



INTRODUCTION

ABORTION POLICY

Speaker Moore says he thinks legislators are “really close” to reaching a consensus on a change to the state’s current abortion policies. Speaker Moore told reporters that he believes Republicans are coming to an agreement for abortion restrictions after 12 weeks. However, there is still no final agreement at this point on any part of an abortion bill. When reporters reached out to Senate leader Berger for comment to this, he said he is still discussing options with his members. Senate leader Berger has said previously that he would personally be in support of restrictions following the first trimester (12 weeks), and Speaker Moore has said that he thought that is where his chamber would end up on this, as well. This seems to confirm that a 12-week ban is likely what we will see proposed from this General Assembly - that’s an 8-week decrease from the state’s current 20-week ban. It is unclear what exceptions would be included for rape, incest, and health of the mother and we understand those details are still being worked on behind the scenes.

CREDIT UNION UPDATE BILL

In a split-vote, a bill that would rewrite the state’s regulations on North Carolina credit unions passed the House Banking Committee. This bill would expand our State’s credit unions’ powers to offer additional financial services, allowing them to transfer funds to other credit unions and lend to municipalities. It would also allow credit unions to expand their “field of membership” by authorizing credit unions to extend membership to families who are at or below the federal poverty threshold and to those who reside in “North Carolina census tracts where the population center is more than 8 miles from a bank branch.” This bill has stirred up controversy, most specifically over expansion of their field of membership. Committee members heard opposition from a number of groups during the meeting, including representatives of the North Carolina Bankers Association, a representative of a smaller, rural credit union, and former State Employees Credit Union executives. Opponents have argued that this bill stifles competition, allowing credit unions to be treated like a bank “just without the tax and regulatory responsibilities” Peter Gwaltney with the North Carolina Bankers Association told committee members. Others have argued that this could result in consolidation of credit unions and allow them to chase out-



NORTH CAROLINA COLLEGE OF EMERGENCY PHYSICIANS



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of-state investments which could leave less money on the table to serve in-state customers.

Supporters of the bill, like the Credit Union League, argue that opponents have got the bill all wrong. Proponents say this will help address the shortage of banks in rural areas. Bill sponsor Rep. Julia Howard told committee members that roughly 600 branches have closed in the last decade with most being in Tier 1 counties. “You heard last year about the food deserts,” Howard said. “Well, we have banking deserts too.” A map provided to committee members showed qualifying areas under the 8-mile provision, with many being in rural areas in the southeast and far west. This bill is now on its way to House Rules.

REP. BRADFORD ANNOUNCES RUN FOR STATE TREASURER

Last month, Rep. Bradford publicly announced that he was considering a run for State Treasurer. Now, the Mecklenburg County Republican has made it official. “It’s official. I have decided to run for NC State Treasurer. My experience as Sr. Chair of the NC House Finance Committee will serve me well while overseeing the financial operations of NC’s state government. I want to make a great state even greater,” announced Rep. Bradford. This follows the news that our current Republican State Treasurer, Dale Folwell, is running for Governor. Rep. Bradford was the only Republican House member out of the Mecklenburg County delegation until Rep. Cotham switched parties earlier this month. His district is a challenging district for Republicans to hold onto, and will likely be even more difficult to hold onto without this strong incumbent. Rep. Bradford actually lost his seat to a Democrat for one term in 2018. Aside from those two years, Rep. Bradford has served in the General Assembly since 2014.

BUDGET UPDATE

The Senate is working away on their version of the budget, and we understand that they have made great progress and will have their version ready in mid-May. The House and Senate will then negotiate the differences between the two plans in what is turning into a record-breaking pace to get the budget finished.

BILLS OF INTEREST

HOUSE BILL 605, School Threat Assessment Teams, would: (1) establish threat assessment teams in public schools; (2) establish peer-to-peer counseling in public schools; (3) clarify that the Department of Public Instruction must participate in the adoption of rules regarding placement and contents of school crisis kits in public school units; (4) expand law enforcement access from only traditional public schools to all public school units; and (5) expand data collection requirements regarding school safety exercises from only traditional public schools to all public school units. **Introduced by Representatives Torbett and Blackwell and referred to the House Education K-12 Committee.**

HOUSE BILL 610, 2023 Safe Drinking Water Act, would require the Commission for Public Health to establish maximum contaminant levels (MCLs) for chemicals that are probable or known carcinogens or are otherwise toxic and to annually review the latest peer-reviewed science and independent or government agency studies and undertake additional rulemaking, as necessary, to establish or revise MCLs for contaminants that are likely to pose a substantial threat to public health. **Introduced by Representatives Clemmons, Reives, Cervania, and Prather and referred to the House Environment Committee.**

HOUSE BILL 613, Access to Voted Ballots, would amend the statute that allows access to voted ballots to add to the ways by which persons other than elections officials performing their duties

have access to voted ballots and any paper and electronic records associated with those voted ballots to include access by response to a public records request for all voted ballots of a precinct, ward, or other election district. The bill would prohibit voted ballots and their associated paper and electronic records disclosed by public records request from disclosing how a particular voter voted, and would require redaction of any information identifying an individual voter. In addition, the bill would clarify that a criminal violation of the statute that provides for access to voted ballots and any paper and electronic records associated with those ballots is a Class 1 misdemeanor (was, violation of the statute). **Introduced by Representatives Cleveland, Ward, Clampitt, and Kidwell and referred to the House Election Law and Campaign Finance Reform Committee.**

HOUSE BILL 614, Amend NC Const./Right to Work, would amend the State Constitution, if approved by a majority of the qualified voters of the State at a statewide election to be conducted on November 5, 2024, to provide that the right to live includes the right to work, and therefore the right of persons to work shall not be denied or abridged on account of membership or non-membership, or payment or non-payment, in any labor organization. **Introduced by Representatives Hardister, K. Hall, D. Hall, and Potts and referred to the House Judiciary 1 Committee.**

HOUSE BILL 620, Up Minimum Wages/No Subminimum or Exemptions, is identical to Senate Bill 447, summarized in the April 11, 2023, Legislative Report. **Introduced by Representatives Harrison, Cunningham, F. Jackson, and Staton-Williams and referred to the House Rules Committee.**

