



INTRODUCTION

This week the North Carolina General Assembly saw plenty of action on a variety of bills – passage of a compromise gas tax bill, committee votes on legislation dealing with biosimilar medicines, means for catching drivers who pass school buses, debates about the merits of a Constitutional Convention of the States, passage of a controversial plan to redraw the Wake County Commission district lines, and a bill to amend the requirements for advanced medical directives suffered a rare defeat on the House floor. However, many of the most newsworthy developments were not related to any votes taken or legislation passed. The sheer number of bills introduced thus far is noteworthy in itself; despite a limit on the number of bills each member can file, over 1,300 bills have been filed so far this session, with many more in the works ahead of the House filing deadline.

Despite an insistence from leaders of both chambers that they are focused on jobs and the economy, social issues continued to create fierce debate as they have in sessions past. Several of the bills filed this week deal with new restrictions on abortions, including one that would prohibit the teaching of the procedure at State medical schools. A debate over “religious freedom” bills raged nationwide in the wake of the passage of such a law in Indiana, and with a similar bill pending in both the House and Senate, the issue dominated several news cycles this week and caused such a furor - complete with businesses from American Airlines to Apple weighing in - that a planned committee hearing was called off and the legislation seems to have stalled, at least for now. A bill that would remove a religious exemption for children’s vaccinations was declared dead by its sponsors after significant backlash, and a plan to extend the Historic Preservation Tax Credit, passed by the House and promoted by the Governor, was “sent to the graveyard” by the Senate as part of the ongoing power struggle between the chambers and the Executive Branch.

The “King of Racing” Richard Petty visited the legislature, and there were many selfies and photo ops. In a bit of great news, the state became one of only 10 to keep an AAA bond rating. All told, it was an exciting week, particularly with the number of bills filed. Many seem designed more to make a point than to be seen as politically viable, but with so many that could reasonable be debated it is hard to imagine how they could all move through the process with the crossover deadline only weeks away. Compounding this sense of urgency is the fact that the House is taking all of next week off for a “Spring Break,” and the Senate is doing essentially the same. When legislative action resumes in earnest on April 13th, the pressure to get bills moving, passed, and on to the opposite chamber will be as intense as in any session in memory.



NORTH CAROLINA COLLEGE OF EMERGENCY PHYSICIANS



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BILLS OF INTEREST

HOUSE BILL 364, Clarify Laws on Exec. Orders and Appointments, would clarify the conflict of interest provisions for the Environmental Management Commission, the Coastal resources Commission and the Coal Ash Management Commission, and bring the North Carolina Longitudinal Data System Board, the Domestic Violence Commission and the Governor's Crime Commission of the Department of Public Safety into compliance with *Wallace v. Bone* (1982), by removing legislators from their membership and replacing them with appointed members of the public. This legislation is a direct response to the decision of the Superior Court in *McCrorry v. Berger* (the lawsuit brought by the Governor challenging the power of the legislature to appoint members of certain commissions, decided in the Governor's favor last month). In *Bone*, the NC Supreme Court unanimously held that the separation of powers provision of the state Constitution (Article 1, Section 6) precluded legislators from serving on commissions with executive or administrative authority over acts passed by the legislature. The fallout from *Bone* in 1982 led to the removal of General Assembly members from 32 board and commissions, though some that are considered advisory rather than administrative in nature have retained legislative members since that time.

While H364 addresses the conflict of interest questions raised in *McCrorry v. Berger*, it does not address the central question of that case, which is the authority of the legislature to appoint a majority of the members to a board or commissions, and to give a commission the authority to operate independently and without Executive supervision (in this case, the Coal Ash Management Commission). The Superior Court found that the legislature granting itself the authority to do so is unconstitutional (and quoted extensively from *Bone* in their decision), however *Berger, et al* have appealed that ruling to the State Supreme Court and halted action on some pending appointments to key positions. The decision of the sponsors of H364 to remove legislative members from the North Carolina Longitudinal Data System Board, the Domestic Violence Commission and the Governor's Crime Commission may well be to bring their membership into compliance with *Bone*, but also sends a clear political signal in a battle for control in state government that is far from over. **Introduced by Rep. Lewis, passed by the House and referred to the Senate Rules Committee.**

HOUSE BILL 365, Enhance Patient Safety in Operating Rooms, is identical to Senate Bill 157, summarized in the March 9, 2015, Legislative Report. **Introduced by Representative Adcock and referred to the House Health Committee.**

HOUSE BILL 367, NC Consumer Fireworks Safety Act, would authorize the sale, use, handling, or discharge of consumer fireworks, subject to the following conditions:

- the person possessing or using the consumer fireworks must be at least 18 years old;
- the use of consumer fireworks must occur only between the hours of 10:00 a.m. and 10:00 p.m., with exceptions on July 4th and December 31st as provided;
- the discharge of consumer fireworks is prohibited (1) in or on the premises of a public or private primary or secondary school; (2) on the campus of a college or university, unless the person has received written authorization from the college or university; and (3) within 500 feet of a hospital, veterinary hospital, licensed child care center, fireworks retailer, fireworks distributor, gas station, or bulk storage facility for petroleum products or other explosive or flammable substances; and
- the possession or discharge of consumer fireworks is prohibited in or on the premises of any public park or public space, except as otherwise permitted by the person, State

agency or unit of local government owning or otherwise controlling the park, property, or space.

