



The hotline

NORTH CAROLINA CONTINUING CARE RESIDENTS ASSOCIATION

North Carolina Continuing Care Residents Association Annual Meeting October 3, 2017

The annual meeting of NorCCRA was held on October 3, 2017 at Christ United Methodist Church, Greensboro, N.C. The meeting was opened at 10:15 by President Brenda Tremoulet. She thanked Christ United Methodist Church for providing us with the facility and Susan Rhyne, Membership Service Provider for her work with registration. Twenty-seven communities and 131 members were present. All CCRCs present were recognized.

Three speakers led the morning session:

Tom Akins of LeadingAge NC was introduced by **Sindy Barker**, legislative committee chair. They shared in their presentation. Their theme was “If you want to go fast go alone, but if you want to go far go together!” Leading Age has three priorities for this short legislative session:

1. Tax policy for non-profits,
2. Health Care Coordinating Agency: Medicare home health services currently need a Certificate of Need and no current CCRC can offer this,
3. Medical expense deduction that is not in Trump’s current budget.
4. The CEOs as members of LeadingAge are concerned about work force and are looking into how to recruit and retain an Elder Care Work Force. Leading Age NC is working on looking at diversity with UNC school of Business. In the long state legislative session in 2019 LeadingAge is working toward updating statutes that affect CCRCs.

Steve Johnson, Department of Insurance Special Entities Section, spoke of the four steps to get a license, that all Life Plan Communities are CCRCs, their advisory committee and that the overall financial health status of CCRCs in North Carolina is good. The difficulties are with occupancy or that they are operating at a loss. The Advisory Committee consists of two residents of CCRCs, two members of LeadingAge NC, a CPA, one

person with skills in architecture or engineering, one person in health care and two at-large positions. There are two positions rolling over this year. Every CCRC in the state can be found on their web site: <http://www.ncdoi.com>.

Steve Fleming, Well Spring CEO and incoming chair of LeadingAge National spoke on the national issues they will be dealing with. Medicaid, regulations in skilled nursing facilities and work force. They are not concerning themselves with seniors who need services but can’t afford a CCRC. They are working with the Work Force Center in North Carolina.

President Brenda Tremoulet opened the afternoon business meeting at 1 pm. Ms. Tremoulet recognized the past presidents of NorCCRA. Minutes of the meeting on October 4, 2016 were accepted by acclamation.

Treasurer’s report. The report was included in the packet. Membership numbers as of September 3, 2017 are: Eastern Region 2242 with lifetime 1174 members; Central Region 806 members with 553 lifetime members and Western Region 928 members with 474 lifetime members. The total is 3981 members. The budget for next year allows for more organization representation of

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NorCCRA Officers 2017-18
MILTON GILBERT D. Min President 2017-2018

Aldersgate Continuing Care Community

Milton Gilbert is a native of Michigan and is currently a resident of Aldersgate Continuing Care Community in Charlotte. He is presently serving his second year as President of the Residents Association. He is a retired Methodist Minister and has twice been District Superintendent in the North Carolina Conference. Once for the Goldsboro District and once for the Sanford District. He has served numerous congregations in North Carolina. He was widowed this past year after having been married 49 years. He has 2 sons, one is a lawyer in Charlotte and has 3 children. The other is a Fellow/Attending Laryngologist Professional Voice Surgeon at Vanderbilt University in Nashville and gets to meet all of those famous singers based out of Nashville, but of course he can't tell us who any of them are. He is a professional puppeteer and is working on ways to use his puppets through his company, Carpenter Productions, LLC and Church House Productions, LLC. He is having a new one made in the Czech Republic. He attended Duke Divinity School and has remained a strong/avid Duke Blue Devils fan ever since. He also is a former professional photographer. He has also taught religion and history at Louisburg College in Louisburg, NC and Halifax Community College in Weldon, NC.

MARGARET ZIRCHER Vice-President 2017-18

Carolina Meadows

Margaret is a native of Alcoa, Tennessee and currently resides at Carolina Meadows in Chapel Hill, where she has served as a NorCCRA co-rep, and member of CM's Health & Wellness and Finance committees, and was NorCCRA VP in 2016. Before moving to Carolina Meadows, she resided in a Florida CCRC where she served on the Residents Council and chaired its Long Range Plan Committee. She is a life member of NCCRA, NaCCRA and FLiCRA.

Margaret is a Union Carbide Corporation retiree, having held positions of increasing responsibilities in chemical sales and sales training, financial analysis, international sales management, customer service management, marketing and business management. Before joining Union Carbide, she was chairman of the science department and biology teacher at Chamblee (GA) High School. She has a BS in Psychology (University of Tennessee), MAT in Biology (Georgia State University). Her MBA in Finance from Pace University NYC was interrupted at the thesis level by her international assignment.

Her 2 step children and 3 grandchildren live in New Jersey, Current interests are painting, gardening, learning to play the hammered dulcimer, and volunteering in a number of activities, including teaching art classes to independent residents and the memory support unit at Carolina Meadows.

