



INTRODUCTION

We found out last week what happens when the legislature cancels most of their meetings for two weeks and then returns ----- a form of controlled chaos. Committee chairs rescheduled meetings, sometimes for the third time, and then extended their meetings to get more done. Of course, this threw off the schedules of legislators who found themselves cancelling or re-scheduling appointments with each other, constituents, and lobbyists. With the bill filing deadlines fast approaching, the stress level is rising as folks are having a hard time finding the time to talk to legislators about which bills they will sponsor, support, or even find out if they agree or disagree with the goal of the legislation.

To add to that stress, the House Republicans were having very heated discussions in their caucus about two bills moving through their chamber that they clearly disagreed on so they had multiple caucus meetings throughout the week, and sometimes even multiple meetings in a day, trying to present a united front on the House floor. Economic development packages always cause stress and the disagreements cross party lines, but the House eventually approved their package of incentives and tax breaks and sent it back to the Senate. The "Gas Tax" bill was amended to create a temporary solution to the anticipated drop in the gas tax under the current formula and save the 500 Department of Transportation jobs that were slated to be eliminated in the Senate version. The House has signaled their intent to find a long term solution for infrastructure funding before the end of the session.

There was a sharp increase in bill filings this week, and we will continue to see the rate rise as we approach the bill filing deadlines in March and April. There are bills filed every session that no one expects to proceed, but clearly are filed to make a point. Several of those were filed this week, including a bill to ratify the Equal Rights Amendment to the US Constitution (yes, the ERA from the 70s), and one to encourage legislators to spend time in public schools so that they understand the needs of their local schools. We expect to see many more bills like this filed by the minority party in the weeks ahead.



NORTH CAROLINA COLLEGE OF EMERGENCY PHYSICIANS



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The Appropriations subcommittees continue to meet to hear from the various agencies and groups that are affected by their funding decisions. Sometimes these discussions get heated when legislators do not believe the speakers are providing the right information or dodging their questions. In the Health and Human Services Subcommittee this week, a legislator asked a member of the Public Health staff which 3 programs should receive more money and which 3 could be cut as not as effective, and the speaker did not answer the question. The legislator was incredulous that an expert in the Department would not have an answer for them about what its own funding priorities are and how best to fund them. I always feel bad for the speakers as I am sure what information they provide to legislators is tightly controlled, but then they bear the brunt of the anger when they do not provide information or answer questions.

To cap off a busy week, the Governor released his 2015-2017 budget proposal on Thursday. Many of the ideas were presented in Governor McCrory's State of the State address, but it is always interesting to see what priorities the Governor is willing to put money behind. We will provide a short summary of the highlights of the Governor's budget below, but the most striking thing to us was how little anyone seemed to take notice of the budget proposal. There was very little discussion, if any, at the General Assembly and even the press about the budget seemed very muted or non-existent. This may be due to the fact that both the House and Senate are going to be writing their own budgets, and we do not expect that either one will bear much resemblance to the budget the Governor has offered.

BILLS OF INTEREST

HOUSE BILL 119, PED Recs/Publicly Funded Substance Abuse Services, would integrate state-operated Alcohol and Drug Abuse Treatment Centers (ADATCs) into the publicly funded substance abuse services managed by LME/MCOs over a three-year period, beginning no earlier than July 1, 2016, with full integration by June 30, 2019. DHHS would prepare and submit to the Joint Legislative Oversight Committee on Health and Human Services a three-year transition business plan for the integration by April 1, 2016. All State appropriations for ADATCs would be terminated effective July 1, 2019, and reallocated to DMH/DD/SAS for allocation to the LME/MCOs. The LME/MCOs would use these funds to manage and pay for substance abuse treatment and services for individuals within their catchment areas. At the end of the transition period, each of the ADATCs would be entirely receipt-supported. The bill includes various other reporting requirements regarding transition plans as to the status and use of funds. The bill also would direct DMH/DD/SAS, in consultation with the LME/MCOs, to develop and submit to the Joint Legislative Oversight Committee on Health and Human Services, a plan to strengthen performance management for the State's publicly funded substance abuse services by January 15, 2016. **Introduced by Representatives Horn, Hurley, and Saine and referred to the House Health Committee.**

HOUSE JOINT RESOLUTION 125, Amend Constitution/Citizens United, would request that Congress propose an amendment to the United States Constitution to overturn the US Supreme Court ruling in *Citizens United v. Federal Election Commission* concerning corporate campaign spending. The resolution would call upon Congress to propose and send to the states for ratification an amendment to the Constitution to affirm that:

- the rights protected by the US Constitution are the rights of natural persons only;
- the spending of money to influence elections is not protected free speech under the First Amendment;

- the privileges of artificial entities such as corporations, limited liability companies, labor unions, for profit and not for profit, and other entities shall not be construed to be inherent or inalienable and are subject to regulation by the people, through federal, State, or local law; and
- nothing contained in the amendment shall be construed to abridge the freedom of the press.