Introduced by Representatives Brody, Bumgardner, Hager, and Waddell and referred to the House Regulatory Reform Committee.

HOUSE BILL 382, Evidence/Amend Rule 411, would amend Rule 411 of the North Carolina Rules of Evidence regarding the inadmissibility of evidence about liability insurance at trial to provide that the rule does not apply to pretrial negotiations. **Introduced by Representative Baskerville and referred to the House Insurance Committee.**

HOUSE BILL 395, Body and Dashboard Cameras/Law Enforcement, would require most law enforcement officers to wear and activate body-worn cameras during certain interactions with the public; establish a use policy for body-worn cameras and dashboard cameras; and establish an access policy for recordings captured by those cameras. The bill would appropriate \$10 million over two years to be distributed as grants for these purposes. NOTE: This legislation is a priority for the Legislative Black Caucus. The issue of requiring body-worn cameras for law enforcement has been a hotly-debated issue nationwide in the past several months in the wake of high-profile cases including the police shooting in Ferguson, MO. **Introduced by Representatives Alexander, Brockman, Floyd, and Hanes and referred to the House Appropriations Committee.**

HOUSE BILL 420, Students with Dyslexia and Dyscalculia, would require the State Board of Education to provide informational materials and screening instruments to local boards of education to identify students who exhibit potential indicators of dyslexia and dyscalculia. Each local board of education would provide informational materials related to dyslexia and dyscalculia to parents each year, and ensure the implementation of age-appropriate screening for the early identification of students with dyslexia and dyscalculia. A student identified as having dyslexia, dyscalculia, or other specific learning disability would be provided appropriate intervention strategies. **Introduced by Representatives Conrad and Lambeth and referred to the House Education – K-12 Committee.**

HOUSE BILL 429, Amend Med. Mal. Health Care Provider Definition, would amend the definition of health care provider in the statutes relating to medical malpractice actions to include emergency medical services personnel. **Introduced by Representatives Riddell, Ross, Jones, and Fraley and referred to the House Judiciary I Committee.**

HOUSE BILL 430, County Omnibus Legislation, is identical to Senate Bill 422, summarized in the March 31, 2015, Legislative Report. **Introduced by Representatives McElraft, Carney, and McGrady and referred to the House Environment Committee.**

HOUSE BILL 441, Concealed Carry/Legislative Building, would allow legislators and legislative employees who have concealed handgun permit to carry a concealed handgun on the premises of the State legislative buildings and grounds. Notification requirements are detailed. **Introduced by Reps. Collins, Pittman, and Speciale and referred to the House Judiciary I Committee and, if favorable, to the House Rules Committee.**

HOUSE BILL 443, Nondiscrimination in Public Employment, is identical to **Senate Bill 612**, summarized below in this legislative report. **Introduced by Reps. Luebke, Cotham, Glazier, and Willingham and referred to the House Judiciary I Committee and, if favorable, the House State Personnel Committee.**

HOUSE BILL 450, *Appropriate Funds for Tobacco Use Prevention*, is identical to Senate Bill 662, summarized below in this Legislative Report. **Introduced by Representatives Adcock, Lambeth, Pendleton, and Meyer and referred to the House Appropriations Committee.**

HOUSE BILL 451, *LRC/Study Suicide Prevention*, would direct the Legislative Research Commission to study the role of health care providers and other key gatekeepers (firefighters, law enforcement officers, emergency medical services personnel and veterans) in suicide prevention, particularly among individuals under the age of 25. A list of issues the study must include is detailed. **Introduced by Reps. Cunningham, Horn, Earle, and Whitmire and referred to the House Rules Committee.**

SENATE BILL 453, *Regulatory Reform Act of 2015*, would provide for various administrative reforms, including amending the provisions regarding appointments to boards and commissions, upon the recommendation of or in consultation with a third party:

- the recommendation or consultation is discretionary and is not binding on the legislator;
- the third party must submit the recommendation or consultation at least 60 days prior to the expiration of the term or within 10 business days from the occurrence of a vacancy; and
- failure by the third party to submit the recommendation or consultation to the legislator within the time periods required will be deemed a waiver by the third party of the opportunity.

