



INTRODUCTION

With Crossover this Thursday, the General Assembly has been hard at work moving as many bills from one chamber to the next in order to keep them in play for this biennium. Last week was full of long voting sessions and late-night Rules Committee meetings, and we expect a lot of the same for this week leading into Crossover. It is a dangerous time as bills move quickly and with very little notice and public comment is restricted.

House Bill 805, Prevent Rioting and Civil Disorder

House Speaker Tim Moore and other Republican legislators are backing a bill that would make rioting a felony if it causes significant property damage or injures someone. Under this bill, those who willfully engage in such acts could face felony charges and be held in jail for up to 48 hours. Upon conviction, they could be sentenced to two years in prison. Property owners would also have the opportunity to sue rioters for damages under this legislation. "We are a nation of laws, not a nation of mob rule," the Speaker said when presenting his bill in committee. "Regardless of the political spectrum one comes from, we all have to be able to say that's not right. That's not the way folks should conduct themselves." Opponents of the bill believe this bill could have a chilling effect on freedom of speech and is unreasonably harsh.

House Bill 781, Bring Businesses Back to Downtown

House Bill 781 has made its rounds through committees this week and passed the House with a 103-7 vote. This bill would allow municipalities to install "social districts" which is defined as a specific outdoor area in which a person can consume alcoholic beverages sold by a permittee. This would allow patrons to step out of participating establishments onto the street or designated area of the social district with their beverage. Requirements for social districts include specified signage, city or county management and maintenance plans, and the submission of a detailed map of the social district's boundaries and hours to the ABC Commission. This would be entirely voluntary and an option for municipalities to opt-in to. If they choose to create a social district, they have the opportunity to create the district however they see fit. It could be on designated days, at certain times, or all the time, whatever suits the municipality. It is now headed over to the Senate.



NORTH CAROLINA COLLEGE OF EMERGENCY PHYSICIANS



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House Bill 782, Elections Certainty Act

House Bill 782 was filed and heard in its first committee stop in House Election Law and Campaign Finance Reform last week. It is sponsored by House Election's Co-Chairman Grey Mills, along with Republican Reps. Keith Kidwell, Tim Moffitt, and Jeff Zenger. This bill, as filed, would have required completed applications for mail-in absentee ballots and marked ballots to be returned to the county board of elections by 5 pm on Election Day, regardless of postmark. It would also change the "one-stop" voting period to the third Monday before an election until 3 pm on the last Saturday before an election. In the original version, the bill also proposed that military-overseas ballots would be required to be received by the county board no later than the close of the polls on the date of the election just like all other ballots. In the House Committee on Election Law and Campaign Finance Reform the bill was amended to remove the military-overseas ballot provision. The amendment also removes any reference to early voting, adds three days to receive mail-in ballots, and provides an additional 24 hours to count the ballots. The bill passed the committee with its changes and has been referred to the House Rules Committee.

House Bill 606, Prohibit Collusive Settlements by the AG

House Bill 606 passed the House last week, 60-48. This bill is the House version of Senate Bill 360, which has passed the Senate and has been referred to the House Rules Committee. Both bills would require joint approval from the Speaker of the House and the President Pro Tempore of the Senate before the Attorney General can enter into a consent judgement or settlement agreement in a dispute, claim, or controversy in which the Speaker of the House or the President Pro Tempore of the Senate have intervened or are otherwise named parties. This bill was a Republican response to the State Board of Elections settlement agreement and rule change during the 2020 election, that ultimately lengthened the number of days the Board of Elections could accept absentee ballots postmarked by Election Day to nine days after November 3rd. Republicans have held that that settlement was unlawful and changed election law, which the General Assembly has sole constitutional authority to do. This came after the General Assembly passed bipartisan election measures related to the pandemic for the election. Democrats have held that the Board of Elections acted within its authority to settle the case and to address concerns raised about delays with the U.S. Postal Service following a letter from the U.S. Postmaster General. House Bill 606 is now headed over to the Senate.

House Bill 398, Pistol Purchase Permit Repeal

House Bill 398, which would repeal the state's pistol purchase permit system, passed the House last week with a vote of 69-48. The measure, backed by the NC Sheriffs' Association, would remove the requirement for local sheriffs to sign off on handgun purchases for anyone who does not already have a concealed carry permit. The Sheriffs' Association, who in years' past has been opposed to the idea, has come out in support of this measure after the North Carolina courts system completed its uploading of involuntary commitment records to the national database system. Opponents of the bill fear that this repeal would create a loophole, since only licensed firearm dealers have to run background checks. Some members of the Sheriffs' Association have even spoken out against the measure too. The bill has now been referred to the Committee on Rules and Operations of the Senate.

This Week at the Legislature

The Speaker has told House members to expect a full week, this week, starting on Monday. He encouraged committee chairs to call meetings for Monday to hopefully get bills moving, and possibly see them on the floor for a vote that night or the next day. The Speaker expects voting sessions on the House floor every day next week until Crossover on Thursday.

BILLS OF INTEREST

HOUSE BILL 770, Realign Enforcement/HIE Network Participation, would exempt the State Health Plan from the enforcement mechanism that withholds state funds for failing to comply with the requirements of the Health Information Exchange, or NC HealthConnex. **Introduced by Representative Insko and referred to the House Rules Committee.**

HOUSE BILL 779, Coronavirus Vaccine Bill of Rights, would ensure that residents of this State who choose not to take any of the coronavirus vaccines enjoy the same rights as residents who choose to take any such vaccines by including provisions to:

