

# NCPHA e-newsletter

E-Letter from the NC Public Health Association and the NCPHA Public Awareness Committee

**FEBRUARY 2013**

## Gayle Harris Receives Ham Stevens Award



NCPHA Past President and Durham County Health Director Gayle Bridges Harris, MPH, RN, received The Ham Stevens Award at the NC Association of Local Health Directors meeting on January 29<sup>th</sup>, which was held in conjunction with the NC State Health Director's Annual Conference. This award is given to individuals who exemplify the qualities of a former health director and friend of public health, Ham Stevens, M.D. Dr. Stevens was largely responsible for bringing administrative health directors and medical health directors together to form the North Carolina Association of Local Health Directors (NCALHD). He served as the Association's first President and was a former Health Director for Onslow, Pender, Duplin and Buncombe counties. Harris was recognized for her leadership within NCALHD and her 40 years of service to the Durham community as a nurse, community volunteer, civic leader and county health director. Harris was also 2012 President of the North Carolina Public Health Association.

## President's Column

*After a collaborative strategic planning session, President Phillip Tarte is excited for the future of public health in North Carolina.*

Last week, NCPHA officers participated in a very productive strategic planning session with leadership from the NC Local Health Directors Association and the NC Alliance for Public Health Agencies. It was a great time to share individual visions for the three organizations and pull together commonalities that focus on strengthening the public health potential for North Carolina.

During that meeting, we all agreed that we would be committed to "transforming North Carolina's health care system into a system of health," and the only way to achieve that commitment was to rely and support each other in our ever-changing environment.

How do we do that? We do it by delivering consistent messages with agreed upon goals that policymakers and citizens in this great state can understand and embrace. We outline the potential limitations that we see for ourselves and our organizations, and harness the strengths we all possess for a common good. And finally, we embrace the ideas from our sister organizations, adopt those ideas and move the needle for public health in this great state.

As we move into this new year, I am excited about the realities that by working together, with the common voice we so adamantly discussed last week, we can continue to make North Carolina Public Health the nation's model.

# New Prevention Institute Report Available

The Prevention Institute has issued a new report, *How Can We Pay for a Healthy Population? Innovative New Ways to Redirect Funds to Community Prevention* (<http://preventioninstitute.org/component/jlibrary/article/id-332/127.html>).

The report is aimed at encouraging innovation and highlights pioneers "that have found surprising new ways to capture funds already in the healthcare system and redirect them to pay for population health measures that prioritize community prevention."

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## Mark Your Calendars!

### March 2013

#### March 4-6, 2013

Dental Public Health Conference  
Greensboro, NC

#### March 8, 2013

NC SOPHE Mid-Year Meeting  
Burlington, NC

#### March 21, 2013

NCALHD Business Meeting  
Raleigh, NC  
10:00 a.m.

#### March 27, 2013

NCPHA Governing Council Meeting  
Winston-Salem, NC  
10:00 a.m.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31					1	2
3	4 	5 	6 	7	8 	9
10	11	12	13	14	15	16
17	18	19	20	21 	22	23
24	25	26	27 	28	29	30

If you would like to submit dates for the NCPHA calendar, please send them to Kim Dittmann at [kdittmann@ncapha.org](mailto:kdittmann@ncapha.org). The calendar link is: [https://www.ncpha.com/NCPHA/Conference\\_and\\_Events/Calendar/Core/Events/EventsCalendar.aspx?hkey=aca590d4-44c0-46de-a7b8-02d64694e97b](https://www.ncpha.com/NCPHA/Conference_and_Events/Calendar/Core/Events/EventsCalendar.aspx?hkey=aca590d4-44c0-46de-a7b8-02d64694e97b)

# NC General Assembly Begins New Session

*A legislative update from Peg O'Connell*



The General Assembly began its regular two-year session on January 30<sup>th</sup>. There was an earlier one-day organizational session on January 9<sup>th</sup> at which House Speaker Thom Tillis, R-Mecklenburg and Senate leader Phil Berger, R-Rockingham were elected to second terms leading their respective chambers, with their selections taking place while Gov. Pat McCrory looked on from the chamber galleries. Republicans now control the governor's mansion and enjoy veto-proof majorities in the House and Senate. They also control a majority of votes on the state Supreme Court.