CATIE WEBB Secretary 2017-2018

Aldersgate Continuing Care Community

Catie Webb is a native Delawarean and is currently living at Aldersgate Continuing Care Community in Charlotte. She is a Licensed Clinical Social Worker who has worked in several states in public and private child welfare, all levels of mental health, addiction, public schools, home health, palliative care,

hospital and in a continuing care community. She has lived in Delaware, Maryland, California, Ohio, Illinois, Tennessee and now North Carolina. She is a 3rd generation living in a continuing care community, her grandparents in Lincoln, Nebraska and her mother in Chestertown, Maryland. She has 4 siblings, one of whom will be retiring in North Carolina and eventually to Givens Estates and one who is currently on the Board of a continuing care community in Maryland. She moved to Aldersgate in November 2015 because her husband had Parkinson's Disease. He fell in love with the grounds, facilities and activities that were offered there. She was widowed unexpectedly in March 2016. She has 2 living daughters, Christina lives in Memphis, TN and was recently married at a winery in California. Her daughter Cathy produced twin grandchildren, Mr. Michael and Ms. Perri in June 2016 and they live in the western suburbs of Chicago. Unfortunately their grandfather never got to meet them. The girls set Catie and her husband up on a date when the girls were in 8th grade. She and her husband lost a son to cancer when he was 29 but he left a grandchild who is now 13 and lives in northern Virginia. The baby, Mr. Michael was named for him. Her interests are reading, knitting, singing, baking, swimming and loving the grandchildren. She is active in PEO and in the past sang in her church choir. She currently is an appointed advisor and recording secretary to the president of the Residents Association at Aldersgate.

FRANKLIN D. SANDERS Treasurer 2017-2018

Deerfield Episcopal Retirement Community

Born: April 24, 1935 in Newton, Massachusetts. Educated in the public schools of Longmeadow and Wellesley, MA. Graduated from Amherst College in 1957, with a B.A., majoring in Economics. Graduated from Harvard Business School in 1959 with an MBA, having concentrated in Finance. Served in the Massachusetts National Guard, including active duty training at Fort Dix, NJ in the last half of 1959. Later, was commissioned a Second Lt. in the Finance Corps of the U.S. Army Reserve, serving in the reserves until 1966. Employed in 1960 by The First Boston Corporation, a major U.S. investment banking firm, at its New York City headquarters. Held various positions in its Corporate Finance Department, becoming a Managing Director in 1974. Resigned in August 1986 to accept a position as President of AEGIS Insurance Services, Inc. (NJ), also serving as Treasurer and a Director of Associated Electric & Gas Insurance Services Limited, Hamilton, Bermuda. Retired from AEGIS in 1997. Married Jane Gray Collier in June 1960. They have four children and six grandchildren.

Lived in Bernardsville, NJ from 1962 through 2000, was active in community affairs and served three terms on an Episcopal church vestry. Lived in Rochester, VT from late 2000 until July 2015, again being active in community affairs. Franklin was a trustee of the Episcopal Diocese of Vermont from 2003 until 2014.

Franklin & Jane became residents of Deerfield Episcopal Retirement Community in July, 2015. Franklin served on Deerfield's Residents Council in 2016-2017 and is a current member of the Residents Finance Committee.

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officers in regions and membership development. The budget was approved by voice vote with the motion made by Barbara Pray, treasurer and seconded by Walt Boyer.

The review of how the regions are working and what can be done to improve participation especially with active officers in each region was passed on for the next year.

Legislative Chair, **Sindy Barker** shared that there are examples of letters and who to send them to on the back table. The federal issue is the medical deduction. It was suggested that calls be made to local offices rather than their Washington DC offices because this way the total number of calls can be broken down as senior representation from an area. We are a strong voting bloc if all members contact their representatives and senators.

The final item of business was the election of officers for 2017-2018. Walt Boyer spoke for the nominating committee and offered this slate:

- Milton Gilbert**, Aldersgate, President;
- Franklin Sanders**, Deerfield, Treasurer;
- Catie Webb**, Aldersgate, Secretary.

There was a nomination from the floor for Vice President. **Margaret Zircher**, Carolina Meadows accepted the nomination.

The slate was approved by a voice vote. Walt Boyer then swore in the new officers with an Oath of Office. Meeting was adjourned at 1:25 pm.

Catie Webb, Recording Secretary

FRAUD CAN HIT CLOSE TO HOME

Franklin Sanders, Treasurer-NorCCRA

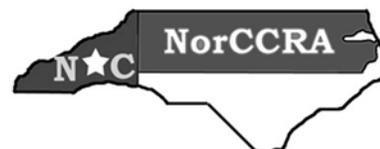
A few days after the recent election as officers of NorCCRA, I received an e-mailed request from another officer for a significant sum of money to be wire transferred to a third person, via a bank in another state. I was camping in an area with decent internet but poor telephone service, and could not reach the other officer for oral confirmation of his request. I replied to his message by e-mail, to what proved to be a false address, which resulted in a reply about the urgency of prompt action. As I couldn't make a telephone call from where I was, I initiated the wire transfer, and so advised my colleague, by e-mail to his correct e-mail address. He quickly denied initiating the transfer.

