



INTRODUCTION

After many, many months and countless twist and turns, the budget saga has finally come to a close and North Carolina has a budget for the 2023 – 2025 biennium. The last several weeks were even more shocking than the delay, as behind the scenes meetings were revealed and press conferences were held that showed the frustration of the process. Here are some of the details of the final weeks.

After working on the budget since early in the year and being almost 3 months behind schedule, the conference report was released on Wednesday following an impromptu press conference announcing that a deal had been reached between the chambers on Tuesday night. This was no easy feat after both chambers ended up at odds over the expansion of casinos in our state. The battle between President Pro Tem Berger and House Speaker Moore appeared to get a little personal with press conferences and allegations of “going back on their word”. Since the Speaker did not have adequate support in the House Republican caucus to pass a budget with casino language, the House leadership decided to try out another tactic. They proceeded to pair the casino language with the budget’s Medicaid expansion implementation language in a standalone bill in an effort to gain Democratic support to push this initiative past the finish line. This effort was short-lived after nearly all Democrats in both chambers signed onto statements refusing to pass casinos in this manner even if Medicaid expansion was on the line. There was also intense lobbying from around the State opposing casinos in North Carolina, even from counties that would have received a casino in their county. Ultimately, the Medicaid expansion language was added back into the budget and the casino issue was put on hold for another day. Difficult to determine if there will be any long-term impacts on the already strained relationship between the House and Senate after this very intense battle.

The 625-page budget has been praised by some, while criticized by others which could be said of all legislation. However, North Carolina was in the enviable position of having an abundance of funds to apply to a variety of pressing problems so there are provisions that are very much supported by both parties, including Medicaid Expansion, mental health funds, and education funding. The disagreements come in with the decisions on priorities and amount of funding along with the policy provisions that are included in the budget.



NORTH CAROLINA COLLEGE OF EMERGENCY PHYSICIANS



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The conference report, which is unable to be amended, was met with hours-long debates in both chambers. All Senate Democrats ultimately voted against the measure, and all but 5 Democrats voted against the bill in the House. With that sort of vote count and heavy criticism on the floor from Democrats in both chambers, the question arose of whether or not our Democratic Governor would allow this budget that includes Medicaid expansion to become law with or without his signature. Gov. Cooper delivered that answer immediately following the General Assembly's final vote to send the budget to his desk. "Make no mistake, overall this is a bad budget that seriously shortchanges our schools, prioritizes power grabs, keeps shady backroom deals secret and blatantly violates the constitution, and many of its provisions will face legal action. However, we must recognize this irresponsible legislature's decade of refusal to expand Medicaid, which has caused life and death situations for so many North Carolinians and threatened the very existence of numerous rural hospitals. I will not allow people who are crying for help to wait any longer, so I am directing our Department of Health and Human Services to begin today the process for expanding Medicaid while allowing this budget to become law without my signature," Gov. Cooper said in a statement.

Senate leader Berger was quick to respond to Gov. Cooper's remarks this morning and defend our state's new budget. "We've been able to infuse record amounts of funds into education, public safety, mental health needs, and infrastructure, all while drastically cutting taxes for all North Carolinians. Our formula of low taxes, responsible spending, and reasonable regulations has been successful. This budget is good for all North Carolinians. Yet, in a display of politics trumping policy, every Senate Democrat voted against increased funding for education, against pay raises for teachers and state employees, against expanding school choice to all families in North Carolina, and against supporting our rural communities with critical infrastructure. In an even more brazen display of political cowardice and avoiding accountability, Gov. Cooper will not sign the budget into law. It's clear that virtue signaling and political ambition are what drives his decisions."

Please see below for some of the highlights of the budget.

