

NORTH CAROLINA

HYDE COUNTY

TO: THE HYDE COUNTY BOARD OF COMMISSIONERS

I hereby submit a report of settlement of the 2014 tax books recapitulated as follows:

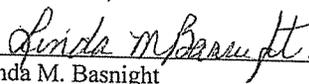
DEBITS

2014 Tax Levy	\$ 6,972,175.21
Public Utility	160,230.28
After List	
Deferred Tax	3,308.50
Interest	<u>19,889.07</u>
	\$ 7,155,603.06

CREDITS

Deposits	\$ 6,738,270.62
Prepayments	20,547.27
Bad Check add back	-0-
Refund	-0-
Releases/Adjustments	16,091.56
Unpaid Real	377,578.59
Unpaid Personal	<u>3,108.07</u>
	\$ 7,155,596.11

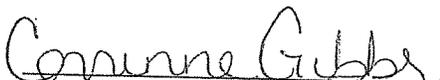
(\$ 6.95 under)

  
Linda M. Basnight  
Tax Administrator

NORTH CAROLINA

HYDE COUNTY

I, Corrine Gibbs, Hyde County Finance Officer, do certify that I have examined and audited the final settlement and account of Linda M. Basnight, Tax Administrator of Hyde County, as to the 2014 taxes due Hyde County and that I have found said settlement and account correct and recommend that same be approved by the Hyde County Board of Commissioners.

  
Corrine Gibbs  
Finance Officer

\_\_\_\_\_  
Barry S. Swindell, Chairman  
Hyde County Board of Commissioners





NORTH CAROLINA

HYDE COUNTY

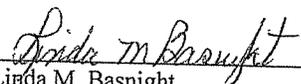
TO: THE HYDE COUNTY BOARD OF COMMISSIONERS

FROM: LINDA M. BASNIGHT, TAX ADMINISTRATOR

I hereby submit a report of settlement of the 2014 D. M. V. taxes billed by the Hyde County Tax Office recapitulated as follows:

	<u>DEBITS</u>
2014 D. M. V. Levy	\$ 1,249.72
After List	-0-
Interest	132.49
	<hr/>
	\$ 1,382.21

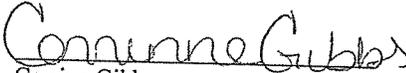
	<u>CREDITS</u>
Deposits	\$ 121.51
Bad Check Add Back	-0-
Releases	-0-
Unpaid	1,260.70
	<hr/>
	\$ 1,382.21

  
\_\_\_\_\_  
Linda M. Basnight  
Tax Administrator

NORTH CAROLINA

HYDE COUNTY

I, Corrine Gibbs, Hyde County Finance Officer, do certify that I have examined and audited the final settlement and account of Linda M. Basnight, Tax Administrator of Hyde County, as to the 2014 D.M.V. taxes billed by the Hyde County and that I have found said settlement and account correct and recommend that same be approved by the Hyde County Board of Commissioners.

  
\_\_\_\_\_  
Corrine Gibbs  
Finance Officer

\_\_\_\_\_  
Barry S. Swindell, Chairman  
Hyde County Board of Commissioners



# MATTAMUSKEET SENIOR CENTER

## Manager's Monthly Report

### June, 2015

Participants on Meals-On-Wheels	Swan Quarter	Fairfield	Engelhard	Mattamuskeet Village	Total
	4	7	6	2	19
Total Meals-on-Wheels Served	35				
Congregate Meals Served	284				
Participants served for Congregate	22				
Attendance to center for activities, (crafts, exercise, meals, meetings, etc.)	406				
<b>Special Events</b>					
Mark Daniels/Storyteller/Magician with BHM Library -37 children attended & 30 adults -total 67					

Attendance does not include:

Dance Class every Monday; Girl Scouts every Tuesday. Cub Scouts Thursdays, Various Meeting, etc

OPERATION & MAINTENANCE CHECKLIST

FOR

SWAN QUARTER/ WEST QUARTER WATERSHED PROJECT

DATE OF INSPECTION: 6/11/15

TYPE OF INSPECTION  ANNUAL

RE-INSPECTION

STORM EVENT

INSPECTOR: Tony Carawan, Hiatt Cahoon, Dick Tunnell, J. W. Spencer, Karen Dunbar, Daniel Brinn

ITEM: Earthen Dike _____ miles	CONDITIONS WHEN MAINTENANCE IS NEEDED	MAINTENANCE NEEDED (Y/N) DESCRIBE LOCATION	COMMENTS: DESCRIBE MAINTENANCE COMPLETED	RESULTS EXPECTED WHEN MAINTENANCE IS PERFORMED
Maintain vigorous growth of vegetation	Reseed and fertilize bare areas on the dike system.	N/A		All sections of the dike are covered in established vegetation
Mow dike, berm, and around tide gates and vinyl floodwall system to assure a good root system for cover and protection and adequate access to all components.	Mowing required annually and when there is the presence of trees or woody vegetation on the dike or other areas.	Annual mowing	Spring Mowing has been Completed	All sections of the dike are covered in established vegetation
Repair of vehicular damage or vandalism.	Repair areas of dike system damaged by vehicles or vandalism (tire ruts, eroded areas, destroyed vegetative cover, etc.). Gates may be needed to prevent further damage.	Brad Gurganus will start filling Pot Holes within the next three weeks	Completed 7-14-15	
Maintain dike at designed elevations.	All settlement, cracks, or eroded areas should be investigated to determine the cause and immediately repaired, reseeded, and fertilized.			No Erosion appears to be occurring

ITEM: Earthen Dike _____miles	CONDITIONS WHEN MAINTENANCE IS NEEDED	MAINTENANCE NEEDED (Y/N) DESCRIBE LOCATION	COMMENTS: DESCRIBE MAINTENANCE COMPLETED	RESULTS EXPECTED WHEN MAINTENANCE IS PERFORMED
Prevent rodent or burrowing animal damage.	Repair any damage caused by rodents or burrowing animal activity. If problem persists, eradicate rodents.	N/A		
Maintain installed fences or gates to prevent unauthorized human access to dike surfaces.	Replace fences or gates when damaged.	N/A		None Present
Maintain rock riprap slope protection.	Replace rock riprap when existing rock is displaced and dike slopes are no longer protected or if erosion is evident.	Need to install Riprap around pipe at the end of Farrow Rd.		No Erosion appears to be occurring
Keep debris off dike.	Remove all accumulated debris on dike top or slopes.	n/a		
<b>ITEM: TIDEGATES &amp; PIPES</b>	<b>CONDITIONS WHEN MAINTENANCE IS NEEDED</b>	<b>MAINTENANCE NEEDED (Y/N) DESCRIBE LOCATION</b>	<b>COMMENTS: DESCRIBE MAINTENANCE COMPLETED</b>	<b>RESULTS EXPECTED WHEN MAINTENANCE IS PERFORMED</b>
Maintain tide gates and pipes as designed.	Replace tide gate gaskets when damaged. Adjust gates if not closing properly. Remove displaced rock, debris, and silt bars (upstream and downstream of pipes) that prevent gates and pipes from functioning properly. Replace gates and/or pipe when damaged beyond repair.	Ongoing	Dive Work to repair gaskets, refurbish gates	Gate will function properly and prevent tidal water infiltration
Keep trash racks functioning.	Keep trash racks in place and cleaned out. Replace when damaged.	Some Trash Grates have been stolen.	Seeking Quotes for New Grates	
Repair of vehicular damage or vandalism.	Repair or replace gates, pipe, and trash racks if damaged.	N/A		