I went directly to NorCCRA's bank. The branch manager indicated that the outgoing wire transfer had been delayed in delivery, and that he could initiate a return wire request to recover the funds transferred to the other bank. Fortunately, our bank was successful, and NorCCRA's disbursement was solely a fee for the return wire.

Lessons learned: 1. Do not make payments to unknown payees without personal confirmation by a person with proper authority. (Better practice is to require Executive Committee approval of payments to new payees or for amounts exceeding an agreed limit.) 2. Disable automatic adding of senders' e-mail addresses to your contact file.

CALENDAR

- The Hotline* published quarterly in
March, June, September and December.
- Executive Committee teleconference monthly
Friday 2:00 pm
- Regional Annual meetings
Eastern: May 15, 2018 Plantation Village,
Wilmington
Central: TBD
Western: TBD
- Board of Directors Annual Meeting
May, 2018 Pennybryn: Date TBD
- Annual Residents Meeting
October 9, 2018 Greensboro



LIMITED TIME OFFER

Gary Book. Pharmacist, VA Medical Center, Asheville, NC.

A revolutionary new product, **Nofatalean**, has just been introduced to the American market. This natural herbal breakthrough has achieved astounding results. A clinical study at a major university has shown that while lying on the couch, watching TV, eating potato chips, and drinking beer, a 5.87% reduction in weight was achieved in four weeks. In addition, a major side effect observed was an 11.97% increase in short term memory. The manufacturer is offering a special onetime discount of \$40.99 for a bottle of 100 tablets. This offer will expire in 14 days, so act now. When you call 791-123-9016, please state promotion code: BZX235T

Before you rush to get your checkbook, you should know:

The law defines dietary supplements as products taken by mouth that contain a “dietary ingredient.” They include: vitamins, minerals, amino acids, herbs, botanicals, enzymes, animal extracts, probiotics, plant materials, algae, macroscopic fungi, as well as other substances that can be used to supplement the diet. These products come in many forms: tablets, capsules, powders, liquids and are available in stores throughout the United States, as well as on the internet and are labeled as dietary supplements.

- Just because a supplement is available over the counter doesn’t mean it’s effective or even safe—and some supplements are decidedly dangerous.
- Federal law does not require dietary supplements to be proven safe to the satisfaction of the Food and Drug Administration (FDA) before they are marketed.
- For most claims made in the labeling of dietary supplements, the law does not require the manufacturer to prove to the FDA that the claim is accurate or truthful before it appears on the product label.
- Dietary supplement manufacturers are not required to get FDA approval before producing or marketing these products.
- FDA’s role with a dietary supplement begins after the product appears on the market. This is usually the agency’s first opportunity to take action against a product that presents a significant or unreasonable risk of illness or injury or that is otherwise adulterated or misbranded.
- Dietary supplement advertising, including ads broadcast on radio and television, falls under the jurisdiction of the Federal Trade Commission
- Do not assume that the term “natural” in relation to a product ensures that the product is wholesome or safe. Be aware that “natural” products may interact with prescribed medications causing increased frequency of adverse reactions, decreased or increased results of prescribed medications and

possible toxic levels of prescribed medications.

Examples of “natural” product toxicities: Comfrey contains alkaloids that can cause serious liver damage, Aristolochia can cause kidney failure, Vitamin A in excessive dosage can reduce bone mineral density and can lead to liver damage.

- It is not legal to market a dietary supplement product as a treatment or cure for a specific disease or to alleviate the symptoms of disease. Consequently taking a combination of supplements or substituting them in place of prescribed medications, or attempts at self-diagnosis/treatment can lead to harmful, even life-threatening results. The following are actual examples of false dietary supplement claims:

“To our knowledge it’s the only pill that will control blood sugar and promote weight loss”

There are no clinical studies to support this claim. The claim that this product controls blood sugar is extremely dangerous to the consumer. Diabetes is a group of metabolic disorders in which there are high blood sugar levels over a prolonged period. Dietary supplements have no place in the medically prescribed treatment regimen for diabetes. Left untreated, diabetes has serious long-term complications including cardiovascular disease, chronic kidney disease, foot ulcers, and damage to the eyes.

“A double blind controlled study in humans shows that it reduced systolic blood pressure by an average 11.5 points mmHg and diastolic blood pressure by 4.8 points in just 8 weeks”

There is no reference for this double-blind study, consequently no data to support the claim above. High blood pressure, also known as hypertension, is a long term medical condition in which blood pressure in the arteries is persistently elevated. Hypertension has been characterized as the “silent killer” because usually it does not exhibit symptoms. Untreated hypertension is a major risk factor for coronary artery disease, stroke, heart failure, peripheral vascular disease, vision loss, and chronic kidney disease.

“Improves memory and exhibits other cognitive benefits including a sharper mind and clearer thinking”

This is a false claim which is further illustrated by a recent comment (2/7/2017) by the National Alzheimer’s Association: “There is no product out there that’s proven to help memory. First and foremost, the effectiveness and safety of this product are unknown.” In addition, the Federal Trade Commission and the New York Attorney General have filed suit against the manufacturer for false

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medical claims and false advertising. The use of this type of product is alarming due to the financial cost of ineffective therapy.

