

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2015

FILED SENATE  
Mar 19, 2015  
S.B. 354  
PRINCIPAL CLERK

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SENATE DRS35127-MM-88 (03/19)

Short Title: North Carolina Healthcare Jobs Initiative. (Public)

Sponsors: Senators Bryant and Clark (Primary Sponsors).

Referred to:

A BILL TO BE ENTITLED

AN ACT TO EXPAND ELIGIBILITY FOR THE MEDICAID PROGRAM TO INCLUDE ALL PEOPLE UNDER AGE SIXTY-FIVE WHO HAVE INCOMES EQUAL TO OR BELOW ONE HUNDRED THIRTY-THREE PERCENT OF THE FEDERAL POVERTY LEVEL, TO APPROPRIATE FUNDS FOR COSTS ASSOCIATED WITH THE EXPANSION, TO ACCOUNT FOR THE SAVINGS TO OTHER STATE PROGRAMS AS A RESULT OF THE EXPANSION, TO APPROPRIATE THE ADDITIONAL FUNDS GENERATED FROM EXPANSION TO THE MEDICAID REBASE, AND TO HAVE THE STATE SHARE OF COSTS OF THE EXPANSION FUNDED BY HOSPITAL PROVIDERS.

Whereas, Medicaid expansion would create positive economic benefits for the State of North Carolina through the influx of Federal funds that would attend Medicaid expansion; and

Whereas, Medicaid expansion would increase demand for health care services provided by health care providers, such as physicians, hospitals, pharmacies, and home health agencies; and

Whereas, the economic benefits of Medicaid expansion would extend beyond the health care industry because health care workers purchase goods and services in the broader economy; and

Whereas, an increase in employment and an increase in the purchase of goods and services would increase income taxes and sales and use taxes payable to the State; and

Whereas, this act provides for a new hospital assessment to be used as the temporary funding source to pay for the additional costs of Medicaid expansion with the intent that the assessment be phased-out as the tax revenues generated by the economic benefits from expansion of the Medicaid program are realized; Now, therefore,

The General Assembly of North Carolina enacts:

**SECTION 1. Repeal of Prohibition on Medicaid Expansion.** – Section 3 of S.L. 2013-5 is repealed.

**SECTION 2. Medicaid Expansion Required.** – Effective January 1, 2016, the Department of Health and Human Services, Division of Medical Assistance, shall provide Medicaid coverage to all people under age 65 who have incomes equal to or less than one hundred thirty-three percent (133%) of the federal poverty guidelines. The medical assistance provided to persons in this Affordable Care Act expansion group shall consist of the coverage described in 42 U.S.C. § 1396a(k)(1). Specifically, persons in the expansion group who have access to employer-sponsored insurance shall be eligible for assistance with the cost of



1 insurance through the existing North Carolina Health Insurance Premium Payment (NC HIP)  
2 program.

3 **SECTION 3. Appropriation to Pay for Administrative Costs.** – There is  
4 appropriated from the General Fund to the Department of Health and Human Services, Division  
5 of Medical Assistance, the sum of six million five hundred ninety-one thousand two hundred  
6 twenty-four dollars (\$6,591,224) for the 2015-2016 fiscal year and the sum of seven million  
7 eight thousand seven hundred five dollars (\$7,008,705) for the 2016-2017 fiscal year for  
8 administrative costs associated with the Medicaid expansion required by Section 2 of this act.  
9 These funds shall provide a State match for an estimated nineteen million seven hundred  
10 seventy-three thousand six hundred seventy-three dollars (\$19,773,673) in federal funds for the  
11 2015-2016 fiscal year and twenty-one million twenty-six thousand one hundred sixteen dollars  
12 (\$21,026,116) in federal funds for the 2016-2017 fiscal year, and those federal funds are hereby  
13 appropriated to pay administrative costs associated with the Medicaid expansion required by  
14 Section 2 of this act. If the amount of federal funds available for this purpose exceeds the  
15 amounts set forth in this section, then the expenditure of State funds for this purpose shall be  
16 reduced by an amount equal to the amount of excess federal funds that are available, and these  
17 excess federal funds are hereby appropriated for the purposes described in this section.

18 **SECTION 4. Appropriation to Pay for Medicaid Services in 2016-2017.** –  
19 There is appropriated from the General Fund to the Department of Health and Human Services,  
20 Division of Medical Assistance, the sum of ninety-five million two hundred sixty-four  
21 thousand four hundred eighty dollars (\$95,264,480) in recurring funds for the 2016-2017 fiscal  
22 year as part of the Medicaid rebase. These funds shall provide a State match for an estimated  
23 two billion four hundred forty-five million one hundred twenty-one thousand six hundred  
24 forty-three dollars (\$2,445,121,643) in federal funds in the 2016-2017 fiscal year, and those  
25 federal funds are hereby appropriated to the Division of Medical Assistance to pay for  
26 Medicaid services.

