



INTRODUCTION

With bill filing deadlines behind us, the crossover rush began last week and is careening towards its finish on Thursday, May 4th. Any bills that do not have a fiscal impact on the state will have to be approved by at least one chamber in order to remain eligible for the remainder of the 2-year session. This to me is the most dangerous time of the session, when bills with very little, if any, discussion are voted on and move through committees and on the floor of the House and Senate. Committees have so many bills on their agendas, that there is little time to intervene, amend or discuss the bills at this stage.

On a personal note, what a terrible way to run our State (yes Democrats did this too) and what an awful example of what a Democracy should look like, where ideas and policies are debated and fleshed out to find the best solutions. This process has become worse and worse over the years with very little input from a large majority of legislators (of both parties) who are not in “leadership” of the party in charge. Laws are better, when considered from a wide range of perspectives and fine-tuned to avoid unintended consequences. I often wonder what it would take to make the process more open and allow more problem solving and less vitriol? How do we get more hardworking, smart and reasonable people to not only serve but also be actively involved in the process? If you know me, you know I have some ideas and rarely lack an opinion, but will save those for another time. Not sure why I am going on this rant except that I just returned from Washington, DC and something about being there inspires me and makes me want to fight more for our democratic principles and get back to solving problems.

ABORTION

Yesterday, the House and Senate Republicans announced that they had reached an agreement on a bill that would further limit abortion in North Carolina. They put the provisions into Senate Bill 20 (a bill already approved by both the House and Senate) and heard the bill in a joint House and Senate Rules Committee hearing today and expect to have the bill approved on Thursday by both chambers and to the Governor. According to the press conference, all Republican members of the House and Senate have committed to voting for the bill and if that is true, they will be able to override any veto from the Governor. By putting the bill into a “conference report” they have also protected the



NORTH CAROLINA COLLEGE OF EMERGENCY PHYSICIANS



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bill against any amendments – legislators will have to vote yes/no on the bill.

Here are the major provisions in the bill:

- An abortion is lawful during a medical emergency
- An abortion is lawful during the first 12 weeks of a woman’s pregnancy
- An abortion is lawful after the 12th week and through to the 20th week, when the pregnancy is a result of rape or incest
- An abortion is lawful during the first 24 weeks if there exists a life-limiting anomaly
- Substantial reporting requirements are included to DHHS
- Voluntary and Informed consent documents would need to be signed except in cases of emergency
- Any physician prescribing, administering, or dispensing an abortion-inducing drug must examine the woman in person and prior to providing the drug
- Included are penalties for physicians and pharmacists in violation of the law, including medical board discipline
- Restrictions on where an abortion must take place and licensure of abortion clinics is included
- Certified Nurse Midwives would be permitted to practice without the supervision of a physician and must “consult, collaborate with, or refer to other providers……. If indicated by the health status of the patient”
- Limited Vicarious Liability is provided for medical care in an emergency situation
- Paid Parental Leave for State employees is provided in the bill and \$10 million is provided to fund the leave
- Revisions for the safe surrender of infants is included
- \$32 million has been provided for expanding access to child care

NC SUPREME COURT RULINGS

It’s been a busy week for the State Supreme Court. In party-line 5-2 rulings, the Court struck down its previous ruling made last year, that partisan gerrymandering violates the state constitution. The Court also reinstated a 2018 voter ID law and a law banning felons from voting.

“Our constitution expressly assigns the redistricting authority to the General Assembly subject to explicit limitations in the text. Those limitations do not address partisan gerrymandering. It is not within the authority of this Court to amend the constitution to create such limitations on a responsibility that is textually assigned to another branch. Furthermore, were this Court to create such a limitation, there is no judicially discoverable or manageable standard for adjudicating such claims. The constitution does not require or permit a standard known only to four justices. Finally, creating partisan redistricting standards is rife with policy decisions. Policy decisions belong to the legislative branch, not the judiciary,” the opinion read.

This means that the General Assembly can now officially redraw its state House and Senate maps if they choose. There was some debate whether that was allowed previously because the state constitution appeared to prohibit legislators from redrawing maps without court action after they’ve been drawn their one time per decade. Since the U.S. Congressional map used in this past election was court-imposed it was already set to be redrawn this summer or possibly in the fall. Now, it appears we will have a full re-write with less opportunity for the court to rule on how those lines are drawn. With Republican supermajorities in the General Assembly in charge of redrawing the districts, this will mean that districts are redrawn to the advantage of Republicans, possibly helping to secure Republican supermajorities in future elections.

