2017 Healthcare Legislation

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NCAPA and program directors partner to hold legislative visits at NC PA programs (12/12/17)

This fall, NCAPA partnered with many of the PA program directors across the state to hold legislative visits. The purpose of the visits were to bring in state House and Senate members into the programs in order to tour the facilities and learn more about how PAs are trained and what PAs do on a day-to-date basis. Legislative visits occurred at: East Carolina University, Elon University, High Point University, Wingate University, the Hendersonville campus of Wingate University, and Wake Forest University. NCAPA plans to continue these legislative visits at additional PA programs in 2018.

Rep. Farmer-Butterfield, Rep. Greg Murphy, Sen. Don Davis, Sen. Louis Pate, and Dylan Finch from Rep. Susan Martin's office visited the East Carolina University PA program.

NC DHHS submits amended Medicaid reform application to CMS (12/12/17)

On November 20, 2017, the North Carolina Department of Health and Human Services (DHHS) submitted an amended 1115 demonstration waiver application to the federal government. The 1115 waiver is the application that the state uses in order to reform the state's Medicaid program from fee-for-service to managed care. The original application was submitted to the federal government on June 1, 2016.

Key components of the amended waiver (*sourced directly from DHHS fact sheet*):

- Opioid Strategy - To support North Carolina's opioid strategy, the Department is seeking authority to increase access to inpatient and residential substance use disorder and behavioral health treatment through reimbursement for services in institutions of mental disease.
- Behavioral Health Integration - North Carolina does not need a waiver to integrate behavioral health and physical health services, but the Department is seeking authority from CMS to use Medicaid funds to build capacity to support a robust health home care management model for behavioral health and I/DD populations.
- Tailored Plans - The Department is seeking authority to provide certain behavioral health benefits through only Tailored Plans, not Standard Plans. For more information on Tailored Plans, see "Behavioral Health and I/DD Tailored Plan," a concept paper recently published by Department, at ncdhhs.gov/nc-medicaidtransformation.
- Public-Private Regional Pilots - To improve health, it is crucial to think beyond what happens inside a doctor's office. The Department is seeking authority from CMS to use Medicaid funding to create public private regional pilots to address unmet resource needs. The Department also seeks support to establish standardized tools to screen and refer individuals.

- Workforce - The Department is seeking authority from CMS to use Medicaid funding to expand existing loan repayment programs for providers in underserved areas, and to support the development of other workforce/job functions needed to develop a transformed system.
- Telemedicine - The Department is seeking authority from CMS to use Medicaid funding to pilot new approaches to telemedicine, and supporting providers in optimizing the use of telemedicine in their practices.
- Payments to Safety-Net Providers - The Department is seeking authority to continue cost settlements with certain essential safety-net providers outside of reimbursement arrangements with the new prepaid health plans. In addition, the Department is requesting authority to establish an uncompensated care pool to strengthen federally recognized tribal providers.

Click here to review the entire amended waiver application.

As the Medicaid reform process continues to move forward in North Carolina, NCAPA is monitoring the proposed policies and submitting public comments to DHHS, as appropriate.

PAs & Cardiac Rehab Referrals (10/31/17)

Wondering what laws were prohibiting the task from being performed by a PA, a North Carolina PA specializing in cardiology recently reached out to NCAPA after being informed by her institution that she was prohibited from referring patients to cardiac rehab. NCAPA immediately began researching the issue to see what could be done, and found out that the state regulations for cardiac rehab clinics states that referrals must be from a physician:

10A NCAC 14F .1501 - ADMISSION AND DISCHARGE
(a) All patients admitted to the program shall have a referral from a physician.

Therefore, the question then became, is this something that is an assumed delegated task for PAs, and therefore something that NCAPA should petition the state regulatory body for PAs to be specifically named in the rule? Or is there a federal regulation that prohibits PAs from referring patients to cardiac rehab facilities?

After bringing the issue to AAPA, they were able to confirm that Medicare policy, which is set by the federal government, currently states that **only a physician** may order cardiac, intensive cardiac, and pulmonary rehab services.
This issue is on AAPA's list of PA regulatory barriers that they are working on with Congress, HHS, and CMS. While there is nothing that can be done to remedy this issue on the state level at this time, NCAPA will continue to monitor this issue, so once CMS regulations allow PAs to refer a patient to cardiac rehab facilities, NCAPA will immediately petition the state's rules to be in line with changes done on the federal level, relieving this regulatory barrier to patient care.

For more information on this issue and other federal regulatory burdens, check out AAPA's fact sheets:

- Top Ten Federal Laws & Regulations Imposing Unnecessary
- Cardiac and Pulmonary Rehabilitation

HHS Oversight committee meets, appoints subcommittees (10/1017)

This morning, the Joint Legislative Oversight Committee on Health and Human Services held their first meeting of the 2017-2018 interim.

Today, the committee focused on updates on the state's child welfare reform plans, an update on NC Pre-K slots, and an overview of the interim investigative report of Cardinal Innovations Healthcare Solutions.

Three subcommittees were also appointed, which will meet throughout the interim, as well. Click here to see what members will serve on each subcommittee.

Medical Education & Residency Programs Subcommittee

This subcommittee will examine the use of state funds to support medical education and medical residency programs. The subcommittee will examine at least all of the following:

1. The health care needs of the State's residents and the State's goals in meeting those health care needs through the support and funding of medical education and medical residency programs located within the State.
2. The short-term and long-term benefits to the State for allocating State funds to medical education and medical residency programs located within the State.
3. Recommended changes and improvements to the State's current policies with respect to al locating State funds and providing other support to medical education programs and medical residency programs located within the State.
4. Development of an evaluation protocol to be used by the State in determining (i) the particular medical education programs and medical residency programs to support with State funds and (ii) the amount of State funds to allocate to these programs.
5. Any other relevant issues the subcommittees deem appropriate.

Behavioral Health Subcommittee

This subcommittee will:

1. Oversee the Department's development of the strategic plan required by subsection (b) of Section I 2F. l O of S.L. 2016-94.
2. Review the strategic plan developed by the Department in accordance with subsection (b), including a review of all performance-related goals and measures for the delivery of mental health, developmental disabilities, substance abuse, and traumatic brain injury services.
3. Review consolidated monthly, quarterly, and annual reports and analyses of behavioral health services funded by Medicaid and State-only appropriations.

Aging Subcommittee

This subcommittee is tasked with examining the State's delivery of services for older adults in order to (i) determine their service needs and to (ii) make recommendations to the Oversight Committee on how to address those needs.

Medical Board moves to formally define "consultation" (9/22/17)

This week the North Carolina Medical Board moved to adopt the rule that will govern the STOP Act's requirement for PAs working in pain management settings to personally consult with a supervising physician prior to prescribing Schedule II or III opioids. The proposed rule will now go to the Rules Review Commission, the state commission that ensures that all proposed rules comply with legislative intent. Once the Rules Review Commission receives the proposed rule, it will be put forth for a public comment period.

