



INTRODUCTION

Last week kicked off with Governor Cooper's State of the State address to the General Assembly, where he reinforced familiar themes, including Medicaid expansion, increased spending on education and rural broadband. Cooper also called for more cooperation between Republicans and Democrats.

Despite the calls for harmony, some of the most contentious policy battles continued to heat up. A group of legislators, including Rep. Gale Adcock, a nurse practitioner, introduced the SAVE Act, which would remove the requirement for physician supervision from advanced practice nurses (APRNs) like nurse practitioners, certified nurse midwives and certified nurse anesthetists.

As expected, another group of legislators – Rep. Josh Dobson (R-McDowell), Rep. Julia Howard, (R-Davie), Rep. Bill Brisson (R-Bladen) and Rep. Gale Adcock (D-Wake) – introduced legislation to halt State Treasurer Dale Folwell's changes to the State Health Plan. The changes, which Folwell says would save the Plan millions, include tying providers rates to Medicare rates. Providers and hospitals claim that the changes would close hospitals and impact access for state employees. The new bill would create a commission to study potential changes to the State Health Plan, while prohibiting any changes to the current status quo while the study is being conducted.

The fight over ABC privatization also switched into high gear as a group of legislators, police chiefs and advocacy groups held a press conference to oppose as-yet introduced changes. The opponents cited concerns about increased alcohol access and consumption that they say would result from privatization, as well as lost local government revenues. Dan House, president of the N.C. Association of Chiefs of Police and Wrightsville Beach police chief, said his town currently gets about \$500,000 annually from ABC store revenues. As mentioned in previous issues, Rep. Chuck McGrady (R-Henderson) has vowed to introduce a bill this session to privatize North Carolina's ABC system.



NORTH CAROLINA COLLEGE OF EMERGENCY PHYSICIANS



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On the Medicaid front, the Department of Health and Human Services (DHHS) gave an update on major legislative initiatives to the Joint Appropriations Committee on Health and Human Services. The [presentation](#) focused on major policy goals, including Medicaid transformation, ways to attack the opioid crisis and the new Early Childhood Action Plan. The plan got a high-profile kick-off on Wednesday when researchers, policymakers, philanthropists, and early childhood leaders joined Governor Cooper, Governor Hunt and Secretary Cohen in Raleigh. It was developed in response to an executive order from Cooper and provides ten goals around early childhood health, development, and learning, along with measures for tracking progress for each goal.

For those who want to see a bit more of the legislative process, a new bill was introduced last week to televise N.C. House sessions. House Bill 218 would install video equipment in the House chamber to stream legislative sessions and to make archived footage available to the public. According to the bill's sponsors, North Carolina is one of only seven states without online video streams of legislative sessions.

BILLS OF INTEREST

HOUSE BILL 157, DMV/Registration of Bicycles, would require each bicycle used by a person 16 years or older on a public street or highway to be registered with the Division of Motor Vehicles. The annual bicycle registration fee would be \$10 and would be used by the Department of Transportation for bicycle safety related projects, including bicycle lanes, signage, safety education, and bicycle helmet grants for minors. The Division would issue a registration card and registration plate suitably sized for a bicycle to be attached to the rear of the bicycle. A violation would be an infraction punishable by a fine of not more than \$25. **Introduced by Representative Elmore and referred to the House Transportation Committee. This is not a joke – the bill was really introduced.... by a Republican.**

HOUSE BILL 165, Electrician Requirements for Certain Orgs, is identical to Senate Bill 88, summarized in the February 27, 2019, Legislative Report. **Introduced by Representative Saine and referred to the House Regulatory Reform Committee.**

HOUSE BILL 167, Extend Deadline/Certain ID Approval/Voting, would extend the deadline by which the State Board of Elections is required to approve the use of certain forms of identification for voting from March 15, 2019, to September 15, 2019. These forms of ID include: tribal enrollment cards issued by a tribe recognized by this State; student identification cards issued by a constituent institution of The University of North Carolina, a community college, or eligible private postsecondary institution; and employee identification cards issued by a state or local government entity, including a charter school. **Introduced by Representatives Hawkins and Russell and referred to the House Elections and Ethics Law Committee.**

HOUSE BILL 173, Exempt Ocular Surgery from CON Laws, would exempt licensed ophthalmologists who provide ocular surgical procedures in one or more ocular surgical procedure rooms from obtaining certificates of need to license that setting as an ambulatory surgical facility. To earn the exemption: (1) the license application must be postmarked by December 31, 2019, (2) the applicant must verify within 60 days of the effective date of this act that the facility was in operation as of the effective date of this act or that the completed application for the building permit was submitted by the effective date of this act, (3) the facility must have been accredited by the time the license application is postmarked, and (4) the license application must include a commitment to and a plan for serving indigent and medically underserved populations.