HOUSE BILL 621, 3-Year FDA Approval for New Childhood Vaxx, specifies that any new childhood vaccination must be approved by the US Food and Drug Administration for at least three years before the NC Commission for Public Health may require its use. The legislation provides for an exemption to the three-year requirement if three-fifths of the members of the Council of State vote to allow the commission to add the vaccine to the childhood immunization schedule. The limitation would only apply to new vaccines requirements established after the effective date of the law. **Introduced by Representatives Blackwell, Biggs, Potts and Sasser and referred to the House Health Committee.**

HOUSE BILL 626, Cannabis Legalization & Regulation, would legalize and regulate the sale, possession, and use of cannabis in North Carolina. **Introduced by Representatives Autry, Alexander, Harrison, and Hawkins and referred to the House Rules Committee.**

HOUSE BILL 638, Repeal Death Penalty, would repeal the death penalty and provide that all current prisoners sentenced to death will be resentenced to life imprisonment without the possibility of parole. **Introduced by Representatives Alston, Hawkins, Morey, and Harrison and referred to the House Rules Committee.**

HOUSE BILL 644, Social Media Algorithmic Control in IT Act, would combat social media addiction by requiring that online platforms with more than one million users in North Carolina respect the privacy of all users' data and not use a minor's data for advertising or algorithmic recommendations and make willful violations of data user privacy an unfair or deceptive act or practice. **Introduced by Representatives McNeely, K. Hall, Humphrey, and Pickett and referred to the House Judiciary 1 Committee.**

HOUSE BILL 649, Ensure Timely/Clinically Sound Utiliz. Review, adds extensive requirements and deadlines to the utilization review process. It creates definitions for “closely related service,”

“course of treatment,” “prior authorization” and “urgent health care service,” and adds transportation services to the definition of “emergency services.” It specifies what must be minimally part of an insurer’s clinical review criteria, including that it must:

- be based on nationally recognized medical standards;
- be consistent with government guidelines;
- provide for health care delivery in a clinically appropriate manner;
- reflect current medical and scientific evidence;
- be sufficiently flexible to allow deviations on a case-by-case basis.

The bill requires a medical doctor licensed in the state to make all noncertification determinations, and the doctor must be of the same specialty as the doctor who manages the condition involved in the request and must have experience treating patients with the condition or disease. An insurer must notify a covered person’s provider that medical necessity is being questioned within five business days of the date of receipt of the utilization review request. Before issuing a noncertification, an insurer must provide the covered person’s provider an opportunity to discuss the medical necessity of the health care service with the medical doctor responsible for making the determination. Insurers must maintain a complete list of health care services for which utilization review is required.

For non-urgent health care services, insurers must make utilization review decisions and notify the covered person and provider within 48 hours of receiving all necessary information. For urgent health care services, the deadline is 24 hours. Emergency services requirements are as follows:

- insurers may not require utilization reviews for prehospital transportation or provision of emergency services;
- a covered person and provider have 24 hours following an emergency admission or provision of emergency services to notify the insurer, or until the next business day if the emergency occurs on a holiday or weekend;
- insurers shall cover emergency services necessary to screen and stabilize a covered person;
- a written attestation from a provider within 72 hours of admission that the covered person’s condition required emergency services creates a presumption the services were medically necessary;
- medical necessity or appropriateness of emergency services cannot be based on whether the services were provided by participating or nonparticipating providers; and
- insurers must make utilization review determinations within 60 minutes of receiving a request for immediate post-evaluation or post-stabilization services.

Any requests from an insurer for additional information for a utilization review must inform the provider of the specific information being requested and the specific purpose of the request and must reference all relevant clinical and administrative criteria. Insurers shall make concurrent review determinations within 24 hours of obtaining all necessary information from the provider. An insurer that fails to approve, deny or request additional information for a requested utilization review within the required time frames shall be deemed to have approved the request. Insurers may not revoke or restrict a review decision if care is provided within 45 business days from the date of the determination. Notices of noncertification must include the name and medical specialty of all medical doctors involved in the decision.

The legislation requires that all appeals be reviewed by a medical doctor who is licensed to practice in the state, is currently in practice for at least five consecutive years in the same specialty as a doctor who typically manages the condition under review, and has not been involved in the determination under appeal. Insurers shall make utilization review requirements and restrictions

available on their websites and must provide written notice to providers of any change in requirements at least 60 calendar days before implementing the change. Insurers shall make utilization review statistics regarding approvals and noncertifications available on their websites.

Utilization reviews shall be valid for the entire duration of the approved course of treatment and for the entire length of treatment for a chronic or long-term care condition. To ensure continuity of care, an insurer shall honor a utilization review determination from a previous insurer for at least 90 calendar days of a covered person's coverage under a new benefit plan. If an insurer makes a change in coverage for a previously authorized service, the change shall not affect a covered person who received a review determination for the remainder of the health benefit plan year. An insurer shall allow a hospital stay for a mother of at least 48 hours after a normal vaginal delivery and at least 96 hours after a cesarean section and shall not require a utilization review for stays of these durations.

An insurer may not require a utilization review for a health care service from a particular provider if, within the most recent 12-month period, the insurer has issued certifications for not less than 80 percent of the requests submitted by that provider for that health care service. The insurer may evaluate whether the provider continues to qualify for this exemption no more than every 12 months and may not deny or reduce payment for health care services exempted from a utilization review. **Introduced by Representatives Kristin Baker, Reeder, Potts and Sasser and referred to the House Health Committee.**

HOUSE BILL 650, Smoke Free Operating Rooms, requires hospitals and ambulatory surgical facilities to establish policies for the use of smoke evacuation procedures during surgeries likely to produce surgical smoke. It authorizes the Department of Health and Human Services to take action against a facility that violates the requirement. **Introduced by Representative White and referred to the House Health Committee.**

