

2018 Healthcare Legislation

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[New Laws Go Into Effect on January 1 \(1.2.18\)](#)

The effective date of legislation varies from bill to bill. Some bills go effective immediately upon the Governor's signature into law, while other bills may not go into effect for another six months or a couple of years. The following legislation, passed in the 2017 short session, went into effect on January 1, 2018.

[HB 243: Strengthen Opioid Misuse Prevention \(STOP\) Act](#) - While some provisions, like the provision requiring pain management PAs and NPs to personally consult with their supervising physician prior to prescribing opioids went into effect already, beginning with the new year, all providers are limited to prescribing no more than a 5 day supply of opioids upon the initial consultation and treatment for acute pain. This limitation is expanded to seven days for post-operative acute pain relief. Upon any subsequent consultation for the same pain, providers may prescribe any appropriate supply of opioids.

Additionally, following terms are defined within the STOP Act and went into effect on January 1:

- **Acute Pain:** Pain, whether resulting from disease, accident, intentional trauma, or other cause, that the practitioner reasonably expects to last for three months or less. The term does not include chronic pain or pain being treated as part of cancer care, hospice care, palliative care, or medication-assisted treatment for substance use disorder.
- **Chronic Pain:** Pain that typically lasts for longer than three months or that lasts beyond the time of normal tissue healing.
- **Surgical Procedure:** A procedure that is performed for the purpose of structurally altering the human body by incision or destruction of tissues as part of the practice of medicine. This term includes the diagnostic or therapeutic treatment of conditions or disease processes by use of instruments such as lasers, ultrasound, ionizing radiation, scalpels, probes, or needles that cause localized alteration or transportation of live human tissue by cutting, burning, vaporizing, freezing, suturing, probing, or manipulating by closed reduction for major dislocations and fractures, or manipulating by closed reduction for major dislocations and fractures, or otherwise altering by any mechanical, thermal, light-based, electromagnetic, or chemical means.

[SB 104: Require Criminal BGC/Pharmacist Licensure](#) - Requires criminal background checks for pharmacist licensure applicants.

[SB 257: Appropriations Act of 2017](#) - Most of the budget bill went into effect at the beginning of the fiscal year, July 1, 2017, but effective January 1, **Section 11H.20(a)** requires the Department of Health and Human Services to review information concerning changes in circumstances that may affect a beneficiary's eligibility to receive medical assistance benefits. This review must happen on a quarterly basis and the information is to be shared with the county departments of social services.

As for non-health related bills, the following laws went into effect on January 1, 2018:
(Unless otherwise noted, the entire bill went into effect at the beginning of the year)

[HB 21: Driver Instruction/Law Enforcement Stops](#) - Requires the driver education curriculum to include instruction on law enforcement procedures during traffic stops.

[HB 84: DL/Deaf or Hard of Hearing Designation](#) - Directs the DMV to develop a designation for driver licenses that may be granted upon request to a person who is deaf or hard of hearing.

[HB 183: Retirement Administration Changes of 2017 \(Secs. 3, 9\)](#) - Makes clarifying and administrative changes to the state's retirement system laws.

[HB 252: Building Code Regulatory Reform \(Sec. 4\(a\) & \(b\)\)](#) - Makes changes and clarifications to the statutes that govern the creation and enforcement of building codes.

[HB 275: No Stormwater Fees on Taxiways or Runways](#) - Exempts airports from paying a storm water utility fee levied on runways and taxiways.

[HB 383: NAIC Models/ORSA & Credit for Reinsurance \(Sec. 1\)](#) - Makes changes to insurance laws on own risk and solvency assessments and credit for reinsurance and implements the revised model regulations of the National Association of Insurance Commissioners governing recommendations made to consumers regarding the purchase or exchange of annuities.

[SB 16: Business Regulatory Reform Act of 2017 \(Secs. 1, 4, 14\(c\)\)](#) - Provides further regulatory relief in state laws. Specifically, **Section 1** requires state agencies to provide additional notice of petitions for rule making, **Section 4** allows for optional meals for bed and breakfast guests, and **Section 14(c)** disallows the operation of any device that a person knows will expose the public to an unsafe condition and sets out the penalties for violating this law.