Gastrointestinal endoscopy procedures in specified settings are also exempted from certificate of need. **Introduced by Representatives Speciale and Howard and referred to the House Health Committee.**

HOUSE BILL 180, State Benefits/Pension Revisions. – AB, would:

- authorize the State Treasurer to operate a flexible compensation plan for eligible individuals, including dental and vision health benefit offerings as specified;
- under the State Health Plan, change the definition of claims payment data to include the rate negotiated with or agreed to by the provider reflected in a Claims Data Feed;
- require the Claims Processor to disclose Claim Payment Data that reflects rates negotiated with or agreed to by a provider;
- eliminate the prohibition against the Plan using a provider's Claim Payment Data to negotiate rates, fee schedules, or other master charges with that provider or any other provider; and
- require the Plan to provide notice to the Claims Processor for each third party to whom the Plan seeks to disclose Claim Payment Data and for each use the third party will make of the data on the Plan's behalf.

Introduced by Representatives Goodwin and McNeill and referred to the House Rules Committee. This bill was requested by Treasurer Folwell in his attempt to change reimbursement to providers under the State Health Plan.

HOUSE BILL 184, Study State Health Plan Design, would create a 16-member Joint Legislative Study Committee on the Sustainability of the North Carolina State Health Plan that would report to the General Assembly by April 1, 2020. From January, 1, 2019 through December, 2021, the State Health Plan would be required to continue to use the Blue Cross Blue Shield of North Carolina Blue Options provider network and to reimburse providers in accordance with the established fee schedule. The use of any reference-based pricing model to reimburse providers is prohibited during this same period. **Introduced by Representatives Dobson, Howard, Brisson and Adcock and referred to the House Health Committee. This bill was filed at the request of the North Carolina Health Care Association to study how to create savings for the State Health Plan and stop any of the changes that Treasurer Folwell has attempted to implement to change provider rates to a referenced based model tied to Medicare. The North Carolina College of Emergency Physicians supports this legislation.**

HOUSE BILL 185, The SAVE Act, is the bill that would allow advanced practice nurses to practice without the supervision of a physician. The bill would:

- prohibit an advanced practice registered nurse (APRN) from practicing as such without a license;
- define APRN and establish six requirements for licensure;
- remove the requirement that nurses not prescribe a medical treatment regimen or make a medical diagnosis except under the supervision of a licensed physician;
- replace that requirement with a requirement to collaborate with other health care providers in determining the appropriate health care for a patient;
- establish that the practice of nursing by a certified registered anesthetist does not constitute practicing medicine or surgery and that a certified registered anesthetist administering anesthetic in collaboration with a licensed dentist does not constitute practicing dentistry;
- allow the Board of Nursing to grant prescribing, ordering, dispensing, and furnishing authority to holders of the advanced practice registered nurses license;
- establish fees for application for licensure, license renewal, and reinstatement of lapsed licenses for APRNs; and

- allow the Board to waive the requirements of the Act to provide health services to the public during states of emergency.

Introduced by Representatives Dobson, Lambeth, Stevens and Adcock and referred to the House Health Committee. The North Carolina College of Emergency Physicians opposes this legislation.

HOUSE BILL 196, Parental Consent for Sex Education, would change the format for parental consent for sex education. Previously, students participated unless parents chose to opt-out, but this change would require parents to formally opt-in for their children to participate. **Introduced by Representatives Speciale, Howard and Pittman and referred to the House Committee on Education, K-12.**

HOUSE BILL 216, School Self-Defense Act, would enact the School Self-Defense Act to:

- add an exception to the prohibition on weapons on campus or other educational property for a volunteer school faculty guardian, which would mean a person who (i) is a member of the faculty or staff of a school, (ii) is a full-time or part-time employee, and (iii) possesses a valid concealed handgun permit;
- provide that the exception for a volunteer school faculty guardian would apply only when the person is on the grounds of the school the person is employed by or assigned to and meets all of the following requirements:
 - successfully completes 16 hours of active shooter training in the School Faculty Guardian program;
 - submits to the chief administrator of the school on an annual basis written notice that the person continues to possess a valid concealed handgun permit;
 - provides evidence satisfactory to the chief administrator of the school on an annual basis that the person has demonstrated proficiency with the type of handgun and handgun retention system used;
 - when on school grounds, only possesses the handgun during the conduct of his or her duties;
 - except when responding to an act of violence or an imminent threat of violence at the school, keeps the handgun concealed at all times while on the school grounds. For these purposes, the term "violence" means physical injury that a reasonable person would conclude could lead to permanent injury or death; and
 - submits to annual drug testing;
- allow the governing body or entity of a school to opt out and prohibit a person from possessing a handgun on the grounds of the school(s) under its control;
- authorize the North Carolina Criminal Justice Education and Training Standards Commission (Commission) to establish and administer the School Faculty Guardian program to provide active shooter training to volunteer school faculty guardians; and
- provide \$500,000 to the Commission for costs incurred in establishing the School Faculty Guardian program.

Introduced by Representatives Pittman and Speciale and referred to the House Rules Committee.

HOUSE BILL 218, Broadcast NC House of Reps Sessions, would require the North Carolina House of Representatives to provide the general public with video access of its daily legislative sessions and the University of North Carolina Center for Public Television to broadcast daily sessions of the House of Representatives that are of particular public importance. The bill also would establish the House Select Committee on Televising Legislative Sessions to study the feasibility of creating a new channel for use by The University of North Carolina Center for Public

Television to broadcast all legislative sessions of the House of Representatives and report its findings and recommendations to the 2019 General Assembly no later than April 15, 2020. **Introduced by Representatives D. Hall, Saine, and Jones and referred to the House Rules Committee.**

HOUSE BILL 220, Insurance Technical Changes. – AB, would:

- make various changes to the reporting and organizational requirements for insurance companies, especially captive insurance companies, operating in North Carolina at the recommendation of the Department of Insurance;
- remove the provision allowing a person enrolled in a preferred provider benefit plan to receive covered health care services from a provider who does not participate in the plan but require coverage for emergency care;
- allow, in the case of a change in contract that results in a provider no longer participating in an insurer's exclusive benefit plan, an insured receiving treatment by that provider for an ongoing special condition to elect to continue to be covered with respect to the treatment by the terminated provider during a transitional period;
- define ongoing special condition as a serious acute illness; a chronic illness that is life-threatening, degenerative, or disabling; pregnancy from the start of the second trimester; or terminal illness for which an individual has a medical prognosis of a life expectancy of six months or less;
- establish transitional periods for scheduled surgery, organ transplantation, or inpatient care; for pregnancy; and for terminal illness;
- require each exclusive provider benefit plan to provide transition coverage to individuals who are newly covered under an exclusive provider benefit plan because the individual's employer has changed benefit plans and are undergoing treatment from a provider for an ongoing special condition;
- allow an insurer to condition coverage of continued treatment on six specified terms and conditions;
- clarify the requirements for Prepaid Health Plans (PHP);
- set the fees for PHP application at no more than \$2,000 and for annual continuation at no more than \$5,000;
- require the Insurance Commissioner to notify DHHS before examining a PHP and to provide DHHS with the results of the examination;
- require the Commissioner to provide DHHS with notice before applying for an order to rehabilitate or liquidate a PHP; and
- require that a copy of a notice that there are grounds to deny, suspend, or revoke a license for a PHP be given to DHHS.

Introduced by Representatives Setzer, Bumgardner and Corbin and referred to the House Insurance Committee.

HOUSE BILL 222, Insurance Technical Changes. – AB. This bill appears to be substantially the same as House Bill 220 summarized above. **Introduced by Representatives Setzer, Bumgardner and Corbin and referred to the House Insurance Committee.**

HOUSE BILL 225, Protect Governmental Accountability, is identical to Senate Bill 127, summarized below in this Legislative Report. **Introduced by Representatives D. Hall, Davis, and Stevens and referred to the House State and Local Government Committee.**

HOUSE BILL 228, Modernize Laws Pertaining to NC Medical Board. – AB, would:

