

2018 Short Session –Policy Agenda

July 2018

Top Priorities

Medicaid – Working towards a waiver that works for kids: NCPeds supports a strong Medicaid program that works well for the more than 1 million children and their families insured by Medicaid and CHIP. Much of the detail relating to the waiver has been at the administrative (as opposed to legislative) level. (Please see more on our website under “advocacy.”) **What happened during session:** Two pieces of 2018 legislation deal primarily with the Medicaid Waiver.

Medicaid PHP Licensure (H156: <https://www.ncleg.net/Sessions/2017/Bills/House/PDF/H156v3.pdf>) includes a number of important technical provisions to protect consumers and providers in the transition to managed care. For example, an estimated \$400 million annually for health care services are preserved (through the Medical Loss Ratio), the medical home model is preserved; and current statutory protections for consumers and providers governing other insurance products are extended to include the managed care plans. **Modify Medicaid Transformation Legislation** (H403: <https://www.ncleg.net/Sessions/2017/Bills/House/PDF/H403v5.pdf>) makes changes to allow for integration of behavioral health services while creating separate Tailored Plans for certain high-need populations, such as people who are severely persistently mentally ill and who have intellectual and developmental disabilities. It also increases the number of statewide plans from three to four. A follow-up plan from DHHS defines which children aged 0-3 will be placed in Tailored Plans, notes provisions for children in foster care and supplies other information.

Other proposals that did not move forward include 1) work requirements for Medicaid, and 2) creation of health plans that do not meet the legal definition of insurance and do not include consumer and provider protections.

Workforce Adequacy: NCPeds strongly supports medical teams and access by children to a full range of health care services. NCPeds supports efforts to improve workforce, including using Graduate Medical Education (GME) funds to attract and retain “home grown” physicians, especially in underserved areas. We support telemedicine as a strategy to support, not supplant, the medical home. We support appropriate training and practice supports for providers. **What happened during session:** DHHS Recommend Telehealth Policy (H283: <https://www.ncleg.net/Sessions/2017/Bills/House/PDF/H283v4.pdf>) will further study the issue of telehealth. The original bill did not have provisions for assuring the medical home received a record of the visit which was revised in the study bill. GME/Rural Health Study Bill (H998: <https://www.ncleg.net/Sessions/2017/Bills/House/PDF/H998v5.pdf>) directs DHHS to study and make recommendations towards creating incentives for medical education in rural areas, as well as other provision.

Other Areas of Support

School Nurses: NCPeds supports increased funding to assure more school-children have access to school nurses. **What happened during session:** In the state budget, \$10 million was appropriated non-recurring (one year only) to hire school nurses, school counselors, school psychologists and school social workers. In addition to providing only a single year of funding, funding is by grant rather than formula so the Superintendent needs to develop a program for which public school units or community partners may then apply. (Page 35 of budget bill

https://www.ncleg.net/Sessions/2017/Budget/2018/S99-CCSMMxr-2_v2.pdf or Money Report page B-7:
https://www.ncleg.net/Sessions/2017/Budget/2018/conference_committee_report_2018_05_28.pdf)

Reach Out and Read: NCPeds supports \$250,000 to Reach Out and Read to support and expand this evidence-based program in rural communities. **What happened during session:** *This funding was provided non-recurring in the state budget (page C-12 of the Conference Report:*

https://www.ncleg.net/Sessions/2017/Budget/2018/conference_committee_report_2018_05_28.pdf)

Suicide Prevention: Support for Child Fatality Task Force efforts towards

- 1) required suicide prevention training and protocol in schools
- 2) funding to expand the CALM (“Counseling on Access to Lethal Means”) Program in NC. Funding to go to DHHS to implement expansion through appropriate engagement with third parties. (Estimated funding for expansion is \$29,600.)
- 3) designation and funding for a three-year lead suicide prevention position in North Carolina that would coordinate cross-agency efforts to carry out implementation of the 2015 NC Suicide Prevention Strategic Plan and determine a sustainability plan for ongoing statewide coordination for implementation of the Strategic Plan. Funding to go to DHHS to contract with appropriate non-agency organization to serve as backbone organization for this role; recommended funding is \$125,000 per year for 3 years

What happened during session: *An Act to Make Various Education Laws (H986:*

<https://www.ncleg.net/Sessions/2017/Bills/House/PDF/H986v4.pdf>) provides for **development** of health training and suicide risk referral in public schools. CALM was included in the budget (page 36). Funding for the Suicide Prevention Position was **not** included. While the Suicide Hotline was not funded in the initial budget, funding was added in Budget Technical Corrections (S335: <https://www.ncleg.net/Sessions/2017/Bills/Senate/PDF/S335v3.pdf>)

School Safety: NCPeds is supportive of strategies to promote safety and wellness in schools, including more school nurses. Measures to improve school safety should be evidence-based and developmentally appropriate. *Some one-time funding was appropriated towards hiring school mental health professionals for a single year. Provides funds to expand the School Resource Officer grant program for elementary and middle schools, to expand the anonymous tip line to all schools statewide, and to create new grants to support students in crisis, school safety training.*

Firearm Safety: NCPeds support efforts by the Child Fatality Task Force to fund a new statewide firearm safety initiative, as recommended by the 2017 Firearm Safety Stakeholder group, that is focused on education and awareness surrounding firearm safe storage and distribution of free gun-locks; funding to go to DHHS to appropriately engage a third-party organization to implement the initiative. **What happened during session:** *Funding was not included so implementation cannot go forward.*

Newborn Screening (SB190/HB270): NCPeds continues to support efforts to add Pompe Disease, MPS1, and XALD to the newborn screening protocols. **What happened during session:** *Requirement for the screening was provided in the budget. (page 81: https://www.ncleg.net/Sessions/2017/Budget/2018/S99-CCSMMxr-2_v2.pdf) Additionally, effective July 1, 2018, the fee for newborn screening increases to \$128 (from current \$44). Finally, the Commission is given authority to make future such decisions.*

HIEA: NCPeds is supportive of strategies to assist physicians and others in the transition to the HIEA, including lengthening the timeframes for connection and encouraging succession planning. **What happened during session:** *Update False Claims Act/Rare Disease Appt/HIE (S368 <https://www.ncleg.net/Sessions/2017/Bills/Senate/PDF/S368v4.pdf>) extends the deadline for the HIEA to June 2021 for certain groups, including dentists licensed under Article 2 of Chapter 90.*