Some dietary supplements have been recalled because of proven or potential harmful effects. Since the FDA has no jurisdiction over a dietary supplement prior to market, there are no regulations regarding manufacturing procedures. The dietary supplement may even be manufactured in a third world country with no concern for sanitary procedures. Reasons for recalls include: contamination from pesticides, bacteria, and heavy metals; absence of a dietary ingredient claimed to be in the product by the label; presence of more or less than the amount of the dietary ingredient that is stated on the label.

Some supplements can have unwanted effects before, during, or after surgery. For example, bleeding is a potential side effect risk of garlic, ginkgo biloba, ginseng, and vitamin E. In addition, kava and valerian act as sedatives and can increase the effects of anesthetics and other medications used during surgery.

The FDA suggests that you consult with a healthcare professional before using any dietary supplement. Many supplements contain ingredients that have strong biological effects, and such products may not be safe in all people. If you have certain health conditions and take these products, you may be putting yourself at risk. Your healthcare professional can advise you on the safety and appropriate use of dietary supplements that are unique to your clinical situation.

Above all, learn to be a safe and informed consumer

Let your healthcare professional advise you on sorting reliable information from questionable information.

Be aware that some supplemental ingredients, including nutrients and plant components, can be toxic. Also, some ingredients and products can be harmful when consumed in high amounts, when taken for a long time, or when used in combination with certain other drugs, substances or foods.

Be aware that certain dietary supplement manufacturers market their products to a very vulnerable segment of the population. False claims can be made that will appeal to this group in an effort to placate anxiety and offer false hope at a significant expense.

Do not self-diagnose any health condition—work with healthcare professionals to determine how to best achieve optimal health.

Do not substitute a dietary supplement for a prescription medicine or therapy, or for the variety of foods important to a healthful diet.

Do not assume that the term “natural” in relation to a product ensures that the product is wholesome and safe.

Contact the manufacturer for information about the product you intend to use.

Be wary of hype and headlines. Sound health advice is generally based upon research over time, not a single study that may be marginal at best.

Learn to spot false claims:

- **Claims that one product does it all and cures a wide variety of health problems**
“Proven to treat rheumatism, arthritis, infections, prostate problems, ulcers, cancer, heart trouble, hardening of the arteries and more.”
- **Suggestions the product can treat or cure disease**
“Shrinks tumors,” “Cures impotency,” or “Prevents severe memory loss”
- **Words like scientific breakthrough, miraculous cure, exclusive product, secret ingredient, or ancient remedy**
“A revolutionary innovation formulated by using proven principles of natural health-based medical science.”
- **Misleading use of scientific-sounding terms**
“Molecule multiplicity,” “glucose metabolism,” “Thermogenesis,” “insulin receptor sites”
- **Phony references to Nobel Prize winning technology or science**
“Nobel Prize Winning Technology,” “Developed by two times Nobel prize winner”
- **Undocumented testimonials by patients or doctors claiming miraculous results**
“My husband has Alzheimer’s disease. He began eating a teaspoonful of this product each day. And now, in just 22 days, he mowed the grass, cleaned out the garage, weeded the flower beds, and we take our morning walk again.”
- **Limited availability and a need to pay in advance**
“Hurry, this offer will not last. Send us a check now to reserve your supply.”
- **Promises of no-risk, money back guarantees**
“If after 30 days, you have not lost at least 4 pounds each week, your uncashed check will be returned to you.”

“If it sounds too good to be true, it probably is”

“CAVEAT EMPTOR”

WHAT DOES GRASSROOTS LOBBYING LOOK LIKE?

Sindy Barker, Chair, NorCCRA Legislative Committee

Legislative Report

For the past six months CCRC residents have been fighting to keep the medical expense deduction in the federal budget. In April, President Trump presented an abbreviated budget which did not include the medical expense deduction. The NorCCRA Legislative Committee sent a letter to all CCRCs at the end of April asking them to contact our two North Carolina Senators and their Representative letting them know how concerned they were about the elimination of the medical expense deduction and what a negative impact it would have on their personal income taxes.

North Carolina CCRC residents and other people with high medical expenses are in a perfect position to know first-hand what damage the elimination of the medical expense deduction causes to the finances of seniors and middle income families. Our biggest concern has been that if the federal government does not include the deduction in the budget, then the state government will probably follow suit. The average negative impact to CCRC residents in 2014 was \$1800. It could easily double in 2017 if the medical deduction is lost at both the federal and state level for a loss of \$3600. There are many residents who simply cannot afford that reduction in their annual budget.

In late September President Trump's final budget was sent to Congress, and it continued to eliminate the medical expense deduction. It was sent for consideration to the House Ways and Means Committee and the Senate Finance Committee. On October 5, NorCCRA put together a packet which included scripts for emails, calls and letters, and addresses of the all the members of those two committees as well as the Congressional Leadership. That request asked our residents to contact 83 Senators and Representatives

We also sent the packet to **Basil Pflumm**, President of NaCCRA, who within a very few hours had the approval of the NaCCRA board of directors and distributed it to all the individual NaCCRA members and the nine states which have statewide residents association.

