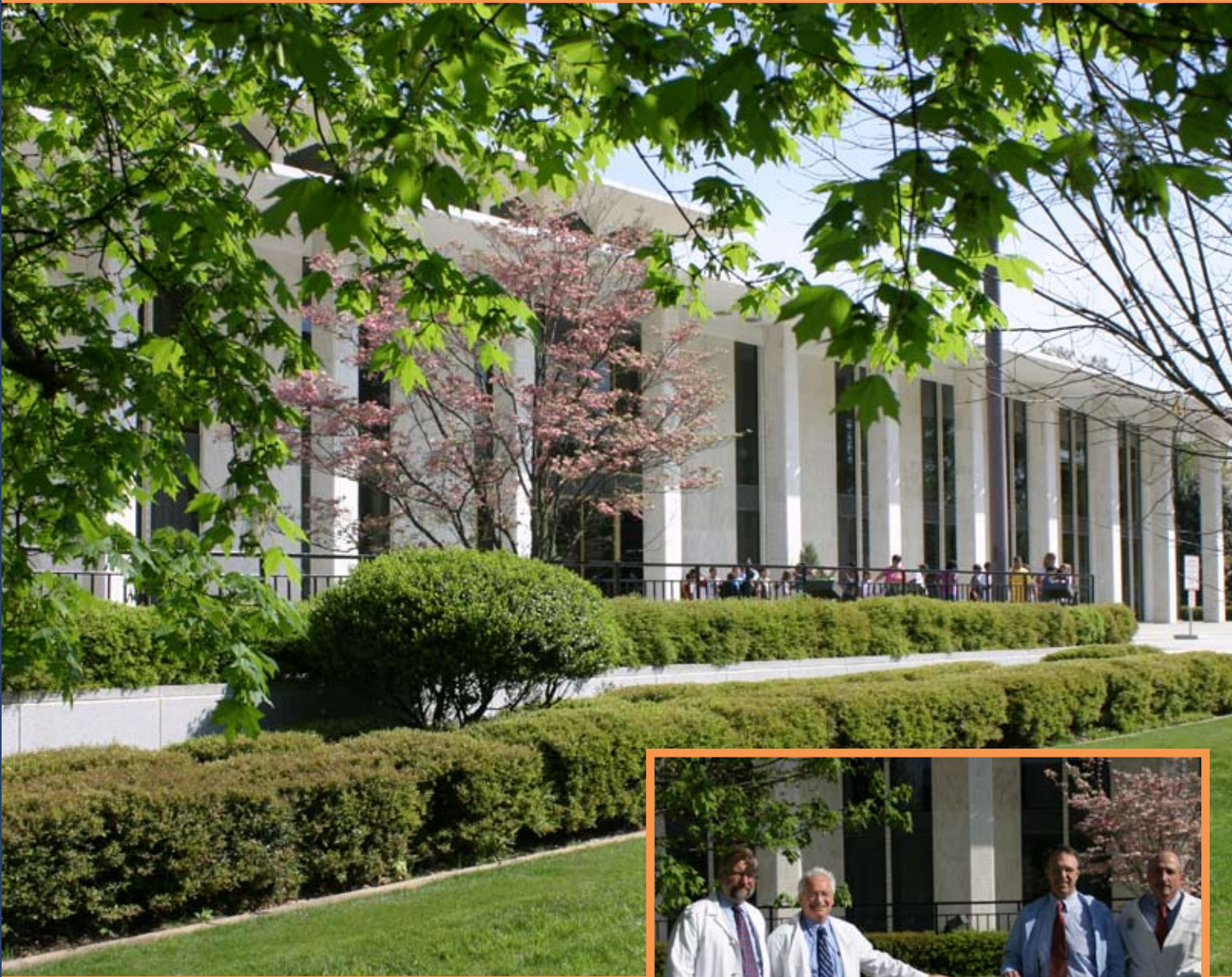


North Carolina



**Medical Society**

*Leadership in Medicine*



# 2010

LEGISLATIVE SUMMARY

Your future will be determined by the elected officials who fill these seats...

2010  
LEGISLATIVE SUMMARY

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NCMS PAC is the political education and action committee of the North Carolina Medical Society, organized to direct financial support to state and federal candidates in North Carolina.

