

North Carolina Citizens for Public Health Legislative Priorities 2021

After reviewing the 2021 legislative priority lists from the following organizations:

- North Carolina Public Health Association (NCPHA),
- North Carolina Alliance for Health (NCAH),
- North Carolina Association of Local Health Directors (NCALHD), and
- North Carolina Association of County Commissioners (NCACC)

as well as our 2019 legislative priorities, the North Carolina Citizens for Public Health has decided this year that it will target the three priorities that it feels have a chance for being funded this year and will have the greatest impact on improving the health of the citizens of North Carolina to **VERY ACTIVELY SUPPORT**. We **ENDORSE** all of the other priorities on these four lists. In addition, for the North Carolina Board of Nursing, we **ENDORSE** the SAVE (Safe, Accessible, Value Directed, Excellent) Act [**SB 249, HB 277**] which would remove barriers that prevent Advanced Practice Nurses from practicing to the full extent of their training.

1. **SUPPORT** legislation that will **close the health insurance coverage gap in North Carolina** and provide access to affordable coverage to the more than 500,000 individuals living in the coverage gap. The appropriate legislation must address four key principles which are: Accessibility, Affordability, Accountability, and Economic Development. Care4Carolina will take the lead on this and NCPHA, NCALHD, and NCAH are also supporting this.
Background: Adults who earn between \$737 a month and \$1,674 a month for a family of three in NC are ineligible for both Medicaid and subsidies under the Affordable Care Act. [Taken from the NCALHD 2021 priority list.]
2. **SUPPORT** legislation that will **expand the infrastructure of local health departments** so they can better address the critical public health needs revealed by the COVID-19 pandemic. This pandemic has made it clear that local health departments need significant recurring funds to address of the COVID-19 pandemic—including vaccine distribution, as well as ensure North Carolina’s long-term public health and economy recovery. **HB 61**, introduced by Donna White with support from other legislators, would put \$36 million in recurring funds to be allocated to local health departments to prevent and manage chronic disease. NCPHA and NCALHD are also supporting this.
Background: In the past 10 years the population grew 11% (over 1 million people) and cases of communicable diseases increased by more than 200%, while state funding to address the challenge of communicable diseases in NC has remained the same. In FY 2017, the cost of responding to communicable disease in NC totaled more than \$20 million — with the state providing only 4.3% of that total. Providing an additional \$36 million to expand local infrastructure for community communicable disease activities will reduce the spread of disease, protect the public, and prevent unnecessary healthcare costs. Last year’s budget included \$8 million for communicable disease services but the Governor never signed it, and this didn’t happen. [Primarily taken from the NCALHD 2021 priority list and the Office of State Budget and Management County/State Population Projections.]
3. **SUPPORT restoring Federal Women and Children’s block grant funding** and **OPPOSE efforts to divert state funding from public health**. Federal Women and Children’s block grant funding provides core capacity to local health department to provide evidence-based program for women and children in local communities and helps offset the cost of uninsured care. NCPHA, NCALHD, and NCACC are also supporting this.
Background: Unfortunately, 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 the local health departments for critical services like maternal health, child health and women’s health services. Restoration of this funding is critical to improving the health of thousands of North Carolina’s children and mothers—and to reducing the state’s infant mortality rate. [Taken from the NCALHD 2021 priority list.]