- Starts Medicaid expansion;
- 7.4% teacher raises, 7% raises for state employees, 11% raises for highway patrol, 9% raises for school bus drivers, and a 4% retiree bonus;
- Cuts income tax rate to 3.99% by 2025;
- \$620 million for mental health programs;
- \$397 million for workforce development;
- \$70 million for school safety grants;
- \$2 billion for water & sewer improvements;
- \$2.7 million to the State Board of Elections to implement voter ID;
- Exempts Continuing Care Retirement Communities from charging sales and use tax on items and services provided to residents, other than alcoholic beverages;
- \$10 million to expand the NC loan repayment program/incentives for the recruitment and retention of additional licensed behavioral health providers in rural, medically underserved areas of the state to provide outpatient primary care services;
- \$8.51 million per year for across-the-board UNC System nursing faculty raises - faculty starting pay to be increased by an additional 10% and other Nursing faculty may receive increases of up to an additional 15%;
- \$7.13 million per year for across-the-board Community College nursing faculty raises - faculty starting pay to be increased by an additional 10% and other Nursing faculty may receive increases of up to an additional 15%;

- \$30 million to the North Carolina Community College System to assist community colleges in starting programs in nursing and health related career fields that require significant start-up funds;
- \$3 million to Johnson Community College to expand the capacity of its nursing program;
- \$2 million to Surry Community College to enter a memorandum of understanding with Northern Regional Hospital to employ up to 8 licensed nursing educators to provide clinical instruction for the college;
- \$16.1 million to support various healthcare degree programs at East Carolina University;
- \$29.3 million per year to increase the Medicaid rate for private duty nursing services from \$45/hour to \$52/hour;
- \$25 million to Healthcare Workforce Programs expansion - Allocated to community colleges to develop and expand courses that lead to a degree or credential in healthcare-related fields;
- Restricts COVID-19 vaccine mandates for state employees;
- Creates new tax on ride sharing services;
- Increases registration fees for hybrid and electric vehicles;
- Increases registration fees for lobbyist principals from \$250 to \$500;
- Increases retirement age for appellate court judges from 72 to 76 years of age;
- Changes public records laws to exempt legislators from public records laws in most circumstances; and
- Prohibits North Carolina from becoming a member of the Electronic Registration Information Center (ERIC), a nonprofit, nonpartisan organization for state election officials aimed at helping maintain more accurate voter rolls and detect voter fraud.

SENATE BILL 749, NO PARTISAN ADVANTAGE IN ELECTIONS

A conference report of Senate Bill 749 passed the General Assembly on a party line vote. Gov. Cooper has been vocal in his opposition to the bill while it was moving through the legislature and as expected, Gov. Cooper vetoed the bill once it reached his desk. The bill would revise the structure of the State Board of Elections from its current 5-member make-up with the Governor appointing 3 members to an 8-member board with appointments made by Republican and Democratic leaders of the House and Senate. It would also revise the structure of the county boards of elections, revise the emergency powers of the Executive Director of the State Board of Elections, and would amend the time for candidates and appointees to file statements of economic interest. The State Board of Elections would also be moved under the Secretary of State's office, a move that was opposed by Secretary of State Elaine Marshall. The conference report also notably moves the effective date for the bill's implementation to January 1, 2024, in time for the primaries, rather than July 1, 2024.

Governor Cooper's veto statement said: "The legislative takeover of state and local elections boards could doom our state's elections to gridlock and severely limit early voting. It also creates a grave risk that Republican legislators or courts would be empowered to change the results of an election if they don't like the winner. That's a serious threat to our democracy, particularly after the nation just saw a presidential candidate try to strongarm state officials into reversing his losing election result. Courts have already ruled the ideas in this bill unconstitutional, and voters overwhelmingly said no when the legislature tried to change the constitution". Based on this we expect more litigation about the powers of the legislative and executive branches to go through the court system.

We expect a veto override vote on this bill next week when the legislature returns to Raleigh.

SPEAKER MOORE

Earlier this session, Speaker Moore announced that he would not seek another term as Speaker of the House. While it could be assumed that meant our state's longest serving Speaker of the House would not seek another term in the House altogether, this week Speaker Moore confirmed it. The rumor mill has long speculated that Speaker Moore will run for Congress, and some have suggested that he might not complete this term as Speaker before hitting the campaign trail. While Moore won't say if he's leaving the state House to run for the U.S. House, he was very clear this week that he will stay around for the remainder of his term. "I'm gonna serve the balance of my term, and (I've) got a lot of good work to do. I'm looking at next steps. Don't know what those will be yet, I'm looking at a number of great options out there," Speaker Moore told reporters.