Introduced by Representatives Insko, Harrison, Fisher, and Queen and referred to the House Rules Committee.

HOUSE BILL 134, Soliciting Prostitution/Immunity for Minors, would provide that a minor who is suspected of or charged with solicitation of prostitution is immune from prosecution, and instead would require the minor to be taken into temporary protective custody as an undisciplined juvenile. A law enforcement officer who takes the minor into custody would immediately report an alleged human trafficking or sexual servitude violation to the director of the department of social services in the county where the minor resides or is found, and an initial investigation into child abuse or child neglect would be commenced within 24 hours.

Introduced by Representatives Glazier, Davis, Hamilton, and McGrady and referred to the House Judiciary II Committee.

HOUSE BILL 135, Modernize Physical Therapy Practice, would update the definition of *physical therapy* to include manipulation of the spine without a prescription from a physician licensed to practice medicine in this State. **Introduced by Representatives Dollar, B. Brown, Torbett, and S. Martin and referred to the House Rules Committee.**

HOUSE BILL 136, Speed Limit/Highway Work Zone, would provide that the additional penalty imposed for speeding in a highway work zone applies **only** if workers are present and work is actively in progress. **Introduced by Representative Stevens and referred to the House Transportation Committee.**

HOUSE BILL 139, Gun on Private School Property/Forsyth County, would allow the executive head of a private school that is funded exclusively with private funds to adopt a school policy to allow an adult employee who has a valid concealed handgun permit to possess and carry a handgun on the educational property that is owned, used, or operated by the private school. The executive head of the private school could also establish additional criteria and adopt policies and rules to regulate the possession and carrying of the handgun while the employee is on the private school's educational property. The bill also would allow an adult private school employee to possess and carry a handgun on the educational property of a private school, if the employee satisfies all of the following criteria: (1) has a valid concealed handgun permit; (2) is in compliance with any additional criteria, policies, and rules adopted by the executive head of the private school regarding the possession and carrying of a handgun; and (3) is on the private school's educational property. These provisions would apply only in Forsyth County. **Introduced by Representatives Conrad and Lambeth and referred to the House Judiciary I Committee.**

HOUSE BILL 142, Require Safety Helmets/Under 21, would allow a person 21 years of age or older to operate a motorcycle without wearing a safety helmet if: (1) the operator has held a motorcycle license or motorcycle endorsement for more than 12 months, or (2) the operator has successfully completed the Motorcycle Safety Instruction Program or its equivalent. However, no person could operate a motorcycle without wearing a safety helmet unless he or she is covered by an insurance policy providing for at least \$10,000 in medical benefits for injuries

incurred as a result of a crash while operating or riding on a motorcycle. In addition, the bill would allow a person 21 years of age or older to ride a motorcycle as a passenger without wearing a safety helmet if the operator is allowed to operate a motorcycle without a helmet, and the person is covered by an insurance policy providing for at least \$10,000 in medical benefits for injuries incurred as a result of a crash while riding on a motorcycle. A person who violates this provision would pay a fine of \$25.50 with no court costs. **Introduced by Representative Torbett and referred to the House Insurance Committee. The North Carolina College of Emergency Physicians is opposed to this bill.**

HOUSE JOINT RESOLUTION 145, Preserve Federal Community Health Center Funds, would urge Congress to continue its commitment to affordable health care by maintaining funding for the Health Center Program. The bill includes several “whereas” clauses, including that: (1) the country's community health centers are facing a 70% reduction in federal funding beginning October 1, 2015; (2) the reduction of funding would lead to a loss of access to care for an estimated 86,000 North Carolina community health center patients and potential closures of community health center sites; and (3) these cuts would result in a projected economic loss in North Carolina close to \$20 million and an increase in uncompensated care at hospital emergency departments of \$106 million. **Introduced by Representatives Lambeth, B. Brown, Dobson, and Jones and referred to the House Rules Committee.**

