



INTRODUCTION

This week, Gov. Roy Cooper announced that several COVID-19 restrictions would be eased. The Governor made the announcement as the state's number of new cases continued to drop since the start of the year. "We're sticking with the science and the data," Cooper said, "and that is what has told us to ease these restrictions the way we have." Executive Order 195 went in to effect on Friday at 5 p.m. and will last until March 26th. The Republican General Assembly is taking credit for these changes as several bills to ease restriction are moving through the process with a great deal of support.

Here's a breakdown of the new restrictions:

- The curfew from 10 p.m. to 5 a.m. will be lifted;
- Bars will be allowed to reopen at 30% capacity, capped at 250 people. This would include indoors;
- Social gathering sizes can be raised from 10 people indoors to 25, and 50 people outdoors;
- Alcohol sales will be allowed until 11 p.m., a two-hour extension from the previous 9 p.m. cutoff;
- Businesses that were operating at 30% capacity no longer have a 100-person capacity limit. However, indoor spaces will still be capped at 250 people;
- More spectators will be allowed at high school, college and professional sports events. The capacity limit for each will be determined by venue size;
- Indoor arenas with a capacity of as many as 5,000 people will be allowed to open with up to 15% capacity (not including workers, athletes, entertainers, and staff). They must adhere to safety guidelines;
- The 50% capacity restriction on businesses and retail establishments, including restaurants, breweries and wineries, retail, gyms, museums, aquariums, barbers and personal care venues, pools and outdoor areas of amusement parks will continue to be in effect under the new order.

LOCAL BILL TO CIRCUMVENT EXECUTIVE ORDERS

The nearly year-long dispute between Republican legislators and Democratic Governor Cooper's executive orders shows no sign of stopping, with Republican members now considering legislative fixes for their districts to avoid Gov. Cooper's statewide restrictions. Rep. David Rogers filed House Bill 166



NORTH CAROLINA COLLEGE OF EMERGENCY PHYSICIANS



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this week to do just that. The bill would go one step further, and exempt Rutherford and Polk counties from all executive orders issued in any state of emergency, not just orders issued during the COVID-19 pandemic. The bill provides two ways for executive orders to apply to the specified counties: if the executive order receives concurrence from a majority of the Council of State, or if the county commissioners vote to accept them. The bill has yet to be referred to any committees.

SUMMER SCHOOLS

As expected, the Speaker-backed summer school bill has flown through the House this week. Under this bill, the state's school districts would have to offer students at least 150 hours of summer in-person instruction, along with activities such as sports, music and arts. The program is focused on students who have fallen behind during the pandemic, but attendance is voluntary and is open to any student, so long as space will allow. House Bill 82 passed the House unanimously, and is now off to the Senate where it has been referred to the Committee on Rules and Operations of the Senate.

ABC PERMITS

Gov. Roy Cooper has signed House Bill 4 into law, giving bar owners a much-needed break on ABC permit fees while COVID-19 continues to place restrictions on their businesses. This act will delay ABC permit fees until three months after COVID-related restrictions are lifted. This bill has received unanimous, bipartisan support along the way to becoming law.

VACCINE UPDATE

Along with health care workers and people age 65 and older, teachers, educators, and childcare workers are now eligible to receive the coronavirus vaccine. Other frontline essential workers will be eligible starting March 10th. There have been 2.13 million doses of COVID-19 vaccine administered in North Carolina as of last week, with 1.36 million people receiving at least one dose. Due to winter storms, all the expected vaccine from Moderna and some of the Pfizer supply were prevented from reaching our providers in the state. As a result, many providers had to delay vaccination appointments last week. According to DHHS Secretary Mandy Cohen, those doses started arriving early this week. In a House Health Committee meeting earlier this week, Sec. Cohen said supply continues to be an issue for the state. Sec. Cohen was hopeful that Johnson & Johnson's vaccine would get the green light soon, so that the state would have another resource to get our state vaccinated.