21 NCAC 32S .0225 - DEFINITION OF CONSULTATION FOR PRESCRIBING CONTROLLED SUBSTANCES
For purposes of N.C. Gen. Stat. § 90-18.1(b), the term "consult" shall mean a meaningful communication, either in person or electronically, between the physician assistant and a supervising physician that is documented in the patient medical record. For purposes of this Rule, "meaningful communication" shall mean an exchange of information that allows the supervising physician to make a determination that the prescription is medically indicated.

Additionally, the Medical Board updated their STOP Act FAQ on September 22 to include additional information. Click here to see the latest version.

North Carolina Medical Board to define "consultation" as it relates to the STOP Act (7/24/17)

After a discussion on the STOP Act at the North Carolina Medical Board's Advanced Practice Provider/Allied Health Committee meeting last Thursday, the Board announced the following:

"The Board has directed NCMB staff to formally define what type of contact must occur between a physician assistant (PA) and a supervising physician in order to be considered a "consultation" for the purpose of complying with the state's new opioids law.

The Strengthen Opioid Misuse Prevention (STOP) Act of 2017 requires that PAs and nurse practitioners (NPs) practicing in pain clinics "consult" with their supervisors before prescribing any Schedule II or Schedule III opioid or narcotic. This provision took effect July 1, 2017. NCMB has received numerous calls and emails from licensees seeking guidance on how best to comply.

At its July meeting, the Board directed staff to develop a written definition for consultation that will provide clear parameters to licensees who are subject to the new requirement. Staff will present draft language for consideration by the Board at the meeting scheduled Sept. 20-22.

In the meantime, NCMB has provided the following answer to questions about consultation:
"The Board has not yet determined this. An important consideration is whether a meaningful consultation about the patient and the recommended treatment occurs and is documented in the patient record. The Board might ultimately leave it to the discretion of PAs, NPs and their supervising physicians to determine how consultations occur (e.g. in person, via telephone or other electronic means).""

DHHS to study telemedicine policy (7/24/17)

Last week, Gov. Cooper signed **HB 283: DHHS Recommend Telemedicine Policy** into law. The legislation requires the North Carolina Department of Health and Human Services (DHHS) to study and recommend a telemedicine policy for consideration by the General Assembly during the 2018 legislative session.

The report, which is due to the legislature by October 1, 2017, must study telemedicine/telehealth laws from across the country as they pertain to:

- A definition of telemedicine.
- The scope of services that can be covered by telemedicine.
- Acceptable communication and data transfer standards necessary to ensure privacy of health information and appropriate for insurance reimbursement.
- Informed consent standards.
- Online prescribing standards.
- Telemedicine provider licensing standards.
- Private payer telemedicine reimbursement standards.
- DHHS is also required to study the Psychology Interjurisdictional Compact (PSYPACT) and its impact on the delivery of psychology services via telemedicine.
- The legislation allows for the study to examine services reimbursed under the Medicaid policy, but at this time there are no plans to change the State's Medicaid policy as it relates to telemedicine.

Bill revising schedules of controlled substances signed into law (7/18/17)

This morning the Governor signed **HB 464: Revise Schedule of Controlled Substances** into law. The legislation revises the schedule of controlled substances to add synthetic fentanyls, designer hallucinogenics, synthetic cannabinoids, system depressants, and other substances to the schedule. The changes to the schedule are effective December 1, 2017. **Changes include:**

- Defines "opioid" as any synthetic narcotic drug having opiate-like activities but is not derived from opium.
- Makes the following changes to Schedule 1:
    - Excludes levo-alphacetylmethadol
    - Adds the following opiates: U47700, AH-7921, U-49900, U-77891, W-18, W-15, MT-45, and fentanyl derivatives
    - Adds the following hallucinogenic substances: BTCP, deschloroketamine, 3-MeO-PCP, 4-hydroxy-MET, 4-OH-MiPt, 5-MeO-MiPT
    - Adds the following systemic depressants: etizolam, flubromazepam, phenazepam, and substituted cathinones by substitution at the nitrogen atom with alkyl, dialkyl, benzyl, or methoxybenzyl groups
    - Adds synthetic cannabinoids, including dozens of examples of what falls under this category
- Makes the following change to Schedule 2:
    - Changes "hydrocodone" to instead state "any material, compound, mixture, or preparation which contains any quantity of hydrocodone"
- Makes the following changes to Schedule 3:

    - Removes the following: not more than 300 mg of dihydrocodeinone per 100 ml or not more thank 15 mg per dosage unit with a four-fold or greater quantity of an isoquinoline alkaloid of opium & not more than 300 mg of dihydrocodeinone per 100 ml or not more than 15 mg per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.
    - Adds buprenorphine (previously schedule IV)
    - Adds the following anabolic steroids: boldione, madol, methasterone, estra-4,9(10)-diene-3,17-dione
- Makes the following changes to Schedule IV:
    - Adds the following depressants: carisoprodol, dichloralphenazone, fospropol, zopiclone
    - Adds the following narcotic drug: tramadol
    - Moves the following narcotic drug from schedule III to IV: buprenorphine
- Makes the following changes to Schedule V:
    - Adds anticonvulsants: ezogabine, lacosamide, brivaracetam, pregabalin

Additionally, the bill establishes the **Task Force on Sentencing Reforms for Opioid Drug Convictions**. The purpose of the Task Force is to "study and review cases of inmates who are incarcerated solely for convictions of opioid drug offenses that require active sentences under structured sentencing; to consider how to identify inmates who would be able to successfully reintegrate into society, and to develop and consider options for modifying existing statutes."

Handicap placard legislation signed into law (7/18/17)

Last week, Governor Cooper signed **SB 160: Handicap Parking Privilege Certification** into law. The bill, which became effective immediately upon signature into law, clarifies that PAs may sign for handicap placards.

CLICK HERE TO THANK YOUR LEGISLATORS!

Legislature Adjourns 2017 Long Session (7/2/17)

Shortly after 2 a.m. on June 30, the North Carolina General Assembly finished up their work for the 2017 long session.

Check back in a couple of weeks for a review of what became law this year and what has been left on the table to be addressed in 2018.

STOP Act signed into law (6/29/17)

This morning, Governor Roy Cooper signed HB 243, commonly known as the *STOP Act*, into law. The final bill can be read here: H243v7.pdf**.**

NCAPA MEMBERS: Check your email for our fact sheet on what the *STOP Act* means for you!

Click HERE to read the Governor's press release of the bill signing.

SB 160 heads to the Governor's desk! (6/20/17)

Tonight, the Senate concurred to the changes that the House made to SB 160: Handicap Parking Privilege Certification, and the bill now heads to the Governor's desk for the final signature into law! While in the House, the only change made to the original SB 160, was an added line that allows for certified nurse midwives to sign for an initial application for a temporary removable windshield placard.

Effective immediately upon the Governor's signature into law, the law will be clarified that PAs and nurse practitioners may sign for handicap placards.