HOUSE BILL 654, Pharmacists/Vaccine Admin./Test and Treat, expands the scope of the practice of pharmacists regarding certain tests and administration of vaccines. It allows pharmacists to order and perform laboratory tests approved by the FDA and determined by the Centers for Medicare and Medicaid Services to qualify for a waiver under the federal Clinical Laboratory Improvement Amendments of 1988. Pharmacists may order and perform such tests to assist with clinical decision making and to treat flu, COVID-19 and other diseases. The legislation also allows immunizing pharmacists to administer any vaccines authorized by the FDA or licensed by the FDA and recommended by the CDC's Advisory Committee on Immunization Practices to individuals 3 years old and older. Insurers must reimburse pharmacists at the same rate as other health care providers for the same services. **Introduced by Representatives Potts, Sasser, Cotham and Pless and referred to the House Health Committee.**

HOUSE BILL 663, Study to Replace Gas Tax with Flat Tax, would direct the Department of Transportation, in consultation with the Department of Revenue and the Department of State Treasurer, to study replacing the motor fuels tax with a yearly flat tax based on vehicle size class and fuel economy. On or before March 1, 2024, the Department of Transportation would report its findings, including any recommendations for legislation, to the Joint Legislative Transportation Oversight Committee and the Fiscal Research Division. **Introduced by Representative Everitt and referred to the House Rules Committee.**

HOUSE BILL 669, Task Force/Fair Publishing of Reviews, would establish the North Carolina Task Force on the Fair Publishing of Crowd-Sourced Reviews to: (1) study the practices of

platforms publishing crowd-sourced reviews; (2) study the relationship between those practices and the public's ability to accurately assess businesses; and (3) recommend initiatives that are appropriately compliant with federal law but that are tailored to needs and goals of North Carolina consumers and businesses. The Task Force would report on the results of its study and recommendations, including any proposed legislation, to the General Assembly on or before May 1, 2024. **Introduced by Representative Pike and referred to the House Commerce Committee.**

HOUSE BILL 670, Preserve Access to Contraceptives, would: (1) declare an unlimited right to use contraception to prevent pregnancy; (2) require constituent institutions of the University of North Carolina to provide emergency contraceptive pills in at least one vending machine on each campus; and (3) provide \$300,000 to the Department of Health and Human Services, Division of Public Health, to award grants on a competitive basis to nonprofit community health centers to purchase and make available long-acting reversible contraceptives for underserved, uninsured, or medically indigent patients. **Introduced by Representatives von Haefen, Butler, Prather, and Budd and referred to the House Rules Committee.**

HOUSE BILL 677, Improved Data on Involuntary Commitments, requires all facilities that perform first examinations for commitment to twice a year submit a written report on involuntary commitments to the LME/MCO that serves the county where the facility is located. The reports shall contain:

- the number of individuals presented to the area facility or hospital for a first commitment examination under a custody and transportation order issued by a clerk or magistrate, including the number of these individuals found to meet the criteria for inpatient commitment upon first examination, and among those the number of individuals recommended for outpatient commitment and the average and median length of stay of this group;
- the number of respondents who initially presented voluntarily and for whom commitment examiners submitted petitions for commitment to the magistrate or clerk of court, and within this group the number of custody orders issued for transport to a 24-hour facility based upon a finding of inpatient commitment, and within this group:
 - the number ultimately transported to a 24-hour facility for a second examination and the average and median length of stay before transport;
 - the number discharged and their commitment proceedings terminated at the site of first examination and the average and median length of stay before discharge;
 - the number released based on a petition to the clerk or magistrate for outpatient commitment and the average and median length of stay.
- for individuals transported and presented for examination under order, whether the transporting person used force or physical restraint, the type of restraint used and the reason, whether the use of force or restraint resulted in bodily injury, and whether the person designated to provide transportation remained with the respondent at the facility or left the premises.

Each LME/MCO shall aggregate all data received from the facilities and related data from the Administrative Office of the Courts and report it to each of the facilities within its service area and the division of Mental Health, Developmental Disabilities and Substance Abuse Services. The data received from each individual facility is confidential, and the aggregate data is public record. **Introduced by Representatives Autry, Lambeth, Sasser and Harrison and referred to the House Health Committee.**

HOUSE BILL 680, Improved Access to SMI Prescription Drugs, prohibits insurers from requiring prior authorization or the use of an alternate drug for prevention or treatment of severe mental

illness prescribed for enrollees age 18 or older. For Medicaid beneficiaries, no insurer may require a different medication to treat schizophrenia before approving coverage for any antipsychotic injectable drug prescribed for such treatment. No Medicaid beneficiary may be required to try a different prescription to treat severe mental illness before approval of coverage for a medication prescribed if:

- the medication is prescribed for bipolar disorders, major depressive disorders, obsessive-compulsive disorder, paranoid personality disorder, schizo-affective disorders, or schizophrenia; and
- during the preceding year, the beneficiary was unsuccessfully treated with a Medicaid-designated preferred drug or the beneficiary had previously received prior authorization for the prescribed medication.

Introduced by Representatives Kristin Baker, Sasser, Reeder and White and referred to the House Health Committee.

HOUSE BILL 681, Interstate Med. Lic. Compact/Mil. Licensure, would create an Interstate Medical Licensure Compact and the interstate commission administering and governing the compact to provide licensure for physicians licensed in a member state to practice medicine in another member state. In addition, the bill authorizes the NC Medical Board to issue a “military relocation license” to a physician or physician assistant not actively licensed by the board to practice in the state if the provider is a service member or spouse of a service member in the United States armed forces, resides in the state pursuant to military orders, and holds a similar current license in another jurisdiction. A military relocation license shall remain active for the duration of military orders for service in this state. **Introduced by Representatives Kristin Baker, Reeder, Lambeth and Potts and referred to the House Health Committee.**

HOUSE BILL 684, Prescription Eye Drop Early Refill Coverage, requires insurers that cover prescription eye drops to provide coverage for early refills if either enough time has passed for a patient to use 70 percent of the dosage or 21 days have passed after the last prescription was distributed. **Introduced by Representatives Kristin Baker, Reeder, Crawford and White and referred to the House Insurance Committee.**

HOUSE BILL 686, Civil Rights Education, would provide \$250,000 to the Department of Public Instruction to include in standard course of study the requirement that courses from elementary school through high school include units on the civil rights movement that occurred in the United States from 1954 through 1968. The units would include at least the following topics:

- the natural law and natural rights principles that informed the leadership of Rev. Dr. Martin Luther King, Jr.;
- the tactics and strategies of nonviolent resistance that Dr. King championed in response to the Jim Crow laws of that era;
- the repeal of the Jim Crow laws of that era and the passage of civil rights legislation in the United States;
- the philosophy that hatred on the basis of immutable characteristics leads to profound injustice; and
- instruction on other acts of discriminatory injustice, such as genocide, elsewhere around the globe to reinforce the lesson that hatred on the basis of immutable characteristics can overtake any society. Examples of such acts include, but are not limited to, the following: the Armenian Genocide; the Holocaust; Chinese Coolie labor in Cuba; the Uighurs in China; and the Rohingya in Myanmar.