BILLS OF INTEREST

HOUSE BILL 127, WF Baptist Health Regional Autopsy Ctr Funds, would appropriate \$3,628,119 for 2021-22 and \$17,972,362 for 2022-23 for the construction of the new Wake Forest Baptist Health Regional Autopsy Center in Winston-Salem. **Introduced by Representatives Lambeth, Zenger, A. Baker, and Zachary and referred to the House Appropriations Committee.**

HOUSE BILL 128, Increase Access to Sporting Venues in Schools, would allow increased access to certain indoor and outdoor sporting facilities for sporting events in public and nonpublic schools, community colleges, and constituent institutions of the University of North Carolina by providing that, for each sporting facility with a certificate of occupancy in accordance with the North Carolina State Building Code, the number of spectators who are permitted to attend will be no more than 50% of that capacity and no less than 25% of that capacity. **Introduced by Representatives K. Hall, Elmore, D. Hall, and Willis and referred to the House Education K-12 Committee.**

HOUSE BILL 134, 2nd Amendment Protection Act, would add to the persons exempt from the prohibition against carrying concealed weapons. Specifically, the bill would exempt emergency medical services personnel on duty who are providing tactical medical assistance to law enforcement operations. **Introduced by Representatives McNeely, Saine, Adams, and Carter and referred to House Judiciary 4 Committee.**

HOUSE BILL 144, Teledentistry/RDH Admin. Local Anesthetic, would:

- allow a registered and trained dental hygienist to administer local dental anesthetics under the supervision of a licensed dentist;
- establish clinical instruction requirements for licensed dental hygienists to qualify to administer local anesthetics and rules for approval by the State Board of Dental Examiners;
- create rules and standards for the practice of teledentistry by a licensed dentist or a licensed hygienist under the supervision of a licensed dentist;
- require informed consent of the patient or authorized person to be obtained prior to rendering teledentistry services and to be reflected in the patient's records; and
- add two actions as grounds for disciplinary action by the State Board of Dental Examiners: (1) allowing fee-splitting for the use of teledentistry services, and (2) limiting a patient's right or ability to raise grievances or file complaints with any appropriate oversight body.

Introduced by Rep. Lambeth and referred to House Health Committee.

HOUSE BILL 149, Improving Access to Care Through Telehealth, would:

- establish guidelines and requirements regarding the coverage of health care services delivered through telehealth for health benefit plans;
- exclude from the definition of telehealth the delivery of services solely through email, text chat, or audio communication unless additional medical history and clinical information is communicated electronically between the provider and patient;
- establish that any in-person requirement is satisfied with the use of asynchronous telecommunications technologies in which the health care provider has access to the patient's medical history prior to the telehealth encounter;
- prohibit plans from excluding from coverage services delivered by a health care professional through telehealth solely because the service or procedure is not provided in-person, including reimbursement for patient monitoring using telehealth;
- require plans to reimburse for provider-for-provider consultations that are conducted using telehealth the same as face-to-face reimbursement;
- prohibit setting deductible, copayment, or coinsurance for covered services or procedures delivered through telehealth by a preferred or contracted provider that exceed the amounts set for face-to-face services;
- prohibit plans from requiring prior authorization for the delivery of health care services through telehealth if not required for face-to-face services;
- prohibit plans from limiting the originating site or the distant site for the delivery of health care services through telehealth; and
- prohibit the use of telehealth for any health care services related to an abortion except for emergency therapeutic abortions.

Introduced by Representatives Lambeth, White, Potts, and Baker and referred to House Health Committee.

HOUSE BILL 158, Const. Amend./Life at Fertilization, would amend the State Constitution, if approved by a majority of qualified voters of the State at the general election in 2022, to recognize that a distinct and separate human life begins at the moment of fertilization, and this individual person is entitled to the protection of the laws of the State from the moment of fertilization until

the moment of natural death. The bill would provide that any person who willfully seeks to destroy the life of another person, by any means, at any stage of life, or succeeds in doing so, would be held accountable for attempted murder or for first degree murder, respectively, and that any person has the right to defend his or her own life or the life of another person, even by the use of deadly force if necessary, from willful destruction by another person. The bill further provides that the State has an interest and a duty to defend innocent persons from willful destruction of their lives and to punish those who take the lives of persons, born or unborn, who have not committed any crime punishable by death. **Introduced by Representatives Pittman and Brody and referred to the House Judiciary 1 Committee.**

HOUSE BILL 169, State Health Plan Data Transparency, would make changes to the disclosure of claims data at the member level in the State Health Plan (SHP). Specifically, the bill would:

- require the State Health Plan (SHP) Claims Processor to disclose the Claim Payment Data on a member level for claims paid by State funds;
- require the Claims Processor to disclose Claim Payment Data that reflects rates negotiated with or agreed to by a noncontracted third party;
- remove the ban on the use or disclosure of Claim Payment Data that would compromise the or misappropriate the data;
- exempt Claim Payment Data from public records laws;
- remove the prohibition on SHP using Claim Payment Data to negotiate rates, fee schedules, or other master changes with providers; and
- require SHP to provide notice to, rather than obtain the approval of, the Claims Processor for each third-party SHP seeks to disclose to or who will make use of Claim Payment Data.