MEDICAID EXPANSION LAUNCHES IN DECEMBER

Gov. Cooper and DHHS Secretary Kody Kinsley held a press conference to celebrate Medicaid expansion becoming law and announce its official start date: December 1st. "This has been an unnecessarily long and agonizing journey for many North Carolinians," Cooper said. "But today, the hope that has stirred in so many across our state will become a reality." Expansion is expected to make government health insurance available to an additional 600,000 adults in North Carolina.

REDISTRICTING

Public hearings have taken place throughout the state this week ahead of the redrawing of the U.S. Congressional, NC House, and NC Senate maps. Now that legislators have received public input, they plan to start the redrawing process. Senate leader Berger says votes could take place next week. "We will have gone through the public hearings on redistricting by then, so I think we'll have some bills and hopefully take some votes that week," Berger told reporters. "We should have the capacity and things lined up in order to do so."

WHAT'S NEXT?

Although the budget is generally the tell-tale sign of the end of session, the legislature has not actually adjourned. Redistricting has already begun and although most thought that the session would adjourn and then a special session for redistricting would take place – it looks like they may just keep this very long session going even longer. This could leave the door open for more policy matters to move through the General Assembly this fall and more surprises. It is unclear at the moment if they will move forward with more legislation or stay entirely focused on redistricting.

VETO OVERRIDES

While completing this report the General Assembly came back into session this week to override the Governor's veto of 5 bills:

- H600, Regulatory Reform Act of 2023
- S512, Greater Accountability for Boards/Commissions
- S678, Clean Energy/Other Changes
- S747, Elections Law Changes
- S749, No Partisan Advantage in Elections

We expect litigation to be filed in regard to several of these new laws, especially the ones that impact election laws and appointments to various commissions being changed from the Governor to the Legislature.

NEW LAW ADDRESSING EMERGENCY DEPARTMENT VIOLENCE!

HOUSE BILL 125, NC Health & Human Services Workforce Act. Congratulations to all emergency physicians for getting important violence provisions included in House Bill 125, which is now law! Our request to Rep. Reeder at the beginning of the year led to House Bill 809, Hospital Violence Protection Act, which included a requirement for a security risk assessment of hospitals, a law enforcement officer at each hospital and a variety of reporting requirements for hospitals so that the scope of the problem could be shown.

The legislative process was all over the grid. We worked to get House Bill 809 approved by the House after a great House Health Care Committee hearing about the issue and an almost unanimous vote to approve on the House floor. The provisions of House Bill 809 were then included into House Bill 125, NC Health & Human Services Workforce Act, which was a combination of several health care related bills. The language in House Bill 125 had changed quite a bit from the original version. The House and Senate went into a conference committee on the bill to decide the final language. We worked closely with Rep. Reeder, Senator Sawrey, Rep. Baker and Rep. Pitts to make sure the language would be as strong as possible and the final language is very close to the originally filed bill and should impact and reduce violence in hospitals in our State. Thank you to all members who discussed the violence they have been seeing in the ED's and how the violence impacts patients and contributes to workforce issues around our State. The data from the ACEP survey contributed greatly to this win as well as the personal stories from our NCCEP members around the State.

The new law will require hospitals with emergency departments to conduct a security risk assessment and develop and implement a security plan. The plan **must** 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 bill allows for some exceptions to the law enforcement officer requirement if the hospital determines as part of its risk assessment that a different level of security is necessary and the hospital meets other criteria. When an exception is made, the hospital's security plan must include the signature of the county sheriff, the police chief (if applicable), and the county emergency management director. The security plan must also include:

- training for law enforcement officers employed or contracted by the hospital, including training based on a trauma-informed approach to situations involving persons who pose a risk of harm to themselves or others due to mental health causes;
- safety protocols based on nationally recognized standards, the results of the security risk assessment, and risks identified by emergency department staff and local law enforcement;
- training requirements for law enforcement officers in the potential use of and response to weapons, defensive tactics, de-escalation techniques, and crisis intervention.

