



INTRODUCTION

In the second full week of the “short” legislative session, the fast pace that has been set since May 14th only accelerated, with major reforms to the state’s taxation, regulatory and energy structures moving rapidly through the legislative process toward the Governor’s desk. The Senate released their budget proposal, bypassing the subcommittee process and moving it from public release to passage within 48 hours, with a final vote taken at 12:15 a.m. on Saturday morning. The Energy Modernization Act (fracking bill), which authorized for the first time the issuance of permits for oil and gas development through hydraulic fracturing in our state, similarly moved through the entire legislative process within a matter of days. The tax reform bill, which includes drastic changes to the current Privilege License Tax (PLT) system, was modified by the Senate to keep the PLT in place for one year (limited to businesses physically located inside municipal limits). Rather than force a negotiated compromise - a potentially protracted process - the House agreed to the change and the bill was signed into law. The Senate also finished work on this year’s regulatory reform package (over 60 pages), sending it to the House 10 days after it was first heard in committee.

With action on so many major issues already taken, the coming weeks may see the pace may slow slightly, as the House Appropriations subcommittees meet to consider the Senate and Governor’s budgets and to craft their own proposal. There are many other issues that have had to wait as much of the General Assembly’s collective energy was put into the major reform bills, so we expect legislative calendars and committee schedules to be very full. With optimistic (and likely unrealistic) rumors of late-June adjournment flying, the rush to get particular policy changes moved through the process is on, as the prospect of coming back next year to “start over” on a given issue keeps legislators and stakeholders motivated to find a path for their bills to the Governor’s desk. As always we will keep you posted as things develop, and remain available for any questions, clarifications or concerns.

NOTE: We are preparing an additional report to summarize the Senate’s budget as approved on Saturday, and will send that out later this week.



NORTH CAROLINA COLLEGE OF EMERGENCY PHYSICIANS



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BILLS OF INTEREST

HOUSE BILL 1169, Update/Modernize Midwifery Practice Act, is identical to Senate Bill 819, summarized below in this Legislative Report. **Introduced by Representative Stevens and referred to the House Committee on Health and Human Services.**

HOUSE BILL 1173, Licensing Boards Rules for Professional Corporations, would authorize licensing boards subject to the Professional Corporation Act to establish rules (subject to the requirements of the Administrative Procedure Act) to enforce the provisions of the Professional Corporation Act (which subjects professional corporations to the applicable rules and regulations adopted by, and all the disciplinary powers of, the relevant licensing board). This authority includes the ability to establish any rules needed to establish fees within the existing limits (currently, no more than \$50 per registration, \$25 per renewal and \$35 for renewals past 30 days of the expiration of the registration). **Introduced by Representatives Moffitt, Murry, R. Moore, and Riddell. The bill has been approved by the House Committee on Regulatory Reform and will next be heard on the House floor.**

HOUSE BILL 1177, Property Tax for Teacher Compensation, would require counties to levy a one cent property tax per \$100 appraised value of property subject to taxation. This tax could only be used to supplement the salaries of all teachers employed by local school administrative units within the county. **Introduced by Representative R. Brawley and referred to the House Finance Committee.**

HOUSE BILL 1181, Partnership for a Healthy North Carolina 2014. This bill would enact the Partnership for a Healthy North Carolina Act of 2014 which is the plan that Governor McCrory has proposed to reform Medicaid using an ACO model. This plan is the result of one year's worth of study by a special committee set up to review Medicaid. The bill would:

- direct the Department of Health and Human Services to establish a Medicaid ACO Program to reform the State's current fee-for-service system modeled after the federal Medicare Shared Savings Program and adapted as needed to reflect the needs and strengths of North Carolina's Medicaid program and health care community, with the goal that all eligible Medicaid beneficiaries will eventually receive services through a Medicaid ACO;
- define *Accountable Care Organization (ACO)* as “an entity created to include more than one health care provider that is intended to be associated with a defined population of patients and is accountable for the quality and cost of care that is delivered to a defined population of patients and through which health care providers share in savings created by (i) improving the quality of care to the defined population of patients and (ii) reducing the growth of the cost of care delivered to the defined population”;
- define *Medicaid ACO Program* as a “program administered by the Department whereby Medicaid ACOs are assigned an annual budget based on a trended, risk-adjusted health cost history of assigned beneficiaries and claims of assigned beneficiaries are debited against the budget. ACOs share in savings or losses realized, with the outcome tied to ACOs' performance on predetermined quality measures”;
- set out the powers and duties of the Secretary of Health and Human Services, which would include overseeing the development and implementation of the Medicaid ACO Program;
- require DHHS to develop a process to certify applicants for participation in the Medicaid ACO Program and to ensure any approved applicant meets the specified minimum requirements;

