



INTRODUCTION

Last week was extremely intense as up to 17 committee meetings happened each day with 30-50 bills being considered in those committees. As members and lobbyists tried to get their bills through one chamber before the cross-over deadline, we heard some similar phrases over and over:

“it needs some work but if we can just get it through we will work on it on the other side”

“we will meet with stakeholders on the other side”

“we know there are a lot of questions but if we could just get it through”

“don’t let the perfect be the enemy of the good”

Many bills clearly had problems that legislators promised to work on when the bill arrived in the Senate or House but their fate is unclear. Whether the other chamber will be willing to take up these issues will depend on whether legislators on the other side are willing to move the bill and fight for it.

Last week, the House also finalized and approved their budget proposal, which we have summarized later in this legislative report. The budget moved quickly through the process and although there were a lot of amendments proposed, the main controversy was the Democrats efforts to include Medicaid Expansion in the budget, which was defeated by the majority Republicans. The budget now goes to the Senate and they will create their own version of the budget before the House and Senate work out their differences.

Although the cross-over deadline was on the 9th, the House finished their business and will not return until next week. The Senate is scheduled to meet on the 8th to go through a full calendar but there are no committee meetings scheduled so we expect their business to be completed on the 8th. This is first time I have ever seen either chamber finish moving bills BEFORE the actual cross-over deadline.



NORTH CAROLINA COLLEGE OF EMERGENCY PHYSICIANS



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BILLS OF INTEREST

HOUSE BILL 879, End of Life Option Act, would establish procedures to allow physicians to discuss end-of-life options with an individual suffering from an incurable, terminal disease and to allow that physician to prescribe a terminal comfort care drug. Such a drug would be defined as a controlled substance prescribed by a physician licensed in this state for a qualified individual with the purpose of hastening the qualified individual's death due to a terminal disease. Specific requirements, documentation and processes would be established, and those following the legislation would be protected from civil and criminal liability, as well as professional discipline. However, inappropriately forcing or interfering with the process would be considered a felony. **Introduced by Representatives Harrison, Hardister, McGrady and Fisher and referred to the House Rules Committee.**

HOUSE BILL 904, Identity Theft Protection Act/Changes, would make a variety of changes to the Identity Theft Protection Act to:

- require consumer reporting agencies to create and maintain a shared website and toll-free number that a consumer can contact to request a security freeze and actions related to a security freeze;
- prohibit a consumer reporting agency from charging a fee to put a security freeze in place, remove a freeze, or lift a freeze, unless expressly authorized;
- require any business that owns or licenses personal information of residents of North Carolina or any business that conducts business in North Carolina that owns or licenses personal information in any form (whether computerized, paper, or otherwise) to: (1) implement and maintain reasonable security procedures and practices, appropriate to the nature of the personal information and the size, complexity, and capabilities of the business, to protect the personal information from unauthorized access, destruction, use, modification, or disclosure; and (2) provide notice to all persons affected by a security breach and to the Consumer Protection Division of the Attorney General's Office as soon as practicable but not later than 30 days after discovery of the breach or reason to believe a breach has occurred;
- exclude from the term *personal information*: electronic identification numbers or e-mail names or addresses unless it includes any required security code, access code, or password that would allow access to an individual's financial account or resources or other personal information; Internet identification names; parent's legal surname prior to marriage; and a password, unless the business is aware that this information would permit access to a person's financial account or resources or other personal information;
- provide that, if notice of a security breach is provided to any affected person or agency pursuant to HIPAA, then notice must also be provided to the Consumer Protection Division in the Office of the Attorney General;
- require a consumer reporting agency to offer to provide appropriate identity theft prevention and mitigation services such as credit monitoring at no cost to the consumer for not less than 48 months, if the consumer receives notice or is the subject of a security breach by a consumer reporting agency, and the consumer's personal information was held by a consumer reporting agency;
- prohibit a person from obtaining, using, or seeking the consumer report or credit score of a consumer in connection with an application for credit without the written, verbal, or electronic consent of the consumer; and
- amend the definition of *identifying information* to include: (1) health insurance policy number, subscriber identification number, or any other unique identifier used by a health insurer or payer to identify the person; and (2) any information regarding the individual's

medical history or condition, medical treatment or diagnosis, or genetic information, by a health care professional.