[SB 82: Achieving Business Efficiencies](#) - Makes changes to the employment laws.

[SB 131: Regulatory Reform Act of 2016-2017 \(Sec. 2.7\)](#) - The bill makes various changes to state laws and largely went into effect upon signature into law, but **Section 2.7**, which renames and amends the Board of Refrigeration Examiners, went into effect yesterday.

[SB 257: Appropriations Act of 2017 \(Secs. 31.3, 34.21, 34.32\)](#) - Other parts of the budget bill that went into effect on January 1 includes **Section 31.3(d)**, which requires the Department of Administration to take into account additional costs of the maintenance and operation of the agencies' motor fleets, **Section 34.21**, which changes the allowable use of proceeds of aviation gasoline and jet fuel taxes by limiting it to general aviation airports for time-sensitive aviation capital improvement projects for economic development purposes, and **Section 34.32**, which authorizes the DMV to charge fees to any person that requests an administrative hearing.

[SB 384: Criminal Law Changes \(Sec. 6\)](#) - The bill makes various changes to the state's criminal laws, and **Section 6** amends the Sheriffs' Supplemental Pension Fund.

[SB 413: Clarify Motor Vehicle Dealer Laws \(Sec. 5\)](#) - Clarifies motor vehicle dealers and manufacturers licensing laws. Specifically, Section 5 prohibits dealers from charging shop and other service-related fees unless a notice of fees is posted in a conspicuous place of the service area of the dealership. The total amount of fees must also be detailed on the repair order or invoice.

[SB 567: Reform/Correct/Wills and Trusts \(Secs. 1, 3, 5\)](#) - Provides for the judicial reformation of wills to correct mistakes and the judicial modification of wills to achieve the testator's tax objectives.

[SB 569: Uniform Power of Attorney Act](#) - Establishes the "Uniform Power of Attorney Act" for North Carolina.

[SB 578: Veteran-Owned Small Business/Annual Report](#) - Requires the Secretary of State to compile information about the number of veteran-owned and service-disabled veteran-owned small businesses on an annual basis.

[SB 582: Budget & Agency Technical Corrections \(Secs. 1.3, 4.6, 8.7\)](#) - Makes changes to the 2017 budget and makes agency technical corrections.

[SB 628: Various Changes to the Revenue Laws \(Secs. 2.1-2.8\)](#) - Makes changes to the state's business tax and sales and use tax laws. Sections 2.1 through 2.8 make changes and clarifications to sales and use tax laws.

[SB 656: Electoral Freedom Act of 2017](#) - Changes the definition of a "political party" by reducing the number of signatures required for the formation of a new political party and for unaffiliated candidates to obtain ballot access eligibility, authorizes the establishment of political parties recognized in a

substantial number of states in the prior presidential election, changes the timing of filing petitions, reduces the threshold for a substantial plurality to 30%, and eliminates judicial primaries for the 2018 General Election.

[An Update on NC HealthConnex \(2.2.18\)](#)

This week the Joint Legislative Oversight Committee on Information Technology received an update from the executive director of the Health Information Exchange Authority (HIEA) on NC HealthConnex, the state's health information exchange.

The purpose of NC HealthConnex is to break down silos between networks that health care providers input patient information into, enabling providers to have access to their patients' full records across all providers- including labs, diagnostics, allergies, medications, etc.

The latest stats from NC HealthConnex show that:

- **1,200 participants are live and sending all patient data.** This includes over 30 county health departments and FQHCs, over 20 hospitals and health systems, over 200 primary care providers, and over 400 ambulatory sites, including specialty providers.
- Another **300+ participants** are in queue for onboarding.
- There are already over **4 million unique patient records** in the system.
- During the meeting, the HIEA reported that the following value-added features are included in the system:
 - The **direct secure messaging accounts** allows for providers to safely connect to each other in order to send and receive secure, encrypted messages.
 - Participants have access to the **DSM Provider Directory**, which has over 16,000 health care providers' secure messaging addresses.
 - Allows for **public health reporting** via registries.
 - Clinical notifications allows for the **clinical data to be captured** with timely analytics and reporting about patient populations.