- require the applicant for certification as a Medicaid ACO to:
 - document how it (i) plans to promote evidence-based medicine, promote beneficiary engagement, report internally on quality and cost metrics, and ensure coordination of care for beneficiaries assigned to it and (ii) will emphasize patient-centeredness and contribute to whole-person care;
 - commit to become accountable for the quality, cost, and overall care of the beneficiaries assigned to it;
 - demonstrate the capability of receiving and distributing shared savings; repaying shared losses; establishing, reporting, and ensuring that all participating providers comply with program requirements, including quality performance standards; and performing other requisite ACO functions as set forth in statute and regulation; and
 - demonstrate how it intends to distribute any savings and assign any losses based on the participating providers' respective roles in the coordination and delivery of care for assigned beneficiaries. The Department could not approve an application that provides a distribution formula that apportions solely on claim dollar value;
 - include provisions for Medicaid ACO organization and governance;
 - require a Medicaid ACO to enter into, and continuously operate under, a cooperative agreement with each local health department and each LME/MCO in the communities it serves for the purposes of advancing whole-person care and population health improvement;
 - require a Medicaid ACO to include as participants primary care physicians (PCP) that agree to perform the function of a patient-centered medical home for beneficiaries that select or are assigned to them. A PCP could be affiliated with only a single Medicaid ACO at any one time; all other types of health care providers and facilities could be associated with one or more Medicaid ACOs for purposes of participating in the Medicaid ACO Program;
 - include provisions regarding eligible beneficiary assignment, which would:
 - provide that an eligible beneficiary's selection of a PCP will be the basis for assigning the beneficiary to a Medicaid ACO. If the beneficiary fails to enroll with a PCP within 30 days of gaining Medicaid eligibility, the Division would assign the beneficiary to a participating PCP using an auto-assignment process that considers reasonable travel time, prohibits discrimination on the basis of health status or requirements for health care, and allows the beneficiary to terminate the assignment without risk of discontinued or interrupted medical services;
 - allow selected classes of Medicaid beneficiaries receiving limited benefits from Medicaid to not be assigned to a Medicaid ACO due to the difficulty in systematically effecting their care; and
 - provide that beneficiaries who cannot be assigned to Medicaid ACOs or who actively choose a PCP not affiliated with a Medicaid ACO will be subject to care coordination under the Carolina Access program, and allow DHHS to introduce into the Carolina Access program provider incentives for cost efficiency and quality improvement that are comparable to the Medicaid ACO Program's incentives yet suitable to the structure of Carolina Access;
 - provide for Shared savings and losses, including:
 - directing DHHS to develop a formal methodology for determining a Medicaid ACO payment model, which would incorporate the following features: (i) the set of Medicaid-covered or NC Health Choice-covered services to be included in the pool of funds for which ACOs will share savings and losses; (ii) a process to
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- determine and establish spending benchmarks for Medicaid ACOs; and (iii) a process to compute savings and losses and the share of savings owed to the ACO by the State or the share of loss owed to the State by the ACO;
- requiring DHHS to devise and implement a savings and loss sharing arrangement for outpatient prescription drugs where ACOs and LME/MCOs would jointly participate in the cost outcomes for beneficiaries that each pair of ACO and LME/MCO serves in common; and
 - requiring the Medicaid ACO to receive and distribute any shared savings and assess and repay to the Division any and all shared losses. The Division would remit payment of any savings share solely to the Medicaid ACO entity and would not have any obligation to the ACO's participating providers with respect to shared savings or losses;
- direct DHHS to develop a Medicaid quality measurement protocol and establish objectively measurable goals for ACOs that identify the ranges of performance required to effectuate the savings and loss sharing provisions;
 - require a Medicaid ACO to share clinical data from electronic health records or other sources to permit quality measurement and to enable providers not directly linked to one another to see information on patients actively in their care;
 - require the Division to deliver to Medicaid ACOs certain identifiable service-specific data on assigned beneficiaries to be used by the ACOs and participating providers only for health needs assessment, care coordination, treatment, health care operations, and performance evaluation, and the Division would make available periodic reports of the assigned beneficiaries' aggregated health care usage and cost experience;
 - allow DHHS, subject to approval by the federal Centers for Medicare & Medicaid Services (CMS), to develop and implement one or more of specified types of pilot projects;
 - direct DHHS to evaluate the Medicaid ACO Program each year to assess whether cost savings, including, but not limited to, savings in administrative costs and savings due to improved health outcomes, are achieved through implementation of the Program, and report the results of the evaluations and any recommendations to the Joint Legislative Oversight Committee on Health and Human Services;
 - provide that the Act could not be construed to (i) limit the choice of a Medicaid beneficiary to access care for family planning services or any other type of health care services from a qualified health care provider who is not participating in the Medicaid ACO Program; or (ii) preclude DHHS, qualified primary care and behavioral health care providers, licensed health care facilities, or any other provider or payer of health care services from participating in other ACOs, health or behavioral health ACO models, medical home programs, or projects;
 - provide \$1 million to DHHS for any necessary changes to NCTracks, benchmark setting and independent actuarial validation, and to otherwise implement the Act; and
 - direct DHHS to report to the Joint Legislative Oversight Committee on Health and Human Services by February 16, 2015, on the findings and recommendations of its strategic planning for long-term services and supports for Medicaid beneficiaries.