The bill also would provide that a person does not commit a violation for breaking or entering into and is not liable in civil damages for any damage to a railroad car, motor vehicle, trailer, aircraft, boat, or other watercraft, if one or more of the following circumstances exist:

- the person acts in good faith to access a person inside the railroad car, motor vehicle, trailer, aircraft, boat, or watercraft in order to provide first aid or emergency health care treatment, or because the person inside is, or is in imminent danger of becoming, unconscious, ill, or injured;
- it is reasonably apparent that the circumstances require prompt decisions and actions in medical, other health care, or other assistance; or
- the necessity of immediate health care treatment or removal of the person from the railroad car, motor vehicle, trailer, aircraft, boat, or other watercraft of any kind is so reasonably apparent that any delay in the rendering of treatment or removal would seriously worsen the physical condition or endanger the life of the person.

These provisions would not apply to any acts of gross negligence, wanton conduct, or intentional wrongdoing. **Introduced by Senators Wade, Brock, and B. Jackson and referred to the Senate Rules Committee.**

SENATE BILL 469, *Occupational Lic. Bd. Reporting Requirements*, would modernize and improve reporting requirements for occupational licensing boards, and includes provisions to:

- amend the definition of occupational licensing board as any board, committee, commission, or other agency in North Carolina which receives no State general fund revenue and is given statutory authority to do all of the following:
 - determine minimum qualifications required for licensure for a particular profession or occupation;
 - issue licenses to qualified applicants;
 - regulate the conduct of licensees within a particular profession or occupation;
 - seek injunctive relief to prohibit unlicensed individuals or entities from engaging in certain activities as defined by statute; and

- collect fees to support agency operations;
- specify 64 boards that are occupational licensing boards, including the North Carolina Medical Board and the North Carolina Board of Nursing;
- prohibit the addition of boards or commissions to this list without prior approval from the Joint Legislative Administrative Procedure Oversight Committee as being necessary in that the profession subject to licensure affects the health, safety, or welfare of the public and mandatory licensure is necessary to ensure minimum standards of competency to protect the public from unqualified persons or unprofessional conduct by persons or entities practicing in the profession;
- amend the information that each board must provide each year in its annual report to include a financial report that includes the source and amount of all funds credited to the board and the purpose and amount of all funds disbursed by the board during the previous fiscal year, and a financial audit of its operations if it has a budget of at least \$50,000;
- require these reports to also be posted on the board’s website;
- require board members to complete the ethics education and awareness program; and
- provide that the venue for occupational licensing boards seeking court order for injunctive relief or to show cause for failure to comply with a subpoena lawfully issued by the board will be in the superior court of the county where the defendant resides or in the county where the board has its principal place of business.

Introduced by Senator Hartsell and referred to the Senate Finance Committee.

SENATE BILL 484, Allow SBHSC to Offer Contraceptives, would allow school-based health centers to offer contraceptives, including condoms and other devices. **Introduced by Senators Woodard and McKissick and referred to the Senate Rules Committee.**

SENATE BILL 498, Enhance Patient Safety in Radiologic Imaging, would make it a Class 1 misdemeanor to perform or offer to perform radiologic imaging or administer or offer to administer radiation therapy procedures on humans for diagnostic or therapeutic purposes without a license on or after October 1, 2016. Several exemptions to the licensure requirement would be provided, including a licensed resident physician and a student under the supervision of a licensed practitioner, radiographer, radiation therapist, nuclear medicine technologist, magnetic resonance technologist, or licensed cardiovascular invasive specialist. The bill would create an 11-member North Carolina Radiologic Imaging and Radiation Therapy Board of Examiners, and includes provisions regarding requirements for licensure as a radiographer, radiation therapist, nuclear medicine technologist, cardiovascular invasive specialist, magnetic resonance technologist, limited x-ray machine operator, or radiologist assistant; educational programs; disciplinary authority; injunctive relief; and “grandfather” requirements. **Introduced by Senators Meredith and Tucker and referred to the Senate Rules Committee.**

SENATE BILL 501, Strengthen the Do Not Call Registry, would:

- provide that creating a lead or referral for which the solicitor will receive compensation is considered telephone solicitation;
- amend the definition for telephone solicitor providing that subagents, contractors, or other third-party vendors are considered telephone solicitors, and clarify that the term includes parties that receive sales leads or inbound calls from a telephone subscriber that knows or has reason to know that the lead or call from the subscriber was generated by a telephone call;
- provide that after the specified notice requirements have been met in this subsection that the telephone solicitor and that affiliate must stop all calls to the telephone subscriber within 30 business days (currently, 60 business days);

- clarify that the prohibition on the use of automatic dialing and recorded message players to make unsolicited calls applies to individuals, whether the calls were made directly or through a salesperson, agent, subagent, contractor, or third party vendor;
- provide that any party that knows or has reason to know that the sales leads or inbound calls they are receiving were generated by calls placed by another party or parties violating the provisions of this section are jointly liable for each call or lead that was received or accepted.