HOUSE BILL 146, Amend Advance Health Care Directives Law, would allow advance health care directives and health care powers of attorney to be either signed in the presence of two witnesses **or** acknowledged before a notary public. Current law requires that the documents be signed in the presence of two witnesses and acknowledged before a notary public. **Introduced by Representatives Lambeth, Jones, Conrad, and S. Ross and referred to the House Judiciary I Committee.**

HOUSE BILL 148, Insurance and Safety Inspection/Mopeds, would require owners of mopeds to have liability insurance and theft or physical damage insurance, and provide that mopeds are subject to safety inspections. The bill also would clarify that a moped owner is not required to apply for, and the Division of Motor Vehicles is not required to issue, a certificate of title. **Introduced by Representatives Shepard, R. Brown, Waddell, and Adams and referred to the House Transportation Committee.**

HOUSE BILL 158, Jim Fulghum Teen Skin Cancer Prevention Act, is identical to Senate Bill 125, summarized in the February 27, 2015, Legislative Report. **Introduced by Representatives Lambeth, Dollar, Hurley, and McElraft and referred to the House Health Committee.**

HOUSE BILL 162, Sudden Cardiac Arrest Prevention, would recodify the statutory provisions on concussion safety and emergency action plans under a new GS Chapter 115C Article 29E, *Student Safety in Athletics*. The bill also would direct the State Board of Education (SBOE) to adopt guidelines and educational materials to be used by local boards of education to inform students who participate in athletic activities and their parents and coaches on (1) the nature and warning signs of sudden cardiac arrest, and (2) the risks associated with continuing to play or practice after experiencing one or more symptoms of sudden cardiac arrest, including fainting, difficulty breathing, chest pains, dizziness, and abnormal racing heart rate. The SBOE would publish a list of approved providers of sudden cardiac arrest training courses, and coaches would be required to complete a training course and would not be eligible to coach an athletic activity until the course has been completed. The student's parent or guardian would be required sign and return to the student's school an acknowledgment of receipt and review of a sudden cardiac arrest

symptoms and warning signs information sheet prior to participation by the student in an athletic activity each year.

Local boards of education would require each middle school and high school to develop a venue-specific emergency action plan to deal with serious injuries and acute medical conditions in which the condition of the patient may deteriorate rapidly. The plan would include a delineation of roles, methods of communication, available emergency equipment, and access to and plan for emergency transport. The plan would be (1) in writing, (2) reviewed by an athletic trainer licensed in North Carolina, (3) approved by the principal of the school, (4) distributed to all appropriate personnel, (5) posted conspicuously at all venues, and (6) reviewed and rehearsed annually by all licensed athletic trainers, first responders, coaches, school nurses, athletic directors, and volunteers for interscholastic athletic activities. **Introduced by Representatives Carney, Horn, McGrady, and Glazier and has not yet been referred to a House committee.**

HOUSE BILL 165, Strengthen Controlled Substances Monitoring, would seek to strengthen the monitoring of controlled substances. The bill includes the following provisions:

Statewide Opioid Prescribing Guidelines

- Requires the following State health officials and health care provider licensing boards to adopt the North Carolina Medical Board's Policy for the Use of Opiates for the Treatment of Pain by July 1, 2016:
 - the Director of the Division of Public Health of the Department of Health and Human Services (DHHS);
 - the Director of the Division of Medical Assistance;
 - the Director of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services;
 - the directors of medical, dental, and mental health services within the Department of Public Safety;
 - North Carolina State Board of Dental Examiners;
 - North Carolina Board of Nursing; and
 - North Carolina Board of Podiatry Examiners.

Continuing Education Requirements

- Directs the following health care provider occupational licensing boards to require continuing education on the abuse of controlled substances as a condition of license renewal for health care providers who prescribe controlled substances:
 - North Carolina Board of Dental Examiners;
 - North Carolina Board of Nursing;
 - North Carolina Board of Podiatry Examiners; and
 - North Carolina Medical Board; and
- Requires at least one hour of the total required continuing education hours to consist of a course designed specifically to address prescribing practices. The course would include, but not be limited to, instruction on controlled substance prescribing practices and controlled substance prescribing for chronic pain management.