While Republicans have praised these rulings today, Democrats have been just as quick to share their disappointment. “The Republican State Supreme Court has ignored the constitution and followed the marching orders of the Republican legislature by declaring open season for their extreme partisan gerrymandering and is destroying the court’s reputation for independence. Republican legislators wanted a partisan court that would issue partisan opinions and that’s exactly what this is,” Gov. Cooper said in a statement following the news.

The State Supreme Court’s reversal on the Voter ID law passed in 2018 likely means that we will see voter identification enforced in the 2024 election. This law has been held up in litigation since its passage, so this upcoming election could be the first time this law goes into practice. "Plaintiffs here have failed to prove beyond a reasonable doubt that S.B. 824 was enacted with discriminatory intent or that the law actually produces a meaningful disparate impact along racial lines," the opinion read. The court also overturned a trial court’s decision on when felons’ voting rights can be restored. This means felons will have to continue to wait to vote until they have fully completed their probation or parole and paid any fines.

BLUE CROSS AND BLUE SHIELD

One of the most controversial bills that passed the House this week was House Bill 346, Reorganization & Economic Development Act. It passed 82-26, with some of the House’s most conservative and most liberal members voting against the measure. This bill would allow Blue Cross and Blue Shield to reorganize so that they are controlled by a non-profit holding corporation. The non-profit holding company would not be subject to the same levels of regulatory oversight that the hospital service corporation currently has, specifically under the NC Department of Insurance.

The state Department of Insurance Commissioner Mike Causey has actively spoken out against this change. “I think that this legislation is missing many provisions that’s necessary to protect the people, the policyholders,” NC Insurance Commissioner Mike Causey said. “[It] does not provide for a meaningful review of reorganization.” Commissioner Causey has also argued that this change would ultimately raise rates for consumers. Supporters of the bill have argued that this is simply necessary regulatory reform to allow this fully-taxed non-profit to keep up with the changing times. “Under today’s corporate structure, they can’t move fast and in the world of business, you have to be able to move fast when it comes to opportunities,” primary bill sponsor Rep. John Bradford said. Supporters have also emphasized that the Insurance Commissioner will have to still approve any rate change proposed, so they don’t believe this will result in automatic rate increases. The bill is now on its way to the Senate.

CREDIT UNION UPDATE BILL

The controversial credit union bill also continued to move. It passed the House 82-25, last week, with just four Republicans voting against the measure. This bill would rewrite the state’s regulations on North Carolina credit unions and expand their powers to offer additional financial services and 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.”

BUDGET UPDATE

The Senate’s counterproposal for this biennium’s budget is expected to be released and voted on the week of May 15th. From there, the House and Senate will form a conference committee to iron out the chambers’ differences.

BILLS OF INTEREST

HOUSE BILL 812, Uniform Restrictive Employment Agreement Act, would:

- define a *restrictive employment agreement* as an agreement or part of another agreement between an employer and worker that prohibits, limits, or sets a condition on working other than for the employer after the work relationship ends or a sale of a business is consummated, and would include a confidentiality agreement, no-business agreement, noncompete agreement, non-solicitation agreement, no-recruit agreement, payment-for-competition agreement, and training-repayment agreement;
- provide that a restrictive employment agreement is prohibited and unenforceable unless specified conditions are met, including that the proposed agreement and the signed agreement clearly specify the information, type of work activity, or extent of competition that the agreement prohibits, limits, or sets conditions on after the work relationship ends;
- prohibit restrictive employment agreements for *low-wage workers* (employees earning less than the annual mean wage for North Carolina);
- provide that a noncompete agreement is only enforceable if it meets certain criteria and must be narrowly tailored and limited in time;
- set requirements for the enforceability of confidentiality agreements, including the ability of employees to use or disclose information in specified circumstances;
- provide requirements for the enforceability of no-recruit agreements, which are agreements that prohibit an employee from recruiting current or former employees of the employer;
- prevent a party to an agreement from waiving these requirements, except in specific circumstances such as litigation or other dispute resolution.

Introduced by Representatives Longest and Harrison and referred to the House Rules Committee.

