

2017 General Session Policy Summary of Select Child Health Issues

July 2017

Steps Forward

Child Medical Evaluation: The state budget includes an increase to the rate paid for Child Medical Evaluations when abuse or neglect is suspected. At \$250 for suspected sex abuse and \$150 for other maltreatment evaluations, NC had the lowest rates for such evaluations in the country. Funding was allotted to increase rates closer to the national average. Special thanks to the Child Fatality Task Force for their support of this issue! This increase was included in the state budget (S257: <http://www.ncga.state.nc.us/Sessions/2017/Bills/Senate/PDF/S257v8.pdf>) Stay tuned for more info on implementation.

More info: <http://www.ncleg.net/DocumentSites/Committees/NCCFTF/Intentional%20Death%20Prevention/2016-2017/Presentations/Child%20Maltreatment%20Evaluations%20Berkoff%2011-30-2016.pdf>

http://c.ymcdn.com/sites/www.ncpeds.org/resource/resmgr/Advocacy/Legislative_Update/CME_Fact_Sheet_and_Spec_Prov.pdf

Raise the Age: NC is the last state in the nation to automatically process 16 and 17 year-olds through the adult court system for any crime, despite growing and compelling evidence that this practice is harmful. This is contrary to developmental science. Treating juveniles as adults means that youth end up with a permanent adult criminal record that jeopardizes their ability to secure a job, get a higher education, or even find housing. Children charged in the adult system are more likely to commit another crime than those charged in the juvenile system. Big kudos to NCChild for their decade-plus of work on this issue! This change was made in the state budget (S257<http://www.ncga.state.nc.us/Sessions/2017/Bills/Senate/PDF/S257v8.pdf>)

Opioids: The Strengthen Opioid misuse Prevention (STOP) Act was passed by the General Assembly and signed by the Governor. This measure seeks to reduce inappropriate access to opioids, promote use of the Controlled Substance Reporting System, limit the number of doses prescribed at one time, allow standing orders for naloxone, and make other changes. <http://www.ncleg.net/gascripts/BillLookup/BillLookup.pl?Session=2017&BillID=H243>

Opioid Education: The state budget requires a study of the possibility of an AHEC course on controlled substances. The report is due December 1, 2017. (S257: <http://www.ncga.state.nc.us/Sessions/2017/Bills/Senate/PDF/S257v8.pdf>)

Telemedicine: The Department of Health and Human Services is charged to study the issue of telemedicine. A proposal is due to the HHS Oversight Committee on October 1, 2017. (H283:<http://www.ncga.state.nc.us/gascripts/BillLookup/BillLookup.pl?Session=2017&BillID=h+283&submitButton=Go>)

HIEA Connectivity Dates: For practices with an EHR, connectivity is required by June 1, 2018. Deadlines have been extended for some others. (S257: <http://www.ncga.state.nc.us/Sessions/2017/Bills/Senate/PDF/S257v8.pdf>)

More info: *From HIEA:* <https://hiea.nc.gov/blog/2017-06-29/nc-hiea-june-update>

Child Welfare Reform: Legislation was passed that creates a strategy for improving the child welfare system that includes bringing in a third party to develop and implement recommendations to transform child welfare services in North Carolina; creating a work group to make a plan for regional supervision of local DSS offices; giving county DSS agencies the option to consolidate into regions or form regional partnerships; requiring social workers to observe a child with his/her parents at least twice before reunification; giving the state greater authority to enforce performance standards; creating a council to align children's services across government agencies; and reducing the time to permanency for children in the child welfare system. (Summary borrows heavily from NCChild.) H630: <http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2017&BillID=H630>

Lead testing: There are provisions in the state budget for testing and treatment for lead exposure for children and pregnant women. The threshold for abatement and remediation is lowered from its current level of 20 parts per billion to 10 for "confirmed lead poisoning" and 5 ppb for "elevated blood level." While this is an improvement, AAP recommends less than 1 part per billion. S257: <http://www.ncga.state.nc.us/Sessions/2017/Bills/Senate/PDF/S257v8.pdf>

Youth Tobacco Cessation: The budget allocated \$500,000 nonrecurring funding to address youth tobacco cessation. (S257: <http://www.ncga.state.nc.us/Sessions/2017/Bills/Senate/PDF/S257v8.pdf>)

Changes to the Juvenile Code: In part, this measure address when and how pediatricians can treat foster children, including the addition of "Routine medical and dental care or treatment, including, but not limited to, treatment for common pediatric illnesses and injuries that require prompt intervention."

(For a refresher on the 2015 changes: https://c.ymcdn.com/sites/ncped.sites-ym.com/resource/collection/8E0E2937-00FD-4E67-A96A-4C9E822263D7/Provider_Guide--Changes_to_the_NC_Juvenile_Code_re_Consent_8-2-16.pdf)

More Budget Details: The state budget sets the spending level for many priorities and makes certain policy provisions. The budget was passed by the General Assembly; vetoed by the Governor; his veto was overridden by a supermajority of the General Assembly so now goes into effect. NCChild has compared a summary of the Final budget, compared to the original House and Senate proposals. https://docs.google.com/spreadsheets/d/1UwiaAG5bDNX6vQRY2hZ_2ttMH8bgolgOBgVfQxS_XRk/edit#gid=876682646

Concerns

Chilling measures on Medicaid eligibility: The state budget includes two measures that make it harder for families to get and keep Medicaid: making counties pay the state and federal share of any claims paid for patients erroneously determined to be Medicaid eligible and NC DHHS quarterly monitor (as opposed to the current annual determinations) income eligibility of Medicaid patients. In NC about 70% of Medicaid patients are children.

\$15 million in flex cuts to Medicaid: The Division of Medical Assistance was cut \$15 million with discretion on how to apply the cuts. Given federal requirements, there are limited options on how to achieve the required reductions.

What is yet to come?

Bills that pass one chamber in the long session (which is held in odd numbered years, such as 2017) are eligible for consideration in the short session (held in even-numbered years). Additionally, the General Assembly will be returning for at least two special session between July 2017 and May 2018. Topics that may be addressed include mental health reforms, substantial changes to Medicaid, supervision and strategies to prevent youth suicide. NCPeds will closely monitor all special sessions and keep membership informed about changes likely to affect child health.