This bill is part of the continuing battle between the State Treasurer who operates the State Health Plan and Blue Cross and Blue Shield, Hospitals and other Health Provider Groups. The Treasurer wants to tie provider rates to Medicare rates and have more access to the rates set not only by providers but by the insurance companies. **Introduced by Representatives Goodwin, Potts, Everitt and Dahle.**

HOUSE BILL 170, North Carolina CROWN Act, would prohibit a person, firm, corporation, unincorporated association, State agency, unit of local government, or any public or private entity from denying or refusing employment to any person or discharging any person from employment because of traits historically associated with race or on account of the person's hair texture or protective hairstyles. Protective hairstyles would include, but not be limited to, such hairstyles as bantu knots, braids, locks, and twists. Race would include traits historically associated with race, including, but not limited to, hair texture, hair type, and protective hairstyles. **Introduced by Representatives K. Smith, Logan, Alston, and A. Baker and has not yet been assigned to a House committee.**

HOUSE JOINT RESOLUTION 172, Term Limits for Congress, would apply to Congress to call for a convention of the States limited to proposing an amendment to the US Constitution to set a limit on the number of terms that a person may be elected as a Member of the United States House of Representatives and as a Member of the United States Senate. **Introduced by Representative Clampitt and has not yet been assigned to a House committee.**

HOUSE BILL 176, Enhance SHP Debt Collection Abilities, would establish processes for the State Health Plan (SHP) to recover overpayments or erroneous payments to providers and to those no longer employed by an organization participating in the State Health Plan. **Introduced by Representatives Lambeth, McNeill and Hurley and has not yet been assigned to a House committee.**

HOUSE BILL 177, State Health Plan Administrative Changes, would:

- increase the threshold of contracts for the State Health Plan (SHP) that require approval of the Board of Trustees from more than \$500,000 to contracts in excess of \$5 million;
- eliminate the prohibition against dependent child eligibility for coverage under the SHP if the dependent child is eligible for employer-based health care outside of the SHP, other than a parent's claim;
- for continued coverage for certain disabled dependent children beyond the child's 26th birthday, require the dependent child to be disabled and covered by the SHP on his or her 26th birthday, with verification provided within 60 days after the child's 26th birthday;
- for those disabled dependent children, remove the requirement for eligibility that the dependent child be incapable of earning a living with a handicap that developed or began before the 19th birthday, or the 26th birthday;
- change the administrative review process for appealed claims to eliminate participation by the SHP Board of Trustees;
- remove the requirement to provide written summaries to employing units, health benefit representatives, relevant health care providers, and approved parties as requested; and
- specify that reports of the State Treasurer, Executive Administrator, and SHP Board of Trustees to the NCGA are upon request.

Introduced by Representatives Lambeth, McNeill, and Hurley and has not yet been assigned to a House committee.

HOUSE BILL 178, Access to Prescription Drug Cost Information, would enact new provisions regarding Access to Prescription Drug Benefit Cost Information. The bill would:

- require health benefit plans, pharmacy benefits managers, or any entities' action on behalf of a health benefit plan to electronically provide to any point of prescribing of a prescription drug, any point of dispensing of a prescription drug, or any patient-facing real-time benefit tool, the minimum information described to inform patient prescription price transparency and patients' access to their prescribed medications;
- require those involved in the process of prescribing, dispensing, paying for, and exchanging information relating to prescription drugs, to take any actions necessary to facilitate the creation of, access to, and use of this technology;
- provide that patient prescription price transparency technology must not be prohibited from displaying patient financial and resource assistance when that information is available for the prescription drug selected by a provider;
- require requests for patient-specific drug benefit and cost information through the technology required and any responses using that technology to be sent and received in real time;
- require electronic health records to display the most up-to-date patient-specific eligibility information; patient-specific information must be provided in real time;
- require those involved in the process of prescribing, dispensing, paying for, and exchanging information relating to prescription drugs to partner with intermediaries to ensure the delivery of accurate patient-specific prescription price transparency information;
- provide that these provisions do not interfere with patient choice and a health care professional's ability to convey the full range of prescription drug cost options to a patient. Prohibits restricting a health care professional from communicating prescription cost options to a patient;
- specify that payors must not prohibit the display of patient-specific prescription drug benefit and cost information at the point of prescribing that reflects options available for covering the cost of a prescription drug other than what may be available under the patient's health benefit plan;