Introduced by Representatives Saine, Jones, and Reives and referred to the House Commerce Committee.

HOUSE BILL 929, Gaming Commission, would create the North Carolina Gaming Commission to establish and oversee the operation of gaming in this State, and provide for the regulation of sports fantasy leagues. **Introduced by Representatives Warren, Hardister, Saine, and Hunter and referred to the House Commerce Committee.**

HOUSE BILL 934, Right to Try Adult Stem Cell Treatments, would expand the Right to Try Act to provide access to investigational adult stem cell treatments for patients diagnosed with a terminal or chronic illness. **Introduced by Representatives Blackwell, Lambeth, Murphy, and Reives and referred to the House Health Committee.**

HOUSE BILL 944, Protect the Integrity of NC Elections Act, would: (1) provide funds for three additional compliance investigator positions and two data analyst positions with the North Carolina State Board of Elections; (2) require county boards of elections to maintain a record of who is requesting or delivering a request form for absentee application and ballots; and (3) make it a Class 2 misdemeanor to sell or attempt to sell a completed written request form for an absentee application and ballot or condition its delivery upon payment. **Introduced by Representatives Ball, Lewis, Warren, and Dahle and referred to the Elections and Ethics Law Committee.**

HOUSE BILL 949, Opioid Pilot Program/Funds, would create a two-year pilot program through the Pain Management Team of the Northern Hospital District of Surry County to provide opioid disorder treatment and recovery series to uninsured individuals using best practices, including alternative pain management. The bill would appropriate \$500,000 in nonrecurring funds establish and operate the pilot program. **Introduced by Representative Stevens and referred to the House Committee on Appropriations, Health and Human Services.**

HOUSE BILL 955, Sam's Law, would allow parents to request a seizure action plan from a school, if their child has been diagnosed with a seizure disorder. The plan would outline responsibilities, training and medication administration. The bill would require local school boards and the State Board of Education to develop seizure policies and would appropriate \$20,000 in nonrecurring funds from the General Fund to the Department of Public Instruction to assist the State Board of Education in the development of its seizure policy and with costs associated with the act. **Introduced by Representatives Jarvis, Murphy, Horn and Hardister and referred to the House Committee on Education, K-12.**

HOUSE BILL 988, Next Step Act, would make a number of changes regarding fines and prisoners, including appropriating \$3.2 million to provide inmates with access to telemedicine for mental health support during hours when no in-person specialist is available. **Introduced by Representatives Grange, R. Turner, Hardister and K. Hall and referred to the House Committee on Appropriations, Justice and Public Safety.**

HOUSE BILL 989, Hospital Assessment Revision/Prof. Payments, would:

- establish a new method and processes for hospital assessments, including base and supplemental assessments set by the General Assembly and based on a percentage of total hospital costs;

- apply assessments to all licensed North Carolina hospitals, except exempts from the supplemental assessment and the base assessment critical access hospitals, freestanding psychiatric hospitals, freestanding rehabilitation hospitals, long-term care hospitals, state-owned and state-operated hospitals, and the primary affiliated teaching hospital for each UNC medical school;
- exempt public hospitals from the supplemental assessment; and
- revise the supplemental payment program for eligible medical professional providers to no longer include a limit on the number of eligible medical professional providers that may be reimbursed but instead to use a limit on the total payments made and to include supplemental payments that increase reimbursement to the average commercial rate under the State Plan and directed payments that increase reimbursement to the average commercial rate under the managed care system.

