

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2021

**H.B. 809**  
**May 4, 2021**  
**HOUSE PRINCIPAL CLERK**

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HOUSE BILL DRH30285-MR-122

Short Title: NC Healthy Family Act.

(Public)

Sponsors: Representative Cunningham.

Referred to:

1 A BILL TO BE ENTITLED  
2 AN ACT TO EXPAND MEDICAID IN NORTH CAROLINA.

3 Whereas, by maximizing health care coverage through Medicaid expansion, 626,000  
4 North Carolinians would gain access to comprehensive health care coverage; and

5 Whereas, the COVID-19 pandemic has exposed and exacerbated challenges, barriers,  
6 and inequalities within the health care system that existed before the pandemic. A new urgency  
7 to maximizing health care access for essential and front-line workers in North Carolina is  
8 essential to the overall health of North Carolinians across the State; and

9 Whereas, many people who could gain coverage through Medicaid expansion are  
10 essential or front-line workers who are noted to be at elevated risk from COVID-19. These  
11 workers are continuing to provide care to some of our most vulnerable citizens in North Carolina  
12 communities; and

13 Whereas, North Carolina is experiencing a behavioral health crisis that has been  
14 exacerbated by the COVID-19 pandemic causing a significant increase in depression, anxiety,  
15 and opioid overdoses; and

16 Whereas, the data for 2021 indicates that 204,000 adults with any mental health illness  
17 (AMI) are uninsured in North Carolina. Adult prevalence of mental illness in North Carolina is  
18 estimated to be 1,469,000 people. Approximately 833,000 adults with AMI did not receive  
19 treatment. Approximately 358,000 adults experienced suicide ideation. Approximately 98,000  
20 youth with severe major depressive episodes (MDE) are identified in the State. Around 77,000  
21 youth with MDE are not receiving treatment in 2021. There are estimated to be 33,000 children  
22 with private health insurance that does not cover mental or emotional problems. There are  
23 approximately 544,000 adults experiencing substance use disorder in North Carolina.  
24 Approximately 343,530 adults with cognitive disabilities could not see a doctor due to cost; and

25 Whereas, North Carolina ranks 44th in the country for access to care, 24th in the  
26 country for the prevalence of mental illness, and 26th in the country for mental health workforce  
27 need according to the 2021 State of Mental Health in America Report; and

28 Whereas, Medicaid expansion has demonstrated a reduction in opioid overdoses,  
29 improvement in access to behavioral health services, increased treatment for opioid use disorder,  
30 and increased providers enrolling with Medicaid to provide substance use disorder services; and

31 Whereas, Medicaid expansion would strengthen our rural communities by improving  
32 access to care and the sustainability of the rural hospital workforce; and

33 Whereas, rural residents are 40% more likely to be uninsured and eligible for  
34 Medicaid. On average, health care access for between 7.4% to 12.8% of people residing in rural  
35 counties would gain access to comprehensive health care coverage; and



1           Whereas, 11 rural hospitals have closed since 2005 and many others have cut health  
2 care services, and six rural hospitals have financial risk. These hospitals serve communities of  
3 about 180,000 people in rural counties; and

4           Whereas, Medicaid expansion would assist with reducing health care disparities in  
5 marginalized and underserved communities in North Carolina; and

6           Whereas, infant mortality rate decline is greater in states that have expanded  
7 Medicaid, and there is a greater decline in the mortality rate among African American infants  
8 according to the American Journal of Public Health; and

9           Whereas, research has shown that Medicaid expansion has been linked to better health  
10 outcomes, including increased access to primary care, preventative health services, and  
11 medications, as well as lower out-of-pocket expenses; and

12           Whereas, by expanding Medicaid now, North Carolina becomes eligible for \$2.4  
13 billion in federal monies for over two years; and

14           Whereas, if North Carolina expands Medicaid with coverage beginning by July 1,  
15 2021, then the State qualifies for the increased federal medical assistance percentage (FMAP)  
16 match through June 2023; and

17           Whereas, the 5% increase in the FMAP would layer on top of the 6.2% FMAP  
18 increase that the State is receiving for the duration of the public health emergency; Now,  
19 therefore,

20 The General Assembly of North Carolina enacts:

21           **SECTION 1.(a)** Section 3 of S.L. 2013-5 is repealed.

22           **SECTION 1.(b)** G.S. 108A-54.3A is amended by adding a new subdivision to read:

23           "(24) Individuals between the ages of 19 and 65 with modified adjusted gross  
24           incomes that are at or below one hundred thirty-three percent (133%) of the  
25           federal poverty guidelines and who are not entitled to or enrolled in Medicare  
26           benefits under Part A or Part B of Title XVIII of the federal Social Security  
27           Act."

28           **SECTION 1.(c)** The Department of Health and Human Services is directed to  
29 provide coverage for individuals under G.S. 108A-54.3A(24), as enacted under subsection (b) of  
30 this section, in a manner consistent with S.L. 2015-245, as amended.

31           **SECTION 1.(d)** The costs associated with implementing this act shall be funded  
32 with federal funds received due to the temporary increase in the federal medical assistance  
33 percentage (FMAP) under section 9814 of the American Rescue Plan Act of 2021, P.L. 117-2.  
34 When funds associated with that increase in FMAP are no longer sufficient, it is the intent of the  
35 General Assembly to impose upon hospital providers paying the supplemental assessment or base  
36 assessment under Article 7A of Chapter 108A of the General Statutes, as enacted in Section 15.1  
37 of S.L. 2020-88, an additional assessment that will pay for the State share of the program and  
38 administrative costs associated with coverage for individuals under G.S. 108A-54.3A(24), as  
39 enacted under subsection (b) of this section.

40           **SECTION 2.** This act becomes effective July 1, 2021.