



## INTRODUCTION

Last week a wide variety of issues were debated and voted on, including powdered alcohol, the annual “Possum Drop,” drivers licenses for undocumented immigrants, divesting the state from Iran, Sunday hunting and a proposed statue of Billy Graham at the U.S. Capitol. Even with the relatively active committee and session schedules, however, the pace has still been relatively slow compared to previous sessions. Only a handful of bills have been passed since January – 13 to be exact, roughly a third as many as were passed this time last long session. That will change over the next two weeks, as the annual crossover deadline, by which public bill that don’t have an effect on the state budget must be passed by the chamber in which they were filed, was moved from early May to April 30<sup>th</sup>. Given that the House bill filing deadline was extended until last Thursday, that means some measures will have roughly two weeks from the time they were introduced to clear the committees to which they were assigned and pass two readings on the floor of their respective chambers.

As most committees are only scheduled to meet once or twice a week, the committee calendars will be packed (as will the committee hearings), the sessions will run long, and extra meeting will have to be held to accommodate the sheer number of measures to be considered. The weeks before crossover are always hectic, but with roughly 1600 bills filed between the chambers and 10 days to go, the pressure on committee chairs, bill sponsors and advocates will be even more intense than usual this year. Measures that have been “pre-cleared” by leadership will likely move quickly, while some (such as one proposing the repeal of most of the state’s gun laws, and another seeking to end the death penalty, among others) are understood to have been dead on arrival. The remainder will be the subject of furious lobbying and debate throughout the General Assembly, though the final decision on whether they will move is in the hands of a few members of leadership, and with both Speaker Moore and Senate leader Phil Berger having expressed their intent for this session to be more focused and deliberate, the possibility for disappointment is on everyone’s mind.



## 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)

With an extended deadlock over “big” issues like Medicaid reform, economic development and taxation between the chambers and a lawsuit between the Governor and the legislature working its way through the courts the potential for an extended session drawn out though the summer and possibly the fall is significant. Speaker Moore has said the “Spring Break” both chambers took earlier this month may be the only vacation members will get this year, and Rep. William Brisson was quoted as saying “we’ll be here ‘til October.” This may all be true, but the battle for what bills are still “alive” once the dust settles on May 1<sup>st</sup> will be as pitched as the rest of session looks to be intractable. Things will be happening fast, so hold on tight. We’ll be in the thick of it, and will keep you posted as things unfold.

## **BILLS OF INTEREST**

HOUSE BILL 608, Do Not Call Registry/Robocall Prevention, would add political robocalls (defined as “a political message if the message is communicated by use of an automatic dialing and recorded message player”) to the list of telephonic solicitations that can be prohibited as part of the do not call registry. The legislation would also strengthen the do not call registry by:

- including calls made to generate sales leads calls;
- including in the definition of solicitor any party that knowingly receives an inbound call that was generated by a sales lead call and making such parties jointly liable for violations;
- including in the definition of solicitor - parties who makes solicitations either directly or through a salesperson, agent, subagent, contractor, or third party vendor; and
- amending an existing exception to the prohibition on making solicitation calls to subscribers whose number appears on the registry, which allows for such calls made by a solicitor whose affiliate has “an established business relationship” with the subscriber. Currently when subscribers request that the solicitor no longer contact them the solicitor has 60 days to remove that telephone subscriber's telephone number from the contact lists of both the solicitor and the affiliate, unless the telephone subscriber indicates otherwise. The bill would reduce that deadline to 30 days.

**Introduced by Representatives Harrison and G. Martin and referred to the House Elections Committee.**

HOUSE BILL 611, Enact Death With Dignity Act, would establish a Death with Dignity Act to allow a qualified patient diagnosed with a terminal illness (an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months) to end his or her life in a humane and dignified manner. The bill would:

- allow an adult to make a written request for medication to end his or her life in a humane and dignified manner, if the patient: (1) is capable; (2) is a resident of this State; (3) has been determined by the attending physician and consulting physician to be suffering from a terminal disease; and (4) has voluntarily expressed the wish to die;
- prohibit a person from qualifying to make a written request for medication to end his or her life solely because of age or disability;
- require the written request for medication to be signed and dated by the patient, and witnessed by at least two individuals who, in the presence of the patient, attest that to the best of their knowledge and belief the patient is capable, acting voluntarily, and is not being coerced to sign the request;
- prohibit the patient's attending physician at the time the request is signed from being a witness to the request;
- detail the responsibilities of the attending physician, which would include: (1) making the initial determination of whether a patient has a terminal disease, is capable, and has made

the request for medication voluntarily; and (2) ensuring that the patient is making an informed decision;