ITEM: VINYL WALL AND COMPONENTS	CONDITIONS WHEN MAINTENANCE IS NEEDED	MAINTENANCE NEEDED (Y/N) DESCRIBE LOCATION	COMMENTS: DESCRIBE MAINTENANCE COMPLETED	RESULTS EXPECTED WHEN MAINTENANCE IS PERFORMED
Keep vinyl sheet pile & composite post piles in good condition.	Sheet or composite post piles should be replaced if damaged. Sheet pile interlock separation should be repaired.	N/A		
Maintenance of pile connections and pile caps.	Pile to wale tie bolts should be tighten if loose. Replace sheet and post caps when damaged or if loose, tighten by adding bolts or screws.	N/A		
Maintenance of tide gates, pipe collars, support wales, & connection as designed.	Remove debris preventing gates from operating properly. Adjust gates if not closing properly. Replace worn or damaged gate gaskets. Tighten loose bolts/nuts on collars and wales. Replace damaged gates or wales.	Ongoing	Dive work to remove debris from gate area	Gate will function properly and prevent tidal water infiltration
Maintain box culvert tide gates as designed.	Repair or replace damaged parts: headwall, gaskets, lifting rods, upper and lower locking clasps. Adjust gate or locking clasps if not functioning properly. Debris preventing gates from closing properly should be removed.	Ongoing		Gate will function properly and prevent tidal water infiltration
Keep concrete barriers & valley gutters in good condition.	Damaged components or gutter settlement should be repaired.	Ongoing	Periodically remove debris from drain way.	Water will flow properly to basins

Cleanout of drop inlets.	Accumulated debris or sediment on grates or in boxes should be removed.	Debris building up the hold gates open.	Completed periodically by NCDOT	Prevent future malfunction of tide gates at box culverts
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**Also Needed**

Clean out ditch between Delmers and Dick Tunnells Pump

Clear Vegetation from the Toe of the Dike from Delmers to Easter end of Swan Quarter Dike.

Clear Debris from the side of West Canal Structure

Address Access to Dike between Honey Canal and Double Ditches

Bring in fill on low run between Honey Canal and Double Ditches

Swan Quarter/ West Quarter Steering Committee Chairman Tony D. Carawan

Date 7-16-15

Hyde Soil & Water District Technician [Signature]

Date 7-16-15

## Annual Flood Structure Inspection

June 11, 20

- Little Larry Lot - need to cut 3 pinetrees and cut shrubs on the back of the lot. The 3 pines are on the back side of the sheet vinyl. Need to get permission from the property owner.
- Dip out gate by Delmars
- Clean out ditch between Delmars + where Dick has pump (existing drainage d.)
- Clean hedge at the end of Mill Ditch
- Cut pines just past Dick Lupton pump and any other pines along side dike structure
- Farrow Road Lane - need to trim back trees to the debris pile
- Debris to be cleaned up by structure at West Canal
- Need to dip out near gates at West Canal
- Possibly put a 24" tile at the Double Canal for access a 40' tile to replace the two that are now in place. Would be paid for out of assessment funds.

## Human Resources Dept. Report – July 2015

- Verified information for vacation/sick leave for employees
- Completed monthly payroll
- Compiled the monthly employee newsletter
- Completed and processed monthly vouchers to pay employees' insurances, tax garnishments, child support payments, retirement, etc.
- Compiled and completed the quarterly reports: 941, NC-5Q and Employment Security Commission
- Daily Tasks - Assisted employees as necessary concerning hours worked, salary, insurance, benefits, retirement, deposit changes, etc.
- Entered new Aflac and Colonial insurance rates into payroll
- Enrolled two new part-time employees
- Completed and submitted the Office of State Personnel Annual Salary study
- Gathered information for the annual Worker's Comp audit
- Gathered information for the annual Finance audit
- Attended several webinars with the new Insurance Carrier to discuss enrolling new employees and change employee insurance coverage
- Attended the NC Retirement System Training Seminar in Wilson
- Attended the US Dept. of Justice's Employee Rights Webinar that discussed the I-9 forms in detail
- Closed two FMLA cases

Respectively submitted,

*Tammy Blake*

# Inspection Report

## No. Permits Issued

Residential:  
Commercial:  
Other:

	2014		2015	
	<u>Mainland</u>	<u>Ocracoke</u>	<u>Mainland</u>	<u>Ocracoke</u>
Residential:	1	0	0	0
Commercial:	0	0	0	0
Other:	20	13	20	7

## Inspections

	<u>Mainland</u>	<u>Ocracoke</u>	<u>Mainland</u>	<u>Ocracoke</u>
Site Visits	8	11	3	3
Investigations	1	2	0	1
Inspections	23	21	34	25
Conferences	2	5	0	1
ODO/Plan Reviews	0	0	0	1
School	0	0	0	0
ODO Meeting				1

## Damage Assessment Mainland

## Miles Driven:

Fees Collected from January 2013 to December 2013

Fees Collected since July 1, 2014

Fees Collected this Month

July 2014 to June 2015

Building Permit Fees Collected

Inspection Fees Collected

Penalties Collected

\$ 32,158.57	January 2014 to December 2014	\$46,574.35
\$ 33,104.45		
\$ 2,545.14		
\$ 10,879.27	New Residential/Commercial Construction	
\$ 20,827.20	Renovations, Docks, Bulkhead, etc	
\$ 655.00	Electrical, HVAC, Plumbing, insulation	

County Projection for 2014/2015

\$ (1,120.73)  
\$ 8,827.20  
\$ (345.00)

Hyde County DSS Programs  
Month of June 2015

	Active Cases	Applications Taken	Reviews/Redetermination	Other Changes
<b>Income Maintenance Programs</b>				
Medicaid	1190	19	144	
Long Term Care MAA & MAD	37			
Food Stamps	512	33	31	10
Work First	14	3	1	
<b>Total</b>				
<b>Medicaid Transportation Program</b>	Transported	Gas	Vouchers	Active Cases
Medicaid	26	80	3	287
Dialysis	0	0	0	0
Title III	2	16	1	50
<b>Total</b>	<b>28</b>	<b>96</b>	<b>4</b>	<b>337</b>
<b>Child Protected Services</b>	Reports	Substantiated	Unsubstantiated	Request for Assistance
	4	0		2
<b>Adult Services (Ongoing)</b>	Active CAP Cases	At Risk/SA In Home		
	14	7		
<b>Crisis Intervention</b>	Applications Taken	Approved	Denied	
	0	0		
<b>Medication Assistance</b>	Applications Taken	Approved	Denied	
	5	5		
<b>Daycare Services</b>	Mainland	Ocracoke	out of county	
Cases	4	13	3	
Children	8	17	4	

Reviews/Redetermination processed monthly  
Cap cases have daily, weekly and monthly contacts  
Reviews done every six months

Hyde County DSS Programs  
 Month of June 2015

	Requested	Approved	Denied
Fishing License	25	25	
Christmas Cheer			
LIEAP			

Reviews/Redetermination processed monthly  
 Cap cases have daily, weekly and monthly contacts  
 Reviews done every six months

