

**NORTH CAROLINA ASHRM**  
**LEGISLATIVE COMMITTEE REPORT**  
Healthcare Legislation Summary/Update  
Fall Meeting November 13-16, 2018

The General Assembly adjourned the 2018 short legislative session on June 30, and will return on November 27. Traditionally, this adjournment would have concluded the session for the year, but the General Assembly added six constitutional amendments to the November ballot, so the four approved by the voters will need enacting. Amending the biennial budget is the primary purpose of the short session. The normal process starts with a bill in either chamber, going to the next for debate, then moving through the conference period, and finally ending with a conference report. The process this year was bypassed by the Legislature who substituted budget language into a bill that was already in the conference process. That led to the finished product being read in as a conference report and was not subject to amendments. Legislative priorities for the session supported by the North Carolina Healthcare Association were:

- **Certificate of Need Preservation.** Efforts to repeal Certificate of Need in the budget were few. The only change made to the CON law was an expansion of the exception for Legacy Medical Facilities that would allow them to extend the time to re-open a facility by 36 months, and also cover those facilities providing out-patient services.
- **Safety Net Payment Preservation.** The General Assembly did not adopt new legislation to ensure that safety net payments — otherwise known as the hospital supplemental payment program or MRI/GAP — continue after the Medicaid program moves to managed care. Healthcare leaders in the General Assembly, as well as the Secretary of the N.C. Department of Health and Human Services, have indicated that they will attempt to address the issue in early 2019, with plenty of time before the transition to managed care.
- **Increased Access to Health Insurance Coverage.** The General Assembly took no action to increase access to health insurance coverage during this session, despite the 2017 introduction of HB662, Carolina Cares by Republican lawmakers. NCHA will continue to work with partners to raise the issue of access to affordable insurance coverage in 2019.
- **Non-Profit Tax Treatment Preservation.** The General Assembly did not act on non-profit taxes this session.
- **Behavioral Health Reform.** NCHA and its legislative champions succeeded in passing consensus-driven legislation to reform the state's involuntary commitment law after more than two years of collaborative work with a broad group of stakeholders. SB 630, Reform the Involuntary Commitment Process, passed and was signed into law by Governor Cooper on June 22, 2018. In addition, the budget modification authorized the department to develop a reimbursement methodology to begin paying for ambulance transport to alternative, appropriate care sites.
- **Graduate Medical Education Support.** The General Assembly focused its GME work specifically on rural access. Lawmakers passed legislation to continue studying opportunities to expand North Carolina's GME program and establish teaching hospitals in rural parts of the state.

Other legislation that passed during this session modified the Medicaid Transformation law and added more access to the controlled substances reporting system to combat the opioid epidemic.

In preparation for 2019, NCHA will continue working with legislators to help them understand the impact of their decisions on health systems and patients. We are asked to meet with legislators while they are home — and reach out to those who are newly elected — to reinforce the need for support healthcare initiatives.

*Respectfully submitted by Gayle Snyder, Legislative Committee Chairperson*

*Committee Members:*

*Erin Young, Megan Stanley, Dawn Ciokan, Allan Tarleton, Jason Newton, Carolyn Barnette, Shep Tapasak, Ryan Shurman, Carly Hendershot, John Holton, Michael Rothrock, Kristin White, Sandy Williams and Larry Jones*