- prohibit a person from being mandated, coerced, forced, or pressured to take any of the coronavirus vaccines;
- provide that all persons reserve the right, at all times, to determine what is in their own best medical interest without threat to their livelihood, education, or freedom of movement;
- prohibit employers of health care providers licensed in this State to administer any of the coronavirus vaccines from requesting their health care providers to promote any of the coronavirus vaccines to patients;
- require health care providers who administer any of the coronavirus vaccines to attest that they: are aware of the Vaccine Adverse Event Reporting System (VAERS) database; have a professional obligation to check the VAERS database regularly; and have a professional obligation to share information about the VAERS database with each person to whom they administer any of the coronavirus vaccines;
- provide that all persons are entitled to have access to unbiased, independent information about the coronavirus vaccines to assist them in determining what is in their own best medical interest, including information about the risk of death associated with choosing not to take any of the coronavirus vaccines and contracting the virus naturally, based upon factors such as age and underlying health conditions;
- provide that, in order to be deemed unbiased and independent, this information must include information from sources other than pharmaceutical companies and government or quasi-governmental entities that have a conflict of interest in promoting the coronavirus vaccines;
- prohibit a person from being required to provide proof of having received any of the coronavirus vaccines as a condition of doing any of the following:
 - entering any public buildings, public lands, or public spaces owned, leased, or otherwise controlled by the state;
 - participating in any public events;
 - accessing any public transportation;
 - attending any public school or educational institution; or
 - obtaining or maintaining employment with any public or private employer.

Introduced by Representative Pless and referred to the House Rules Committee.

HOUSE BILL 780, End of Life Option Act, would:

- give an individual suffering from a terminal disease a right to be informed of all available end-of-life options and to receive answers on questions about the foreseeable risks and benefits of medication without the physician withholding any requested information;
- specify that a physician who engages in such discussions is not construed as assisting in or contributing to an individual's independent decision to self-administer a lethal dose of medication, and prohibits the discussions from being used to establish civil or criminal liability or professional disciplinary action;

- allow a qualified individual to request a prescription for a terminal comfort care drug, a controlled substance determined and prescribed the purpose of hastening death due to a terminal disease;
- establish 11 things the attending physician must do before prescribing a terminal comfort care drug, including: determining that the requesting individual has the capacity to make medical decisions, has a terminal disease, has undergone a hospice evaluation, and has voluntarily made the request for the drug on the specified form;
- require the attending physician to submit several documents to the Department of Health and Human Services (DHHS) after writing a prescription for a terminal comfort care drug;
- allow the attending physician to sign the qualified individual's death certificate and requires the cause of death to be recorded as the underlying terminal disease;
- prohibit the sale, procurement, or issuance of any life, health, or annuity policy from being conditioned upon or affected by the making or rescinding of a person's request for a terminal comfort care drug;
- protect a person from civil or criminal liability or professional disciplinary action for participating in good faith compliance with the activities authorized under the bill;
- specify that the following are punishable as felonies: (1) altering, forging, concealing, or destroying a request for a terminal comfort care drug without the qualified individual's authorization; (2) concealing or destroying a withdrawal or rescission of a request for a terminal comfort care drug without the qualified individual's authorization; (3) concealing or destroying a qualified individual's prescribed terminal comfort care drug without the qualified individual's authorization, or preventing a qualified individual from self-administering the prescribed terminal comfort care drug; (4) coercing or exerting undue influence on a qualified individual to request or to self-administer a terminal comfort care drug for the purpose of ending the qualified individual's life; and (5) coercing or exerting undue influence on a qualified individual to prevent the qualified individual from requesting or self-administering a terminal comfort care drug.

Introduced by Representatives Harrison, Hardister, Faircloth, and Fisher and referred to the House Rules Committee.

HOUSE BILL 782, Elections Certainty Act, would amend provisions regarding the return of mail-in absentee ballots to the county board and the early one-stop voting period as follows:

- no longer allow excused absentee ballots received later than 5:00 p.m. on the date of the statewide primary or general election or county bond election to be accepted if (1) the ballots are postmarked and dated on or before the date of the statewide primary or general election or county bond election and received by the county board of elections no later than three days after the election by 5:00 p.m., or (2) the ballots are received by the county board of elections no later than the end of business on the business day before the canvass conducted by the county board;
- no longer consider valid military-overseas ballots submitted for mailing, electronic transmission, or other authorized means of delivery by 12:01 a.m. at the place where the voter completed the ballot on the date of the election;
- specify that the right to challenge the absentee ballot of any voter on the day of any Statewide primary or general election or county bond election beginning at noon and ending by 5:00 p.m. applies to ballots received by the county board pursuant to the general deadline; and
- expand early one-stop voting to the period of the third Monday before an election in which absentee ballots are authorized and 3:00 p.m. on the last Saturday before the election.

Introduced by Representatives Mills, Kidwell, Moffitt, and Zenger and referred to the House Election Law and Campaign Finance Reform Committee.

HOUSE BILL 786, Enhance Local Response/Mental Health Crises, would create a pilot program to provide grants to local law enforcement agencies to enhance responses to mental or behavioral health crises. Specifically, the bill would:

- provide grants to municipal police departments and county sheriffs' offices for at least one of the following purposes:
 - to establish nonpolice units to address nonviolent, noncriminal 911 calls regarding mental health, homelessness, substance use, or other behavioral health crises;
 - to establish co-responder response models in which law enforcement personnel and mental health specialists jointly respond to 911 calls regarding mental or behavioral health crises;
 - to establish a mental health division or to bolster existing mental health services within a police department or sheriff's office and to increase the amount of law enforcement personnel and 911 communications personnel that have received crisis intervention training;
- provide \$2 million to the Department of Public Safety for grants to municipal police departments or county sheriffs' offices as follows:
 - \$800,000 to establish eight nonpolice response units with a grant of \$100,000 each;
 - \$700,000 to establish seven co-responder response models with a grant of \$100,000 each;
 - \$500,000 to increase the amount of law enforcement officers and 911 communications personnel that have received Crisis Intervention Training (awarded as five separate grants of \$100,000 each);
- require, no later than February 1, 2023, the police departments and sheriffs' offices to report specified information to the Department of Public Safety, including: explanations of how grant funds were utilized; demographic information regarding both participating mental health specialist personnel and individuals served as a result of the localities' dispatched services; dispatch case types in which nonpolice, co-responder, or mental health division personnel responded; the frequency of unit dispatch and of police or ambulance backup or requests among nonpolice, co-responder, or mental health division personnel; county involuntary commitment rates before and during the pilot program; complaints filed against nonpolice, co-responder, or mental health division personnel units; operating costs; emergency 911 response metrics analyzing how the pilot services impacted the localities' emergency response services; and results of emergency 911 calls for services that utilized pilot program services; and
- direct the Department of Public Safety, by March 1, 2023, in consultation with the Department of Health and Human Services, to report to the Joint Legislative Oversight Committee on Justice and Public Safety regarding the pilot programs and information above.