**HYDE COUNTY  
CHILD SUPPORT UNIT  
FY 2014-2015  
STATISTICAL REPORT**

	July	August	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June	YTD Totals	FY 2013-2014
total caseload	189	187	187	186	183	185	186	187	184	182	183	182		
<b>ESTABLISHMENT</b>														
paternity tests performed	0	0	0	0	0	0	0	0	0	0	0	0	0	9
<b>ENFORCEMENT</b>														
income withholding collections	\$13,117	\$13,508	\$13,533	\$15,315	\$13,132	\$13,435	\$12,500	\$12,034	\$14,338	\$13,450	\$13,225	\$14,417	\$162,003	\$162,674
interstate collections	\$1,982	\$2,236	\$2,645	\$2,967	\$2,324	\$3,089	\$2,424	\$2,505	\$2,780	\$2,540	\$2,333	\$2,623	\$30,448	\$42,699
court collections	\$1,150	\$2,640	\$1,700	\$400	\$1,730	\$350	\$2,000	\$800	\$1,300	\$2,500	\$900	\$150	\$15,620	\$12,041
tax intercept collections	\$1,583	\$350	\$1,805	\$1,700	\$3,456	\$5,564	\$2,140	\$4,803	\$3,937	\$6,935	\$6,548	\$0	\$38,822	\$29,137
unemployment insurance collections	\$178	\$164	\$145	\$7	\$16	\$437	\$860	\$791	\$348	\$94	\$42	\$250	\$3,332	\$3,334
incentive collections*	\$15	\$6	\$40	\$359	\$388	\$374	\$374	\$502	\$595	\$388	\$401	\$4,637	\$8,078	\$5,393
IV-E foster care collections	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$800	\$0	\$0	\$0	\$800	\$1,600
total collections	\$22,676	\$27,419	\$24,678	\$26,705	\$23,935	\$28,419	\$23,979	\$25,656	\$27,451	\$30,098	\$27,387	\$24,656	\$313,060	\$308,551
customers serviced while in the local office	6	2	0	7	5	2	3	2	1	0	0	7	35	34

\*incentives consist of :TANF Share, IV-E Share, SFHF Share, Incentive, Settlement funds, Tax Intercept Fees, Paternity Test Fees, and Legal Fees

**Child Support Services  
July 2015**

Child Support's Leading by Results indicators are also some of our Federal Incentive and Collection Goals. The incentive goals, set by the state to determine the distribution of federal dollars to the county, provide the county with one of the way to measure the performance of the unit. There are five core performance areas that are measured for the incentive scores. They are: Current Support Collections, Arrears Collections, Total Collections, Paternity Establishment, and Cases Under Order.

By maximizing performance scores on the incentive goals, the county ensures all the money available to the county will be distributed. During the fiscal year 2014-2015, we have collected \$53,690 in incentives for Washington County, up 28% from the fiscal year of 2013-2014; \$9,871 in incentives for Tyrrell County, up 17% from the fiscal year of 2013-2014; and \$8,078 for Hyde County, up 49% from the entire fiscal year 2013-2014.

These dollars are deposited in county funds for reinvestment in the child support program, which reduces cost to the county for the operation of the program. During the next three months the child support board reports will focus on the performance of each county in all areas of the incentive goals.

In order to maximize our incentives, we must accomplish 90% of the paternity goal and 80% of the remaining goals for the fiscal year. As you can see in the charts below, we have made those accomplishments to maximize the returns to the counties.

<b>FY 2014-2015 Goals</b>					
	<b>Paternity Established</b>	<b>Cases Under Order</b>	<b>Current Support Collection Rate</b>	<b>Cases with payment to Arrears</b>	<b>Total Collections</b>
<b>Tyrrell</b>	100%	90%	68.93%	68.12%	\$ 406,019
<b>Hyde</b>	100%	90%	58.29%	63.78%	\$ 309,010
<b>Washington</b>	100%	90%	67.87%	67.06%	\$ 1,778,115
<b>FY 2014-2015 Data (through May 2015)</b>					
<b>May 31, 2015</b>	<b>Paternity Established</b>	<b>Cases Under Order</b>	<b>Current Support Collection Rate</b>	<b>Cases with payment to Arrears</b>	<b>Total Collections</b>
<b>Tyrrell</b>	97.27%	93.51%	68.18%	67.62%	\$ 361,072
<b>Hyde</b>	92.48%	96.70%	60.11%	63.53%	\$ 286,931
<b>Washington</b>	96.75%	95.81%	67.46%	65.27%	\$ 1,586,840

FOR IMMEDIATE RELEASE  
NEWS RELEASE  
July 6, 2015  
(336) 679-4200

The Yadkin County Board of Commissioners passed a resolution today strongly endorsing Senate Bill 1648, the "Rural Emergency Acute Care Hospital Act (REACH)". The Board urged the United States Senate and the House of Representatives to enact the bill promptly into law.

The bill was introduced by Senator Chuck Grassley, R-Iowa. Grassley has served in the Senate for 34 years and was a longtime Chairman of the Senate Finance Committee. Grassley currently serves as Chairman of the Senate Judiciary Committee.

The REACH Act would establish the Rural Emergency Hospital designation under Medicare that will allow emergency medical services in rural areas to be compensated at 110% of the reasonable costs. This will strongly encourage premier medical service providers to re-establish in rural areas like Yadkin County.

Chairman of the Yadkin County Board of Commissioners Kevin Austin said, "This Grassley bill appears to be tailor made for Yadkin County and may well be the answer to the many prayers of our citizens. We have encouraged Senator Burr and Senator Tillis and Congresswoman Foxx to support the bill and to ask all their colleagues to join in and pass it into law in the immediate future."



**RESOLUTION OF THE BOARD OF COMMISSIONERS FOR YADKIN COUNTY, NORTH CAROLINA SUPPORTING CONGRESSIONAL LEGISLATION**

**WHEREAS**, Senator Chuck Grassley (R-Iowa) introduced Senate Bill 1648 in the 1<sup>st</sup> Session of the 114<sup>th</sup> Congress; and

**WHEREAS**, this bill is entitled the "Rural Emergency Acute Care Hospital Act"; and

**WHEREAS**, according to research conducted by the University of North Carolina's Center for Health Services, 55 rural hospitals have closed since January 2010; and

**WHEREAS**, iVantage conducted a study in 2014 that identified 283 rural hospitals at risk for closing based upon indicators similar to those that have already closed; and

**WHEREAS**, inpatient volume has been determined as a substantial factor for these at-risk hospitals having an average daily bed census of 2 or less; and

**WHEREAS**, closure of hospitals has a significant impact by the loss of medical services and emergency medical care to the citizens of the community, as well as the damage to the local economy ; and

**WHEREAS**, SB 1648 creates a Rural Emergency Hospital designation under Medicare that will allow emergency medical services in rural areas without the requirement of inpatient beds; and

**WHEREAS**, rural emergency hospitals may convert the space previously used for inpatient beds to provide other medical services; and

**WHEREAS**, the term "rural emergency hospital" applies to facilities that, as of December 31, 2014 were 1) a critical access hospital, 2) a hospital with fewer than 50 beds in a rural community or, 3) a critical access hospital that ceased operations within 5 years prior to the enactment of SB 1648 and ending on December 30, 2014; and

**WHEREAS**, a rural emergency hospital would not provide acute care inpatient beds and has protocols in place for timely transfer of patients to inpatient facilities; and

**WHEREAS**, a qualifying rural hospital can elect this designation and can receive approval from the State to operate as a rural emergency hospital; and

**WHEREAS**, services provided by a rural emergency hospital are on an outpatient basis; and,

**WHEREAS**, payment to hospital medical providers for rural emergency hospital services or other providers of ambulance services to transfer patients who require acute care inpatient services from a rural emergency hospital is equal to 110 percent of the reasonable costs of providing such services; and

**WHEREAS**, costs associated with having a back-up physician available by telecommunications shall be considered reasonable costs; and,

**WHEREAS**, the State shall certify a facility as a rural emergency hospital by verifying that the facility is 1) verified by the American College of Surgeons as having the resources required of a level IV trauma center or higher or, 2) employs healthcare professionals who successfully completed the Advanced Trauma Life Support Course offered by the American College of Surgeons within the preceding 4 years; and,

**WHEREAS**, for every critical access hospital in a State designated as a rural emergency hospital, the State will have the option to waive the distance requirement; and,

**WHEREAS**, the Rural Emergency Acute Care Hospital Act permits hospitals with approved residency programs in emergency medicine to include time spent by interns and residents in the emergency room in the full-time equivalent count; and,

**WHEREAS**, Yadkin Valley Community Hospital, located in Yadkinville, NC was an approved 22-inpatient bed critical access hospital until its abrupt closure on May 22, 2015; and

**WHEREAS**, the Yadkin County Board of Commissioners is endeavoring to re-open the hospital as soon as possible with an Emergency Department.

