in North Carolina increased by approximately 65 percent -- more than three times the rate of increase for the State's total population. If current growth rates continue, it is projected that within fifteen years, the elderly component of North Carolina's total population will be a larger portion than the national average.

Recent increases in the elderly population within North Carolina have been occurring throughout the State. Every county reported an increase in the 65-plus population between 1970 and 1980. These increases ranged from 15.7 percent in Madison County to 89.1 percent in Brunswick County. A slightly more rapid rate of increase occurred in the Mountain and Tidewater regions of the State. The increase in the elderly component resulted in a larger share of the population being 65 or more years old in 1980 compared to 1970 in all North Carolina counties except Dare and Currituck. The latter two counties were the only ones in which the increase in elderly population did not exceed the increase in the number of younger individuals.

This rapidly growing segment of the population should be provided with a range of service alternatives to meet varied needs to assure a high quality of life. That services to older adults

must be reassessed is clearly evident from the population data on current and projected numbers of citizens 60 years of age and over in each county of the State. With older adults increasing in substantial numbers, the provision of appropriate services in adequate amounts becomes critical. There is a need for an effective and efficient continuum of services. Because the situations of older persons change, they should be able to enter the continuum of services wherever necessary for whatever services are needed for whatever period of time.

Many persons have begun to consider the Legislative Research Commission's Committee on Aging as a major forum for those concerned with aging in North Carolina. This Committee has been devoted entirely to aging, its problems, its goals and aspirations. This process began in 1977 with the establishment of a House Aging Committee on Aging. Out of this came the Legislative Research Commission's Committee on Aging which began to meet between the two Session of the 1977 General Assembly and will continue to the 1987 Session of the General Assembly.

Therefore, much initial work and background has already been reported. For those interested, this information can be found in The Legislative Research Commission Report to the 1977 General Assembly, Second Session 1978 on Aging; The Legislative Research Commission Report to the 1979 General Assembly on Aging; The Legislative Research Commission Report to the 1979 General Assembly, Second Session 1980 on Aging; The Legislative Research Commission Report to the 1981 General Assembly on Aging; The Legislative Research Commission Report to the 1981 General

Assembly, 1982 Session on Aging; The Legislative Research Commission Report to the 1983 General Assembly on Aging; The Legislative Research Commission Report to the 1983 General Assembly, Second Session 1984 on Aging; The Legislative Research Commission Report to the 1985 General Assembly on Aging; and the Legislative Research Commission Report to the 1985 General Assembly, Second Session 1986 on Aging.

COMMITTEE
PROCEEDINGS

Since its last report to the 1986 General Assembly, the Legislative Research Commission's Committee on Aging has held meetings on September 29, 1986, November 10, 1986 and December 1, 1986, although all of the work since the 1985 Report should be taken as a whole. During the course of its deliberations, the Committee heard from numerous groups and persons interested in Aging. Since the Committee is devoted entirely to considering the problems, goals and aspirations of senior citizens, many people have taken a great interest in the proceedings. They were permitted and encouraged to appear freely before the Committee.

The Committee looked at a wide range of issues such as:

(1) SERVICES TO PREVENT INSTITUTIONALIZATION. Much of the Committee's work over its life has been in trying to shift emphasis from institutional care for the elderly to community services where appropriate. With this in mind, the 1981 General Assembly passed House Bill 405. A long term care screening program for individuals considered at risk of institutional care has been developed. For more information about this program, see Appendix B.

Also the State has appropriated money for adult day care. The State Adult Day Care Fund was created by the General Assembly in 1981 with an appropriation of \$390,000. Currently, for the 1986-87 year, there are \$1,537,349 available for adult day care.

One of the services in the continuum of care that had not previously been adequately developed or supported by the State was respite care. At the urging of this Committee, respite care was given top priority and a bill was submitted to the 1986 General Assembly. The bill passed and the Division of Aging was given the responsibility of implementing the program.

Even though progress has been made in the programs to prevent unnecessary institutionalization, from its hearings, the Committee suggests that there are still certain weaknesses in the long term care system in North Carolina which include:

- The need for a more comprehensive long term care policy that emphasizes keeping the person at home as long as possible;
- The need for increased community-based long term care services that match the level of care with level of need;
- The need for coordinated data collection and analysis, planning, funding, service delivery and evaluation of services that are client-focused;
- The need for universally applied and enforced effective standards of care;
- The need for the public sector to involve the informal support network and private sector in the provision of long term care;
- The need for families to be able to participate without penalty in a system of cost-sharing;
- The need to redirect present reimbursement patterns that are biased toward institutionalization;

-The need for both provider and consumer education and involvement in the development of long term care resources and programs; and
-The need for an effective system focusing on preventive health practices and preparation for old age.

(2) DEMOGRAPHICS AND PLANNING FOR AN AGING SOCIETY. Finding out who the elderly are - and what their needs are now and will be in the future - is a key task for local, State and federal agencies in planning services for the elderly. Is this State ready for the "demographic revolution" that is upon us? It seems to the Committee that there is more lip service to this fact than actual preparation for the events that we know are to come.

To this end, the Committee participated with the North Carolina Center for Public Policy Research and the Ford Foundation in supporting a series of four forums throughout the state. These forums were to help citizens and policy makers determine the direction of future policy decisions. This is just a beginning. Statistics and policy need to be translated into effective and practical services for the elderly.

Our social, economic, health, research, and other vital institutions and arrangements are not prepared for these dramatically rising numbers of older people. Thus the human triumph marked by increasing life expectancy contain potential and actual tragedies for all too many older people and their families.

(3) SENIOR CENTER DEVELOPMENT. The Committee has continued its interest in the establishment of senior centers in North Carolina. These centers are a focal point on aging where older

persons as individuals or groups come together for services and activities which enhance their dignity, support their independence, and encourage their involvement in and with the community. These programs consist of a variety of services and activities in such areas as education, creative arts, recreation, employment, health, nutrition, social services and other supportive services. These centers also serve as a community resource for information on aging, for training professional and lay leadership and for developing new approaches to aging programs. The Committee has tried to give some oversight and guidance to the \$500,000 appropriation for FY'1985-87. In 1985 there were 90 centers in 68 counties. By September, 1986, this number had grown to 108 centers in 79 counties. For further information see appendix C.

(4) DENTAL HEALTH FOR THE ELDERLY. A new area of concern and investigation for the Committee in this reporting period has been dental health for the elderly. It is a false assumption that only the young and middle aged have dental problems. Because of the lack of mobility many elderly find it difficult to receive dental services. This is a new concern for many dentists also. The North Carolina Dental Society Committee on Aging and the Dental Health Section of the Division of Health Services reported some pioneering work in education and services to the elderly. They have begun pilot projects in three nursing homes and have established screening and referral and education programs in pilot senior centers. There is much to be done also in the area of aging education for dentists. The Committee will keep a close watch

in the future on this area of health for it may be that there needs to be a new thrust for the elderly by public health dentistry.