- allow the attending physician to sign the patient's death certificate;
- require a consulting physician to (1) examine the patient and the patient's relevant medical records and confirm in writing the attending physician's diagnosis that the patient is suffering from a terminal disease, and (2) verify that the patient is capable, is acting voluntarily, and has made an informed decision;
- require either the attending or consulting physician to refer the patient to counseling if he or she believes that the patient may be suffering from a psychiatric or psychological disorder or depression causing impaired judgment, in which case no medication to end a patient's life could be prescribed until the person performing the counseling determines that the patient is not suffering from a psychiatric or psychological disorder or depression;
- require the attending physician to verify that the patient is making an informed decision immediately prior to writing a prescription for medication;
- include provisions regarding family notification;
- require a qualified patient to make both an oral request and a written request and reiterate the oral request to the attending physician no less than 15 days after making the initial oral request, and require, at the time of the second oral request, the attending physician to offer the patient an opportunity to rescind the request;
- allow a patient to rescind a request at any time and in any manner without regard to the patient's mental state;
- require a waiting period of no less than 15 days between the patient's initial oral request and the writing of a prescription, and no less than 48 hours between the patient's written request and the writing of a prescription;
- require specified medical records documentation;
- require the health care provider to file a copy of the dispensing record with the Department of Health and Human Services, which would not be a public record and not available for inspection by the public;
- include provisions regarding the effect on wills, contracts, and insurance or annuity policies;
- provide that nothing in this law could be construed to authorize a physician, a health care provider, or any other person to end a patient's life by lethal injection, mercy killing, or active euthanasia, and that actions taken in accordance with this Article would not, for any purpose, constitute suicide, assisted suicide, mercy killing, or homicide under the laws of this State;
- provide that a governmental entity that incurs costs resulting from a person terminating his or her life pursuant to the provisions of this Article in a public place would have a claim against the estate of the person to recover costs and reasonable attorneys' fees related to enforcing the claim;
- make it a Class A felony for a person to: (1) without authorization of the patient willfully alter or forge a request for medication or conceal or destroy a rescission of that request with the intent or effect of causing the patient's death; (2) coerce or exert undue influence on a patient to request medication for the purpose of ending the patient's life, or to destroy a rescission of such a request; or (3) without authorization of the principal to willfully alter, forge, conceal, or destroy an instrument, the reinstatement or revocation of an instrument, or any other evidence or document reflecting the principal's desires and interests, with the intent and effect of causing a withholding or withdrawal of life-sustaining procedures or of artificially administered nutrition and hydration which hastens the death of the principal; and

- make it a Class A misdemeanor for a person without authorization of the principal to willfully alter, forge, conceal, or destroy an instrument, the reinstatement or revocation of an instrument, or any other evidence or document reflecting the principal's desires and interests with the intent or effect of affecting a health care decision;
- prohibit a person from being subject to civil or criminal liability or professional disciplinary action for participating in good-faith compliance with these provisions, which would include being present when a qualified patient takes the prescribed medication to end his or her life in a humane and dignified manner;
- prohibit a professional organization or association, or health care provider from subjecting a person to censure, discipline, suspension, loss of license, loss of privileges, loss of membership, or other penalty for participating or refusing to participate in good-faith compliance with these provisions;
- provide that no health care provider will be under any duty, whether by contract, by statute, or by any other legal requirement to participate in the provision to a qualified patient of medication to end his or her life.

**Introduced by Representatives Harrison and Fisher and referred to the House Judiciary I Committee.**

HOUSE BILL 617, Lobbyist Expenditure Rpts - Transparency, would require the Secretary of State to make a searchable database of lobbyists expense reports including completed as well as filed reports by July 1, 2016. The database would be required to be searchable by the covered person's name as well as the filing entity. It would also require that, upon the request of a legislator, a lobbyist or lobbyist principal must provide an invoice or other document indicating the fair market value of the reportable expenditure. **Filed by Representatives Cotham and Lewis and referred to the House Elections Committee.**

HOUSE BILL 618, Drivers License/Concealed Carry, would direct that by February 1, 2016, the Division of Motor Vehicles, in consultation with the North Carolina Sheriffs' Association and the Administrative Office of the Courts, must develop a process whereby a concealed carry handgun endorsement may be included on a person's drivers license upon request to allow a person to present his or her drivers license for purposes of complying with the relevant concealed permit laws. **Introduced by Representatives Hager and Elmore and referred to the House Transportation Committee and, if favorable, to the House Judiciary II Committee.**

HOUSE BILL 623, Device & Medical Equipment Permit Requirements, would require each applicant or holder of a device or medical equipment permit, except a disposable medical supply mail order company, to maintain (1) at least one physical location within this State or within 40 miles of the border of this State, and (2) a sufficient amount of inventory to respond to orders or requests within this State in a timely manner. This requirement would not apply to a pharmaceutical manufacturer or its wholly-owned subsidiary registered with the FDA. **Introduced by Representative Dobson and referred to the House Health Committee.**