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Commissioners for the County of Yadkin, North Carolina that:

Section 1. The County of Yadkin strongly supports Senator Grassley's "Rural Emergency Acute Care Hospital Act" and encourages the Senate and the House of Representatives to enact it promptly into law; and

Section 2. The County Manager, County Attorney and Clerk to the Board of Commissioners are directed to forward copies of this resolution to Senator Richard Burr, Senator Thom Tillis, Congresswoman Virginia Foxx and all North Carolina county and municipal clerks.

Section 3. This resolution shall be effective upon its adoption.

ADOPTED this 6th day of July, 2015.

ATTEST:



Kevin Austin, Chairman  
Board of Commissioners

  
Clerk to the Board of Commissioners

(COUNTY SEAL)

114TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

To amend title XVIII of the Social Security Act to create a sustainable future for rural healthcare.

\_\_\_\_\_  
IN THE SENATE OF THE UNITED STATES

Mr. GRASSLEY (for himself and Mr. GARDNER) introduced the following bill; which was read twice and referred to the Committee on

\_\_\_\_\_  
**A BILL**

To amend title XVIII of the Social Security Act to create a sustainable future for rural healthcare.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the "Rural Emergency  
5 Acute Care Hospital Act".

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) According to the University of North Caro-  
9 lina's Center for Health Services Research, 55 rural

1 hospitals have closed in the Unites States since Jan-  
2 uary 2010.

3 (2) In 2014, iVantage conducted a study for  
4 the National Rural Health Association and found  
5 283 hospitals at risk of closure based upon perform-  
6 ance indicators that matched those facilities already  
7 forced to close in this decade.

8 (3) Researchers at the University of North  
9 Carolina identified inpatient volume as a substantial  
10 contributing factor to the financial performance of  
11 rural hospitals, with many of the at-risk hospitals  
12 having an average daily bed census of less than 2.

13 (4) Adverse impacts to the local economy and  
14 the loss of timely access to emergency medical care  
15 are 2 major effects of rural hospital closures.

16 (5) According to the National Center for Rural  
17 Health Works, the typical rural hospital creates over  
18 140 jobs and generates \$6,800,000 in compensation  
19 while serving an average population of 14,600.

20 (6) The 2014 iVantage study estimates that the  
21 283 at-risk hospitals could result in the loss of  
22 36,000 health care jobs, 50,000 community jobs,  
23 and \$10,600,000,000 in gross domestic product.

24 (7) Time is the most critical factor for achiev-  
25 ing successful outcomes in emergency medicine, and

1 emergency medical clinicians refer to the time-sen-  
2 sitive period during which successful outcomes may  
3 be best achieved as the "golden hour".

4 (8) The National Conference of State Legisla-  
5 tures states that 60 percent of trauma deaths in the  
6 United States occur in rural areas, where only 15  
7 percent of the population is represented.

8 (9) The disproportionate percentage of trauma  
9 deaths in rural areas is likely attributable in large  
10 part to a combination of response time to the scene  
11 and distance to the nearest emergency room to sta-  
12 bilize trauma victims.

13 (10) The percentage of trauma deaths occur-  
14 ring in rural areas could continue to increase as  
15 more rural hospitals close, further limiting access to  
16 emergency services and requiring patients to travel  
17 longer distances to receive emergency medical care.

18 (11) The creation of a rural emergency hospital  
19 designation under the Medicare program will allow  
20 facilities in rural areas to provide emergency medical  
21 services without having to maintain inpatient beds.

22 (12) In addition to providing emergency care,  
23 rural emergency hospitals could convert the space  
24 previously used for inpatient services to provide  
25 other medical services including, but not limited to,

1 observation care, skilled nursing facility care, infu-  
2 sion services, hemodialysis, home health, hospice,  
3 nursing home care, population health, and telemedi-  
4 cine services.

5 **SEC. 3. RURAL EMERGENCY HOSPITAL PROGRAM.**

6 (a) IN GENERAL.—

7 (1) RURAL EMERGENCY HOSPITAL AND SERV-  
8 ICES DEFINED.—Section 1861 of the Social Security  
9 Act (42 U.S.C. 1395x) is amended—

10 (A) in subsection (e), in the last sentence  
11 of the matter following paragraph (9), by in-  
12 sserting “or a rural emergency hospital (as de-  
13 fined in section 1861(iii)(1))” before the period  
14 at the end; and

15 (B) by adding at the end the following sub-  
16 section:

17 “Rural Emergency Hospital; Rural Emergency Hospital  
18 Outpatient Services

19 “(iii)(1) The term ‘rural emergency hospital’ means  
20 a facility that—

21 “(A)(i) as of December 31, 2014—

22 “(I) was a critical access hospital; or

23 “(II) was a hospital with not more  
24 than 50 beds located in a county (or equiv-  
25 alent unit of local government) in a rural

1 area (as defined in section 1886(d)(2)(D)),  
2 or was a hospital with not more than 50  
3 beds that was treated as being located in  
4 a rural area pursuant to section  
5 1886(d)(8)(E); or

6 “(ii) was a critical access hospital de-  
7 scribed in clause (i)(I) or a hospital described  
8 in clause (i)(II) that ceased operations during  
9 the period beginning on the date that is 5 years  
10 prior to the date of the enactment of this sub-  
11 section and ending on December 30, 2014;

12 “(B) provides 24-hour emergency medical care  
13 and observation care that does not exceed an annual  
14 per patient average of 24 hours or more than 1 mid-  
15 night;

16 “(C) does not provide any acute care inpatient  
17 beds and has protocols in place for the timely trans-  
18 fer of patients who require acute care inpatient serv-  
19 ices or other inpatient services;

20 “(D) has elected to be designated as a rural  
21 emergency hospital;

22 “(E) has received approval to operate as a rural  
23 emergency hospital from the State under section  
24 1834(r)(3)(A); and

1           “(F) is certified by the Secretary under section  
2           1834(r)(3)(B).

3           “(2) The term ‘rural emergency hospital outpatient  
4 services’ means medical and other health services fur-  
5 nished by a rural emergency hospital on an outpatient  
6 basis.

7           “(3) Nothing in this subsection or section 1834(r)(3)  
8 shall be construed to prohibit a rural emergency hospital  
9 from providing extended care services.”.

10           (2) PAYMENT FOR RURAL EMERGENCY HOS-  
11           PITAL SERVICES.—

12           (A) IN GENERAL.—Section 1833(a) of the  
13           Social Security Act (42 U.S.C. 1395l(a)) is  
14           amended—

15           (i) in paragraph (8), by striking  
16           “and” at the end;

17           (ii) in paragraph (9), by striking the  
18           period at the end and inserting “; and”;  
19           and

20           (iii) by inserting after paragraph (9)  
21           the following new paragraph:

22           “(10) in the case of rural emergency hospital  
23           emergency services and services provided by a rural  
24           emergency hospital or other provider of ambulance  
25           services to transport patients who require acute care

1 inpatient services or other inpatient services from  
2 such rural emergency hospital to a hospital or crit-  
3 ical access hospital, the amounts described in section  
4 1834(r).”.