F I N D I N G S
A N D
R E C O M M E N D A T I O N S

RECOMMENDATION 1. CONTINUE THE WORK OF THE LEGISLATIVE RESEARCH COMMISSION'S COMMITTEE ON AGING AS BEGUN UNDER RESOLUTION 86 OF THE 1977 SESSION AS AMENDED BY SUBSEQUENT RESOLUTIONS.

(See Appendix D)

It is evident to the Committee that more time and effort are needed to adequately define the problems of aging and propose possible solutions. Even though having made numerous reports and recommended many bills, the Committee believes strongly that the topic of aging needs to be given top priority through the Legislative Research Commission process.

RECOMMENDATION 2. EXEMPT FROM INCOME TAXATION THE AMOUNT RECEIVED FROM PRIVATE EMPLOYER RETIREMENT PENSIONS NOT TO EXCEED \$3000 ANNUALLY FOR PERSONS 65 YEARS AND OLDER. (See Appendix E)

The Committee believes as a matter of State policy, there should be tax equity for recipients of private pensions. There are some discrepancies in the amount of State income taxes paid on pensions according to the source of pension. For instance, if a recipient draws a pension based on service to a state or local governmental unit such as as the Retirement System for Teachers and State Employees, the North Carolina Local Government Employees' Retirement Fund or the Law-Enforcement Officers' Benefit and Retirement Fund, then he pays no State income tax on

these benefits. If a recipient draws a pension based on service to the federal government, then he receives an exemption of \$3000 on State income taxes. But if a retiree draws a pension based on service to a non-governmental employer, then he must pay income tax.

Therefore, recipients of private plans should receive at least the same treatment as recipients of federal pensions. The needs of private sector retirees is no less than those of the private sector retirees.

RECOMMENDATION 3. AMEND G.S. 131E-128(f) AND 131D-31 TO MAKE CLEAR WHO WILL REPRESENT THE MEMBERS OF THE NURSING HOME AND THE DOMICILIARY HOME ADVISORY COMMITTEES IN CASES OF LIABILITY ARISING FROM THE EXERCISE OF THEIR AUTHORITY. (See Appendix F)

Questions have arisen regarding liability insurance for Nursing Home Advisory Committee members and Domiciliary Home Advisory Committee Members, and whether county governments or the Attorney General may defend them if they are sued because of actions, statements, or reports made by members while performing committee functions.

In an opinion of the Attorney General dated October 25, 1979, it was stated that committee members were not officers because of language in G.S. 131E-128(f) that, "Membership on a committee shall not be considered an office as defined in G.S. 128-1 or G.S. 128-1.1."

This provision was intended to exempt committee members from the law limiting persons to two offices, but it has been read more broadly by the Attorney General.

To correct the problem, the Committee recommends that the language in G.S. 131E-128(f) and 131D-31 be changed so that it be made clear that the Attorney General may represent these members in case of suit. The passage of this bill will negate the chilling effect of the present uncertainty.

RECOMMENDATION 4. THE 1987 NORTH CAROLINA GENERAL ASSEMBLY SHOULD RECONSIDER LEGISLATION THAT WOULD PERMIT THOSE ELDERLY OR DISABLED INDIVIDUALS WHOSE RESIDENCE QUALIFIES FOR THE 'HOMESTEAD EXEMPTION' TO DEFER PAYMENT OF AD VALOREM TAX ON THIS PROPERTY UNTIL THE PROPERTY IS TRANSFERRED. (See Appendix G).

The sharp rise in recent years in property tax liability as well as inflation in mortgage costs, food, home heating fuel, and motor fuel has reduced the percentage of available family income that can be devoted to the property tax. The homestead exemption has provided some relief in this area to the elderly. However, the tight fiscal condition of State and local government has prevented this form of relief from keeping up with inflation.

Another option available that should be considered to remedy the situation with low-income elderly taxpayers where most of the family's assets are tied up in the homestead and they have little cash is some form of property tax deferral system. Under a deferral system certain homeowners are allowed to postpone payment of all or part of their property taxes. A lien is placed on the

property and deferred taxes must be paid when the property is sold, given away, or transferred at time of death.

In reviewing the data further, it appears that the participation rates are significant in only two states, California and Oregon. The California program is not really large when compared to the state's elderly population and participation dropped by two-thirds after Proposition 13 (June, 1978). Participation depends on a number of factors, including state publicity efforts, degree of encouragement/discouragement by local tax officials, property tax burdens, whether there is an age and/or income limit, and the interest rate on deferred taxes. If the interest rate is too low, some homeowners will use the option even if they don't need it. In the past, many elderly homeowners have not used the program because they do not want a lien on the property; however, recent surveys suggest that this attitude is diminishing. Oregon has a relatively high participating rate of 4%, due to its "marketing" of the program (material included with income tax forms, presentations to senior citizen groups, media appearances).

One advantage of the deferral system is that it directly attacks one of the major defects of the property tax - the cash flow problem. An elderly homeowner could be poor in cash even though they may have a reasonable amount of property. Over the long-run the program is not as costly as other tax relief programs because it is a deferral of taxes instead of an exemption or exclusion. Finally, the low participation rates keep the cost of

the program low while still providing a useful "escape value" in certain cases.

RECOMMENDATION 5. THE 1987 NORTH CAROLINA GENERAL ASSEMBLY SHOULD APPROPRIATE \$2,000,000 TO IMPROVE TRANSPORTATION SERVICES FOR THE ELDERLY AND HANDICAPPED.(See Appendix H)

Over the period of its existence, the Legislative Research Commission's Study on Aging has listened to many problems affecting the elderly. One of the persistent problems of this group of our citizens has been the many questions related to transportation. It permeates many other issues relating to the elderly and handicapped. In essence, the elderly cannot get to and from the places they need to go. In rural areas, they are sometimes so isolated they cannot get to a telephone to make a call for transportation that may be available. Even in urban areas, the elderly generally live in residential locations, poorly served by public transit. It has been stated by professionals on transportation that "transportation for the elderly needs to be provided not purely for getting from here to there but also an antidote for the entire process of aging."

Because of these concerns, a number of federal programs began to fund bits and pieces of these transportation needs and the State began efforts in the mid-seventies to streamline human service transportation. By that time, the proliferation of human services programs which allowed expenditures for transportation was apparent. In the Spring of 1978, a Governor's Committee on Rural Public transportation was established to study the

situation. As a result the Public Transportation Division of the Department of Transportation in conjunction with county governments and local human service agencies, undertook to produce transportation plans for each of the State's 100 counties. As a result there exists a reasonable degree of coordination and cost effectiveness in most counties. Ample equipment is available. Therefore the Committee believes that now is the time for the State to become an equal partner with the federal government and local governments in helping to meet the transportation needs of our elderly and handicapped by providing operating resources for needed services.

