



## INTRODUCTION

The 2015-2016 session of the General Assembly began in earnest on Wednesday, after an organizational session two weeks ago and a short interim, which ended with a round of last-minute fundraisers Tuesday night and Wednesday morning. These events serve as a Homecoming of sorts, with anticipation for the session ahead, optimism for various policy goals (and physical separation between members of different political parties and legislative chambers) helping to ensure the atmosphere remains cordial.

Once session convened, the first order of business in the House was to hand out gavels to the committee Chairs, a ceremonial event that was in some ways most notable because of which members were left out, or accepted less influential Chairmanships in place of their previous positions. Some members who had opposed newly-elected Speaker Tim Moore during the campaign to replace former Speaker (and now U.S. Senator) Thom Tillis saw their influence diminish significantly, and watched as control of the powerful committees they led under Tillis was handed to more loyal supporters of the new leadership team. Some new committees were formed (including a committee on Children, Youth & Family and another on Aging), others were further divided (three separate Education policy committees, for example, as well as a new Judiciary IV added to the previous three) and a standalone Alcoholic Beverage Control committee was reconstituted four years after being combined with Commerce. The combination of an expanded list of standing House committees (currently at 38) and veteran lawmakers sidelined in the fallout from the leadership election means several important committees are being chaired or co-chaired by members with two years of legislative experience or less. Newer members have less institutional knowledge but also less deference to the old ways of doing things and less involvement in old grudges and power struggles, and it remains to be seen how these factors combine to affect the ways legislation moves, or does not, through the committees they now help control.



## NORTH CAROLINA COLLEGE OF EMERGENCY PHYSICIANS



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FOR MORE INFORMATION:

Colleen Kochanek  
NCCEP Legislative Counsel  
P.O. Box 12946  
Raleigh, NC 27605  
919.747.9988

[colleen@kochaneklawgroup.com](mailto:colleen@kochaneklawgroup.com)  
[www.kochaneklawgroup.com](http://www.kochaneklawgroup.com)

The Senate leadership team and committee leadership, by contrast to the House, remains much the same as it was last session. Senate President Pro Tem Phil Berger continues to be considered the most powerful politician in the state, and much of how the session will unfold will rest on his relationship with Speaker Moore. Some signs point to Berger forming a better working relationship with Moore than he had with Tillis, however the range of difficult issues before the legislature – including reforms of the state’s regulatory, tax and Medicaid systems – certainly will provide ample opportunity for the kind of standoffs that marked the previous sessions under Republican control. How Governor McCrory (who is both gearing up for a what is expected to be a tough reelection campaign and promoting a legislative agenda that is in some cases already being met with skepticism by many members) will factor in to the House and Senate dynamic remains to be seen. The evolving dynamic between these three men will shape the session to come, and will influence how smoothly the gears of state government will turn.

While much has changed since last session, including a newly-renovated House chamber being presided over by a new Speaker, some things clearly have not. The first two days of session saw the return of the Moral Monday protesters, press conferences and legislation filed dealing with gay marriage, the continuing debate over abortion clinic restrictions, and a proposal to return partisanship to judicial elections. With Speaker Moore and President Pro Tem Berger continuously stressing their focus and priorities are jobs and education one could be forgiven for hoping that this session would be less contentious than those that have recently passed. Given the first 48 hours of this new session, however, it seems that at least some battles are far from over.

NOTE: The bill filing deadlines have been set – public bills must be filed in the Senate by March 28<sup>th</sup> and in the House by April 8<sup>th</sup> (April 15<sup>th</sup> for Appropriations and Finance bills). Given the General Assembly’s bill drafting process, this means we have less than two months to finalize language and secure sponsorships for any legislative proposals we hope to see passed during the 2015-2016 legislative session. Additionally, the Crossover deadline (by which time a bill must have passed the chamber where it originated) has been set for May 7<sup>th</sup>. If you have any additional legislative goals or priorities we have not discussed please alert us as soon as possible.

## **BILLS OF INTEREST**

HOUSE BILL 6, Autocycle Definition and Regulation, would exclude an operator of or passengers in an autocycle from safety helmet requirements. An autocycle is “a three-wheeled motorcycle that has a steering wheel, pedals, seat safety belts for each occupant, antilock brakes, air bag protection, completely enclosed seating that does not require the operator to straddle or sit astride, and is otherwise manufactured to comply with federal safety requirements for motorcycles.” **Introduced by Representative Torbett and referred to the House Transportation Committee.**

HOUSE BILL 13, Amend School Health Assessment Requirement, would require each child presented for admission into the public schools for the first time to submit proof of a health assessment, made no more than 12 months prior to the date of initial entry. A child would not be eligible for initial entry into kindergarten or a higher grade in the public schools unless the required health assessment transmittal form is presented to the school principal. The health assessment transmittal form would be permanently maintained in the child's official school record. **Introduced by Representative Torbett and referred to the House Health Committee.**

HOUSE BILL 20, Reagan's Rule/Childhood Diabetes Screening, would require a physician, physician's assistant, or certified nurse practitioner who provides well-child care to ensure that diabetes screening is performed on each child under his or her care at least once at the following age intervals: (1) birth; (2) 12 months of age; and (3) 24 months of age. **Introduced by Representative C. Graham and referred to the House Health Committee.**

### 2015 House Request/Filing Deadlines

<b>Drafts</b>	<b>To Bill Drafting By 4:00 PM</b>	<b>Filed in House By 3:00 PM</b>
Bills recommended by Study commissions	Tuesday, February 17	Wednesday, February 25
Bills recommended by State Agencies	Tuesday, March 10	Wednesday, March 18
Local Bills	Wednesday, March 18	Wednesday, April 1
Public Bills & Resolutions (Not Appropriations or Finance)	Thursday, March 26	Wednesday, April 8
Public Bills (Appropriations and Finance)	Thursday, April 2	Wednesday, April 15

### 2015 Senate Request/Filing Deadlines

<b>Drafts</b>	<b>To Bill Drafting By 4:00 PM</b>	<b>Filed in Senate By 3:00 PM</b>
Local Bills & Resolutions	Tuesday, March 3	Wednesday, March 11
Public Bills & Resolutions	Friday, March 13	Thursday, March 26

### Crossover Deadline: Thursday, May 7

- Colleen Kochanek  
NCCEP Legislative Counsel  
P.O. Box 12946  
Raleigh, NC 27605  
919.747.9988  
[colleen@kochaneklawgroup.com](mailto:colleen@kochaneklawgroup.com)  
[www.kochaneklawgroup.com](http://www.kochaneklawgroup.com)<sup>i</sup>

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