We sincerely appreciate our bill sponsors, in both the House and Senate, for backing this proposal. Thank you, Sens. Andrew Brock (R-Davie), Wesley Meredith (R-Cumberland), and Ralph Hise (R-Mitchell), as well as the HB 11 bill sponsors, Reps. Gale Adcock (D-Wake), Josh Dobson (R-McDowell), Jon Hardister (R-Guilford), and Carla Cunningham (D-Mecklenburg)!

Stay tuned for an action alert that will allow you to thank your legislators for passing SB 160 into law.

State budget approved by legislature, arrives on the Governor's desk (6/20/17)

Governor Roy Cooper announced this morning that he plans to veto the budget. The legislature, however, was able to pass the budget with a bi-partisan veto-proof majority, so it is expected that the legislature will override Gov. Cooper's veto later this week. The budget will go into effect just in time for the new fiscal year, which begins on July 1.

The below provisions have an impact on the PA profession, or are of interest to the PA profession.

Board of Governors Studies/Establish School of Health Sciences and Health Care at UNC-Pembroke & Establish PA Program, Chiropractic Medicine Program, and a Pilot Program for Basic Law Enforcement Training at WSSU: Requires the UNC Board of Governors is to study the feasibility of establishing a PA program at Winston-Salem State University. The study must consider the costs and financial benefits of establishing the program, and must submit a report on the study, including its findings and recommendations by March 1, 2018.

Health Information Exchange: Requires PAs to be connected to the HIE Network and begin submitting data through the HIE Network pertaining to services rendered to Medicaid beneficiaries and to other State-funded health care program beneficiaries and paid for with Medicaid or other State-funded health care funds. PAs providing Medicaid services that have an electronic health record system shall begin submitting demographic and clinical data by June 1, 2018. All other PAs must begin submitting this data by June 1, 2019.

Allows for DHHS and the Department of Information Technology to establish a process to grant limited extensions of the time for providers to connect to the HIE Network, as long as the provider shows an ongoing good-faith effort to take necessary steps to establish connection and begin submitting data.

Rural Health Loan Repayment Programs: Combines the Physician, Psychiatric, and State Facilities loan repayment programs, which are funds available to providers practicing in rural or medically underserved communities, in order to achieve better management of the programs. Also allows for the funds to be used for primary care providers and expansion of state incentives to general surgeons practicing in Critical Access Hospitals in the state, and expands the program to include eligible providers residing in NC who use telemedicine in rural and underserved areas.

Substance Abuse Services

- Allocates $10 million to be used by the state's behavioral health LME/MCOs for substance abuse services.
- Provides $100,000 to purchase opioid antagonists. $75,000 will be used for the NC Harm Reduction Coalition to distribute the opioid antagonists at no charge to at risk individuals. $25,000 will be used to distribute opioid antagonists at no charge to law enforcement agencies.
- Dictates where the federal grant of $31 million to address the opioid crisis is to be used. 80% of the funds are to be used to increase access to treatment and recovery services for individuals with an opioid use disorder. The rest of the funds are to be used to increase access to opioid use prevention services.

Provider Application & Recredentialing Fee: Requires that each provider that submits an application to enroll in the Medicaid program to submit an application fee. The fee shall be the sum of the amount federally required plus $100. This fee must be charged to providers again at recredentialing every five years.

Prepayment Claims Review Modifications: Medicaid providers must meet the 70% clean claims rate minimum requirement or it may result in a termination action.

Joint Oversight Subcommittees on Medical Education Programs & Medical Residency Programs: Establishes a legislative subcommittee to examine the use of State funds to support medical education and medical residency programs during the interim. The subcommittee is to specifically look at the specialty areas that are experiencing a shortage in the state, including: anesthesiology, neurology, neurosurgery, obstetrics/gynecology, primary care, psychiatry, surgery, and urology. Requires the subcommittee to submit a report to the General Assembly by March 15, 2018 with a proposal for a statewide plan to support medical education and medical residency programs within the state in a manner that maximizes the State's financial and other support of these programs and addresses the short-term and long-term health care needs of the State's residents.

STOP Act, handicap placards scheduled to be heard tomorrow (6/20/17)

After receiving approval from the Senate Health Care committee last week, the STOP Act was approved by the Senate Rules committee this morning. It has been calendared to be heard on the Senate floor **TOMORROW, WEDNESDAY, JUNE 21**.Once it receives approval by the Senate, it will go back to the House for a concurrence vote, since the content changed since passing the House in April. Once the House concurs with the Senate changes, the bill will go to the Governor for final approval.

Additionally, this morning the House Transportation committee approved a committee substitute to **SB 160: Handicap Parking Privilege Certification**. The new version of SB 160 includes the same line that the

House version, HB 11, includes, which allows for CNMs to sign for an initial application for a temporary handicap placard.

The new version of SB 160 also changes the section title from "Physician's Certification" to "Medical Certification," in order to fully reflect the providers and government agencies that are able to certify handicap placards under that section. This was a change that NCAPA requested, and fully supported.

SB 160 was calendared tonight to be considered by the House chamber **TOMORROW, WEDNESDAY, JUNE 21**. Just like with HB 243, the STOP Act, once SB 160 is approved by the House, the changes in the bill will require the Senate to concur with the changes prior to landing on the Governor's desk for signature into law.

STOP Act passes Senate Health, handicap placard clarification bill calendared for next week (6/15/17)

This morning, the latest version of the *STOP Act* passed the Senate Health Care committee. As amended in the committee yesterday, Section 4 of the bill now requires a PA to personally consult with their supervising physician when the PA is working in a pain clinic. The provision will no longer apply to all PAs. **Click here to read the bill, as passed today by the committee.** The *STOP Act* has been referred to the Senate Rules committee for its final committee sign off, before going to the Senate floor.

Additionally, SB 160: Handicap Parking Privilege Certification is scheduled to be considered by the House Transportation committee on Tuesday, June 20 at 11 a.m.

Once the House approves the bill, if there are any changes made to the bill, it will go back to the Senate for concurrence, then go to the Governor's desk for the final signature into law. If no changes are made, the bill will go straight to the Governor's desk from the House. Click here to listen in on Tuesday!

Section 4 of the STOP Act amended in the Senate Health Care Committee (6/14/17)

This morning the Senate Health Care Committee considered HB 243: Strengthen Opioid Misuse Prevention (STOP) Act. Co-Chair Sen. Ralph Hise of Mitchell County proposed an amendment that will limit the language requiring PAs and NPs to personally consult with their supervising physician to apply ONLY when a "patient is being treated by a facility that primarily engages in the treatment of pain by prescribing narcotic medications or advertises in any medium for any type of pain management services." The amendment was unanimously agreed to by the committee, and the bill sponsors stated that it was a friendly amendment to the legislation.

This means that Section 4 of the bill will no longer impact the vast majority of PAs. PAs practicing in pain clinics will, however, be subject to the personal consultation requirement set out in the legislation.