- require providers to communicate to a patient the most therapeutically appropriate treatment for the patient's diagnosis and prescription drug cost information;
- provide that these provisions may not be construed to interfere with a patient's choice of prescription drug cost coverage or to interfere with patient choice and the ability of a health care professional to convey the full range of prescription drug cost options to a patient; and
- prohibit restricting a health care professional from communicating prescription cost options to a patient.

Introduced by Representative Sasser and has not yet been assigned to a House committee.

HOUSE BILL 179, Amend HIE Participation Enforcement Mechanism, would require the Health Information Network (HIE) Authority to assess a civil penalty not exceeding \$10 per claim to any provider or entity that fails to connect to the HIE Network and submit required data through the HIE Network. **Introduced by Representatives Lambeth and Goodwin.**

SENATE BILL 134, Concealed Carry/Emergency Medical Personnel, is identical to House Bill 48, summarized in the February 9, 2021, Legislative Report. **Introduced by Senators Perry, Britt, and McInnis and referred to the Senate Rules Committee.**

SENATE BILL 135, Improve Anatomical Gift Donation Process, is identical to House Bill 95, summarized in the February 9, 2021, Legislative Report. **Introduced by Senators Perry, Burgin, and Krawiec and referred to the Senate Rules Committee.**

SENATE BILL 138, Allow Remote Shareholder Meetings, would amend provisions of the Business Corporation Act to:

- authorize a corporation's board of directors, in its sole discretion, to determine that any shareholder meeting will be held solely by means of remote communication, unless prohibited by the articles of incorporation or bylaws, if existing measures for remote participation are implemented;
- allow for an annual or special shareholders' meeting that is adjourned to a different date to be continued solely by remote communication if it is announced at the meeting before adjournment and the new date and time are noticed the same, unless the bylaws require otherwise; and
- deem that further notice in accordance with the time restraints above is not required when a governmental order restricts travel or group gatherings applicable to the place of the meeting or principal office in effect and in good faith are anticipated to be in effect at the date and time set forth in the initial notification.

Introduced by Senators Newton and Galey and referred to the Senate Judiciary Committee.

SENATE BILL 144, WF Baptist Health Regional Autopsy Ctr Funds, is identical to House Bill 127, summarized above in this Legislative Report. **Introduced by Senators Lowe and Krawiec and referred to the Senate Appropriations/Base Budget Committee.**

SENATE BILL 146, Teledentistry/RDH Admin. Local Anesthetic, is identical to House Bill 144, summarized above in this Legislative Report. **Introduced by Senator Perry and referred to the Senate Rules Committee.**

SENATE BILL 159, State Health Plan Administrative Changes, is identical to House Bill 177, summarized above in this Legislative Report. **Introduced by Senators Krawiec, Burgin, and Perry and has not yet been assigned to a Senate committee.**

SENATE BILL 160, Enhance SHP Debt Collection Abilities, is identical to House Bill 176, summarized above in this Legislative Report. **Introduced by Senators Krawiec, Burgin, and Perry and has not yet been assigned to a Senate committee.**

SENATE BILL 161, NC Statewide Telepsychiatry Program/Funds, would appropriate \$1 million to the ECU Center for Telepsychiatry and e-Behavioral Health for the statewide telepsychiatry program to establish five new NC-STeP sites. **Introduced by Senators Davis, Steinburg, and Corbin.**

SENATE BILL 165, North Carolina CROWN Act, is identical to House Bill 170, summarized above in this Legislative Report. **Introduced by Senators Murdock, Salvador, and Foushee and has not yet been assigned to a Senate committee.**

BILL UPDATES

HOUSE BILL 48, Concealed Carry/Emergency Medical Personnel, was heard in House Judiciary 3 Committee, where a revised version of the bill was approved. The new version ensures that consistent language referring to emergency medical services personnel is used throughout. It also changes the proposed effective date to July 1, 2021, instead of the date when the bill becomes law. **Referred to the House Rules Committee.**

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