

**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2025**

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**SENATE BILL 379**

Short Title: Senior Care Assurance Act. (Public)

Sponsors: Senators Theodros and Smith (Primary Sponsors).

Referred to: Rules and Operations of the Senate

March 24, 2025

A BILL TO BE ENTITLED  
AN ACT ENHANCING AND EXPANDING ACCESS TO AFFORDABLE, HIGH-QUALITY  
HEALTHCARE FOR SENIOR CITIZENS THROUGH IMPROVED CHRONIC CARE  
MANAGEMENT, PREVENTIVE SERVICES, AND HOME-BASED CARE; AND  
APPROPRIATING FUNDS FOR THESE PURPOSES.

Whereas, North Carolina's senior population is increasing, necessitating enhanced  
healthcare services and infrastructure to support their well-being and independence; and

Whereas, the North Carolina Constitution empowers the General Assembly to  
promote public health and welfare, including the care of senior citizens; and

Whereas, expanded preventive healthcare, telehealth services, and home-based care  
can improve seniors' quality of life, reduce long-term medical costs, and support independent  
aging; Now, therefore,

The General Assembly of North Carolina enacts:

**PART I. TITLE**

**SECTION 1.1.** This act shall be known as "The Senior Care Assurance Act."

**PART II. DEFINITIONS**

**SECTION 2.1.** The following definitions apply in this act:

- (1) Division of Aging. – The Department of Health and Human Services, Division of Aging.
- (2) Senior citizen. – An individual 65 years of age or older who resides in North Carolina.

**PART III. EXPANDED PREVENTIVE AND CHRONIC DISEASE MANAGEMENT  
COVERAGE**

**EXPANSION OF MEDICAID COVERAGE**

**SECTION 3.1.** The Department of Health and Human Services, Division of Health Benefits, shall ensure the Medicaid program covers preventive screenings and chronic disease management services, including osteoporosis screenings, medication management, cardiovascular assessments, and specialized geriatric care, for Medicaid recipients who are 65 years of age or older.

**ESTABLISHMENT OF SENIOR PREVENTIVE HEALTH GRANT PROGRAM**



**SECTION 3.2.(a)** Effective July 1, 2025, there is appropriated from the General Fund to the Division of Aging the sum of two million five hundred thousand dollars (\$2,500,000) in recurring funds for each year of the 2025-2027 fiscal biennium to develop and administer a Senior Preventive Health Grant Program (Program). The purpose of the Program is to award grants to healthcare providers that provide regular health screenings, medication management, and geriatric healthcare consultations free of charge to senior citizens with a household income at or below the federal poverty level.

**SECTION 3.2.(b)** The Division of Aging shall develop application materials and selection criteria for the Program. The selection criteria shall take into consideration the availability of other funds available to the applicant and the incidence of poverty in the area served by the applicant. The Division of Aging shall make the final decision about awarding grants under this Program, subject to the following requirements and limitations:

- (1) The Division of Aging shall give priority to healthcare providers located in rural or underserved areas of the State.
- (2) The maximum amount of a grant award under the Program is twenty-five thousand dollars (\$25,000) per grantee.

**SECTION 3.2.(c)** For each fiscal year, the Division of Aging may use up to five percent (5%) of the funds appropriated for the Program for administrative purposes associated with administering the Program.

**SECTION 3.2.(d)** Annually by April 1, beginning April 1, 2027, the Division of Aging shall report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on the Program authorized by this section. The report shall include at least all of the following information:

- (1) An itemized list of Program expenditures.
- (2) The identity and a brief description of each grantee and the services offered by the grantee.
- (3) The amount of funding awarded to each grantee.
- (4) The number of individuals served by each grantee and, for the individuals served, the types of services provided to each.
- (5) Any other information requested by the Division of Aging as necessary for evaluating the success of the Program.

## **PART IV. TELEHEALTH AND REMOTE CARE SERVICES**

### **EXPANSION OF TELEHEALTH INFRASTRUCTURE GRANT PROGRAM**

**SECTION 4.1.** Section 9B.7A of S.L. 2023-134 reads as rewritten:

**"SECTION 9B.7A.(a)** Of the funds appropriated in this act from the ARPA Temporary Savings Fund to the Department of Health and Human Services, Division of Central Management and Support, Office of Rural Health (ORH), the sum of five million dollars (\$5,000,000) in nonrecurring funds for the 2023-2024 fiscal year and the sum of fifteen million dollars (\$15,000,000) in nonrecurring funds for the 2024-2025 fiscal year shall be allocated for the telehealth infrastructure grant program authorized by subsection (b) of this section.