Funds requested in Appendix H would purchase additional services and not replace funds already earmarked for this purpose. The local governing body would determine which services are to be provided as indicated in the local Transportation Development Plan. North Carolina Department of Transportation would administer the appropriation at no cost. Distribution would occur by allocating a portion equally among all 100 counties. The remainder would be based on a formula fixed to the percent of elderly and handicapped residents per county with an isolation factor and population density considered. Transportation provides an essential link for the elderly and disabled populations which serves to eliminate isolation, increased dependence, poor health maintenance, and premature institutionalization which often occurs as a result of the lack of these vital services. The Committee is convinced that the most economical approach to assuring the elimination of barriers affecting the ability of the elderly and

disabled to remain major contributing factors in a community is through the continued development, operation and utilization of a comprehensive and coordinated human services transportation network.

RECOMMENDATION 6. THE 1987 GENERAL ASSEMBLY SHOULD ESTABLISH A JOINT EXECUTIVE, LEGISLATIVE STUDY COMMISSION ON ALZHEIMER'S DISEASE TO MAKE RECOMMENDATIONS FOR ACTION ON THE WIDE RANGE OF ISSUES AFFECTING FAMILIES AND PATIENTS AFFECTED WITH THE DISEASE.

(See Appendix I).

Alzheimer's Disease has been called the disease of the century. The causes and cure for this form of senile dementia are unknown. The disease afflicts and estimated two and half to three million Americans and causes about 120,000 deaths each year. Alzheimer's is the fourth most common cause of death in the United States.

Once thought to be a mental illness affecting only the elderly, the disease is now considered a physical ailment. It usually strikes individuals over 65, but is not considered part of the natural aging process. The disease can affect individuals of any level of education and from any socioeconomic background. Famous Americans with Alzheimer's disease have included actress Rita Hayworth, the late Actor Edmond O'Brien, and the late painter Norman Rockwell.

Minor memory loss and confusion are early symptoms of the disease. Soon victims have difficulty with judgment and social skills, becoming unable to handle the stress of employment or

maintaining homes. Physical disorders which develop make the patient reliant on others to assist in feeding, dressing, and bathing. In Alzheimer's last stages, patients are physically and mentally incapacitated, requiring round-the-clock care.

The 24-hour care demanded by Alzheimer's disease victims often strains family relationships as well as life savings. In many cases, spouses or other family members must give up careers to become full-time caregivers. Loss of one or two steady incomes forces these families to drain their savings to pay for medical and custodial care for the patient. It is not unusual for victims to spend the final months, or years of their lives in nursing homes because family members are no longer able to provide care.

Medicare and most health insurance plans do not cover the cost of custodial care for Alzheimer's patients. By the time a patient moves to a nursing home, the treatment often is strictly custodial. Many families spend themselves into poverty just to reach eligibility for the few subsidies that are available.

Mandating insurance coverage for Alzheimer's disease, creating research centers, increasing public awareness of the disease, and starting publicly funded day care centers and respite programs for victims and families, are among approaches being considered by the states. The national Alzheimer's Disease and Related Disorders Association (ADDA) has identified four areas of public policy it would like to see addressed: increased support for research; increased public awareness; improved patient care and services; and increased financial assistance to patients and families.

Since 50-60 thousand North Carolinians are currently affected with Alzheimer's disease or one of the related brain disorders, with the concomitant affect on their families, the Committee believes that now is the time for this State to begin to identify the problems related to Alzheimer's. Therefore, this State will be able to make rational public policy decisions about how to deal with the agonizing and mounting problem of Alzheimer's disease and related disorders. Since this effort needs to be a joint public and private endeavor, the Committee believes that the financial support for the study should also be both public and private. Therefore, the General Assembly should supply a small amount of seed money to initiate the effort with the majority of funding for the Study Commission coming from private resources.

RECOMMENDATION 7. THE NORTH CAROLINA GENERAL ASSEMBLY SHOULD APPROPRIATE \$60,000 FOR NORTH CAROLINA SENIOR GAMES AS A PREVENTIVE HEALTH MEASURE FOR THIS SEGMENT OF OUR POPULATION.

(See Appendix J).

In the last few years, our society has been bombarded with statistics about the rise in health care costs and the use of our health resources by the growing number of our elderly. Since many of the health problems of older adults are directly attributable to inappropriate and unhealthy lifestyles, the Committee believes that the best health dollars are spent on prevention.

The North Carolina Senior Games are a model health and fitness promotion project for older adults. It is a program of quality recreational and athletic experiences for adults age 55

and over. Patterned after the Olympics, the twenty official athletic events include track and field, golf, swimming and tennis. Many state agencies and organizations are involved in this nationally recognized model program.

The program is designed to maintain and improve the health and well-being of older people by focusing on the importance of regular exercise and good health habits in each individual's personal health plan. To this end, twenty-three communities across the State have hosted Senior Games during 1986. Local winners represented their communities in the Second Annual North Carolina Senior Games State Finals in Raleigh.

The Committee believes that the requested appropriation is a very small amount in support of disease prevention and has the potential to be returned many times in the decrease in medical costs which are such a drain on the human and financial resources of this State.

RECOMMENDATION 8. THE 1987 NORTH CAROLINA GENERAL ASSEMBLY SHOULD CONTINUE ITS SUPPORT OF RESPITE CARE SERVICES WHICH BEGAN IN THE 1986 SESSION BY APPROPRIATING \$300,000 IN EACH YEAR OF THE 1987-89 BIENNIUM. (See Appendix K).

The Committee on Aging has had a high interest and has aggressively supported the development and initiation of in-home services for the elderly as an alternative to institutionalization. Through continuing support from the General Assembly, North Carolina now has many of the services that support the impaired elderly person who wishes to remain at home.

Respite care, as part of this continuum of in-home services, had not been developed or supported by the State until 1986. Respite care is aimed at relieving the people who ordinarily provide care for the elderly person.

It is family members, not government, who provide the most care for the elderly. The Health Care Financing Administration, of the Department of Health and Human Services, has estimated that 60-80% of the care received by impaired elders is provided by family members or friends who are not compensated for their services.

All too frequently these caregivers bear the total burden of providing care, with little help from other family members or from the community. This leads to potential caregiver burnout and premature institutionalization of the disabled person. If a person is institutionalized, the caregivers' opportunity for contributing to the care can be totally supplanted by the very nature of the institutional setting. Therefore the maintenance of the disabled person in the community, and the support of the caregiver, is thought to defer much of the cost of care. From a cost effectiveness perspective the caregiver's persistence in providing care is an important substitute for institutionalization particularly if funded by Medicaid.

Most unpaid caregivers are older women. Because of the traditional role which society expected of women, and their greater life expectancy than men, the primary caregiver for a disabled elder is usually a wife or daughter. There is a heavy burden laid on women who are caring for their disabled spouse or

parent. Housebound, physically exhausted, often depressed, experiencing social, familial and personal isolation, as well as financial depletion, these women are likely themselves to suffer a breakdown, or to abuse the person dependent on them for total care. Without community support for the caregiver, the result may well be two dependent adults instead of one, and reluctant institutionalization, with both persons eventually dependent on public assistance for their survival.