Introduced by Representatives Hardister, Blackwell, and Quick and referred to the House Education K-12 Committee.

HOUSE BILL 688, Increase Access for Small Employers/Insurance, would amend the statute regarding required health care provisions of the Small Employer Group Health Insurance Reform Act to allow providing stop loss, catastrophic, or reinsurance coverage to small employers who employ more than five eligible employees (was, small employers with twenty or more employees). **Introduced by Representatives Paré, Humphrey, and White and referred to the House Health Committee.**

HOUSE BILL 701, Read the Constitution Mandate, would require every member of the General Assembly and every person elected or appointed to hold any office of trust or profit in the State shall, before taking office or entering upon the execution of the office, to read or affirm having read within the past 12 months both the US Constitution and North Carolina Constitution. **Introduced by Representatives Riddell, Brody, Ward, and Cleveland and referred to the House State Government Committee.**

HOUSE BILL 705, Build Safer Communities and Schools Act, is identical to Senate Bill 713, summarized below in this Legislative Report. **Introduced by Representatives Alston, F. Jackson, Logan, and Budd and referred to the House Rules Committee.**

HOUSE BILL 706, Electioneering/SEI Filing/Voter Photos, would:

- prohibit: (1) a person or group of persons from placing political advertising within 50 feet of the door the voter uses to enter the voting place, measured when that door is closed; however, if it is not practical to set the limit at 50 feet from the door the voter uses to enter the voting place, the county board of elections could prescribe a lesser distance, provided that the distance is no less than 25 feet from that door; and (2) a person or group of persons from hindering access, harassing others, distributing campaign literature, soliciting votes, or otherwise engaging in election-related activity within 200 feet of the door the voter uses to enter the voting place, measured when that door is close;
- amend provisions regarding filing of statements of economic interest to allow covered person who are appointed to fill a vacancy in elective office to file a statement of economic interest within 30 days after their appointment to elective office, and require the Commission, every year, to publish the date by which the statement of economic interest is to be filed, and, in the year candidates file for office, the State Board of Elections to notify candidates of that date; and
- direct the State Board of Elections to study and report to the General Assembly and the chairs of the House Elections and Campaign Finance Committee and Senate Redistricting and Elections Committee on or before March 1, 2024, on the feasibility of adding photographs of registered voters to all electronic poll books, including the following:
 - how photographs of registered voters could be obtained, through interfaces with other State and local agencies such as the Division of Motor Vehicles and public libraries;
 - the cost of using electronic poll books across the State and of adding photographs of registered voters to those electronic poll books;
 - the feasibility of upgrading or replacing the current voter registration software to accommodate the addition of photographs of registered voters;
 - whether the inclusion of a photograph of a registered voter should be optional or required; and
 - any other matter related to electronic poll books deemed pertinent to photographic identification of registered voters.

Introduced by Representative Warren and referred to the House Election Law and Campaign Finance Reform Committee.

HOUSE BILL 707, Assaults on First Responders & Social Workers, increases the punishments for an assault with a firearm on various first responders and public officials. It moves assault on law enforcement officers, probation and parole officers, NC National Guard members, employees of detention facilities, **emergency health care providers**, medical responders and firefighters from a Class D to a Class B1 felony. It also moves assault on court officers, public attorneys and social services employees from a Class F to a Class E felony. **Introduced by Representatives Pyrtle, Miller, Carson Smith and Greene and referred to the House Judiciary 2 Committee.**

HOUSE BILL 712, PREP Act/Pharmacists, allows immunizing pharmacists to administer any vaccines recommended by the CDC's Advisory Committee on Immunization Practices to individuals at least 18 years old, and to administer flu and COVID-19 vaccines to individuals at least seven years old. The pharmacist must obtain parental consent before administering a vaccine to a person younger than 18 years old. **Introduced by Representatives Sasser, Cunningham and Lambeth and referred to the House Health Committee.**

HOUSE BILL 713, Make Election Day A State Holiday/Funds, would make the statewide general election day an official State holiday, make that day a paid holiday for State employees, and provide \$50,000 to the Office of State Human Resources to implement these provisions. **Introduced by Representative Longest and referred to the House Rules Committee.**

HOUSE BILL 724, Clarify Slow Traffic Move Right Law, would provide that when the Department of Transportation posts signs along a controlled access highway directing slower traffic to move to the right, at intervals of no more than 35 miles, a vehicle may not be driven in the farthest left-hand lane of a controlled access highway, except when overtaking and passing another vehicle or any of the specified circumstances. The bill would provide for a fine of not more than \$100, and prevent custodial arrest or assessment of costs for violations. A violation would not be: (1) a criminal offense or reported to the DMV, a person's criminal records, or reported to insurance; or (2) considered negligence per se or contributory negligence and is inadmissible as evidence in a civil action. The bill also would prohibit law enforcement officers from searching or requesting consent to search vehicles, or any occupants thereof, solely because of a violation. The Department of Public Safety would develop procedures and adopt rules for the collection and submission of information regarding any motor vehicle stopped by a State or local law enforcement officer for a violation, without a citation being issued or an arrest being made. **Introduced by Representatives Adams and Fontenot and referred to the House Transportation Committee.**