27 **SECTION 5. Reductions to Reflect Savings in Other State Programs.** –  
28 Because the Medicaid expansion required by this act will generate savings to other State  
29 programs that currently serve the population to be included in the Medicaid expansion, the  
30 following reductions are made:

- 31 (1) The appropriation to the Department of Health and Human Services,  
32 Division of Mental Health, is hereby reduced by sixteen million three  
33 hundred seventy-one thousand nine hundred ninety-three dollars  
34 (\$16,371,993) in recurring funds for the 2016-2017 fiscal year. Since the  
35 expansion of Medicaid services under this act will affect only half of the  
36 2015-2016 fiscal year, this appropriation is hereby reduced by eight million  
37 one hundred eighty-five thousand nine hundred ninety-seven dollars  
38 (\$8,185,997) for the 2015-2016 fiscal year.
- 39 (2) The appropriation for the AIDS Drug Assistance Program (ADAP) in the  
40 Department of Health and Human Services, Division of Public Health, is  
41 hereby reduced by twenty-eight million six hundred seventeen thousand two  
42 hundred forty-six dollars (\$28,617,246) in recurring funds for the 2016-2017  
43 fiscal year. Since the expansion of Medicaid services under this act will  
44 affect only half of the 2015-2016 fiscal year, this appropriation is hereby  
45 reduced by fourteen million three hundred eight thousand six hundred  
46 twenty-three dollars (\$14,308,623) for the 2015-2016 fiscal year.
- 47 (3) The appropriation for the Inmate Health Care program within the  
48 Department of Public Safety, Division of Corrections, is hereby reduced by  
49 seventeen million dollars (\$17,000,000) in recurring funds for the 2016-2017  
50 fiscal year. Since the expansion of Medicaid services under this act will  
51 affect only half of the 2015-2016 fiscal year, this appropriation is hereby

1 reduced by eight million five hundred thousand dollars (\$8,500,000) for the  
2 2015-2016 fiscal year.

3 **SECTION 6. Appropriation of 2015-2016 Savings for Medicaid Rebase. –**

4 There is appropriated from the General Fund to the Department of Health and Human Services,  
5 Division of Medical Assistance, the sum of twenty-four million four hundred three thousand  
6 three hundred ninety-five dollars (\$24,403,395) for the 2015-2016 fiscal year as part of the  
7 Medicaid rebase. This sum represents the General Fund savings for the 2015-2016 fiscal year  
8 generated under this act.

9 **SECTION 7.(a)** The statutory sections of Article 7 of Chapter 108A of the General  
10 Statutes, which are known as the "Hospital Provider Assessment Act", are hereby reorganized  
11 into the following parts:

- 12 (1) "Part 1. Title, Purpose, Definitions.", which shall include G.S. 108A-120 and  
13 G.S. 108A-121.
- 14 (2) "Part 2. UPL and Equity Assessments.", which shall include G.S. 108A-122,  
15 G.S. 108A-123, G.S. 108A-124, and G.S. 108A-125. The Revisor of Statutes  
16 shall amend references within these statutory sections to "this Article" to  
17 instead be "this Part" whenever appropriate.
- 18 (3) "Part 3. General Provisions.", which shall include G.S. 108A-126,  
19 G.S. 108A-127, and G.S. 108A-128.
- 20 (4) "Part 4. Medicaid Expansion Assessment.", which shall include  
21 G.S. 108A-131, which is enacted by subsection (b) of this section.

22 **SECTION 7.(b)** Article 7 of Chapter 108A of the General Statutes is amended by  
23 adding the following new section:

24 **§ 108A-131. Additional assessment amount for Medicaid expansion.**

25 (a) Assessment Imposed. – In order for the hospital providers of this State to pay for the  
26 State share of the service and administrative costs of Medicaid expansion, each hospital that is  
27 not fully exempt from both the equity assessment and UPL assessment under G.S. 108A-122(c)  
28 is subject to an additional assessment under this section.

29 (b) Calculation and Notice. – The Secretary shall annually calculate the assessment  
30 amount for a hospital by multiplying the total State share of service and administrative costs of  
31 Medicaid expansion by the hospital provider's percentage of all Medicaid services billed by all  
32 hospitals subject to this section. The Secretary shall notify each hospital that is assessed of the  
33 following:

- 34 (1) The total State share of service and administrative costs of Medicaid  
35 expansion for the applicable time period.
- 36 (2) The hospital's share of all Medicaid services billed.
- 37 (3) The amount assessed to the hospital.

38 (c) Priority of Assessment. – The assessment collected under this section is in addition  
39 to and has greater priority than any assessment that might be collected from a hospital provider  
40 under Part 2 of this Article. As such, if federal limitations on the total amount of Medicaid  
41 assessments that may be collected require the State to reduce the amount of assessments  
42 collected, then the assessment amounts for the equity and UPL assessments shall be reduced  
43 prior to reducing the amount collected under this section.

44 (d) Appeal. – A hospital may appeal an assessment determination through a  
45 reconsideration review. The pendency of an appeal does not relieve a hospital from its  
46 obligation to pay an assessment amount when due.

47 (e) Definition. – As used in this section, the phrase "Medicaid expansion" means the  
48 Medicaid expansion provided in the Affordable Care Act, P.L. 111-148, as amended, for which  
49 the enforcement was ruled unconstitutional by the U.S. Supreme Court in National Federation  
50 of Independent Business, et al. v. Sebelius, Secretary of Health and Human Services, et al., 132  
51 S. Ct. 2566 (2012)."

1           **SECTION 7.(c)** G.S. 108A-124 is amended by adding a new subsection to read:  
2           "**(e)** Reduced Payments. – Notwithstanding subsection (d) of this section, if all or any  
3 part of a payment required to be made under this section cannot be made because the  
4 assessment amounts are reduced pursuant to G.S. 108A-131(c), then the Secretary shall not  
5 refund the assessment proceeds and instead shall reduce the payments as follows:  
6           (1) Equity payments shall not be reduced until UPL payments have been  
7           reduced to zero.  
8           (2) Reductions to the UPL and equity payments shall be applied to each  
9           hospital's payment on a pro rata basis."  
10           **SECTION 7.(d)** This section becomes effective July 1, 2016.  
11           **SECTION 8. Effective Date.** – Except as otherwise provided, this act becomes  
12 effective July 1, 2015.