Introduced by Representatives Dollar, Burr, Avila, and Lambeth and referred to the House Health and Human Services Committee.

HOUSE BILL 1200, Establish Urban Search & Rescue, would: (1) establish an Urban Search and Rescue Program, administered by the Division of Emergency Management; (2) establish the Urban Search and Rescue Team Advisory Committee to advise on the establishment of the Urban Search and Rescue Program and evaluate and advise of the need for additional contract response teams to serve the State; and (3) provide \$100,000 for the Program. Members of a contract response team would be protected from liability while on an urban search and rescue team or specialty rescue team mission pursuant to authorization from the Division of Emergency Management. **Introduced by Representatives S. Ross, Ramsey, and Insko and referred to the House Homeland Security, Military, and Veterans Affairs Committee.**

HOUSE BILL 1202, Tax Deduction for Medical Expenses, would allow for an income tax deduction for specified medical expenses for taxpayers who are age 65 and older. **Introduced by Representatives Catlin, Malone, Murry, and Ramsey and referred to the House Finance Committee.**

HOUSE BILL 1203, Private Hospital Toxicology Fee, would authorize a court to assess a fee for the costs of the services of a private hospital performing toxicological testing for a prosecutorial district, and would direct the Administrative Office of the Courts to recommend cost limitations on contracts with private hospitals performing such testing. **Introduced by Representative T. Moore and referred to the House Judiciary Subcommittee C.**

HOUSE BILL 1208, Governor's Budget, is identical to Senate Bill 842, summarized above in this Legislative Report. **Introduced by Representatives Dollar, Burr, Johnson, and McElraft and referred to the House Committee on Appropriations.**

HOUSE BILL 1210, Rescind Income Tax Cut for Millionaires, would rescind the income tax rate reduction for millionaires and other high-income taxpayers, and tax these incomes at a rate of 7.75%. Other income tax rates would be 5.75% for taxpayers with incomes lower than these amounts. The bill also would repeal Session Law 2013-316, Section 1.2, which imposed a tax rate of 5.75 on all individual taxpayers. **Introduced by Representatives Luebke, Earle, Insko, and Lucas and referred to the House Finance Committee.**

HOUSE BILL 1220, Hope 4 Haley and Friends, would create a Compassionate Use Registry for the use and administration of hemp oil extract for people suffering from intractable seizure disorders, and provide that compassionate use registrants are not subject to criminal penalties for the possession and use of hemp oil extract when possessed and used to treat the same. In addition, the bill would encourage the University of North Carolina at Chapel Hill, Duke University, and Wake Forest University to research hemp oil development, production, and use for the treatment of seizure disorders and to participate in any ongoing or future clinical studies or trials. **Introduced by Representatives McElraft, Avila, Carney, and Fulghum and referred to the House Health and Human Services Committee.**