Introduced by Sens. Stein, Brown and Alexander and referred to the Senate Commerce Committee and, if favorable, the Senate Judiciary I Committee.

SENATE BILL 505, Revoke Consent for Intercourse, would:

- provide that a person who initially consents to vaginal intercourse is not deemed to have consented to any penetration occurring after the person withdraws consent during the course of that vaginal intercourse;
- allow a person to withdraw consent to engage in vaginal intercourse in the middle of the intercourse, even if the actual penetration is accomplished with consent and even if there is only one act of vaginal intercourse;
- require the withdrawal of consent to be clearly communicated in a way that a reasonable person would understand to constitute withdrawal of consent; and
- provide that a defendant who continues the act of vaginal intercourse after consent is withdrawn is deemed to have committed the act of vaginal intercourse by force and against the will of the other person.

Introduced by Sens. J. Jackson, Krawiec and Randleman and referred to the Senate Rules Committee

SENATE BILL 522, Raise Public Awareness of Lupus, would designate the month of May of each year as Lupus Awareness Month, and establish a Lupus Advisory Council in the Department of Health and Human Services. **Introduced by Senators Robinson, Foushee, and Smith-Ingram and referred to the Senate Rules Committee.**

SENATE BILL 526, Job Creation and Tax Relief Act of 2015, would make a variety of changes to the state's tax code, including elimination of the standard deduction for personal income tax, a reduction of the individual income tax in steps from 5.75% to 5.5% by 2017, reduction of the corporate income tax in steps from 5% to 4% by 2017, and adjusting the corporate franchise tax cap and rate. The legislation would also phase in a single-sales factor apportionment for corporate income (a major goal of the NC Chamber). The legislation would also make changes to eligibility standards and grant limitations for the state Job Development Incentive Grant (JDIG) program. **Introduced by Sens. Rucho, Rabon and Tillman and referred to the Senate Finance Committee and, if favorable, to the Senate Commerce Committee.**

SENATE BILL 529, Billy Graham/National Statuary Hall, would extend a request on behalf of the General Assembly that the Joint Committee on the Library of Congress approve the replacement of the statue of Charles Brantley Aycock in the National Statuary Hall Collection currently on display in the United States Capitol with a statue of the Reverend William Franklin "Billy" Graham, Jr. **Introduced by Senators Soucek and Ford and referred to the Senate Rules Committee.**

SENATE BILL 531, Study Need for Pulse Oximeters in Schools, would direct the Joint Legislative Education Oversight Committee to study the need to ensure that every public school has a pulse oximeter, and reports its findings any recommended legislation to the 2015 General

Assembly when it reconvenes in 2016. **Introduced by Senator J. Jackson and referred to the Senate Rules Committee.**

SENATE BILL 543, Home Birth Freedom Act, would prohibit a person from practicing or offering to practice midwifery or otherwise indicate or imply that the person is a licensed certified professional midwife without a license on or after January 1, 2016. Exemptions to the licensure requirement would be provided for (1) an individual approved to practice midwifery under the Midwifery Practice Act, (2) a physician licensed to practice medicine, (3) the performance of medical acts by a physician assistant or nurse practitioner when performed in accordance with the rules of the North Carolina Medical Board, (4) the practice of nursing by a registered nurse engaged in the practice of nursing, (5) the rendering of childbirth assistance in an emergency situation, and (6) individuals who are present during the birth process or assisting the certified professional midwife in the birth process, including family members or other caregivers invited by the birth mother, persons providing emergency medical care, doulas, or midwifery students or assistants who are under the supervision of a licensed certified professional midwife. The bill would establish the North Carolina Council of Certified Professional Midwives to carry out the provisions of the Certified Professional Midwives Licensing Act, and includes provisions regarding requirements for licensure; responsibilities of a licensed midwife (**which would include developing an emergency plan to be signed by the client and placed in the client's chart that includes referral and transfer plans in the event of an emergency**); license renewal, suspension, and revocation; and injunctive relief for violations of the Act.

The bill would allow a licensed certified professional midwife to receive third-party reimbursement from private agencies that provide coverage for maternity and obstetrical care, and would prohibit a managed care organization or insurance company from requiring a patient to be served by a licensee instead of a licensed physician or nurse practitioner. **No health care provider would be liable for an injury to a woman or infant arising during childbirth and resulting from an act or omission by a licensed midwife, regardless of whether the health care provider has consulted with or accepted a referral from the licensee. Introduced by Senators Rabin and Sanderson and referred to the Senate Rules Committee.**

SENATE BILL 549, Study Reg. Health Authorities/Data Analytics, would direct the Department of Health and Human Services, the Commission for Public Health, and the Department of Environment and Natural Resources to study how to move the public health system from a county-based system to a system involving three regional public health authorities supported by one State agency or board, and report their recommendations to the Program Evaluation Division by December 1, 2015. The study would include the following:

- an evaluation of the publicly financed public health service delivery structure in North Carolina, including identification of State, local, public, and private entities engaged in activities contributing to health outcomes, and a review of strengths, weaknesses, opportunities, and threats within the service structure;
- an evaluation of the governance structure of public health and mental health;
- an evaluation of the three geographic areas that would be most appropriately combined to form three regional public health authorities;
- identification of the various health services currently performed by counties within the State and how these functions may be streamlined under a regional public health authority system; and

- an evaluation of the functions that would be best delegated to the regional public health authorities and functions that would be best retained by a State agency or board supporting the regional public health authorities.

