



INTRODUCTION

Last week was very intense at the General Assembly, particularly in the House, with dozens of committee hearings and hundreds of votes cast on a wide range of issues. It seemed that every controversial social issue was the subject of debate or negotiation, as bills dealing with abortion, immigration and animal rights moved forward, and a “religious freedom” bill similar to one that sparked condemnation when passed in Indiana was declared dead for the session by Speaker Moore. An unusual number of bills were voted down in the House this week (normally sponsors do not bring bills up for a vote unless they are sure they have the numbers to pass it), including bills that would allow public funding of charter school construction, require candidates for Governor and Lt. Governor to run as a team and scale back the renewable energy requirement for utilities. Other issues that saw action last year but did not reach the Governor’s desk, such as banning the use of tanning beds by minors, the repeal or modification of Certificate of Need laws that approve new healthcare facilities and regulation of dog breeders, were all back on the agenda. While the House stayed late into the night several days in a row, the Senate finished its work quickly each day. One Senator was heard to remark that there was no point in sending the House a large number of bills, only to have them drastically changed or turned into vehicles for other issues before being sent back.

The crossover deadline is this Thursday, so all bills that do not have a Finance or Appropriations impact must be approved by the chamber in which they were filed, or be “technically dead” until the next full session convenes in 2017. That is not to say issues that do not make the deadline cannot be taken up after this week - as the Senator’s comment above illustrates, there are available means of adding issues to bills that do remain eligible (typically, a tool more readily available to the majority). This will do little, however, to calm those seeking to have their bills heard in committee and passed on the respective chamber’s floor this week, and the number of bills already scheduled to be heard this week indicates this year’s rush to crossover will be as frantic, if not more so, than in previous sessions. Things will be happening very fast and we will keep you posted as well as we can during our late nights in the chamber gallery.



NORTH CAROLINA COLLEGE OF EMERGENCY PHYSICIANS



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BILLS OF INTEREST

HOUSE BILL 699, Gun Rights and Privacy Act, would enact the Gun Rights and Privacy Act to: (1) prohibit a state or local official, agent, or employee from knowingly and willfully ordering another state or local official, Agent, or employee to enforce a federal law upon a personal firearm, firearm accessory, or ammunition, unless complying with a court order; (2) repeal the prohibition against carrying a concealed weapon and make various conforming changes; (3) retain the concealed handgun permit for the convenience of reciprocity when traveling in other states and to make the purchase of a firearm more efficient; and (4) prohibit health care providers from questioning competent patients about lawful activity related to firearms and ammunition. Any person who is a citizen of the United States and is at least 21 years old would be allowed to carry a concealed weapon in this State unless provided otherwise by law.

The bill would state the intent of the General Assembly to ensure that (1) every patient may obtain health care free from discrimination based on knowledge of, or unwarranted inquiry into, constitutionally protected conduct involving firearms and ammunition, and (2) health care providers may still obtain information about patient activities with respect to firearms and ammunition when directly relevant to the patient's own health care. The bill would prohibit a health care provider from: (1) asking a patient or the patient's parent, guardian, or custodian to complete a questionnaire or other written form about the patient's lawful ownership, possession, handling, storage, maintenance of, or other conduct involving, firearms and ammunition, unless the patient has been adjudicated incompetent due to mental illness; and (2) disclosing to any government official or agency the response of a patient, or the patient's parent, guardian, or custodian, to verbal inquiries about the patient's lawful ownership, possession, handling, storage, maintenance of, or other conduct involving, firearms and ammunition, unless the patient has been adjudicated incompetent due to mental illness. The health care provider's licensing board could impose a fine for a violation of up to \$250 for a nonwillful violation and up to \$500 for a willful violation. Each intentional and willful violation would constitute a separate violation and be subject to a separate fine, and a violation would be a ground for disciplinary action against the health care provider by his or her licensing board or other regulatory authority. **Introduced by Representatives Pittman and Speciale and referred to the House Judiciary I Committee.**