5 (B) PAYMENT AMOUNT.—Section 1834 of  
6 the Social Security Act (42 U.S.C. 1395m) is  
7 amended by adding at the end the following  
8 subsection:

9 “(r) PAYMENT RULES RELATING TO RURAL EMER-  
10 GENCY HOSPITALS.—

11 “(1) PAYMENT FOR RURAL EMERGENCY HOS-  
12 PITAL OUTPATIENT SERVICES.—

13 “(A) IN GENERAL.—The amount of pay-  
14 ment for rural emergency hospital outpatient  
15 services of a rural emergency hospital is equal  
16 to 110 percent of the reasonable costs of pro-  
17 viding such services.

18 “(B) TELEHEALTH SERVICES.—For pur-  
19 poses of this paragraph, in determining the rea-  
20 sonable costs of providing rural emergency hos-  
21 pital outpatient services, costs associated with  
22 having a backup physician available via a tele-  
23 communications system shall be considered rea-  
24 sonable costs.

1           “(2) PAYMENT FOR TRANSPORTATION SERV-  
2           ICES.—The amount of payment for services provided  
3           by a rural emergency hospital or other provider of  
4           ambulance services to transport patients who require  
5           acute care inpatient services or other inpatient serv-  
6           ices from such rural emergency hospital to a hospital  
7           or critical access hospital is equal to 110 percent of  
8           the reasonable costs of providing such services.

9           “(3) REQUIREMENTS FOR RURAL EMERGENCY  
10          HOSPITALS.—

11           “(A) STATE APPROVAL TO OPERATE AS A  
12          RURAL EMERGENCY HOSPITAL.—No payment  
13          shall be made under this subsection to a facil-  
14          ity, or to a provider of ambulance services pro-  
15          viding transportation services from such facil-  
16          ity, unless the State in which the facility is lo-  
17          cated has approved the facility’s designation as  
18          a rural emergency hospital.

19           “(B) CERTIFICATION OF RURAL EMER-  
20          GENCY HOSPITAL.—

21           “(i) IN GENERAL.—No payment shall  
22          be made under this subsection to a facility,  
23          or to a provider of ambulance services pro-  
24          viding transportation services from such  
25          facility, unless the facility has been cer-

1           tified by the Secretary as a rural emer-  
2           gency hospital.

3           “(ii)     CERTIFICATION     REQUIRE-  
4           MENTS.—The Secretary shall certify a fa-  
5           cility as a rural emergency hospital if the  
6           facility—

7                     “(I) meets the criteria for rural  
8                     emergency hospitals described in sub-  
9                     paragraphs (A) through (E) of section  
10                    1861(iii)(1);

11                    “(II) either—

12                             “(aa) is verified by the  
13                             American College of Surgeons as  
14                             having the resources required of  
15                             a level IV trauma center or high-  
16                             er; or

17                             “(bb) employs healthcare  
18                             professionals that successfully  
19                             completed the Advanced Trauma  
20                             Life Support Course offered by  
21                             the American College of Sur-  
22                             geons within the preceding 4  
23                             years;

1                   “(III) has in effect a transfer  
2                   agreement with a level I or level II  
3                   trauma center; and

4                   “(IV) meets such staff training  
5                   and certification requirements as the  
6                   Secretary may require.

7                   “(4) COINSURANCE.—

8                   “(A) IN GENERAL.—The amount of pay-  
9                   ment for rural emergency hospital services or  
10                  transportation services made to a rural emer-  
11                  gency hospital or other provider of ambulance  
12                  services under this subsection shall be reduced  
13                  by the coinsurance amount described in sub-  
14                  paragraph (B).

15                  “(B) COINSURANCE AMOUNT.—The coin-  
16                  surance amount described in this subparagraph,  
17                  with respect to an item or service provided by  
18                  a rural emergency hospital or provider of ambu-  
19                  lance services, shall be calculated in the same  
20                  manner as the coinsurance amount for an out-  
21                  patient critical access hospital service is cal-  
22                  culated under section 1866(a)(2).”.

23                  (b) WAIVER OF DISTANCE REQUIREMENT FOR RE-  
24                  PLACEMENT CAHS; SUBSEQUENT REDESIGNATION OF  
25                  RURAL EMERGENCY HOSPITALS AS CAHS.—Section

1 1820(c)(2) of the Social Security Act (42 U.S.C. 1395i-  
2 4(c)(2)) is amended—

3 (1) in subparagraph (B)(i)(I), by inserting  
4 “subject to subparagraph (F),” before “is located”;  
5 and

6 (2) by adding at the end the following new sub-  
7 paragraphs:

8 “(F) OPTION TO WAIVE DISTANCE RE-  
9 QUIREMENT.—Beginning on the date of the en-  
10 actment of this subparagraph, for every critical  
11 access hospital located in a State that is cer-  
12 tified as a rural emergency hospital under sec-  
13 tion 1834(r)(3)(B), the State shall have the op-  
14 tion of waiving the distance requirement de-  
15 scribed in subparagraph (B)(i)(I) with respect  
16 to another facility located in the State that is  
17 seeking designation as a critical access hospital  
18 under this paragraph.

19 “(G) REDESIGNATION OF A RURAL EMER-  
20 GENCY HOSPITAL AS A CRITICAL ACCESS HOS-  
21 PITAL.—A rural emergency hospital that was  
22 previously designated as a critical access hos-  
23 pital under this paragraph may elect to be re-  
24 designated as a critical access hospital (in the  
25 same manner that the hospital was originally

1 designated as a critical access hospital) at any  
2 time, subject to such conditions as the Sec-  
3 retary may establish.”.

4 (c) STUDIES AND REPORTS.—

5 (1) STUDIES.—The Secretary of Health &  
6 Human Services shall conduct 3 studies to evaluate  
7 the impact of rural emergency hospitals on the avail-  
8 ability of health care and health outcomes in rural  
9 areas (as defined in section 1886(d)(2)(D) of the  
10 Social Security Act (42 U.S.C. 1395ww). The Sec-  
11 retary shall conduct a study—

12 (A) 2 years after the date of the enactment  
13 of this Act;

14 (B) 5 years after the date of the enact-  
15 ment of this Act; and

16 (C) 10 years after the date of the enact-  
17 ment of this Act.

18 (2) REPORTS.—Not later than 6 months after  
19 each date that the Secretary of Health & Human  
20 Services is required to conduct a study under para-  
21 graph (1), the Secretary shall submit a report to  
22 Congress containing the results of each such study.

23 (d) EFFECTIVE DATE.—The amendments made by  
24 this section shall apply to items and services furnished on

1 or after the date that is 1 year after the date of the enact-  
2 ment of this Act.

3 **SEC. 4. INCLUSION OF EMERGENCY MEDICINE AS HEALTH**  
4 **SERVICES UNDER THE NATIONAL HEALTH**  
5 **SERVICE CORPS.**

6 Section 331(a)(3)(D) of the Public Health Service  
7 Act (42 U.S.C. 254d(a)(3)(D)) is amended by inserting  
8 “, and includes emergency medicine provided by physi-  
9 cians in a rural emergency hospital (as defined in section  
10 1861(iii) of the Social Security Act)” before the period.