Thus while the primary focus may remain on the care needed by the frail elder, we cannot ignore the needs of the caregiver. Government-supported services are needed to supplement, not supplant, spousal or family care. Respite care is one small step in relieving the burdens of full time caregivers.

The Committee is pleased that the 1986 General Assembly recognized the overwhelming need for respite care by appropriating \$300,000 to start such a service for 1986 fiscal year. But the Committee is distressed to learn that the Department of Human Resources had made no budget request to continue respite care for the 1987-89 biennium other than a small amount for one staff position in the Division of Aging. Therefore, since the need for respite care services is no less great than it was in 1986, the Committee asks the General Assembly to affirm its continuing the service by appropriating \$300,000 for respite care for each year of the 1987-89 biennium.

RECOMMENDATION 9. THE 1987 GENERAL ASSEMBLY SHOULD ENACT LEGISLATION THAT WOULD PROVIDE A REDUCTION IN AUTOMOBILE INSURANCE PREMIUMS FOR THOSE 55 YEARS OF AGE AND OLDER WHO VOLUNTARILY COMPLETE AN APPROVED DRIVER IMPROVEMENT PROGRAM. (See Appendix L.)

Motor vehicle operators age 55 and older are a unique population and have specific physiological considerations and driving problems. How do these individuals compare with age brackets in safe driving practice and incidence of accidents? In order to obtain an accurate picture it is not enough to consider only age and number of accidents, it is necessary to factor in the annual number of miles driven per year. Research shows that the number of annual miles driven by motor vehicle operators begins to decline significantly after age 55. Therefore, an important consideration with regard to the safe driving practices and abilities of older persons is the criteria used to determine accident involvement statistics. The record of the older driver is good when calculated on the basis of accidents per driver. When the same figures are examined on the basis of miles driven annually, a different picture emerges. This more significant and meaningful statistic highlights the urgent need for corrective measures to re-educate older drivers.

Since older persons drive fewer miles, corrections must be made for driving exposure. When this factor is included in accident involvement rates, and the involvement per exposure is determined, U-shaped curve of accidents versus age results.

Violation and accident rates per mile are higher for the youngest and oldest drivers and lower for those in the middle ranges. Although one can quibble over the exact placement of the curve, a general "U" configuration has emerged in every major study undertaken during the past 30 years.

The older driver learned to drive during the first forty years of this century, well before the advent of formal driver education programs in the public school systems. The older driver that has completed a formal driver training course is the exception rather than the rule.

These individuals may experience physical changes which affect driving abilities and attitudes. People age at different rates so age alone is not a fair criterion for determining driving competence, and there is no question that driving ability can be affected by the aging process. The gradual failure of sensory acuity associated with aging reduces the quantity and accuracy of information capable of being processed. This reduces the ability of the individual to respond or react to his environment with the speed and judgment current traffic often requires. The automobile insurance industry writes policies on accidents per age group and thus considers older drivers a good risk. In fact, some insurance companies reduce premiums for drivers after age 55 or 65, much the same as they do for drivers after age 25. The issue is not whether some automobile insurance companies may or may not reduce rates for older drivers as a marketing tool. The primary issue is reducing accidents per mile involving drivers age 55 and over. The Committee believes that legislation should provide for a discount

on automobile insurance premiums to encourage older drivers to take a driver improvement course to reduce the chances of accidents and accident claim filings. The driver, age 55 and over, is earning a discount by taking a positive, preventive step. The discount given graduates of approved driver education courses is given in addition to any other marketing discounts provided to non-smokers, seat belt wearers, those reaching a certain age, etc.

RECOMMENDATION 10. THE 1987 NORTH CAROLINA GENERAL ASSEMBLY SHOULD SPONSOR A STATE-WIDE CONFERENCE ON AGING WHICH WOULD FOCUS ON LEGISLATIVE PRIORITIES IN THE FIELD OF AGING.

The Committee On Aging, after reauthorization over a period of eight years, is convinced that the older citizens of the State are still faced with many problems and also many opportunities. The Committee is just as convinced by the weight of the testimony presented to it that insufficient governmental time is being spent on planning for our aging population as we head toward the twenty-first century. There must be some attempt to chart the crossroads that lies ahead.

For fifty years the government has gradually poured more resources into caring and providing for the elderly population. Can programs for elders continue to expand in the face of such numbers? This is only one of the different issues that the General Assembly will face. Therefore, a statewide conference on aging sponsored by the General Assembly could begin dialogue with the citizens of the State with a focus on legislative priorities.

RECOMMENDATION 11. THE PENALTY FOR VIOLATION OF NURSING HOME BILL OF RIGHTS IN CASES WHERE THE VIOLATION RESULTED IN THE DEATH OF A PATIENT OR THE VIOLATION PLACED THE PATIENT IN SUBSTANTIAL DANGER OF DEATH SHOULD BE CHANGED FROM \$10.00 PER DAY FOR THE FIRST DAY OF VIOLATION TO \$200.00 PER AFFECTED PATIENT FOR THE FIRST DAY OF VIOLATION. (See Appendix M)

The 1977 General Assembly passed the Nursing Home Bill of Rights that was aimed at assuring quality of life for the thousands of patients occupying nursing home beds in North Carolina. This legislation has been considered as a model for other states.

It has been brought to the attention of the Committee that there is one flaw with the administration of the provisions of the statute. If there is a violation of the act that places the patient in substantial danger of death or irreparable physical harm or resulted in death, then the penalty is \$10.00 per day per patient affected by the violation. This violation is placed at the same level as minor and less significant violations. The Committee believes that this lack of distinction between the violations is almost an insult. Therefore the Committee recommends that the most severe violations be given a more severe penalty.

RECOMMENDATION 12. THE NORTH CAROLINA GENERAL ASSEMBLY SHOULD APPROPRIATE \$500,000 TO THE DIVISION OF AGING TO CONTINUE THE ESTABLISHMENT OF SENIOR CENTERS. (See Appendix N)

A senior center is a community focal point on aging where older persons as individuals or in groups come together for services and activities which enhance their dignity, support their independence, and encourage their involvement in and with the community.

There are presently 108 senior centers in North Carolina and they are the heart of our aging programs in this State. The Committee believes that there should be at least one senior center in each county to be a bricks and mortar focal point for the elderly. Two hundred fifty thousand (\$250,000) dollars of the appropriation would provide one-time grants for construction, renovation and equipment. The money would be limited to forty thousand (\$40,000) dollars for each center and would be supplemental to local funds. The Committee also believes that an additional two hundred fifty thousand (\$250,000) dollars should be appropriated to help with the operation of those centers already in existence.