The bill also would direct various agencies to study the creation of a health improvement analytics center to conduct advanced mining of large data sets, and report their recommendations to the Program Evaluation Division by December 1, 2015. **Introduced by Senator Hartsell and referred to the Senate Rules Committee.**

SENATE BILL 568, North Carolina Health Care Modernization, would modernize and transform health care purchasing in North Carolina and consolidate the LME/MCO regions. The bill declares the intent of the General Assembly to transform the State's health care purchasing methods from a traditional fee-for-service system into a value-based system that provides budget predictability while ensuring quality care. The new purchasing program would be designed to achieve the following goals: (1) provide budget predictability and stability; (2) achieve cost savings through improved population health; (3) appropriately value primary care as the foundational level of health care required by all North Carolinians; (4) jointly incentivize patients and providers in pursuit of better health; and (5) improve access and choice for beneficiaries in a market-driven environment. The bill provides that once reform is fully implemented, the State's budget variability would be limited to the variations in enrollment numbers and patient mix for the capitated populations, and specifies 11 principal building blocks of purchasing reform, which would include:

- Patient Population. Primary Care Medical Homes (PCMHs). – PCMHs will serve the primary care needs of the Patient Population in exchange for a periodic payment for a defined menu of services.
- At-Risk Provider-Led Organizations (ARPLOs). ARPLOs are capitated health plans administered by North Carolina's provider-led Accountable Care Organizations that will manage and coordinate the care for the Patient Population, outside of the PCMHs, pending waiver approval where appropriate for this transformation by the Center for Medicare & Medicaid Services.
- Plan Administrators. – The Plan Administrators for the Patient Population will implement the administration of the primary care centric purchasing strategy and incentive-driven plan design for its beneficiaries.
- Licensed Commercial Health Insurers (LCHIs). – LCHIs will offer insurance plans based on the primary care centric purchasing strategy and incentive-driven plan design to individuals and groups. One or more Commercial Health Insurers will be designated to offer this plan to newly eligible North Carolina Medicaid beneficiaries, pending waiver approval for this transformation by CMS. In all other aspects, these newly eligible Medicaid beneficiaries will be treated the same as the Patient Population.
- Cooperation between ARPLOs and LME/MCOs. – ARPLOs are authorized to work in collaboration with the LME/MCOs to serve the appropriate Patient Population. As such:
 - ARPLOs may coordinate care offered by employed or independent providers under mutually agreeable terms. Notwithstanding the foregoing, no ARPLO may interfere with an independent provider's ability to contract with another ARPLO offering services in the same region.
 - If multiple plans cannot be established for a rural area, then those rural areas may operate with one plan.
 - ARPLOs that contract to cover a rural area may be awarded a contract to cover an urban area that is contingent upon continued coverage in the rural area.

- Risk adjusted capitated rates based on eligibility categories, geographic areas, and clinical risk profiles of recipients.
- Participant choice of plans offering customized benefit packages that appeal to and meet the varied health needs of participants.
- NC Health Score- shall establish metrics to provide incentives and encourage personal accountability for beneficiaries' participation in their own health outcomes.
- Mechanisms to identify recipients who may benefit from other services and programs to maximize their opportunities for self-improvement.
- NC Health Score - will provide performance measures and metrics to hold providers accountable for quality outcomes.

The bill would require DHHS to develop, with stakeholder input, a detailed plan for purchasing reform that meets the goals and includes the building blocks listed above, and that provides for strategic changes to the Patient Population. DHHS would report to the General Assembly on its strategic plan for the Medicaid reform by April 15, 2015, or, if a detailed plan could not reasonably be completed that date, DHHS would provide an update on its progress on the plan to the Joint Legislative Oversight Committee on Medical Benefits and the Fiscal Research Division. Beginning September 1, 2015, and then every six months until a final report on September 1, 2020, DHHS and other Administrators would report to the Joint Legislative Oversight Committee on Medical Benefits on the State's progress toward completing transformation in the Patient Population.