11 **SEC. 5. PERMITTING HOSPITALS WITH APPROVED RESI-**  
12 **DENCY PROGRAMS IN EMERGENCY MEDI-**  
13 **CINE TO INCLUDE TIME SPENT BY INTERNS**  
14 **AND RESIDENTS IN THE EMERGENCY DE-**  
15 **PARTMENT OF A RURAL HOSPITAL IN FULL-**  
16 **TIME EQUIVALENT COUNT.**

17 (a) **INDIRECT MEDICAL EDUCATION.**—Section  
18 1886(d)(5)(B)(iv) of the Social Security Act (42 U.S.C.  
19 1395ww(d)(5)(B)(iv)) is amended by adding at the end  
20 the following new subclause:

21 “(III) Effective for discharges occurring on or  
22 after October 1, 2015, all of the time spent in pa-  
23 tient care activities in the emergency department of  
24 a rural hospital by interns and residents in emer-  
25 gency medicine from a hospital with an approved

1 medical residency training program (as defined in  
2 subsection (h)(5)(A)) in such specialty shall be in-  
3 cluded in determining the number of full-time equiv-  
4 alent interns and residents in such program if the  
5 hospital with such program incurs the costs of the  
6 stipends and fringe benefits of the interns or resi-  
7 dents during the time the interns or residents spend  
8 in that rural hospital in accordance with subclause  
9 (II). In this subclause, the term ‘rural hospital’  
10 means a hospital that is located in a rural area (as  
11 defined for purposes of paragraph (2)(D)).”.

12 (b) DIRECT MEDICAL EDUCATION.—Section  
13 1886(h)(4)(E) of the Social Security Act (42 U.S.C.  
14 1395(h)(4)) is amended—

15 (1) in clause (ii), by striking the period at the  
16 end and inserting “; and”;

17 (2) by inserting after clause (ii) the following  
18 new clause:

19 “(iii) effective for cost reporting peri-  
20 ods beginning on or after July 1, 2015, all  
21 of the time so spent in the emergency de-  
22 partment of a rural hospital by residents in  
23 emergency medicine from a hospital with  
24 an approved medical residency training  
25 program in such specialty shall be counted

1           towards the determination of full-time  
2           equivalency in such program if the hospital  
3           with such program bears all, or substan-  
4           tially all, of the costs of training such resi-  
5           dents in the rural hospital. In this sub-  
6           paragraph, the term 'rural hospital' means  
7           a hospital that is located in a rural area  
8           (as defined for purposes of subsection  
9           (d)(2)(D))."; and

10           (3) by adding at the end the following new sen-  
11           tence: "For purposes of this subparagraph, the  
12           emergency department of a rural hospital described  
13           in clause (iii) is a nonprovider setting."

[Pages S4546-S4549] From the Congressional Record Online through the Government Publishing Office [www.gpo.gov]

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. GRASSLEY (for himself and Mr. Gardner):

S. 1648. A bill to amend title XVIII of the Social Security Act to create a sustainable future for rural healthcare; to the Committee on Finance.

Mr. GRASSLEY. Mr. President, I come to the floor today to discuss a

bill I am introducing, the Rural Emergency Acute Care Hospital Act, or REACH Act.

Since January 2010, 55 rural hospitals have closed their doors. It is even more troubling that the pace of rural hospital closures appears to be accelerating.

As you can see from this chart, the number of hospital closures has increased each year over the past 5 years. These closures are creating

a health care crisis for hundreds of thousands of Americans across the country.

The REACH Act will create a new rural hospital model under Medicare that will enable struggling rural hospitals to keep their doors open and maintain the most critical hospital service: emergency medicine.

When a rural hospital closes, the community loses the lifesaving capabilities of the emergency room. According to the National Conference of State Legislatures, 60 percent of trauma deaths in the United States occur in rural areas. After a traumatic event, access to an emergency room within 1

[[Page S4547]]

hour can make a big difference between life and death. Take, for example, Portia Gibbs from North Carolina. At 48, Portia suffered a heart attack 75 miles from the nearest emergency room. She later died while waiting for a helicopter to arrive that would have taken her over the State line to Virginia, where the closest hospital was located. If Portia's heart attack had occurred just 1 week earlier,

Portia would have been transported to a hospital in Belhaven, NC, just 30 miles away. Unfortunately, the facility in Belhaven had closed just 6 days before Portia's heart attack, citing insurmountable financial

struggles.

Then there is the tragic story of 18-month-old Edith Gonzalez who choked on a grape in her hometown of Center, TX. Edith's frantic parents rushed her to their local hospital, Shelby Regional Medical Center, only to discover that it had closed just weeks earlier. By the time little Edith arrived at the next closest hospital, she had passed away.

While we can't say with certainty that both Edith and Portia would have survived if their local hospitals had not closed, we know the earlier people access care, the better their chances are.

The term used by emergency medical practitioners is the ``golden hour.'' The golden hour is the hour following a traumatic event when lifesaving intervention--like that which can be provided in an emergency room--has the best chance of impacting survival. In other words, the longer a patient has to wait to receive emergency medical care, the lower their chances will be for survival.

Rural hospital closures mean patients have to travel longer distances to access emergency medical care. Ensuring that rural communities keep their emergency care resources could make the difference between life and death. Rural hospital closures also extend beyond the loss of emergency services to include economic consequences for rural communities. Hospital closures can mean the death of a rural community.

Approximately 62 million Americans live in rural areas. Rural communities play an integral role in the economic stability of this country through their invaluable contributions in food production, manufacturing, and other vital industries.

In addition to supporting the medical needs of those who participate in rural industry, rural hospitals also serve as the single largest employer in a rural community. The economic impacts of closing a hospital when no other hospital is close by are devastating. If we care about the physical and economic health of rural communities, we must make a change that will reverse the trend of accumulating rural hospital closures.

iVantage Analytics compiled a report for the National Rural Health Association which identified 283 additional hospitals at risk of closure based upon performance indicators that matched those of the 53 facilities that already closed.

Allow me to direct the Presiding Officer's attention to this map.

This map depicts the approximate locations of 53 of the 55 hospitals that have closed in the last 5 years.

I would like to point out that between the printing of this chart and today, two additional rural hospitals have closed. That alone is a clear indication of the problem I am trying to convey.

Now, imagine this same map depicting five times the number of hospital closures you see here. That is what is what will happen if we do not act to protect America's rural hospitals. Furthermore, the loss of those additional hospitals would not only impact local economies but would also result in a \$10.6 billion loss in GDP. It must change, not only for the health of rural Americans but also for the health and stability of our economy.

Payment cuts to hospitals are one contributing factor to rural hospital closures. More significant, however, is the current Medicare payment structure that supports rural hospitals. Today, the Medicare payment structure for hospitals is focused on inpatient volume.

Emergency rooms act as a loss leader, and income is primary generated through inpatient stays.

A RAND study published in 2013 found that the average cost of an inpatient stay is 10 times the cost of an emergency room visit.

Researchers at the University of North Carolina found that many of the at-risk rural hospitals around the country have an average of two or fewer patients admitted to a hospital on any given day. These hospitals can have up to 25 inpatient beds, and if only 2 or fewer of those beds are filled every day, that is a utilization rate of 8 percent or less.

Instead of letting these facilities close because they do not have the needed inpatient volume to generate enough revenue, why not let go of the underutilized inpatient services in favor of sustaining life-saving emergency care. That is what the REACH Act does. It provides a voluntary pathway for rural hospitals to eliminate their underutilized inpatient services and ensure residents have access to emergency medical care that saves lives. A key component of the bill that allows

the rural emergency hospital model to function is the requirement for these facilities to have protocols in place for the timely transfer of patients who require a higher level of care or inpatient admission.

The value of the rural emergency hospitals in the case of a life-threatening emergency will be their ability to administer lifesaving measures in order to stabilize a patient before they are transferred to a higher level of care.

