

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2019

**H.B. 915**  
**Apr 16, 2019**  
**HOUSE PRINCIPAL CLERK**

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**HOUSE BILL DRH10535-MG-68A**

Short Title: Establish Task Force on Aging. (Public)

Sponsors: Representatives White, R. Turner, Hurley, and Black (Primary Sponsors).

Referred to:

1 A BILL TO BE ENTITLED  
2 AN ACT ESTABLISHING A TASK FORCE ON AGING.

3 Whereas, North Carolina currently ranks ninth in the nation for the number of people  
4 60 years of age or older and tenth in the nation for the number of people 85 years of age or older;  
5 and

6 Whereas, from 2015 to 2035, the number of people 65 years of age or older is  
7 projected to increase sixty-seven percent (67%), and the number of people 85 years of age or  
8 older is projected to increase one hundred two percent (102%); and

9 Whereas, by 2019, North Carolina will have more people that are 60 years of age or  
10 older than children age zero to 17; and

11 Whereas, an estimated 1.28 million family members in North Carolina provide  
12 varying degrees of unreimbursed care to adults who are elderly or disabled and limited in their  
13 daily activities; and

14 Whereas, family caregivers are the backbone of our long-term care system, providing  
15 an estimated eighty percent (80%) of care services needed to help relatives who are elderly or  
16 disabled; Now, therefore,

17 The General Assembly of North Carolina enacts:

18 **SECTION 1.(a)** Part 14B of Article 3 of Chapter 143B of the General Statutes is  
19 amended by adding a new section to read:

20 **"§ 143B-181A. Task Force on Aging – creation; membership; quorum; compensation.**

21 (a) Task Force Established. – There is created the Task Force on Aging within the  
22 Department of Health and Human Services.

23 (b) Membership. – The Task Force shall consist of 17 members, appointed as follows:

24 (1) Four members appointed by the President Pro Tempore of the Senate as  
25 follows:

26 a. Two members of the Senate, one of whom shall be appointed to serve  
27 as cochair of the Task Force.

28 b. A family caregiver of an adult with a disability.

29 c. A director of a local provider of aging services.

30 (2) Four members appointed by the Speaker of the House of Representatives as  
31 follows:

32 a. Two members of the House of Representatives, one of whom shall be  
33 appointed to serve as cochair of the Task Force.

34 b. A family caregiver of an adult age 60 or older.

35 c. A director of an Area Agency on Aging.



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- 1           (3)    The Director of the Division of Aging and Adult Services within the North  
2           Carolina Department of Health and Human Services or the Director's  
3           designee.
- 4           (4)    The Director of Human Resources within the North Carolina Department of  
5           Health and Human Services or the Director's designee.
- 6           (5)    The Executive Director of the North Carolina Coalition on Aging or the  
7           Executive Director's designee.
- 8           (6)    The State Director of AARP North Carolina or the State Director's designee.
- 9           (7)    The President of the North Carolina Chamber or the President's designee.
- 10          (8)    The Executive Director of the North Carolina Council on Developmental  
11          Disabilities or the Executive Director's designee.
- 12          (9)    The Executive Director of the National Alliance on Mental Illness (NAMI) –  
13          North Carolina or the Executive Director's designee.
- 14          (10)   Two public members appointed by the Governor.

15       (c)    Appointment of Cochairs and members. – The President Pro Tempore of the Senate  
16       shall appoint one of the Senate appointees as a cochair and the Speaker of the House of  
17       Representative shall appoint one of the House of Representatives appointees as a cochair. Each  
18       appointing authority shall ensure, insofar as possible, that its appointees to the Task Force reflect  
19       the composition of the North Carolina population with regard to ethnic, racial, age, gender, and  
20       religious composition.

21       (d)    Terms; Vacancies. – All members shall be appointed for a term of four years.  
22       Members may be reappointed to successive terms. A vacancy on the task force shall be filled by  
23       the original appointing authority using the criteria for the prior appointment. Any appointment  
24       to fill a vacancy on the Task Force created by the resignation, dismissal, death, disability, or  
25       disqualification of a member shall be for the balance of the unexpired term.