HOUSE BILL 823, Establish Advisory Council on Rare Diseases, would establish an Advisory Council on Rare Disease to advise the Secretary of Health and Human Services on research, diagnosis, treatment, and education relating to rare diseases. **Introduced by Representatives Carney, Avila, Earle, and Bishop and referred to the House Health Committee.**

HOUSE BILL 828, Medicaid Coverage/Emergency Rural Counties, would require the Department of Health and Human Services (DHHS), Division of Medical Assistance, to provide Medicaid coverage to all people under age 65 who have incomes equal to or less than 133% of the federal poverty guidelines and who live in rural counties determined by DHHS to be facing an emergency due to insufficient access to health care services. DHHS could determine that a county is experiencing an emergency due to insufficient access to health care services based on the number of residents in the county who are unserved, the geographic proximity of available health care services, the Tier 1 designation of the county, and other relevant factors. DHHS would submit to the Centers for Medicare and Medicaid Services (CMS) all Waivers and State Plan Amendments necessary to accomplish these requirements. **Introduced by Representatives Tine, Dobson, Lambeth, and Brisson and referred to the House Appropriations Committee.**

HOUSE BILL 830, North Carolina State Health Plan, would state the intent of the General Assembly for the State to offer the North Carolina Health Plan ("Health Plan"), a comprehensive health care plan for all residents of North Carolina, on January 1, 2017, when the Patient Protection and Affordable Care Act allows states to offer their citizens alternatives to the Health Insurance Exchanges. The bill would direct the Department of Insurance and the Department of Health and Human Services to study the issues and propose statutory changes to facilitate the operation of the Health Plan, and report to specified committees no later than June 1, 2015. The Health Plan would:

- provide comprehensive health benefits including, but not limited to, the following: (1) health care services currently offered by health care facilities, offices, and clinics; (2) preventive health care services; (3) medical and surgical supplies; (4) durable medical equipment; (5) a prescription drug formulary; (6) long-term care services and personal assistance, including assisted and skilled care; (7) hospice care; (8) mental health treatment; and (9) dental services;
- allow residents to go to any licensed provider within the State for services;
- not charge copayments or deductibles for the first two years, and limit deductibles to \$250 per individual or \$500 per family, if later implemented;
- not charge copayments or deductibles for preventive care; however, the Plan could charge a copayment or deductible for a specialist visit without a referral by a primary care provider;
- provide coverage for all residents, but they would have to enroll prior to receiving services;
- provide for enrollment procedures, including verification of residency within the State;
- offer a direct billing system for providers, and provide that providers who participate in the direct billing system are entitled to payment for services within 30 days of providing services;
- be funded by all taxpayers within the State based on their ability to pay and by means of a stable funding stream that accounts for the increasing costs of health care services. DHHS and the Department of Insurance would consider:
 - the creation of a dedicated funding stream, the structure of which would include (1) a built-in means to maintain the same growth rate as health care costs; and (2) a funding method that does not violate the Employee Retirement Income Security Act (ERISA);
 - a strategy for preventing and dealing with shortfalls in the funding stream;
 - the creation of a trust fund that can only be used for the Health Plan; and
 - the responsible investment of the balance of the trust fund; and
- implement a smart identity card for plan participants and coordinate with providers to create a centralized, secured medical record system, with the start-up information technology costs for the Health Plan paid through an appropriation from the General Fund.

Introduced by Representatives Brockman, Luebke, Insko, and Cunningham and referred to the House Appropriations Committee.

HOUSE BILL 831, Remove Raffle Value Restrictions, would remove the maximum value restrictions for prizes in raffles conducted by nonprofit organizations. The value of prizes that may be raffled by nonprofit organizations is currently limited to \$125,000 cash, a value of \$125,000 in merchandise, or a value of \$500,000 in real property. **Introduced by Representative Queen and referred to the House Regulatory Reform Committee.**

HOUSE BILL 847, Amend Laws Re: Medical Treatment for Minors, would make a variety of amendments to the statutes regarding medical treatment consent for minors, including:

- prohibiting a person or institution from filing a report of abuse or neglect based solely on the decision of a parent or legal guardian to follow treatment recommended by a licensed health care provider or licensed provider of mental health services. The bill would provide that a parent or legal guardian has the right to follow the advice and treatment plan of a licensed health care provider or a licensed provider of mental health services over a contrary opinion or recommended treatment plan of another licensed health care provider or licensed provider of mental health services if the decision does not involve an immediate, life-threatening situation. Even in the case of an immediate, life-threatening situation, the decision of the parent or legal guardian to follow the advice or treatment plan of a licensed health care provider or a licensed provider of mental health services could not be overridden unless there is clear and convincing evidence that warrants a different decision;
- amending the statute regarding a minor's consent for certain medical health services by:
 - removing the current provision that allows a minor to give effective consent to a physician licensed to practice medicine in North Carolina for medical health services for the prevention, diagnosis and treatment of (1) venereal disease and other reportable diseases, (2) pregnancy, (3) abuse of controlled substances or alcohol, and (4) emotional disturbance;
 - enacting new provisions to require the consent of the parent or legal guardian of the minor to: (1) procure, solicit to perform, arrange for the performance of, or perform a surgical procedure on a minor; (2) perform a physical examination of a minor; and (3) prescribe any prescription drug for the treatment of a minor;
 - prohibiting a hospital or medical center from permitting a surgical procedure to be performed upon a minor in any of its facilities without first obtaining the notarized written consent of the parent or legal guardian of the minor;
 - providing exemptions to this requirement when a licensed physician determines that: (1) a medical emergency exists and it is necessary to perform a surgical procedure on the minor in order to treat that medical emergency; (2) the minor is in need of treatment for substance abuse; or (3) treatment is necessary to save the life of the minor, and reasonable efforts to contact the parent or legal guardian of the minor have been unsuccessful; and
 - making a violation an unclassified misdemeanor, punishable by a fine of not more than \$1,000, or imprisonment of not more than one year, or both;
- prohibiting a physician licensed to practice medicine in North Carolina from performing an abortion upon an unemancipated minor without first obtaining the written consent of the minor and *the notarized written consent* of the minor's parent or legal guardian;
- prohibiting a licensed health care provider, except as prohibited by federal law, unless a parent or legal guardian or legal custodian of an unemancipated minor is present with the unemancipated minor and gives consent, from providing health care services for the prevention, diagnosis, and treatment of (1) sexually transmitted diseases, including HIV/AIDS, (2) abuse of controlled substances or alcohol, (3) mental illness, or (4) pregnancy unless the health care provider or his/her agent, or another health care provider or his/her agent, first obtains the written consent of the minor and the notarized written consent of one of the following: a parent with custody of the minor; the legal guardian or legal custodian of the minor; a parent with whom the minor is living; or a grandparent with whom the minor has been living for at least six months immediately preceding the date of the minor's written consent;

- allowing a minor to petition, on his or her own behalf or by guardian ad litem, the district court judge assigned to the juvenile proceedings in the district court where the minor resides or where the minor is physically present for a waiver of the parental consent requirement if one of the following is true:
 - none of the persons from whom consent must be obtained is available to the physician performing the abortion or providing health care services for the prevention, diagnosis, and treatment of (1) sexually transmitted diseases, including HIV/AIDS, (2) abuse of controlled substances or alcohol, (3) mental illness, or (4) pregnancy or to the physician's agent or the referring physician or the agent thereof within a reasonable time or manner.
 - all of the persons from whom consent must be obtained pursuant to this section refuse to consent to the performance of an abortion or the provision of health care services as described; or
 - the minor elects not to seek consent of the person from whom consent is required;
- requiring the parental consent requirement to be waived if the court makes any of the following findings:
 - the minor is mature and well-informed enough to make the decision on his or her own regarding abortion or other health care services for the prevention, diagnosis, and treatment of (1) sexually transmitted diseases, including HIV/AIDS, (2) abuse of controlled substances or alcohol, (3) mental illness, or (4) pregnancy;
 - it would be in the minor's best interests that parental consent not be required; or
 - in instances where an abortion is sought, the minor is a victim of rape or of felonious incest;
- amending the medical emergency exception to also provide that the requirements of parental consent do not apply when, in the best medical judgment of the physician based on the facts of the case before the physician, a medical emergency exists that so complicates the pregnancy as to require the immediate provision of health care services;
- providing that (1) the liberty of a parent to direct the upbringing, education, and care of his or her child is a fundamental right; (2) this Article may not be construed to apply to a parent's action or decision that would end life; and (3) neither the State nor any agency or locality of the State will infringe upon on a parent's fundamental rights to the care, custody, and control of his or her child without demonstrating a compelling State interest and use of the least restrictive means of furthering that compelling State interest; and
- amending the provisions regarding voluntary admissions and discharges to provide that a minor may be admitted to a facility for mental health or substance abuse treatment if the minor (1) is mentally ill or a substance abuser, (2) is in need of treatment, and (3) has complied with the consent requirements.