The Senate Health Care Committee plans to vote on the bill in committee tomorrow, and if the bill receives a favorable report, it will go to the Senate floor for consideration by the chamber. Once the bill

becomes law, NCAPA plans to work with the North Carolina Medical Board on any rules that need to be established in order to regulate the personal consultation requirement for PAs practicing in pain clinics.

STOP Act is up in committee tomorrow, listen in! (6/13/17)

HB 243, as amended today in committee, will be considered for a vote **TOMORROW, THURSDAY, JUNE 15 at 10:00 a.m.** in the Senate Health Care Committee. Click here to listen to the debate tomorrow morning at 10 a.m.

HB 243: Strengthen Opioid Misuse Prevention (STOP) Act has been scheduled to be heard **TOMORROW, WEDNESDAY, JUNE 14 at 10:00 a.m.** in the Senate Health Care Committee. NCAPA is continuing to express our concerns with Section 4 of the bill to legislators, and will continue to work with them every single day to address those concerns.

Comparing the House & Senate Budget Proposals (5/26/17)

Items that were included in both the House and Senate budget proposals will be included in the final budget, which is on track to be passed by the legislature by June 30. Items that were included in only the House proposal or the Senate proposal will be worked out in a conference committee over the next couple of weeks, and therefore may or may not end up in the final budget.

COMMUNITY SERVICES/RURAL HEALTH

Community Paramedicine Pilot Program (*House and Senate proposals)*
Provides additional funds to continue the community paramedicine pilot program at New Hanover Regional Emergency Medical Services (Senate version only includes New Hanover), McDowell County Emergency Medical Services, and Wake County Emergency Medical Services. The purpose of the pilot is to expand the role of paramedics to allow for community-based initiatives that result in providing care that avoids nonemergency use of emergency rooms and 911 services, and avoidance of unnecessary admissions into health care facilities.

Community Health Grant Program *(House and Senate proposals)*
Appropriates $200,000 a year for grants to be awarded to free clinics, federally qualified health centers, State-designated rural health centers, local health departments, school-based health centers, and other nonprofit organizations with at least an 80% population of uninsured, Medicare, Medicaid, or CHIP patients. The focus must be on increasing access to primary care and preventative health services for these populations.

Rural Health Loan Repayment Programs *(House and Senate proposals)*
Combines the Physician and Psychiatric Loan Repayment Programs and the Loan Repayment Initiative at State Facilities in order to achieve efficient and effective management of these programs. Also expands what these funds may be used for, including: continued funding of the State Loan Repayment Program for primary care providers and expansion of State incentives to general surgeons practicing in Critical Access Hospitals, and expands the list of eligible providers to include providers residing in NC who use telemedicine in rural and underserved areas.

CONTROLLED SUBSTANCES

Study Site-of-Use Solutions for Safe Disposal of Prescription Medications *(House proposal only)*
Requires DHHS to study and report to the legislature by December 1, 2017 on a simple site-of-use solutions for the safe disposal of prescription medications.

Funds for Overdose Medications *(House and Senate proposals)*
Provides funds to purchase opioid antagonists in order to reverse opioid-related drug overdoses, including $75,000 for opioid antagonists to be purchased and distributed for no charge to the NC Harm Reduction Coalition, which serves individuals at risk of experiencing an overdose, or to the friends and family members of an at-risk individual, and $25,000 to purchase opioid antagonists to be distributed at no charge to law enforcement agencies.

Study Continuing Education for Health Care Providers Licensed to Prescribe Controlled Substances *(Senate proposal only)*
Encourages the North Carolina Area Health Education Centers Program to report to the legislature by December 1, 2017 on the feasibility of providing a continuing education course for providers licensed to prescribe controlled substances in North Carolina. The course is to include instruction on controlled substance prescribing practices, controlled substance prescribing for chronic pain management, and misuse and abuse of controlled substances.

HEALTHY LIVING / PUBLIC HEALTH

Communicable Disease Testing *(House proposal only)*
Provides $1.2 million a year for testing for Hepatitis C and other priority communicable diseases identified by the Division of Public Health, and to provide access to appropriate treatment options for persons who test positive.

Division of Public Health Eating Disorder Study *(House proposal only)*
Directs the Division to study eating disorders in the state, examining the following: number of diagnosed incidences of eating disorders in NC; number of individuals who are suffering from an eating disorder but not been formally diagnosed; number of individuals being treated for an eating disorder; strategies for increasing awareness of eating disorders, including symptoms, effects, and preventative interventions.

Healthy Food Small Retailers (*House proposal only)*
Provides $250,000 to increase the availability of fresh agricultural products in food deserts located in the State.

Smoking Cessation Programs *(House and Senate proposals)*
Provides $500,000 a year for QuitlineNC and the You Quit Two Quit smoking cessation programs.

Youth Tobacco Prevention *(House proposal only)*
Provides $2 million for fiscal year 2017-2018 to develop strategies to prevent the use of new and emerging tobacco products, including e-cigarettes, by youth and people of childbearing age.

Subcommittee on Aging *(House proposal only)*
Encourages the Joint Legislative Oversight Committee on Health & Human Services to appoint a subcommittee on aging to examine the State's delivery of services for older adults in order to determine

their service needs and to make recommendations on how to address those needs. Recommends that the subcommittee examine the range of programs and services for older adults throughout the continuum of care and to seek input from stakeholders and interest groups.

INFORMATION TECHNOLOGY

Health Analytics Pilot Program *(House and Senate proposals)*
States that DHHS must continue to coordinate with the Government Data Analytics Center to further develop and fully operationalize the Health Analytics Pilot Program for Medicaid claims analytics and population health management, as established in 2015 legislation. The purpose of the pilot is to maximize health care savings and efficiencies to the state, optimize positive impacts on health outcomes, and assist in the transition to, and management of, Medicaid reform.

Health Information Exchange (*House and Senate proposals – similar, but not identical)*
Mandates that hospitals, physicians, PAs, and NPs, who provide Medicaid services and have an electronic health system, to be connected and actively use the HIE Network by June 1, 2018 (Senate) / June 1, 2019 (House). Currently, the law states that all providers must be connected by February 1, 2018.

The House proposal also requires the legislature to study the feasibility of Medicaid providers, other than those listed above, connecting and submitting demographic, clinical, encounter, and claims data through the HIE Network.

Controlled Substances Reporting System (*House and Senate proposals)*
Provides additional funds in order to improve the security and functionality capabilities of the CSRS in order to provide additional value to providers and dispensers with clinical workflow.

MEDICAL EDUCATION

Increase Number of Medical Student Slots *(Senate proposal only)*
Appropriates $3 million dollars for increasing the number of available medical student slots at the School of Medicine.

Graduate Medical Education Expansion *(Senate proposal only)*
Provides funds for the planning and initial implementation of new residency programs at Vidant Duplin Hospital, Halifax Regional Medical Center, Carolina East, and Vidant Ahoskie Hospital. The new residency positions are intended to help expand medical services and increase the number of providers in rural and under-served areas.