The NC Department of Health and Human Services shall have access to all hospital security plans, but the plans and hospital risk assessments are exempt from public records requirements. The Department will also collect the following data from hospitals:

- (1) the number of assaults occurring in the hospital or on hospital grounds that required the involvement of law enforcement, whether the assaults involved hospital personnel, and how those assaults were pursued by the hospital and processed by the judicial system;
- (2) the number and impact of incidences where patient behavioral health and substance use issues resulted in violence in the hospital and the number that occurred specifically in the emergency department; and

- (3) the number of workplace violence incidences occurring at the hospital that were reported as required by accrediting agencies, the Occupational Safety and Health Administration and other entities.

The Department will be required to compile the information, including any recommendations to decrease the incidences of violence in hospitals and to decrease assaults on hospital personnel and report to the Joint Legislative Oversight Committee on Health and Human Services annually.

In addition, the Administrative Office of the Courts will be required to annually report to the Department of Health and Human Services, the number of persons charged and convicted during the preceding calendar year of a crime under the statute regarding assault on hospital personnel.

The new law also allows Hospitals to file civil no-contact orders and makes it a Class A1 Misdemeanor to violate such a protective order. A person violating the protective order can be arrested and taken into custody without a warrant. There are increased penalties for multiple violations and for violating an order while possessing a weapon. However, the new law allows an exception for any person subject to the protective order to enter that hospital seeking treatment for an emergency medical condition as defined in the Federal law under EMTALA.

The bill requires hospitals with an emergency department to provide workplace violence prevention training, education and resources to staff, practitioners, and non-law enforcement officer security personnel. It also increases the severity of felony violations for assault or affray on emergency health and medical providers and **makes those violations apply to contracted hospital personnel in addition to hospital employees.** It would be an aggravating factor in sentencing if the Defendant committed the offense on the property of a hospital.

In other provisions, the bill:

- directs the NC Board of Nursing and NC DHHS to evaluate federal requirements for Nurse Aide I education and training and develop a plan for the Board of Nursing to provide oversight of nurse aid programs;
- for Non-Emergency Medical Transportation, extends the waiver of staffing requirements for ambulance transport during declared emergencies through May 11, 2024, and directs DHHS to work with NEMT stakeholders to develop a permanent plan regarding staffing;
- allows military relocation licenses for physician and physician assistant service members and spouses;
- allows the granting of an internationally-trained physician employee license;
- modernizes and expands physician-pharmacist collaborative practice; and
- extends flexibility for ambulance transport, provided under the expiring Federal public health Emergency Declaration. adjusts Medicaid reimbursement for dental procedures performed in ambulatory surgical centers.

The bill has been approved by the House and Senate and signed into law by the Governor.

BUDGET

On September 22 the state legislature passed the state's two-year budget for the 2023-2025 biennium. Following is an overview of the budget provisions that may be of interest to you as well as related policy changes in the act. The General Assembly funded many of these programs and capital expenses using one-time funds from the recently-created ARPA Temporary Savings Fund consisting of savings realized from the enhanced federal medical assistance percentage the state is receiving as a result of Medicaid expansion.

Healthcare Workforce Development

- Directs \$30 million over two years to the NC Community College System to establish a Fund for High-Cost Healthcare Workforce Programs for community colleges to apply to assist in starting new programs in high-demand healthcare career fields that require significant start-up funds
- Provides \$25 million over two years for community colleges to develop and expand courses in healthcare-related fields
- Directs the Area Health Education Centers to contract with up to five rural community-based medical teaching practices to establish outpatient healthcare teaching sites across the state for medical students to learn in rural clinical primary care rotations
- Provides \$40 million over two years for sign-on and retention bonuses to employees at DHHS healthcare facilities
- Provides \$40 million over two years for UNC system schools to develop and expand courses that lead to degrees in healthcare-related fields
- Directs \$15.5 million over two years to establish the UNC System Medical Education and Training Fund
- Provides \$6 million over two years for UNC Health to support residency programs affiliated with the Campbell University School of Medicine
- Directs \$1.5 million to High Point University to support new healthcare-oriented programs to meet regional workforce demands
- Directs \$6.8 million over two years to East Carolina University to support various health care degree programs
- Directs \$20 million over two years to UNC-Pembroke to support new healthcare-oriented programs to meet regional workforce demands
- Establishes the NC Community College Short-Term Workforce Development Grant Program to provide grants to students pursuing noncredit workforce credentials in high-demand occupations, including health sciences
- Provides \$3.4 million over two years to add 50 medical assistant apprenticeships in mostly rural areas to the Medical Assistant Apprenticeship Initiative

