

## MEMORANDUM

**TO:** AAUW-NC Board of Directors and Branch Presidents

**FROM:** A. Helen Martikainen – AAUW-NC Representative – Delegate,  
N.C. Coalition on Aging

**DATE:** February 1, 2002

**SUBJECT:** **Year 2002 Legislative Priorities of the \*NC Coalition on Aging**  
(Please see footnote)

Kind greetings to you.

This is to invite your consideration and assistance by suggesting your preferred priorities to the attached list of “Items”. As you will note the enclosed is a list of 14 potential initiatives for the legislative program of the NC Coalition on Aging. This is for the year 2002 session of the North Carolina General Assembly. This list was approved at the Coalition’s regular meeting on December 7, 2001.

Thank you kindly in advance for your consideration and assistance.

**PLEASE RETURN YOUR RESPONSES TO ME NO LATER THAN  
MARCH 8, 2002.**

My address: A. Helen Martikainen  
3113 Carol Woods  
750 Weaver Dairy Road  
Chapel Hill, North Carolina 27514-1443  
Telephone: (919) 918-3633

**Footnote:** The AAUW-NC application for membership was approved by the NC Coalition on Aging at its regular meeting on December 7, 2001. The NC Coalition on Aging is a statewide coalition of 39 member organizations established in 1989. Its mission is:

*“to improve the quality of life for older adults by addressing their needs and promoting their dignity, self-determination, well-being and contribution – both as individuals and within the context of their families and community....”*

## North Carolina Coalition on Aging

### ITEMS TO CONSIDER FOR THE NC COALITION ON AGING'S 2002 AGENDA

#### Please Note:

Please rank the top 10 of your priorities in the left margin. The most important issue would receive a 10, the next would receive a 9 and so on down to 1. Indicate a preference for only 10 issues. Issues ranked less than 1 should be left blank or ranked as 0.

If there is objection to any "Item" on the enclosed list, you should draw a line through it. An "Item" may not be included as a 2002 legislative priority of the Coalition if a member organization objects to it.

#### Rank Of Priorities

- \_\_\_\_\_ Expand funds to provide prescription drug benefits for elderly and disabled, including prescription review and education.
- \$32 million of tobacco settlement funds have just been earmarked for each year of the next three years for 60% subsidy of prescriptions related to Diabetes, Pulmonary and Cardiovascular conditions for persons age 65 with income at or below 200% of poverty (about \$17,300 a year for single).
- \_\_\_\_\_ Triple the allowable resource level for Medicaid eligibility (from \$2,000 to \$6,000 for individuals and \$3,000 to \$9,000 for couples).
- In addition to income level at, or below, 100% of poverty there is an "asset" or "resource" limit that does not count a car or residence.
- \_\_\_\_\_ Appropriate \$2 million in recurring funds for programs improving access to dental care services, including mobile dental care units to serve institutions and senior centers.
- Two or three mobile units are operating very successfully.
- \_\_\_\_\_ Appropriate \$2 million in recurring funds for transportation for the elderly and disabled.
- Most public hearings report need for transportation is 1<sup>st</sup> or 2<sup>nd</sup> requested by seniors.

Rank  
Of  
Priorities

- \_\_\_\_\_ Appropriate \$2 million in recurring funds for senior center operations.
- Comprehensive, focal points for services are being developed in N.C. to meet standards of quality.
- \_\_\_\_\_ Appropriate \$10 million in recurring funds for the Housing Trust Fund for housing with services for the elderly.
- The Housing Trust Fund provides technical assistance as well as operating expenses of elderly housing that includes a plan for access to services.
- \_\_\_\_\_ Allocate funds to directly increase salaries and benefits (\*“Pass-Through”) of aides in adult care homes, nursing homes, and home care services.
- Institutional and Home Care for the frail elderly is suffering from shortages of personnel particularly the aides who provide “hands on” care. Salary funds would be specifically allocated.
- \_\_\_\_\_ Appropriate \$2 million in recurring funds for health promotion, chronic disease prevention and management.
- Preventive measures are overlooked in allocation of service funds.
- \_\_\_\_\_ Increase allocation of funds for the Medicaid Community Alternatives Program for Disabled Adults (CAP-DA) to enable individuals to remain in their own homes as long as possible and to comply with the U.S. Supreme Court’s Olmstead decision.
- The Community Alternatives Program (CAP) administered through county social service departments makes it possible for some persons to receive services at home instead of going into an institution.
- \_\_\_\_\_ Require health insurance plans to offer mental health benefits on the same basis as benefits for physical ailments.
- Mental Health advocates are calling for “parity” in health insurance benefits.
- \_\_\_\_\_ Expand use of Medicaid funds to include adult day health programs.
- Adult Day Health Programs are group non-residential programs that provide respite for caregivers or optional care to institutional placement for some older adults. Medicaid does not reimburse for this care but does for institutional care.

\*“pass-through” means that the funds allocated to this “Item” can be used only for the increase of salaries and benefits for the aides as stated.

Rank  
Of  
Priorities

- \_\_\_\_\_ Appropriate \$2 million in recurring funds for communication assistance to the hearing disabled.
- Hearing loss is expected to increase as a percentage of the population with life expectancy increasing. The loss brings isolation to those affected which in turn may affect physical as well as emotional health. Assistance is expected to cover facility equipment as well as individual devices.
- \_\_\_\_\_ Recognize the right of every North Carolina resident to obtain health care on a regular basis.
- Verla Insko – Representative from Orange County in the NC House of Representatives has introduced a Bill calling for a referendum on rights to health care in North Carolina.
- \_\_\_\_\_ Expand the Special Assistance Demonstration Project, which allows frail individuals to remain at home, and increase payments under that project to the same level as Adult Care Home payments.
- For two years the Special Assistance Demonstration Project made payments to cover in-home care costs so a person could choose to remain at home. The level of payment or reimbursement was (is) lower than current payments for the individual served in an Adult Care Home (formerly known as rest homes.)

Please return your responses to me no later than March 8, 2002.

Address: A. Helen Martikainen  
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Sent by: Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Branch or Board Position: \_\_\_\_\_