HOUSE BILL 646, Insurance Coverage for Autism, would require health benefit plans to provide coverage for the screening, diagnosis, and treatment of autism spectrum disorder, and would prohibit an insurer from terminating coverage or refusing to issue, amend, or renew coverage to an individual solely because the individual is diagnosed with autism spectrum disorder or has received treatment for autism spectrum disorder. Coverage could be subject to co-payment, deductible, and coinsurance provisions of a health benefit plan that are not less favorable than the co-payment, deductible, and coinsurance provisions that apply to substantially

all medical services covered by the health benefit plan. **Introduced by Representatives McGrady, Hager, Jeter, and Jackson and referred to the House Insurance Committee.**

HOUSE BILL 647, Epi Pens in All Child-Serving Businesses, would allow a health care provider to prescribe epinephrine auto-injectors in the name of an authorized entity and allow them to acquire and stock a supply of epi pens. An authorized entity would be any entity or organization, other than a school, at which allergens capable of causing anaphylaxis may be present, including, but not limited to, recreation camps, colleges, universities, day care facilities, youth sports leagues, amusement parks, restaurants, places of employment, and sports arenas. The supply of epinephrine auto-injectors would be stored in a location readily accessible in an emergency and any additional requirements established by the Department of Health and Human Services. An employee or agent of an authorized entity or other individual could use epinephrine auto-injectors to provide or administer an epinephrine auto-injector to any individual who the employee, agent, or other individual believes in good faith is experiencing anaphylaxis, or the parent, guardian, or caregiver of such individual, for immediate administration, regardless of whether the individual has a prescription for an epinephrine auto-injector or has previously been diagnosed with an allergy. Designated employees or agents of authorized entities would be required to complete an anaphylaxis training program.

Immunity would be provided for an authorized entity that voluntarily and without expectation of payment possesses and makes available epinephrine auto-injectors; an employee or agent of an authorized entity or other individual who provides or administers an epinephrine auto-injector to an individual whom the employee, agent, or other individual believes in good faith is experiencing anaphylaxis; a health care provider that prescribes epinephrine auto-injectors to an authorized entity; a pharmacist or health care provider that dispenses epinephrine auto-injectors to an authorized entity; and an individual or entity that conducts the required training. The immunity would not: (1) apply to acts or omissions constituting gross negligence, wanton conduct, or intentional wrongdoing; or (2) eliminate, limit, or reduce any other immunity or defense that may be available under State law. The bill also would provide that the administration of an epinephrine auto-injector in accordance with this section is not the practice of medicine or any other profession that otherwise requires licensure. **Introduced by Representatives McGrady, Avila, Stevens, and Glazier and referred to the House Health Committee.**

HOUSE BILL 652, Right to Try for Terminal Patients, would:

- authorize, but not require, a manufacturer of an investigational drug, biological product, or device to make it available to terminally ill patients that meet certain requirements;
- authorize the manufacturer to provide the investigational treatment with or without charge to the eligible patient, but also relieves the patient's heirs of any outstanding debt related to the treatment if the eligible patient dies;
- prohibit licensing boards and entities responsible for Medicare certification from taking action against a provider solely because the provider recommended the investigational treatment to the eligible patient;
- prohibit state officials, employees, and agents from blocking or attempting to block access to investigational treatment;
- prohibit private causes of action against manufacturers or people involved with the treatment for harm caused to an eligible patient who participates in the treatment, as long as the manufacturer or person made an effort in good faith to comply with the law; and
- clarify that the law does not affect a health plan's obligation to provide coverage for investigative treatments.

**Introduced by Representatives Blackwell, Hager, Lambeth, and Reives and referred to the House Health Committee.**

HOUSE BILL 683, *Occup. Therapy/Choice of Provider*, would add an occupational therapist licensed by the North Carolina Board of Occupational Therapy to the list of providers that a policyholder, insured, or beneficiary has the right to choose under his or her health benefit plan. **Introduced by Representatives Avila, Blackwell, Hurley, and Holley and referred to the House Insurance Committee.**

HOUSE BILL 684, *Medicaid County of Origin*, would direct the Department of Health and Human Services to develop, in consultation with local management entities/managed care organizations (LME/MCOs), a single case agreement template, which would be a streamlined agreement between a single provider of behavioral health services and an LME/MCO to serve a single patient. LME/MCOs would be required to use the single case agreement template instead of a comprehensive provider contract when certain conditions are met beginning July 1, 2015. The bill also includes guidelines for determining the county of residence for Medicaid eligibility for all LME/MCO enrollees, effective July 1, 2017. **Introduced by Representatives Avila, Lambeth, Hager, and Malone and referred to the House Health Committee.**