Introduced by Representatives Autry, Lambeth, White, and Ball and referred to the House Health Committee.

HOUSE BILL 787, Improved Data on Involuntary Commitments, would establish a new biannual reporting requirement for licensed area facilities and acute care or general hospitals that perform first examinations for commitment to submit a written report on involuntary commitments to the LME/MCO that serves the facility or hospital's county. The bill details the required content of the report and deems the information confidential. The bill would direct LME/MCOs to aggregate all the data received from area facilities and hospitals by local area or county and related data from the Administrative Office of the Courts and report the data to each of the facilities and hospitals within its service area and the specified Division of the Department of Health and Human Services.

The aggregated data would be public record. **Introduced by Representatives Autry, Lambeth, Sasser, and Insko and referred to the House Health Committee.**

HOUSE BILL 788, Achieve Better Mental Health Recovery Results, would appropriate \$600,000 for 2021-22 to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), to be allocated to the Promise Resource Network for the establishment of four peer-run wellness centers (located in two different urban and two different rural locations) to address mental health crisis prevention and post-crisis response. The bill would also create the position of Mental Health Recovery Policy Chief (Chief) in DMH/DD/SAS, to be held by an individual certified as a peer support specialist. The bill would require DMH/DD/SAS, in odd numbered years, to publish a biennial NC Mental Health Recovery and Resiliency Agenda on its website, which will set DHHS objectives for mental health recovery outcomes. The bill would appropriate \$100,000 in recurring funds for 2021-22 and that same amount in recurring funds for 2022-23 to DMH/DD/SAS to fund the salary and benefits for the Mental Health Recovery Policy Chief. **Introduced by Representatives Autry, Lambeth, Sasser, and Brown and referred to the House Health Committee.**

HOUSE BILL 793, STOP Act Amendment, would modify the law limiting prescriptions of targeted controlled substances for pain to further limit the supply of targeted controlled substances a physician may prescribe to a patient after an initial consultation for acute pain to a three-day (was, five-day) supply. **Introduced by Representative Sasser and referred to the House Health Committee.**

HOUSE BILL 799, Libel Standards/Press, would make it a Class 2 misdemeanor for a manager, editor, publisher, reporter, or employee of a newspaper or periodical to publish or disseminate any false and libelous statement with actual malice directly towards any person who currently holds a State or federal public office in this State. The bill would prohibit a newspaper, radio or television station, or other media outlet from publishing or disseminating libelous matter, through written, oratory, or digital means, with actual malice directed towards an individual who currently holds a State or federal public office in this State, but would not prevent publishing or disseminating information that provides fair comment and criticism on matters of public interest. "Actual malice" would mean with knowledge that the matter was false or with reckless disregard of whether it was false or not. **Introduced by Representative Moffitt and referred to the House Judiciary 1 Committee.**

HOUSE BILL 800, Women's Cancer Research & Prev. Task Force, would establish the 17-member Women's Cancer Research and Prevention Task Force (Task Force) in the Department of Health and Human Services, with members appointed by the General Assembly and the Governor. The Task Force would identify evidence-based strategies for controlling risks and preventing cancer development in women; adopt and promote a statewide comprehensive Women's Cancer Prevention Plan; and recommend changes to existing laws, regulations, programs, services, and policies to enhance cancer prevention by and for the women of North Carolina. **Introduced by Representatives Carney, Belk, K. Baker, and Fisher and referred to the House Health Committee.**

HOUSE BILL 802, Pilot STAR Programs, would provide \$990,000 to the Department of Public Safety to provide grants for a pilot Support Team Assisted Response (STAR) Program in the Charlotte, Greensboro, and Greenville police departments. The pilot STAR Programs would provide alternative responses to citizens in crisis and allow for the response of behavioral and medical health personnel to nonviolent situations deemed appropriate by the city police

department. At a minimum, those responding to citizens on behalf of each STAR Program should be equipped to provide individuals with information regarding shelter, food aid, counseling, and medication, as necessary. No later than April 1, 2022, the Department of Public Safety, in consultation with the city police departments of Charlotte, Greensboro, and Greenville, would report to the Joint Legislative Oversight Committee on Justice and Public Safety regarding: (1) the general progress of each STAR Program; (2) the number and outcomes of incidents in which each police department utilized its STAR Program; and (3) an itemized accounting from each police department of the use of grant funds. **Introduced by Representatives Farkas, Hardister, and Brown and referred to the House Appropriations Committee.**

HOUSE BILL 805, Prevent Rioting and Civil Disorder, would: (1) increase the penalties for rioting or inciting rioting that results in damage to property, serious bodily injury, or death and assaulting emergency personnel during a riot or state of emergency; (2) allow recovery of treble damages for property damage or personal injury caused by rioting or looting; and (3) require pretrial release conditions for rioting and looting offenses to be determined by a judge. **Introduced by Representatives Moore, McNeill, Miller, and Sauls and referred to the House Judiciary 4 Committee.**

HOUSE BILL 809, NC Healthy Family Act, would expand Medicaid eligibility to include individuals between the age of 19 and 65 whose modified adjusted gross income is less than or equal to 133% of the federal poverty guidelines and direct the Department of Health and Human Services to provide Medicaid coverage for these individuals consistent with the State's current Medicaid and NC Health Choice Program. The bill would provide that additional costs associated with the expansion would be covered by federal funds the State receives under certain provisions of the American Rescue Plan Act of 2021, and, once those federal funds are no longer sufficient, that the General Assembly intends to impose on hospital providers paying the supplemental assessment or base assessment an additional assessment to cover the State's share of the program and administrative costs associated with the expansion of Medicaid eligibility. **Introduced by Representatives Cunningham, R. Smith, Cooper-Suggs, and Gailliard and referred to the House Rules Committee.**