HOUSE BILL 727, Breakthrough Therapies Research/Advisory Act, establishes the Breakthrough Therapies Research Grant Fund in DHHS to award two competitive grants for research on the drugs MDMA and psilocybin. Grant recipients must be medical or research entities and academic institutions in the state. The grants shall be \$2.5 million each. **Introduced by Representatives Sasser, Autry, Chesser and Goodwin and referred to the House Health Committee.**

HOUSE BILL 736, Joel H. Crisp SUDEP Awareness Law, directs DHHS, in consultation with the NC Medical Board, the NC Board of Nursing, the NC Board of Pharmacy and the NC Nurses Association to gather evidence-based information on sudden unexpected death in epilepsy and create standard information to provide to all health care practitioners in the state. **Introduced by Representatives Gillespie, White, Cunningham and Sasser and referred to the House Health Committee.**

HOUSE BILL 737, Preserving Competition in Health Care, is identical to Senate Bill 16, summarized in the February 1, 2023, Legislative Report. **Introduced by Representatives Rudow, Sasser, and Greene and referred to the House Health Committee.**

HOUSE BILL 739, Update Reqs./Advance Health Care Directives, is identical to Senate Bill 147, summarized in the February 28, 2023, Legislative Report. **Introduced by Representative Sasser and referred to the House Judiciary 1 Committee.**

HOUSE BILL 740, Unfair/Deceptive Healthcare Advertising, makes it illegal for a person or entity to make or disseminate an advertisement that indicates the person or entity provides abortions or emergency contraceptives when the person or entity does not provide those services. **Introduced by Representatives von Haefen, Crawford and Staton-Williams and referred to the House Rules Committee.**

HOUSE BILL 745, Mandate Fentanyl Testing/Hospital ER Patients, requires emergency departments to test for fentanyl whenever one collects a urine sample from a patient to perform a chemical analysis intended to assist in diagnosing the patient's condition. The bill defines "chemical analysis" as the chemical examination of urine to determine if it contains alcohol, a controlled substance, or any other impairing substance. **Introduced by Representatives Morey, Sasser, Cunningham and Potts and referred to the House Health Committee.**

HOUSE BILL 747, No Work Requirement Exemption/FNS Benefits, prohibits DHHS from exercising the state's option to provide exemptions from federal work requirements for food and nutrition benefits. The department must assign all individuals between the ages of 15 and 60 to an employment and training program unless an individual is responsible for the care of a child under 6 years old, is a student, is a participant in a substance use treatment program, or meets certain other criteria. **Introduced by Representatives Kristin Baker, Lambeth, Zenger and Pare and referred to the House Health Committee.**

HOUSE BILL 748, Felony Child Abuse/Expand Scope, adds to the child abuse violations in current statute that any person providing care to or supervision of a child less than 16 years old who commits or allows the commission of any sexual act upon the child is guilty of a Class D felony. Current statute only applies to a parent or legal guardian who commits such acts. The bill also adds a violation for any person providing care to or supervision of a child less than 16 years old who intentionally and routinely inflicts physical injury on that child or deprives the child of necessary food, clothing, shelter or proper physical care for the purpose of causing fear, emotional injury or deriving sexual gratification is guilty of a Class B2 felony. **Introduced by Representatives Destin Hall, Potts, Riddell and Crutchfield and referred to the House Judiciary 2 Committee.**

HOUSE BILL 751, Accessing Midwives Act, establishes licensing requirements for midwives in the state and creates the North Carolina Council of Midwives to administer licensure. Requirements for licensure include completing all required educational and clinical training, earning the national midwifery certification credential awarded by a national certification agency, submitting proof of CPR and neonatal resuscitation certification, and agreeing to practice under the guidelines in the law. The legislation allows for reciprocity with other states, directs the council to establish a formulary of drugs and devices appropriate to midwifery care, and establishes procedures and standards for license suspension or revocation. **Introduced by Representatives Belk, Cunningham, Carney and Staton-Williams and referred to the House Health Committee.**

HOUSE BILL 752, Medical Equipment Right to Repair Act, requires original equipment manufacturers of medical imaging equipment or medical radiation therapy equipment in the state to make available to any hospital or independent repair provider any support documentation, parts or tools necessary to perform diagnostic, maintenance or repair services of the equipment. If a manufacturer of such equipment offers training courses or materials on how to properly maintain or repair its equipment to authorized repair providers, the manufacturer must offer the same courses or materials to owners and independent repair providers. **Introduced by Representatives Belk, Carney, Cunningham and Autry and referred to the House Rules Committee.**

HOUSE BILL 754, Require Consent to Monetize Protected Health Info., requires healthcare providers and facilities and any other entity that collects, analyzes, uses, stores or transmits protected health information to notify a patient and obtain the patient's agreement before using or disclosing the patient's protected health information for any purpose other than the normal course of providing patient care. The entity may not make a patient's treatment or access to coverage for care contingent on the patient's agreement to the data sale or transfer. **Introduced by Representatives Gloristine Brown and Lambeth and referred to the House Health Committee.**

HOUSE BILL 756, Standards Advisory Commission, would establish the Standard Course of Study Advisory Commission to involve stakeholders in establishing the standard course of study and make recommendations regarding all aspects of the standards and competencies of the standard course of study. **Introduced by Representatives Torbett, Blackwell, and Zenger and referred to the House Education K-12 Committee.**

HOUSE BILL 761, Minimum Speed Limit on State Roads, would set the minimum speed limit for all State roads at 10 miles per hour below the posted speed limit. The minimum speed limit would be effective only when appropriate signs are posted, and would not apply to roads with a grade exceeding five percent (5%). The bill also would prohibit a motor vehicle having a gross vehicle weight rating (GVWR) of 26,001 pounds or more from operating in the left most lane of a controlled-access highway with six or more lanes. **Introduced by Representative Pickett and referred to the House Transportation Committee.**

HOUSE BILL 765, Public School Medical Assistants, directs the Department of Public Instruction to establish a pilot program to enable public schools to hire or contract for personnel to provide school nursing services as a school medical assistant. The assistant must work under the supervision of a certified school nurse. Those eligible to be a school medical assistant are a registered nurse, a licensed practical nurse, a nurse aid I or II, a national certified medical assistant or an emergency medical technician. **Introduced by Representatives Budd and Sossamon and referred to the House Education – K-12 Committee.**