HOUSE BILL 686, *Repeal Death Penalty*, would repeal the state's death penalty and provide that all current prisoner sentenced to death would be resentenced to life imprisonment without the possibility of parole. The bill details the statutory amendments necessary to affect this change. **Introduced by Representatives Meyer and Michaux and referred to the House Judiciary I Committee and, if favorable, the House Rules Committee.**

HOUSE BILL 701, *School Nurses/LRC Study*, is identical to Senate Bill 640, summarized in the April 3, 2015, Legislative Report. **Introduced by Representatives Adcock, Glazier, Meyer, and Gill and referred to the House Rules Committee.**

HOUSE BILL 707, *Prohibit Powdered Alcohol*, would: (1) make it unlawful for any person to manufacture, sell, transport, import, deliver, furnish, purchase, consume, or possess powdered alcohol except as authorized by the ABC law; and (2) allow the manufacture, possession, and consumption of powdered alcohol only for specified research and educational purposes. **Introduced by Representatives Cotham and Horn and referred to the House Health Committee.**

HOUSE BILL 712, *Pilot Project/Used Needle Disposal*, would direct the State Bureau of Investigation, in consultation and collaboration with the North Carolina Harm Reduction Coalition to establish and implement a used needle and hypodermic syringe disposal pilot program in two selected counties by no later than December 1, 2015. The pilot program must offer the free disposal of used needles and hypodermic syringes to reduce the spread of HIV, AIDS, viral hepatitis, and other bloodborne diseases through needle stick injuries resulting from physical contact with improperly discarded used needles and hypodermic syringes. The bill provides limited immunity for participants and a variety of reporting requirements. The pilot program would include:

- reasonable and adequate security of disposal sites and equipment;
- an accounting of the approximate number of used needles and hypodermic syringes returned and disposed of; and
- within each of the counties chosen, a general report of the availability of relevant educational materials; HIV and viral hepatitis counseling and testing; referral services to

provide education regarding HIV, AIDS, and viral hepatitis transmission; and drug abuse prevention and treatment counseling and referral services.

The bill would also amend the existing statute regarding immunity from prosecution for possession of drug paraphernalia for those who alert a law enforcement or justice officer of a hypodermic needle or other sharp object on his or her person, their premises or their vehicle during an authorized search. The bill would add that the person would also not be charged or prosecuted for residual amounts of a controlled substance in the needle or sharp object.

**Introduced by Representatives Faircloth, Horn, Avila, and Harrison and referred to the House Health Committee.**

HOUSE BILL 713, Body & Dash Cam Recording/Public Access, would include information derived from body-worn and in-car cameras among the definition of “records of criminal investigation” and would allow (but not require) law enforcement agencies to release, upon request, recordings captured by a law enforcement officer's body-worn camera or in-car camera without the consent of the law enforcement officer whose actions, visual or audible, are captured on the recordings, unless prohibited by any relevant federal law. **Introduced by Representatives Faircloth Daughtry, Boles and Hurley and referred to the House Judiciary I Committee.**

HOUSE BILL 714, Behavior Analyst Licensure, would make it a Class 2 misdemeanor for a person to practice behavior analysis or to hold himself or herself out to the public as a person practicing behavior analysis without a license on or after January 1, 2016. **Introduced by Representatives Jeter, McGrady, Shepard, and Cotham and referred to the House Health Committee.**

HOUSE BILL 715, Payments for Ambulance Services, would require all insurers providing or administering a health benefit plan covering persons in this State to make payments for ambulance services covered by the health benefit plan directly to a county or city ambulance service provider providing the services. The insurer would not be required to make payment for services provided by a county or city ambulance service provider if the provider is not licensed, certified, or otherwise authorized to do business as an ambulance service provider under North Carolina law. **Introduced by Representatives Bishop, Jeter, and Setzer and referred to the House Insurance Committee.**

HOUSE BILL 716, LRC Study Wage Garnishment, would direct the Legislative Research Commission to study how to implement wage garnishment in North Carolina for the enforcement of judgments, including:

- the types of judgments that should be included;
- the amount of a debtor's wages that would be considered a livable wage and exempt from the enforcement of judgments by wage garnishment;
- the protections provided to the judgment debtor and any hardship exemptions that should apply;
- the process for the wage garnishment and the fee provided to the employer, if any, that provides for the administrative costs associated with the garnishment, including how the fee is paid and if taken from the payments or paid by the judgment debtor; and
- any other issue that would impact the implementation of wage garnishment.

