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August 2019 Newsletter from the Rep. Carla Cunningham

Rep. Carla D. Cunningham [carlacunningham2012@gmail.com]

Sent: Friday, August 16, 2019 1:18 PM

To: [Steve Johnston](#)

Representative Carla D. Cunningham

North Carolina House of Representative

106th District, Mecklenburg County

Carla.Cunningham@ncleg.net

Rep. Carla Cunningham: House Committee Assignments 2017-2018 Session

Appropriations

Appropriations Health and Human Services

Commerce

Energy and Public Utilities

Health

Wildlife Resources

Non-Standing Committee

Joint Legislative Oversight Committee on Health and Human Services

Appointments by North Carolina House of Representative Speaker Tim Moore

Minority Health Advisory Council

Associates Advisory Committee Member- Council of State Government (CSG)

Health Public Policy Committee - Council of State Governments (CSG)

North Carolina Council for the Deaf and Hard of Hearing

North Carolina Institute of Medicine Legislative Health Policy Fellows Program

August 13, 2019

North Carolina Ranked One of the Worst States for Health Care

[WalletHub.com](#) released a ranking of the 50 states plus Washington DC on where Americans

receive the best and worst health care across 43 measures of cost, accessibility, and outcomes. North Carolina ranked #50, ahead of only Alaska.

Why did North Carolina fare so poorly? We were 50th in the cost of health care and 50th in the accessibility of health care. On health outcomes we ranked 33rd.

Obviously, a ranking so low is unacceptable and embarrassing for us as a state even if it is just one ranking from one website. Being recognized as one of the worst states for health care hinders our efforts to grow as a state.

Most importantly, our low ranking just confirms what we already know. Health care is too expensive and too many people do not have access to affordable care. This is a problem nationally, but it is a bigger problem in North Carolina than most of the country.

What can we do about it? Here are three ideas.

1. Catch up with the rest of the country and expand Medicaid. Bring our federal tax dollars back to North Carolina to close the health care coverage gap and reduce uncompensated care that we all end up paying for.
2. Pass legislation to guarantee that pre-existing conditions will be covered in any insurance coverage offered in North Carolina.
3. Use all of the policy options available to fight obesity – a chronic condition that hits North Carolina particularly hard both in our citizens' health and in our health care costs.

[Carolinas near bottom of the list when it comes to healthcare in the U.S., study says](#)
WBTV

[North Carolina Was Just Ranked The 2nd Worst State in America for Health Care](#)
Charlotte Stories

[Cooper: Expanding Medicaid can't wait](#)
Daily Advance



House Passes Association Health Plans Bill

There is no one solution to North Carolina's health care problems. One hotly-debated option ([SB 86](#)) is to allow statewide associations to offer health care plans to their members.

The supporters of [SB 86](#) argue that independent contractors and sole proprietors have few affordable options for health insurance. Allowing Association Health Plans would give them another option that might work better for these individuals and their families. The bill requires coverage of pre-existing conditions and requires the associations to have solvency safeguards. The association plans may cover the Affordable Health Care Act's ten essential health benefits, but are not required to do so. The North Carolina Department of Insurance would be able to regulate these plans. Organizations supporting [SB 86](#) include the NC Realtors, NC Retail Merchants Association, Farm Bureau NC, and the NC Home Builders Association.

The opponents of [SB 86](#) argue that the bill allows association health plans that may be less expensive, but will provide less coverage and siphon younger, healthier individuals from the Affordable Care Act insurance markets. Individuals and families may not realize that their association health plan does not cover essential health benefits like maternity care or prescription drugs. The bill is opposed by a broad coalition of patient and health care advocates like NC Child, the American Lung Association, and the American Heart Association.

I voted No on the bill because we need a comprehensive approach to addressing health care costs and closing the health care coverage gap. There are positives to the association health plan approach, but I am concerned that [SB 86](#) does not require coverage of the ten essential health benefits mandated by the Affordable Care Act (ACA) and could leave people with inadequate coverage. It also may make coverage more expensive as the younger, healthier individuals leave the ACA exchanges. Our focus needs to be on expanding Medicaid to close the health care coverage gap and cut our health care costs by reducing uncompensated care.

[Small businesses could tap into group health insurance plans through bill in state legislature](#)
Winston-Salem Journal



Amendment to Require Coverage of Pre-Existing Conditions for all NC Health Plans Ruled Out of Order

As the North Carolina House debated the Association Health Plans bill, one of my colleagues offered an amendment to require all North Carolina health plans to cover pre-existing conditions. The House Speaker ruled the amendment out of order preventing it from being debated or considered.

Ideally, the North Carolina House would consider and debate a bill to require pre-existing condition coverage. We need a health system that cares for everyone. This is particularly true for citizens already struggling with life-altering conditions or diseases like diabetes, cancer, or heart disease.

The national Affordable Care Act (“ACA” or “Obamacare”) provides pre-existing condition to many Americans, but not all. Unfortunately, even these protections are under continuing legal attack. A 2018 federal court ruled the ACA was unconstitutional and that ruling is currently being appealed. The uncertainty around the national health care debate makes it more important than ever that we pass North Carolina protections for pre-existing conditions.