Health System Capacity

- Directs the establishment of a new initiative called NC Care – a collaboration between ECU Health, UNC Health Care System, and the schools of medicine at ECU and UNC – to improve access to high quality healthcare for citizens and communities located in rural areas of the state; provides \$150 million over two years for capital investment in the initiative
- Directs \$105 million over two years towards the construction of three rural care centers as part of the NC Care initiative
- Provides \$16 million over two years to the UNC System’s Forgivable Education Loan Program for medical students who agree to practice primary care or psychiatry in tier 1 or 2 counties
- Provides \$50 million over two years to expand the current NC Loan Repayment Program and create new loan repayment initiatives for primary care and behavioral health providers and nurses who agree to practice in rural and medically underserved areas of the state
- Provides \$20 million over two years for grants to rural healthcare providers for telehealth start-up equipment, with priority to independent primary care and Ob/Gyn practices
- Directs \$25 million over two years to the Rural Health Care Stabilization Program to provide loans to hospitals in rural areas in financial crisis
- Directs \$76 million over two years towards the construction of a new children’s hospital in the Triangle area to include a behavioral health hospital

- Appropriations to various community colleges to construct or improve health program buildings
- Appropriations to various health related organizations for capital projects

Behavioral Health

- Provides \$80 million over two years for caregivers of and treatment options for children with high behavioral health and other special needs
- Removes emergency funding that was provided for group homes
- Provides \$99 million over two years for re-entry and diversion programs and detention center-based restoration programs for justice-involved populations involving behavioral health issues
- Provides \$17.9 million over two years to establish a workforce training center to provide no-cost training to public sector behavioral health providers, and to administer grants to community colleges to enhance behavioral health workforce training programs
- Provides \$80 million over two years for new mobile crisis teams and crisis respite facilities
- Provides \$20 million over two years for a pilot program to transport psychiatric admissions patients by non-law enforcement personnel
- Provides \$4 million annually and establishes a training program at up to 15 community colleges for credentials that lead to increased employment outcomes for individuals with IDD
- Establishes the Vocational Rehabilitation Pilot Program for community colleges to provide support services to students with IDD to reach their goals for employment and independence
- Provides \$500,000 annually and directs UNC-Wilmington to develop a Comprehensive Transition Program for students with intellectual disabilities
- Adds 350 slots to the NC Innovations waiver for services for individuals with IDD
- Increases the wages of direct care workers providing services under the Innovations waiver program
- Directs \$1.9 million annually to the NC – Psychiatry Access Line (NC-PAL), a telephone consultation service that helps address the shortage of child psychiatrists
- Increases by 50 the number of crisis stabilization beds for children for emergency, short-term shelter, and therapeutic services
- Directs \$50 million to construct a regional children’s behavioral health facility in Greenville
- Adds 120 school health personnel (school nurse, counselor, social worker, and psychologists) statewide
- Directs the Department of Public Instruction to develop a model for funding children with disabilities services

Medicaid

- Budget increases at the state and county level to implement Medicaid expansion
- Maintains the COVID-19 Medicaid reimbursement rate for personal care services
- Maintains the COVID-19 Medicaid reimbursement rate for skilled nursing facilities
- Increases the Medicaid rate for private duty nursing services to \$52/hour
- Increases the Medicaid reimbursement rates for providers of behavioral health services
- Directs DHHS to seek approval from CMS to allow relatives of a Medicaid beneficiary younger than 18 years residing in the same home to provide Community Living and Support services
- Directs DHHS to develop a proposed Medicaid 1115 demonstration waiver focused on adults with serious mental illness and/or children with serious emotional disturbance