A P P E N D I C E S

APPENDIX A

LEGISLATIVE RESEARCH COMMISSION

Senator J. J. Harrington, Cochairman
Senator Henson P. Barnes
Senator A. D. Guy
Senator Ollie Harris
Senator Lura Tally
Senator Robert D. Warren

Representative Liston B. Ramsey, Cochairman
Representative Christopher S. Barker, Jr.
Representative John T. Church
Representative Bruce Ethridge
Representative Aaron Fussell
Representative Barney Paul Woodard

APPENDIX B

LONG TERM CARE SCREENING

House Bill-405

January 1986

I. Overview of Long Term Care Screening

In response to the requirements of HB405 enacted in 1981, the Department of Human Resources has developed a long term care screening program for individuals considered at risk of institutional care. A comprehensive assessment is conducted by a nurse/social worker team in consultation with a physician. The team is to determine if in-home care is feasible, and for individuals choosing care in a non-institutional setting, assistance is provided in arranging for services indicated by the assessment.

The program is at county option. To participate, local boards of county commissioners apply and designate a lead agency to oversee the development and implementation of the screening program. It is the responsibility of the lead agency to develop systems to screen individuals considered at risk of institutional care and to coordinate local long term care planning related to demand and availability of long term care services.

II. Funding

In 1982 the legislature appropriated \$50,000 in state funds to provide initial start-up grants for pilot programs in Catawba, Durham, and Moore Counties. In 1984, \$400,000 in federal funds from the Social Services Block Grant were appropriated bringing the total funds available to \$450,000 to be distributed to participating counties in amounts of \$25,000 each. In SFY85, an additional \$400,000 of SSBG funds were made available to support continued program expansion. These funds came from the unexpended SFY84 allocation and were available only during SFY85. The \$450,000 allocation of state and federal funds has continued in SFY 86.

In addition to the Long Term Care Grants, counties support screening through their base SSBG allocation and from the availability of Medicaid Waiver reimbursement in Title XIX.

III. Participating Counties

The program has grown from three initial pilots to thirty-two screening programs: Alamance, Ashe, Brunswick, Buncombe, Caldwell, Carteret, Catawba, Columbus, Craven, Cumberland, Davie, Durham, Guilford, Halifax, Henderson, Hertford, Jones, Lee, Madison, Mecklenburg, Montgomery, Moore, Nash, New Hanover, Onslow, Orange, Pamlico, Pender, Person, Pitt, Tyrrell, and Watauga counties. Wake County participated and withdrew at the end of SFY84. Craven and Davie counties have designated hospitals as lead agencies; Ashe, Brunswick, Columbus, Pender and Watauga have designated aging programs, Mecklenburg designated the public health department and the remainder designated their local social services departments.

IV. Clients Served

In SFY82, 342 clients were screened. In SFY85, the number of clients increased to 1216 and, in the first six months of SFY86, 974 clients have been served.

V. Relationship to the Medicaid Waiver

Counties participating in the Long Term Care Screening Program also qualify for Medicaid Reimbursement under the Medicaid Waiver. The Waiver enables Medicaid to offer an array of non-medical home and community based services to clients who qualify for Medicaid reimbursed nursing home care. Additional services Medicaid can reimburse include: Screening, Case Management, Adult Day Health, Chore Services, Homemaker Services, Respite Care, Mobility Aids, Home delivered meals and Telephone Alert. Of the clients served in SFY86, 20.1% qualify for services through the Medicaid Waiver.

Senior Center Development 1986-87

1985

90 centers in 68 counties

1986

108 centers in 79 counties

Counties that developed their First Senior Center - FY 85-86

Henderson	Hendersonville
Alleghany	Sparta
Caldwell	Lenior
Stanley	Albemarle
Montgomery	Troy
Granville	Oxford
Vance	Henderson
Harnett	Dunn
Pender	Burgaw
Green	Snow Hill
Dare	Kill Devil Hill

Counties with out a Senior CenterStatus

Alexander	Planning
Beaufort	Planning
Bertie	No formal plans
Camden	Planning
Caswell	No formal plans
Chowan	No formal plans
Clay	No formal plans
Currituck	No formal plans
Gates	Planning
Hoke	Planning

Hyde	No formal plans
Jones	Planning
Macon	Planning
Nash	No formal plans
Northampton	No formal plans
Pasquotank	No formal plans
Robeson	Planning
Rowan	Planning
Scotland	Planning
Stokes	No formal plans
Yadkin	Planning

Current estimates are that approximately 1/2 of the total allocation will be expended for new centers, the remaining will be expended in upgrading existing senior centers.

MH
Sept. 86

A JOINT RESOLUTION TO CONTINUE THE WORK OF THE LEGISLATIVE
RESEARCH COMMISSION'S STUDY OF THE PROBLEMS OF AGING.

Whereas, the number of people sixty years of age and older in North Carolina is almost 1,000,000 and presently constitutes over fourteen percent (14%) of the total population, increasing three times faster than the State population as a whole; and

Whereas, continued inflation, rising taxes, increasing cost of medical care, inadequate institutional care facilities, insufficient pension income, forced early retirement, and lack of public awareness have compounded the problems of the elderly; and

Whereas, these older citizens have contributed significantly to the progress and general well being of our State and nation; and

Whereas, it is the concern and desire of the General Assembly of North Carolina that retirement years of these older citizens be a time of fulfillment rather than frustration; and

Whereas, the Legislative Research Commission's Study of the Problems of Aging, as begun under Resolution 86 of the 1977 Session, as amended by Resolution 106 of the 1977 Session and by Resolution 62 of the 1979 Session, and as reauthorized by Resolution 61 of the 1981 Session and by Chapter 905 of the 1983 Session and by Chapter 790 of the 1985 Session, should be an ongoing study; and should continue to examine the entire range of problems and needs of the older adults of this State.

Now, therefore, be it resolved by the House of Representatives, the Senate concurring:

Section 1. The Legislative Research Commission, as structured by G.S. 120-30.10 et seq., may continue the study of the entire range of problems and needs of the older adults of this State and to make specific recommendations to the General Assembly on how these problems can be satisfactorily solved and met by necessary and appropriate legislative action. In its deliberations, the commission may examine national trends and programs in other states as well as programs and priorities in North Carolina. For purposes of this study, "older adult" is defined as every person who is 60 years of age or older.

Sec. 2. The membership of the Committee on Aging of the Legislative Research Commission shall consist of ten members to be appointed as follows: three senators appointed by the President Pro Tempore, three representatives appointed by the Speaker, two persons of sixty years of age or older who are not members of the General Assembly, appointed by the President Pro Tempore, and two persons of sixty years of age or older who are not members of the General Assembly, appointed by the Speaker. The Commission may report to the 1987 General Assembly and may submit an interim report to the 1985 General Assembly (Second Session 1986).

Sec. 3. This resolution is effective upon ratification.