- expand the definition of license issued by the NC Medical Board to include anesthesiologist assistant;
- make changes throughout to clarify requirements and procedures apply to licensees, not only physicians;
- change the qualifications that must be met by physicians, physician assistants, or nurse practitioners on the Board to require that the applicant indicate they are willing to take appropriate disciplinary action against peers for violations of the standards of medical care (was, standard of care or practice of medicine);
- delete the current Board meeting requirements and instead requires the Board to meet at least once quarterly within the State and allows any other necessary meetings;
- expand the Board’s power to identify licensees who fail to meet acceptable standards of care;
- require that licensees report to the Board any graduate medical or osteopathic education;
- clarify that the required reporting and publication of medical judgments, awards, payments, and settlements apply to all licensees;
- require every licensee to report in writing to the Board within 30 days any incidents that the licensee reasonably believes to have occurred that involve sexual misconduct or fraudulent prescribing, drug diversion, misuse, or theft of any controlled substances;
- establish that failure to report these incidents constitutes unprofessional conduct and is grounds for discipline;
- provide immunity from civil liability for reports made in good faith and without fraud or malice and establish that those made in bad faith, fraudulently, or maliciously are unprofessional conduct and are grounds for discipline;
- clarify that by submitting a license application, the applicant submits to the Board’s jurisdiction;
- change and clarify other requirements for various licensure types and related fines;
- add registration fees and related fines for physician assistants and anesthesiologist assistants;
- increase the fine for physicians who fail to register;
- allow the issuance of corporate certificates and establish fees that are to be paid by professional corporations practicing medicine;
- make changes to the Board’s disciplinary authority, including
 - allowing the Board to require an applicant or licensee to submit to a mental or physical exam and expanding upon who may conduct that exam;
 - deleting the provision prohibiting license revocation or denial or discipline solely because a person’s practice of a therapy departs from acceptable and prevailing medical practice;
 - expanding action due to lack of professional competence to practice to include consideration of repeated acts of an applicant’s or licensee’s failure to properly treat a patient;
 - establishing that a felony conviction under GS Chapter 14, Article 7B (rape and other sexual assaults), results in the automatic permanent denial or revocation of a license; and
 - providing that if emergency action is required, the Board may require a licensee to take action that would adversely impact his/her medical practice or license without first giving notice.
- amend the conditions under which physician assistants and nurse practitioners are authorized to write prescriptions for drugs by removing the condition that the Board has

assigned an identification number to the assistant which is shown on the written prescription;

- amend the conditions under which physician assistants are authorized to order medications, tests, and treatments to no longer require that the facility's written policy on such actions have been approved by the medical staff after consultation with the nursing administrator;
- allow nurse practitioners and physician assistants to conduct medical exams when a statute or state agency rule requires that such an exam be conducted by a physician;
- allow a professional corporation to be formed by and between or among any combination of a physician assistant, an anesthesiology assistant, or a certified nurse anesthetist to render anesthesia and related services that the respective stockholders are approved to provide;
- make it a Class C felony if a person who undertakes medical treatment of a patient either: (1) represents to the patient that sexual contact between the person and the patient is necessary or will be beneficial to the patient's health and induces the patient to engage in sexual contact with the person by means of the representation, (2) represents to the patient that sexual penetration between the person and the patient is necessary or will be beneficial to the patient's health and who induces the patient to engage in sexual penetration with the person by means of the representation, (3) engages in sexual contact with the patient while the patient is incapacitated, or (4) engages in sexual penetration with the patient while the patient is incapacitated; and
- add that in the absence of a treating physician, physician assistant, or nurse practitioner in charge of the patient's care at the time of death, chief medical officer of the hospital or facility in which the death occurred, or a physician performing an autopsy, the death certificate may be completed by any other physician, physician assistant, or nurse practitioner who undertakes reasonable efforts to ascertain the events surrounding the patient's death.

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

HOUSE BILL 238, Reinstate Earned Income Tax Credit, would reenact the earned income tax credit until January 1, 2023. The bill would allow for a 5% earned income tax credit per taxable year (previously, allowed for a 4.5% credit for the 2013 taxable year and 5% for all other taxable years), and make the credit subject to Section 3507 of the Internal Revenue Code, Advance Payment of Earned Income Credit. **Introduced by Representatives Harris, Alexander, Jackson, and K. Smith and referred to the House Rules Committee.**

HOUSE BILL 241, Education Bond Act of 2019, would provide, subject to a vote of the qualified voters of the State provide at an election held in November 2020, for the issuance of \$1.9 billion general obligation bonds of the State for the purpose of providing funds, with any other available funds, (i) for public school facilities through grants to counties for public school capital outlay projects and repairs and renovations, in the amount of \$1.5 billion, (ii) for community college facilities for community college capital outlay projects and repairs and renovations, in the amount of \$200 million, and (iii) for The University of North Carolina facilities for capital outlay projects for constituent institutions and repairs and renovations at such institutions, in the amount of \$200 million. **Introduced by Representatives Moore, Johnson, Elmore, and Horn and referred to House Education K-12 Committee.**

