



PREVENTION, PUBLIC HEALTH, and MEDICAID REFORM

The Public Health System in NC is the only system that includes a strong network of accredited services in all 100 counties. Local Public Health serves patients in 3 domains consistent with state and federal mandates that will remain: 1. Clinical Primary Care, 2. Prevention Activities and 3. Epidemiology (the study of disease in populations).

The redesign of the Medicaid System in NC aims to improve the quality of care for Medicaid beneficiaries, while at the same time reducing per-capita costs. **Public health saves lives, saves money, and already delivers on the goal of Medicaid reform: high quality care, low cost care, with a population health focus.**

Local health departments are providers-of-last resort for Medicaid and uninsured populations. Proposals in the House and the Senate do not establish a wrap-around or inclusionary approach to Public Health or Safety Net providers. These services can continue to be delivered in order to stabilize the Medicaid outlays at a fixed predictable amount consistent with the legislative direction to create a predictable budget – but only if local public health departments are included in the plan. **Public health prevents and addresses the most expensive health issues to our country and state – chronic diseases (obesity, diabetes, cancer, heart disease, stroke, etc).**

Please include the following language in any Medicaid Reform legislation.

“Essential community providers who historically have predominantly served low-income indigent clients will be given priority for inclusion into each network.”

- Language in any Medicaid Reform legislation should include safety net providers, **prevention, and public health services.**
- Prevention and public health services provide essential tools to keep health-related costs low in each community and save money for hospitals and private practice physicians.
- The NC Public Health System can serve as an umbrella organization that wraps supportive services around Medicaid programs as a designated safety-net provider for Medicaid; can provide individual and community based prevention services to its clients; and can conduct epidemiological surveillance, communicable disease prevention, treatment and follow up.
- Data consistently indicates access to quality clinical care accounts for 10% of the impact on health outcomes for a given population while 30% of that same population’s health is determined by health behavior.
- Detecting, monitoring, and addressing communicable disease saves money and lives and safeguards our state’s economy.
- Local Public Health must have predictable, baseline funding to **Address Rapidly Emerging Infectious Disease** so preventive measures can be implemented without delay (e.g. Ebola, Enterovirus D68, Zika Virus, Coronavirus, Measels, Meningitis, MERS-CoV, Tuberculosis, Influenza, anti-biotic resistant superbugs)
- **Communicable disease prevention and control is an essential and distinct cornerstone of public health work, is required by NC General Statute, and is distinctly under the authority of state and local public health departments.**

- In light of recent national and international concern around communicable disease outbreaks, it is imperative that local health departments have a *minimum set of resources* available to detect, monitor, respond to, treat, educate, prevent, and communicate clearly about disease threats within their jurisdictions.
- Support for the basic core functions of local public health departments at the federal and state levels is waning, along with capacity funding, impacting local public health's ability to accomplish mandated services. The infrastructure of public health is at risk and one missing piece is like pulling out a piece at the bottom of a Jenga game:



- Contributions from the NC Division of Public Health to local health departments are distributed to each county annually, yet, the local cost of delivering the services has increased significantly. **The state supports only approximately 10% of the total cost of communicable disease work at the local level.**
- Additional funds are badly needed to address communicable disease – \$50 million additional funding will help but will certainly not fill the gap completely for costs associated with the essential work performed across our 100 counties.
- Communicable disease in public health includes but is not limited to: Tuberculosis control, monitoring and treatment, rabies control, HIV testing and treatment, foodborne illness and outbreak investigation, sexually transmitted infections, and emerging infectious diseases that threaten the public's health such as Ebola, Enterovirus, Coronavirus, Meningitis, MERS-CoV, and multiple strains of influenza, and now, Zika Virus.