In their opening day remarks, both Berger and Tillis spoke about public schools and tax structure. Tillis will focus on public school reform and encourage cost-effective educational innovation, including charter school flexibility. Also at the top of the legislative "to do list" in the health care area will be funding for the current Medicaid program, possible Medicaid expansion under the Affordable Care Act and the decision whether to create a state-based health insurance exchange under the new law.

Besides Berger and Tillis, Rep. Paul "Skip" Stam, R-Wake will serve as House speaker pro tem and Sen. Louis Pate, R-Wayne, will be Senate deputy president pro tem. The new House Minority Leader will be Larry Hall, D-Durham and the Senate Minority Leader will be Martin Nesbitt, D-Buncombe. In addition, the House elected Rep. Edgar Starnes as Majority Leader, R-Caldwell, and Majority Whip will be Rep. Mike Hager, R-Cleveland, Rutherford.

This session is also remarkable for the number of new – or relatively new – legislators that will serve. The number of lawmakers with extensive legislative experience has dwindled quickly in the House and Senate chambers. Two years after 44 freshmen legislators arrived when Republicans took control of both chambers for the first time in 140 years, another 55 newcomers came to the General Assembly this year. When midterm replacements are added, 102 of the 170 legislators seated three years ago are now gone. While these new members will bring new energy to the legislative process, a combined 652 years of institutional memory has been lost. This can be problematic as the State faces so many complex issues, like Medicaid funding, tax policy and health care reform. A big focus for NCPHA over the coming months will be to reach out to these new members to educate them on important issues of concern to the public health community.

# North Carolina Health Exchange—What Will It Be?

*Peg O'Connell provides a brief overview of the proposed health insurance exchanges in North Carolina.*

Starting October 1st, new insurance markets called health insurance exchanges will open in each state. These exchanges are a centerpiece of the Affordable Care Act (ACA) passed by Congress in 2010. Legislation recently introduced in both the NC Senate and House, however, calls into question what form the health exchange will take in North Carolina.

Health insurance exchanges are intended to offer individuals and their families a choice of private health plans resembling what workers at major companies and in government already get. The federal government will help many middle-class households pay their premiums, while low-income people may be referred to Medicaid or other safety net programs.

As originally passed, ACA gave states three options for setting up their health insurance exchange. The first option was to establish a state-based exchange, which would be run solely by the State within federal guidelines. In North Carolina, a state-based exchange would function as a collaboration between the Department of Insurance and the Department of Health and Human Services. This option would have required legislative action, but because of a variety of reasons, the State missed its deadline for declaring a state-run exchange in the program's first year.

The second option was for the State to establish an exchange in partnership with the federal government. This would create a shared responsibility between the two governments, with the State running the enrollment, outreach and patient navigation functions involving more hands-on, people-oriented services. This was the option chosen by out-going Governor Beverly Perdue, with the seeming concurrence of incoming Governor Patrick McCrory and work by the Department of Insurance and DHHS was proceeding in this fashion.

Now, legislation introduced in both houses of the General Assembly seems to be on the fast track to withdraw any state support for the exchange, block expansion of Medicaid to poor adults in North Carolina, and require the State to hand over all aspects of its new health insurance exchange to the federal government. SB 4/HB 16 - No N.C. Exchange/No Medicaid Expansion is a response to the Affordable Care Act.

This pending action by the legislative branch is in direct conflict with what has been happening in the executive branch, questioning the form and function of the health insurance exchange. Other states have opted to let the federal government run their exchanges, but they chose this option over a year ago, giving the federal government time to set up mechanisms to meet the October 1<sup>st</sup> deadline. This is an issue that will continue to develop over the coming months.

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