The LRC could make an interim report, including recommended legislation, to the 2015 General Assembly when it reconvenes in 2016, and would provide a final report to the 2017 General Assembly when it convenes. **Introduced by Representatives Bishop, J. Bell, and Bradford and referred to the House Rules Committee.**

HOUSE BILL 717, Restore Free and Fair Elections/Art. V App., would have the General Assembly, on behalf of the people of the State, petition the United States Congress for the purpose of proposing Amendments to the U.S. Constitution. Bills calling for Constitutional conventions (which 2/3 of the states must apply for before such a Convention could take place) are filed each session, and this is one of several that have been filed this session. What makes this one notable is that has bipartisan sponsorship, including 3 members of the majority party, and was filed to seek an Amendment to deal with money in politics, specifically the effect of the Citizens United case. One of the bill's opening clauses reads, "Whereas, that dependency has evolved from a dependency on the people alone to a dependency on those who spend excessively in elections, through campaigns or third-party groups." **Introduced by Representatives Faircloth, Brockman, Pendleton and Steinburg and referred to the House Judiciary I Committee.**

HOUSE BILL 723, Telehealth Fairness Act, would: (1) require all health benefit plans to provide coverage for health care services that are provided through telemedicine if the health care service would be covered were it provided through in-person consultation between a covered individual and a health care provider; and (2) prohibit a health benefit plan from excluding telemedicine services from coverage under the plan solely because the service is not provided through a face-to-face consultation. "Telemedicine" would be defined as a "two-way, real-time interactive communication between the patient and the physician or practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment." **Introduced by Representatives Lambeth, Insko, S. Martin, and Adcock and referred to the House Insurance Committee.**

HOUSE BILL 724, Amend Composition of NC Medical Board, would increase the membership of the North Carolina Medical Board from 12 to 13 members, and require that the Board include one physician assistant and one nurse practitioner. Currently, the Board must have either a physician assistant or a nurse practitioner member. **Introduced by Representatives Lambeth, Malone, S. Martin, and Hurley and referred to the House Health Committee.**

HOUSE BILL 739, Repeal Business License Fees, would repeal the authority of cities to charge businesses fees for regulating and licensing. **Introduced by Representatives Brawley and referred to the House Local Government Committee and, if favorable, to the House Finance Committee.**

HOUSE BILL 744, Abuse-Deterrent Opioid Analgesics, would require all health benefit plans that provide coverage for prescription drugs to provide coverage for abuse-deterrent opioid analgesic drugs on a basis that is no less favorable than the coverage provided for non-abuse-deterrent opioid analgesics. The bill would cap cost-sharing for abuse-deterrent opioid analgesics at the lowest cost-sharing level applied to prescription drugs within the plan, and would prohibit an insurer from reclassifying opioid analgesics, limiting coverage for opioid analgesics, or increasing cost-sharing under the plan to achieve compliance. The bill also would prohibit a health benefit plan from requiring an insured to use a non-abuse-deterrent opioid analgesic prior to using an abuse-deterrent opioid analgesic. However, a health benefit plan could require prior authorization for an abuse-deterrent opioid analgesic, if similar prior authorization requirements apply to non-abuse-deterrent versions. **Introduced by Representatives Malone and Horn and referred to the House Health Committee.**

HOUSE BILL 755, Young People Voting, would restore high school voting pre-registration programs, which allow people 16 or older to have their names automatically enrolled in the voter

rolls when they turn 18. The programs were eliminated by the General Assembly as part of election law changes made in 2013. **Introduced by Representatives Queen, Cotham, B. Turner, and Brockman and referred to the House Elections Committee.**

HOUSE BILL 762, Universal Broadband for All State Citizens, seeks to provide broadband internet access statewide by directing the state Utilities Commission Universal Broadband Smart Meter program, as detailed. The program would include components to produced energy savings which would be used to pay for the program. The bill would also eliminate several existing restrictions on municipality-owned broadband systems, and allow the Department of Transportation to construct telecommunications conduits in State right-of-way (where currently prohibited) and pay for the construction by leasing the conduit to telecommunications companies. **Introduced by Reps Queen, G. Graham, Hunter, and Waddell and referred to the House Regulatory Reform Committee and, if favorable, the House Public Utilities Committee.**

HOUSE BILL 766, Amend CBD Oil Statute, would amend the exemption for use or possession of hemp extract, and authorize certain neurologists to use hemp extract as an alternative treatment for intractable epilepsy without participating in a pilot study. A neurologist seeking to approve, recommend, or provide hemp extract for one or more patients as an alternative treatment to intractable epilepsy would submit an application to the Department of Health and Human Services for certification. **Introduced by Representatives McElraft, Avila, and Carney and referred to the House Rules Committee.**

HOUSE BILL 768, Heat Stroke Prevention/Student Athletes, would require 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 those students' parents and coaches on (1) heat-related illnesses, including heat stroke and heat exhaustion, and (2) the health risks associated with continuing athletic play or practice after experiencing signs and symptoms of a heat-related illness. Local boards of education would adopt a mandatory heat stroke prevention protocol consistent with the guidelines and educational materials adopted by the SBOE. A student who exhibits symptoms of heat exhaustion or heat stroke, as determined by a game official, coach from the student's team, verified athletic trainer, licensed healthcare professional, or other official designated by the school at any time prior to, during, or following an athletic activity would be removed by the coach from participation in the athletic activity. The venue-specific emergency action plan would provide for circumstances in which specific cooling methods must be made available during an athletic activity, including weather conditions requiring access to an immersion pool. A student removed or prevented from participating could not return to participation until he or she is evaluated and cleared for return to participation in writing by a licensed healthcare professional or other official designated by the school.

