

The election is over. What's next for health care in NC?



Your Turn
Jaclyn Kiger
Guest columnist

For many of us the past months and weeks have been intensely focused on news, information and activity regarding the local, state and national elections. Now that the midterm elections are over and the results are in, the question of what happens now in the area of health care in Western North Carolina is on my mind, and, may be on your mind too given that health care was a top issue in this election. According to NBC News and The Wall Street Journal, health care was the number one issue for voters. Pisgah Legal Services (PLS) is engaged in issues affecting the affordability of health care as well as access and equity issues.

Medicaid

Increasing Access to Care by Closing the Medicaid Gap in NC: On election night the nation watched as three more states voted to “expand” Medicaid to insure very low-income adults who are not otherwise eligible for Medicaid coverage because they do not fit into a disease or age-specific category and their income is too low to qualify for Af-

fordable Care Act (ACA) subsidies. By expanding Medicaid these states are closing the “health coverage gap” that excludes many of the working poor from accessing affordable coverage. North Carolina is among the shrinking number of states that have not expanded Medicaid yet, but there is good news because locally we have bi-partisan support to close this coverage gap. Closing the gap means that North Carolina tax dollars will be spent on covering the uninsured in our state, boosting the local economy, increasing payments to local and rural hospitals and providers, and saving people’s lives through access to care. Contact your local NC Representatives and Senators to let them know that NC should close this gap by expanding Medicaid, which is good for the health of our community and the economy.

Medicaid Transformation: The Centers for Medicare and Medicaid Services (CMS) approved North Carolina’s application for Medicaid Transformation on October 24, 2018. This is a major change to the Medicaid system that has been underway since 2015. The approval means that the state will move forward to transition to a managed care model and away from the fee-for-service model currently in place. The first phase of this implementation for certain Medicaid beneficiaries is scheduled for the fall 2019. There will be much

more to follow as this implementation begins and Pisgah Legal expects to be very involved in raising community awareness on this issue and ensuring that those on Medicaid understand their rights and how to access care during this process.

The Affordable Care Act (ACA)

Open Enrollment: The ACA is still the law! The deadline to enroll for ACA coverage for calendar year 2019 is December 15, 2018 and financial assistance is available. This is a very short open enrollment period and it is important that people understand their options for affordable, quality coverage. Free in-person assistance is available across WNC. Contact PLS at 828-210-3404, www.pisgahlegal.org, or statewide resources at 1-877-733-3711.

Comprehensive Coverage: New federal regulations allow insurance companies to offer less-comprehensive plans, known as short-term and limited-duration plans, which do not offer the comprehensive protections required by law under the ACA. For example, such plans are not required to offer prescription drug coverage, maternity coverage, pre-existing condition coverage or free-preventive services. These are just a few examples of the possible limits that make you and your family more vulner-

able to expensive medical costs. It is essential to understand what your health insurance covers and the differences between an ACA Marketplace plan and a less-comprehensive plan. Pisgah Legal can help you compare your options so that you can make an informed choice.

Marketplace Stability and Affordability: The ACA has faced a great deal of uncertainty over the last several years, and this has impacted the range of options and costs of insurance. Blue Cross Blue Shield of NC has stated publicly that rising health care premiums are the result of this uncertainty. Since health care has been shown to be a powerful, important issue for voters, this may lead to opportunity for bipartisan efforts to stabilize the marketplace and address affordability in ways that provide comprehensive protections.

Quality, meaningful health care is a major issue across communities and this just touches the surface on these multi-layered topics. Access to health care alone is only one part of the solution. Importantly, as policy unfolds, it is essential that health equity is a part of the analysis. Ensuring that racial health disparities are addressed and that rural health providers are prioritized in health care are two important factors for any long-term impact and meaningful access to coverage that will help improve the health of our communities. Pisgah Legal Services supports ways in which coverage is expanded, increased, accessible and equitable for all. For more information please contact us at 828-253-0406.