HOUSE BILL 1226, Coal Ash Management Act of 2014, would include a variety of provisions regarding coal ash management to: (1) prohibit the recovery of costs related to unlawful discharges from coal ash surface impoundments; (2) provide for the comprehensive management of coal ash; (3) prohibit the construction of new or expansion of existing coal ash surface impoundments effective July 1, 2014; (4) prohibit the disposal of coal ash generated after August 1, 2014, into surface impoundments and require that coal ash generated after that date be disposed of in sanitary landfills or put to beneficial use as allowed by law; (5) provide for a moratorium on use of coal ash as structural fill and study use of coal ash as structural fill and for

other beneficial uses, and a moratorium on and study of disposal of coal ash to landfills; (6) strengthen the reporting and notification requirements applicable to discharges of wastewater to waters of the state; and (7) require notification of emergency dam repairs, require emergency action plans for certain dams, and require inspection of dams at coal ash surface impoundments. **Introduced by Representatives Harrison, Fisher, Glazier, and Luebke and referred to the House Public Utilities and Energy Committee.**

HOUSE BILL 1228, Governor's Coal Ash Action Plan, is identical to Senate Bill 729, summarized in the May 23, 2014, Legislative Report. **Introduced by Representatives McGrady, Samuelson, and Hager and referred to the House Environment Committee.**

HOUSE BILL 1238, Increase Participation/Lower the Age to Run, would amend the State constitution, if approved by voters in a statewide election held on November 4, 2014, to reduce the age of eligibility to hold elected office from 21 to 18 to encourage the participation of young North Carolinians in local and state government. **Introduced by Representatives Burr, B. Brown, Jordan, and Younts and referred to the House Elections Committee.**

HOUSE BILL 1239, Restore Early Voting Period, would restore the early voting period by providing that, not earlier than (i) the third Thursday before the general election in even-numbered years and the first primary election in even-numbered years or (ii) the second Thursday before any other primary or election, in which absentee ballots are authorized, in which a voter seeks to vote and not later than 1:00 p.m. on the last Saturday before that election, the voter must appear in person only at the office of the county board of elections. **Introduced by Representatives L. Hall, Cunningham, Pierce, and Harrison and referred to the House Elections Committee.**

HOUSE BILL 1240, NC College Student Photo ID, would allow a student photo identification card issued by North Carolina colleges and universities to be used to identify voters if it has a printed expiration date and has not expired. **Introduced by Representatives L. Hall, Fisher, Richardson, and Pierce and referred to the House Elections Committee.**

HOUSE BILL 1250, Amend Definition of Dangerous Firearm, would provide that air rifles, air pistols, and bb guns are not included in the definition of "dangerous firearms" for certain purposes in Anson, Cleveland, Harnett, Stanly, and Surry Counties. **Introduced by Representatives Stevens, Burr, Lewis, and Stone and referred to the House Judiciary Subcommittee B.**

SENATE BILL 734, Regulatory Reform Act of 2014. This bill was filed on May 14th, and is the fourth regulatory reform bill proposed by the Senate majority who has touted the reduction in red tape for businesses as one of their prime objectives. The bill has already been heard and approved in the Senator Agriculture/Environment/Natural Resources Committee and the Senate Finance Committee and amended on the Senate floor. As approved by the Senate, the bill would include a variety of provisions for various administrative reforms, eliminate certain unnecessary or outdated statutes and regulations, modernize or simplify cumbersome or outdated regulations, make various other statutory changes, and update and amend certain environmental and natural resources laws. These provisions would include:

- amending the statute regarding the periodic review and expiration of existing rules to provide that a rule will be considered necessary with substantive public interest if the rule imposes a more restrictive standard, limitation, or requirement than those imposed by federal law or rule;

- eliminating the Lottery Oversight Committee;
- eliminating the Board of Directors of the North Carolina Center for Nursing;
- authorizing licensing boards to adopt rules for professional corporations and to establish fees with the limits of the Professional Corporation Act;
- amending the provisions regarding legislative appointments when the legislator is required to consult with a third party (a trade group usually) by providing that (1) the recommendation or consultation is discretionary and is not binding upon the legislator; (2) the third party must submit the recommendation or consultation at least 60 days prior to the expiration of the term or within 10 business days from the occurrence of a vacancy, and (3) failure by the third party to submit the recommendation or consultation to the legislator within the required time period will be deemed a waiver by the third party of the opportunity;
- providing that, in order to be immune from liability for damages, a person, including a volunteer medical or health care provider at a facility of a local health department or at a nonprofit community health center or a volunteer member of a rescue squad, must *voluntarily and without expectation of compensation* render first aid or emergency health care treatment to a person who is unconscious, ill or injured;
- repealing the statute that makes it illegal to use profanity or indecent language on public highways; and
- increasing the penalties for parking in a handicapped space without the required placard.