Board of Governors Studies: Establish School of Health Sciences & Health Care at UNC-Pembroke and Establish Physician Assistant Program, Chiropractic Medicine Program, and a pilot program for Basic Law Enforcement Training at WSSU *(House and Senate proposals – similar, but not identical)*
Requires the University of North Carolina Board of Governors to study the feasibility of establishing a School of Health Sciences and Health Care at UNC-Pembroke and a PA program, chiropractic medicine program, and a pilot program for basic law enforcement training at Winston-Salem State University (WSSU). The Board of Governors must report its findings and recommendations back to the legislature by March 1, 2018.

The WSSU studies are only in the House budget proposal.

Graduate Medical Education Funding/Cape Fear Valley Medical Center *(House and Senate proposals)*
Allocates funds to support the establishment of residency programs at Cape Fear Valley Medical Center and affiliated with Campbell University School of Medicine.

Joint Oversight Subcommittees on Medical Education Programs & Medical Residency Programs *(House and Senate proposals)*
Establishes the Subcommittees in order to examine the use of state funds to support medical education and residency programs.

MEDICAID & NC HEALTH CHOICE

Provider Application & Recredentialing Fee *(House and Senate proposals)*
Requires each provider application to enroll in the Medicaid program to submit $100.00, as federally required. This fee must be charged to all providers every five years at recredentialing, as well.

Prepayment Claims Review Modifications *(House and Senate proposals)*
Medicaid providers must meet the 70% clean claims rate minimum requirement or it may result in a termination action.

Notice of Program Reimbursement as Basis for Recoupment of Overpayments *(Senate proposal only)*
Providers who owe DHHS an identified amount on a notice of program reimbursement will have their payments suspended immediately upon issuance of the notice of program reimbursement. Payments are suspended regardless of whether the amount owed is a final overpayment, whether the provider's appeal rights have been exhausted, or whether any review of the amount owed is pending.

Graduate Medical Education Medicaid Reimbursement *(House and Senate proposals)*
Beginning July 1, no longer requires DHHS to implement the prohibition on reimbursement of Graduate Medical Education payments, as required by the current fiscal year's budget.

Professional Supplemental Payment Assessment *(House proposal only)*
Requires the state to submit a State Plan Amendment to CMS to expand the definition of "eligible medical professional providers," as it pertains to supplemental payments, to include Medicaid-enrolled physicians, advance care practitioners, and other related professionals, who are employed or contracted by a state-operated school of medicine, the UNC Health Care System, the University Health Systems of Eastern Carolina doing business with Vidant Health, any entity controlled or under common control with a hospital that qualifies to certify expenditures or a public hospital, any entity controlled by or under common control with a hospital that qualifies for Equity Enhanced Payments under the Medicaid State Plan, or the faculty practice plan associated with Duke University.

OTHER PROVISIONS OF NOTE

Certificate of Need Exemption *(Senate proposal only)*
Creates a limited exemption for gastrointestinal endoscopy procedures and ocular surgical procedures. Also allows for a CON exemption for the construction, development, acquisition, or establishment of an ambulatory surgical center, if a set of criteria is met that is laid out in the bill. Finally, community hospitals with 200 acute care beds or fewer would be exempt from CON for the development of a new institutional health service, the construction, development or other establishment of a new health service facility, or the acquisition of a major medical equipment, magnetic resonance equipment, a lithotripter, or a linear accelerator.

Certificate of Need Repeal *(Senate proposal only)*
Repeals the state's CON laws on January 1, 2015.

Greater Transparency in Health Care Services Billing *(Senate proposal only)*
Requires a health services facility to provide an insured patient with a written disclosure of the following information when the patient is admitted for emergency services, schedules a procedure for nonemergency services for, or seeks prior authorization from an insurer for nonemergency services:

1. Services may be provided at the health services facility by the health services facility itself as well as by other health care providers who may separately bill the insured.
2. Certain health care providers may be called upon to render care to the insured during the course of treatment and may not have contracts with the insured's insurer and are therefore considered to be nonparticipating health care providers. The nonparticipating health care providers shall be identified in the written disclosure.
3. Certain consumer protections available to the insured when services are rendered by a health care provider participating in the insurer's health care provider network may not be applicable when services are rendered by a nonparticipating health care provider.

When an individual is admitted for emergency services at a nonparticipating health services facility, the following information must be provided to an insured individual via a written disclosure:

1. The health care facility does not have a contract with the insured's insurer and is considered to be a nonparticipating health care provider.
2. Certain consumer protections available to the insured individual when services are rendered by a provider participating in the insurer's provider network may not be applicable when services are rendered by a nonparticipating provider."

House budget proposal includes study on adding PA Program at WSSU (5/25/17)

The House budget provision was amended to also include the feasibility of a chiropractic medicine program and a pilot basic law enforcement training program at Winston-Salem State University.

Going into budget negotiations, the provision now reads:
BOARD OF GOVERNORS STUDIES/ESTABLISH SCHOOL OF HEALTH SCIENCES AND HEALTH CARE AT UNC-PEMBROKE AND ESTABLISH PHYSICIAN ASSISTANT PROGRAM, CHIROPRACTIC MEDICINE PROGRAM, AND A PILOT PROGRAM FOR BASIC LAW ENFORCEMENT TRAINING AT WSSU
SECTION 10.14.(a) *The Board of Governors of The University of North Carolina shall study the feasibility of establishing a School of Health Sciences and Health Care at the University of North Carolina at Pembroke. In its study, the Board of Governors shall consider the health care needs of the region and what health science and health care programs would best serve the region and meet its health care needs. The Board of Governors shall also consider the costs and financial benefits of establishing a School of Health Sciences and Health Care.*
The Board of Governors shall submit a report on the study, including its findings and recommendations, by March 1, 2018, to the members of the Senate and the House of Representatives, by filing a copy of the report with the Office of the President Pro Tempore of the Senate, the Office of the Speaker of the House of Representatives, and the Legislative Library.

SECTION 10.14.(b) *Of the funds appropriated by this act to the Board of Governors of The University of North Carolina for the 2017-2018 fiscal year, the Board may use up to one hundred thousand dollars ($100,000) to cover the costs of the study required by subsection (a) of this section.*

SECTION 10.14.(c) *The Board of Governors of The University of North Carolina shall study the feasibility of establishing the following programs at Winston-Salem State University: a Physician Assistant Program, a Chiropractic Medicine Program, and a pilot program for Basic Law Enforcement Training. In its study, the Board of Governors shall consider the costs and financial benefits of establishing these programs at Winston-Salem State University.*
The Board of Governors shall submit a report on the study, including its findings and recommendations, by March 1, 2018, to the members of the Senate and the House of Representatives, by filing a copy of the report with the Office of the President Pro Tempore of the Senate, the Office of the Speaker of the House of Representatives, and the Legislative Library.