Local boards of education would require middle and high schools to develop a venue-specific emergency action plan to deal with serious injuries and acute medical conditions in which the condition of the patient could deteriorate rapidly. The plan would include a delineation of roles, methods of communication, available emergency equipment, and access to and plan for emergency transport. This 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 each year by all licensed athletic trainers, first responders, coaches, school nurses, athletic directors, and volunteers for interscholastic athletic activities.

The bill also would require the State Board of Education to adopt rules governing interscholastic athletic activities with regard to concussion safety for student athletes in middle and high schools. These rules would require: (1) all coaches, school nurses, athletic directors, first responders, volunteers, students who participate in interscholastic athletic activities, and the students' parents to receive a concussion and head injury information sheet each year; and (2) a student who exhibits signs or symptoms consistent with concussion to: (a) be removed from the activity at that time, (b) not be allowed to return to play or practice that day, and (c) not return to play or practice on a subsequent day until the student is evaluated by and receives written clearance for participation from a licensed physician with training in concussion management, a licensed neuropsychologist with training in concussion management and working in consultation with a licensed physician, a licensed athletic trainer, or a physician assistant or nurse practitioner, consistent with any scope of practice limitations. **Introduced by Representative Richardson and referred to the House Health Committee.**

HOUSE BILL 774, Restoring Proper Justice Act, would allow a medical professional other than a physician to monitor the injection of the required lethal substances and certify the fact of an execution. If a licensed physician is not present at the execution, then one would have to be present on the premises and available to examine the body after the execution and pronounce the person dead. The licensed physician who was present on the premises to pronounce death, along with the warden, would certify the execution. A "medical professional other than a physician" would mean a physician assistant, advanced degree nurse, registered nurse, or emergency medical technician-paramedic who is licensed, certified, or credentialed by the licensing board, agency, or organization responsible for licensing, certifying, or credentialing that profession. **Introduced by Representative Daughtry and referred to the House Judiciary I Committee.**

HOUSE BILL 782, Study/Autonomous Vehicles, is identical to Senate Bill 600, summarized in the April 3, 2015, Legislative Report. **Introduced by Representative L. Hall and referred to the House Rules Committee.**

HOUSE BILL 791, Primary Care Recoupment/Hardship Extension, would require the Department of Health and Human Services to allow providers an extended period of up to 12 months for the repayment of the overpayments made by DHHS to Medicaid providers as a result of DHHS's delayed implementation of the rate reduction required for services rendered by primary care physicians on or after January 1, 2015, if the immediate recoupment of the overpayment would cause a hardship to the provider. DHHS could not begin automated recoupment of the overpayments prior to June 1, 2015, and would set a deadline prior to June 1, 2015, for providers to request a hardship extension. DHHS would provide notice to all providers who are subject to the recoupment of the overpayment notifying them of the amount of the overpayment due and the manner and deadline for requesting a hardship extension. In addition, the bill would prohibit DHHS from charging interest or a late-payment penalty on overpayments subject to a hardship extension as long as the provider makes timely payments in accordance with the repayment plan. **Introduced by Representatives Farmer-Butterfield, Richardson, and Gill and referred to the House Health Committee.**

HOUSE BILL 794, Protection from Online Impersonation, would make it a Class H felony to knowingly and without consent engage in a credible impersonation of another actual person through or on an Internet Web site or by other electronic means for purposes of harming, intimidating, threatening, or defrauding another person. The following definitions would apply:

- credible impersonation – If another person would reasonably believe, or did reasonably believe, that the defendant was or is the person who was impersonated.

- electronic means – Includes an electronic mail account, text or instant messaging account, or an account or profile on a social networking Internet Web site in another person's name.

Available relief in a civil cause of action brought in such a case and exemptions (for law enforcement officers, private investigators or licensed alarm system operators engaged in their official duties) are detailed. **Introduced by Representatives Bryan, Bishop, Faircloth, and S. Martin and referred to the House Judiciary IV Committee.**

HOUSE BILL 798, Concealed Handgun Permit/Other Weapons, would provide that a person who has a concealed handgun permit may also carry a taser, mace, or knife subject to the same restrictions that apply when carrying a concealed handgun. **Introduced by Representatives Cleveland, Whitmire, and Faircloth and referred to the House Judiciary I Committee.**

HOUSE BILL 804, Kelsey Smith Act, would allow for warrantless access by law enforcement to telecommunications device location information in certain situations. The bill would require telecommunications companies to share this information with law enforcement agencies or public safety answering point and would indemnify them from causes of action for doing so. A law enforcement agency or public safety answering point could request such information only in an emergency situation that involves an imminent risk (as defined) of death or serious physical harm. The bill would also allow a law enforcement officer to install and use a pen register or trap and trace device without a warrant if the law enforcement officer makes the following determinations:

- an emergency situation exists that involves immediate danger of death or serious bodily injury to any person that requires the installation and use of a pen register or a trap and trace device before an order authorizing such installation and use can, with due diligence, be obtained; and
- there are grounds upon which an order could be entered to authorize such installation and use.