HOUSE BILL 250, Department of Health & Human Svcs. Revisions.-AB, would:

- add electronic communications or internet service providers to those entities who must provide the Department of Health and Human Services (DHHS) with specified information when it is needed to locate a parent for the purpose of child support;

- require a child care institution, as defined by Title IV-E of the Social Security Act, to condition offers of employment on consent to a criminal history record check;
- require a child-care institution, as defined by Title IV-E of the Social Security Act, to condition an offer of employment to fill a position that does not require an occupational license on a check of the North Carolina Sex Offender Registry and consent to check the North Carolina Responsible Individuals List;
- give DHHS the power to grant, deny, suspend, or revoke a license or provisional license in accordance with Article 1A (Control over Child Placing and Child Care);
- change the Vocational Rehabilitation Council to the Vocational State Rehabilitation Council and provide that it is in support of the Division of Vocational Rehabilitation Services;
- add that an application must not have a substantiated finding of neglect, abuse, misappropriation of property, diversion of drugs, or fraud listed on the Health Care personnel Registry as a condition that must be met for certification as an assisted living administrator;
- change the definitions in the Mental Health, Developmental Disabilities, and Substance Abuse Act of 1985 and the criteria that must be met to be defined as having a developmental disability;
- provide that a state facility is not required to disclose its security recordings to a client or to the client's next of kin or legally responsible person unless disclosure is required under federal law or compelled by a court;
- remove the ability of the Council of Community Programs to appoint members to the State Consumer and family Advisory Committee.

Introduced by Representatives Dobson, Lambeth, Potts and Black and referred to the House Health Committee.

SENATE BILL 127, Protect Governmental Accountability, would clarify the obligation of State agencies to refrain from interference with State employees' duty to report violations of state or federal law, fraud, misappropriation of State resources, and other governmental improprieties.

Introduced by Senators Brown, Daniel, and Hise and referred to the Senate Rules Committee.

SENATE BILL 130, State Employees/Paid Parental Leave, would direct the State Human Resources Commission, in cooperation with the State Board of Community Colleges and the State Board of Education, to adopt rules and policies to allow any employee at a State agency to share leave voluntarily with another employee of a State agency, community college, or public school for the purpose of providing paid parental leave. No more than six weeks of parental leave could be accrued through the donations. "Parental leave" would mean leave for the birth of a biological child or the placement of an adoptive child in the requesting employee's home. An employee would have to be in a full-time, permanent position in order to receive paid parental leave under this section, have been continuously employed with the State for at least 12 months immediately preceding the request for paid parental leave, and certify, in good faith, an intent to return to State employment for at least one year following the paid leave period. **Introduced by Senators Britt, Krawiec, and Chaudhuri and referred to the Senate Rules Committee.**

SENATE BILL 137, Economic Security Act, would advance economic security in North Carolina by: (1) increasing the State minimum wage in phases to \$15 per hour over five years; (2) mandating equal pay for equal work; (3) requiring paid sick leave and family medical leave; (4) increasing the tipped minimum wage; (5) ending wage theft; (6) requiring the fair assessment of persons with criminal histories by "banning the box"; (7) repealing public employee collective bargaining

restrictions; and (8) reenacting the earned income tax credit and tax credits for child care and certain employment-related expenses. **Introduced by Senators Smith, Foushee, and Van Duyn and referred to the Senate Rules Committee.**

SENATE BILL 143, The SAVE Act, is identical to House Bill 185, summarized above in this Legislative Report. **Introduced by Senators Hise and J. Davis and referred to the Senate Rules Committee.**

SENATE BILL 144, Gross Premium Tax/PHPS, is identical to House Bill 114, summarized in the February 27, 2019, Legislative Report. **Introduced by Senator Hise and referred to the Senate Rules Committee.**

SENATE BILL 148, Public Records/Release of LEO Recordings, would change current law, concerning allowing a custodial law enforcement agency to disclose or release a law enforcement recording in its sole discretion to a district attorney for any of the three existing purposes identified, by adding to the existing purposes: suspect identification or apprehension and noncriminal investigative purposes such as community-oriented publicity or goodwill. **Introduced by Senator D. Davis and re-referred to Senate Judiciary Committee.**

SENATE BILL 149, Allow Hyperbaric Oxygen Therapy for TBI/PTSD, is identical to House Bill 50, summarized in the February 20, 2019, Legislative Report. **Introduced by Senators D. Davis and Perry and referred to the Senate Rules Committee.**