INTRODUCED BY:

Referred to:

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A BILL TO BE ENTITLED
AN ACT TO PROVIDE A PARTIAL EXCLUSION FROM INCOME FOR
RETIREMENT PAY RECEIVED BY AN ELDERLY TAXPAYER FROM A
PRIVATE EMPLOYER RETIREMENT PROGRAM.

The General Assembly of North Carolina enacts:

Section 1. G.S. 105-141(b) is amended by adding a
new subdivision to read:

"(30) The amount, not to exceed three thousand dollars
(\$3,000), received by an individual, who is aged 65 or
over as of the last day of the taxable year, from one or
more private employer retirement programs to which the
individual made contributions during his working years."

This act is effective for taxable years beginning on
or after January 1, 1986.

INTRODUCED BY:

Referred to:

~~A BILL TO BE ENTITLED~~

1 AN ACT TO PROVIDE THAT NURSING HOME AND DOMICILIARY HOME
2 COMMUNITY ADVISORY COMMITTEE MEMBERS MAY BE DEFENDED PURSUANT
3 TO CHAPTER 143 OF THE GENERAL STATUTES.

4 The General Assembly of North Carolina enacts:

5 Section 1. G.S. 131E-128(F) is amended by adding the
6 following new language immediately after the third sentence:

7 "Provided, however, that members shall be afforded the
8 benefits of Article 31A of Chapter 143 of the General Stat-
9 utes."

10 Sec. 2. G.S. 131D-31 is amended by adding the
11 following sentence to the end of subsection (g):

12 "Members shall be afforded the benefits of Article 31A of
13 Chapter 143 of the General Statutes."

14 Sec. 3. This act is effective upon ratification.
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W27-70

MAY 5 1986

DRAFTING

A BILL TO BE ENTITLED

AN ACT TO PERMIT THOSE ELDERLY OR DISABLED INDIVIDUALS WHOSE RESIDENCE QUALIFIES FOR THE "HOMESTEAD EXEMPTION" TO DEFER PAYMENT OF TAX ON THIS PROPERTY UNTIL THE PROPERTY IS TRANSFERRED.

The General Assembly of North Carolina enacts:

Section 1. Article 12 of Chapter 105 is amended by adding a new section, G.S. 105-282.2, to read:

"§ 105-282.2. Tax deferral for elderly and permanently disabled.--(a) Deferral. Any person whose real property is taxed at reduced valuation under G.S. 105-277.1 may elect to defer payment of all or part of the tax levied on this property to the extent permissible under subsection (c) unless (i) the property is subject to a lien that, pursuant to a federal law, rule, or regulation, prohibits deferral of taxes or (ii) the amount of outstanding liens on the property exceeds eighty-five percent (85%) of the fair market value of the property. The amount of taxes deferred pursuant to this section shall accrue interest at the rate specified in G.S. 105-241.1(i) for assessments from the date the tax is otherwise due until payment. The amount of deferred taxes and accrued interest shall constitute a lien on the property, which shall attach at the time prescribed in G.S. 105-355 and shall have the priority established in G.S. 105-356.

(b) Notification of Additional Liens. The owner of tax-deferred property shall notify the tax supervisor of the amount and holder

of any new lien against the property arising after application for deferral has been made within 60 days of the creation of the new lien.

(c) Transfer or Disqualification of Property. Payment of taxes on qualified property may be deferred until the property is transferred, at which time the full amount of deferred taxes and interest shall become due and shall be paid within 90 days of the date of transfer unless the property is transferred to the former owner's spouse, and the spouse meets the requirements of G.S. 105-277.1, in which case the spouse may elect to continue deferring payment of the tax. In any year in which the owner of tax-deferred property no longer satisfies the requirements of G.S. 105-277.1, the tax levied on the property for that year may not be deferred and is due on the date established in G.S. 105-360. If an owner of tax-deferred property fails to meet the requirements of G.S. 105-277.1 for three successive years, the full amount of deferred taxes and interest shall become due that third year and shall be due and payable at the same time the tax levied on the property in that year is otherwise due. In any year in which the total amount of deferred taxes, interest, and other unsatisfied liens on the property exceeds eighty-five percent (85%) of the fair market value of the property, the tax supervisor shall notify the owner that the portion of deferred taxes and interest that exceeds the eighty-five percent (85%) limit is due and must be paid within 30 days of receipt of the notice. Failure to pay any amount due under this subsection shall cause the total amount of deferred taxes and interest to become due and payable at the same

time the tax levied on the property in the year in which the failure occurs is otherwise due.

(d) Application. Application for deferral of taxes shall be made within the listing period. The application shall state the conditions under which deferred taxes and interest become due and payable and shall also state that interest will accrue on the amount deferred and that this amount constitutes a lien. Each applicant shall furnish a list of the amounts of all liens on the property for which tax deferral is sought and the holders of these liens.

(e) Annual Notification to Property Owner, Prepayment. On or before September 1 of each year, the tax supervisor shall notify each property owner to whom a tax deferral has previously been granted of the accumulated sum of deferred taxes and interest. All or part of the deferred taxes and accrued interest may be paid to the tax collector at any time. Any partial payment shall be applied first to accrued interest.

(f) Payment by Trustee or Mortgagee. A mortgagee or trustee that elects to pay any tax deferred by the owner of property subject to the mortgage or deed of trust does not thereby acquire a right to foreclose.

(g) Clauses Preventing Application For Deferral Void. Except for requirements dictated by federal law, rule, or regulation, any provision in a mortgage, deed of trust, or other agreement that prohibits the owner from deferring taxes on his property pursuant to this section is void.

(h) Construction. This section does not prevent the collection of personal property taxes that become a lien against tax-deferred property."

Sec. 2. G.S. 105-282.1(a) (3) is rewritten to read:

"Once an owner of property entitled to exemption under G.S. 105-277.1, 105-278.3, -278.4, -278.5, -278.6, -278.7, or -278.8; exclusion under G.S. 105-275(3), (7) or (12), or G.S. 105-278; or deferral under G.S. 105-282.2 has applied for exemption, exclusion, or deferral and has been approved, the owner need not apply for the same benefit in subsequent years unless one of the following events has occurred:

a. New or additional property has been acquired or improvements have been added or removed, necessitating a change in the valuation of the property;

b. The use of the property or the qualifications or eligibility of the taxpayer has changed, necessitating a review of the exemption; or

c. The owner no longer qualifies for the deferral."

Sec. 3. This act shall become effective for taxable years beginning on and after January 1, 1988.

87N26-LF-3

S:

Public

ST: Transportation Assistance Program.

A BILL TO BE ENTITLED

AN ACT TO PROVIDE FOR AN ELDERLY AND HANDICAPPED TRANSPORTATION ASSISTANCE PROGRAM TO BE ADMINISTERED BY THE DEPARTMENT OF TRANSPORTATION.

