

NORTH CAROLINA ASHRM LEGISLATIVE COMMITTEE REPORT

Healthcare Legislation Summary/Update

Fall Meeting - November 2016

The North Carolina General Assembly is scheduled to reconvene January 11, 2017 for the legislature's regular session. The short session this year ended in July after a historic 68 days with the main purpose of passing a budget, therefore many of the bills related to healthcare remain in committee. HB2 was still very much in the background with Democrats trying to get it repealed during this session. In the end the only revision passed was a provision that blocked recourse for people wanting to sue for employment discrimination.

HEALTH AND HUMAN SERVICES BUDGET

The House and Senate agreed on a target number of \$22.2 billion this year, which legislators said made the process of reconciling their two chambers' visions easier. However, lawmakers bumped up the final spending plan by about \$116 million, helped along by about \$62 million in late dollars flowing back into the state's General Fund from agencies that had money left over from their year's spending.

The big story in the Health and Human Services budget was Medicaid. This year, instead of being under budget, due to generous budgeting last year, the program wound up the fiscal year with a projected \$318 million in extra dollars. The Senate has inserted some significant policy language into their budget that includes statutory language that would mandate all physicians, nurse practitioners, dentists – basically anyone with a prescription pad who can order opioid pain relievers for a patient, must sign up for the state's Controlled Substances Reporting System. The consequence of failure to register would result in license suspension or revocation.

Other highlights from the DHHS Budget:

- Funds nearly \$500,000 for Zika prevention and detection.
- Directs proceeds from the sale of the Dorothea Dix property go toward services for the mentally ill, including \$2 million to establish child facility-based crisis centers and \$18 million to expand inpatient behavioral health beds targeting rural areas.
- Funds over 300 additional slots for Alzheimer's patients and their families through the Community Alternative Program for Disabled Adults.
- Maintains funding current levels for School Nurses

Bills passed:

S734 - Statewide Standing Order/Opioid Antagonist. (SL 2016-17)

Overview: S.L. 2016-17 increases accessibility to opioid overdose treatment by authorizing the State Health Director to prescribe the opioid antagonist naloxone hydrochloride by means of a statewide standing order. The act also specifically lists the State Health Director among those individuals who are statutorily granted immunity from civil or criminal liability for authorized actions. This act became effective June 20, 2016.

The North Carolina Medical Board (NCMB) decided in September to tentatively adopt the *CDC Guideline for Prescribing Opioids for Chronic Pain* in place of NCMB's current opioid prescribing position statement.

The Board recognizes that the US Centers for Disease Control and Prevention (CDC) guidance, which was published in March 2016, reflects more current thinking than NCMB's *Policy for the use of opiates for the treatment of pain*, which was adopted in June 2014.

H1030 - 2016 Appropriations Act. (SL 2016-94)

Overview: Sec. 12F.10 of S.L. 2016-94 directs the Department of Health and Human Services to develop and submit, no later than January 1, 2018, a strategic statewide plan to improve the efficiency and effectiveness of State-funded behavioral health services to the Joint Legislative Oversight Committee on Health and Human Services (HHS Oversight Committee), the Joint Legislative Oversight Committee on Medicaid and NC Health Choice, and the Fiscal Research Division.

The HHS Oversight Committee and the Joint Legislative Oversight Committee on Medicaid and NC Health Choice are each required to establish a joint subcommittee on Behavioral Health Services to make recommendations about areas of oversight and review, as described in the act, and report their findings to their respective committees. This section became effective July 14, 2016.

Bills Pending:

The Board of Nursing bill to modernize the Nursing Practice Act did not pass this session. Legislative leaders, including Health Committee Chairs, have indicated that scope of practice legislation will be heard next session. NCNA feels all nurses stand ready to be a resource to help deliver quality health care and are part of the solution to curb the rising costs as lawmakers look at health care economics.

Most of the other bills listed on the NC ASHRM Spring 2016 Legislative Report remain pending.

The North Carolina Hospital Association supports pending legislation in regards to : *(copied from NCHA website)*

Certificate of Need - North Carolina hospitals and health systems support the current services covered under the Certificate of Need law but also recognize that the application and appeals process could be updated to be more streamlined and efficient, and that monetary thresholds for capital expenditures should be increased in response to modern economic conditions.

Taxes - North Carolina non-profit hospitals and health systems earn tax status every day through high levels of uncompensated care and community investments. Any effort to undermine the current tax treatment of hospitals and other not-for-profits could result in a loss of services and benefits to our community and our most needy patients.

Medicaid Reform - North Carolina hospitals and health systems are partners in Medicaid reform and urge the state to ensure that providers have every opportunity to participate in reform. It is of utmost importance to preserve the \$2 billion that currently enters North Carolina's economy because of provider assessment programs, including the hospital MRI/GAP program.

Graduate Medical Education - North Carolina hospitals and health systems are training the healthcare providers of the future. To ensure that our state has highly trained providers for generations to come, particularly in under-served rural areas, the state should re-establish a Medicaid funding mechanism to support Graduate Medical Education.

Behavioral Health - North Carolina hospitals and health systems support access to appropriate levels of care for behavioral health patients. The state should improve payment models to help behavioral health patients reach the right providers at the right time - and to compensate those providers for the care they provide - whether they receive crisis or non-crisis care.

Respectfully submitted by Gayle Snyder, Legislative Committee Chairperson