Introduced by Senators Wade, B. Jackson, and Brock. The bill as amended was approved by the Senate and will next be sent to the House for consideration.

SENATE BILL 786, Energy Modernization Act, also known as the “fracking bill,” makes a variety of changes to the statutes enacted in the past few years, which collectively open North Carolina to oil and gas exploration and development by hydraulic fracturing. Previous legislation required action by the General Assembly before permits could be issued; however, this bill would allow permits to be issued 61 days after rules the Commission is required to develop to regulate fracking are adopted and approved by the Rules Review Commission. The bill moves the deadline for the adoption of those rules back to January 1, 2015, meaning unless the General Assembly takes action during the next session to block the rules, fracking permits could begin being issued next May.

Legislators opposed to or skeptical of the claims by sponsors that the rules being developed by the Commission provide sufficient protections for our state’s groundwater attempted to change the bill in various ways, but were voted down. Concerns expressed by these members and by environmental advocates noted that the proposed rules allow fracking wastewater to be stored in open pits, and treated wastewater to be dumped into lakes and rivers. Sponsors countered that the rules being developed would be the most stringent in the nation in protecting groundwater from fracking activities. **Introduced by Senators Rucho, Newton, and Brock. On an incredible fast track for such a complicated and controversial piece of legislation, between May 21st and 29th the bill was approved by the Senate Committees on Commerce and Finance and the full Senate, the House Committees on Public Utilities & Energy and Finance, and the full House. The Senate concurred with the House’s changes, and the bill was presented to the Governor on May 30th.**

SENATE BILL 819, Update/Modernize Midwifery Practice Act, is substantively similar to House Bill 204, filed last session and summarized in previous reports. H204 was converted to a study bill, the provisions of which were included in last year’s budget bill. During the interim, the Joint Health and Human Services Legislative Oversight Committee (HHS LOC) assigned a

study Subcommittee on Midwives (per the budget provision), charged with studying whether Certified Nurse-Midwives should be able to practice in collaboration with, rather than under the supervision of, physicians who practice obstetrics. (NOTE: The study did not consider issues regarding licensure for any category of unlicensed “lay” midwives, and dealt only with Certified Nurse-Midwives, who are Advanced Practice Registered Nurses licensed to practice midwifery in North Carolina per the Midwifery Practice Act of 1983.)

The Subcommittee met several times during the interim and heard testimony from stakeholder groups, local physicians, insurance companies and legislative research staff. The Subcommittee unanimously passed and issued their final report to the HHS LOC, which contained several findings and a set of recommendations, in the form of proposed legislation. The proposed legislation was filed by the chairs and members of the Subcommittee on Midwives as House Bill 1169 and Senate Bill 819. As recommended by the Subcommittee, this legislation would:

- Eliminate the requirement that Certified Nurse-Midwives (CNMs) acquire a signed supervisory agreement from a physician actively practicing obstetrics as a condition of receiving or maintaining approval to practice from the joint committee of the Board of Medicine and Board of Nursing (the Midwifery Joint Committee) which regulates and oversees their practice.
- Require a 2-year or 2400 hour (whichever comes later) “transition to practice” period for newly certified Nurse-Midwives, during which they must work under a signed collaborative agreement with a licensed obstetrical provider who has at least 4 years experience. The Midwifery Joint Committee would establish conditions for completing this requirement. In cases where a written agreement is terminated Certified Nurse-Midwives would be required to enter into a new agreement within 90 days.
- Require Certified Nurse-Midwives to collaborate, consult or refer to other providers, if indicated by the health status of the patient.
- Exempt providers and facilities from legal liability for the actions of a Certified Nurse-Midwives in cases where an emergency transfer from an out-of-hospital setting is required.
- Require Certified Nurse-Midwives who attend patients in out-of-hospital settings to obtain a signed informed consent agreement from each patient and provide patients with detailed emergent and non-emergent transfer plans.
- Require Certified Nurse-Midwives who attend patients in out-of-hospital settings to disclose if they do not carry medical malpractice liability coverage.
- Make conforming changes to the Certified Nurse-Midwives’ existing statutory prescriptive authority, but does not expand or restrict the authority.
- Increase the penalty for practicing midwifery without a license, making it a Class I felony to do so while falsely representing oneself as a licensed provider of midwifery services (Certified Nurse-Midwives are the only licensed providers of midwifery services under current state law).
- Expand the membership of the Midwifery Joint Committee to include 5 Certified Nurse-Midwives (Currently, there are 2 Certified Nurse-Midwives on the 10-member Committee).
- Make conforming changes to the Midwifery Practice Act and update definitions in accordance with current certification procedures and the Standards of Practice for Certified Nurse-Midwives as established by the American College of Nurse-Midwives.