Whereas, the work of the Governor's Committee on Rural Public Transportation in 1978 resulted in a state policy emphasizing coordination and use of private sector resources in providing improved transportation services in rural areas; and

Whereas, county-wide transportation development planning is a state-wide effort that is intended to coordinate human service transportation services and improve cost efficiency; and

Whereas, the Interagency Transportation Review Committee currently reviews all requests for transportation funds administered by State government to determine whether they are considered with county transportation development plans; and

Whereas, the Department of Transportation presently administers federal programs that provide funds for planning, capital improvement, administration, and operating expenses for human service transportation services, including transportation for the elderly and the handicapped; and

Whereas, local governing bodies and private nonprofit agencies have made substantial progress in providing cost-effective transportation services to the elderly and the handicapped; and

Whereas, the General Assembly finds that there is a need for State funds with which to supplement existing sources of support for transportation services for the elderly and the handicapped, but not to replace funds already earmarked for this purpose by local governments; and

Whereas, this additional funding for transportation services for the elderly and the handicapped has the potential to delay or preclude the placement of individuals in rest homes or nursing homes, to improve the quality of life of elderly and handicapped citizens, to provide opportunity for employment training programs for the handicapped, and to reinforce the coordination of transportation resources and strengthen the present planning process; NOW, THEREFORE, The General Assembly of North Carolina enacts:

Section 1. Article 2B of Chapter 136 is amended by adding a new section to read:

"§ 136-44.27. North Carolina Elderly and Handicapped Transportation Assistance Program.--(a) There is established the Elderly and Handicapped Transportation Assistance Program that shall provide State financed elderly and handicapped transportation services for counties within the State. The Department of Transportation is designated as the agency of the State responsible for administering State funds appropriated to purchase elderly and handicapped transportation services for counties within the State. The Department shall develop appropriate procedures

regarding the distribution and use of these funds and shall adopt rules to implement these procedures. No funds appropriated pursuant to this act may be used to cover State administration costs.

(b) For the purposes of this section, an elderly person is defined as one who has reached the age of sixty or more years, and a handicapped person is defined as one who has a physical or mental impairment that substantially limits one or more major life activities, an individual who has a record of such impairment, or an individual who is regarded as having such an impairment. Certification of eligibility shall be the responsibility of the county.

(c) All funds distributed by the Department under this section are intended to purchase additional transportation services, not to replace funds now being used by local governments for that purpose. To this end, only those counties maintaining elderly and handicapped transportation services at a level consistent with those in place on January 1, 1986 shall be eligible for additional transportation assistance funds.

(d) The Public Transportation Division of the Department of Transportation shall administer this plan by the implementation of a distribution method that divides a portion of the funds available equally among all counties, while the remainder of the funds available shall be distributed to the counties on a formula based upon the percent of elderly and handicapped residents per county in conjunction with population density.

(e) Funds distributed by the Department under this section shall be used by local governments in a manner consistent with the local transportation development plan."

Sec. 2. There is appropriated from the General Fund to the Department of Transportation the sum of two million dollars (\$2,000,000) for fiscal year 1987-88, to provide start up funds for the North Carolina Elderly and Handicapped Transportation Assistance Program established by this act.

Sec. 3. This act shall become effective July 1, 1987.

87W27-LF-7

S:

Public

S.T. Alzheimer's Disease Study Commission.

A BILL TO BE ENTITLED

AN ACT TO ESTABLISH THE NORTH CAROLINA ALZHEIMER'S DISEASE AND
RELATED DISORDERS STUDY COMMISSION.

Whereas, Alzheimer's disease is the fourth leading cause of death in adults; and

Whereas, there are two and a half million Americans afflicted with Alzheimer's disease or a related disorder; and

Whereas, it is projected that, by the year 2,000, six and a half million Americans will be afflicted; one percent (1%) of the population under 65 being stricken, five percent (5%) of the population over 65 being stricken, and twenty percent (20%) of the population over 85 being stricken; and

Whereas, there are presently between fifty and sixty thousand North Carolinians afflicted with Alzheimer's disease or a related disorder; and

Whereas, it is projected that, by the year 2,000, over one hundred thousand North Carolinians will be afflicted;

Now, therefore,

The General Assembly of North Carolina enacts:

Section 1. (a) There is established within the Department of Administration the North Carolina Alzheimer's Disease and Related Disorders Study Commission.

(b) The North Carolina Alzheimer's Disease and Related Study Commission shall consist of 13 members, appointed as follows:

- (1) Six by the Governor from a list of people presented to the Governor by the North Carolina State Council of the Alzheimer's Disease and Related Disorders Association, Inc.;
- (2) Three by the General Assembly upon the recommendation of the Speaker of the House of Representatives in accordance with G.S. 120-121;
- (3) Three by the General Assembly upon the recommendation of the President of the Senate in accordance with G.S. 120-121; and
- (4) The Secretary of the Department of Human Resources or his designee, serving ex-officio.

(c) Members serve at the pleasure of their appropriate appointing authority and may serve for the full duration of the Commission.

(d) Vacancies in membership shall be filled within 30 days of the vacancy for the remainder of the unexpired term by the appropriate appointing authority. Vacancies in legislative appointments shall be filled pursuant to G.S. 120-122.

(e) The Governor shall appoint the chairman of the Commission. The Commission at its first meeting shall select a vice-chairman from its membership. The chairman shall preside at all meetings and in his absence the vice-chairman shall act as chairman.

(f) A majority of the membership of the Commission constitutes a quorum.

(g) The initial meeting of the Commission shall be called by the Governor. Subsequent meetings shall be held on the call of the chairman or upon the written request of four members. The Commission shall meet at least four times a year.

(h) Commission members who are members of the General Assembly receive subsistence and travel allowances at the rate set forth in G.S. 120-3.1. Commission members who are State employees receive travel allowances at the rate set forth in G.S. 138-6. Commission members who are neither State employees nor members of the General Assembly receive per diem compensation and travel expenses at the rate set forth in G.S. 138-6.

(i) The Department of Administration shall provide necessary clerical equipment and administrative services to the Commission, provided the Commission may hire and discharge its own staff if it so desires.

(j) The Commission shall:

- (1) Identify the problems associated with the diagnosis and care of Alzheimer's Disease and related disorder patients in North Carolina through geographically dispersed public hearings and other methods of assessment;
- (2) Collect and analyze data on incidence, prevalence, and geographic distribution of these patients in North Carolina, including predictions for the coming three decades.

- (3) Identify available resources and gaps in service throughout the state and make recommendations for the development of a comprehensive and coordinated service delivery system incorporating the public and private sectors;
- (4) Explore and identify funding mechanisms to address current and projected needs of these victims and families; and
- (5) Perform other such duties as necessary to carry out its study.

(k) The Commission shall make a report to the Governor and General Assembly by February 1 of each year, covering activities of the Commission during the previous calendar year.

(l) The Commission shall expire on June 30, 1989.