HOUSE BILL 767, Expanding Workforce and Education Act, is identical to Senate Bill 683, summarized below in this Legislative Report. **Introduced by Representative Cotham and referred to the House Education – Universities Committee.**

HOUSE BILL 773, Let Parents Choose/Sammy's Law of 2023, would require a large social media platform provider with users in this State to create, maintain, and make available to any third-party safety software provider registered to do business in this State a set of third-party accessible real-time application programming interfaces and information necessary to use the interfaces. The interfaces would be made available upon the request of the third-party safety software provider and facilitate the ability of a child 13 years of age or older or a legal guardian of a child to delegate

permission to the third-party safety software provider to perform the following functions: (1) manage the child's online interactions, content, and account settings on the large social media platform on terms designated by the child 13 years of age or older or the legal guardian of a child; and (2) initiate secure transfers of user data from the large social media platform in a commonly used and machine-readable format to the third-party safety software provider. A third-party safety software provider could not disclose any user data obtained, except as specifically provided, including, in the case of a reasonably foreseeable serious and imminent threat to the health or safety of any individual, to a person reasonably able to prevent or lessen the threat or to a public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect. **Introduced by Representatives McNeely, Cotham, and Johnson and referred to the House Commerce Committee.**

HOUSE BILL 788, The Second Chances Act, requires a physician to inform a woman who has decided to have an abortion that it may be possible to reverse the effects of a chemical abortion caused by mifepristone if she changes her mind. The information must be shared at least 72 hours before the abortion. **Introduced by Representatives Chesser, Balkcom, Lowery and Neal Jackson and referred to the House Rules Committee.**

HOUSE BILL 796, The Patients' Restoration of Rights Act, authorizes a temporary civil action from a patient or personal representative against a health care provider for death or injuries alleged to have resulted from medical malpractice if the death or injury arose on or after March 1, 2020 and was not the direct result of the patient contracting COVID-19. The authorization expires one year after the act becomes law. **Introduced by Representative Abe Jones and referred to the House Rules Committee.**

HOUSE BILL 798, NC Accountability/Safety Net, is identical to Senate Bill 571, summarized in the April 17, 2023, Legislative Report. **Introduced by Representatives Chesser, Wheatley, and Willis and referred to the House Health Committee.**

HOUSE BILL 804, Body-Worn Camera Recordings, would: (1) require most law enforcement officers to wear and activate body-worn cameras during certain interactions with the public; (2) establish a use policy for body-worn cameras and dashboard cameras; (3) modify access policies for recordings captured by body-worn cameras and dashboard cameras; and (4) appropriate funds to the Governor's Crime Commission to provide grants to law enforcement agencies to purchase and maintain body-worn cameras. **Introduced by Representatives Brockman, Hawkins, and Gill and referred to the House Rules Committee.**

HOUSE BILL 808, Youth Health Protection Act, is identical to Senate Bill 639, summarized in the April 17, 2023, Legislative Report. **Introduced by Representatives Blackwell, Pless, Fontenot, and Torbett and referred to the House Health Committee.**

HOUSE BILL 809, Hospital Violence Protection Act, requires all hospitals that have an emergency department shall ensure that at least one law enforcement officer is present at all times in the emergency department or on the same campus as the emergency department. The officer must be a sworn law enforcement officer or a special police officer authorized to carry a concealed weapon. The hospital must develop a security plan that includes:

- training for officers employed by the hospital appropriate for the populations served by the emergency department and based on a trauma-informed approach;

- safety protocols based on standards established by a nationally recognized organization, the results of a security risk assessment, and risks identified by emergency department officials and local law enforcement;
- training requirements for officers employed by the hospital on the potential use of and response to weapons, defensive tactics, de-escalation techniques, physical restraint and seclusion techniques, and trauma-informed approaches.

Introduced by Representatives Reeder, Miller and Pyrtle and referred to the House Health Committee. This legislation was requested by and is supported by the North Carolina College of Emergency Physicians.

HOUSE BILL 811, Abolish Contributory Negligence, removes the contributory negligence of a plaintiff as a defense to a negligence claim and allows recovery in a civil action for death or injury to a person or property if the contributory negligence of the Plaintiff was equal to or less than the negligence of the defendant. **Introduced by Representatives Longest, Logan, Morey and Harrison and referred to the House Rules Committee.**

HOUSE BILL 819, Medical Ethics Defense (MED) Act, is identical to Senate Bill 641, summarized below in this Legislative Report. **Introduced by Representatives White, Arp, and Paré and referred to the House Health Committee.**

SENATE BILL 350, 2023 Safe Drinking Water Act, is identical to House Bill 610, summarized above in this Legislative Report. **Introduced by Senators Meyer and Smith and referred to the Senate Rules Committee.**

SENATE BILL 641, Medical Ethics Defense (MED) Act, allows medical practitioners, health care institutions, or health care payers such as employers and insurers not to participate in or pay for services that violate his, her or its conscience. “Conscience” is defined as the beliefs held by a person or institution, or the published guidelines or policies of an institution. A practitioner, institution or payer would not be civilly or criminally liable for not participating in a health care service because of a conflict with conscience. No one may discriminate against a potential participant for refusal to participate in such services, or discriminate against a medical practitioner for providing information regarding violations of this law.

The legislation specifies that any medical practitioner, health care institution or health care payer that holds itself out as religious may make employment, staffing, contracting, and admitting privilege decisions consistent with its religious beliefs. A health care practitioner may not participate in any way in an abortion unless the practitioner consents in writing before participation. Any party affected by the law may bring civil action for damages or injunctive relief for a violation of the law, and damages awarded would be three times the cost of actual damages to the aggrieved party. **Introduced by Senators Hise, Buck Newton and Sanderson and referred to the Senate Rules Committee.**

SENATE BILL 657, LME/MCO Transparency and Accountability, requires quarterly reporting by LME/MCOs and establishes minimally adequate service requirements for LME/MCOs in the state. Quarterly reports must include:

- the number of individuals served who had an emergency department stay of more than 24 hours and the length of each stay;
- the number and percentage of individuals served who were unable to access a healthcare provider willing and able to initiate services within 30 days of approval of services;

- the amount of funds retained by the LME/MCO as a result of services approved but unused due to limited access to providers;
- in the initial report, the number of network providers by provider type, and any change in subsequent reports;
- the number of individuals deemed eligible for mental, behavioral or substance use services who are not receiving those services.