This morning, the House released their version of the state budget for fiscal years 2017-2018 and 2018-2019.
A provision within the Education section of the budget would require the Board of Governors of the University of North Carolina System to study the feasibility of establishing a School of Health Sciences & Health Care at the University of North Carolina at Pembroke and a PA program at Winston-Salem State University. If this section becomes law, the Board of Governors would be required to submit a report of their findings and recommendations by March 1, 2018 to the General Assembly.

Here is a copy of the provision:
Section 10.14 - UNC BOG Study PA Program at WSSU.pdf
**NOTE: We have worked with the legislative bill drafters to fix the grammatical error that appears on the above PDF, fixing "physician's assistant" to "physician assistant."*

Overview of the Senate Budget Proposal (5/22/17)

In anticipation of the House releasing their budget proposal in the next week, here is an overview of what we are watching in the Senate's budget proposal, which passed out of the Senate on May 12. To review all provisions of the Senate's budget proposal, click here.

Health Information Exchange: Mandates that hospitals, physicians, PAs, and NPs, who provide Medicaid services and have an electronic health system, to be connected and actively use the HIE Network by June 1, 2018. Currently, the law states that all providers must be connected by February 1, 2018.

Controlled Substances Reporting System: Provides additional funds in order to improve the security and functionality capabilities of the CSRS in order to provide additional value to providers and dispensers with clinical workflow.

Certificate of Need Exemption: Creates a limited exemption for gastrointestinal endoscopy procedures and ocular surgical procedures. Also allows for a CON exemption for the construction, development, acquisition, or establishment of an ambulatory surgical center, if a set of criteria is met that is laid out in the bill. Finally, community hospitals with 200 acute care beds or fewer would be exempt from CON for the development of a new institutional health service, the construction, development or other

establishment of a new health service facility, or the acquisition of a major medical equipment, magnetic resonance equipment, a lithotripter, or a linear accelerator.

Certificate of Need Repeal: Repeals the state's CON laws on January 1, 2015.

Community Health Grant Program: Appropriates $200,000 a year for grants to be awarded to free clinics, federally qualified health centers, State-designated rural health centers, local health departments, school-based health centers, and other nonprofit organizations with at least an 80% population of uninsured, Medicare, Medicaid, or CHIP patients. The focus must be on increasing access to primary care and preventative health services for these populations.

Federal Elevated Blood Level Standard: Requires the state to implement the federal elevated blood level standard, which intends to protect young children from being exposed to high levels of lead. Implementing the federal standard will change the state definition of *"confirmed lead poisoning"* to a blood lead concentration of 10 (currently, 20) micrograms per deciliter or greater by two consecutive blood tests within a 12 month (currently, 6 month) period, and the definition of *"elevated blood lead level"* to a blood lead concentration of 5 (currently, 10) micrograms per deciliter or greater by two consecutive blood tests within a 12 month (currently, 6 month) period.

Joint Oversight Subcommittees on Medical Education Programs & Medical Residency Programs: Establishes the Subcommittees in order to examine the use of state funds to support medical education and residency programs.

Rural Health Loan Repayment Programs: Combines the Physician and Psychiatric Loan Repayment Programs and the Loan Repayment Initiative at State Facilities in order to achieve efficient and effective management of these programs. Also expands what these funds may be used for, including: continued funding of the State Loan Repayment Program for primary care providers and expansion of State incentives to general surgeons practicing in Critical Access Hospitals, and expands the list of eligible providers to include providers residing in NC who use telemedicine in rural and underserved areas.

Greater Transparency in Health Care Services Billing: Requires a health services facility to provide an insured patient with a written disclosure of the following information when the patient is admitted for emergency services, schedules a procedure for nonemergency services for, or seeks prior authorization from an insurer for nonemergency services:

1. Services may be provided at the health services facility by the health services facility itself as well as by other health care providers who may separately bill the insured.
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1. The health care facility does not have a contract with the insured's insurer and is considered to be a nonparticipating health care provider.

2. Certain consumer protections available to the insured individual when services are rendered by a provider participating in the insurer's provider network may not be applicable when services are rendered by a nonparticipating provider."

MEDICAID & NC HEALTH CHOICE

- **Provider Application & Recredentialing Fee**: Requires each provider application to enroll in the Medicaid program to submit $100.00, as federally required. This fee must be charged to all providers every five years at recredentialing, as well.
- **Limitation on Use of State Funds**: Prohibits the state from paying any provider that performs abortions, but does not prevent DHHS from paying any State Health Plan provider or Medicaid provider for services authorized under those plans.
- **Prepayment Claims Review Modifications**: Medicaid providers must meet the 70% clean claims rate minimum requirement or it may result in a termination action.
- **Notice of Program Reimbursement as Basis for Recoupment of Overpayments**: Providers who owe DHHS an identified amount on a notice of program reimbursement will have their payments suspended immediately upon issuance of the notice of program reimbursement. Payments are suspended regardless of whether the amount owed is a final overpayment, whether the provider's appeal rights have been exhausted, or whether any review of the amount owed is pending.
- **Graduate Medical Education Medicaid Reimbursement**: Beginning July 1, no longer requires DHHS to implement the prohibition on reimbursement of Graduate Medical Education payments, as required by the current fiscal year's budget.

Licensing Radiologic Techs and Radiation Therapists (5/8/17)

Last week, NCAPA reached out to the bill sponsors of HB 902: Enhance Patient Safety in Radiologic Imaging, to express several of NCAPA's concerns with the bill in its current form.

HB 902 would require a PA to be licensed by both the North Carolina Medical Board and the proposed Radiologic Imaging and Radiation Therapy Board of Examiners, in order to perform fluoroscopy. This would be an additional license on top of the license a PA receives in order to practice medicine from the North Carolina Medical Board.

PAs have been performing diagnostic and interventional procedures that use ionizing radiation since the early days of the PA profession. A PA's ability to perform these procedures has derived from North Carolina's PA practice laws and regulations, which requires that a PA's primary supervising physician must ensure that a PA's scope of practice is clearly defined and that the medical tasks delegated to a PA are appropriate for the skills and competencies of both the primary supervising physician and the PA. Therefore, just as with any other medical task, a PA would not perform fluoroscopy without it being a defined skill and competency of the particular PA.

North Carolina PAs in radiology routinely perform procedures that require fluoroscopic guidance and should be authorized to utilize all technology for which they are appropriately trained to provide.

NCAPA is working to have PAs included as an exempt licensed practitioner under the bill.

NCAPA opposes removing motorcycle helmet restrictions (5/8/17)

In the final days before the crossover deadline, the North Carolina House's Transportation Committee took up HB 91: Require Safety Helmets/Under 21.The bill ended up passing the committee, and the bill's final two committee assignments, the House Finance and House Insurance committees were stricken, and the bill was calendared to be heard on the House floor the following day.