HOUSE BILL 817, Healthy Families & Workplaces/Paid Sick Days, would enact the Healthy Families and Healthy Workplaces Act to provide that any employee who works in this State and who must be absent from work for the following reasons is entitled to paid sick time:

- to care for the employee's immediate family member who is suffering from a physical or mental illness, injury, or medical condition that requires home care, professional medical diagnosis or care, preventive medical care, or a routine medical appointment;
- to care for the employee's own physical or mental illness, injury, or medical condition that requires home care, professional medical diagnosis or care, preventive medical care, or a routine medical appointment; or
- due to circumstances resulting from the employee, or a family member of the employee, being a victim of stalking or domestic or sexual violence, if the leave is to allow the employee to obtain for the employee or the family member (i) medical attention needed to recover from physical or psychological injury or disability caused by stalking or domestic or sexual violence, (ii) services from a designated domestic violence agency or other victim services organization, (iii) psychological or other counseling, (iv) relocation, or (v) legal services, including obtaining a restraining order or preparing for, or participating in, any civil or criminal legal proceeding related to the stalking or domestic or sexual violence.

The bill includes a variety of provisions regarding exemptions, paid leave accrual and use, documentation, notice, posting, records, and enforcement. **Introduced by Representatives T. Brown, Harrison, Crawford, and G. Brown and referred to the House Rules Committee.**

HOUSE BILL 820, Update Strategic State Plan for Alzheimer's, directs the Department of Health and Human Services to update the state's strategic plan for Alzheimer's and related diseases every

four years. **Introduced by Representatives Buansi, Liu, Crawford and Amber Baker and referred to the House Health Committee.**

HOUSE BILL 822, Const. Amend. - Involuntary Servitude, would amend the State Constitution, if approved by a majority of voters at the first primary election held in 2024, to provide that slavery and involuntary servitude is forever prohibited and clarify that work performed by inmates does not fall within the scope of the prohibition. **Introduced by Representatives Buansi, T. Brown, and Charles Smith and referred to the House Rules Committee.**

HOUSE BILL 827, Rare Disease Advisory Council, increases the membership of the state's Advisory Council on Rare Diseases from seven to 19 and expands the coordination and consultation duties of the council. **The bill was approved by the House Health Committee and will next be considered by the House Rules Committee.**

HOUSE BILL 841, Healthy Families & Workplaces/Paid Sick Days, is substantially similar to House Bill 817, summarized above in this Legislative Report. **Introduced by Representative Quick and referred to the House Rules Committee.**

HOUSE BILL 843, Community Violence Intervention Funding, would provide \$10 million in each of the next two years to the Office of Violence Prevention in the Department of Public Safety to award competitive grants to local governments, law enforcement agencies, and nonprofit organizations to fund the development of community violence intervention programs in the communities served by the grant recipients. A community violence intervention program would be a program that focuses on individuals at the highest risk of violence and uses prevention and intervention strategies to reduce violence and retaliation, and would include violence interruption, group violence intervention, hospital-based violence intervention, violence intervention programs that use cognitive behavioral therapy, and violence reduction through environmental design interventions such as blight reduction and cleaning and greening. Beginning December 1, 2023, and semiannually thereafter until all the funds have been expended, the Office would report to the Joint Legislative Oversight Committee on Justice and Public Safety on the following for the three-month period preceding the report: (1) the number of grant awards and the amount awarded to each grantee; (2) the geographic area and segment or area of the population each grantee will serve; and (3) the purpose each grantee will use funds awarded to it. **Introduced by Representatives Ball, Morey, T. Brown, and Quick and referred to the House Appropriations Committee.**

HOUSE BILL 851, Improving Our Democracy, would: (1) 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; and (2) provide \$410,000 in each of the next two years to the State Board of Elections for implementation, education, and training needed in the development of the ranked-choice election. **Introduced by Representatives Morey, Harrison, Autry, and Dahle and referred to the House Rules Committee.**

HOUSE BILL 852, The Rep. Becky Carney Cardiac Arrest Act, requires the State Board of Education to adopt rules for the installation and use of Automatic External Defibrillators (AEDs) in all public schools and requires local boards of education to develop policies for the installation and use of AEDs in accordance with such rules. The bill appropriates \$9.2 million in one-time funds to purchase and install the AEDs and train personnel on proper use. **Introduced by Representatives Ball, Reeder, Lambeth and Zenger and referred to the House Appropriations Committee.**

HOUSE BILL 855, Strengthening Care for Families and Children, appropriates \$1 billion from the federal American Rescue Plan Act to the Department of Health and Human Services for the following purposes:

- to the Division of Child and Family Well-Being:
 - \$8 million to support families and caregivers of children with high behavioral health needs;
 - \$16 million to strengthen specialized behavioral health treatment options to divert children from emergency departments;
 - \$11 million to launch community assessment teams to facilitate access to clinicians who specialize in working with children;
 - \$40 million for statewide expansion of school behavioral health services to be used in collaboration with the Department of Public Instruction to implement the strategies outlined in the NC Unified School Behavioral Health Action Plan;
- to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services:
 - \$21 million for behavioral health mobile crisis teams to address children’s crises;
 - \$11 million to increase the number of youth crisis stabilization beds available statewide;
 - \$20 million for the 988 Suicide and Crisis Lifeline;
 - \$20 million for start-up funding for new mobile crisis teams;
 - \$60 million for new behavioral health urgent care and facility-based crisis combination facilities, peer drop-in facilities, and additional NC START respite locations;
 - \$80 million for a pilot program transporting individuals needing psychiatric hospitalization from emergency departments to inpatient facilities;
 - \$20 million for housing supports for individuals with serious mental illness and for employment training for individuals with intellectual and developmental disabilities;
 - \$38 million to expand the number of certified community behavioral health clinics;
 - \$10 million for an education campaign to reduce stigma around mental health;
 - \$30 million for a workforce training center that provides training to behavioral health and intellectual and developmental disabilities providers at no cost to the provider;
 - \$108 million to operate community-based pre-arrest diversion and reentry programs;
 - \$40 million to operate community-based and detention center-based restoration programs;
 - \$2 million for judicial education programs to increase understanding of mental health issues and treatment options;
 - \$30 million for individualized community-based treatment for adults with long or repeated stays in state psychiatric hospitals;
 - \$40 million to recruit and retain the healthcare workforce at state healthcare facilities;
 - \$27 million to implement electronic medical records in all state healthcare facilities;
 - \$3 million to purchase automated medication dispensing cabinets at state healthcare facilities;
 - \$20 million to expand the centralized bed registry;
 - \$10 million for assistance to behavioral healthcare providers related to data and technology modernization, including connection to the Health Information Exchange;

- to the Division of Social Services:
 - \$6 million to provide division-based supports for families, including foster families;
 - \$16 million for intensive supports in the community such as those for parents struggling with substance use and teams that provide wraparound family services;
 - \$10 million to strengthen the child welfare workforce;
- to the Division of Health Benefits:
 - \$7 million to increase connections between primary care providers and psychiatry services through adoption of the collaborative care model and funding for the NC Psychiatric Access Line;
 - \$225 million to increase rates paid to Medicaid behavioral healthcare providers;
- to the Division of Central Management and Support's Office of Rural Health:
 - \$50 million to expand the NC Loan Repayment Program to include all licensed providers of behavioral health services practicing in rural and underserved areas who are enrolled Medicaid providers;
 - \$20 million to increase access to telehealth services in rural and underserved areas through purchase of equipment and infrastructure for healthcare providers and for broadband expansion in these areas.

The remaining \$1 million is for DHHS to use for administrative purposes. The department may authorize up to 48 time-limited positions to implement and administer these programs. **Introduced by Representatives Lambeth, Sasser, Kristin Baker and Cunningham and referred to the House Health Committee.**

HOUSE BILL 859, NC House Transparency Act of 2023, would provide one-time funds of \$91,000 and an additional \$4,000 funding in each of the next two years to the General Assembly to obtain, install, and maintain equipment in committee meeting rooms and the chamber of the House of Representatives to allow for recordation of and viewing by the public via the internet of committee meetings and chamber proceedings to make possible both (1) real-time access and (2) archival of and time-shifted viewing access via the internet to the audio and video of committee meetings and chamber proceedings for a period of 10 years. **Introduced by Representatives Cervania, Hardister, Johnson, and F. Jackson and referred to the House Appropriations Committee.**

HOUSE BILL 862, Strengthen Child Fatality Prevention System, restructures the State's child fatality prevention efforts under a new State Office of Child Fatality Prevention. The Child Fatality Prevention System will include the new office, local teams, medical examiner child fatality staff, and the NC Child Fatality Task Force. The legislation spells out a transition plan, clarifies the functions of the Child Fatality Task Force, establishes a framework for local teams' responsibilities, directs state and local use of the National Fatality Review Case Reporting System, directs DHHS to establish citizen review panels as required by federal law, and updates various other child fatality statutes. **Introduced by Representatives Kristin Baker, White, Potts and Reeder and referred to the House Health Committee.**

HOUSE BILL 867, Crisis Intervention Training LEO Grants, creates a grant fund of \$5 million in the Department of Public Safety for grants to local governments to fund crisis intervention training for first responders, law enforcement, emergency medical dispatchers and veterans. **Introduced by Representatives Cunningham, Pyrtle, Miller and Carson Smith and referred to the House Appropriations Committee.**