Jaclyn Kiger is a managing attorney at Pisgah Legal Services, a nonprofit in Western North Carolina.

Dogwood foundation should represent the people who built Mission – the community

We share the hopes of the writers for Dogwood Trust’s role in the future of health in WNC and believe the following points will be helpful to your readers in understanding the Mission/Dogwood Health Trust controversy.

To give you an idea of the heft of this foundation, a private foundation that holds 1.5 billion is required to spend at least 5 percent of those funds each year for charitable programming, grants and administrative costs. That is \$75,000,000 a year.

For reasons below, we believe that the Dogwood Board selection should begin afresh, based on merit, and all proposed Board members should go through the same vetting.

The initial board membership is a critical issue. Where the stakes are so high, we believe the responsible action is to engage an independent consulting firm with no ties to Mission. For example, MDC in Durham has a track record of assisting successful conversion foundation startups in areas comparable to WNC.

The Mission sales proceeds are required by NC law to be given to a nonprofit that serves WNC. The Mission Board has chosen to establish a new nonprofit, a type known as a Health

Conversion Foundation. The Foundation is a separate philanthropic entity unrelated to the hospital. It will not provide direct health care. That remains the job of Mission/HCA.

Mission/HCA is not allowed to have any control of the new foundation after the sale. Best practice standards call for the new foundation to be completely independent of and unrelated to the selling hospital. (See web for: Consumer Reports Issues Raised when a Nonprofit Converts). Missouri Attorney General Jay Nixon (later Governor) fought this battle in the courts and won for a conversion foundation there. Nixon has provided guidance to those of us in WNC who are concerned. We agree with him that there is a better way of setting up this Foundation.

There is much wisdom based on decades of experience as to what works and what doesn’t. We agree with Dr. Karl Stauber, Director of the Danville Regional Foundation and a 40 year philanthropy veteran who says that a foundation cannot be a reboot of the old hospital system. The proposed Dogwood Health Trust Board is just that- a Mission board with a new name. 8 out of the 9 named members are current or former Mission board members. Stauber says

that the effective Board is diverse in terms of gender and color and should include those from privilege as well as those suspicious of privilege. We know that the Board must have connections to rural populations since WNC is majority rural. The Dogwood Board as proposed by the Mission Board badly fails these tests.

The Sales contract makes Dogwood Health solely responsible for enforcing Mission/HCA’s obligations. Current Mission executives will continue to run Mission as a division of HCA. The proposed Dogwood Board has worked closely over the years with these same Mission executives that they are now going to monitor. Consider how difficult it will be for a board member to objectively monitor the new hospital’s performance given their longstanding relationships with the Mission team. To have eight Mission insiders on the Board establishes an unacceptable level of indirect influence by Mission/HCA over the foundation. The foundation Board must be focused on the interests of WNC communities only, uncompromised by friendships at Mission/HCA.

Regarding the 30 nonprofit organizations who sent letters in support of Dogwood Trust to the Attorney General (AG)

We hope that these nonprofits wrote their letters based on their belief in the merits of the proposed Dogwood Trust. But we know that many of these organizations felt pressured by Mission to send letters. A phone call from a Mission VP asking for a letter of support to be sent to the Attorney General is hard to refuse. No organization wants to risk being cut out of the 1.5 billion that the proposed Dogwood board will control and the connection is inescapable.

We think Mission’s action is a disservice to those organizations, to our communities and to the AG’s office. We all need an open and honest discussion of this important topic. WNC deserves to get the best foundation possible. If you believe that we can do better for the new foundation, please contact the Attorney General’s office immediately (jharrod@ncdoj.gov).