HOUSE BILL 817, Allow Pharmacists to Dispense Contraceptives, would:

- allow a licensed pharmacist to dispense a self-administered hormonal contraceptive to an individual, without a prescription, if the self-administered hormonal contraceptive is administered in compliance with a statewide standing order issued by the State Health Director;
- require a pharmacist who does dispense a contraceptive under this law to record specified information and provide a copy to the patient; inform the patient as to the proper administration and storage of the contraceptive, potential side effects, and the need to use other methods of contraception, if appropriate; and comply with the statewide standing order;
- require every insurer providing a health benefit plan to provide coverage for prescription and nonprescription contraceptive drugs, devices, and products;
- require coverage to include any self-administered hormonal contraceptive dispensed by a pharmacist in accordance with the new law;
- prohibit requiring a prescription to cover over-the-counter contraceptive drugs, devices, and products approved by the FDA;
- prohibit requiring an insurer from providing coverage for any condom products;
- prohibit imposing prior authorization or other restrictions or delays upon coverage under the new law;

- prohibit imposing any deductible, coinsurance, copayment, or other cost-sharing requirement on coverage for prescription contraception drugs or devices but allow cost-sharing, for a high-deductible health plan associated with a health savings account;
- require the State Health Director to issue a statewide standing order authorizing licensed pharmacists in this state to dispense self-administered hormonal contraceptives; and
- require the North Carolina Board of Pharmacy to post information on its website detailing pharmacies in this state that have licensed pharmacists that dispense self-administered hormonal contraceptives.

Introduced by Representatives von Haefen, Butler, and Fisher and referred to the House Rules Committee.

HOUSE BILL 818, Regulate Cannabinoid Products, would direct the Board of Agriculture to establish a voluntary certification program for good manufacturing practices in manufacturing, packaging, or labeling operations for cannabinoid-related compounds derived from hemp.

Introduced by Representatives Sasser, Humphrey, and McNeely and referred to the House Agriculture Committee.

HOUSE BILL 832, Social Media Impartiality Act, would establish a process under the campaign finance laws to address when a candidate for elective office is censored on a social media platform. The bill would require the company to submit, in writing, to the State Board of Elections the reason for censorship within three calendar days of censoring the candidate. The State Board of Elections would then hold a hearing within three calendar days to determine if the company's actions were justified and provide written notice to the candidate and the company of its decision. If the State Board determines that the company has censored a candidate without due cause, the company would be subject to civil penalties for illegal in-kind contributions. A candidate or company could appeal the decision to the Joint Legislative Commission on Governmental Operations. **Introduced by Representatives Johnson, McNeely, Kidwell, and Greene and referred to the House Commerce Committee.**

HOUSE BILL 839, Whiz Kids/Slow Pokes Voter Registration, would (1) reestablish same-day voter registration, including on election day, and (2) allow a person who is at least 16 years of age but will not be 18 years of age by the date of the next election and who is otherwise qualified to register may preregister to vote and be automatically registered upon reaching the age of eligibility following verification of the person's qualifications and address. **Introduced by Representatives Meyer and Dahle and referred to the House Committee on Election Law and Campaign Finance Reform.**

HOUSE BILL 840, Intercept Communications/All Party Consent, would expand the statute that makes it a Class H felony to intercept and use or disclose any wire, oral, or electronic communication without the consent of at least one party to the communication to now require the prior consent of all parties to the communication. **Introduced by Representative Moffitt and referred to the House Rules Committee.**

HOUSE BILL 843, Certificate of Need Modifications, would:

- change the threshold criteria for a diagnostic center to include a facility, program, or provider in which the total cost of all medical diagnostic equipment used by the facility that costs more than \$1.5 million (currently, the cost threshold is set at \$500,000);
- change the threshold criteria for major medical equipment to include a unit or system used to provide medical or other health services which costs more than \$2 million (currently, the threshold is \$750,000);

- change the threshold criteria for new institutional health services to include the obligation of capital expenditures exceeding \$4 million (was, \$2 million);
- require the cost threshold amount for diagnostic center, major medical equipment and new institutional health services to be adjusted annually, beginning September 30, 2022;
- change bed capacity to specify space used exclusively for inpatient care at a health care facility;
- remove ambulatory surgical facilities from Certificate of Need requirements;
- exempt from certificate of need review a new institutional health service if the service is for the development, acquisition, construction, expansion, or replacement of a health service facility or service that obtained certificate of need approval before January 1, 2022, as an ambulatory surgical facility;
- exempt a capital expenditure exceeding the \$4 million (was, \$2 million) threshold, when certain conditions are met;
- direct the Department of Health and Human Services (DHHS) to exempt from certificate of need review services or facilities for which a certificate of need has already been issued when those services or facilities are replaced, renovated, or relocated to another site in the same county where need was originally determined;
- establish an exemption from certificate of need review for the construction, development, acquisition, or establishment of an ambulatory surgical facility in a county with a population of 100,000 or more that meets four criteria;
- provide for the expiration of a certificate of need issued for the construction of a health service facility upon the certificate holder failing to initiate authorized construction within four years after the approval becomes final for projects costing over \$50 million or two years after the approval becomes final for projects costing less than \$50 million;
- add to the requirements for ambulatory surgical facility licensure to include a statement of the number of procedure rooms, and the number and type of procedures performed at, the named premises; and
- bar issuing or renewing a license to operate a facility developed, acquired, or replaced on or after January 1, 2022, unless the application provides (1) a commitment that the Medicare allowable amount for self-pay and Medicaid surgical cases minus all revenue collected from self-pay and Medicaid surgical cases will be the greater of either 4% of the total revenue collected for all surgical cases performed at the facility or the percentage of charity care ambulatory surgery services provided by the affiliated hospital; (2) a commitment to annually report the total number of self-pay, Medicaid, Medicare, commercial insurance, managed care, and other surgical cases to DHHS; and (3) a commitment to report use and payment data for services provided by the facility to the statewide data processor.