HOUSE BILL 871, Trauma Center Funding, appropriates \$5 million annually to trauma centers designated by DHHS' Office of Emergency Medical Services. The trauma centers may use the funds only to manage the state's trauma registry, provide professional development and education to trauma center staff, and conduct quality improvement, outreach, injury prevention, program development, research and accreditation activities. **Introduced by Representatives Reeder, Lambeth and Potts and referred to the House Health Committee.**

HOUSE BILL 874, Fund Pilot to Contract for IVC Transportation, allocates \$150,000 in each of the next two fiscal years for a grant to the Cabarrus County Sheriff's Office for a pilot program to use contract transportation services related to involuntary commitment. **Introduced by Representatives Crutchfield and Kristin Baker and referred to the House Judiciary 2 Committee.**

HOUSE BILL 876, Reduce Parent Copays/Child Care Subsidy/Funds, reduces the percentage of gross family income from 10 percent to 7 percent for the family copayment for subsidized child care. **Introduced by Representatives Lofton, Harris and von Haefen and referred to the House Rules Committee.**

HOUSE BILL 877, NCIOM Study/Medical Aid in Dying, would provide \$150,000 to the North Carolina Institute of Medicine to study the advantages and disadvantages of legalizing medical aid in dying (MAID) in North Carolina. The study would include an evaluation of the following:

- in the 11 states that have legalized MAID (current MAID states), the process by which a person applies and receives approval for MAID, including applicant qualifications and safeguards;
- the factors that contribute most to a person's decision to seek MAID;
- the characteristics and demographic backgrounds of persons who seek MAID;
- the social and emotional impacts on a person's family members when MAID is available to a person as an alternative to an extended dying process;
- which medications have been or are currently being used for MAID, and whether intravenous self-administration would be an improvement over self-ingestion through the gastrointestinal tract;
- the best options for healthcare providers to opt out of participating in MAID;
- available data from the current MAID states that are reporting on conclusions arising from the legalization of MAID, particularly with respect to the effectiveness of MAID laws in providing an end-of-life option;
- what end-of-life options are currently available in North Carolina and recommendations about whether MAID is an advisable additional alternative;
- developments in MAID legislation since Oregon's 1997 Death with Dignity Act and recommendations about what safeguards are essential to ensure that only mentally competent, terminally ill persons are seeking MAID, and that they are seeking MAID without coercion or undue pressure;
- using data from current MAID states, the number of people who would likely utilize MAID if it became legal in North Carolina;
- in current MAID states, whether there are indications that individuals have been coerced into using MAID;
- in current MAID states, the implementation impact of MAID on healthcare systems, institutions, and providers;
- in current MAID states, the impact of MAID on awareness or utilization of hospice and palliative care as an alternative to MAID;

- the reasons why approximately one-third of the persons who apply for and receive MAID drugs decide not to take them, including whether there are psychological benefits to having MAID as a legal option even if people ultimately decide against using or even applying for MAID; and
- any other areas the Department deems relevant or helpful to determining whether to legalize MAID in North Carolina.

The North Carolina Institute of Medicine would conduct at least one public hearing to ensure the general public has an opportunity to provide the NCIOM with comments regarding the advantages and disadvantages of legalizing MAID in North Carolina, and by April 1, 2025, report its findings and any recommendations with respect to legalizing MAID in North Carolina, including any recommendations regarding proposed legislation, to the Joint Legislative Oversight Committee on Health and Human Services and the Department of Health and Human Services. **Introduced by Representatives Harrison, Lambeth, Faircloth, and Howard and referred to the House Appropriations Committee.**

HOUSE BILL 887, Enhance Local Response/Mental Health Crises, would provide \$2 million to the Department of Public Safety to be distributed as grants to municipal police departments and county sheriffs' offices as follows:

- \$800,000 (with a grant of \$100,000 each) to establish eight nonpolice units to address nonviolent, noncriminal 911 calls regarding mental health, homelessness, substance use, or other behavioral health crises;
- \$700,000 (with a grant of \$100,000 each) to establish seven co-responder response models in which law enforcement personnel and mental health specialists jointly respond to 911 calls regarding mental or behavioral health crises; and
- \$500,000 (awarded as five separate grants of \$100,000 each) to establish a mental health division or to bolster existing mental health services within a police department or sheriff's office and to increase the amount of law enforcement personnel and 911 communications personnel that have received Crisis Intervention Training.

