

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2025

FILED SENATE  
Mar 20, 2025  
S.B. 379  
PRINCIPAL CLERK

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SENATE BILL DRS45188-MGa-71

Short Title: Senior Care Assurance Act. (Public)

Sponsors: Senators Theodros and Smith (Primary Sponsors).

Referred to:

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

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

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

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

13 The General Assembly of North Carolina enacts:

14  
15 **PART I. TITLE**

16 **SECTION 1.1.** This act shall be known as "The Senior Care Assurance Act."  
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18 **PART II. DEFINITIONS**

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

- 20 (1) Division of Aging. – The Department of Health and Human Services, Division  
21 of Aging.  
22 (2) Senior citizen. – An individual 65 years of age or older who resides in North  
23 Carolina.  
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25 **PART III. EXPANDED PREVENTIVE AND CHRONIC DISEASE MANAGEMENT**  
26 **COVERAGE**  
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28 **EXPANSION OF MEDICAID COVERAGE**

29 **SECTION 3.1.** The Department of Health and Human Services, Division of Health  
30 Benefits, shall ensure the Medicaid program covers preventive screenings and chronic disease  
31 management services, including osteoporosis screenings, medication management,  
32 cardiovascular assessments, and specialized geriatric care, for Medicaid recipients who are 65  
33 years of age or older.  
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35 **ESTABLISHMENT OF SENIOR PREVENTIVE HEALTH GRANT PROGRAM**



\* D R S 4 5 1 8 8 - M G A - 7 1 \*

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

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

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

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

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

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

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

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

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

35           **"SECTION 9B.7A.(a)** Of the funds appropriated in this act from the ARPA Temporary  
36 Savings Fund to the Department of Health and Human Services, Division of Central Management  
37 and Support, Office of Rural Health (ORH), the sum of five million dollars (\$5,000,000) in  
38 nonrecurring funds for the 2023-2024 fiscal year and the sum of fifteen million dollars  
39 (\$15,000,000) in nonrecurring funds for the 2024-2025 fiscal year shall be allocated for the  
40 telehealth infrastructure grant program authorized by subsection (b) of this section.

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

- 47           (1) Priority shall be given to independent practices that specialize in the health  
48 and well-being of elderly persons 65 years of age or older, independent  
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1 primary care ~~practices~~ practices, and independent obstetrics and gynecology  
2 practices.

3 (2) The maximum amount of a grant award is two hundred fifty thousand dollars  
4 (\$250,000) per grantee.

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

11 (1) A list of grant recipients.

12 (2) The total amount of grant funds awarded to each recipient."  
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#### 14 **SENIOR TELEHEALTH ASSISTANCE PROGRAM**

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

27 (1) Priority shall be given to senior citizens residing in rural or underserved areas  
28 of the State.

29 (2) No household may receive more than one thousand dollars (\$1,000) in  
30 State-funded financial assistance under the Program.

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

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

38 (1) An itemized list of Program expenditures.

39 (2) The total number of recipients who received financial assistance under the  
40 Program.

41 (3) The total amount of financial assistance provided to each recipient.

42 (4) Any other information requested by the Division of Aging as necessary for  
43 evaluating the success of the Program.  
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#### 45 **PART V. INTEGRATED CARE COORDINATION**

##### 46 **MULTIDISCIPLINARY CARE TEAMS**

47 **SECTION 5.1.** By February 1, 2026, the Division of Aging shall develop and submit  
48 to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal  
49 Research Division a plan for a statewide initiative to form multidisciplinary care teams to  
50 coordinate care provided to senior citizens by primary care providers, specialists, social workers,  
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1 and home health agencies as defined in G.S. 131E-136. The purpose of these multidisciplinary  
2 care teams is to promote holistic, patient-centered care and ensure continuity of medical treatment  
3 for senior citizens with multiple health conditions. The Division of Aging shall not implement  
4 the plan without an act by the General Assembly.

## 5 6 **SENIOR CARE NAVIGATION SERVICES**

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

## 15 16 **PART VI. HOME-BASED CARE AND AGING IN PLACE**

### 17 18 **EXPANSION OF HOME-BASED HEALTHCARE SERVICES**

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

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

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

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

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

## 49 50 **SENIOR HOME SAFETY PROGRAM**

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

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

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

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

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

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

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

### 34 **PERFORMANCE METRICS AND REPORTING**

35           **SECTION 7.1.** The Division of Aging shall establish annual reporting requirements  
36 for healthcare providers participating in State-funded programs that provide care to senior  
37 citizens that allow the Division of Aging to evaluate health outcomes, program effectiveness, and  
38 service accessibility.  
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### 41 **STATEWIDE SENIOR HEALTH DATABASE**

42           **SECTION 7.2.** Effective July 1, 2025, there is appropriated from the General Fund  
43 to the Division of Aging the sum of one hundred fifty thousand dollars (\$150,000) in recurring  
44 funds for each year of the 2025-2027 fiscal biennium to develop and implement a Senior Health  
45 Data Initiative to collect data regarding the health of senior citizens and to monitor and assess  
46 trends in senior healthcare needs and outcomes. Data collected as part of the Senior Health Data  
47 Initiative shall be used to inform the Division of Aging's future policy decisions and funding  
48 allocations.  
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## 51 **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.