Your continued investment in the NCMS PAC is vital, as the 2010 mid-term elections are just around the corner. Together, we can continue making the legislative goals of the North Carolina Medical Society a reality.

### SHORT SESSION 2010 (2009-2010 REG.)

As dawn broke on June 10, the NC General Assembly wrapped up a long night of debate and concluded the 2010 Short Session. While in Raleigh for only 59 days, this Legislature dealt with a number of significant problems. While this was an extremely tough year for physicians, NCMS did have some important victories and many of the disappointing losses can still be fought going forward. In the end, even the gloomy budget outcome could have been far worse.

This year is a sterling example of the necessity for engaged physicians at the local level. Your conversations with your legislators while they are in the district, as well as when in Raleigh, make all the difference. This aids in providing a full perspective for legislators to understand how their decisions impact your local practice, the individuals you employ and the thousands of patients you care for day in, day out.

This summary highlights bills discussed during the 2010 Short Session that affected the practice of medicine.

NCMS approached the session with three broad priorities: 

#### Budget / Medicaid

- Protect against further reductions to the physician reimbursement line item for Medicaid providers
- Re-Unify the percentage of Medicare applied to determine the physician reimbursement rate for Medicaid providers while protecting primary care as legislated in the 2009 Budget
- Advocate for the utilization of Community Care of NC (CCNC) as the Medicaid managed care program for North Carolina – including prior-authorization programs

#### Medical Liability Reform

- Advocate for amendments to H813 – Uniform Apportionment of Tort Responsibility to insure that the bill includes:
  - a process for the fair apportionment of responsibility
  - a process that protects defendants from unreasonable reapportionment of responsibility due to uncollectable portions from other defendants
  - language that allows juries to be informed about payment already collected for the cost of medical expenses incurred as a result of the injury

#### Scope of Practice

- Physical Therapist practice act changes – support with amendments
- Licensure of Naturopaths – oppose unless the bill includes:
  - adequate supervision by a physician for any medical acts, tasks and functions
  - no surgery, no prescription authority
  - inclusion of Felony for the unlicensed practice of medicine
  - additional provisions detailed in June 2007 Naturopathy White Paper
- Licensure of Certified Professional Midwives – oppose
- Pharmacist scope expansion to dispense all CDC approved vaccines – oppose

**In the end, many anticipated scope threats were avoided; our coalition with the business, health and insurance communities provided a reasonable proposal to amend H813 that was rejected by trial lawyers; and our efforts on the budget protected physicians against even greater harm that will continue to loom as we start the 2011 session.**



NC Senator Don Vaughn (rear center) poses with physicians from Greensboro Orthopaedics.

## 2010 STATE BUDGET (SB 897) !

**Sponsor(s):** Dannelly (D-Mecklenburg); Garrou (D-Forsyth); Swindell (D- Nash)

**Status:** Passed

**NCMS Position:** The NCMS and a coalition of physician specialty organizations pushed for protection from further Medicaid provider rate cuts. While further cuts were avoided in the main budget, a contingency plan in the event that Congress fails to extend Medicaid matching funds includes additional provider rate cuts. The NCMS will keep fighting to restore reasonable fees for services provided to Medicaid enrollees.

**Summary:** This was arguably the most difficult state budget year in modern times for health-related issues. After building a consensus among physician specialties, NCMS working in coalition with other physician lobbying teams sought to reunify the percentage of Medicare applied to determine the physician reimbursement rate for Medicaid while continuing to protect primary care as legislated in the 2009 Budget. This was ultimately unsuccessful due to the budget shortfalls that had to be accounted for in this continuation budget.

Medicaid funding was already seriously undermined by the actions of the NC General Assembly and the NC Department of Health and Human Services in 2009. Moreover, Congress has not yet extended supplemental funding (known as Federal Medical Assistance Percentage, or FMAP) to deal with ballooning Medicaid enrollment during the economic downturn. If not ultimately approved by Congress, North Carolina will lose up to \$500 million in Medicaid funding in 2010-11.