The bill also includes provisions to:

- establish a 14-member Joint Legislative Oversight Committee on Primary Care and Medical Benefit to examine budgeting, financing, administrative, and operational issues related to: (1) the reform of purchasing primary care for Medicaid and the State Health Plan; (2) monitoring the effectiveness of engagement strategies and outcomes produced by authorized primary care medical homes, ACO, and Commercial Plans; (3) review of criteria for establishing minimum benefits to be provided by primary care medical homes and the value of periodic payments made to providers; and (4) review effectiveness and financial performance of State Health Plan in conjunction with the Treasurer's office and State Health Plan Board of Directors;
- repeal the authority of the Joint Legislative Oversight Committee on Health and Human Services to examine issues relating to services provided by the Division of Medical Assistance;
- require any reports by the Department of Health and Human Services or the Division of Medical Assistance related to Medicaid due during the 2014-2015 fiscal year to be made to the Joint Legislative Oversight Committee on Primary Care; and
- require the Department of Health and Human Services to: (1) manage the consolidation of LME/MCOs to no more than six, and no less than four, regional entities effective January 1, 2017; (2) designate the surviving entity for each region by October 1, 2015; and (3) consider specified criteria when determining the surviving entity.

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

SENATE BILL 578, Transition Certain Abuse Investigations/DCDEE, would enact a variety of provisions regarding child maltreatment at child care facilities, including:

- requiring the director of the department of social services to notify the Department of Health and Human Services (DHHS) within 24 hours or on the next working day after receiving a report of child maltreatment;

- allowing DHHS to inspect facilities without notice, when it determines there is cause to believe that an emergency situation exists, there is a complaint alleging a violation of licensure law, or after receiving notice of child maltreatment in a child care facility;
- transitioning abuse and neglect investigations in child care facilities to the Division of Child Development and Early Education within DHHS;
- defining child maltreatment as “any act or series of acts of commission or omission by a caregiver that results in harm, potential for harm, or threat of harm to a child, including, but not limited to. Acts of commission include, but are not limited to, physical, sexual, and psychological abuse. Acts of omission include, but are not limited to, failure to provide for the physical, emotional, or medical well-being of a child, and failure to properly supervise children, which results in exposure to potentially harmful environments”;
- requiring DHHS, local departments of social services, and local law enforcement personnel to cooperate with the medical community to ensure that reports of child maltreatment in child care facilities are properly investigated;
- requiring DHHS to contact local law enforcement officials to investigate a report that alleges maltreatment that meets the definition of abuse or neglect;
- allowing DHHS to issue a protection plan restricting an individual alleged to have maltreated a child from being on the premises of the facility while children are in care, and to suspend activities at a facility under investigation including, transportation, aquatic activities, and field trips;
- allowing DHHS, during an investigation, to order immediate corrective action or to take administrative action to protect the health, safety, or welfare of the children at the child care facility;
- requiring all matters regarding the investigation, including a complaint, allegation, inspection, or the identity of the reporter, to be held in strictest confidence by DHHS, except under certain circumstances, until the child maltreatment is confirmed;
- requiring a person who has cause to suspect that a child in a child care facility has been maltreated or has died as the result of maltreatment in a child care facility to report the case of that child to DHHS orally, by telephone, or in writing;
- requiring DHHS to notify the State Bureau of Investigation within 24 hours or on the next workday after receiving a report of maltreatment involving sexual abuse of a child in a child care facility;
- directing DHHS to establish and maintain a registry containing the names of all caregivers who have been confirmed as having maltreated a child, and prohibit individuals whose names are listed on the Registry from owning, operating, or being employed at any licensed child care facility or religious-sponsored child care facility; and
- allowing DHHS to issue an administrative action up to and including summary suspension and revocation of the facility's child care license when an investigation confirms that child maltreatment occurred in the child care facility.

Introduced by Senators Barringer, Hise, and Tucker and referred to the Senate Rules Committee.

SENATE BILL 598, Reporting of Substance-Exposed Newborns, would require county departments of social services to use Department of Health and Human Services, Division of Social Services, policies regarding the development of protection plans for substance-exposed newborns and the conduct of child protective services assessments of those newborns when an assessment is warranted. The bill also would require county departments of social services to use the structured decision-making tools and family services agreements throughout the life of substance-exposed newborn cases to ensure the well-being of and a safe living environment for

the newborn, and address other issues, including: (1) the need for medical care appointments; (2) access and cooperation with health care resources; (3) the parent's participation in substance abuse treatment; (4) the need for routine substance abuse screenings; and (5) visitation planning if the child is placed out of the home. **Introduced by Senators D. Davis, Pate, and B. Jackson and referred to the Senate Rules Committee.**

SENATE BILL 600, Study/Autonomous Vehicles, would direct the Division of Motor Vehicles, in collaboration with other interested stakeholders identified by the Division, to study how to implement autonomous vehicle technology (defined as: technology that is installed on a motor vehicle and that has the capability to drive the motor vehicle without the active control or monitoring of a human operator”) on the roads and highways of the State, and report its findings and recommendations, including any legislative proposals, to the Joint Legislative Transportation Oversight Committee no later than February 1, 2016. **Introduced by Sens. Meredith, Rabon and Lowe and referred to the Senate Rules Committee.**

SENATE BILL 604, Women and Children's Protection Act of 2015, is one of several abortion-related bills filed so far this session. S604 would require annual inspections of abortion clinics by DHHS, require abortion clinics to have written emergency transfer agreements with hospitals, require physicians who perform abortions after 16 weeks and after 20 weeks of gestation to provide detailed reports of the procedures to DHHS and appropriate \$500,000 for a perinatal resource care program at UNC Hospitals.