Improve Controlled Substances Reporting System Access and Utilization

- Expands the allowable uses for prescription information submitted to DHHS to include informing medical records or clinical care;
- Allows DHHS to release data in the controlled substances reporting system (CSRS) to the federal Drug Enforcement Administration's Office of Diversion Control and to the North Carolina Health Information Exchange (NC HIE) through web-service calls; and
- Directs DHHS to adopt appropriate policies and procedures documenting and supporting the additional functionality and expanded access for the CSRS for these entities, and to amend its contract with the vendor that operates the CSRS to support the additional functionality and expanded access to the CSRS.

Improve Controlled Substances Reporting System Contract

- Directs DHHS to modify the contract for the CSRS to improve performance, establish user access controls, establish data security protocols, and ensure availability of data for advanced analytics, including: (1) a connection to the North Carolina Health Information Exchange (NC HIE); (2) the establishment of interstate connectivity; and (3) data security protocols that meet or exceed specified standards; and
- Directs DHHS to apply for grant funding from the National Association of Boards of Pharmacy to establish the connection to PMP InterConnect which allows states to share information.

Expand Monitoring Capacity

- Directs the North Carolina CSRS to expand its monitoring capacity by establishing data use agreements with the Prescription Behavior Surveillance System by January 1, 2016; and
- Requires the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to report on its participation with the Prescription Behavior Surveillance System to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Justice and Public Safety every two years beginning September 1, 2016.

Medicaid Lock-In Program

- Requires the Division of Medical Assistance to improve the effectiveness and efficiency of the Medicaid lock-in program by:
 - establishing written procedures for the operation of the lock-in program, including specifying the responsibilities of DMA and the program contractor;
 - establishing procedures for the sharing of bulk data with the Controlled Substances Regulatory Branch;
 - extending lock-in duration to two years and revise program eligibility criteria to align the program with the statewide strategic goals for preventing prescription drug abuse, in consultation with the Physicians Advisory Group. DMA would report an estimate of the cost-savings from the revisions to the eligibility criteria within one year of the lock-in program again becoming operational;

- developing a website and communication materials to inform lock-in enrollees, prescribers, pharmacists, and emergency room health care providers about the program;
- increasing program capacity to ensure that all individuals who meet program criteria are locked in; and
- conducting an audit of the lock-in program within six months after the effective date of this act in order to evaluate the effectiveness of program restrictions in preventing overutilization of controlled substances, identify any program vulnerabilities, and address whether there is evidence of any fraud or abuse within the program; and
- Directs DMA to report to the Joint Legislative Program Evaluation Oversight Committee by September 30, 2015, on its progress toward implementing these items.

Statewide Strategic Plan

- Establishes the Prescription Drug Abuse Advisory Committee, which would be housed in and staffed by the Department of Health and Human Services, to develop and implement a statewide strategic plan to combat prescription drug abuse;
- Includes representatives from the following, as well as any other persons designated by the Secretary of HHS:
 - The Division of Medical Assistance;
 - The Division of MH/DD/SAS;
 - The Division of Public Health;
 - The Office of Rural Health and Community Care;
 - The State Bureau of Investigation;
 - The Attorney General's Office;
 - The following health care regulatory boards with oversight of prescribers and dispensers of prescription drugs: North Carolina Board of Dental Examiners; North Carolina Board of Nursing; North Carolina Board of Podiatry Examiners; North Carolina Medical Board, and North Carolina Board of Pharmacy;
 - The UNC Injury Prevention Research Center;
 - The substance abuse treatment community;
 - Community Care of North Carolina's (CCNC's) Project Lazarus;
 - Governor's Institute on Substance Abuse, Inc.; and
 - The Department of Insurance's drug take-back program;
- Requires the Advisory Committee to complete the following steps, at a minimum:
 - identify a mission and vision for the State's system to reduce and prevent prescription drug abuse;
 - scan the internal and external environment for the system's strengths, weaknesses, opportunities, and challenges (a SWOC analysis);
 - compare threats and opportunities to the system's ability to meet challenges and seize opportunities (a GAP analysis);
 - identify strategic issues based on SWOC and GAP analyses; and
 - formulate strategies and resources for addressing these issues;
- Requires the strategic plan for reducing prescription drug abuse to include three to five strategic outcome-oriented and measurable goals, with each goal connected with objectives supported by the following five mechanisms:
 - oversight and regulation of prescribers and dispensers by State health care regulatory boards;

- operation of the CSRS;
- operation of the Medicaid lock-in program to review behavior of patients with high use of prescribed controlled substances;
- enforcement of State laws for the misuse and diversion of controlled substances; and
- any other appropriate mechanism identified by the Committee;
- Directs DHHS, in consultation with the Advisory Committee, to develop and implement a formalized performance management system that connects the goals and objectives identified above to operations of the CSRS and the Medicaid lock-in program, law enforcement activities, and oversight of prescribers and dispensers;
- Requires the performance management system to be designed to monitor progress toward achieving goals and objectives and recommend actions to be taken when performance falls short; and
- Requires DHHS to submit an annual report on the performance of the State's system for monitoring prescription drug abuse to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Justice and Public Safety beginning December 1, 2016.