At that time, the Government Affairs Committee voted, and the Board subsequently agreed, that NCAPA should oppose any efforts to remove the state's motorcycle helmet laws. HB 91 would remove the helmet requirement for any motorcycle operator who was 21 years old or older if the individual held a motorcycle license or endorsement for more than 12 months or successfully completed the Motorcycle Safety Instruction Program AND was covered by an insurance policy providing at least $10,000 in medical benefits.

After receiving opposition from health providers, hospitals, traffic safety organizations, and other concerned North Carolinians, the bill was removed from the House calendar. At this time, there are no additional plans to hear the bill again this year.

NCAPA will continue to stay on top of this bill, so that you can be informed and take action if the bill were to be revived again.

Second annual advocacy day at the legislature a success (4/28/17)

On Tuesday, April 25, PAs from across the state came together at the North Carolina General Assembly to advocate for the PA profession. Additionally, a group of PAs met with newly-appointed DHHS Secretary Dr. Mandy Cohen and Deputy Secretary Mark Benton.

SB 160 unanimously passes the Senate (4/26/17)

On Monday night, SB 160: Handicap Parking Privilege Certification, unanimously passed the Senate on a vote of 48-0! The bill must be heard by the House before going to the Governor's desk for final signature into law.

NCAPA sends letter to STOP Act bill sponsors (4/19/17)

This morning, NCAPA submitted a letter to the bill sponsors of HB 243 & SB 175, the Strengthen Opioid Misuse Prevention (STOP) Act. This letter expressed concerns with Section 4 of the bill, and that it could cause an undue burden on the patients PAs serve.

In part, the letter states:
"PAs believe in the collaborative practice model, and we value our relationships with our supervising physicians. The settings that PAs practice in vary from clinic to clinic, and from community to community. In North Carolina, current regulations require PAs to prescribe within federal DEA rules, and PAs cannot prescribe more than a 30 day supply for Schedules II, II-N, III, and III-N controlled substances. Additionally, the existing supervisory agreement between a PA and supervising physician must include written instructions for prescribing, ordering, and administering drugs, as well as a policy for periodic review of the instructions by the physician. PAs and supervising physicians must meet monthly for six months each time a new practice arrangement is established, and then at least once every six months thereafter.
Section 4 of the latest version of HB 243 would require a PA to "personally consult" with their supervising physician prior to writing each 30 day prescription, and again every 90 days thereafter. Due to the current state regulations already in place, we believe that adding additional regulations to the PA-supervising physician relationship could cause confusion and could hinder patient care. We are concerned that there are circumstances, particularly in smaller and/or rural clinics, where the PA who was seeing a patient that needed a 30-day prescription, would not be able to prescribe the proper medication in timely manner if the PA's supervising physician was not immediately available for the personal consult. As providers, we are concerned that this legislation will cause unnecessary delays in

and/or reduce access to care, which could potentially lead to patients looking for an illegal substitute to ease their chronic pain. Therefore, we suggest removing Section 4 in its current form."

NCAPA looks forward to continuing to work with the bill sponsors and the rest of the legislature in order to work on a new solution together, which would contribute to our collective goal of keeping our fellow neighbors alive and healthy.
The bill is currently in the Senate Rules committee. Check back for additional updates and action in the coming weeks.

SB 160 Senate Transportation & Health Committees (4/19/17)

This morning, SB 160: Handicap Parking Privilege Certification, unanimously passed the Senate Health Committee. Yesterday, SB 160 was heard in Senate Transportation, and unanimously passed the committee, as well.
The bill now awaits its last Senate committee hearing in the Senate Rules Committee. We will keep you updated on when this bill is calendared in that committee.

SB 160 scheduled to be heard in Senate Transportation tomorrow (4/18/17)

Tomorrow, Wednesday, April 19, the Senate Transportation committee will consider SB 160: Handicap Parking Privilege Certification, which is sponsored by Sens. Andrew Brock, Wesley Meredith, and Ralph Hise. This bill was filed to clarify that PAs and NPs may sign for handicap placards, which is a necessary clarification after the DMV took a strict interpretation of the law in late 2016, which currently does not explicitly name PAs. Instead, PAs have always been able to sign for handicap placards, as it is a task that falls under the PA scope of practice, and therefore is a task that a physician may delegate to a PA.

A similar, but identical version of this bill, HB 11, passed the House in March on a vote of 114-4. HB 11 includes a line that allows for CNMs to sign for an initial application for a temporary removable windshield placard, while SB 160 does not include this language. HB 11 is presently housed in the Senate Rules committee.

STOP Act passes the House (4/10/17)

Tonight the House unanimously passed the latest version of the *STOP Act*. Three amendments were offered on the House floor tonight, with two of them successfully passing.

Rep. Greg Murphy, MD, offered an amendment to clarify that "targeted controlled substances," as detailed in the original update below, only applied to opioids, and not stimulants. The amendment removed G.S. 90-90 (3), which defines Schedule II stimulant controlled substances. The amendment unanimously passed.

Subsequently, Rep. Gale Adcock, NP, put forth an amendment to require all providers that are prescribing targeted controlled substances for 60 days or longer to execute a pain management agreement plan with the patient. The amendment passed unanimously. Click here to read what must be included in the pain management plan.

Rep. Adcock offered a second amendment, which would have stricken the provisions within the bill that requires PAs and NPs to personally consult with their supervising physicians whenever a targeted controlled substance is initially prescribed, and every 90 days thereafter. The amendment failed.

NCAPA continues to work with lawmakers in order to make this bill the best bill possible. We support their initiative to equip providers with the tools to help combat the state's opioid addiction epidemic. NCAPA does continue to be concerned, however, with the language that will require a PA to personally consult with their supervising physician, and how this language will play out in everyday practice across the state.

The legislature will go on spring break from April 12-19, so stay tuned for additional updates from NCAPA on this important legislation after the legislature comes back from the spring break.

Bill filed in the House to establish a new Medicaid program (4/10/17)

Last Thursday, four Republicans filed **HB 662: Carolina Cares**, which will provide coverage to North Carolina adults between the ages of 19 and 64 not currently eligible under the Medicaid program eligibility criteria, not entitled to enroll in Medicare Parts A or B, and their modified adjusted gross income does not exceed 133% of the federal poverty level.

Under the Carolina Cares program, which is based off of the Medicaid expansion program in Indiana, adults who qualify would pay annual premiums, billed monthly, equal to 2% of their household income, with some exceptions. Participants would also have to be working or seeking employment, in order to be eligible, with exemptions for adults caring for a dependent minor or a disabled adult child or parent, for persons in active treatment for substance abuse, or individuals determined to be medically frail. The Department of Health & Human Services would be required to establish preventative care and wellness activities for the program, including physicals, screenings for mammograms and colonoscopies, and weight management programs.