In such a case, the law enforcement officer must seek an order approving the installation or use within 48 hours after the installation has occurred, or begins to occur. A provider of a wire or electronic service, landlord, custodian, or other person who furnished facilities or technical assistance pursuant to this section would be reasonably compensated for such reasonable expenses incurred in providing such facilities and assistance. **Introduced by Representatives Hurley, Glazier, Schaffer, and Lambeth and referred to the House Judiciary IV Committee.**

HOUSE BILL 807, Modernize Nursing Practice Act, is substantively identical to Senate Bill 695, summarized in the April 10, 2015, Legislative Report. The only difference between the two bills is a provision which amended the definition of the practice of nursing by a registered nurse. **Introduced by Representatives Avila, Lambeth, Stevens and Dobson and referred to the House Health Committee with serial referrals to the House Appropriations, Finance, Judiciary and Rules Committees.**

HOUSE BILL 809, Third Party Premium Payments is identical to Senate Bill 582, and would require that health benefit plans must accept a premium payment made by listed third parties:

- The Ryan White HIV/AIDS program pursuant to Title XXVI of the Public Health Service Act;
- Native American tribes or tribal organizations;
- State or federal government programs; and
- The American Kidney Foundation.

The bill clarifies that nothing in it could be construed to require a health benefit plan to accept a third-party payment for a health care provider. **Introduced by Representatives Avila, Lewis, Collins, and Setzer and referred to the House Insurance Committee.**

HOUSE BILL 811, Law Enforcement Body-Worn Camera/Study, would direct the Criminal Justice Education and Training Standards Commission and the Sheriffs' Education and Training Standards Commission, in consultation with the School of Government at the University of North Carolina at Chapel Hill, the North Carolina Conference of District Attorneys, and any other organizations the Criminal Justice Education and Training Standards Commission and the Sheriffs' Education and Training Standards Commission jointly determine may assist with the completion of the study required, to jointly study the implementation and use of body-worn cameras by local and State law enforcement officers. The study would consider all of the following:

- the feasibility of equipping all law enforcement officers with a body-worn camera, including: (i) identifying costs that would be incurred by State and local law enforcement agencies; (ii) funding options available to State and local law enforcement agencies for the procurement of body-worn cameras; and (iii) whether the use of body-worn cameras should be restricted to certain types of law enforcement officers;
- the type and intensity of training a law enforcement officer should receive prior to using a body-worn camera;
- the best practices and procedures for recording, including an identification of (i) situations when the law enforcement officer should activate the body-worn camera to record and (ii) situations in which the law enforcement officer should deactivate the body-worn camera or seek permission prior to recording;
- the best practices and procedures for retaining and storing any recordings captured by body-worn cameras, including (i) the costs of retention and storage, (ii) the types of recordings that should be retained and stored, and (iii) the standard retention and storage schedules for the different types of recordings;
- the level of public access, if any, which should be allowed to recordings captured by body-worn cameras, including any legislative changes necessary to allow public access;
- any potential constitutional or other legal issues that may arise from the use of body-worn cameras by law enforcement officers; and
- any other matters or information the Criminal Justice Education and Training Standards Commission and the Sheriffs' Education and Training Standards Commission jointly deem relevant to the study.

The report, including findings and recommendations, including any legislative proposals, would be presented to the 2016 Regular Session of the 2015 General Assembly upon its convening. **Introduced by Representatives Floyd, Faircloth, Brockman, and McNeill and referred to the House Rules Committee.**

HOUSE BILL 814, The William C. Lindley, Jr., SUDEP Law, would require the Chief Medical Examiner to establish a training program to educate medical examiners about sudden unexplained death in epilepsy and standard protocols governing medicolegal death investigations involving seizure disorders in order to identify sudden unexplained death in epilepsy as a known or suspected cause of death. The bill also would require the Chief Medical Examiner's inquiries regarding the cause and manner of death for each death under investigation to include an inquiry to determine whether the death was a direct result of a seizure or epilepsy, and the Chief Medical Examiner to take certain actions if the findings of an autopsy are consistent with the definition of

known or suspected sudden unexplained death in epilepsy. **Introduced by Representatives Riddell and Ross and referred to the House Health Committee.**