Introduced by Representative Jordan and referred to the House Health Committee. The North Carolina College of Emergency Physicians opposes this legislation.

HOUSE BILL 853, Consumer Fireworks Safety, would allow the sale, use, handling, or discharge of certain consumer fireworks with the required permit or license. **Introduced by Representatives Brockman and Hardister and referred to the House Regulatory Reform Committee.**

HOUSE BILL 857, Tipped Employee Minimum Wage Change, would amend the State's labor laws to provide that, for employees who receive tips, only \$5 per hour in tips could be counted as wages. This new limit would remain in effect until December 31, 2016, after which time no tips

could be counted as wages **Introduced by Representatives Fisher, Harrison, L. Hall, and Luebke and referred to the House Rules Committee.**

HOUSE BILL 868, Up Minimum Wage/Set Rates/Add COLA, would increase the State's minimum wage (currently \$6.15/hr) to \$9.00/hr for employees of large employers and \$7.75 for small employers (businesses with \$500,000 in gross sales or more would be considered large employers for this purpose). Additionally, the bill would require the minimum wage to be increased each year by the same rate as the cost of living increase, as measured by the Consumer Price Index. **Introduced by Representatives Cunningham and Baskerville and referred to the House Rules Committee.**

HOUSE BILL 869, Campaign Integrity Act, would allow donors to the campaign of a candidate who changes parties during the term to which the candidate was elected to request the candidate refund those contributions. Subsequent donations to the candidate's campaign account would have to be used to satisfy all requests for reimbursement before they could be used for other expenses. **Introduced by Representative L. Hall and referred to the House Elections Committee.**

HOUSE BILL 873, Hospital Police Officers/Powers, would define hospital police officers as company police officers who are employed by, or contracted with, a local hospital or hospital authority. Hospital police officers would have the same powers as municipal and county police officers to make arrests for both felonies and misdemeanors and to charge for infractions on certain real property and also extends those powers on the portion of any public road or highway passing through or immediately adjoining that property. The bill would allow the chief executive officer of a local hospital or hospital authority that employs or contracts with hospital police officers to enter into joint agreements with the governing board of a city or county to extend the law enforcement authority of hospital police officers into any or all of the city's or county's (with the consent of the sheriff) jurisdiction and to determine the circumstances in which this extension of authority may be granted. **Introduced by Representative Jordan and referred to the House Judiciary II Committee.**

HOUSE BILL 880, Detain Respondents for First Examination, would provide that, if a respondent is being temporarily detained pursuant to an involuntary commitment order and the law enforcement officer vacates the facility after finding, in collaboration with the facility, that the respondent is safe to be temporarily detained under the appropriate supervision provided by the facility, then a company police officer may use appropriate and reasonable force to keep a respondent at the facility where the respondent is to be detained or return the respondent to the facility where the respondent is to be detained, if pursuant to a continuous and immediate pursuit. **Introduced by Representatives Jordan, Elmore, Faircloth, and Floyd. The bill was approved by the House Judiciary II Committee and the full House and will next be considered by the Senate Rules Committee.**