Of the bill's four primary sponsors, Reps. Donny Lambeth (R-Forsyth), Greg Murphy (R-Pitt), Josh Dobson (R-McDowell) and Donna White (R-Johnston), three are House Health Committee chairs (Lambeth, Murphy, Dobson). Additionally, Rep. Lambeth is a retired hospital administrator, Rep. Murphy is a practicing surgeon, and Rep. White is a practicing registered nurse in public health. As of Monday evening, four Democrats had signed onto the bill as co-sponsors - Reps. Rosa Gill (D-Wake), Charles Graham (D-Robeson), Robert Reives (D-Lee), and Michael Wray (D-Northampton).

The deadline to sign up for PA Day is quickly approaching! (4/3/18)

With so many bills up for consideration this legislative session that will have an impact on the PA profession, it is important that we advocate for our profession at the legislature. **CLICK HERE** to sign up

today for our second annual legislative advocacy day at the North Carolina General Assembly! **DEADLINE TO SIGN UP IS WEDNESDAY, APRIL 12!**

STOP Act Update (3/30/17)

Yesterday morning, the House Health Committee unanimously agreed to the latest version of HB 243: Strengthen Opioid Misuse Prevention (STOP) Act.

In the original version of the *STOP Act*, PAs and NPs would be required to personally consult with their supervising physician prior to prescribing schedule II through V controlled substances, if the prescription will, or is expected to exceed 30 days, and then once every 90 days thereafter.

Through conversations with legislators and other stakeholders, the latest version of the bill now focuses specifically on "targeted controlled substances." A "targeted controlled substance" is defined in the bill as any controlled substance included in G.S. 90-90 (1), (2), or (3), or G.S. 90-91 (d), which is Schedule II opiates and Schedule III narcotics.

To see a full list of what drugs are included under the *targeted controlled substance* definition, click below:

- G.S. 90-90. Schedule II Controlled Substances (see (1), (2), & (3) only)
- G.S. 90-91. Schedule III Controlled Substances (see (d) only)

The bill now goes to the House Appropriations Committee for consideration. NCAPA will continue to keep you updated on the STOP Act, as it is an important bill for you, as a provider, and the patients that you serve.

HB 11 passes the House! (3/14/17)

HB 11: Handicap Parking Privilege Certification passed the North Carolina House of Representatives this afternoon on a vote of 114-4. An amendment to the bill was proposed by Rep. Josh Dobson, one of the bill's sponsors, which clarifies that certified nurse midwives may only sign for an initial application for a windshield handicap placards. The amendment passed unanimously, 118-0, and does not change the bill's language clarifying that PAs and NPs may sign for handicap plates and placards. The bill now goes to the Senate for consideration.

Listen to HB11's first hearing in House Transportation on March 7! (3/6/17)

The House Committee on Transportation will be meeting at **11am on Tuesday, March 7**, to discuss HB 11: Handicap Parking Privilege Certification. **Click here to listen to the live discussion on the bill!**

Legislators file bill to fight opioid addiction (3/2/17)

A group of House and Senate Republicans have joined forces with Attorney General Josh Stein, a Democrat, to put together a proposal intended to combat the state's growing deadly opioid addiction crisis. The **Strengthen Opioid Misuse Prevention (STOP) Act**, filed both chambers, was announced this morning during a press conference attended by the bill sponsors, Stein, and members of the medical and law enforcement communities.

During the press conference, bill sponsors stated that this bill was just a first step in combatting the state's opioid addiction crisis, and that the state must invest both money and policies in both prevention and also solutions to getting people out of addiction. According to a **report released by Castlight Health** in 2016, Wilmington was the worst city in the United States for opioid abuse. The North Carolina cities of Hickory, Jacksonville, and Fayetteville also ranked in the top 25 cities.

In an effort to reduce doctor shopping, the STOP Act requires all controlled substance prescribers, including veterinarians, to check the Controlled Substance Reporting System (CSRS) prior to writing a prescription. The check is not required for cancer treatment, palliative care, hospice or residential facility care, or prescriptions for five or less days. Additionally, when first treating acute pain, providers may only prescribe five days' worth of medication.

In addition to the above, the STOP Act:

- Requires electronic prescribing of Schedule II-V controlled substances, with a handful of exceptions.
- Requires PAs and NPs who prescribe Schedule II-V controlled substances for long-term use to personally consult with their supervising physicians the first time they prescribe, and every 90 days thereafter.
- Clarifies that no state funds may be used to support syringe exchange programs, but that local governments can support community programs.
- Requires veterinarians who prescribe controlled substances to register with the CSRS, in order to detect drug diversion by pet owners.
- Establishes civil penalties for pharmacies that employ dispensers who improperly report data to the CSRS.
- Imposes an annual fee on all prescribers, which will be used to support the CSRS.
- Extends the standing order for naloxone to community health groups
- Appropriates $10 million for community-based treatment and recovery services for substance use disorders.

House Bill Sponsors: Greg Murphy, MD (R-Pitt), Ted Davis (R-New Hanover), Craig Horn (R-Union), Chris Malone (R-Wake)
Senate Bill Sponsors: Jim Davis (R-Macon), Tom McInnis (R-Richmond), Bill Rabon (R-Brunswick)

Infographic on the Opioid Crisis in North Carolina *(Source: NC DOJ)*

Bill filed in the Senate to clarify that PAs can sign for handicap placards (3/1/17)

This afternoon, Sens. Andrew Brock (R-Davie), Wesley Meredith (R-Cumberland), and Ralph Hise (R-Mitchell), filed SB 160: Handicap Parking Privilege Certification.

Very similar to HB 11, filed in the House on January 25, SB 160 seeks to clarify that PAs and NPs may sign for handicap placards. The two bills read very similar, the only difference is that CNMs are included in HB 11, but not in SB 160.
NCAPA supports both versions of the bill and we will continue to support updates on the movement of the legislation in the coming weeks!

Click here to read the blog post about HB 11.

Bill filed in the House to clarify that PAs can sign for handicap placards (1/27/17)

On Wednesday, the first day of the 2017 legislative session, Reps. Gale Adcock (D-Wake), Josh Dobson (R-McDowell), Jon Hardister (R-Guilford), and Carla Cunningham (D-Mecklenburg) filed HB 11: Handicap Parking Privilege Certification in the state House.

The bill aims to clarify that PAs, NPs, and CNMs are able to sign for handicap placards. Current law states that only a licensed physician, opthalmologist, optometrist, or the Division of Services for the Blind may sign for the handicap placards. PAs have been signing for handicap placards for decades, as the task falls under a PA's scope of practice and is a duty that physicians can delegate to a PA. In October 2016, however, the DMV decided to take a strict interpretation of the law, and since PAs were not specifically named in the law, the DMV began to reject placards signed by PAs. This bill will clarify that PAs can, in fact, sign for handicap placards.

SAVE THE DATE! (1/10/17)

Mark your calendars for our second annual advocacy day at the North Carolina General Assembly -- Wednesday, April 25, 2017.

NOTE: *The originally announced date was April 12, 2017, but due to a change in the legislative schedule, we had to change the date.*

Stay tuned for more details!