In addition to providing lifesaving emergency care, rural emergency hospitals will have the flexibility to provide a wide array of outpatient services, including observation care, skilled nursing facility care, infusion services, hemodialysis, home health, hospice, nursing home care, population health, as well as telemedicine services.

This list is not all-inclusive but is just a sample of the outpatient services rural emergency hospitals could provide to their communities.

The door is left open for rural emergency hospitals to design their outpatient services to match the needs of their communities. There are roughly 1,300 critical access hospitals in America, including 82 in Iowa, the second most just behind Kansas. I am not suggesting that 1,300 critical access hospitals will become rural emergency hospitals. Some hospitals may never consider giving up their inpatient beds, others may consider it in the future, but some critical access hospitals need this or something like it right now.

The rural emergency hospital model, with its outpatient and emergency care services, will be good for the health of rural communities and our Nation because of the critical care it will provide when and where rural Americans need it. When there is a farm accident in the afternoon or a heart attack in the middle of the night, that emergency room can be the difference between life and death. Medicare needs a payment policy that recognizes that simple fact.

I look forward to continuing to work with my cosponsor Senator Gardner, other colleagues, and stakeholders in building a sustainable future for rural health care.



## N.C. Department of Environment and Natural Resources

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Release: Immediate

Date: July 28, 2015

Contact: Patricia Smith

Phone: 252-726-7021

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### Oyster/Clam Fishery Management Plan Advisory Committee to meet

**MOREHEAD CITY** – The Oyster and Hard Clam Fishery Management Plan Advisory Committee will meet at 6 p.m. Aug. 10 at the N.C. Department of Environment and Natural Resources Regional Office, 943 Washington Square Mall, Washington.

The committee is scheduled to consider modifications of shellfish lease provisions, such as lease terms, acreage limits, production requirements and the sale or resale of seed shellfish.

A full meeting agenda is attached.

For more information, contact Tina Moore at [Tina.Moore@ncdenr.gov](mailto:Tina.Moore@ncdenr.gov) or 252-808-8082 or Stephen Taylor at [Stephen.Taylor@ncdenr.gov](mailto:Stephen.Taylor@ncdenr.gov) or 910-796-7289.

###

Oyster and Hard Clam Fishery Management Plan Advisory Committee  
Department of Environment and Natural Resources Regional Office  
943 Washington Square Mall, Highway 17, Washington  
Monday, August 10, 2015

- 6 p.m. Call to Order\*  
**Vote on the Approval of the Agenda\*\***  
**Vote on the Approval of the Minutes from July 13, 2015\*\***
- 6:05 p.m. Public Comment  
*Receive public comment on the draft plans*
- 6:15 p.m. Review of the Issue Paper Modify Shellfish Lease Provisions – Steve Murphey  
*Receive a presentation consider modifications to shellfish leases and franchises*
- 7:30 p.m. Other Business  
*Any additional items that the Advisory Committee or staff want to discuss*
- 7:40 p.m. Plan Agenda Items for the Next Meeting on September 14, 2015 at Washington, NC  
*Discuss and plan for the next meeting*
- 7:45 p.m. Adjourn

**Meeting dates scheduled for 2015: September 14<sup>th</sup>, and October 12<sup>th</sup>**

*\* Times indicated are merely for guidance. The committee will proceed through the agenda until completed.*

*\*\*Action Items*

*\*\*\*Applies only to Marine Fisheries Commission members*

*N.C.G.S. 138A-15(e) mandates at the beginning of any meeting of a board, the chair shall remind all members of their duty to avoid conflicts of interest under Chapter 138. The chair also shall inquire as to whether there is any known conflict of interest with respect to any matters coming before the board at that time.\*\*\**

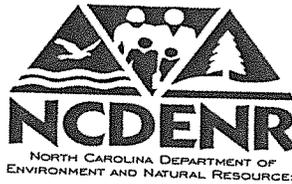
*N.C.G.S. 143B-289.54(g)(2) states a member of the Marine Fisheries Commission shall not vote on any issue before the Commission that would have a "significant and predictable effect" on the member's financial interest. For purposes of this subdivision, "significant and predictable effect" means there is or may be a close causal link between the decision of the Commission and an expected disproportionate financial benefit to the member that is shared only by a minority of persons within the same industry sector or gear group. A member of the Commission shall also abstain from voting on any petition submitted by an advocacy group of which the member is an officer or sits as a member of the advocacy group's board of directors. A member of the Commission shall not use the member's official position as a member of the Commission to secure any special privilege or exemption of substantial value for any person. No member of the Commission shall, by the member's conduct, create an appearance that any person could improperly influence the member in the performance of the member's official duties. \*\*\**

*Commissioners having questions about a conflict of interest or appearance of conflict should consult with counsel to the Marine Fisheries Commission or the secretary's ethics liaison. Upon discovering a conflict, the commissioner should inform the chair of the commission in accordance with N.C.G.S. 138A-15(e). \*\*\**

*The Division of Marine Fisheries, through the Department of Environment and Natural Resources, is charged with the preparation and writing of proposed fishery management plans, for adoption by the Marine Fisheries Commission. To assist the division in the development of plans, the chair of the commission appoints a fishery management plan advisory committee that is composed of commercial fishermen, recreational fishermen, scientists, and others, all with expertise in*

*the fishery for which the fishery management plan is being developed. The following are the specific roles of appointed advisers in assisting the division in the development of plans:*

- Assist division staff in identifying and evaluating management issues and options to be addressed in the plan*
- Evaluate the impacts of management options on the resource and user groups*
- Review and provide comments on all sections of the draft plan for completeness and accuracy*
- Assist the division in informing the public on the issues contained in the plan*
- Attend public meetings held in advisers' regional area*
- Solicit comments from peers and bring comments back to the advisory committee*



## N.C. Department of Environment and Natural Resources

Release: Immediate

Date: July 27, 2015

Source: NCDENR

Contact: Patricia Smith

Phone: 252-726-7021

### Grants available for transient recreational boating facilities

**MOREHEAD CITY** – The N.C. Division of Marine Fisheries is accepting proposals for the Boating Infrastructure Grant Program, or BIG, for federal fiscal year 2016.

BIG is a grant program of the U.S. Fish and Wildlife Service that reimburses up to 75 percent of costs for projects that construct, renovate or maintain tie-up facilities and related amenities for recreational transient vessels that are at least 26 feet long. The grant program was authorized by Congress in 1998 and is funded by excise taxes on fishing equipment and motorboat fuel.

The N.C. Division of Marine Fisheries serves as the liaison between projects in North Carolina and the U.S. Fish and Wildlife Service for the BIG Program. Proposals must be submitted to the division to be considered for this funding opportunity.

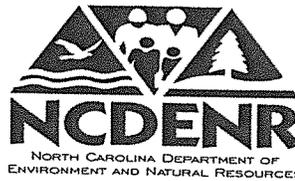
Some examples of potentially eligible activities include transient slips, mooring buoys, day-docks, floating and fixed piers and breakwaters, dinghy docks, restrooms, showers, laundry facilities, retaining walls, bulkheads, dockside utilities (water, electric, telephone, Internet), sewage pump-out stations, recycling and trash receptacles, navigational aids and marine fueling stations. Applicants must have or intend to construct dedicated dockage for transient vessels to receive funding for these eligible activities.

BIG funds are awarded each year. Grants are available on a two-tiered basis. For Tier 1 – state grants, all states may receive up to \$200,000 per grant cycle as long as proposals meet the program's guidelines. Tier 2 – national grants are reserved for large-scale, more expensive undertakings and are awarded on a nationwide competitive basis. For this funding opportunity, applicants may apply for up to \$200,000 under Tier 1 and up to \$1.5 million under Tier 2.