It is expected that 98% of the state's health care providers will be connected to NC HealthConnex by June 1, 2020. At that time, it is projected that the HIEA will have visibility into approximately 90% of citizens receiving treatment in North Carolina. There will also be access to data from other states through connections to national networks.

[The Committee on Access to Healthcare in Rural NC makes recommendations for the 2018 Session \(4.19.18\)](#)

This month, legislative interim committees, which meet while the legislature is not in session, met for the final time before the 2018 short session starts on May 16. The primary purpose of interim committees is to study issues more in depth and to subsequently make recommendations to the legislature for consideration during the subsequent session.

The **Committee on Access to Healthcare in Rural North Carolina** unanimously voted to approve the following bills to be introduced in May.*

- Bill Draft: GME/Rural Hospital Study: An act directing DHHS to study and report recommendations to create incentives for medical education in rural areas of the state and to assist rural hospitals in becoming designated teaching hospitals by CMS.
- Bill Draft: Southern Regional & Eastern AHEC Funds: An act appropriating additional funds for the Southern Regional AHEC (\$5 million for FY 18-19) and the Eastern AHEC (\$3 million for FY 18-19).
- Bill Draft: Rural Hlth Loan Funds/Target for Rural Areas: An act appropriating funds to the Office of Rural Health for the State Loan Repayment Program and directing the Office of Rural Health to ensure its loan repayment program is targeted to benefit healthcare providers in rural NC including identifying the need for the dentists in rural areas and to make recommendations to the Joint Legislative Oversight Committee on HHS.
 - Appropriates an additional \$3 million to the NC State Loan Repayment Program, **and \$800,000 of the \$3 million shall be used for the repayment of loans owed by PAs and NPs.**
- Bill Draft: Study State Health Plan & Medicaid: An act to direct the Program Evaluation Division to study changes to the State Health Plan and to direct DHHS to study changes to the Medicaid program that will increase preventative health services, improve health outcomes, and lower the cost of care.

[CLICK HERE TO READ THE ENTIRE REPORT FROM THE COMMITTEE, INCLUDING THE FINDINGS AND RECOMMENDATIONS.](#)

**NOTE: Although these bills will be introduced during the short session, it does not guarantee that these bills will become law. These bills could also see many changes and amendments throughout the legislative process.*

[The HHS Oversight Committee makes recommendations for the 2018 session \(4.19.18\)](#)

This month, legislative interim committees, which meet while the legislature is not in session, met for the final time before the 2018 short session starts on May 16. The primary purpose of interim committees is to study issues more in depth and to subsequently make recommendations to the legislature for consideration during the subsequent session.

The **Joint Legislative Oversight Committee on Health and Human Services** unanimously voted to approve the following bills to be introduced in May.*

- Bill Draft: Medical Education & Residency Study: An act study medical education and medical residency programs, as recommended by the Joint Legislative Oversight Committee on HHS and the Joint Legislative Education Oversight Committee.
- Bill Draft: Telemedicine Policy: An act establishing a telemedicine policy for the State of North Carolina and directing DHHS to study and report recommendations for various telemedicine standards.
- Bill Draft: Psychology Interjurisdictional Compact (PSYPACT): An act establishing PSYPACT.

- [Bill Draft: Health-Local Confinement/Prison HealthConnex](#): An act to address health issues in local confinement facilities and to ensure that state prisons are full participants in the NC Health Information Exchange, known as NC HealthConnex.

[CLICK HERE TO READ THE ENTIRE REPORT FROM THE COMMITTEE, INCLUDING THE FINDINGS AND RECOMMENDATIONS.](#)

[At NCAPA's request, rules changed to specifically name PAs \(4/30/18\)](#)

In August 2017, NCAPA submitted a public comment to the Criminal Justice Education & Training Standards Commission, and subsequently testified at the August Commission meeting, requesting that three rules be modified to specifically name PAs. At the beginning of April, these rules were officially modified to include PAs.