Introduced by Representatives Lucas, Hurley, Carney, and Horn and has not yet been referred to a House committee.

SENATE BILL 144, Require Safety Helmets/Under 21, is identical to House Bill 142, summarized above in this Legislative Report. **Introduced by Senator Meredith and referred to the Senate Rules Committee.**

SENATE BILL 154, Clarifying the Good Samaritan Law, would make a variety of changes to the limited immunity statutes regarding drug- and alcohol-related offenses committed by a person experiencing a drug- or alcohol-related overdose and a person who seeks medical assistance for a person experiencing a drug- or alcohol-related overdose. These changes include:

- amending the statute regarding limited immunity for drug-related overdose treatment by providing that the term *good faith* does not include seeking medical assistance during the course of the execution of an arrest warrant, search warrant, or other lawful search;
- providing that a person will not be prosecuted for specified drug- and alcohol-related offenses if all of the following requirements and conditions are met:
 - the person sought medical assistance for an individual experiencing a drug- or alcohol-related overdose by contacting the 911 system, a law enforcement officer, or emergency medical services personnel;
 - the person acted in good faith when seeking medical assistance, upon a reasonable belief that he or she was the first to call for assistance;
 - the person provided his or her own name to the 911 system or to a law enforcement officer upon arrival; and
 - the evidence for prosecution of the offense was obtained as a result of the person seeking medical assistance for the drug-related overdose;
- providing for limited immunity for an overdose victim if the above requirements and conditions are satisfied;
- providing that a person is not subject to any sanction for a violation of a condition of pretrial release, condition of probation, or condition of parole, if the sanction is based on an incident for which the person would receive immunity under this section;
- providing that a law enforcement officer or prosecuting attorney who, acting in good faith, arrests, charges, or prosecutes a person who is later determined to be entitled to

immunity under this section is not subject to civil liability for the arrest, filing of charges, or prosecution; and

- authorizing pharmacists to dispense an opioid antagonist to (i) a person at risk of experiencing an opiate-related overdose, or (ii) a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose and who has a prescription from a practitioner, and providing for immunity from civil or criminal liability for a pharmacist who does so.

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

SENATE BILL 157, Enhance Patient Safety in Operating Rooms, would direct the North Carolina Medical Care Commission to adopt rules to require all licensed hospitals and ambulatory surgical facilities to have at least one circulating nurse physically present in each operating room for the duration of each surgical procedure to (1) coordinate the nursing care and safety needs of patients in the operating room, and (2) support the surgical team as appropriate during surgery. The bill also would prohibit the Department of Health and Human Services from issuing or renewing a license unless the applicant is in compliance with this requirement.

Introduced by Senators Bingham and J. Davis and referred to the Senate Rules Committee.

SENATE BILL 182, Automatic License Plate Readers, would regulate the use of automatic license plate reader systems by state and local law enforcement agencies. A State or local law enforcement agency using an automatic license plate reader system would have to adopt a written policy that addresses specified items to govern its use before the system is operational. Data obtained by the system could not be preserved for more than 90 days unless there is a written, articulable, and recorded basis that the data has intelligence or investigatory value or is or may become evidence in a specific criminal action. In that case, the specific case and parties involved would be identified. In addition, data obtained the system would be confidential and not a public record, and could not be disclosed except to a federal, State, or local law enforcement agency for a legitimate law enforcement or public safety purpose pursuant to a written request.

Introduced by Senators McKissick, Barefoot, and Daniel and referred to the Senate Rules Committee.