Introduced by Representatives Warren, Kidwell, Richardson, and Sasser and referred to the House Rules Committee.

HOUSE BILL 848, Study Duplicative/Obsolete Criminal Statutes, would establish an eight-member Joint Legislative Criminal Laws Study Committee to review North Carolina's criminal laws to determine: (1) which are duplicative and therefore should be repealed; and (2) whether certain lower level offenses, such as traffic offenses, regulatory offenses, and low-level Schedule IV controlled substance offenses, should be reclassified or decriminalized. The Committee would submit a final report, including findings and legislative recommendations, to the Joint Legislative Committee on Justice and Public Safety and the Joint Legislative Committee on Health and Human Services no later than April 1, 2022. **Introduced by Representatives John, Everitt, Brown, and Martin and referred to the House Judiciary 2 Committee.**

HOUSE BILL 849, End Predatory Pet Leasing, would make it a Class 2 misdemeanor and an unfair and deceptive trade practice for a person to lease, offer to lease, sell, or offer to sell any living cat or dog for personal, family, or household use if the lease, offer to lease, sale, or offer to sell includes or is subject to any provision authorizing the use of the living cat or dog as security where the living cat or dog may be repossessed by the seller or lender contingent on the purchaser making payments. A person could purchase a living cat or dog through an unsecured personal loan. **Introduced by Representatives Harris and Faircloth and referred to the House Agriculture Committee. Sorry but I had to include this – stranger than fiction bill!**

HOUSE BILL 852, Good Samaritan Revisions/Immunity, would expand the limited immunity granted in current law for those who provide help to those experiencing a drug overdose or those under 21 providing help in the case of an alcohol overdose. The bill would provide that a person cannot be arrested, charged, or prosecuted for any violation of possession of a controlled substance or possession of drug paraphernalia if the five specified requirements and conditions are met to qualify as a Good Samaritan. The bill would also revise the requirements and conditions to now include that the person sought or assisted in seeking medical assistance for an individual experiencing a drug-related overdose by contacting authorities or campus security services. The bill would specify that the immunity extends to the person who experienced the drug-related overdose regardless of whether the person is the subject of another person's request for medical assistance or whether that person requested medical assistance for him or herself, if the five requirements and conditions are met. **Introduced by Representatives Adcock, Lambeth, and Alston and referred to the House Judiciary 2 Committee.**

HOUSE BILL 855, Give Clinical Researchers HIE Network Access, would permit clinical researchers to access the Statewide Health Information Exchange Network (HIEN) to access health information of applicants for or participants in a clinical investigation approved by an institutional review board so long as the clinical researcher:

- obtains signed releases from clinical investigation applicants or participants;
- is financially independent of the funding sponsor of the clinical investigation;
- will only access HIEN on an individual basis (no data mining, participant recruiting, or extracting multiple persons' records); and
- agrees to limit use of information from the HIEN to (i) verifying applicant eligibility for a clinical investigation, (ii) protecting the health and safety of a clinical investigation participant, (iii) tracking side-effects from test articles in a clinical investigation, and (iv) providing continuity of care to participants before and after a clinical investigation and to use information in a manner consistent with federal health privacy law.

Introduced by Representatives Insko, Hardister, and Cunningham and referred to the House Health Committee.

HOUSE BILL 856, GA - Defend Challenge to Laws and Rules, would make the General Assembly a necessary party to any challenge to the validity or constitutionality of any North Carolina law or administrative rule. **Introduced by Representative C. Smith and referred to the House State Government Committee.**

HOUSE BILL 857, Letters of Character Ref. and LEC/SEC Study, would: (1) clarify when a covered person may use the public position with respect to letters of character reference for individuals seeking unpaid work and for individuals being nominated for public service awards from the State; and (2) direct the Legislative Ethics Committee to study the ethical standards for legislators and the powers, duties, and functions of the Committee to examine if revisions are necessary to provide more effective advice to legislators and enhance the trust of the public.

Introduced by Representatives Harrison, Mills, and Faircloth and referred to the House Rules Committee.

HOUSE BILL 858, Permit Cannabis Medical Research Studies, would provide an exemption for the possession of cannabis, rather than hemp extract, if (1) possessing or using cannabis to treat one or more medical conditions if the quantity of usable cannabis possessed does not exceed an adequate supply determined by the patient's physician; (2) possesses a written certification in close proximity to the cannabis; and (3) the individual is a caregiver. **Introduced by Representatives Martin, Faircloth, and Belk and referred to the House Rules Committee.**

HOUSE BILL 861, Back-to-Work Integrity Act, would amend provisions regarding unemployment compensation benefits to: (1) require an employer to report when an unemployment benefits claimant declines an offer of employment during the work search requirement to the Division of Employment Security; (2) direct the Division to develop procedures by which employers can report when claimants decline an offer of employment; (3) require the Division to conduct an ongoing review of enforcement and the administrative steps appropriate to disqualify claimants who decline employment from receiving unemployment benefits; and (4) require the Division to report to the Joint Legislative Commission on Unemployment Insurance on compliance with provisions of this act on a quarterly basis beginning September 1, 2021. **Introduced by Representatives Johnson, Moffitt, Zenger, and Pless and referred to the House Finance Committee.**

HOUSE BILL 862, Improve Access to Patient Care, would:

- define “clinical pharmacist practitioner” as a licensed pharmacist who meets all of the following requirements: (1) provides collaborative care in accordance with written collaborative practice agreement with one or more physicians; (2) has registered with the NC Board of Pharmacy Clinical Pharmacist Practitioner Registry; (3) meets and maintains the required annual professional development requirements; (4) maintains good standing with the Board of Pharmacy; and (5) practices in accordance with statutory requirements and rules established by the joint subcommittee of the NC Medical Board and the NC Board of Pharmacy;
- define collaborative care services to mean patient care services authorized by a physician and delegated to a pharmacist for the purpose of drug therapy and disease management;
- require the provision of patient care services by a licensed pharmacist under a collaborative practice agreement with one or more physicians to be performed in accordance with the rules developed by the NC Medical Board and the NC Board of Pharmacy and approved by both Boards;
- allow a supervising physician to delegate to a licensed pharmacist, under a collaborative practice agreement, any patient care services that the supervising physician deems appropriate;
- require the Boards to have adopted rules developed by a joint subcommittee governing the use and oversight of collaborative practice in patient care settings that the Boards have determined to be in the best interest of patient health and safety;
- require clinical pharmacist practitioners to register with the Board of Pharmacy and maintain annual requirements as a clinical pharmacist practitioner and require the clinical pharmacist practitioner's unique identification number to be shown on any prescriptions he or she writes;
- require any drug therapy order medications, tests, or devices written by a clinical pharmacist practitioner to be deemed authorized by the collaborating physician;

- require the supervising physician to conduct periodic review and evaluation of the clinical pharmacist practitioner's prescribing patterns; and
- allow institutional and group practices to implement an institution-wide, multiprovider collaborative practice agreement for the care of their patients under a policy for oversight and evaluation of clinical pharmacist practitioners by an appointed supervising physician.

Introduced by Representative Sasser and referred to the House Health Committee.

HOUSE BILL 867, Uniform Worker Classification Act, would enact the Uniform Worker Classification Act to bring clarity, certainty, and uniformity under the laws of this State with regard to differentiating employees from independent contractors in employment and by imposing objective and uniform standards for making that distinction. The bill would provide that all laws where the application thereof is contingent upon the classification of a worker as being an employee are superseded to the extent necessary, by this Article, including, but not limited to, reviewing or determining employee classification for the purposes of workers' compensation, unemployment compensation, employee wages and hours, taxation, or other purposes under the General Statutes. A person would be classified as an independent contractor if any of the following are met:

- the person signs a written contract with the principal stating the principal's intent to retain the person's services as an independent contractor and contains acknowledgements that the person understands that the person is providing services for the principal as an independent contractor, not going to be treated as an employee of the principal, not going to be provided by the principal with either worker's compensation or unemployment compensation benefits, is obligated to pay all applicable taxes, is responsible for the majority of supplies and other variable expenses that the person incurs in connection with performing the contracted-for services unless the expenses are for travel that is not local, the expenses are reimbursed under an express provision of the contract, or the supplies or expenses reimbursed are commonly reimbursed under industry practice;
- the person has either filed, intends to file, or is contractually required to file an income tax return for a business or for earnings from self-employment;
- the person provides services through a business entity or through a registered sole proprietorship;
- with the exception of the exercise of control by the party that engages the worker necessary to ensure the worker's compliance with obligations required by a governmental or regulatory entity, or to protect persons or property, or to protect a franchise brand, the worker has the right to control the manner and means by which the work is done even though he or she may not have control over the final result of the work; and
- the person satisfies three or more of nine specified criteria, including the person controls where the services are performed except for those that can only be performed at specific locations, the person is free to exercise independent initiative in soliciting others to purchase his or her services, the person cannot be required to perform additional services without a new or modified contract, or the person is responsible for maintaining and bearing the costs of any required business licenses, insurance, certifications, or permits required to perform the services.

Workers who do not meet the above conditions would be classified as employees; however, a party could classify a worker who meets the criteria above as an independent contractor. The bill would prohibit a city, county, municipality, unincorporated community, township, special district, airport authority, port authority, or other local political subdivision of the State from adopting any law, ordinance, regulation, code, charter, regulation, or other guidance in conflict with these new provisions. **Introduced by Representatives Saine, Moffitt, and McNeely and referred to the House Commerce Committee.**

HOUSE BILL 868, Telehealth Licensure Reciprocity, would establish eight qualifications for licensure by the NC Medical Board to practice medicine through telehealth services, including:

- holding a full and unrestricted license to practice medicine in another state, D.C., or possession or territory of the US;
- registration with the Board through application;
- having no current or pending disciplinary actions against the applicant's license by any medical licensing agency in any state or other jurisdiction at the time of application;
- not having an office in the State and not currently providing in-person health care services to patients located in the State.

The bill would provide an exemption from licensure requirements for out of state licensed medical providers who provide telehealth services to a patient located in the State in response to an emergency medical condition of the patient, or in consultation with a health care professional licensed in the State who has supervisory and ultimate authority over the diagnosis and health care of the patient. **Introduced by Representatives Lambeth, Potts, Sasser, and K. Baker and referred to the House Health Committee.**

HOUSE BILL 871, Informed Consent/Certain Procedures, would prohibit a health care provider or trainee from performing or supervising the performance of a pelvic or rectal exam on an anesthetized or unconscious patient, unless one of the following: (1) the patient, or their legal guardian or designated health care agent has given prior informed consent; (2) the patient is incapable of providing informed consent and the pelvic or rectal examination is necessary for diagnostic or treatment purposes; or (3) there is an emergency at the time of the exam and it is impractical to obtain the patient's consent, and the pelvic or rectal examination is necessary for diagnostic or treatment purposes. The bill would make violations of this new law a Class A1 misdemeanor. It would also create a duty for individuals licensed by the North Carolina Medical Board to report any violations within 30 days. **Introduced by Representatives Adcock, K. Baker, and von Haefen and referred to the House Health Committee.**

HOUSE BILL 872, Review of Federal Acts/Rules/Regulations, would:

- allow the General Assembly to review or direct the Attorney General to conduct a review of any federal action to determine the constitutionality of the federal action and whether the State should seek an exemption from the application of the federal action or seek to have the federal action declared unconstitutional;
- allow the General Assembly, if it determines a federal action is unconstitutional, to direct the Attorney General to pursue a legal challenge to declare the federal action unconstitutional, and, if the Attorney General declines to seek to have a federal action declared unconstitutional, to declare the federal action to be unconstitutional;
- prohibit the State, any political subdivision of the State, and any organization that receives State funds from implementing any federal action that restricts a person's rights; and
- prohibit the State, any political subdivision of the State, and any organization that receives State funds from implementing any federal action that either the General Assembly or the Attorney General have determined to be unconstitutional and which relates to any of the following: (1) a pandemic or other health emergency; (2) the regulation of natural resources, including oil and natural gas; (3) the regulation of the agricultural industry; (4) the use of land and wetlands and water; (5) the regulation of the financial sector as it relates to environmental, social, or governance standard; (6) the regulation of the constitutional right to keep and bear arms; or (7) the regulation of education.