Prior to this change the rules just named surgeons and physicians, not PAs or NPs. This is likely because state law allows for licensed MDs or DOs to delegate such tasks to PAs and NPs, without them being explicitly named.

[12 NCAC 09B .0101 - Minimum Standards for Criminal Justice Officers](#)

*States that every criminal justice officer employed by an agency must be examined and certified by a licensed surgeon, physician, **PA, or NP** to meet physical requirements necessary to properly fulfill the officer's particular responsibilities.*

[12 NCAC 09B .0104 - Medical Examination](#)

*States that each applicant for employment as a criminal justice officer must complete the Commission's Medical History Statement Form within one year prior to employment and be examined by a surgeon, physician, **PA, or NP**.*

[12 NCAC 09C .0306 - Lateral Transfer of Law Enforcement Officers](#)

*Clarifies that a law enforcement officer may transfer from law enforcement agency to another law enforcement agency after taking the proper steps, including being examined by a surgeon, physician, **PA, or NP**.*

NCAPA took a proactive position on requesting that these rules be modified to specifically name PAs. Law allows for PAs to conduct physical examinations on patients, as a delegated task from a physician, and while NCAPA was not aware of any PA whose physicals for a criminal justice officer had been turned away because PAs were not specifically named in the rules, NCAPA did not want to have that happen in the future, due to a strict interpretation of the rule. (See: [Bill filed in the House to clarify that PAs can sign for handicap placards](#))

[Legislature convenes 2018 short session \(5/24/18\)](#)

Last Wednesday, May 16, the legislature convened for the 2018 short session. During the short session, only certain bills may be considered, including, but not limited to, bills that passed one of two chambers

during the 2017 long session, bills that impact the state budget, and bills that were recommended by an interim study committee.

In these past two weeks, the following bills have been filed. The majority of these bills have been filed at the recommendation of interim study committees.

[HB 933: Reciprocity/School Psychologist Licensure](#)

An act directing the State Board of Education to grant a license to practice as a school psychologist to any individuals who hold the nationally certified school psychologist credential, as recommended by the House Select Committee on School Safety.

STATUS: Filed on May 16, became the first bill of the 2018 short session to pass out of the House. HB 933 is now in Senate Rules.

[HB 967: Telemedicine Policy](#)

An act establishing a telemedicine policy for the State of North Carolina and directing the Department of Health and Human Services to study and report recommendations for various telemedicine standards, as recommended by the Joint Legislative Oversight Committee on Health and Human Services.

STATUS: Filed May 17, referred to House Health.

[HB 998/SB 742: GME/Rural Hospital Study](#)

An act directing DHHS to study and report recommendations to create incentives for medical education in rural areas of the state and to assist rural hospitals in becoming designated teaching hospitals by CMS, as recommended by the Legislative Research Commission.

STATUS: Filed May 23, referred to House Health / Filed May 23, referred to Senate Rules.

[HB 999/SB 741: Rural Health Loan Funds/Target for Rural Areas](#)

An act appropriating funds to the Office of Rural Health, DHHS, for the State Loan Repayment Program and directing the Office of Rural Health, DHHS, to ensure its loan prepayment program is targeted to benefit health care providers in rural NC, including identifying the need for dentists in rural areas and to make recommendations to the Joint Legislative Oversight Committee on Health and Human Services, as recommended by the Legislative Research Commission.

- *Specifies that \$800,000 of the \$3 million must be used for repayment of loans owed by PAs and NPs who provide primary care services in rural areas of the State.*

STATUS: Filed May 23, referred to House Health, if favorable, House Appropriations / Filed May 23, referred to Senate Rules.

[HB 1000: Southern Regional & Eastern AHEC Funds](#)

An act appropriating additional funds for the Southern Regional AHEC and the Eastern AHEC, as recommended by the Legislative Research Commission.

STATUS: Filed May 23, referred to House Health.

[HB 1001: Study State Health Plan & Medicaid](#)

An act to direct the Program Evaluation Division of study changes to the State Health Plan and to direct DHHS to study changes to the Medicaid program that will increase preventative health services, improve health outcomes, and lower the cost of care, as recommended by the Legislative Research Commission.

