

North Carolina Council on Health Care Coverage

Background

On December 4, 2020, Governor Roy Cooper announced the formation of the North Carolina Council on Health Care Coverage. The Council includes bipartisan members of the General Assembly and representatives from a variety of sectors including business, nonprofit, and health care (see the complete list of members in the Appendix).

The North Carolina Council for Health Care Coverage met on December 4, 2020, December 18, 2020, January 8, 2021, and January 22, 2021 to review the state of health care coverage in North Carolina, explore how other states have increased health care coverage, learn from fellow Council members, and develop the set of principles included here. Recordings, meeting materials, and ongoing updates can be found [here](#). In addition, find summaries of each of the meetings [here](#). The unique and diverse members of the Council brought perspectives from state policymakers, local government, for-profit and non-profit businesses, providers, health plans, communities, and faith leaders.

Working together, the Council identified the following guiding principles that can aid the Governor and legislators in the development, review, and enactment of a successful plan to increase affordable, quality, and comprehensive health care coverage for North Carolinians who currently do not have access to such coverage.

Guiding Principles

Maximize Health Care Coverage:

- Increase affordable, quality, comprehensive health care coverage¹ for as many North Carolinians without access to affordable comprehensive health insurance as possible.
- Multiple solutions may be required to achieve this goal for North Carolina which may include: association health plans; limited expansions for pregnant women, substance use disorder populations, and parents of foster care children; Medicaid expansion; promoting enrollment in marketplace plans; reinsurance; and tax credits for employers.

Efficiently Use Tax Payer Dollars: Any solution implemented should prioritize the efficient use of tax payer funds, including by securing and optimizing federal funds and other funding sources where feasible.

Ensure Program Simplicity: While multiple coverage options may be leveraged together to cover the maximum number of North Carolinians, attention should be paid to ensuring that the system is simple to navigate for consumers and providers.

Enhance the Health of North Carolinians: The coverage options implemented should center around the goal of improving the health of the state as a whole and should aim to cause no harm to access, coverage, or health.

¹ Comprehensive coverage includes all essential health benefits. These include providers' services, inpatient and outpatient hospital care, prescription drug coverage, pregnancy and childbirth, mental health services, and more.

Health System and Provider Sustainability: Coverage options that are considered for North Carolina should invest in the long-term fiscal sustainability of the health care system for consumers, providers, hospitals, safety net organizations, rural communities, and the state.

Strengthen Our Rural Communities: In considering how to improve coverage and the health care system in North Carolina, specific considerations must be provided to rural areas of the state to ensure any reforms considered include best practice models for rural care and would help to improve coverage of residents and sustainability of providers, including hospitals, in those areas.

Reduce Health Disparities: Solutions to increase health care coverage should prioritize reducing disparities including but not limited to by race and ethnicity, income, geography (rural and urban), and gender identity and sexual orientation.

Expand Access to and Coverage of Behavioral Health Services: North Carolina is experiencing a behavioral health crisis and residents need improved access to preventive, early intervention, and community-based mental health and substance use disorder treatment. Such access requires insurance parity² for and increased access to and coverage of certain behavioral health services.

Support the Business Community: Health care coverage options should support businesses, both for-profit and non-profit, who struggle to provide affordable health insurance to their employees and have been negatively impacted by COVID-19. Solutions should be considered that increase coverage and access to coverage, especially for small businesses, and policy solutions that make coverage more affordable for all businesses.

Additional considerations for access: In addition to health care coverage, the Council identified the following supplementary areas of the health care system that may be prioritized for reform.

- Improve the affordability of health care services
- Strengthen and maintain access to telehealth (including broadband access, continuing flexibilities allowed under Medicaid during the public health emergency, mirroring Medicaid flexibilities in commercial health plans, scope of practice, and licensure)
- Enhance network adequacy
- Expand workforce development and distribution including efficient utilization of providers, provider incentive programs, pipeline programs, and loan repayment programs
- Support access to primary care
- Address the social determinants of health
- Incentivize preventive services (including vision and dental)

Impacts of COVID-19

The Council acknowledges that COVID-19 has exposed and exacerbated challenges, barriers, and inequities within the health care system that existed long before the current pandemic. While many of these principles could assist North Carolina in recovering from the current pandemic, they are also crucial to the long-term health and economic success of the state. The Council has identified that delays in action will result in progressively worse outcomes for the state.

² Behavioral health parity refers to the equal treatment of mental health and substance use disorder services by insurance plans. The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) is a federal law that prevents health insurers from imposing less favorable benefit limitations on behavioral health benefits than on medical/surgical benefits. North Carolina has state-specific parity legislation in place, but parity has not yet been reached.

Appendix: List
Members

of Council

Rep. Gale Adcock, MSN, RN, FNP NC House of Representatives

Chip Baggett, JD, CEO, NC Medical Society

Rep. Kristin Baker, MD, NC House of Representatives

Rep. John Bell, IV, NC House of Representatives

James Brigman, Pastor, St. Paul United Methodist Church

Cassandra Brooks, Owner/Operator, Little Believer's Academy

Senator Jim Burgin, NC Senate

Mandy Cohen, MD, MPH, Secretary, NC Dept of Health and Human Services

Casey Cooper, BSN, MBA, FACHE, CEO, Cherokee Indian Hospital Authority

Rep. Carla Cunningham, RN, BSN, NC House of Representatives

Andy Ellen, JD, President & General Counsel, NC Retail Merchants Association

Don Flow, Owner/CEO, Flow Automotive Companies

Mickey Foster, MHA CEO, FirstHealth of the Carolinas

Tina Gordon, MPA, CAE, FACHE, CEO, NC Nurses Association

Lisa Harrison, MPH, Director, Granville-Vance Public Health

Reg Henderson, VP, Government Relations, Lowe's

Senator Ralph Hise, M.Ed. NC Senate

Vivian Howard, Chef, Restaurateur, and Author

Senator Brent Jackson, NC Senate

Senator Joyce Krawiec, NC Senate

Rep. Donny Lambeth, NC House of Representatives

Steve Lawler, President, NC Healthcare Association

Mehul Mankad, MD, DFAPA, Chief Medical Officer, Alliance Health

Kenya McNeil-Trice, MD, Professor and Vice Chair of Education in Pediatrics, UNC

Tommy Newton, MD, Family Physician

Lynne Pierce, Executive Director, SAFE Food Ministry

Dave Richard, Deputy Secretary, NC Dept of Health and Human Services

Sen. Gladys Robinson, PhD, NC Senate

Gary Salamido, MS, President and CEO, NC Chamber

Merritt Seshul, MD, MBA, FACS, NC Medical Society Representative

Erica Smith, Executive Director, Care4Carolina

Tunde Sotunde, MD, MBA, FAAP, President and CEO, Blue Cross Blue Shield of NC

Margaret Weller-Stargell, President and CEO, Coastal Horizons

Rep. Donna White, RN, NC House of Representatives

Dale Wiggins, Chairman, Graham County Board of Commissioners

Senator Mike Woodard, NC Senate

Patrick Woodie, President, NC Rural Center

Gene Woods, MBA, MHA, FACHE, President and CEO, Atrium Health