The bill also includes an unrelated provision, which would add to the list of aggravating factors in sentencing, violent offenses committed when the defendant knew or reasonably should have known that the offense was being witnessed by sight or hearing, by a person under the age of 18 who was not involved in the commission of the offense (this exact provision also appears in Senate Bill 310, filed by Sens. Daniel and Stein). **Introduced by Senators Randleman, Kraweic, and Daniel and referred to the Senate Rules Committee.**

SENATE BILL 607, Const. Amend-Tax Legislation, would add a ballot referendum to the 2016 general election ballot which, if approved by a majority of voters, would require any legislation that increases the income tax rate or allows it to be increased be approved by a two-thirds majority of the members present and voting in both chambers of the General Assembly. **Introduced by Sens. Rucho, Meredith and Brock and referred to the Senate Rules Committee.**

SENATE BILL 608, Simple and Fair Formula for Sales Tax Distribution, would make a variety of amendments regarding the sales and use tax. The bill would include provisions to: (1) convert the local sales and use taxes to a State sales and use tax; (2) distribute the revenue from the converted tax as a local source of revenue; (3) establish a base allocation based on the amount of revenue received by a county or city in fiscal year 2013-14; (4) allocate any growth in the sales tax revenue from the converted tax on a per capita basis; and (5) increase the privilege tax imposed on a retailer doing business in this State from 4.75% to 6.75%. This legislation has caused quite a stir as it would shift tax income from urban counties to more rural counties. **Introduced by Senator Rucho and referred to the Senate Rules Committee.**

SENATE BILL 609, Mandate Use/Controlled Substances Reporting System, would require every person authorized to prescribe or dispense a controlled substance for the purpose of providing medical or pharmaceutical care for a patient to review all information pertaining to the patient in the controlled substances reporting system for the preceding 12-month period to

determine if the prescription is medically necessary and appropriate prior to prescribing or dispensing the controlled substance. **This provision would not apply to an emergency situation in which immediate action is necessary to preserve the life or health of a patient.** A violation would be a Class 1 misdemeanor, or a Class I felony if the violation was committed intentionally. The Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services could adopt rules as necessary to implement this requirement. **Introduced by Senator J. Davis and referred to the Senate Rules Committee. This legislation is opposed by the North Carolina College of Emergency Physicians.**

SENATE BILL 612, Nondiscrimination in Public Employment, would amend the State Human Resources Act to add sexual orientation and gender identity or expression to the list of classifications covered by the State's Equal Employment Opportunity law, and require Local Boards of Education to adopt policies to for nondiscrimination in employment including sexual orientation and gender identity or expression among the covered classifications. **Introduced by Sens. Van Duyn and Smith-Ingram and referred to the Senate Rules Committee.**

SENATE BILL 613, Prohibit Discriminatory Profiling, is identical to House Bill 193, summarized in the March 16, 2015, Legislative Report. **Introduced by Senators McKissick and Bryant and referred to the Senate Rules Committee.**

SENATE BILL 617, Local Government Reg. Reform, would amend various laws related to local governments, including exempting a hospital or free-standing emergency room from zoning regulation pertaining to signage at the facility. **Introduced by Senators Wade, Brock, and B. Jackson and referred to the Senate Rules Committee.**

SENATE BILL 622, UAS/No LEO Surveillance of Private Property, would prohibit the use of unmanned aircraft systems by law enforcement agencies to photograph gathering of persons on private property. **Introduced by Sen. Krawiec and referred to the Senate Rules Committee.**

SENATE BILL 639, Transportation Funding Bill, would modify the motor fuel excise tax rate, establish a transportation infrastructure access fee, impose a road usage tax on certain motor carriers, eliminate the statutory transfer of proceeds from the motor fuel excise tax to the general fund, and prohibit the construction of toll projects unless authorized pursuant to a local government referendum. **Introduced by Sen. Tarte and referred to the Senate Rules Committee.**