In the meantime, **Sindy Barker** met with **Tom Akins** who is the CEO of LeadingAge NC. He is also the incoming president of the State Executives Forum composed of LeadingAge leadership in 39 states. He took our packet and sent it to each state asking them to notify the CEO's of the CCRCs in their state and have them pass on the information to their residents. The following week Tom went to LeadingAge national and on October 11 **Katie Sloan**, LeadingAge President and CEO, sent out a Legislative Alert to all their members.

Ever since NorCCRA successfully lobbied for and got the medical expense deduction reinstated in North Carolina in 2015, Tom and Sindy have met together at least quarterly to talk about the issues affecting CCRCs and their residents. They feel they have reached a high level of open conversation

and trust. Sindy joined the LeadingAge North Carolina Board of Directors and will be completing her two-year term in May, 2018. They recently were asked to serve on a panel discussion at the LeadingAge conference in New Orleans. (Note: Tom was unable to be at the conference because his father died earlier that week.)

The topic was collaboration between LeadingAge (as management) and CCRC residents (as consumers). North Carolina was joined by **Mag Moreli**, Connecticut LeadingAge CEO, and **Kate Waterman**, Connecticut CCRC resident. The topics included the following:

- How open is the conversation between the two parties?
- Who takes the lead when approaching an issue?
- How do you establish trust within the partnership when both organizations might be taking a different position on an issue?

And, what happens if you don't agree on an issue?

In the fourth week of October, the House version of the budget came out without the medical expense deduction. Sindy had also sought out **Niles Godes**, Senior Vice President of Government Affairs at LeadingAge and he has been extremely helpful in giving NorCCRA updates on what is happening behind the scenes in Washington. He didn't feel as if we would make much progress among members of the House and that it was going to be better to concentrate on the Senate.

In the meantime, almost all the major newspapers and magazines were coming out articles about how damaging it would be to eliminate the deduction for seniors and others with high medical expenses. The next all-resident mailing included copies of the articles and a copy of the letter that Katie Sloan had sent to all 535 members of Congress.

On November 9, we found that the Senate had included the medical expense deduction in their Senate bill. NorCCRA sent out another Legislative Alert to NorCCRA representatives and to Basil Pflumm again asking him to send it to their members and residents in other states. The message was very simple.

"Thank you for preserving the medical expense deduction because it is crucial to older adults. Please fight to keep the deduction in place as you continue to consider tax reform."

Over the past few weeks, CCRCs and their members (across the country) have been flooding the offices of members of the Senate Finance Committee with this request. Phone calls, emails and faxes have been humming. Many CCRCs have sponsored letter-signing activities which have included signatures of more than 200 residents. I would say this is a grassroots effort at its finest.

TRAVEL TIPS FOR SENIORS

by Jean Holcomb, CTC, MCC

One of the privileges of being retired is to now have time for some adventure and do that dreamed-about travel. So, how do you assure yourself of a pleasant experience rather than an expensive, bitter one? Consider the following. To begin with, there are virtues and comforts in traveling as part of a group rather than going it alone, especially in regard to health and political instability. One should strongly consider the advantages working face to face with a local, experienced, certified travel professional to plan and book a trip. Keep in mind that if you book a cruise or tour on-line, you are working with an “order taker” who probably is not an employee of the cruise line or tour company, and who may not know anything about the product being sold. This person’s main objective is to sell you a contract because they make a commission. Thus he or she may not advocate for you, and may be unlikely to say anything that would make you hesitate to commit to the contract.

Your local, experienced, certified travel professional also receives a commission, but operates from a broad base of knowledge and advocates for you. This travel professional will want you to be completely satisfied with your experience so that you will come back for your next travel adventure. Furthermore, through experience, the travel professional knows who the more reliable and reputable cruise lines and tour companies are, which trips or options are more likely to meet your criteria, and what to do to help you avoid pitfalls and disappointments.

Whether you book the cruise or tour yourself, or through a travel professional, **before making a deposit read and understand the contract thoroughly for liabilities, responsibilities, and cancellations. Read the fine print!** A local travel professional will walk you through the contract terms to make sure you understand them, and will advise you on the questions you may not know to ask. Such questions may relate to terms regarding cancellation, timing of cancellations, what’s included and where extra charges will be assessed, what medical staff or facilities are on board a ship, where to find hidden costs of those so called “freebies” like free air fare or free travel companion. Travel companies generally don’t give anything for free without making up the difference somewhere else. The travel agent can help you determine if it is really a bargain. The cruise or tour company may have made a special deal with an airline, so the “free” air travel may not be on an airline that is convenient for you to fly. Or, rather than a direct flight, it may involve several stopovers before reaching your destination. Be aware that in the fine print the cruise or tour company will almost always say it has the right to change an itinerary in the event of weather, political instability, etc.