The bill also directs DHHS to adopt rules for minimally adequate services that include:

- LME/MCOs shall have fewer than two beneficiaries per county at any one time boarded in a hospital emergency department for more than 24 hours after clearance for discharge;
- individuals served by an LME/MCO shall have access to a willing and able healthcare provider and begin receiving all services within 45 days of approval at least 85 percent of the time.

The failure of an LME/MCO to meet the above benchmarks for two consecutive quarters shall cause the DHHS Secretary to take corrective action. **Introduced by Senator Grafstein and referred to the Senate Rules Committee.**

SENATE BILL 658, Water Safety Act of 2023, appropriates funds and directs the NC Collaboratory at the University of North Carolina to use the funds on the following research and other programs:

- \$20 million in one-time funds for programs related to the management of aqueous film-forming foams containing per- and poly-fluoroalkyl substances (PFAS) used by local fire departments;
- \$4 million annually for other PFAS research projects, including a multi-year human exposure study;
- \$2 million annually for other water quality-related research.

The legislation also directs the Commission for Public Health to conduct a review of existing studies of fluoride in drinking water for an assessment of the association between fluoride exposure and IQ in children. **Introduced by Senators Lee, Bode and Sawrey and referred to the Senate Agriculture, Energy and Environment Committee.**

SENATE BILL 661, Health Benefit Plans/Mental Health Parity, requires that insurers make decisions on the medical necessity of mental health treatment coverage in a manner consistent with that used to determine the necessity of treatment for other diseases, and that determinations related to substance use disorders be in accordance with appropriate evidence-based criteria. **Introduced by Senator Burgin and referred to the Senate Rules Committee.**

SENATE BILL 683, Expanding Workforce and Education Act, would seek to expand North Carolina's workforce by making a person eligible for the in-state tuition rate at UNC constituent institutions and State community colleges, if the person: (1) graduated and received a high school diploma from a school within North Carolina that is not a nonpublic residential school; (2) enrolled in the institution of higher education in the school year immediately following his or her graduation and receipt of a high school diploma; (3) attended North Carolina public or nonpublic schools for a minimum of four consecutive years immediately prior to high school graduation and receipt of a high school diploma; (4) holds an unexpired North Carolina drivers license or special identification card; and (5) received a Social Security Number and card from the US Social Security Administration. **Introduced by Senators Lee, Sawyer, and Mayfield and referred to the Senate Rules Committee.**

SENATE BILL 700, 2023 Unemployment Insurance Reform, would reform the State's employment security laws by:

- increasing benefit eligibility to a 26-week period and the maximum weekly benefit amount to the sum equal to \$445 adjusted annually for inflation;
- basing the calculation of the benefit amount on the highest paid quarter;
- increasing benefits allowed for partial unemployment;
- providing benefits in cases where an individual leaves employment for spousal relocation or health reasons or due to an undue hardship;
- authorizing the forgiveness of nonfraudulent overpayments caused by agency error; and
- establishing a short-term compensation program to benefit employers and employees.

Introduced by Senator Woodard and referred to the Senate Rules Committee.

SENATE BILL 703, Amend 1-Yr Sep/Repeal Alien. of Aff/Crim. Con., is identical to House Bill 657, summarized above in this Legislative Report. **Introduced by Senators Mayfield and Grafstein and referred to the Senate Rules Committee.**

SENATE BILL 713, Build Safer Communities and Schools Act, would include provisions to:

- strengthen policies and standards surrounding law enforcement officers;
- appropriate funds to create the NC STAR Pilot Program to provide grants to city and town police departments to create local Support Team Assisted Response (STAR) pilot programs;
- reinstate the pistol purchase permit requirement to purchase a pistol for private sales and make the State Bureau of Investigation responsible for permits;
- require universal background checks;
- strengthen safe storage of firearms laws;
- provide a sales tax exemption for equipment designed to prevent unauthorized persons from accessing firearms;
- authorize the issuance of an extreme risk protection order to restrict temporarily a person's access to firearms if there is evidence that the person poses a danger of physical harm to self or others;
- allow schools to contract for school psychologist services; and
- codify school safety grants.

Introduced by Senators Murdock, Bode, and Adcock and referred to the Senate Rules Committee.

SENATE BILL 721, Uniform Worker Classification Act, would seek to bring clarity, certainty, and uniformity regarding differentiating employees from independent contractors in employment and impose objective and uniform standards for making that distinction. A person would be classified as an independent contractor if any of the following conditions are met:

- the person signs a written contract with the principal, in substantial compliance with the terms of this subsection, that states the principal's intent to retain the services of the person 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 workers' compensation or unemployment compensation benefits;
 - obligated to pay all applicable federal and state income taxes, if any,
 - on any monies earned pursuant to the contractual relationship, and that the principal will not make any tax withholdings from any payments from the principal; and