HOUSE BILL 833, Enhance Patient Safety in Radiologic Imaging, is identical to Senate Bill 498, summarized in the April 3, 2015, Legislative Report. **Introduced by Representatives Insko, Setzer, Howard, and West and referred to the House Health Committee.**

HOUSE BILL 913, Naturopathic Doctors Licensing Act, is identical to Senate Bill 118, summarized in the February 27, 2015, Legislative Report. **Introduced by Representatives Collins and Fisher and has not yet been assigned to a House committee.**

## BILL UPDATES

HOUSE BILL 327, Study EMS Safety. The provisions of this bill that would have allowed emergency medical services personnel to carry and use pepper spray for self-defense purposes were removed on the House floor. As amended, the bill would direct the Department of Health and Human Services, Division of Health Service Regulation (this includes the Office of Emergency Medical Services), in consultation with the North Carolina Medical Care Commission and the Department of Public Safety, Division of Emergency Management, to study how emergency medical service personnel can reduce the threat of bodily harm when performing duties necessary for the health and safety of the public. The study would address: (1) crisis intervention courses; (2) self-defense tactics; (3) use of protective body garments and vests; and (4) non-lethal deterrents such as conducted electrical weapons, chemical irritants, mace, pepper spray, and tear gas. The Division would report its findings to the Joint Legislative Oversight Committee on Health and Human Services by April 1, 2016. **The bill as amended was approved in a first vote by the House and will hold the second vote next week. If approved, the bill will next be considered by the Senate.**

HOUSE BILL 429, Amend Mal. Health Care Provider Definition, was amended in the House Judiciary III Committee to add that a health care provider also includes any emergency medical services personnel - nurses, PAs, and others defined in the statute. **The bill as amended was approved by the House Judiciary III Committee. The bill was then removed from the House calendar and sent to the House Rules Committee for further consideration.**

HOUSE BILL 543, Amend Laws Pertaining to NC Medical Board, was amended in the House Health Committee to remove the provisions that would have enacted a new Health Program for Medical Professionals, and instead would amend the current peer review statutes. The bill would:

- rename the Peer review provisions as the Health Program for Medical Professionals;
- allow the North Carolina Medical Board to enter into agreements with the North Carolina Medical Society, the North Carolina Academy of Physician Assistants, and the North Carolina Physicians Health Program to identify, review, and evaluate the ability of licensees of the Board who have been referred to the Program to function in their professional capacity and to coordinate regimens for treatment and rehabilitation;
- delete specified peer review activities to be covered by the agreement;
- require the agreement to include guidelines for the following:
  - the assessment, referral, monitoring, support, and education of licensees of the Board by reason of a physical or mental illness, a substance use disorder, or professional sexual misconduct;
  - procedures for the Board to refer licensees to the Program;

- criteria for the Program to report licensees to the Board;
- a procedure by which licensees may obtain review of recommendations by the Program regarding assessment or treatment;
- periodic reporting of statistical information by the Program to the Board, the Society, and the Academy; and
- maintaining the confidentiality of nonpublic information;
- provide that the North Carolina Physicians Health Program is an independent organization for medical professionals that provides screening, referral, monitoring, educational, and support services;
- require the Program to report immediately to the Board detailed information about any licensee of the Board who: (1) constitute an imminent danger to patient care by reason of, mental illness, physical illness, substance use disorder, professional sexual misconduct, or any other reason; or (2) refuse to submit to an assessment as ordered by the Board, has entered into a monitoring contract and fails to comply with the terms of the Program's monitoring contract, or is still unsafe to practice medicine after treatment;
- provide that information acquired, created, or used in good faith by the Program pursuant to this section is privileged, confidential, and not subject to discovery, subpoena, or other means of legal compulsion for release to any person other than to the Board, the Program, or their employees or consultants, and that no person participating in good faith in the Program could be required in a civil case to disclose the fact of participation in the Program or any information acquired or opinions, recommendations, or evaluations acquired or developed solely in the course of participating in the Program;
- require the Program, upon the written request of a licensee, to provide the licensee or his or her legal counsel with a copy of a written assessment prepared as part of the licensee's participation in the program, and the licensee would be entitled to a copy of any written assessment created by an alcohol or chemical dependency treatment facility at the recommendation of the Program, to the extent permitted by State and federal laws and regulations; and
- provide that information furnished to a licensee would be inadmissible in evidence and not subject to discovery in any civil proceeding. However, this provision could not be construed to make information, documents, or records otherwise available for discovery or use in a civil action immune from discovery or use in a civil action merely because the information, documents, or records were included as part of the Program's assessment of the licensee or were the subject of information furnished to the licensee.

**The bill as amended was approved by the House Health Committee and will next be considered by the House Finance Committee.**

- 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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