**"SECTION 9B.7A.(b)** The ORH shall establish a telehealth infrastructure grant program to award grants on a competitive basis to rural healthcare providers to be used to purchase equipment, high-speed internet access, and any other infrastructure necessary to establish telehealth services, defined as the use of two-way, real-time interactive audio and video where the healthcare provider and the patient can hear and see each other. In awarding grants under this program, the ORH is subject to the following requirements and limitations:

- (1) Priority shall be given to independent practices that specialize in the health and well-being of elderly persons 65 years of age or older, independent

primary care ~~practices~~ practices, and independent obstetrics and gynecology practices.

- (2) The maximum amount of a grant award is two hundred fifty thousand dollars (\$250,000) per grantee.

**"SECTION 9B.7A.(c)** ~~By April 1, 2024, and by April 1, 2025, Annually by April 1, beginning April 1, 2024, and ending on April 1 of the fiscal year following the year in which all funds appropriated for the program authorized by subsection (a) of this section are expended,~~ the ORH shall report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on the grants awarded under this section. The report shall include at least all of the following information:

- (1) A list of grant recipients.  
(2) The total amount of grant funds awarded to each recipient."

## **SENIOR TELEHEALTH ASSISTANCE PROGRAM**

**SECTION 4.2.(a)** Effective July 1, 2025, there is appropriated from the General Fund to the Division of Aging the sum of two million dollars (\$2,000,000) in recurring funds for each year of the 2025-2027 fiscal biennium to be used to establish and administer a Senior Telehealth Assistance Program (Program). The purpose of the Program is to provide State-funded financial assistance to senior citizens to help them purchase equipment, high-speed internet access, and any other infrastructure necessary to participate in telehealth services, defined as the use of two-way, real-time interactive audio and video where the healthcare provider and the patient can hear and see each other. The Division of Aging shall establish the Program and develop application materials and selection criteria for the Program in consultation with community-based healthcare providers and senior advocacy groups. The Division of Aging shall make the final decision about awarding financial assistance under the Program, subject to the following requirements and limitations:

- (1) Priority shall be given to senior citizens residing in rural or underserved areas of the State.  
(2) No household may receive more than one thousand dollars (\$1,000) in State-funded financial assistance under the Program.

**SECTION 4.2.(b)** For each fiscal year, the Division of Aging may use up to five percent (5%) of the funds appropriated for the Program for administrative purposes associated with administering the Program.

**SECTION 4.2.(c)** Annually by April 1, beginning April 1, 2027, the Division of Aging shall report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on the grants awarded under this section. The report shall include at least all of the following information:

- (1) An itemized list of Program expenditures.  
(2) The total number of recipients who received financial assistance under the Program.  
(3) The total amount of financial assistance provided to each recipient.  
(4) Any other information requested by the Division of Aging as necessary for evaluating the success of the Program.

## **PART V. INTEGRATED CARE COORDINATION**

### **MULTIDISCIPLINARY CARE TEAMS**

**SECTION 5.1.** By February 1, 2026, the Division of Aging shall develop and submit to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division a plan for a statewide initiative to form multidisciplinary care teams to coordinate care provided to senior citizens by primary care providers, specialists, social workers,

and home health agencies as defined in G.S. 131E-136. The purpose of these multidisciplinary care teams is to promote holistic, patient-centered care and ensure continuity of medical treatment for senior citizens with multiple health conditions. The Division of Aging shall not implement the plan without an act by the General Assembly.

## **SENIOR CARE NAVIGATION SERVICES**

**SECTION 5.2.** Effective July 1, 2025, there is appropriated from the General Fund to the Division of Aging the sum of five hundred thousand dollars (\$500,000) in recurring funds for each year of the 2025-2027 fiscal biennium and the sum of one million five hundred thousand dollars (\$1,500,000) in nonrecurring funds for the 2025-2026 fiscal year to implement a Senior Care Navigation Hotline by May 1, 2026, to provide guidance to seniors on how to access home-based healthcare services, social programs, caregiver support programs, and programs that provide State financial assistance to seniors to assist with home modifications. The Division of Aging shall operate the hotline in partnership with local agencies and local healthcare providers.

## **PART VI. HOME-BASED CARE AND AGING IN PLACE**

### **EXPANSION OF HOME-BASED HEALTHCARE SERVICES**

**SECTION 6.1.** The Department of Health and Human Services, Division of Health Benefits, shall ensure the Medicaid program covers home-based healthcare services, including nursing visits, physical therapy, and remote monitoring for Medicaid recipients who are 65 years of age or older.

**SECTION 6.2.(a)** Effective July 1, 2025, there is appropriated from the General Fund to the Division of Aging the sum of thirty-three million dollars (\$33,000,000) in recurring funds for each year of the 2025-2027 fiscal biennium to support an initiative to increase access to non-Medicaid home-based healthcare services and caregiver support for senior citizens and their families. A portion of these funds shall be used to establish a Caregiver Assistance Program that provides a monthly stipend of up to five hundred dollars (\$500.00) to a family member who provides in-home care to an eligible senior. The Division of Aging shall establish an application process and eligibility criteria for participation in the Caregiver Assistance Program. In addition, the Division of Aging shall determine the amount of the monthly stipend for each applicant. In determining the amount of the monthly stipend, the Division of Aging shall consider an assessment of care needs performed by a licensed physician. Each recipient of financial assistance under the Caregiver Assistance Program shall meet at least all of the following criteria:

- (1) Is 65 years of age or older.
- (2) Has a household income at or below two hundred fifty percent (250%) of the federal poverty level.