- Directs DHHS to issue a request for proposals for a single statewide children and families (CAF) specialty plan contract under Medicaid transformation
- Increases the personal needs allowance to \$70 for individual Medicaid recipients who are institutionalized and to \$140 for married couples who are Medicaid recipients when both spouses are institutionalized

Public Health

- Provides a \$50,000 grant in each of the two fiscal years to each local health department to support essential public health services and core functions of public health
- Directs \$11 million over two years from the Opioid Abatement Reserve to the NC Collaboratory at UNC-Chapel Hill for grants to UNC schools for opioid abatement research and for a Collaboratory study of opioid recovery courts
- Provides \$22.5 million over two years from the JUUL settlement funds for electronic cigarette and nicotine dependence prevention and cessation activities targeting students grades 4-12
- Prohibits state agencies and local governments from requiring employees to receive a COVID-19 vaccination, except for employees of certain healthcare facilities
- Prohibits public schools and universities, and private colleges and universities receiving state funds, from requiring students to receive a COVID-19 vaccination

Social Services

- Restructures the state's child fatality prevention system by:
 - establishing the State Office of Child Fatality Prevention in DHHS to serve as the lead agency for child fatality prevention, and creating five new positions to staff that office;
 - defining the state's Child Fatality Prevention System as the state office, local teams, the NC Child Fatality Task Force, and the medical examiner child fatality staff;
 - restructuring the leadership and creating committees within the Child Fatality Task Force;
 - adding to the membership and specifying duties of the local teams;
 - adding to review requirements of child and infant deaths;
 - directing DHHS to create three citizen review panels that meet federal requirements to evaluate the state's fulfillment of its child protection responsibilities
- Makes all students that qualify for reduced-priced meals eligible for breakfast and lunch at no cost and funds the student copays; prohibits public schools from imposing administrative penalties for unpaid school meal debt

Education

Salaries and other compensation

- Increases salaries for teachers and other certified school personnel by an average of 7% total over the next two fiscal years
- Increases salaries for non-certified personnel by 7% over the biennium
- Creates teacher signing bonuses in small and low-wealth counties; bonuses require a 1-1 local match
- Expands the Advanced Teaching Roles program and provides salary supplements for teachers in the program
- Increases bus driver salaries by 2% in addition to the 7% received by all school personnel

Policy Changes and Other Appropriations

- Appropriates \$70 million over two years for a new School Safety Grants Program to provide services for students in crisis, school safety training, safety equipment, and subsidize the School Resource Officer Grants Program
- Adds 120 school health personnel (school nurse, counselor, social worker and psychologists) statewide
- Directs DPI to develop a model for funding children with disabilities services
- Makes all students that qualify for reduced-priced meals eligible for breakfast and lunch at no cost and funds the student copays; prohibits public schools from imposing administrative penalties for unpaid school meal debt

BILL UPDATES

HOUSE BILL 563, Regulate Hemp-Derived Consumables & Kratom, was amended in the House Rules Committee, to:

- delete the term *cannabinoid* and replace it with the term *hemp-derived cannabinoid*;
- define the term *hemp-derived consumable product* as a hemp product intended for human ingestion or inhalation that contains a delta-9 THC concentration of not more 0.3% on a dry weight basis, but may contain concentrations of other hemp-derived cannabinoids including CBD, CBDA, 5 CBG, CBGA, CBN, THCA, and THCP, in excess of that amount.;
- prohibit a person from knowingly, or having reason to know, sell at retail a hemp-derived consumable product that has a concentration of more than 0.3% on a dry weight basis total combined of delta-9 tetrahydrocannabinol (was, delta-9 tetrahydrocannabinol, delta-7 tetrahydrocannabinol, delta-8 tetrahydrocannabinol, or delta-10 tetrahydrocannabinol);
- prohibit a manufacturer from knowingly, or having reason to know, manufacture or distribute the same;
- amend what must be in a consumer protection warning on the label on a hemp-derived consumable product to require a statement that the product is not approved by the US FDA (was, not approved by the FDA for medical use) and a statement to consult your physician before use (was, only if you are pregnant); and
- require the ALE to enforce these provisions in a manner reasonable to reduce the extent to which hemp-derived consumable products and kratom products are sold or distributed to persons under age 18 and conduct random, unannounced inspections on locations where products are sold or distributed.