Travel insurance is highly recommended in that it may entitle you to a greater refund or credit if something interrupts your travel before or during the trip. Travel agents are licensed by the state to sell travel insurance,

and it can also be purchased elsewhere, including the cruise line or tour company. Compare the cost and terms of the different contracts because they can vary widely in coverage and cost. Some insurers base their cost not only on terms of the coverage but also on the age of the traveller. Others do not consider age. The AARP magazine has several articles with more detail about travel insurance. You can find these online at <http://travel.aarp.org/articles-tips/articles/info-2016/travel-insurance-benefits.html> and <http://travel.aarp.org/articles-tips/articles/info-08-2012/travel-insurance-policy-health.page.2.html>. And, be sure to travel with your medical insurance cards in the event of an accident on one of the on-shore trips.

If an accident or illness interrupts your plans before embarking on the trip, you will need a doctor’s certificate or proof of hospitalization for any chance of a refund. Keep in mind that cancelling a trip because you “don’t feel like going” or you “changed your mind” or “missed a flight” will certainly cause a forfeit in your prepaid travel expenses. (Hmmm... what about those extra stopovers on the “free” flight getting you to the port late?!) See the Conde Nast article <http://www.cntraveler.com/stories/2016-07-29/why-you-should-always-have-three-hours-between-flights>.)

To find a travel agent, ask your Chamber of Commerce about its reputation, or consult with friends who travel frequently about the travel agent they use. The agent or consultant should have knowledge, experience, and a long track record. Look for CTC (Certified Travel Counselor) certification and MCC (Master Cruise Counselor) certification. CTC certification indicates the agent has taken classes and passed exams in geography, economics, and destinations and their study may have included a research paper equal to a master’s thesis. MCC certification involves more study and exams including courses about the various ships and multiple cruise lines in addition to 100 days experience at sea. Look for an agency that is a member of ASTA (American Society of Travel Agents). This is an international organization headquartered in Washington, DC that admits only members who are qualified both financially and educationally to service their customers.

About the author:

Jean Holcomb, after 35 years experience as a travel agent is now retired and resides at Carolina Meadows. She has an undergraduate and master’s degree in education from the University of Wisconsin. In 1979 she started her own agency, Viking Travel, in Chapel Hill with her two daughters. In 2010 she was nominated and selected by the Chapel Hill Historical Society as a “Town Treasure” for her volunteer contributions, business and leadership. In 2015 the Chamber of Commerce honored her for her business and contribution to the community.



The medical expense deduction, explained

Updated by Sarah KliffSarah@vox.com Nov 3, 2017, 4:00pm EDT

House Republicans' tax bill does not try, again, to repeal the Affordable Care Act.

Instead, it takes aim at a much smaller health care program: a deduction for exceptionally high medical expenses. Today I want to run through how that program works — and what would happen if it goes away.

What is it? The medical expenses deduction allows people with especially high health care costs to deduct that spending on their tax reform. To qualify, you must spend at least 10 percent of your income on medical expenses. The IRS maintains a lengthy list of what counts as medical spending that includes some things you might expect, like fees paid to doctors or spending on prescription drugs. And there are some things you might not expect. Turns out, one can deduct the price of joining a weight loss club or attending a conference related to one's own health conditions. Self-employed individuals are typically able to deduct their insurance premiums, too.

Where did it come from? The medical expense deduction goes all the way back to the United States Revenue Act of 1942. Keep in mind this is two decades before Medicare and Medicaid were created. There was much less of a safety net for those with especially high medical bills.

There is some evidence that the deduction was meant to be a temporary postwar measure, as Kelly Phillips has previously detailed for Forbes. A Senate Finance Committee report on the 1942 tax bill justifies the medical deduction as follows:

This allowance is recommended in consideration of the heavy tax burden that must be borne by individuals during the existing emergency and of the desirability of maintaining the present high level of public health and morale.

About 80 years later, however, it's quite clear that this was *not* a temporary provision but rather a permanent part of the tax code. The only thing that has changed is how much medical expense one needs to qualify for the deduction. Most recently, the Affordable Care Act raised the threshold from 7.5 to 10 percent of income.

Who uses it? An estimated 8.8 million Americans use the deduction for medical expenses. This makes it one of the smaller deductions — it's nowhere near the size of the mortgage deduction, for example.

Most deductions benefit wealthier Americans, who are more likely to itemize their deductions in the first place. But the medical deduction is actually a bit different: It is used more by poorer tax filers than those who are especially rich.

The Congressional Research Service estimates that 3 percent of tax filers who earn less than \$20,000 use the medical expenses deduction, compared to less than 1 percent of people earning more than \$1 million.

And this, in a way, makes sense: Most people who earn more than \$1 million have health insurance. In order to get above the 10 percent threshold, they would have to spend at least \$100,000 out of pocket on medical expenses in the course of one year.

But someone who earns \$20,000 would only need to spend \$2,000 on medical expenses to cross the 10 percent threshold. And this is also a demographic that is less likely to have health insurance coverage.

What happens if the medical expenses deduction disappears? Most obviously, tax filers would no longer be able to deduct their medical expenses. And, as described earlier, this is one of the provisions of the tax code that currently helps a small subset of low-income Americans.