SENATE BILL 190, Modernize Physical Therapy Practice, is identical to House Bill 135, summarized above in this Legislative Report. **Introduced by Senators Pate, Rabin, and Woodard and has not yet been referred to a Senate committee.**

BILL UPDATES

HOUSE BILL 6, Autocycle Definition and Regulation, was amended in the House Transportation Committee to require every autocycle registered in this State to be equipped with safety belts for the front seats and with sufficient anchorage units at the attachment points for attaching seat safety belts for the rear seat of the autocycle. **The bill as amended was approved by the House Transportation Committee and will next be considered by the House Finance Committee.**

HOUSE BILL 41, Revenue Laws Technical Changes, was amended in the House Finance Committee to add that the purpose of Section 4 is to clarify the intent of the 2013 Session of the General Assembly that the Utilities Commission must adjust the rate for sales of electricity, piped natural gas, and water and wastewater services to reflect all of the tax changes as enacted in S.L. 2013-316 (Tax Simplification and Reduction Act). This would require power companies

to reduce the rates to customers based upon the tax breaks they received last session. **The bill as amended was approved by the House Finance Committee and will next be considered by the full House.**

SENATE BILL 14, Academic Standards/Rules Review/Coal Ash/Funds. A variety of amendments were made to this bill on the House floor. One of these amendments would direct the State Auditor to conduct a performance audit of county departments of social services' administration of the North Carolina Medicaid program. The audit would examine the departments' accuracy in determining eligibility for Medicaid and their compliance with the requirements of the Centers for Medicare and Medicaid Services and State law. The audit also would consider the impact of the Department of Health and Human Services' policy decisions related to re-enrollment eligibility determinations. The audit would examine at least all of the following: (1) the accuracy and timeliness of Medicaid application and re-enrollment eligibility determinations; (2) the accuracy and timeliness of presumptive Medicaid application determinations; and (3) the controls and oversight county departments of social services have in place to ensure accurate and timely processing of Medicaid applications and re-enrollment.

The State Auditor would submit a preliminary report on the performance audit to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division by June 1, 2015, and complete the performance audit by February 1, 2016. The Department of Health and Human Services and county departments of social services would be required to give the State Auditor full access to all data necessary to complete the audit and the report. **The bill as amended was approved by the full House and has been sent to the Senate to consider the changes made by the House.**

SENATE BILL 20, IRC Update/Motor Fuel Changes, was amended in the House Finance Committee to provide that, effective April 1, 2015, the gas tax rate is 36¢ per gallon. The bill also was amended to remove provisions that would have required the Department of Transportation to eliminate 500 filled, full-time positions by March 1, 2015, and would reduce from 50 to 40 the number of vacant positions the DOT is required to eliminate. **After further amendments on the House floor, the bill was approved by the House and will next be sent back to the Senate to consider the changes made by the House.**

GOVERNOR'S BUDGET

The Governor's budget proposal is considered a conservative estimate of the State's revenues and everyone is hopeful that there may be additional money available after the revenue from the April tax deadlines is computed - sometimes called the April surprise! Here are some of the general budget items:

- Contains no tax increases;
- Raises starting teacher salaries to \$35,000 as promised last year;
- Does not include an across the board increase for State employees; however, there will be increases for State Troopers, correction officers, some teachers (merit pay), and other state employees in high demand fields like accounting, IT, and engineering;
- Anticipates a gas tax cut from .375 to .35 cents per gallon;
- Provides \$10 million to the film grant program (prior to the grant program over \$60 million was invested in the film incentive program);

- Restores/Reforms the historic preservation tax credit;
- Provides \$100 million for various economic development funds controlled by the Governor;
- Provides \$4.8 billion to begin the Governor's 25-year transportation plan;
- Provides \$16 million in additional funding to the Court system over the next two years;
- Moves the State zoo, aquariums, and museums from the Department of Environment and Natural Resources to the Department of Cultural Resources;
- Provides \$175 million to a Medicaid Reserve Fund;
- Provides \$8 million to the Brody School of Medicine at ECU;
- Sets up behavioral health treatment units at 8 high security prisons to treat inmates with behavioral health needs;
- Provides \$82 million for mental health and substance abuse services;
- Provides funding to implement Medicaid Reform by developing, supporting, and monitoring the transition of Medicaid to an ACO delivery model;
- Includes funding to staff Broughton Hospital to provide more mental health beds;
- Provides \$10 million for the local crisis services system which includes 30 additional 3-way psych beds;
- Provides \$2 million for community based services to behavioral health and facility based crisis units to reduce over-utilization of Emergency Departments;
- Creates a real-time bed registry system for crisis beds; and
- Provides \$4.5 million to fully staff mental health beds at Central Prison (72 beds).

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