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

HOUSE BILL 600, Regulatory Reform Act of 2023, expands the type of stroke designations that can be claimed by hospitals to include:

- Acute Stroke Ready Hospital;
- Primary Stroke Center;
- Thrombectomy-Capable Stroke Center; or
- Comprehensive Stroke Center.

Hospitals must apply to DHHS for recognition of one of the designations. Any hospital that has received one of these designations from another recognized certifying body will automatically receive certification upon application to the department. A hospital certified by another accrediting body must report such certification to the department.

The bill also grants limited flexibility in requirements regarding long-term lessors of hospitals and makes changes to further protect patient data in the state's Health Information Exchange Network. **The bill has been approved by the House and Senate and awaits action by the Governor.**

HOUSE BILL 770, Cast Vote Records, was amended in the House Rules Committee to:

- revise the term *cast vote record* (CVR) as a de-identified electronic record of voter's choices for each ballot item electronically created by a voting system utilizing mechanical or electronic voting equipment to tabulate ballots (was, a de-identified electronic record of each voter's ballot selections, electronically retained on a ballot tabulation machine that can be used to count election results for each ballot entry on that machine);
- amend the statute regarding the disclosure of voted ballots to: (1) specify that CVRs are a public record; (2) remove the provision that allows the release of those records in response to a public information act request for all cast vote records or voted ballot information; and (2) amend the Class 1 misdemeanor provisions to now include any person who has access to a voted ballot and any paper or electronic record associated with that individual ballot (was, a voted ballot or record) who knowingly discloses information on how an individual has voted (was, voted that ballot);
- amend the statute that requires the State Board of Elections to certify voting systems to mandate that the certification requirements include that the voting system supports the creation of cast vote records (was, certification requirements include that the voting system supports the casting of a ballot that records each vote precisely indicated by the voter, subject to local election laws, and creates a de-identified CVR that can be tabulated, audited, and publicly disclosed);
- amend provisions regarding local boards of elections duties when acquiring voting systems to require the county board to require that all electronic voting systems create cast vote records.

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

SENATE BILL 749, No Partisan Advantage in Elections. This bill was amended in Conference Committee to:

- no longer require that a chair of the State Board of Elections and an Executive Director be appointed upon the eight members of the State Board of Elections taking the oath of office;
- remove the proposed language that prohibited a registered lobbyist from serving as a member of a county board of elections;
- allow the State Board, during the meeting to nominate presidential primary candidates, by a vote of at least five (was, three) members in the affirmative, to nominate as a presidential primary candidate any other person affiliated with a political party that it finds is generally advocated and recognized in the news media throughout the US or in the state as candidates for the nomination by that party;
- provide that if a chair of the State Board of Election or a county board of elections is not elected by January 10, 2024 (was, within 30 days after taking the prescribed oath in 2024) or within 30 days of the occurrence of a vacancy in the office of the chair in 2024, the office may be filled by legislative appointment as if the chair is a member of a board or commission by the President Pro Tempore of the Senate. No longer provides that the chairs of the two political parties having the highest number of registered affiliates as reflected by the latest registration statistics may submit a list of names to the General Assembly by March 1, 2024, for appointments to be made effective July 1, 2024;

- change the date by which the Executive Director must be selected from July 15, 2024, to January 10, 2024, or within 30 days of a vacancy in 2024 before the position may be filled by legislative appointment as if the chair is a member of a board or commission by the President Pro Tempore of the Senate; and
- add that for the 2024 presidential preference primary only: (1) the State Board must meet on December 19, 2023, to perform its duties; (2) petitions must be presented to the county board of elections no later than December 4, 2023, and filed with the State Board no later than December 18, 2023; (3) the December 19, 2023, meeting of the State Board is deemed to be the January 2024 meeting; and (4) no petitions filed after December 18, 2023, may be considered by the State Board.

The bill as amended in Conference Committee was adopted by the House and Senate; however, the Governor vetoed the bill on September 28th. Please see our summary in the beginning of the report for more details.

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