STATUS: Filed May 23, referred to House Health.

[HB 1002/SB 733: Medical Education & Residency Study](#)

An act to study medical education programs and medical residency programs, as recommended by the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Education Oversight Committee.

STATUS: Filed May 23, referred to House Health / Filed May 23, referred to Senate Rules.

[SB 748: Psychology Interjurisdictional Compact \(PSYPACT\)](#)

An act establishing a Psychology Interjurisdictional Compact (PSYPACT), as recommended by the Joint Legislative Oversight Committee on Health and Human Services.

STATUS: Filed May 24, will be referred to a committee next week.

[SB 754: ECU Brody School of Medicine Funds](#)

An act to appropriate funds to the Board of Governors of the University of North Carolina to develop plans for the construction of a new medical education building at the Brody School of Medicine at East Carolina University.

STATUS: Filed May 24, will be referred to a committee next week.

[Part II of the STOP Act, the HOPE Act, released this week \(6/8/18\)](#)

In a continued attempt to combat the opioid addiction crisis, House and Senate legislators released this week what has been dubbed as part two of the STOP Act, the [Heroin and Opioid Prevention and Enforcement \(HOPE\) Act](#). The HOPE Act, which is also supported by Attorney General Josh Stein, expands access to the Controlled Substance Reporting System to certain law enforcement officers in an attempt to confront the opioid addiction crisis from that front, as well as strengthens the consequences for persons who mishandle opioids. The bill also includes additional funds for community-based drug treatment and recovery services, for naloxone, and for Operation Medicine Drop, a program that safely rids of unneeded prescription drugs.

Among its provisions, the HOPE Act:

- [Section 7](#) expands the criminal offenses related to MDPV to include "any substituted cathinone."
- [Section 8](#) creates a "certified diversion investigator" position, who will be able to request and receive prescription information from pharmacies, when, and only when required, for an active investigation related to a controlled substance. This section also requires the pharmacy to provide the requested information and protects the pharmacist from liability relating to the sharing of that confidential information.
- [Section 9](#) establishes the following three criminal offenses: (1) Class 1 misdemeanor for aiding the diversion of a controlled substance; (2) Class I felony for intentionally aiding the diversion of a controlled substance; (3) **Class E felony for a medical professional that intentionally dilutes or substitutes any controlled substance.**
- [Section 10](#) requires a controlled substance dispenser to report the prescriber's NPI number.
- [Section 11](#) authorizes access to the CSRS to the North Carolina Attorney General and expands access to the CSRS to the state's Tactical Diversion Squad. This section also establishes the criminal offenses for unlawful access or disclosure of CSRS information and sets out the conditions and requirements for the release of information from the CSRS to law enforcement.
- [Sections 13 & 14](#) authorizes and creates the minimum standards and levels of training and certification of diversion investigators.

SB 616 passed the House Health and Judiciary I committees this week, and will go to the House floor for consideration next week. After the bill makes it through the House, it will go to the Senate for consideration. NCAPA will continue to monitor this bill throughout the process.

Bills addressing rural health, telemedicine, and medical education pass the House (6/11/18)

Last night, the North Carolina House of Representatives passed the following bills. They will now go to the Senate for consideration.

HB 967: TELEMEDICINE POLICY

An act to direct DHHS to study and report recommendations for various telemedicine standards.

Final Vote: 113-0

Note: This bill started as a recommendation from the Joint Legislative Oversight Committee on Health & Human Services and established a policy. After concerns were brought forward by several stakeholders, the bill sponsors chose to turn the bill into a study, directing DHHS to engage stakeholders and recommend policies on, among other things, including health benefit plan coverage and reimbursement.

HB 998: IMPROVING NC RURAL HEALTH

An act to direct DHHS to study and report recommendations to create incentives for medical education in rural areas of the state and to assist rural hospitals in becoming designated as teaching hospitals by CMS; to direct the Office of Rural Health to ensure its loan repayment program is targeted to benefit health care providers in rural NC, including identifying and making recommendations to address the need for dentists in rural areas; and to direct the Program Evaluation Division to study the State Health Plan and to direct DHHS to study the impact of the Medicaid program on the health of individuals residing in rural areas of the state, as well as on the economies of these rural areas, and any changes to the Medicaid program that will increase preventative health services, improve health outcomes, and lower the cost of care; and to improve access to dental care in rural NC.