For information about grant availability, project eligibility, and proposal development, visit the N.C. Division of Marine Fisheries' website at <http://portal.ncdenr.org/web/mf>, or contact Kelly Price, federal aid coordinator for the N.C. Division of Marine Fisheries, at P.O. Box 769, Morehead City, N.C. 28557-0769. Price can also be contacted by phone at 252-808-8168 or 800-682-2632 (in North Carolina only), or via e-mail at [Kelly.Price@ncdenr.gov](mailto:Kelly.Price@ncdenr.gov).

The deadline for applications to be received by the state Division of Marine Fisheries is Thursday, Aug. 27, 2015. Electronic submission is required.

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## N.C. Department of Environment and Natural Resources

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Release: Immediate

Date: July 28, 2015

Contact: Patricia Smith

Phone: 252-726-7021

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### Joint state coastal meeting to be held Aug. 12 in Washington

**MOREHEAD CITY** – A joint meeting of the Habitat and Water Quality Advisory Committee and the Coastal Habitat Protection Plan Steering Committee will be held at 1 p.m. Aug. 12 at the N.C. Department of Environment and Natural Resources Washington Regional Office, 943 Washington Square Mall, Washington.

The committees will review sections of the Coastal Habitat Protection Plan, including chapters on Priority Habitat Issues, Existing Protection, Restoration and Enhancement Efforts. The committees will also provide input on draft recommendations of the Coastal Habitat Protection Plan.

A full agenda is attached.

For more information, contact Anne Deaton with the N.C. Division of Marine fisheries at 910-796-7311 or [Anne.deaton@ncdenr.gov](mailto:Anne.deaton@ncdenr.gov). You may also contact Jimmy Johnson with the Albemarle-Pamlico National Estuary Partnership at 252-948-3952 or [Jimmy.Johnson@ncdenr.gov](mailto:Jimmy.Johnson@ncdenr.gov).

###

**Joint Meeting of the Coastal Habitat Protection Plan Steering Committee and Habitat and  
Water Quality Advisory Committee  
Department of Environment and Natural Resources Regional Office  
943 Washington Square Mall, Washington  
Aug. 12, 2015**

- 1 p.m. Call to Order\*  
Vote on the Approval of the Agenda\*\*  
Vote on Approval of Meeting Minutes from previous meetings (Habitat and Water Quality  
Advisory Committee and CHPP Steering Committee) \*\*
- 1:15 p.m. Public Comment  
*Receive public comment on fisheries management issues under the scope of the committee.*
- 1:30 p.m. Overview of revised CHPP chapters
- 2 p.m. Review of CHPP priority habitat issues chapter and draft options
- 3:30 p.m. Review of draft CHPP recommendations
- 5:00 p.m. Next Steps
- 5:10 p.m. Additional Business  
*Discuss any additional business involving management issues under the scope of the committee.*
- 5:20 p.m. Adjourn

*\* Times indicated are merely for guidance. The committee will proceed through the agenda until completed.*

**\*\*Action Items**

**\*\*\*Applies only to Marine Fisheries Commission members**

*N.C.G.S. 138A-15(e) mandates at the beginning of any meeting of a board, the chair shall remind all members of their duty to avoid conflicts of interest under Chapter 138. The chair also shall inquire as to whether there is any known conflict of interest with respect to any matters coming before the board at that time.*

*N.C.G.S. 143B-289.54(g)(2) states a member of the Marine Fisheries Commission shall not vote on any issue before the Commission that would have a "significant and predictable effect" on the member's financial interest. For purposes of this subdivision, "significant and predictable effect" means there is or may be a close causal link between the decision of the Commission and an expected disproportionate financial benefit to the member that is shared only by a minority of persons within the same industry sector or gear group. A member of the Commission shall also abstain from voting on any petition submitted by an advocacy group of which the member is an officer or sits as a member of the advocacy group's board of directors. A member of the Commission shall not use the member's official position as a member of the Commission to secure any special privilege or exemption of substantial value for any person. No member of the Commission shall, by the member's conduct, create an appearance that any person could improperly influence the member in the performance of the member's official duties.*

*Commissioners having questions about a conflict of interest or appearance of conflict should consult with counsel to the Marine Fisheries Commission or the secretary's ethics liaison. Upon discovering a conflict, the commissioner should inform the chair of the commission in accordance with N.C.G.S. 138A-15(e). \*\*\**

## Lois Stotesberry

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**From:** Rosemary Johnson <rjohnson@hydecountync.gov>  
**Sent:** Monday, June 08, 2015 1:53 PM  
**To:** Lois Stotesberry  
**Subject:** FW: Solar Farms

**Importance:** High

Here you go....

**Rosemary O. Johnson**  
Planning Assistant  
Hyde County Office of Planning & Economic Development  
PO Box 188  
30 Oyster Creek Road  
Swan Quarter, NC 27885  
Office: (252) 926-4474  
Fax: (252) 926-3701  
[rjohnson@hydecountync.gov](mailto:rjohnson@hydecountync.gov)

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**From:** Rosemary Johnson [<mailto:rjohnson@hydecountync.gov>]  
**Sent:** Monday, June 08, 2015 1:42 PM  
**To:** 'eckerlin@eos.ncsu.edu'  
**Cc:** Kris Noble; Lois Stotesberry ([lstotesberry@hydecountync.gov](mailto:lstotesberry@hydecountync.gov))  
**Subject:** Solar Farms  
**Importance:** High

Good Afternoon Professor Eckerlin,

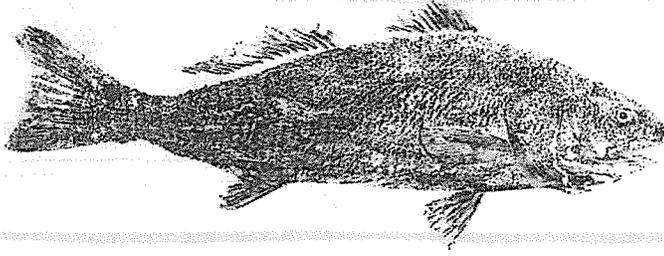
I work in the Hyde County Office of Planning & Economic Development as Planning Assistant to the Director of Economic Development and Planning, Kris Noble. We have been conducting research into the subject of solar farms and we are considering writing a solar ordinance for Hyde County. We are reaching out to you to see if you would be available to do a presentation to our Board of Commissioners at either our July or August meetings. We would like to give our commissioners as much information as possible to give them a solid background to make informed decisions. The dates of our commissioners meeting are Monday, July 6 and Monday, August 3. Our meetings start at 6 p.m. and typically run about 2 hours.

Please let us know if you are interested in coming to Hyde County to present and if the meeting dates work with your schedule. We would be pleased and honored to have you come.

Thank you,

**Rosemary O. Johnson**  
Planning Assistant  
Hyde County Office of Planning & Economic Development

North Carolina Coastal Federation's



FOURTH ANNUAL

# Fish Fry & Shrimp Boil

Friday, September 25, 2015

4:30p.m.-7:00p.m.

128 Grenville Street, Manteo

\$15 adults in advance

\$20 adults at the door

\$10 kids under 12

Get your tickets

early; limited quantity

at the door.

Enjoy fresh local seafood, kid's activities, a raffle  
to win a stand-up paddleboard, and more!



North Carolina  
Coastal Federation

*Working Together for a Healthy Coast*

The Coastal Federation is a nonprofit organization that  
has worked for over 30 years to improve our local waters.  
Learn more by visiting our website: [www.nccoast.org](http://www.nccoast.org).

For more information and to purchase tickets,  
call (252) 473-1607, or visit [www.nccoast.org/fishfry](http://www.nccoast.org/fishfry)