



INTRODUCTION

Last Thursday was the crossover deadline (by which all bills that do not have a Finance or Appropriations impact must be passed by the chamber in which they were filed, or be “dead” until the next full session convenes in 2017), and last week was incredibly hectic as legislators, staff, and lobbyists worked to move bills through committee and onto the floor for a vote. While the Senate concluded their work relatively quickly each day, the House went late into each night, finishing at roughly 2:30 a.m. Thursday morning after a marathon 18-hour day. Over 200 bills were passed by the House alone last week, with committee hearings held during breaks - some around members’ desks on the floor - passing or making last minute changes to a variety of bills. As relieved and exhausted House members filed out in the early hours, many remarked that the breakneck pace was no way to govern, as they do each year after crossover, yet we expect next session the scene will be much the same as it was last week, with little time for members to read, let alone fully comprehend, some of the laws they voted to enact.

Now that crossover has passed, the main focus of the General Assembly will turn to the two major issues left to address this session - the State budget and reform of the Medicaid system. The weeks to come will likely see fewer policy committee meetings and more meetings of Appropriations subcommittees - with less than two months before the end of the fiscal year the chambers must each pass their budget proposals and complete negotiations to craft a compromise version before sending it to the Governor. Each chamber has now been sent a number of bills that are priorities of the other, and bills being “held hostage” to other negotiations is commonplace during this time of session. It is also common for unrelated provisions to be added to bills that have crossed over, in the hopes that they will be agreed to by the originating chamber (in this way, even provisions that were part of bills that did not make crossover and are therefore “dead” for the session can be given new life). Medicaid Reform – an issue that sharply divided the General Assembly last year and ended in a stalemate – continues to be a source of conflict, especially as legislative leaders have made clear they intend to pass a reform measure before they adjourn the session, regardless of how long it takes. In addition to the negotiations and tensions between the two chambers, the Governor will continue to push the House and Senate to hear his priorities, as his reelection campaign gears up and the court battle between the legislature and executive continues to drag on. As these dramas play out we will continue to advocate for your priorities in both chambers, and be vigilant for issues that may affect you being added in unexpected places.



NORTH CAROLINA COLLEGE OF EMERGENCY PHYSICIANS



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REQUIRE SAFETY HELMETS/UNDER 21

HOUSE BILL 142, Require Safety Helmets/Under 21. This bill is opposed by the **North Carolina College of Emergency Physicians** and we have been working with the Chairs of the House Insurance Committee where the bill has been referred for consideration. When the chairs of that Committee decided not to allow a hearing on the bill before the cross-over deadline the bill was moved to the House Rules Committee where a meeting was held late on Wednesday evening. The North Carolina College of Emergency Physicians spoke against the bill along with the NC Medical Society and several insurance groups. The Rules Committee then voted against the bill in Committee, and the bill did not meet the cross-over deadline and should not be considered again this session (although there are ways around this).

BILL UPDATES

HOUSE BILL 528, Establish Chiropractor Co-Pay Parity, was amended on the House floor to enact a new statute (Co-payments for services performed by chiropractors) that would prohibit an insurer offering a health benefit plan from imposing upon an insured as a limitation on treatment or level of coverage a co-payment amount for services performed by a duly licensed chiropractor that is higher than the co-payment amount imposed upon the insured for services performed by a duly licensed primary care physician for a comparable, medically necessary treatment or condition. **The bill as amended was approved by the House and will next be considered by the Senate Rules Committee.**

HOUSE BILL 562, Second Amendment Affirmation Act, (previously, “Amend Firearm Laws”) was heard in the House Judiciary I Committee, and a new version was presented that differed from the original version in a variety of ways, and notably did not include some of the most controversial provisions of the original bill (among these were provisions dealing with the repeal of the pistol purchase permit, limiting businesses’ ability to regulate firearms on their property, allowing guns on school grounds, and others). Several of the PCS’ provisions remain controversial, however, particularly one that would prohibit health care workers from disclosing information about a patients’ intent to harm themselves or others with a firearm (see below). Controversy over the bill and debate about whether the House should take it up for a floor vote continued throughout the day on Wednesday (effectively the last day it could be taken up before crossover). As a compromise the House sent the bill to the Rules Committee where a new provisions was added to appropriate \$20,000 to the Administrative Office of the Courts to implement one of the requirements of the bill related to the National Instant Background Check System (NICS). The new version also added the provision repealing the pistol purchase permit back into the bill. Because the bill now has a fiscal impact it must be heard in the House Appropriations Committee, and is therefore not subject to the crossover deadline, and can be considered again at any time during the remainder of the session.