Final Vote: 113-0

Note: The original bill was filed as a recommendation from an interim study committee, Committee on Access to Healthcare in Rural NC. Since then, additional language has been added to the bill, including provisions on studying the need for dentists in rural NC, and studying the State Health Plan and Medicaid programs on how to better improve health through preventative health services and lower the cost of care.

HB 1002: MEDICAL EDUCATION & RESIDENCY STUDY

An act to study medical education programs and medical residency programs, as recommended by the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Education Oversight Committee.

Final Vote: 113-0

Note: This bill will establish a legislative subcommittee which will study the "(1) 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 programs 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 programs and medical residency programs located within the State. (3) Recommended changes and

improvements to the State's current policies with respect to allocating 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 deemed appropriate."

Bill modifying the Medicaid transformation legislation passes NCGA (6/18/18)

On Friday, the House and Senate voted on the compromise version of [HB 156: Medicaid PHP Licensure & Transformation Modifications](#), which had been in a conference committee since the end of the 2017 session. The bill is now on the Governor's desk for final approval.

The changes included in this legislation build off of the Medicaid reform law passed in 2015, [HB 372: Medicaid Transformation and Reorganization](#), which laid out the framework for transforming the state's Medicaid program from fee-for-service to capitated contracts. The state submitted the 1115 waiver application to transform to managed care in 2016, and submitted an amended waiver in 2017. The state is still awaiting approval from CMS to move forward with the transformation process.

Beginning on page 16 of HB 156, the patient-provider insurance protections that Medicaid insurers and health benefits plans must comply with are listed out. Of the many protections that apply to private insurance plans, seventeen are specifically listed within HB 156, in addition to other state and federal requirements.

NCAPA is excited to announce that among the seventeen protections within HB 156, [G.S. 58-50-26 - Physician services provided by PAs](#), is included in this legislation. This ensures that the services PAs provide to Medicaid patients will be reimbursed by the capitated contracts, and not denied payment simply because the services were rendered by a PA acting within their scope of practice.

A more detailed post on the other protections included in the bill, and the legislation as a whole, as well as [HB 403: Medicaid and Behavioral Health Modifications](#), which also addresses changes to the 2015 law, will be posted in the near future. HB 403 was also voted on by both chambers last week after coming out of a 2017 conference committee.

Governor signs 29 bills into law (6/25/18)

Last Friday, Governor Cooper signed 29 bills into law, leaving an additional 45 bills on his desk for consideration.

Bills signed by the Governor on Friday includes:

[HB 156: Medicaid PHP Licensure & Transformation Modifications](#) - An act to require Medicaid prepaid health plans to obtain a license from the Department of Insurance and to make other changes pertaining to Medicaid Transformation and the Department of Insurance.

[HB 277: Naturopathic Study](#) - An act to establish a work group to make recommendations for appropriate oversight and regulation of the practice of naturopathic medicine in North Carolina and to report to the Joint Legislative Oversight Committee on Health and Human Services.

[HB 403: Medicaid & Behavioral Health Modifications](#) - An act to modify the Medicaid Transformation legislation.

[HB 651: State Pension/Retirement Health Benefit Fund Solvency](#) - An act to establish the Unfunded Liability Solvency Reserve.

[SB 368: Update False Claims Act/Rare Disease Appointments/HIE](#) - An act to align the North Carolina False Claims Act with the Federal False Claims Act; to extend the terms for the current members of the Advisory Council on Rare Diseases; and to extend participation in the HIE Network for certain providers.

[SB 616: Heroin & Opioid Prevention & Enforcement Act](#) - An act amending laws pertaining to the North Carolina Controlled Substances Act and the North Carolina Controlled Substances Reporting System Act, including the revision and establishment of penalties for certain violations, and expressing the intent to appropriate additional funds in the future for community-based substance use disorder treatment and recovery services, the purchase of overdose medications, Operation Medicine Drop, and special agent position within the State Bureau of Investigation, and to amend the statewide telepsychiatry program that delivers mental health and substance abuse care.