HOUSE BILL 885, Let Local Gov'ts Set Local Minimum Wage, would allow a local government to set the minimum wage within its jurisdiction. Additionally, the bill would require that the local minimum wage be increased each year by the increased cost of living, as measured by the Consumer Price Index. **Introduced by Representative L. Hall and referred to the House Rules Committee.**

HOUSE BILL 886, Second Amendment Preservation Act, would essentially declare federal gun laws invalid, including those relates to taxation, registration and limitation on type of firearm

owned. The bill would preclude State agencies, their employees and officials from enforcing them. It would also provide various remedies for citizens whose right to keep and bear arms was infringed by the enforcement of those laws (which would be unlawful under the provisions of the bill). Additionally the bill would abolish sovereign and governmental immunity and allow citizens whose rights are so infringed to sue the government for damages in limited situations. **Introduced by Representatives Setzer and Adams and referred to the House Judiciary I Committee.**

HOUSE BILL 888, *Appropriate Funds for Future Health Care Jobs*, would provide \$20 million this year and \$27 million next year to the Community Colleges System Office to increase the number of students entering into and graduating from health care certificate and health care degree programs throughout the State, if Medicaid eligibility is expanded to all people under age 65 who have incomes equal to or less than 133% of the federal poverty guidelines. **Introduced by Representatives Farmer-Butterfield, Cunningham, and Terry and referred to the House Appropriations Committee.**

HOUSE BILL 891, *Handgun Permit Standardization*, is substantively similar to Senate Bill 641, summarized in the April 3, 2015, Legislative Report, and 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;
- specify 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”).

The legislation would also prohibit a sheriff, as part of the required 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's investigation of the applicant's mental health history to the 120 months prior to the date of the application. **Introduced by Representatives Adams, Cleveland, Szoka, and Pendleton and referred to the House Judiciary I Committee.**

HOUSE BILL 894, *Game Nights/Nonprofit Fund-Raiser*, would authorize nonprofit organizations (defined as “organization that has been in continuous existence in the county of operation of the game night for at least five years and that is exempt from taxation under section 501(c)(3), 501(c)(4), 501(c)(5), or 501(c)(6)”) to operate “game nights” (defined as “a specific event at which games of chance are played and prizes are awarded and that is sponsored by or on behalf of an exempt organization for the primary purpose of raising funds for the exempt

organization”), after obtaining a specific permit from the Alcohol Law Enforcement Branch of the Department of Public Safety. The bill includes provisions on the permitting process and requirements and limitations on game night events. **Introduced by Representatives Boles, Floyd, Lucas and Saine and referred to the House Regulatory Reform Committee and, if favorable, the House Alcoholic Beverage Control Committee.**

HOUSE BILL 896, Forcible Entry Into Car/Child Trapped Inside, would provide that a person is immune from civil liability for any damage resulting from the forcible entry of a motor vehicle to remove a minor from the vehicle, if the person does all of the following:

- determines the vehicle is locked or there is otherwise no reasonable method for the minor to exit the vehicle;
- has a good faith belief that forcible entry into the vehicle is necessary because the minor is in imminent danger of suffering harm if not immediately removed from the vehicle and, based upon the circumstances known to the person at the time, the belief is a reasonable one;
- has contacted the local law enforcement agency, the fire department, or the 911 operator prior to forcibly entering the vehicle;
- places a notice on the vehicle's windshield with the person's contact information, the reason the entry was made, the location of the minor, and that the authorities have been notified;
- remains with the minor in a safe location, out of the elements but reasonably close to the vehicle until law enforcement, fire, or other emergency responder arrives; and
- used no more force to enter the vehicle and remove the child from the vehicle than is necessary under the circumstances.