[Appeals court skeptical Obamacare can survive](#)

Politico

[The latest legal challenge to the Affordable Care Act, explained](#)

Vox



Gun Safety Bills Remain Stalled; Discharge Petitions Filed

On August 6, 2019, I spoke at the Gun Violence Press Conference on the relationship of Suicide and Guns. The numerous gun violence deaths that occur daily all over the US that we continue not to talk about.

As a nurse, I have seen first hand the devastating effects on survivors and their families. I have had to tell patients their loved one did not survive a shooting. It stays with you and is often awoken when these horrific tragic events happen.

When the shooting happened at UNCC in my district I was disturbed and frustrated and knew we needed to do more. We have tried and will continue to do all we can to create a safer state for all of us.

There are no words I can find in this moment that can console the families of those individuals that loss there lives in El Paso or Dayton. What we need is action.

House legislators have filed numerous gun safety bills this session, but none have been heard in a committee. Each day we are in session costs about \$40,000 to \$50,000. Today we considered a bill to allow cartways to extend 30 feet instead of 18 feet. Not exactly what citizens want us to be working on.

Rep. Carla Cunningham

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What can be done on gun safety if the House leadership refuses to hear gun safety bills? The House rules allow a bill sponsor to file a discharge petition. If more than 60 legislators (there are 120 of us) sign the discharge petition, then the bill is removed from the committee that refuses to hear it and placed directly on the House floor for consideration by all 120 members.

I signed the discharge petition for [HB 454](#), a bill to allow for extreme risk protective orders. Extreme risk protective orders create a process where a judge can temporarily remove a gun from someone who shows suicidal or threatening behavior. It is an approach used in other states, including Republican states. The bill contains due process protections that protect the rights of the individual, but still provide a way to get guns out of the hands of those who are a danger to themselves and others.

I signed the discharge petition for [HB 86](#), a bill that contains a number of common sense policy proposals that respect the tradition of responsible gun ownership while promoting gun safety and keeping dangerous weapons out of the wrong hands. Specifically, [HB 86](#) does the following:

- Universal background checks for all gun sales.
- Ban bump stocks.
- Raise the age for purchasing and possession of an assault weapon from 18 to 21.
- Limiting the size of ammunition magazines.
- Promote responsible safe storage.
- Require a permit for the purchase of an assault weapon.
- Allow law enforcement to destroy seized weapons.

[‘I’m willing to show you the scars.’ Shooting survivor wants debate on NC gun bills.](#)

The News & Observer

[Democrats try to pry gun control bills out of NC House committee](#)

Charlotte Observer

[Current firearm bills unlikely to move in NC House committee](#)

WECT

[Bipartisan 'red flag' gun laws plan has support in Congress](#)

WRAL

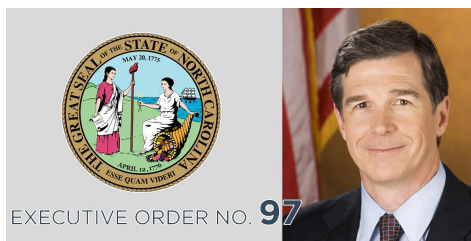
[Editorial: Gun regulation bills sitting in NC legislature; let's get them moving](#)

Fayetteville Observer

[Editorial: DO SOMETHING! Now is the time. Pass common sense bills](#)

Capital Broadcasting Company

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### **Cooper Signs Executive Order to Protect Minors from Conversion Therapy**

This week Governor Roy Cooper signed [Executive Order No. 97](#) to help protect LGBTQ children in North Carolina from the harmful practice of conversion therapy. The Order directs the North Carolina Department of Health and Human Services (DHHS) to take the appropriate steps to make sure that no taxpayer dollars are used for conversion therapy for minors. It prohibits any medical or mental health provider receiving state or federal funds allocated to the North Carolina DHHS to use those funds for conversion therapy for patients under eighteen years of age.

Conversion therapy is the practice of attempting to change an individual's sexual orientation or gender identity. Conversion therapy methods may include aversion therapy, talk therapy, shaming, or hypnosis. This practice for minors is strongly and uniformly rejected as both ineffective and dangerous by medical health and professional education organizations including the American Medical Association, American Academy of Pediatrics, American Psychological Association and National Education Association. For a list of professional organizations opposed to the practice, [click here](#).

The American Psychological Association has concluded that conversion therapy poses critical health risks which includes increased risk of depression, rates of suicide, and substance use disorder for LGBTQ youth.

[North Carolina governor moves to block conversion therapy funds](#)

PBS News Hour

[North Carolina bans public funding of 'conversion therapy' for youth](#)

CNN

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[House approves bill that empowers NC billboard owners; its fate rests with Gov. Cooper](#)

The News & Observer

[These three N.C. schools rank among top 10 'best value' colleges](#)

Greensboro News & Record

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