



## NCOA Podcast and PAC

The inaugural episode of the NCOA podcast was released last week and features Dr. Robert Boykin, President of the Association. In this bite-sized episode, they discuss the NCOA's mission and priorities for this upcoming legislative session.



Next month's installment of the podcast will have Dr. Cynthia Emory on as our guest. Dr. Emory is Professor & Vice Chair of the Orthopaedic Surgery and Rehabilitation Department and Interim Chair of the Pediatrics Department at Atrium Health Wake Forest Baptist.

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NCOA PAC Hero	\$1,000+
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## NCOA Legislative Update January 2022

A unanimous three-judge panel ruled on the 12th that North Carolina's new political districts do not violate the state's constitution. With the the maps being upheld by the court, the State Board of Election's request to resume candidate filing has been granted and will last from February 24th to March 4th. The state Supreme Court will hear supporting and opposing arguments on February 2nd, which has the ability to supersede previous rulings.

The North Carolina Senate Rules committee passed a bill on the 19th allowing for the postponement of primary elections. June 7th is now the date for the 2022 primaries, with July 26th reserved if needed for a second primary. In addition, the municipal elections that were delayed in 2021 are to be held this year.

As legislators returned from the holidays, three committees focused on health issues have had their ranks filled. Members on the Joint Legislative Oversight Committee on Health and Humans Services can be found [here](#), while members on the Joint Legislative Oversight Committee on Medicaid and NC Health Choice can be found [here](#). Even though Medicaid expansion did not end up in the final budget, the budget created the Joint Legislative Committee on Access to Healthcare and Medicaid Expansion. Members on this committee can be found [here](#).

On the topic of the budget, a technical corrections bill to it has passed since the publication of the last newsletter. The bill can be found [here](#).



## Telemedicine Study

The Workers Compensation Research Institute published a study in December delving into patterns of use and reimbursement around telehealth between Q1 and Q2 of 2020 in 28 states. As expected due to the onset of the COVID-19 pandemic, evaluation & management and physical medicine services increased substantially in the second quarter of the year. For instance, the percentage of E&M services increased from 1% to 10.3%, while the share of physical medicine services increased from virtually nothing to 2%. The most frequent physical medicine procedures delivered via telemedicine were therapeutic exercises and neuromuscular reeducation. When it came to prices paid for services, telemedicine services were similar to those conducted in-person.

During this period there was a wide variety of telehealth utilization among the states included in the study. It varied between 4%, in states such as South Carolina and Tennessee, and 11%, in Massachusetts, which averaged out around 8% cumulatively. In addition, it was found that 65% of follow-up visits for workers whose initial E&M visit was done through telemedicine continued to be virtual. This in contrast to only 3% of follow-up visits being conducted via telehealth when initial E&M care was in-person.

Based on the study, the time to initial E&M visit was .5 days longer for telemedicine than in-person (3.5 days vs 3 days). Furthermore, workers with sprains and strains had a longer time from injury to first E&M service for both telemedicine and in-person - 1.3 and 1.4 days longer. For greater analysis of the data collected, the study can be found [here](#).

## Hospital Transparency

Some North Carolina hospitals have fallen short of meeting the health care price transparency rule passed last January, according to violation lists obtained through the Freedom of Information Act. Between May 18th and August 25th, the Centers for Medicare and Medicaid Services sent violation notices to 8 hospitals and health systems within the state. Additionally, NC Attorney General Josh Stein separately sent notices to 40 hospitals reminding them of their compliance to this policy rule. This number represents 1/3 of North Carolina hospitals, and many have said that they have made efforts to improve the data they share by creating cost estimator tools. The article, and list of health systems receiving notices, can be read [here](#).