1. **How will the Supreme Court’s recent ruling on the ACA impact health care in WNC?**

I don’t know all of the ramifications of the US Supreme Court’s ruling on the Affordable Care Act on health care in Western North Carolina. There certainly are some positive measures in this legislation like elimination of the donut hole for seniors purchasing prescription medications, allowing young people to stay on their parents’ health insurance until 26 years old, and elimination of pre-existing conditions. However, there are also many potential negative consequences of this legislation on health care and our economy. The General Assembly cannot change federal law. This year’s federal elections will go a long way to determining the ultimate fate of the ACA. If elected, I will make the best decisions possible for the people of our state and region in light of existing federal law.

2. **What is your stance on expanding Medicaid eligibility in the state of NC?**

I am very concerned about the expansion of Medicaid eligibility under the ACA after five years when the state must assume the traditional state share. But I will not turn down “free” dollars from the federal government that can be used to improve access to health care. Most of the increase in covered population under the ACA is a result of Medicaid expansion. In 1990, Medicaid comprised about five percent of our state’s budget. Today, Medicaid represents over 15% of the state’s budget and is the fastest growing component of our budget. The net effect has been, regardless of one’s perspective on tax policy, less resources have been available for other critical state needs like education and infrastructure. I support legislation introduced by Senator Lamar Alexander of Tennessee to have the federal government assume all Medicaid cost in exchange for the state’s taking over all highway and education costs. That is an approximate even trade but it would be beneficial for states since the Medicaid component is growing at a faster rate as well as the fact that the federal government is probably in a better position to manage this program since as of now the federal government has been unwilling to block grant Medicaid dollars to the states. As Chairman of the Buncombe County Board of Commissioners, I supported many innovative programs in our community to expand health care coverage and to address the low income, uninsured population.

3. **What are your solutions to addressing the shortage of primary care physicians in western North Carolina?**

The medical malpractice reform legislation recently passed by the General Assembly should make NC a more desirable place for physicians to locate and I believe this will help address our primary care doctor shortage. I support innovative programs which have been discussed to expand the UNC School of Medicine into Asheville with a branch campus. The partnership with the UNC School of Pharmacy in Asheville is a model of how the state can expand medical training with limited budgetary impact on the state. I also support the MAHEC programs and will work to improve the collaborations between our universities, hospitals, and other health care providers. Improving STEM education in our public schools will help increase the number of physicians and our state policy should be to encourage physicians to address underserved specialties and underserved regions.

4. **What are your priorities regarding the healthcare budget (ie: if you were to recommend cuts, where would they be? If you were to increase spending, where would that be?)**

I support robust primary care programs since these efforts are very cost effective, the state should improve the delivery of mental health and substance abuse services, and to the extent allowed by the federal government the state should focus on quality outcomes in setting payment rates. I believe there are many areas of the DHHS budget and the Medicaid program where the state can save dollars without negatively impacting patients and providers. For example, a large percentage of our Medicaid expense is from long term care patients. If we developed more aggressive primary care systems to serve these long term care patients, perhaps we can reduce hospitalizations and other costly treatments for acute conditions.

5. **What are your solutions to addressing the shortage of mental health services?**

As a county commissioner, I served on the Blue Ridge Area Mental Health Authority Board and worked constantly with our county staff, providers, law enforcement, the judicial branch, families, and the state to address the challenges with mental health reform. The county helped start the crisis stabilization center on Biltmore Avenue among many other initiatives. The financial difficulty experienced by Western Highlands Network and others will have significant negative consequences. The state must confirm that LMEs have the sophistication necessary to manage their Medicaid and other funding sources. I will fight for additional beds at state facilities until communities have the capacity necessary to address the most ill patients. Since many mental health patients also suffer substance abuse addictions, I will work to make sure that treatment programs are available so everyone who legitimately needs treatment can access the care they need.

6. **What actions would you take to keep the tort reform bill, SB 33, intact?**

I support SB 33 and will work to defend the common sense reforms contained in this legislation. An engaged medical community is imperative since the other stakeholders in this matter are very politically active and will use every opportunity to weaken the reforms.