Sec. 2. There is appropriated from the General Fund to the Department of Administration the sum of ten thousand dollars (\$10,000) for fiscal year 1987-88, and the sum of ten thousand dollars (\$10,000) for fiscal year 1988-89, to implement this act.

Sec. 3. This act shall become effective July 1, 1987.

87N26-LF-5

S:

Public

ST: Senior Games Funds.

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS FOR THE NORTH CAROLINA SENIOR GAMES PROGRAM.

Whereas, there are 1,154,223 North Carolinians who are 55 years of age and older; and

Whereas, North Carolina has the eleventh largest population of older adults in the country; and

Whereas, because, with advances in medical science it is possible to add years to our lives and good health to our years, it is of the utmost importance to add quality to the lifestyle of our older adults, to enable them to prolong their happiness, mobility, and independence; and

Whereas, many of the health problems of older adults are directly attributable to inactive and unhealthy lifestyles; Now, therefore;

The General Assembly of North Carolina enacts:

Section 1. There is appropriated from the General Fund to North Carolina Senior Games, Inc., the sum of sixty thousand dollars (\$60,000) for fiscal year 1987-88, to provide funds for the North Carolina Senior Games, Program, which is designed to inspire, motivate, and educate all citizens about their potential for good health and involvement in physical activity throughout

their lives, and to improve the quantity and quality of physical activity programs in the State by providing healthy, competitive, athlete experiences for older adults.

Sec. 2. This act shall become effective July 1, 1987.

87N26-LF-6

S:

Public

ST: Respite Care Funds.

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS FOR RESPITE CARE SERVICES.

The General Assembly of North Carolina enacts:

Section 1. There is appropriated from the General Fund to the Division of Aging, Department of Human Resources, the sum of three hundred thousand dollars (\$300,000) for fiscal year 1987-88, and the sum of three hundred thousand dollars (\$300,000) for fiscal year 1988-89, to provide respite care services pursuant to Section 7.1 of Chapter 1014 of the 1985 Session Laws, Second Session 1986.

Sec. 2. This act shall become effective July 1, 1987.

INTRODUCED BY:

Referred to:

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2 A BILL TO BE ENTITLED

3 AN ACT TO PROVIDE FOR AUTOMOBILE INSURANCE PREMIUM DISCOUNTS
4 FOR CERTAIN PERSONS WHO COMPLETE ACCIDENT PREVENTION
5 COURSES.

6 The General Assembly of North Carolina enacts:

7 Section 1. Article 3 of General Statutes Chapter 58
8 is amended by adding a new section to read:

9 "§ 58-30.6. Private passenger motor vehicle insurance
10 premium rate reduction for completion of accident prevention
11 course.--(a) The classification plan promulgated pursuant to
12 G.S. 58-30.4 shall provide for an appropriate reduction in
13 premium rates for liability and physical damage coverages to
14 those insureds 55 years of age or older who successfully
15 complete motor vehicle accident prevention courses approved by
16 the Commissioner of Motor Vehicles. Those insureds shall
17 qualify for the reduction for a three-year period after the
18 policy issuance or renewal that follows the completion of the
19 course. Each insured shall successfully complete an approved
20 course every three years to be eligible for the reduction.

21 (b) Upon successfully completing the approved course,
22 each insured shall be issued by the course's sponsor a certifi-
23 cate approved by the Commissioner of Motor Vehicles, which
24 shall be evidence of qualification for the reduction in rates.

1 No reduction in rates shall be allowed for a self-instructed
2 course, for any course that does not provide actual classroom
3 instruction for a minimum number of hours as determined by the
4 Commissioner of Motor Vehicles, or for any course required to
5 be taken by virtue of a court order, by a Division of Motor
6 Vehicles order or regulation, or by statute.

7 (c) The North Carolina Rate Bureau shall promulgate a
8 revision to the classification plan to reflect the provisions
9 of this section. Such revision shall be subject to the filing,
10 hearing, disapproval, review, and appeal procedures before the
11 Commissioner and the courts as provided for rates and classi-
12 fication plans in G.S. 58-124.20, 58-124.21, and 58-124.22.
13 The Bureau shall make a filing no later than September 1, 1985,
14 and such revision so promulgated shall become effective January
15 1, 1986.

16 (d) Insurers that write nonfleet private passenger motor
17 vehicle insurance may, as provided in G.S. 58-124.33, deviate
18 from the reduction promulgated by the Bureau and approved by
19 the Commissioner.

20 (e) The provisions of this section shall not apply to
21 rates used on motor vehicle insurance policies reinsured by the
22 North Carolina Motor Vehicle Reinsurance Facility under Article
23 25A of this Chapter."

24 Sec. 2. This act shall apply only to nonfleet
25 private passenger motor vehicle insurance policies that are
26 issued or renewed on and after January 1, 1987.

27 Sec. 3. This act is effective upon ratification.

28

SESSION 19

INTRODUCED BY:

Referred to:

1 A BILL TO BE ENTITLED

2 AN ACT TO AMEND THE NURSING HOME PATIENT'S BILL OF RIGHTS

3 The General Assembly of North Carolina enacts:

4 Section 1. G.S. 131E-126 is amended by rewriting
5 subsection (b) to read as follows:6 "(b) Each day of a continued violation shall con-
7 stitute a separate violation. The penalty
8 for each violation shall be ten dollars
9 (\$10.00) per day per patient affected by the
10 violation; except that in cases where the vio-
11 lation resulted in the death of a patient or
12 the violation placed the patient in substantial
13 danger of death or irreparable physical harm,
14 the penalty may be up to two hundred dollars
15 (\$200.00) per affected patient for the first
16 day of violation and ten dollars (\$10.00) per
17 day per affected patient for each additional day
18 of violation. If the Department finds that any
19 violation of rights found in G.S. 131E-177 may
20 constitute a criminal act, then the Department
21 shall forward any such information to the appro-
22 priate District Attorney for his disposition.23 Sec. 2. This act is effective upon ratification.
24

87W27-LF-8

Public

S:

S.T.: Senior Center Funds.

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS FOR SENIOR CITIZENS' CENTERS.

The General Assembly of North Carolina enacts:

Section 1. There is appropriated from the General Fund to the Department of Human Resources, Division of Aging, the sum of two hundred fifty thousand dollars (\$250,000) for fiscal year 1987-88, to provide one-time grants for the construction, renovation, and equipping of Senior Citizens' Centers, provided that each center matches not less than twenty-five percent (25%) of the grant's value with local resources. These grants shall be limited to no more than forty thousand dollars (\$40,000) per center. Any funds not used may be used for the operation of existing Senior Citizens' Centers.

Sec. 2. There is appropriated from the General Fund to the Department of Human Resources, Division of Aging, the sum of two hundred fifty thousand dollars (\$250,000) for fiscal year 1987-88, to provide funds for the operation of existing Senior Citizens' Centers.

Sec. 3. This act shall become effective July 1, 1987.