SENATE BILL 640, School Nurse/LRC Study, would authorize the Legislative Research Commission (LRC) to study issues related to staffing public schools with an adequate number of school nurses to meet students' needs, and report on the study to the 2015 General Assembly when it reconvenes in 2016. The study would consider current staffing levels of nurses in the public schools; appropriate goals for providing an adequate number of school nurses in each local school administrative unit depending on various factors, such as size of the unit, geographic location, and the number of students with special medical needs; current initiatives to address a shortage of school nurses; and funding options for increasing the number of school nurses. **Introduced by Senator Tarte and referred to the Senate Rules Committee.**

SENATE BILL 641, Concealed Handgun Permit Standardization Act, would amend the criteria to qualify for a concealed handgun permit in the following ways:

- clarify that someone who is a permanent resident alien, as defined by the United States Department of Homeland Security, is eligible to make an application;

- remove the existing provision requiring that “the applicant does not suffer from a physical or mental infirmity that prevents the safe handling of a handgun” and replacing it with a requirement that “the applicant does not suffer from a currently diagnosed and ongoing mental disorder as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) which a reasonable person would expect to present a danger to the applicant or others”, and clarifies that previous treatment for transient disorders would not be disqualifying;
- amend the existing prohibition on convicted felons receiving permits by clarifying that the applicant is only prohibited if they have been convicted of a violent felony, as defined as a felony not listed as a nonviolent felony in the statute related to the restoration of firearms rights;
- specify that the prohibition on users of unlawful drugs receiving permits pertains only to current users;
- specifies that the prohibition on those discharged from the Armed Forces of the United States receiving permits pertains only to those dishonorably discharged (currently: “under conditions other than honorable”);
- amends the prohibition on those who are or who have been adjudicated guilty of or received a prayer for judgment continued or suspended sentence for one or more crimes of violence constituting a misdemeanor receiving permits by limiting the prohibition for certain offenses to those adjudicated guilty of or received a prayer for judgment continued or suspended sentence within six months of the application.

The legislation would also prohibit a sheriff, as part of the require application completed under oath, from requesting employment information, character affidavits, additional background checks, photographs, or other information unless specifically permitted. It would also limit a sheriff investigation of the applicant’s mental health history to the 120 months prior to the date of the application. Other amendments to the statute governing process, timeline and fees for the applications are detailed. **Introduced by Sen. Tarte and referred to the Senate Rules Committee.**

SENATE BILL 646, Unlawful to Assist Another to Commit Suicide, would make it unlawful and punishable by a Class D felony for any person intentionally and for payment assist another person to commit suicide. Defines suicide to mean “the intentional and willful termination of one's own life.” Clarifies that this provision would not apply to withholding or withdrawing medical treatment. The legislation would also make it unlawful and punishable by a Class 1 misdemeanor to manufacture, sell, distribute, or possess within the state any euthanasia device designed to assist a person to commit suicide. **Introduced by Sen. Sanderson and referred to the Senate Rules Committee.**

SENATE BILL 650, Elections Transparency, would require certain elections currently conducted on a nonpartisan basis be conducted on a partisan basis. Elections that would be affected include those for county and city boards of education, Appellate, Superior Court and District Court judges, and for all municipal elected offices. **Introduced by Senators Rabin, Tarte, and Sanderson and referred to the Senate Rules Committee.**

SENATE BILL 662, Appropriate Funds for Tobacco Use Prevention, would provide \$7 million in each of the next two years to the Department of Health and Human Services, Division of Public Health, Chronic Disease and Injury Section. The funds would be used by the Tobacco Prevention and Control Branch: (1) to create ten regional teen tobacco use prevention programs covering all 100 counties in North Carolina; (2) provide youth leadership and involvement training and technical assistance; (3) for a tobacco-free campus initiative; (4) for a smoke-free

multi-unit housing initiative to protect children from second-hand smoke; and (5) for an extensive evaluation of the State's tobacco use prevention program. **Introduced by Senators Woodard, Hartsell, and Bingham and referred to the Senate Rules Committee.**

SENATE BILL 676, Autism Health Insurance Coverage, would require health benefit plans to provide coverage for the screening, diagnosis, and treatment of autism spectrum disorders, and would prohibit an insurer from terminating or refusing to amend or renew coverage to an individual solely because he or she is diagnosed with or has received treatment for autism spectrum disorder. Coverage could be subject to co-payment, deductible, and coinsurance provisions that are not less favorable than those that apply to substantially all other medical services covered by the health benefit plan, and coverage for adaptive behavior treatments could be subject to a maximum benefit of up to \$40,000 per year. The bill also would amend the definition of “mental illness” as it applies to mental health illness benefits coverage to exclude mental disorders coded as autism spectrum disorders. **Introduced by Senators Apodaca and Krawiec and referred to the Senate Insurance Committee.**

SENATE BILL 688, 2015 Tort Reform, would direct the Legislative Research Commission to study issues related to tort reform, including comparative fault, contributory negligence, joint and several liability, and evidence related to and calculation of damages. **Introduced by Senator Hartsell and referred to the Senate Rules Committee.**

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