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

HOUSE BILL 993, Enact Naturopathic Doctors Licensure Act, is identical to Senate Bill 573, summarized in the April 16, 2019, Legislative Report. **Introduced by Representatives Lambeth, Dobson, Carney, and Fisher and referred to the House Health Committee.**

HOUSE BILL 994, Top Four Open Primary/Elections, would establish a process for the election of certain offices through an open primary, sometimes referred to as a nonpartisan blanket primary or nonpartisan preliminary election, which would be followed by a general election conducted by ranked-choice voting. Ranked-choice voting is a system of election whereby voters rank candidates in order of preference used to avoid vote splitting and a spoiler outcome when support is divided among similar candidates. The system generally proceeds after an initial tabulation of the first-preference votes. Candidates with the fewest first-preference votes would be eliminated and votes redistributed to candidates that voters have marked as their next preferences. The bill would provide \$410,000 to the State Board of Elections for the implementation, education, and training needed in the development of the ranked-choice election. **Introduced by Representatives Morey, Hawkins, and Russell and referred to the House Elections and Ethics Law Committee.**

HOUSE BILL 1010, Criminal Law Reform, is identical to Senate Bill 584, summarized in the April 19, 2019, Legislative Report. **Introduced by Representatives Riddell and Morey and referred to the House Judiciary Committee.**

SENATE BILL 673, N.C. Citizens Redistricting Commission, would amend the State Constitution, if approved by the qualified voters of the State at the primary election in March 2020, to create a 15-member Citizens Redistricting Commission with membership divided among persons affiliated with the two major political parties and persons who are politically unaffiliated. The Citizens Redistricting Commission would adopt districting plans for members of the General Assembly and the U.S. House of Representatives, and, if the Commission could not agree to adopt any districting plan, it would appoint a special master to draw the plan. **Introduced by Senators Smith, Foushee, and Van Duyn and referred to the Senate Rules Committee.**

BILL UPDATES

HOUSE BILL 106, PED/Inmate Health Care Reimbursement, was heard in the House Judiciary Committee and a committee substitute was approved. The new version would:

- expand use of the Central Prison Health Care Complex to include methods to contain costs for palliative and long-term health care for inmates;
- reduce the restrictions on the Department of Public Safety to pay for inmate health care costs;
- require any contracts and extensions for medical services provided to inmates by contracted providers and facilities to include the specified reimbursement rates, unless greater cost savings can be demonstrated through the use of an alternative rate;
- add the requirement that the Department of Health and Human Services report to the General Assembly on the feasibility study of telehealth services referenced in the February 2019 Memorandum of Agreement between DPS and UNC Health Care by July 1, 2019;
- require that the telemedicine pilot program be established with consideration of the rules of the study;
- require the pilot program to be operational by January 1, 2020 (was, October 1, 2019); and
- extend the due dates of the interim and final reports on the pilot assessment criteria from October to January of 2020 and 2021.

Introduced by Representatives Horn, Farmer-Butterfield, Lucas and R. Turner and referred to the House Rules Committee.

HOUSE BILL 220, Insurance Technical Changes – AB, was heard in the House Insurance Committee, where a committee substitute was approved. The new version, which passed the full House, would:

- delete the proposed sections regarding captive insurance;
- delete the proposed changes regarding exclusive provider benefit plans;
- delete the proposed changes regarding criminal penalties related to insurance; and
- add new requirements for Medicare supplemental plans.

The bill was approved by the House and sent to the Senate.

