



NCAALHD

North Carolina Association
of Local Health Directors

2018 – 2019 Legislative Priorities for Public Health

Close the Medicaid coverage gap.

The coverage gap was created by the 2012 Supreme Court ruling which stipulated states could decide whether or not to expand Medicaid. North Carolina did not. The coverage gap includes people who aren't eligible for Medicaid yet their incomes are too low to qualify for Affordable Care Act (ACA) subsidies. For example, adults who earn between \$737 a month and \$1,674 a month for a family of three are in the gap and are currently left out of both Medicaid and ACA subsidies. Closing the gap would cover 500,000 North Carolinians and would protect vulnerable families in need of critical medical care.

Provide additional state funding to address increased demands associated with communicable and emerging infectious diseases.

Local health departments must have the capacity to perform communicable disease control and surveillance activities in order to prevent the spread of disease and protect the public. In the last 10 years, cases of communicable diseases have increased over 200%. State funding to support communicable disease efforts has remained stagnant creating pressures on local governments to meet the demands. In FY 17, general communicable disease control cost over \$20 million and state funding only provided 4.3% of that cost. Provide an additional \$8 million to expand local infrastructure for communicable disease activities which will reduce the spread of disease, protect the public and prevent unnecessary healthcare expenditures.

Enact Tobacco 21.

The National Youth Tobacco Survey reports that in 2014 overall use of tobacco among youth rose, exposing dangerous new trends. Clever marketing of emerging tobacco products (i.e. electronic cigarettes, hookah, and flavored cigars) have reversed the downward trend of overall tobacco use among youth in North Carolina and is putting millions of youth at risk of lifelong lethal nicotine addiction. An estimated 180,000 children now under the age of 18 in North Carolina will eventually die early due to smoking with 6,800 children in North Carolina becoming daily smokers each year. Between 2011 and 2015, use of electronic cigarettes among North Carolina high school students increased by 888% (from 1.7% to 16.8%). Between 2011 and 2013, overall tobacco use increased by 3.9% from 25.8% to 29.7% due to the increased use of emerging tobacco products. Tobacco 21 legislation would reduce early initiation of tobacco use, reduce tobacco use among youth, save lives and reduce healthcare expenditures.

Restore Women's & Children's Health Block Grant funding to local health departments.

Block grant has provided core capacity to local health departments to provide evidence-based programs for women and children in local communities and helps offset the cost of uninsured care. Since 2011, "carve outs" of the WCH Block Grant have increased from less than 10% of the total to almost 40% in 2017. The redirection of these funds has resulted in a \$2.2 million reduction to local health departments for critical services like maternal health, child health and women's health services. Funding is critical for addressing unfavorable infant mortality rate in North Carolina.