The immunity provided would not affect the person's civil liability if the person attempts to render aid to the minor in addition to what is authorized by this section. **Introduced by Representatives Hanes, Tine, McNeill, and Reives and referred to the House Judiciary I Committee.**

HOUSE BILL 920, Omnibus Economic Development Improvements, would restore a variety of tax credits and incentives for economic development, including community development tax credit, the Historic Rehabilitation Tax Credit, the Film and Entertainment Grant Fund, the Low-Income Housing Tax Credit, Tax Credits for Qualified Business Investments, and others. NOTE: Economic development and tax credits are the subject of ongoing conflict between the Senate, which is generally against such incentives, and the House and Governor, which are generally aligned in favor. **Introduced by Representatives Saine, Hamilton, R. Moore, and Jeter and referred to the House Finance Committee and, if favorable, the House Appropriations Committee.**

HOUSE BILL 923, Behavioral Health Partnership Pilot Program, would direct the Department of Health and Human Services to conduct a three-year pilot program to assist rural hospitals in the conversion of existing, unused acute care beds into licensed, short-term inpatient behavioral health beds in order to increase inpatient bed capacity for short-term care of individuals experiencing an acute mental health, substance abuse, or developmental disability crisis. The Secretary would select rural hospitals located in two different regions of the State that are currently participating in the statewide telepsychiatry program to participate in the pilot program, and at least one of the regions selected would be located in a rural area surrounding Wake County. A maximum of 50 beds could be converted into short-term inpatient behavioral health beds in each region. Each selected rural hospital would be allowed to convert unused acute care beds into licensed inpatient psychiatric or substance abuse beds for adults, adolescents, children,

or all three, without undergoing certificate of need review, and all converted beds would be subject to existing licensure laws and requirements. As a condition of participating in the pilot program, each selected rural hospital would be required to reserve at least 50% of the beds converted for (1) purchase by DHHS under the State-administered three-way contract, and (2) referrals by LME/MCOs of individuals who are Medicaid recipients or indigent.

At least once every six months, DHHS would conduct monitoring visits of the participating rural hospitals, and would be responsible for investigating all complaints related to the pilot program. Each hospital would provide a monthly report to DHHS on the number of individuals receiving short-term, inpatient psychiatric, substance abuse, or developmental disability services and the average length of stay of individuals receiving these behavioral health services under the pilot program. DHHS could suspend or terminate the pilot program at any time due to noncompliance with applicable regulatory requirements that has resulted in serious harm to individuals receiving behavioral health services or when there is a substantial risk that serious harm will occur to individuals receiving behavioral health services under the pilot program.

DHHS would report on the status of the pilot program at least once each year to the Program Evaluation Division and the Fiscal Research Division, including the number of beds converted into licensed, inpatient psychiatric beds in each region, broken down by hospital; the number of beds or bed days purchased at each participating hospital by DHHS under the State-administered three-way contract; the number of referrals to participating hospitals by the LME/MCOs; the number and age of the individuals receiving short-term inpatient psychiatric, substance abuse, or developmental disability services under the pilot program; and objective, measurable outcomes of the individuals served through this pilot program. The Program Evaluation Division would conduct a comprehensive evaluation of the pilot program and report the results of its evaluation to the Joint Legislative Program Evaluation Oversight Committee and the Joint Legislative Oversight Committee on Health and Human Services by November 1, 2017.

The bill would also require the net proceeds of the sale of the Dorothea Dix Hospital campus to be deposited into the Mental Health Trust Fund and that a sufficient amount of these proceeds be appropriated to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substances Abuse Services, for the 2015-16 fiscal year to pay for renovation or building costs associated with converting existing acute care beds into licensed, short-term inpatient behavioral health beds designated for voluntarily and involuntarily committed patients in the rural hospitals selected to participate in the pilot program. **Introduced by Representatives Malone, Avila, Pendleton, and Steinburg and referred to the House Appropriations Committee.**

HOUSE BILL 925, Require Hospitals to Offer Influenza Vaccine, would require all licensed hospitals, from October 1 through March 1 each year, to offer immunization against the influenza virus to a patient 65 years of age or older who has been admitted for inpatient care prior to discharge, unless medically contraindicated and contingent upon availability of the influenza vaccine. The bill also would provide \$25,000 to the Department of Health and Human Services, Division of Health Service Regulation, to develop a campaign to ensure that all hospitals subject to these requirements are aware of and understand what constitutes compliance with these requirements. **Introduced by Representative Burr and referred to the House Appropriations Committee.**