**SECTION 6.2.(b)** Annually by April 1, beginning April 1, 2027, the Division of Aging shall report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on the Caregiver Assistance Program and any other programs, services, or initiatives funded by subsection (a) of this section. The report shall include at least all of the following information:

- (1) An itemized list of expenditures.
- (2) The types of non-Medicaid home-based healthcare services and caregiver support programs funded, broken down by geographic location and the number of people served at each location.
- (3) Any other information requested by the Division of Aging as necessary for evaluating the success of any funded programs, services, or initiatives.

## **SENIOR HOME SAFETY PROGRAM**

**SECTION 6.3.(a)** Effective July 1, 2025, there is appropriated from the General Fund to the Division of Aging the sum of seven million dollars (\$7,000,000) in recurring funds for each year of the 2025-2027 fiscal biennium to establish a Senior Home Safety Program (Program). The purpose of the Program is to provide grants and loans at below-market interest rates to senior citizens to assist with home modifications for a primary residence to improve accessibility and safety, including, but not limited to, all of the following:

- (1) Installation of wheelchair ramps.
- (2) Bathroom safety improvements such as grab bars and walk-in showers.
- (3) Widening of doorways for mobility assistance.
- (4) Stairlifts and handrail installations.

**SECTION 6.3.(b)** The Division of Aging shall establish an application process and eligibility criteria for participation in the Program, giving priority to senior citizens who are disabled or have a household income at or below two hundred fifty percent (250%) of the federal poverty level. The Division of Aging shall make the final decision about whether to award eligible senior citizens a loan or a grant under the Program and the amount of the loan or grant.

**SECTION 6.3.(c)** The Senior Home Safety Fund (Fund) is created as a nonreverting special fund in the Division of Aging. The Fund shall operate as a revolving fund consisting of funds appropriated to, or otherwise received by, the Senior Home Safety Program and all funds received as repayment of the principal of or interest on a loan made from the Fund. The State Treasurer is the custodian of the Fund and shall invest its assets in accordance with G.S. 147-69.2 and G.S. 147-69.3. Moneys in the Fund shall only be used for loans and grants made pursuant to this section.

**SECTION 6.3.(d)** Annually by April 1, beginning April 1, 2027, the Division of Aging shall report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on the Program authorized by this section. The report shall include at least all of the following information:

- (1) A detailed list of how the funds were expended.
- (2) The number of loans and grants awarded under the Program and the amount of each.
- (3) The number of persons served.
- (4) Any other information requested by the Division of Aging as necessary for evaluating the success of this initiative.

## **PART VII. QUALITY ASSURANCE AND DATA MONITORING**

### **PERFORMANCE METRICS AND REPORTING**

**SECTION 7.1.** The Division of Aging shall establish annual reporting requirements for healthcare providers participating in State-funded programs that provide care to senior citizens that allow the Division of Aging to evaluate health outcomes, program effectiveness, and service accessibility.

### **STATEWIDE SENIOR HEALTH DATABASE**

**SECTION 7.2.** Effective July 1, 2025, there is appropriated from the General Fund to the Division of Aging the sum of one hundred fifty thousand dollars (\$150,000) in recurring funds for each year of the 2025-2027 fiscal biennium to develop and implement a Senior Health Data Initiative to collect data regarding the health of senior citizens and to monitor and assess trends in senior healthcare needs and outcomes. Data collected as part of the Senior Health Data Initiative shall be used to inform the Division of Aging's future policy decisions and funding allocations.

## **PART VIII. INTEGRATION WITH EXISTING PROGRAMS**

1           **SECTION 8.1.** It is the intent of the General Assembly to build upon and expand  
2 existing Medicaid waiver programs. The Department of Health and Human Services, Division of  
3 Health Benefits, shall work with all applicable federal agencies to ensure maximum funding for  
4 the NC Medicaid Program.

5           **SECTION 8.2.** It is the intent of the General Assembly to build upon and expand  
6 existing programs that benefit senior citizens to support their well-being and independence. To  
7 this end, the Division of Aging shall work with Area Agencies on Aging and other appropriate  
8 State and federal agencies and stakeholders to ensure maximum funding for programs benefiting  
9 senior citizens.

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11 **PART IX. EFFECTIVE DATE**

12           **SECTION 9.1.** Except as otherwise provided, this act is effective when it becomes  
13 law.