No later than February 1, 2025, the police departments and sheriffs' offices would report to the Department of Public Safety:

- itemized lists and explanations of how grant funds were utilized;
- demographic information regarding both participating mental health specialist personnel and individuals served as a result of the localities' dispatched services;
- dispatch case types in which nonpolice, co-responder, or mental health division personnel responded;
- the frequency of unit dispatch;
- the frequency of police or ambulance backup or requests among nonpolice, co-responder, or mental health division personnel;
- county involuntary commitment rates before and during the pilot program;
- complaints filed against nonpolice, co-responder, or mental health division personnel units;
- operating costs associated with each unit;
- emergency 911 response metrics analyzing how the pilot services impacted the localities' emergency response services;
- results of emergency 911 calls for services that utilized pilot program services.

No later than March 1, 2025, the Department of Public Safety, in consultation with the Department of Health and Human Services, shall report to the Joint Legislative Oversight Committee on Justice and Public Safety regarding the pilot programs with the information listed above. **Introduced by Representatives Autry, T. Brown, and Ball and referred to the House Rules Committee.**

HOUSE BILL 891, Achieve Better Mental Health Recovery Results, allocates \$600,000 to the Promise Resource Network to establish four peer-run wellness centers to address mental health crisis prevention and post-crisis response. It also establishes the position of Mental Health Recovery Policy Chief in the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services in DHHS. Only an individual certified as a peer support specialist may serve in the position. Every two years, DMH/DD/SAS shall publish an NC Mental Health Recovery and Resiliency Agenda. **Introduced by Representatives Autry, Ball and Belk and referred to the House Appropriations Committee.**

HOUSE BILL 892, Suicide Prevention, would:

- direct the State Bureau of Investigation to establish the North Carolina Voluntary Do Not Sell Firearms List to prohibit the possession, transportation, and sale of firearms to any person who voluntarily registers himself or herself to be enrolled into the List;
- require the Bureau to maintain and update the List;
- make the List available to federal firearms dealers to advise a dealer if the Bureau's records indicate a buyer or transferee of firearms is prohibited from purchasing, possessing, or transporting a firearm;
- require the Bureau to withhold from public disclosure all information regarding a request to be enrolled into or removed from the List and any other personal identifying information contained in or related to the List, except that such information could be disclosed (1) in accordance with the provisions above, (2) to a law enforcement officer acting in the performance of his or her official duties, or (3) to the applicant with respect to his or her own information;
- allow any person 18 years of age or older to apply in writing to the State Bureau of Investigation to request voluntary enrollment into the List and, after being enrolled into such List, apply in writing to the Bureau to request removal;
- prohibit the Bureau from removing a person from the List until 21 days after receipt of the person's removal request, and require the Bureau, upon removal of a person's name, to update such person's eligibility to purchase, possess, or transport a firearm to the National Instant Criminal Background Check System and destroy all records of the person's enrollment into and request for removal from the List;
- make it a Class A1 misdemeanor to: (1) inquire as to whether another person has been enrolled into the List for any purpose other than to determine such person's eligibility to purchase, possess, or transport a firearm; (2) knowingly give any false information or to make any false statement with the intent of enrolling or removing any other person into or from the List; or (3) discriminate against a person with respect to his or her health care services, employment, education, housing, insurance, governmental benefits, or contracting because that person is not on the List, is on the List, or has previously been on the List; and
- make it a Class 2 misdemeanor for (1) a person enrolled into the North Carolina Voluntary Do Not Sell Firearms List established to purchase, possess, or transport a firearm; or (2) a federal firearms dealer to sell, rent, trade, or transfer a firearm to a person enrolled into the List.

Introduced by Representatives Harrison, Morey, and Autry and referred to the House Rules Committee.

BILL UPDATES

HOUSE BILL 20, Cash Commitment Act, was amended in the House Banking Committee to:

- require health care providers that accept in person payments to accept cash under certain circumstances;
- change the first requirement for retail businesses and health care providers in accepting cash payments to only require that they accept cash during the hours in which the physical location is attended by an owner, operator, or other employee;
- add additional exemptions as follows: (1) goods are sold from a vending machine; (2) goods sold that are delivered to a customer outside of a physical location including, but not limited to, curbside pickup or delivery to the customer's location; (3) a customer chooses to purchase goods utilizing a device, including but not limited to a smartphone, prior to payment; (4) the payment is processed for a good or service outside the physical location of the business; (5) an employer provides goods or services to their employees, independent contractors, or vendors in an employer-owned facility; (6) a self-checkout device is utilized and the ability for the customer to utilize cash to purchase goods or services somewhere else in the business is available; (7) fuel is offered for sale when an employee of the business is not on duty at the place of business or when it is part of a membership club; (8) goods may be purchased and the location does not have an employee onsite whose primary job duties include accepting payment in any form; (9) payment is processed for vehicle wash services; (10) a hotel, motel, tourist home, or similar establishment that provides lodging for pay and requires its guests to pay an initial deposit; and (11) payment is required by credit card, charge card, or debit card as a security deposit for unforeseen damages or expenses associated with a short-term vehicle lease or rental;
- exempt venues that host any professional or interscholastic activity, rental car companies, and insurance producers;
- specify that the Article does not require persons to accept \$50 or larger bills (was, \$100 bills or larger);
- allow the Secretary to adopt implementing rules, prescribe additional exceptions to the Article's requirements, and assess a civil penalty of up to \$500 per violation, not to exceed \$500 in any calendar month or \$2,000 in any calendar year (was, \$2,500 for first violations and up to \$5,000 for subsequent violations);
- allow a person to avoid the civil penalty if they come into compliance within 30 days and remain in compliance;
- allow the Superior Court, on complaint by the Secretary, to issue an injunction for a violation;
- remove the provisions that would have established a private right of action for a person to seek relief against a person who commits a violation.

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

HOUSE BILL 316, Respiratory Care Modernization Act, was amended by the House Health Committee to:

- add a definition of “invasive diagnostic and therapeutic procedure;”
- amend the definition of “practice of advanced practice respiratory therapy” to specify it shall not include medical diagnosis, prescribing, interpretation of imaging studies, final interpretation of sleep studies, surgery, delivery of anesthesia, and ordering or performing complex diagnostic and therapeutic procedures;
- remove the definition of “prescriptive and dispensing authorization;”
- add a definition of “serious injury.”

The new version removes proposed language allowing the NC Respiratory Care Board to waive requirements of the law during declared emergencies. It simplifies the language placing limitations on advanced respiratory care practitioners to conform with other changes in the bill. It simplifies the process to adopt rules to implement the new law by placing rulemaking authority solely under the Respiratory Care Board. **The bill as amended was approved by the House Health Committee and will next be considered by the House Judiciary 1 Committee.**

HOUSE BILL 346, Reorganization & Economic Development Act, was amended in House Health Committee and on the House floor. The current version would allow hospital service corporations to reorganize so they are controlled by a non-profit holding corporation. The reorganization would be considered an internal restructuring that does not change the control of the corporation. The non-profit company would not be subject to existing insurance laws governing hospital service corporations and hospital service corporation readable insurance certificates. Under such a reorganization, the hospital service corporation may transfer property, assets, rights, liabilities, equity and other ownership interests to the nonprofit company, but only up to 25 percent of its admitted assets. Ownership interests transferred may not include an insurer engaged in the issuance of health insurance policies. Amendments to the hospital service corporation's charter must be submitted to and approved by the Commissioner of Insurance. The corporation would have to submit certain information to the Insurance Commissioner before reorganizing. All of the nonprofit holding company's net worth must be invested in entities that engage in business that is permitted of any insurance company affiliate, contribute to the health needs of North Carolina residents, or promote affordability, access, better health or customer experience. The nonprofit company would be subject to delinquency proceedings against the hospital service corporation, and its assets would be considered those of the corporation. If the corporation undertakes a conversion after the reorganization, the fair market value of the company would be that of the nonprofit company. **The bill as amended was approved by the House and will next be considered by the Senate.**

HOUSE BILL 500, NCCWBTC Recs./Medicaid, was amended in the House Health Committee and on the House floor. The new version of the bill directs DHHS to implement Medicaid coverage of school-based transportation in adaptive vehicles for students with disabilities on the days they receive Medicaid covered health-related services. It also adds a requirement for a parent or guardian to consent for a child's access to school health clinic services. **The bill as amended was approved by the full House and will next be considered by the Senate.**

HOUSE BILL 560, Diagnostic Imaging Parity, was amended by both the House Health and Insurance Committees. The newest version of the bill has an added definition of "screening examination for breast cancer" and makes a change so that the health benefit plan cost-sharing requirements for a diagnostic examination for breast cancer are no less favorable than those for a low-dose screening mammography for breast cancer. **The bill as amended was approved by the House Health and Insurance Committees and will next be considered by the House Rules Committee.**