Introduced by Senators Pate, Tarte and Woodard and referred to the Senate Committee on Health Care.

SENATE BILL 842, Governor's Budget, is a bill containing the provisions of the Governor's budget recommendation. The bill was filed by the Chairs of the Senate Appropriations Committee as a courtesy, but is not the budget bill that the Senate and House will work from (that is Senate Bill 744, Appropriations Act of 2014). While Governor's budgets are noteworthy as a record of their administration's recommendations and preferences, legislative budget writers typically receive them with something between polite consideration and outright dismissal, depending on the relationship between the branches at the time. S744, once passed by both chambers, will be the 'real' state budget, and the Governor will have the option to sign or veto the bill, but limited ability to significantly influence its contents. Given the veto-proof supermajorities held by the Republicans in both chambers, as long as they can hold their caucuses together they can pass the budget the House and Senate can agree to, even if it means overriding a Governor's objections. **Introduced by Senators Brown, Harrington and Hunt and referred to the Senate Committee on Appropriations/Base Budget.**

SENATE BILL 854, Establish Urban Search & Rescue, is identical to House Bill 1200, summarized above in this Legislative Report. **Introduced by Senator Meredith and referred to the Senate Judiciary II Committee.**

SENATE BILL 855, No Emp. Disc. for Repro. Health Decisions, would prohibit a person, firm, corporation, unincorporated association, State agency, local government, or public or private entity from discriminating with respect to compensation, terms, conditions, or privileges of employment against an employee or applicant for employment on the basis of the applicant's or employee's reproductive health decision, including the decision to use or access a particular drug, device, or medical service, or because of or on the basis of an employer's beliefs about a particular drug, device, or medical service. An employee who is discharged or otherwise discriminated against, or a prospective employee who is denied employment, could bring a civil action within one year from the date of the alleged violation against the employer and obtain (1) wages or benefits lost as a result of the violation, (2) an order of reinstatement without loss of position, seniority, or benefits, and (3) an order directing the employer to offer employment to the prospective employee. The court could award reasonable costs, including court costs and attorneys' fees, to the prevailing party. The bill also would provide \$100,000 to the Department of Administration, Office of State Human Resources, to ensure compliance with these provisions by State agencies. **Introduced by Senator McKissick and referred to the Senate Rules Committee.**

SENATE BILL 856, Coal Ash Management Act of 2014, is identical to House Bill 1226, summarized above in this Legislative Report. **Introduced by Senator Woodard and referred to the Senate Rules Committee.**

BILL UPDATES

HOUSE BILL 1050, Omnibus Tax Law Changes, was amended in the Senate Finance Committee to remove the \$100 cap on business license taxes proposed by the House and replaced it with a one-year sunset of the existing Privilege License Tax (PLT) system, during which such taxes would be limited to levying the tax on specified trades, occupations, professions, businesses, and franchises *physically located* within the city. In addition, the bill would prohibit a city from enacting a privilege license tax ordinance for fiscal year 2014-15 if the city did not have a privilege license tax ordinance in effect for fiscal year 2013-14. As enacted, after the one-year sunset the levying of PLTs would be prohibited, though sponsors

made statements during debate on the bill that indicate they may consider an alternative business licensing tax system next session, and Governor McCrory indicated he had commitments from the House and Senate Finance Chairs to help find alternative sources of revenue for the municipalities, which stand to lose tens of millions of dollars in the PLT system is sunsetted as scheduled. **The bill as amended was approved in the Senate Finance Committee and on the Senate floor. The House agreed to the changes made to the bill in the Senate, and the bill was signed into law by the Governor on May 29, 2014.**

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