They need to hear from you soon.
Signed by:
Carole Spainhour, principal of Elder Law Carolina in Asheville
Patrick Taylor, Mayor of Highlands
Barrett Hawks, practicing attorney in Highlands
Bob Scott, Mayor of Franklin (signing only on his own behalf)

WNC’s missing civic connection to disabled citizens



Your Turn
Grant Millin
Guest columnist

“As a minority, Americans with disabilities have always known exclusion - maybe not exclusion from the front of the bus, but perhaps from even climbing aboard it; maybe not exclusion from pursuing advanced education, but perhaps from experiencing any formal education; maybe not exclusion from day-to-day life itself, but perhaps from an adequate opportunity to develop and contribute to his or her fullest capacity.” - US Senator Robert Dole

We can count on very few North Carolina incumbent or challenger politicians having text like the above from the Dole-Kemp ’96 website. Sen. Dole promised that “people with disabilities (PwDs) will enjoy the same rights and privileges that all Americans enjoy.” He did have a serious pro-PwD legislative record, but I voted for a second Clinton-Gore term.

There are a lot of resources spend on behalf of our PwDs. But the idea of a PwD serving on a municipal council or in state or Federal legislature is probably foreign to most North Carolina citizens. There is no Sen. Bob Dole or Sen.

Tammy Duckworth North Carolina version of a politician at any level from what I can tell.

That lack of governing status is one clue as to where PwD justice, equity, diversity, inclusion, and wellness actually stands in North Carolina communities. Our PwD oriented practices are at best a borderline situation with a lot of misses and almost no civic engagement wins for actual PwDs. And I am not talking about what lobbying that already exists for select disability types. I’m talking about a larger cross disability PwD agenda.

What would it be like if PwDs were encouraged to rise to business, nonprofit, and government leadership roles across North Carolina.

Fantasy?

Why is it not conventional wisdom to think of PwDs as leaders in this state?

Here are some civic actions taken on behalf of our local PwDs and their stakeholders as well as other information they deserve to understand better:

■ Chief Tammy Hooper, APD (outgoing), has been asked in what ways PwD victimization data is collected and made public.

■ The chair of Dogwood Health Trust, Janice Brumit, has been asked how her fund and that of vice chair Jack Cecil will serve PwDs in a specific manner.

The way to start understanding the Dogwood Health Trust relationship with PwDs was presented. Choosing to not serve PwDs would be evidence the Dogwood Health Trust strategy has a fundamental deficit. There is no larger or more vulnerable Dogwood Health Trust constituency than PwDs.

■ A survey is under development to understand the views of PwDs living in WNC and their stakeholders. Asheville City Schools leadership was asked to help develop and distribute this survey, given their Excellence with Equity program. Superintendent Denise Patterson and Asheville Board of Education chair Shaunda Sandford rejected this mechanism to start a serious path to WNC civic engagement for PwDs and their stakeholders. Obviously PwD youth matter.

■ The new City of Asheville Office of Equity and Inclusion (OEI) eliminates any proportional, high impact, and relevant reference to PwDs in its strategy. The Government Alliance on Race and Equity framework (the city simply uses the ‘GARE’ acronym) used by the new OEI director Kimberlee Archie specifies that GARE strategy means racially impacted groups are to be targeted for solutions, and not PwDs. OEI solutions include special economic development initiatives not covered by the Americans with Disabilities Act (ADA).

■ By the way, the new city ADA program is at best just another borderline, ‘copy and paste’ example of ADA compliance policy. The number of ADA sidewalk ramps is not the same thing as a comprehensive, transparent understanding of ADA Title II compliance. An antidote resolution was shared in council chambers last year, and was rejected.

■ The new city Disparity Study excludes PwDs. That was completely unnecessary and prejudicial to disabled veterans, PwDs with successful businesses, and PwD youth wondering how Asheville will include them should they maximize their talents.

October is National Disability Employment Awareness Month, which dates back to FDR. Most people would agree FDR was a crucial president at a crucial period. And he was disabled.

When will our civic choices feature PwDs at the decision table and who may in fact have plenty to offer? The COA Mayor’s Committee on Citizens with Disabilities (MCCD) has not met since 2013 and yet the MCCD webpage is still on the COA website. Why would you do that, Mayor Manheimer?

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