

Legislative Agenda 2016 April 2016

Top Priorities

1. **Track and monitor any proposed changes to the Medicaid Reform Law (H372), action relating to the proposed 1115 waiver and any other proposed Medicaid changes to assure a program design that works well for children and the professionals who provide their health care.** As anticipated, the final version of Medicaid reform is a “hybrid” model that allows for both commercial and provider-led entities to operate with a capitated contract for delivery of Medicaid and Health Choices services. One very important victory in this legislation is that CCNC remains through the transition. Furthermore, the law seems to anticipate utilization of case management, medical homes and other functions currently performed by CCNC by the new commercial and provider-led entities. Because there are so many decision points at both the state and federal level, it will likely be at least three years before implementation begins. As that process unfolds, the N.C. Department of Health and Human Services will be making many key decisions, the first of which is submission of the waiver to CMS in likely June 2016. NCPeds will remain engaged with this and other important partners to help inform policy-development with an eye towards the needs of children -- the majority of the Medicaid population -- and the medical professionals who provide their health care.
2. **Protect NC’s well-established minor’s consent law.** Rep. Jordan filed legislation had provisions that would have made it harder for frightened and fragile youth to get the services they need. Rep. Jordan worked closely with NCPeds and other stakeholders to amend the bill to remove the concerning minor consent portions of the proposal. The bill has been retitled Parental Rights and Medical Treatment of Minors and passed the House 115-2 on April 29th. It has not moved further in the Senate.
H847: <http://www.ncga.state.nc.us/gascripts/BillLookUp/BillLookUp.pl?Session=2015&BillID=H847>

NCPeds Legislative Issues Con'd

3. Improved access to healthy foods

About 30% of children aged 10 to 17 in NC are overweight or obese.¹ According to the Centers for Disease Control and Prevention, only about 11% of food stores and restaurants offer healthy foods.² Some areas – often called food deserts – have a very limited or no options for healthy foods. Corner stores that offer fruits and vegetables and other initiatives can help improve family access to health foods. *Legislation was filed in 2015 in both the House (H250 – Holley, Whitmire, B. Brown and Lambeth) and Senate (S296 – D. Davis and Pate) to promote healthy food access: Healthy Food Small Retailer/Corner Store Act. H250 passed the House 82-32 in June 2015.*

H250: <http://www.ncga.state.nc.us/gascripts/BillLookup/BillLookup.pl?Session=2015&BillID=H250>

S296: <http://www.ncga.state.nc.us/gascripts/BillLookup/BillLookup.pl?Session=2015&BillID=S296>

4. Prohibit unlawful custody of a child. Sometimes adoptive parents are faced with more difficulties than they can handle as a child ages, especially if the adoption agency does not offer sufficient supports or preparation. In rare but disturbing cases, they “give” the child to someone else, with no DSS or other authority involvement. Article explaining situation:

<http://www.reuters.com/investigates/adoption/#article/part1>

S652 – Prohibit Re-homing of an Adopted Minor Child:

<http://www.ncga.state.nc.us/Sessions/2015/Bills/Senate/PDF/S652v2.pdf>

5. Continue strong smoke-free laws

NC smoke-free laws are associated with an 89% improvement of the quality of air in restaurants and bars, a 7% decline in visits to emergency departments for asthma, and continued decline of smoking among middle school and high school students.³ Children are especially vulnerable to tobacco exposure, including second hand smoke.

6. Promote strategies to prevent youth suicide: Suicide is one of the leading causes of teen death in NC. Deaths among 10-14 year olds in particular have increased substantially over the past three years.⁴ A survey of NC high schoolers found that in 2013 17% of students had seriously considered attempting suicide.⁵ Study is needed to determine what evidence-informed strategies will work best for North Carolina. *Sens. Pate and Robinson have filed legislation for further study (all ages): S736 – Study Suicide Prevention -*

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<http://www.ncga.state.nc.us/gascripts/BillLookup/BillLookup.pl?Session=2015&BillID=s736&submitButton=Go>

ENDNOTES

¹ 2013 NC Child Health Report Card <http://www.nciom.org/nc-health-data/child-health-report-cards/>,

² NC Department of Health and Human Services, http://www.ncdhhs.gov/pressrel/2011/2011-05-05-corner_stores.htm

³ The Top Five Things the Smoke Free Law Has Done for NC: <http://www.tobaccopreventionandcontrol.ncdhhs.gov/>

⁴ Child Fatality Task Force. See for example Hudgins 8-2014 presentation or 20th anniversary annual report. <http://www.ncleg.net/DocumentSites/Committees/NCCFTF/Homepage/index.html>

⁵ 2013 Youth Behavioral Risk Survey (High School): <http://www.nchealthyschools.org/data/yrbs/>