To address this problem, the NC General Assembly chose to enact contingency provisions in the budget. It is in the contingency budget that physician Medicaid payments are being targeted. In addition to the \$82 million planned cut enacted in last year's two-year budget (which, incidentally, NC DHHS arbitrarily increased to \$101 million), the General Assembly cut rates in the 2010-11 contingency budget by another \$26.6 million. The NCMS did request additional protections including a rate restoration in the event that Congress acted to extend Medicaid matching funds, but these protections were rejected by senior budget writers in the NC General Assembly.

But the NCMS, working with a coalition of medical specialty organizations, was able to insert two provisions into the final budget's Technical Corrections bill, SB 1202, to minimize the damage. First, if the federal funding is approved to help with ballooning Medicaid enrollment, there will be no further reductions in the rates paid to physicians. This takes further cuts off the table if adequate FMAP funding is enacted by Congress.

Second, a provision was added to make clear that the only reduction to physician rates that will occur in the contingency budget is the \$26.6 identified by the General Assembly. Other across-the-board cuts in the contingency budget will not apply to Medicaid rates. The Secretary of NC DHHS has discretion, however, regarding the implementation of rate cuts in the contingency budget, and could implement the cuts even before Congress has finished debating the question of supplemental funding. NCMS and the coalition pushed for protection from further cuts if the Secretary determines that early implementation of the contingency budget is necessary, but the General Assembly did not provide that protection.

## UNIFORM APPORTIONMENT OF TORT RESPONSIBILITY - REPEAL OF CONTRIBUTORY NEGLIGENCE (HB 813) !

**Sponsors:** Blust (R-Guilford); Ross (D-Wake); Glazier (D-Cumberland); Stiller (R-Brunswick)

**Status:** Failed to be passed by the Senate

**NCMS Position:** The NCMS worked within a coalition of business representatives to address concerns with a proposal made by the NC Advocates for Justice (i.e., the plaintiffs' bar) to move from a contributory negligence civil liability system to a comparative fault system in North Carolina.

**Summary:** NC is one of four jurisdictions in the United States that has a contributory negligence statute on the books, barring a plaintiff from recovery if they negligently contributed in any way to their own injury. In contrast, comparative fault systems permit plaintiffs to recover from others even if they are partially responsible for their own injury.



Darlyne Menscer, MD, talks with House Speaker Joe Hackney

The legislation passed the House in 2009, and was then referred to a subcommittee in the Senate for study. The last proposal from the subcommittee contained several provisions that were unacceptable to the coalition. The coalition proposed changes that are reasonably aimed at addressing genuine concerns, and that ensure a balanced civil justice system. However, the trial lawyers opposed those changes. In the end, the bill died in the Senate – though the issue remains alive as a legislative study topic.

## MODIFICATIONS TO THE PHYSICAL THERAPY PRACTICE ACT (HB 1374) !

**Sponsors:** Howard (R-Davie); Gibson (D-Anson); McLawhorn (D-Pitt); Allen, L. (D-Franklin)

**Status:** Failed to be passed out of Committee

**NCMS Position:** The NCMS negotiated several provisions in this year's PT bill to address our concerns regarding physician-owned PT services and the use of electro-diagnostic testing by PTs.

**Summary:** There has been tremendous interest among orthopedic surgeons in efforts by the national PT advocacy groups to eliminate physician-owned PT services (POPTS). The PTs have been successful in a few states. Recent proposals by PTs in the NC General Assembly have appeared to move North Carolina closer to prohibiting POPTS. The NCMS supports POPTS and has worked to ensure this option is viable in North Carolina. There has also been concern about the use of electro-diagnostic testing by PTs. Today, the PTs claim authority to perform the tests based on a letter once sent to the PT Board by the NC Medical Board. PTs are, however, prohibited from making a medical diagnosis based on the test. The PT proposal would have added such testing to their scope of practice. NCMS does not support those provisions. To address our concerns, we negotiated several provisions in this year's PT bill. The bill did not move because the PTs were not able to resolve concerns raised by the Athletic Trainers regarding their role in delivering PT services.

## PROHIBIT MEDICAID FRAUD AND KICKBACKS (SB 675)

**Sponsors:** Purcell (D-Scotland)

**Status:** Passed as amended

**NCMS Position:** The NCMS supported substitute language that brought the intent of this legislation closer to current federal law.

