1. State assists providers in complying with HIE requirements ...

2. Provider application fees ...

3. Funding will ensure more residency positions in North Carolina ...

HIE
Legislators viewed improving the Health Information Exchange (HIE) as a priority this session by funding this important element of the state’s Medicaid reforms, instead of passing the costs to providers. The budget allocated $3 million to support all activities related to upgrading the data exchange within the HIE network, as well as $1 million in funds to provide ongoing maintenance. Providers of Medicaid services will be required to connect to the electronic health record system and begin submitting data by June 1, 2019. This aligns with the General Assembly’s view that more information can serve as a pathway to understanding patient needs in North Carolina.

Medicaid
Provider application fees to participate in the Medicaid program was another hot topic. The budget requires each provider who submits an application to pay the federal fee and $100. This fee will only be charged to at re-credentialing, which occurs every five years, instead of every year.

GME
Ensuring that physicians who train in North Carolina stay in the state to practice remains as a key issue for the NCMS and, this year, for legislators as well. Both the House and Senate budgets, as well as the final budget, included $3 million in non-recurring funding to support the establishment of a residency program at Cape Fear Valley Medical Center due to its reclassification by the Centers for Medicare and Medicaid Services (CMS) as a rural hospital. This funding will ensure more residency positions in North Carolina, which serve as an excellent resource in assisting physician retention efforts for our state.
1. State Health Plan administrative changes ...

2. Your actions instrumental in stopping balance billing changes ...

3. More to come on Assignment of Benefits ...

State Health Plan
The State Health Plan strategically pushed modifications to the state plan by filing a bill jointly in the House and Senate. Both chambers passed the legislation, which would require state retirees to pay the balance of premiums not paid by the state. In addition, employees with children must proactively enroll their child for coverage through the state health plan within 30 days rather than the previous automatic enrollment for children. Providers also are required to maintain copies of records for the beneficiary as well as State Health Plan Division staff, but are permitted to charge a reasonable fee for the copies provided.

(This bill has not been signed by Gov. Cooper as of July 18, 2017)

Assignment of Benefits
On one of the last nights of the session, a last minute amendment narrowly defeated legislation included in the technical corrections bill (HB229) that would have mandated insurers to pay health care providers directly so long as there was a contract between the provider and patient assigning their benefit. This narrow vote offers us future opportunities to educate legislators on how this language could positively impact your practice.

Balance Billing
The NCMS took strong and decisive action to oppose SB 629 – Health Care Services Billing Transparency. This proposal would have been a disaster for provider insurance contract negotiations by completely eliminating any leverage a medical practice would have in negotiating with insurance companies. The bill would have placed a statutory cap on reimbursements at Medicare rates for any out-of-network services. While this bill was filed in early April, it did not move out of the Senate Rules and Operations Committee. Your response to the Senate Health Care Committee through the NCMS’ Action Alert helped prevent this bill from moving forward. The issues legislators sought to address in this bill will likely resurface in future sessions, and, as always, the NCMS will remain vigilant in safeguarding your ability to negotiate fair contracts with insurance providers.

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1. North Carolina has seen a 442 percent increase in opioid overdose deaths ...

2. Significant changes reduced new burdens on doctors and other providers ...

3. The STOP Act has been looked to as a model for other states ...

Opioids
Growing numbers of opioid abuse deaths throughout the United States and in North Carolina prompted policymakers to respond with legislation aimed at curbing this epidemic. North Carolina has seen a 442 percent increase in opioid overdose deaths between 1999 and 2015. This drastic increase led the NC Attorney General and the NC General Assembly to take action during the 2017 Legislative Session to combat this devastating trend. HB 243 – Strengthen Opioid Misuse Prevention (STOP) Act was signed into law by Governor Roy Cooper on June 29, 2017. The NCMS supported this legislation and worked to ensure appropriate drug schedules were included as well as pushing for a delay in electronic prescribing requirements until 2020. Review the provisions of the law on our 2017 Legislative blog. The STOP Act has been looked to as a model for other states seeking to address the opioid abuse crisis.
1. Advanced Practice Registered Nurses seek Unsupervised, Independent Practice in NC ...

2. Optometrists seek to perform Surgery on NC patients with little training ...

3. Naturopaths seek certification or study when new licensure effort doesn’t seem possible ...

Unsupervised APRNs
The well-formed coalition of nursing groups continue to seek independent practice for all APRNs in NC.

The focus of the effort has been advanced under the idea that APRNs can solve a physician shortage crisis in rural areas across NC.

APRNs are an invaluable part of the medical team but full and unrestricted independent practice is not the way to address the needs of our rural citizens or lower overall healthcare costs.

NCMS continues to oppose this current proposal in the NC General Assembly while also examining the needs for healthcare delivery in the future through a recently appointed taskforce.

Surgery on the EYE
Optometrists sprang from the beginning of this session with furied force in an effort to expand their scope of practice into surgery.

Ophthalmologists from across NC responded in partnership with the American Academy of Ophthalmology, the NCMS and other state and national specialties to oppose this effort. The bill passed the NC House as a study but did not advance through the NC Senate.

The bill remains under intense discussion and debate.

Naturopaths continue efforts
Naturopaths continue to work hard to seek licensure in NC. Their efforts have been stymied by the lack of enthusiasm by the NC General Assembly to approve any new licensure boards.

In response, Naturopaths have sought certification as an alternative. The NCMS has worked to ensure that any bill moving forward would include an appropriate definition of their practice, strong education requirements and meaningful oversight by their new board.
1. A positive step toward addressing the needs of the working poor ...

2. Minimal annual premium requirement ...

3. Discussions continue during the interim break ...

HB 662
Sponsors of HB 662—Carolina Cares—took a positive step toward addressing the needs of the working poor like fisherman, farmers, and some veterans, who currently are ineligible for Medicaid, but cannot afford to purchase health insurance coverage due to their income level. The bill required participants to pay an annual premium of 2 percent of the participant’s household income. While the bill did not move from the House Health Care Reform Committee, we see this as a great starting point for discussing how North Carolina can provide health care services to some of our hardest working citizens.