The AARP has opposed the elimination of the medical expense deduction. "Eliminating the medical expense deduction amounts to a health tax on millions of Americans with high medical costs — especially middle income seniors," the group said in a statement. "AARP is strongly opposed to this provision."

Republicans, meanwhile, have argued that other changes in the tax bill would offset the loss of the medical expenses deduction for those who lose it. But as Dylan Matthews writes, this bill has winners and losers. Those who are wealthiest do best, while poor families would lose out under the current proposal.

**“ALL THINGS NORTH CAROLINA”
PUZZLE TO BENEFIT UNC-TV**

What began as an effort to raise money in support of UNC-TV’s annual fundraiser has quickly blossomed into much more for residents of Carolina Meadows in Chapel Hill.



NorCCRA members Bill Davis, Susan Gaca and Margaret Zircher , all residents at Carolina Meadows, created a large mural that captures a sampling of the diverse aspects of North Carolina’s history and culture. Heritage Puzzle Company in Winston-Salem learned of the mural and wanted to carry a puzzle depicting this image, complete with the inserted key describing the 53 landmarks. When the artists directed that royalties from the sale of this puzzle go to UNC-TV, Heritage decided to also contribute some of their profits from the sale of this puzzle to UNC-TV Public Media North Carolina.

The puzzle, described as having “beautiful artwork and intriguing” makes a great gift and is available online from <https://heritagepuzzle.com/product/all-things-nc-puzzle/> or through a number of retailers across the state, or by giving a sustained donation to UNC-TV. Any NorCCRA CCRC gift shop that wishes to carry the puzzle in their shop can get the wholesale price by emailing sales@heritagepuzzle.com, or calling 888-348-3717.

HELP WANTED

The Hotline was first published in 1995 when the editor was Calvin Kytle. Until I took over as editor in September 2013, the editing and publishing was a multistage operation. In 2010, the then editor, Sandra A. Lovegrove, wrote: “I was a professional editor, graphic designer and publisher. All these roles have contributed to my work on *The Hotline*. I designed the format. I edit submissions, write fillers where needed, typeset the issues, do the layouts and liaise with the typesetter and printer as well as contributors. In addition, I take care of miscellaneous chores such as keeping the printer’s distribution list updated and sending batches of issues after publication to communities on request. The most difficult chore is scraping up material for the issues.”

How times have changed! I have none of the above qualifications. For the past four years I have assembled the articles submitted to me using Microsoft Publisher and provided “camera ready” copy to the printer. I do not have responsibility for distribution. The time commitment is about 12 hours spread over two weeks for each quarterly issue.

It is now time for me to retire and hand the process on to a successor. A basic knowledge of a publishing program such as Microsoft Publisher is required and I would be happy to provide mentoring, if necessary, for my successor.

Please let me or a NorCCRA board member know if you would like to try your hand as Editor of *The Hotline*.

Bernard S. Coleman
gothic63@charter.net or 828-277-5813



LeadingAge[®]
North Carolina

2018 Spring Conference and Trade Show
The Omni Grove Park Inn
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Life ON PURPOSE

ELIMINATION OF TAX EXEMPT FINANCING

Tom Akins, CEO LeadingAge NC

In addition to the concerns illuminated elsewhere in this newsletter about the elimination of the medical expense deduction proposed by H.R. 1 (the Tax Cuts and Job Acts), there is another provision in the legislation that would have a grave impact on CCRCs/LPCs and their residents.

While the proposal addresses a wide range of issues – from individual tax deductions to corporate tax rates – it contains the elimination of so-called "private activity" tax-exempt bonds (PABs), advance refundings (bond refinancings prior to a call date) and tax credit bonds. Applying to **all 501(c)3 bonds effective December 31, 2017**, its effects will cut across all sectors in the nonprofit space, including senior housing, low-income housing, hospitals, universities, and more.

Many CCRCs/LPCs in North Carolina utilize tax exempt financing to help renovate and reposition existing communities and to provide capital to build new communities. This financing makes it possible for our residents to be safer, for the state to add to its existing inventory of affordable and market rate housing for the coming age wave, and for our state's economy to benefit from the more jobs and an expanded tax base.

In addition, the construction jobs generated by these developments will vanish. UNC-Chapel Hill's groundbreaking 2015 study of the economic impact of CCRCs/LPCs in our state brings this point home in startling relief: the annual economic impact of our communities on North Carolina's economy is nearly \$2 billion. The loss of tax exempt financing as a means of raising capital for our communities will impact not only CCRC residents, but individuals and business across our great state.

Make no mistake: the elimination of the tax exemption for housing bonds will impact ALL of us. It will end the use of 4% low-income housing tax credits (LIHTC), which accounted for 60% of the homes produced and preserved under the LIHTC program in 2016. Repealing tax incentives to facilitate the production

of affordable housing will force our frailest, poorest, and oldest Americans to wait longer for a decent, affordable place to live. As it is, many elders don't live long enough to see their names reach the top of the waiting list for housing and many communities have closed their waiting lists entirely.

Here are some basic facts and figures about PABs:

- PABs are the primary source of capital utilized by all 501(c)3 organizations (including not-for-profit senior living providers as well as colleges and universities, health systems and other not-for-profit organizations).