Introduced by Representative Kidwell and referred to the House Rules Committee.

HOUSE BILL 875, Enact KinCare and Safe Days, would require an employer who provides compensated or uncompensated job protected sick leave for employees to allow an employee to use, in any calendar year, the employee's accrued and available sick leave to attend to the care of a family member for no more than five consecutive days. All conditions and restrictions placed by the employer on the use by an employee of sick leave also would apply to the use by an employee of sick leave to attend to the care of a family member. The bill would clarify that that this section does not extend the maximum period of leave employees are entitled to under the federal Family and Medical Leave Act and would prohibit employers from discriminating or retaliating against employees for filing a claim or complaint, instituting an investigation or other action, or testifying or providing information to any person relating to this use of sick leave to care for a family member. **Introduced by Representatives Clemmons, Cunningham, Adcock, and Alston and referred to the House Rules Committee.**

HOUSE BILL 881, Licensed Psychological Assoc. Superv. Changes, would allow a licensed psychological associate (LPA) to engage in independent practice without the supervision of a qualified licensed psychologist if the LPA; (1) has 3,000 hours of post-graduate degree experience in the delivery of psychological services under the supervision of one or more qualified licensed psychologists within a time period of at least 24 consecutive months and less than 60 consecutive months; and (2) submits an application for independent practice with proof of the required supervised experience. **Introduced by Representative Hawkins and referred to the House Health Committee.**

HOUSE BILL 884, Establish NC Institute for Public Policy, would establish the North Carolina Institute for Public Policy (NCIPP), which would be housed administratively in the School of Public and International Affairs at North Carolina State University, establish the North Carolina Commission on Public Policy to oversee and direct the work of NCIPP, and provide funding to the UNC Board of Governors for staff and operating expenses of the NCIPP and the Commission. The NCIPP would:

- conduct and publish research that is directly useful to policymakers and manage reviews and evaluations of technical and scientific topics as they relate to major long-term issues facing the State;
- evaluate the merits of a program or an activity of a State agency or a program or an activity of a non-State entity conducted or provided using State funds;
- develop quantitative indicators to be used in an evaluation of a program or an activity of a State agency or a program or an activity of a non-State entity conducted or provided using State funds;
- determine the cost of programs or activities of a State agency or programs or 30 activities of a non-State entity conducted or provided using State funds; and
- develop a two-year work plan at the beginning of every odd-numbered year which would consist of any studies directed by the General Assembly, as well as other issues of public interest recommended by the Commission, and, upon completion of each study, report its findings and any recommendations, including proposed legislation, to the Commission, the Governor, and the General Assembly.

Introduced by Representatives Everitt, R. Smith, and Gailliard and referred to the House Rules Committee.

HOUSE BILL 891, Up Minimum Wages/No Subminimum or Exemptions, is identical to Senate Bill 673, summarized in the April 23, 2021, Legislative Report. **Introduced by Representatives Hawkins, Everitt, and K. Smith and referred to the House Rules Committee.**

BILL UPDATES

HOUSE BILL 144, RDH Admin. Local Anesthetic, would establish standards for teledentistry, authorize dental hygienists to administer local anesthetics under supervision and allow certain dental hygienists to work in schools without supervision. The bill's title was changed in committee to remove the reference to teledentistry. **The bill as amended was approved by the Full House and will next be considered by the Senate.**

HOUSE BILL 149, Improving Access to Care Through Telehealth, was amended in the House Committee on Insurance to exclude delivery of telehealth through fax. The new version would also specify that telehealth cannot be used for health care services related to an abortion in accordance with current law that requires women be provided with specified information orally at least 72 hours prior to the abortion. The only exception to this is in cases of emergency, which is currently defined in statute as a condition which, in reasonable medical judgment, so complicates the medical condition of the pregnant woman as to necessitate the immediate abortion of her pregnancy to avert her death or for which a delay will create serious risk of substantial and irreversible physical impairment of a major bodily function, not including any psychological or emotional conditions. **The bill as amended was approved by the House Insurance Committee and the Full House and will next be considered by the Senate.**

HOUSE BILL 395, HIE Deadline Extension and Patient Protection, was amended to:

- explicitly charge the Department of Information Technology (DIT), the Department of State Treasurer, State Health Plan Division, and the Department of Health and Human Services (DHHS), Division of Health Benefits (DHB) with the duty to facilitate and support participation by covered entities in the statewide health information exchange network (HIE network);
- revise the mandatory HIE Network participation dates:
 - providers of Medicaid and State-funded health care services and their affiliated entities by January 1, 2023 (was, extended to October 1, 2022, from October 1, 2021)
 - licensed dentists, licensed physicians with a primary practice in psychiatry, and the State Lab of Public Health by January 1, 2023 (was, extended to June 1, 2022, from June 1, 2021)
 - registered pharmacies and State health care facilities under the Secretary of the Department of Health and Human Services' jurisdiction by January 1, 2023 (was, extended to June 1, 2022, from June 1, 2021) prohibition extensions beyond the new deadline of January 1, 2023, for these specified entities
- remove requirements for participation by ambulatory surgical centers by June 1, 2021 (was, extended to June 1, 2021; now eliminated with no replacement deadline);
- prohibit providers or entities whose receipt of State funds is negatively impacted by a failure to connect to the HIE Network and submit required data from balance billing any services rendered to State-funded health care program beneficiaries and deem those beneficiaries not responsible for improper charges; and

- prohibit the HIE Authority from fulfilling a request for electronic health information or other medical records from an individual, an individual's personal representative, or an individual or entity purporting to act on an individual's behalf.