HOUSE BILL 267, Require Safety Helmets/Under 21. After significant advocacy by emergency physicians and other concerned groups, HB 267 was given an unfavorable report by the House Health Committee. This unfavorable report was later changed out of deference to the bill's sponsor, but leadership assured committee members that the bill will not be brought forward again this session. **The bill was referred to the House Health Committee and we expect no further hearings this session. Many thanks to the Emergency Physicians who contacted their legislators about our opposition to this legislation and special thanks to Dr. David Kammer who provided testimony against the bill.**

HOUSE BILL 474, Death by Distribution, was heard in the House Judiciary Committee, where a committee substitute was approved. The new version, would:

- add to the requirements for a person to be guilty of death by distribution and aggravated death by distribution that the person unlawfully sells or delivers (was, unlawfully distributed) at least one certain controlled substance to the victim or is part of the chain of unlawful financial transaction of the sale and delivery to the victim (was, the person unlawfully distributed at least one certain controlled substance to the victim only);
- add that the statute does not restrict or interfere with the rights and immunities for drug-related overdose treatment; and

- **add that the statute does not apply to (1) a practitioner issuing a valid prescription for a controlled substance for a legitimate medical purpose in the usual course of professional practice, or (2) a pharmacist dispensing and delivering a valid prescription for a controlled substance in the usual course of professional practice.**

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

HOUSE BILL 721, Increase Access to Telehealth Services, was heard in the House Health Committee and a committee substitute was approved. The new version would remove the section of the bill that appropriated \$1 million in nonrecurring funds for the 2019-21 biennium from the General Fund to DHHS for a telehealth infrastructure and equipment grants project in the two counties with the poorest health outcomes. As a result of the removal of this section, the bill now must meet the cross-over deadline and be approved in the House prior to May 9th. **The bill as amended was approved by the House Health Committee and will next be considered by the House Rules Committee.**

HOUSE BILL 724, Truth in Caller ID Act, was amended in the House Rules Committee to expand the definitions of the terms *telephone solicitation* and *unsolicited telephone call* to also include text communications in addition to voice communications. **The bill as amended was approved by the House Rules Committee and will next heard by the full House.**

BUDGET

On April 29th, House posted its version of the budget online, and began moving it through the committee process the next day. The budget quickly moved from the Appropriation Subcommittees, through the Appropriations Committee and to the House Floor in one week. The budget includes increased spending on school safety measures, such as hiring school resource officers and mental health professionals. It also includes funding for testing of the State's backlog of untested evidence in rape cases, and upgrades to buildings throughout the UNC System including the UNC-Chapel Hill business school and the medical school at ECU. The proposed budget includes tax changes that would raise the standard deduction for personal income taxpayers by 3.75 percent, and would reduce franchise taxes on businesses. The budget also gives an additional \$5 million a year to state-run treatment programs and for the development of new programs to help tackle the opioid crisis. After more than fifty proposed amendments and many hours of debate, the budget was approved by the House and sent on to the Senate, which will craft its own version. Once the Senate passes their version of the budget, the two chambers will negotiate a compromise version to send to the Governor, who has indicated he will likely veto it if it does not include Medicaid Expansion (which is unlikely). Given the gains Democrats made in each chamber during the last election, they have enough votes to sustain the Governor's veto, all of which sets up a potentially protracted and contentious budget process over the weeks and months to come.

The proposed House budget provides \$1.5 million in nonrecurring funds for the 2019-2020 fiscal year and \$800,000 in nonrecurring funds for the 2020-2021 fiscal year to fund student loan repayments for physicians and dentists in the rural health loan repayment program. The budget also provides \$250,000 to the School of Medicine at UNC Chapel Hill to support the activities of the Advisory Council on Rare Diseases. The budget also includes \$4 million in recurring funding to local health departments to expand local infrastructure for activities

associated with the surveillance, detection, control, and prevention of communicable diseases.

The budget provides \$350,000 in nonrecurring funds both years of the budget to support the community paramedicine pilot program, with \$70,000 going to the Wake County Emergency Medical Services site. The focus of the community paramedicine pilot program is to continue expansion of the role of paramedics to allow community-based initiatives that result in providing care that avoids nonemergency use of emergency rooms and 911 services and avoidance of unnecessary admissions into health care facilities. The budget also provides \$40 million in recurring funds to purchase additional new or existing local inpatient psychiatric beds or bed days not currently funded by or through MCOs.

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