HOUSE BILL 928, Two-Thirds Vote to Levy Taxes, would add a ballot referendum to the November 2016 general election ballot which, if passed by a majority of voters, would require

any law that raises taxes or authorizes a local government to raise taxes to be passed by a two-thirds majority of both the House and Senate. **Introduced by Representatives Blust, Holloway, Jones, and Millis and referred to the House Rules Committee.**

HOUSE BILL 929, Taxpayer's Bill of Rights, would add a ballot referendum to the November 2016 general election ballot which, if passed by a majority of voters, would restrict the growth of State fiscal year spending to inflation plus the percentage change in state population. If State revenues exceed the total required to fund State spending at that level, it would be transferred to an Emergency Reserve Fund (as created by the bill), the Budget Stabilization Fund, used to pay down unfunded liability of the State in the State Health Plan or the Teachers' and State Employees' Retirement System, or refunded to the taxpayers in the form of tax rebates or temporary tax rate reductions. Any law that would increase the limit as outlined above would have to be passed by a two-thirds majority of both the House and Senate. **Introduced by Representatives Blust, Riddell, Jones, and Holloway and referred to the House Rules Committee.**

HOUSE BILL 939, Restore Funding for Tobacco Use Prevention, would increase the excise tax on vapor products to 12.8% of the price of the products, and amend the allocation of the tax to require certain amounts generated by the tax on vapor products to be allocated to the General Fund and to the Youth Tobacco Use Prevention Fund. The bill would establish the Youth Tobacco Use Prevention Fund in the Department of Health and Human Services for youth tobacco use prevention programs and initiatives. DHHS would report by November 1st of each year on the use of State funds for youth tobacco use prevention. **Introduced by Representatives Queen and Fisher and referred to the House Appropriations Committee.**

HOUSE BILL 940, 2015 Governor's Budget, contains the Governor's 2015-16 budget proposal, which was released on March 5, 2015. **Introduced by Representatives Dollar, L. Johnson, McGrady, and Lambeth and referred to the House Appropriations Committee.**

BILL UPDATES

HOUSE BILL 465, 72 Hours Informed Consent by Person or Phone, was amended in the House Health Committee to:

- no longer require that the physician who performs an abortion be an obstetrician or gynecologist;
- retain the 72 notice provision but allow the first contact to be made by phone;
- require specified records be kept by physicians who advise, procure, or cause a miscarriage or abortion after the 18th (was, 16th) week of a woman's pregnancy; and
- remove the provisions that would have: (1) prohibited employees at the medical schools at East Carolina University or the University of North Carolina at Chapel Hill from performing or supervising an abortion as part of the employee's official duties; (2) prohibited using money from the UNC Health Care System for abortions; (3) prohibited state facilities created, owned, controlled, or managed by the UNC Health Care System from being used in the performance of abortions; and (4) clarified that University of North Carolina Hospitals at Chapel Hill Funds are subject to the statutory limitation on the use of State funds for abortions.

The bill as amended was approved by the House Health Committee and the full House. The bill will next be assigned to a Senate committee for consideration.

HOUSE BILL 892, 2015 Speaker's Appointments, was amended in the House Rules Committee to appoint Representative Dan Bishop of Mecklenburg County (to fill the unexpired term of Tom Murry) and Representative Larry Yarborough of Person County (to fill the unexpired term of Mark Hollo) to the Justus-Warren Heart Disease and Stroke Prevention Task Force for terms expiring on June 30, 2015. **The bill as amended was approved by the House Rules Committee and the full House. The bill will next be considered by the Senate Rules Committee.**

SENATE BILL 286, Regulate the Sale of E-Liquid Containers, was amended on the Senate floor to make it a Class A1 misdemeanor for a person, firm, or corporation to sell, offer for sale, or introduce into commerce in this State an e-liquid container for an e-liquid product containing nicotine unless the packaging for the e-liquid product states that the product contains nicotine. **The bill as amended was approved by the Senate and will next be assigned to a House committee for consideration.**

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