[SB 630: Revise IVC Laws to Improve Behavioral Health](#) - An act revising the laws pertaining to involuntary commitment in order to improve the delivery of behavioral health services in North Carolina.

[SB 768: People First Language 2018](#) - An act to update the General Statutes of North Carolina with People First Language by changing the phrase "mental retardation" to "intellectual disability" in certain sections and to make other People First Language amendments and technical amendments in those sections, as recommended by the General Statutes Commission.

Governor signs, vetoes remaining bills on his desk (6/26/18)

Shortly after 9 p.m. on Monday night, the Governor signed, vetoed, or allowed the remaining 45 bills on his desk to become law without his signature. This week is expected to be the last week of session, and the legislature is primarily focusing on debating local bills, constitutional amendment bills, and overriding bills vetoed by the Governor.

Bills signed by the Governor on Monday night includes:

[HB 357: Modernize Dietetics/Nutrition Practice Act](#) - An act expanding the ability of qualified nutrition professionals to practice in this state and amending the Dietetics/Nutrition Practice Act.

[HB 512: Monitor Implementation of TBI Waiver](#) - An act regarding the implementation of the 1915(c) Medicaid Waiver for individuals with traumatic brain injury; authorizing township hospitals still operating under pre-1983 public hospital laws to exercise some of the additional powers and authorities granted to public hospitals operating under Article 2 of Chapter 131E of the General Statutes; redefining the term "legacy care medical facility" for purposes of certificate of need review; requiring that legacy

medical care facilities exempted from certificate of need review operate within the same service area as the facility that ceased continuous operations; and providing for an extension of the time by which a facility must be operational in order to qualify for certificate of need exemption as a legacy medical care facility.

[HB 569: Pretax Supplemental Benefits](#) - An act to allow products selected by the employee insurance committees to be offered on a pretax basis.

[HB 741: DHHS Study/Maternal and Neonatal Care](#) - An act directing the Department of Health and Human Services to study issues pertaining to high-quality, risk-appropriate maternal and neonatal care and to allow simultaneous cremation of certain fetuses and infants.

[HB 998: Improving NC Rural Health](#) - An act to direct the Department of Health and Human Services to study and report recommendations to create incentives for medical education in rural areas of the state and to assist rural hospitals in becoming designated as teaching hospitals by the Centers for Medicare and Medicaid Services; to direct the Office of Rural Health, Department of Health and Human Services, to ensure its loan repayment program is targeted to benefit health care providers in rural North Carolina, including identifying and making recommendations to address the need for dentists in rural areas; and to improve access to dental care in rural North Carolina; and to direct the Department of Health and Human Services to study Medicaid health outcomes programs.

[SB 420: CC Governance/Amend Medical Board](#) - An act to provide for circumstances in which the State Board of Community Colleges may appoint an interim board of trustees to assume the powers and duties of a board of trustees; to clarify the time for elections of officers for boards of trustees; to require that a board of trustees meet at least six times a year; to authorize the State Board of Community Colleges to require financial audits in certain circumstances; and to amend the membership of the North Carolina Medical Board.

[SB 750: Health-Local Confinement/Vet. Controlled Sub.](#) - An act to address health issues in local confinement facilities and to ensure that state prisons are full participants in the NC Health Information Exchange known as NC HealthConnex, as recommended by the Joint Legislative Oversight Committee on Health and Human Services; to amend the duties of law enforcement officers pertaining to involuntary commitment; to amend the North Carolina Controlled Substances Act and the Controlled Substances Reporting System pertaining to the practice of veterinary medicine; to require continuing education for veterinarians on abuse of controlled substances; to include the North Carolina Veterinary Medical Board on the Prescription Drug Abuse Advisory Committee; and to amend various budget provisions.

[NCMB meets, discusses new position statements \(7/18/18\)](#)

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.

All remaining Legislative Actions/Updates can be found on the [NCAPA Blog, The Pulse](#). Simply click Legislative Updates on the sidebar to sort.