HOUSE BILL 576, Health Care Practitioner Transparency Act, was amended by the House Health Committee to reorganize language in the bill and change requirements so that a health care practitioner's ID badge does not have to include a photograph or license expiration date. The new version also removes language allowing a person who is injured by violations of the law to file for injunctive relief. **The bill as amended was approved by the House Health Committee and will next be considered by the House Judiciary 1 Committee.**

HOUSE BILL 621, 3-Year FDA Approval for New Childhood Vaxx., was amended by the House Health Committee so that a new childhood vaccine must be approved (instead of licensed) by the US Food and Drug Administration for a minimum of three years or must be recommended by both the NC Medical Society Board of Directors and the NC Pediatric Society Board of Directors (instead of the Council of State). **The bill as amended was approved by the House Health Committee and will next be considered by the House Rules Committee.**

HOUSE BILL 644, Social Media Algorithmic Control in IT Act. A variety of changes were made to this bill in the House Judiciary 3 Committee, including provisions to:

- amend the definition of *social media platform* to limit it to electronic mediums with more than one million monthly active users in the US, and explicitly exclude internet service providers, communications services, community forums where the primary purpose of the forum is for customer self-service support related to products, sellers, services, events, or places, or any combination thereof, interactive video game services, and online shopping or e-commerce; and
- specify that the prohibition on using user data from a North Carolina platform user who is a minor is used to inform content recommendations to the minor and is not intended to prevent content (was, algorithmic recommendations) from being shown as a direct result of explicit actions.

The bill as amended was approved by the House Judiciary 3 Committee and will next be considered by the House Appropriations Committee.

HOUSE BILL 696, Violent Offense/No Contact Order, was amended in the House Judiciary 2 Committee and on the House floor to:

- remove Class A1 misdemeanors including assault as an essential element of the offense as one of the listed *violent offenses* that would trigger availability of relief; and
- allow a permanent no contact order to be extended to the immediate family of the victim of a violent crime in addition to the victim.

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

SENATE BILL 206, Control Subst./Opioid/Vaccine Omnibus, had extensive language added by the House Health Committee. The new version requires health practitioners, when issuing a prescription for a Schedule II controlled substance, to provide the following information to patients, any person designated by a patient, and to the parents of minor patients:

- the potential dangers of opioids;
- overdose prevention; and
- the availability and use of opioid antagonists for the reversal of opioid-induced respiratory depression.

It also requires pharmacies and pharmacists dispensing Schedule II controlled substances to make the same information available and to post it in a conspicuous place. These requirements do not apply to practitioners providing hospice services or veterinarians.

In addition, the legislation prohibits further claims by the state or any unit of local government against companies who contributed to the opioid epidemic and who are subsequently a part of the national opioid settlement. As part of the settlement agreements, the settlement payments are contingent upon no further opioid litigation against these companies. **The bill as amended was approved by the House Health Committee and will next be considered by the House Rules Committee.**

SENATE BILL 364, Nondiscrimination in State Employee Hiring, was amended in the Senate Judiciary Committee to amend the State Human Resources Act to prohibit compelled speech when an individual seeks State government employment, demonstrate the General Assembly's intent that State employees recognize the equality and rights of all persons, and prohibit State government workplaces from promoting certain concepts that are contrary to that intent. **The bill as amended was approved by the Senate Judiciary Committee and will next be considered by the Senate Rules Committee.**

SENATE BILL 425, Medicaid Agency Omnibus, was amended by the Senate Health care Committee to require insurers to respond to inquiries from DHHS regarding claims for payment within 60 days. The new version also requires insurers and other third parties to accept authorizations from the department that an item or service is a covered service under the Medicaid State Plan as if it is the same as prior authorization from the third party. **The bill as amended was approved by the Senate Health Care Committee and will next be considered by the Senate Rules Committee.**

SENATE BILL 617, ATV Safety Course Warning Label Exception, was amended by the Senate Transportation Committee to change the requirements for when a person less than 16 years old may operate an all-terrain vehicle (ATV) in violation of the Age Restriction Warning Label. The new version allows such operation if an instructor of a safety course determines the height or weight of a person younger than 16 requires the use of an ATV that does not comply with the age restriction and the operator successfully completes an ATV safety course. The original bill only allowed such operation during a safety training course if the instructor determined the height or weight of a person younger than 16 required the use of an ATV that does not comply with the age restriction. **The bill as amended was approved by the Senate Transportation and Rules Committees and will next be considered by the full House.**

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