SENATE BILL 154, Authorize Sports Wagering on Tribal Lands, would allow the placing of wagers on the outcome of professional and collegiate sports contests on tribal lands in accordance with the Federal Indian Gaming Regulatory Act. **Introduced by Senator J. Davis and referred to the Senate Rules Committee.**

SENATE BILL 161, Enact the North Carolina Caregivers Act, would require hospitals to give each patient or, if applicable, the patient's legal guardian at least one opportunity to designate a caregiver as soon as possible following the patient's admission and before the patient is discharged or transferred. If a caregiver is designated, the hospital would be required to request written consent to release medical information to the designated caregiver and, if consent is not given, then the hospital is not required to provide to the caregiver the discharge or transfer notice or the discharge plan instructions. A hospital would be required to consult with the patient and designated caregiver on the caregiver's capabilities and limitations and issue a discharge plan that describes a patient's aftercare needs at the patient's residence. **Introduced by Senators Krawiec, Bishop, and Hise and referred to the Senate Rules Committee.**

SENATE BILL 163, Require Parental Notification for DNR Orders, would prohibit a physician from issuing an order to withhold life-prolonging measures when the patient is an unemancipated minor unless the physician has (1) informed at least one of the patient's parents or legal guardians of the intent to do so and (2) made a reasonable attempt to inform the patient's other parent if the parent's contact information is discernible and if that parent has custodial or visitation rights. A parent or guardian could block the issuance of a DNR order, but a procedure would be established for petitioning the district court when the parents or guardians are unable to agree on the issuance of a DNR order. **Introduced by Senators Krawiec, Daniel and Hise and referred to the Senate Rules Committee.**

SENATE BILL 167, Healthy Mother, Healthy Child, would:

- prohibit a correctional institution from using restraints on a prisoner known to be pregnant, including during labor, transport to a medical facility, delivery, postpartum recovery, and postpartum period unless the corrections official determines that the prisoner or detainee presents an extraordinary circumstance;
- define an extraordinary circumstance as when restraints are necessary to prevent the woman from injuring herself or others and cannot reasonably be restrained by other means;
- prohibit using leg or waist restraints on any prisoner or detainee who is in labor or delivery under any circumstances;
- specify that, if the health professional treating the prisoner or detainee requests that restraints not be used, the corrections officer accompanying the prisoner or detainee must immediately remove all restraints; and
- appropriate \$250,000 for 2019-20 and 2020-21 from the General Fund to the Department of Public Safety to be allocated to policy implementation, education, and training of the procedures outlined in the act.

Introduced by Senators Smith and Foushee and referred the Senate Rules Committee.

SENATE BILL 168, Expand Allowable Medical Uses of CBD Oil, would:

- allow the use of hemp extract as an alternative treatment for autism, multiple sclerosis, Crohn's disease, and Mitochondrial disease in addition to intractable epilepsy;
- expand the definition of caregiver to include a nurse employed by a licensed home health agency and any other caregiver of a patient who meets specified criteria;
- expand the items that must be included in the neurologist's statement that the caregiver must possess to include a statement that the patient's condition has not responded to three or more treatment options overseen by the neurologist or by a physician with whom the neurologist has consulted about the patient's condition;
- allow the patient to be examined and under the care of the neurologist or a physician who has consulted with the neurologist; and
- amend the information that must be contained in the database registry to require the name, address, and hospital affiliation of any physician with whom the neurologist consults about the patient's condition in making the recommendation for hemp extract treatment.

Introduced by Senators McKissick and Hise and referred to the Senate Rules Committee.

SENATE BILL 169, Limit Session Length, would limit the number of days the General Assembly may meet in regular session as follows: (1) in odd-numbered years, no more than 135 calendar days, except that this period could be extended by joint resolution once per regular session for not more than 10 calendar days; and (2) in even-numbered years, no more than 60 calendar days, except that this period could be extended by joint resolution once per regular session for not more than 10 calendar days. Any reconvened session called under Section 5 of Article III of the North Carolina Constitution would be excluded from the calculations of this section. No valid action, other than ratification of bills and adoption of a joint resolution of adjournment, could be taken by the General Assembly after the time limits above have expired. **Introduced by Senators Chaudhuri, Tillman, and Marcus and referred to the Senate Rules Committee.**

LEGISLATION ENACTED

SENATE BILL 75, Restore Ct. of Appeals Membership, repeals a law passed in 2017, restoring the number of judges on the NC Court of Appeals to fifteen and eliminating language that would require the abolition of vacant seats on the Court of Appeals until the Court is decreased to twelve. **Effective: February 27, 2019.**

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