- 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, in regard to the fees earned from the work, an income tax return with the IRS for a business or for earnings from self-employment;
- the person provides services through a business entity, including, but not limited to, a partnership, limited liability company or corporation, or through a sole proprietorship registered as required under state or local law;
- with the exception of the exercise of control by the party that engages the worker necessary to ensure the worker's compliance with statutory, regulatory, licensing, permitting, or other similar obligations required by a governmental or regulatory entity, or to protect persons or property, or to protect a franchise brand (such as evaluating a worker's compliance with a franchise brand's standards), the worker has the right to control the manner and means by which the work is to be accomplished, even though he or she may not have control over the final result of the work. this provision is satisfied even though the party that engages the worker provides orientation, information, guidance, or suggestions about products, business, processes, services, customers, and operating systems and training otherwise required important to protect a franchise brand's standards or by law;
- the person satisfies three or more of the following criteria listed:
 - except for an agreement with the party who engages the worker relating to final completion or final delivery time or schedule, range of work hours, services to be provided, or the time entertainment is to be presented if the work contracted for is entertainment, the person has control over the amount of time personally spent providing services;
 - except for services that can only be performed at specific locations, the person has control over where the services are performed;
 - the person is not required to work exclusively for one party unless:
 - a law, regulation, or ordinance prohibits the person from providing services to more than one engaging party; or
 - a license or permit that the person is required to maintain in order to perform the work limits the person to working for only one engaging party at a time or requires identification of the engaging party;
 - the person is free to exercise independent initiative in soliciting others to purchase his or her services;
 - the person is free to hire employees or to contract with assistants, helpers, or substitutes to perform all or some of the work;
 - the person cannot be required to perform additional services without a new or modified contract;
 - the person obtains a license or other permission from the principal to utilize any workspace of the engaging party in order to perform the work for which the person was engaged;
 - the engaging party has been subject to an employment audit by the IRS and the IRS has not reclassified the person to be an employee or has not reclassified the category of workers to be employees; and

- the person is responsible for maintaining and bearing the costs of any required business licenses, insurance, certifications, or permits required to perform the services.

All workers who do not satisfy the criteria above would be classified as employees. A party engaging a worker would not be required to classify a worker who meets the criteria as an independent contractor and could hire the worker as an employee. **Introduced by Senators Moffitt and Hanig and referred to the Senate Rules Committee.**

SENATE BILL 723, Henry's Law, would establish dental sedation requirements and direct the North Carolina Policy Collaboratory at UNC - Chapel Hill to conduct a study of anesthesia provider requirements. **Introduced by Senator Lee and referred to the Senate Health Care Committee.**

SENATE BILL 733, Identity Theft Protection Act/Changes, would make a variety of changes to the State's Identity Theft Protection Act, including:

- amending the definition of "security breach" to require any determination that illegal use has not occurred or is not reasonably likely to occur or that no material risk of harm is created to be documented and maintained for at least three years;
- requiring a business to contract with a third party to offer to each person whose social security number was disclosed in a security breach, or is reasonably believed to have been disclosed, credit monitoring services at no cost to the person for a period of not less than 24 months;
- providing that a person or agency that is subject to and in compliance with the Health Insurance Portability and Accountability Act (HIPAA) is be deemed in compliance with this section. If notice of a security breach is provided to any affected person or agency pursuant to HIPAA, then notice would also be provided to the Consumer Protection Division in the Office of the Attorney General;
- providing that the phrase "personal information" does not include any of the following: (1) 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; (2) internet identification names; (3) a parent's legal surname prior to marriage; (4) 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;
- prohibiting a person from obtaining, using, or seeking the consumer report or credit score of a consumer in connection with an application for credit unless the user obtains the written, verbal, or electronic consent of the consumer, as appropriate to the way the application for credit is made; and
- amending the term "'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 Senators Chaudhuri, Mohammed, and Marcus and referred to the Senate Rules Committee.

SENATE BILL 743, Transformational Investments in NC Health, would make transformational investments in North Carolina's health by: (1) clarifying the authority of the University of North Carolina Health Care System to conduct operations in the best interests of the State for the purpose of creating a statewide health system of high quality; (2) expanding the system's operating authorities and personnel flexibilities; and (3) making necessary conforming changes. **Introduced by Senators Hise and Krawiec and referred to the Senate Health Care Committee. The bill was amended in the Senate Health Care Committee to change the composition of the Board of Directors of the UNC Health System from eight to four ex officio members and to now provide for eight members at large. The bill as amended was approved by the Senate Health Care Committee and will next be heard by the Senate Finance Committee.**

BILL UPDATES

HOUSE BILL 161, Protecting Properly Insured Individual, was amended by the House Judiciary 2 committee to reinstate the rebuttable presumption of the reasonableness of the amount of medical charges based on the testimony of a person regarding the charges. The bill helps ensure that, in the case of a civil proceeding for unpaid medical or funeral service charges, the amount awarded is not greater than that which would have been paid by an injured party's valid insurance. It specifies that the evidence of the amount of a claimed lien shall be:

- if the injured party has health insurance that results in a contractual reduction in the charge and no lien has been asserted, the full amount of the bill;
- if the injured party has no health insurance and a lien has been asserted, the amount of the claimed lien plus any amounts paid toward the balance and any amounts due not included in the lien;
- if the injured party is covered by Medicare or Medicaid, the amount covered by the benefit provider, any additional amount paid on behalf of the injured party, and any unpaid amount.

Establishes that no lien for medical charges under this law is valid if the medical provider does not submit the claim in a timely manner. Establishes that attempting to calculate medical charges for such civil cases through any means other than set out in this statute is an unfair business practice. **The bill as amended was approved by the House Judiciary 2 Committee and will next be considered by the House Rules Committee.**

HOUSE BILL 298, Criminal Falsification of Medical Records, was amended by the House Judiciary 2 committee to add to the original bill a violation for a health care provider to direct a person to destroy, alter or falsify a medical record for specified purposes. The bill includes a provision that the physician actions must be "knowing" and "willful". **The bill as amended was approved by the full House and will next be considered by the Senate.**

SENATE BILL 321, Medical Debt De-Weaponization Act, was amended a great deal in the Senate Health Care committee. The new version changed the definition of "medical debt mitigation policy" (MDMP) to delete the requirement it include eligibility criteria for financial assistance, deletes the definition of "household income," and makes other clarifying changes to the definitions. It removes the requirement that a large healthcare facility use information in its possession to determine if the patient is eligible for free or discounted care before seeking payment for care. It removes language designating which patients qualify for financial assistance under the MDMP and related financial assistance provisions. It removes language allowing a medical creditor or debt collector to garnish wages under certain circumstances and removes language making parents jointly liable for medical debt of a minor child. **The new version has an added section imposing limits to facility fees, including that a service must occur on a hospital's**

main campus or at a facility that includes an emergency department to charge a facility fee. Each hospital and health system must report annually to DHHS on its facility fees. The bill was approved by the Senate Health Care Committee and will next be considered by the Senate Judiciary Committee.

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