



INTRODUCTION

This week at the General Assembly was relatively quiet on the surface, as tensions and disagreements between the chambers continue to roil behind the scenes. The biggest news came not from 16 West Jones Street but from the U.S. Supreme Court, with back-to-back decisions that impact North Carolina politics. With the 6-3 decision in *King v. Burwell*, the Supreme Court upheld the legality of the Accountable Care Act, known as “Obamacare,” which confirmed that subsidies in non-expansion states (including NC) could continue. The decision created a firestorm of statements both for and against by politicians and also renewed calls for an immediate expansion of Medicaid in North Carolina. The Governor responded by asserting that Medicaid has to be “fixed” before expansion can be considered, complicating the stakes of the ongoing battle over the legislature’s reform plan. Whether expansion can or will be part of the negotiations on a Medicaid Reform Plan is yet to be seen with legislative leadership still firmly opposed to expansion.

The other Supreme Court decision was announced this morning with a 5-4 decision in *Obergefell v. Hodges* that legalized same-sex marriage nationwide. Although North Carolina was already among the States that allow same-sex marriage, this Supreme Court decision resolves the matter finally and ends all further legal action. Speaker Moore and Senate leader Berger have released a statement saying that the Supreme Court gave the voters the Final Resolution that they deserve. Advocates on both sides of the issue will now turn their energies to other topics – nondiscrimination in employment and housing, for example, among many others. Despite the landmark nature of both cases, it is clear debates on the future of healthcare and equality under the law for LGBT North Carolinians are far from resolved.

With the end of the fiscal year (June 30) looming, it is clear the deep divisions between the House and Senate spending plans will not be resolved in the next few days. A continuing resolution (commonly called a ‘CR’) can be passed by the chambers to maintain government functions while the differences on a permanent budget are worked out, but they must agree on the length and spending levels.



NORTH CAROLINA COLLEGE OF EMERGENCY PHYSICIANS



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Late Thursday, both the House and Senate sessions went into recess as word of an agreement on the CR spread throughout the building. After several delays the sessions were abruptly adjourned – apparently talks broke down over the funding of Teaching Assistants (the Senate version cuts TA funding for K-3, the House budget does not). A CR has to be in place by the end of business Tuesday so leaders are planning to meet all day Monday to determine how long the CR should last and at what level it will fund services. After that is settled, the real work of negotiating the budget can begin – but it probably won't. Next week the House budget subcommittees will meet to review the Senate proposal and the House Finance Committee will continue its review of the Senate Economic Development and Tax Plan, which began over two meetings this week (the skepticism was evident and bipartisan). The following week the House and possibly the Senate will take off for summer vacation, so the real negotiations may well not begin until the middle of next month. With talk of a 60 or 90 day CR rampant (October 1 and December 31 have also been heard in the legislative rumor mill), the only consensus seems to be that, once the two sides sit down to work these issues out, it will be a long, hot summer (and possibly autumn) before they are done.

BILL UPDATES

HOUSE BILL 97, 2015 Appropriations Act. The House did not concur (agree) to the Senate's version of the budget, and a conference committee to settle the differences between the two versions will be appointed, and we expect these to be decided next week.

HOUSE BILL 372, 2015 Medicaid Modernization. The Medicaid Reform plan that has been created by the House to capitate payments to Provider Led Entities run by physicians was approved on the House floor this week. There were only 6 votes against the bill in a sign that the House is showing their strong support for their plan versus the MCO model supported by the Senate. **The bill was approved by the House and will next be considered by the Senate Ways & Means Committee. (This is a committee in the Senate where bills go that will NOT receive a hearing and is a bit of a statement by the Senate.)**

LEGISLATION ENACTED

HOUSE BILL 560, Assault Emergency Workers/Hospital Personnel, makes it a Class I felony to commit an assault or affray causing physical injury on hospital personnel and licensed healthcare providers who are providing or attempting to provide health care services to a patient in a hospital and who are discharging or attempting to discharge their official duties. The bill was signed into law by the Governor on June 19, 2015. **Effective: December 1, 2015, and applies to offenses committed on or after that date.**

SENATE BILL 154, Clarifying the Good Samaritan Law, makes a variety of changes to the limited immunity statutes regarding drug- and alcohol-related offenses committed by a person experiencing a drug- or alcohol-related overdose and a person who seeks medical assistance for a person experiencing a drug- or alcohol-related overdose. The bill was signed into law by the Governor on June 19, 2015. **Effective: August 1, 2015, and applies to offenses committed on or after that date.**

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