



INTRODUCTION

After a couple of contentious weeks at the legislature, both chambers have decided to take a break from Raleigh to return to normal business on Monday, September 30th. With the Senate out of town, the fate of the veto override is still up in the air, but we can expect both sides of the aisle to be better prepared when the vote is taken in the Senate. Per Senate rules, the Senate Rules chair must give the minority leader at least 24 hours' notice that a vetoed bill may be considered by the Senate.

After legislators return to the General Assembly, we can expect another delay on the override vote. After Sen. Dan Bishop won the 9th Congressional District special election, he resigned from the General Assembly. Until a replacement is appointed for this Republican seat, it is unlikely that an override vote will be taken. Along with Sen. Bishop's seat, Republicans will also need one Democrat to vote with them on the override, which appears to be an uphill battle for Republicans after many Democrats have already publicly stated that they will vote to sustain Gov. Cooper's veto. After what happened in the House, that many Democrats are calling an ambush, the pressure is on for Senate Democrats to stand together and sustain the veto.

If the votes are not there to override the budget, the Senate could likely return to passing mini-budget bills. The Senate may try to take their time on the veto override with hopes of adding extra pressure on the Governor to come to the negotiating table. After losing the House in what the Governor called a new low, the pressure is likely gaining on the Governor to consider all of his options moving forward. If Gov. Cooper can get the full support of all Senate Democrats, the override may never be taken up, but then Republicans could still push through mini-budget bills to be able to get their priorities funded without need of a compromise. It is possible under the circumstances that the Governor may reconsider a compromise with Republican leadership, but that would require a new position on Medicaid expansion and the Governor has been clear this entire session that Medicaid expansion is his top priority. If the budget debate can come to a close then it is likely that this session will also be at its end, but time will tell. As you can see, we have many questions with few clear answers.



NORTH CAROLINA COLLEGE OF EMERGENCY PHYSICIANS



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BILL UPDATES

HOUSE BILL 655, NC Health Care for Working Families, was heard in the House Health Committee this week after Speaker Moore had promised to move this bill after a successful override vote on the budget. The bill is Rep. Donny Lambeth's legislation that would expand Medicaid with the addition of work requirements and 2% premiums for recipients.

Under the bill, North Carolinians would be eligible for Medicaid if their income did not exceed 133% of the poverty level, are between 19 and 64 years old, are not already covered by Medicare, are ineligible for the existing Medicaid program in North Carolina, and meet federal citizenship and immigration requirements. Premiums would be set at 2% of a person's annual income. Recipients would need to work or volunteer 80 hours per month, with some exceptions for those with disabilities or who are caregivers. Some of the costs would be paid for by a new assessment on hospitals. The bill also includes provisions that would halt implementation if work requirements or premiums aren't approved by the federal government or if hospital assessments don't cover enough of the costs.

The bill moved to the House calendar on the day of Cooper's budget veto and then moved off the calendar and back to the House Health Committee on the same day as the veto override vote. The committee heard the bill this week, where some relatively minor changes were made.

The most recent version of the bill would:

- extend the period for participants to make premium contributions before suspension is triggered, from 90 days to 120 days of the due date of the contribution;
- add immunizations to the preventative care and wellness activities the Department of Health and Human Services (DHHS) is required to include in the program;
- expand the exemptions for work requirements to more specifically include individuals living in the home with, and serving as the primary caregiver for, a dependent child, a disabled or medically frail adult child, or a disabled parent, disabled spouse, or other disabled and medically frail relative;
- prohibit DHHS from implementing the program and requires that DHHS cease all activities related to implementation if the program approved by the Center for Medicare and Medicaid Services (CMS) fails to materially comply with the program components required by the act;
- prohibit DHHS from providing program coverage until all program components can be implemented in the event the State is enjoined, stayed, or otherwise prohibited from implementing any program component approved by CMS;
- prohibit all activities related to implementation, except for continuing to seek federal approval of the program, if legislation is not enacted to ensure premium tax is levied upon capitation payments received by Prepaid Health Plans in the same manner the tax is applied to gross premiums from business done in the State for all other health care plans;
- prohibit implementation and all related activities in the event the program approved by CMS does not allow for participant contributions collected by the State to be treated as State funds eligible for federal matching funds;
- extend the date by which DHHS must submit its design proposal for the program to the General Assembly, from October 1, 2019, to March 1, 2020;
- require DHHS to quarterly publish information regarding program eligibility and participation on its website, beginning October 1, 2020;

- include activities that decrease or eliminate healthcare disparities in those eligible to be funded by a grant from the NC Rural Access to Healthcare Grant Fund;
- provide that the Rural Access to Healthcare Grants program is effective only if legislation is enacted to ensure that premium tax is levied upon capitation payments received by Prepaid Health Plans in the same manner the tax is applied to gross premiums from business done in the State for all other health care plans; and
- remove the provision making the entire act contingent on the passage of H966, 2019 Appropriations Act(the budget bill).

Rep. Lambeth has said he will continue to tweak the bill during the General Assembly’s break until September 30, and some advocacy groups are planning to use that time to shore up votes in the House. But, the full expansion of Medicaid, for which Governor Cooper has advocated, is still on hold. And, Senate President Pro Tem Phil Berger continues to assert that there are not enough votes in the Senate to pass any form of Medicaid Expansion, including House Bill 655. **The bill as amended was approved by the House Health Committee and will next be considered by the House Rules Committee.**

HOUSE RESOLUTION 1021, [Require Veto Vote W/I 5 Days of Calendaring](#), would amend the 2019 House Permanent Rules to require, in all circumstances, a vote to override a gubernatorial veto on a House or a Senate bill to be taken within five legislative days following notice of its placement on the calendar. **Introduced by Representatives Lofton and Everitt and referred to the House Rules Committee.**

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