- PABs represented about 70% of the capital raised for not-for-profit senior living providers in 2016 and 2017.

- Based on historical differences between taxable and tax-exempt rates, it is estimated that the elimination of PABs would cost borrowers approximately an additional \$3 million for a 30-year bond issuance for every \$10 million in bonds.

For those with existing tax-exempt bonds, the Bill includes the elimination of advance refundings, a strategy that many providers use to refinance outstanding debt in order to lower the cost of capital.

As of the time of the writing of this article, the Senate version of tax reform DID NOT include the elimination of tax exempt financing. Accordingly, we think it will be a "bargaining chip" as the two chambers continue their work on tax reform efforts. We continue to encourage residents and others to contact their respective Congressional and Senate representatives regarding the key issues that will impact the nonprofit senior living sector and encourage their elected officials to consider:

- Maintaining PAB funding for not-for-profit, 501c3 organizations, including senior living providers
- Maintaining the exemption for Multifamily Housing Bonds and the 4% Low-Income Housing Tax Credit
- Maintaining the medical expense deduction

SEARSTONE RESIDENT AND POET AWARDED THE SILVER MEDAL IN LITERARY ARTS

Jewel Tolan

The Wake County Senior Games are held in March and April each year. Individuals compete within their own gender and age categories for medals in more than 30 individual and team events, ranging from tennis to the performing arts. Gloria Singer, a SearStone resident, won a Silver medal this year in the Literary Arts Category with her poem, "China Cupboard."

China Cupboard

Gloria Singer

A china cupboard rescued from the Salvation Army
Thrift Store
Stands, silent like a sentry, in our dining room
Its curved glass panels reflect light and invite me to peer
inside
Shelves hold my mother's collection of bone china
Plates stand at attention in the back and
Cups and saucers form rows in front
Violets, forget-me-nots, pansies, and sweet peas
Circle around blue-white translucent centers
Gold rims separating one flowered moon from the other

My mother opens the cupboard door
Pausing to admire her collection before
Choosing the pieces she will use today
She sets four places at the round oak table and
Adorns the center with a doily-covered platter
Piled with Dream Bars, freshly baked

Borgy and Ethel, wearing perfectly ironed housedresses
Red lipstick and beauty shop hairdos
Arrive at the kitchen door, and call their "You-hoo?"
greeting
They take their places at the table
Mother pours fresh Folgers into cups and passes the
platter of Dream Bars
The aroma of morning baking lingers in the air
Coffee cups clink, punctuating their gentle gossip
About neighborhood and church, husbands, and the price
of eggs

This is a female world
A world of soft Scandinavian accent and Lutheran
reserve
Bone china its artifacts
I am initiated into its circle as I take my place at the table
Crooking my little finger just so
I lift the china cup,
Filled with milk, sugar and a splash of coffee to my lips

Falling Leaf

Gloria Singer

A single yellow leaf falls from the tree
That birthed it and sustained its life for a season

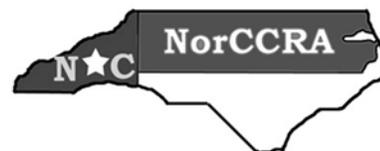
It floats and flutters back and forth
on its way to the ground,
supported by Earth's dense blanket of air,
a blanket both gentle and powerful,
felt but never seen.

The leaf lets go of its tree willingly,
without faith in the promise of paradise,
or fear of certain doom.

Earth opens herself to receive this faded yellow leaf and
The cycle of darkness, death and decay begins once more

Meanwhile, silent stones in the riverbed await the quiet
time
when flowing water is glazed with ice,
And Monarch butterflies migrate to their ancestral trees
in Mexico

Leaf, stone and butterfly are each singing their song.
Listen! Can you hear?



The *Hotline* is published quarterly, March, June, September and December, for NorCCRA Submissions to the *Hotline* and other *Hotline*-related communications should be addressed to the editor.

NORTH CAROLINA CONTINUING CARE
RESIDENTS ASSOCIATION
www.NCCCRA.org
**The NorCCRA* home page
is your source for information.**
Check it out!
* pronounced Norkra

Membership Application

One-year membership is \$12 for an individual, \$20 for a couple. Life membership is \$80 for an individual and \$135 for a couple.

Checks should be made payable to NorCCRA and given to your community's NorCCRA representative, so he or she can keep an accurate tally of members. Please indicate whether you are a renewing or new member. If you are not sure who your community's NorCCRA representative is, you may find out by contacting NorCCRA President, Milton Gilbert, Aldersgate, 3800 Shamrock Drive, Charlotte NC 28215. (919) 920-5248 mgilbert@nccumc.org

If your community does not have a representative, mail checks to:
NorCCRA, c/o Susan Rhyne, 3913 Muhlenberg Court, Burlington, NC 27215.

APPLICATION FORM (please print or type) *For membership year* 2018

(Your name) (Spouse's name, if applicable)

Community _____

Address _____

Email _____

Status (please check one): Renewal New member

Enclosed is payment for (please check one):

One year: \$12 single \$20 couple **Life:** \$80 individual. \$135 couple