26       (e)    Removal. – The Governor may remove any member of the Task Force for  
27       misfeasance, malfeasance, or nonfeasance, pursuant to the provisions of G.S. 143B-13.

28       (f)    Meetings. – The Task Force may meet at any time upon the joint call of the cochairs.  
29       The Task Force may meet in the Legislative Building or the Legislative Office Building.

30       (g)    A majority of the Task Force shall constitute a quorum for the transaction of business.

31       (h)    The Department of Health and Human Services shall provide staff to assist the Task  
32       Force in its work.

33       (i)    Compensation. – Members of the Task Force shall receive necessary per diem,  
34       subsistence, and travel allowances in accordance with G.S. 120-3.1, 138-5, or 138-6, as  
35       appropriate.

36       **"§ 143B-181A.1. Task Force on Aging – powers and duties.**

37       The Task Force shall examine the availability of supports and services within the State for  
38       caregivers of adults who are age 65 or older, or disabled, in order to (i) determine their service  
39       needs and (ii) make recommendations to the General Assembly on how to address these identified  
40       needs. In conducting this examination, the Task Force shall examine the following issues:

- 41           (1)    Data and statistics concerning the prevalence of families providing care to  
42           adults who are elderly or disabled, and limited in their daily activities.
- 43           (2)    The characteristics of family caregivers and care recipients.
- 44           (3)    The needs of care recipients and the nature of care provided by family  
45           caregivers.
- 46           (4)    Policies, resources, and programs that are available to support or assist family  
47           caregivers and the frequency with which caregivers use these policies,  
48           resources, and programs.
- 49           (5)    The availability and sufficiency of caregiver training programs or caregiver  
50           training opportunities, and the frequency with which caregivers engage in  
51           these programs or opportunities.

- 1           (6)    The costs associated with caregiving, including the reduction or loss of  
2           caregiver income or employment benefits.
- 3           (7)    The availability and sufficiency of financial support services to assist  
4           caregivers, and the frequency with which caregivers use these services.
- 5           (8)    The availability and sufficiency of respite care services, and the frequency  
6           with which caregivers use these services.
- 7           (9)    The cost to North Carolina employers for providing workforce  
8           accommodations for family caregivers.
- 9           (10)   The resulting cost to North Carolina employers and the North Carolina  
10          economy when family caregivers leave the workforce.
- 11          (11)   The availability of work-related policies that support family caregivers.
- 12          (12)   Any other issues the Subcommittee deems relevant.

13           The Task Force may seek input from a variety of stakeholders and interest groups, including  
14           the North Carolina Coalition on Aging; the North Carolina Senior Tarheel Legislature; and the  
15           Governor's Advisory Council on Aging.

16           The Task Force, while in the discharge of its official duties, may exercise all powers provided  
17           under G.S. 120-19 and G.S. 120-19.1 through G.S. 120-19.4.

18           **"§ 143B-181A.2. Task Force on Aging – report.**

19           The Task Force shall submit its first report to the General Assembly and the Joint Legislative  
20           Oversight Committee on Health and Human Services prior to the convening of the 2021 General  
21           Assembly and biennially thereafter. The report shall contain at least a summary of conclusions  
22           for each of the duties assigned to the Task Force under G.S. 143B-181A.1, as well as any findings  
23           or recommendations about increasing the availability of supports and services within the State  
24           for caregivers of adults who are age 65 or older, or disabled. Any recommendations proposing  
25           changes to law, rule, or policy shall be accompanied by specific legislative or policy proposals  
26           and estimated implementation costs."

27           **SECTION 1.(b)** All appointing authorities shall make appointments to the Task  
28           Force on Aging as provided in G.S. 143B-181A(b) by December 1, 2019, and the terms of all  
29           members shall commence on December 1, 2019.

30           **SECTION 2.** This act becomes effective July 1, 2019.