The bill as amended was approved by the Full House and will next be considered by the Senate Rules Committee.

HOUSE BILL 453, Human Life Nondiscrimination Act/No Eugenics, was amended in the House Health Committee to require a physician who advises, procures, or causes a miscarriage or abortion after the sixteenth week of a woman's pregnancy to provide a signature attesting that the information that is contained in the report to the Department of Health and Human Services is true and correct to the best of the physician's knowledge, without a requirement for the attestation to be made under oath. **The bill as amended was approved by the House and will next be considered by the Senate.**

HOUSE BILL 572, No Vaccine Mandate by EO, Rule, or Agency. The provisions of this bill were removed in the House Health Committee and replaced with a new bill that would:

- prohibit the Governor from requiring or mandating that any person receive a vaccination by operation of executive order;
- grant civil and criminal immunity to any person who refuses to receive a vaccination under the statute;
- limit the revisions of the NC Emergency Operations Plan concerning immunization procedures;
- prohibit State agencies from adopting a rule that imposes a mandate or requirement resulting in disciplinary action for a person who receives a vaccination as a condition of the receipt, renewal, or reinstatements of a license by an agency; and
- prohibit public health authorities, including the Secretary of the Department of Health and Human Services (DHHS), the State Health Director, the Commission for Public Health, and local health directors from issuing an order requiring any individual to submit to COVID-19 vaccination or series of vaccinations.

The bill as amended was approved by the House Health Committee and the House Rules Committee. The bill will next be considered by the full House.

SENATE BILL 191, The No Patient Left Alone Act, was amended to add the requirement that licensed hospitals permit patients to receive visitors to the fullest extent permitted under any applicable rules, regulations, or guidelines also includes those adopted by the Centers for Disease Control. **The bill as amended was approved by the Full Senate and will next be considered by the House.**

SENATE BILL 355, Government Transparency Act of 2021, was amended in the Senate Judiciary Committee to further amend the requirements for State personnel recordkeeping by each State department, agency, institution, commission and bureau to specify that the statute does not authorize the disclosure of any confidential information protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Americans with Disabilities Act of 1990 (ADA), or other applicable law. The bill would provide that, if the reason for an employee's promotion, demotion, dismissal, transfer, suspension, separation, or other change in position classification is prohibited from disclosure by an applicable law, the general description to be provided must be listed as "description of action prohibited by applicable law." The bill also would prohibit the date and general description for each promotion, dismissal, transfer, suspension, separation, or other change in position classification from being disclosed before the employee has exhausted all administrative appeals that the employee is entitled to pursue under applicable law;

however, once the employee has exhausted all administrative appeals, this information would have to be disclosed within 30 days of any final decision. The bill would make identical additions to the personnel recordkeeping requirements by local boards of education, community colleges, LME/MCOs, local governments, water and sewer authorities, and hospitals. **The bill as amended was approved by the Senate Judiciary and Rules Committees and will next be heard by the full Senate.**

SENATE BILL 575, Pharmacists Improve Public Health Needs, was amended in the Senate Health Care Committee and the amended version would:

- remove the proposed language that would have added an immunizing pharmacist and a clinical pharmacist practitioner to individuals who are authorized to prescribe an opioid antagonist;
- replace the ten categories of medications an immunizing pharmacist can prescribe and dispense, to now only list four: (1) FDA approved tobacco cessation medications; (2) oral hormonal contraceptives after the patient completes an assessment consistent with CDC eligibility criteria; (3) prenatal vitamins; and (4) controlled substances for the prevention of human immunodeficiency virus;
- remove the proposed subsection (e), which authorized an immunizing pharmacist to test or screen for and treat minor, nonchronic health conditions, with record requirements; and
- change the directive to the NC Medical Board and the NC Board of Pharmacy joint subcommittee to develop statewide written protocols and amend existing rules and protocols to provide and develop certification for clinical pharmacist practitioners and immunizing pharmacists that encompass the new authorized treatments.

The bill as amended was approved by the Senate Health Committee and will next be considered by the Senate Rules Committee.

SENATE BILL 693, Expedite Child Safety and Permanency, was amended in the Senate Judiciary Committee to establish procedures for when a juvenile in the custody of the Division of Social Services (DSS) presents to a hospital emergency department for mental health treatment. The bill would require the DSS Director to contact the appropriate LME/MCO and contact the LME/MCO within 24 hours of admission upon a determination that the juvenile should not remain at the hospital and no appropriate placement is immediately available to request an assessment. The LME/MCO would be charged with care coordination and quality management, as well as arranging an assessment by a qualified licensed clinician within five business days of the notification. The bill would also allow a motion to request a hearing when a juvenile is in the custody of DSS and is admitted to a hospital emergency department for mental health treatment if the procedures and requirements of the new law are not met. The bill would allow any party to the juvenile case, DHHS, the hospital where the juvenile is admitted, or the LME/MCO to make a limited appearance to file the motion; places the burden of proving by clear and convincing evidence that the provisions were not met upon the petitioner. **The bill as amended was approved by the Senate Judiciary Committee and will next be considered by the Senate Rules Committee.**

SENATE BILL 695, Statewide Medical Action Plan for Schools, was heard in committee, where the previous version of the bill was removed and a new version added that would direct the State Board of Education to adopt a rule establishing a medical condition action plan to be implemented by each public school unit for each student at risk for a medical emergency as diagnosed by a doctor. The bill would now extend the current law establishing the duty of teachers and authorized public school employees to provide medical care to students to include administering any drugs or medication as described in the medical condition action plan. The bill would establish three

requirements of a medical condition action plans, including a standard medical condition action plan form, detailed instruction to ensure all individuals designated by the principal or other decision-making authority to provide medical care know how to address the medical emergency, and information detailing the method by which and by whom any medical emergency will be handled when the student is at a school-sponsored activity that is not on the public school unit's campus. **The bill as amended was approved and will next be considered by the Full Senate.**

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