A particularly controversial section, which became known as the “doc gag” provision, lists a number of findings (including that “lawfully possessed, stored, and used firearms and ammunition are not a threat to the public health” and that “health care providers do not have any special expertise in the safe storage or use of firearms and ammunition merely by virtue of their status as health care providers”) and would prohibit a health care provider from asking a patient or the patient's parent, guardian, or custodian to complete a 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. The section would also prohibit a health care provider from 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 bill defines health care provider as, without exception, any person "who is licensed or is otherwise registered or certified to engage in the practice of or otherwise performs duties associated with any of the following: medicine, surgery, dentistry, pharmacy, optometry, midwifery, osteopathy, podiatry, chiropractic, radiology, nursing, physiotherapy, pathology, anesthesiology, anesthesia, laboratory analysis, rendering assistance to a physician, dental hygiene, psychiatry, psychology, or a hospital." **This bill was approved by the House Judiciary I and Rules Committees and will next be considered by the House Appropriations Committee. The bill has been scheduled for this week and in light of the controversy surrounding the bill it is very likely that some of the provisions will be amended or removed.**

HOUSE BILL 760, Regulatory Reform Act of 2015, was amended in the House Regulatory Reform Committee to prohibit an occupational licensing board from contracting with or employing a person licensed by the board to serve as an investigator or inspector if the licensee is actively practicing in the profession or occupation over which the board has jurisdiction; however, the board could employ licensees who are not otherwise employed in the same profession or occupation or for other purposes. **The bill as amended was approved by the House Regulatory Reform Committee and, after further amendment on the House floor, was approved in a first vote by the House and will hold the second vote this week. If approved, the bill will next be considered by the Senate. This legislation is not subject to the cross-over deadline and remains eligible to be considered.**

HOUSE BILL 774, Restoring Proper Justice Act, was amended in the House Judiciary I Committee to provide that a "medical professional other than a physician" includes a nurse practitioner (was, an advanced degree nurse) and an emergency medical technician who is licensed or credentialed by the licensing board, agency, or organization responsible for licensing or credentialing that profession. **After further amendment on the House floor, the bill as amended was approved by the House and will next be considered by the Senate Judiciary II Committee.**

HOUSE BILL 847, Parental Rights and Med. Treatment of Minors. Portions of this bill were opposed by the **North Carolina College of Emergency Physicians**. The bill was heard in the House Health Committee where the bill was amended to remove those controversial portions that would have required parental consent to treat minors for a variety of things including drug abuse, STDs, and pregnancy. The remaining bill would prohibit the filing of 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 provides 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. A provision in this section was amended to provide that, 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 does not give rise to an obligation to report suspected abuse or neglect (the original version of this provision provided that, 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).

The other remaining section of the bill, titled “Parents’ fundamental rights,” provides that “the liberty of a parent to direct the upbringing, education, and care of his or her child is a fundamental right. Neither the State nor any agency or locality of the State shall infringe 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 (except actions or decision that would end life).” This section was part of the original bill and both PCSs. An amendment added on the House floor (and adopted unanimously) provides that the provision above cannot be construed to create any additional rights or impose any additional obligations than otherwise exist under federal and State law. **This bill was approved by the House Health and Judiciary III Committees and the full House, and will next be considered by the Senate Rules Committee.**

SENATE BILL 207, Aggravating Factor/Violent Act Before Minor, was amended in the Senate Judiciary I Committee to add a requirement that a judge determine the conditions of pretrial release when a defendant is charged with assault on, stalking, communicating a threat to, or committing a felony upon a person with whom the defendant is or has been in a dating relationship (this provision also appears in Senate Bill 310). The amendment and bill were both passed unanimously and sent to the Senate floor; however, the bill was then removed from the floor and referred to the Senate Health Care Committee. It was not taken up before the crossover deadline, and the bill is considered “dead” for the session. Advocates for these provisions have been assured that they will be included in another bill that is not subject to crossover. **This bill was approved by the Senate Judiciary I Committee, and then referred to the Senate Health Care Committee.**

SENATE BILL 598, Substance-Exposed Newborns Protection Plans, was amended in the Senate Health Care Committee to: (1) require county departments of social services to follow rules adopted by the Department of Health and Human Services regarding the development of protection plans for substance-exposed newborns and the conduct of child protective services assessments of those newborns; and (2) direct the Department of Health and Human Services to adopt rules to implement these provisions. **The bill as amended was approved by the Senate Health Care Committee and will next be considered by the Senate State and Local Government Committee.**

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