**Summary:** SB 675 was originally a piece of legislation proposed by Senator William Purcell, MD, (D25), that was later used as a vehicle by Representative Verla Insko (D56) to introduce a bill to create a Class I Felony penalty for Medicaid providers who defraud the system or receive kickbacks by recruiting ineligible patients to enroll in the Medicaid program. The legislation as originally proposed caused concern for unintended consequences. The medical community was successful in drafting and passing substitute language that more closely reflected current federal statute regarding fraud and Medicaid system abuse.



White Coat Wednesday attendees take in the view above the NC House chambers.

## FELONY FOR THE UNAUTHORIZED PRACTICE OF MEDICINE (SB 721)

**Sponsor(s):** Hoyle (D-Gaston)

**Status:** Failed to pass out of Committee

**NCMS Position:** The NCMS actively supported this legislation and pushed for its movement through the process with the goal of passage through the final days of the 2010 Short Session.

**Summary:** Representative Wil Neumann (R108) from Gaston County sought and received permission from Senate Rules Chair David Hoyle (D43) to use SB 721 as a vehicle for a bill to equalize the current criminal penalty for the unauthorized practice of medicine in North Carolina. Current law reads that an out-of-state practitioner who practices medicine in North Carolina without a license is guilty of a Class I felony. However, should an in-state practitioner be found guilty of the same, that practitioner is only guilty of a Class 1 misdemeanor. This inconsistency makes the current law difficult to enforce. SB 721 would have equalized the penalties for practicing medicine in the state of North Carolina without a license, regardless of where the practitioner is located. SB 721 did not propose any change to current scopes of practice outlined in statute. The House Health Committee passed SB 721 without objection, however the House Committee on the Judiciary I failed to hear the bill prior to Session adjournment.

## 2010 STUDIES BILL (SB 900)

**Sponsor(s):** Owens (D-Pasquotank)

**Status:** Passed

**NCMS Position:** The NCMS did not actively oppose the 2010 Studies Bill, but looks forward to providing valuable physician feedback to any study commissions that are created in the interim.

**Summary:** The 2010 Studies Bill included pathways to study many issues that were proposed as legislation during the 2010 Short Session but were never debated on the floor of the General Assembly. The following studies are among those permitted or mandated by the Studies Bill:

- Practice of Certified Nurse Midwifery – the Legislative Research Commission is authorized to study whether CPMs should be given more flexibility in the practice of midwifery, including whether CPMs should be allowed to practice in collaboration with, rather than under the supervision of, a licensed physician.
- Use of Most Favored Nation Clauses (see HB 2004).
- Collaborative Project for Reducing Medical Malpractice Costs and Claims – may be studied by the Joint Legislative Healthcare Oversight Committee.
- Sports Injuries in Middle and High Schools (see SB 1141).
- Mental Health Needs of Young Children and Their Families – NC Institute of Medicine permitted to study.
- Community Care of NC (CCNC) to Perform Body Mass Index (BMI) Screenings for At-risk Children – DHHS permitted to perform feasibility study.
- Alternatives to Hospitalization of Frequent Users of Psychiatric Hospitals.
- Reestablishes Task Force on Childhood Obesity.
- Adoption of Comparative Negligence and Abrogation of Joint and Several Liability (see HB 813) system for North Carolina. Throughout the coalition's discussions, the NCMS advocated for a balanced proposal that addresses the concerns of the medical profession. One provision in the coalition's proposal supported by NCMS is a proposal to allow juries to hear accurate information about the amounts actually paid by injured parties for past medical care, rather than hearing only about full charges before contractual and government reductions. The bill ultimately failed to get a hearing in the Senate, and the session ended without further action on the bill. There is a provision in the 2010 Studies Bill, however, that is likely to bring this issue back before the General Assembly in 2011.





## STUDY INSURERS' MOST FAVORED NATION CLAUSES (HB 2004)

**Sponsor(s):** Insko (D-Orange)

**Status:** Rolled into the Study Bill (SB 900)

**NCMS Position:** The NCMS closely monitored the progress of this legislation and looks forward to providing valuable physician feedback to any study commission that is created in the interim to discuss Most Favored Nation clauses.

**Summary:** The Most Favored Nation clause included in many health plan contracts requires that physicians give their lowest price to a certain insurer and to not offer a lower rate to any other plan. The clause can also work in the reverse and require physicians to take

no greater reimbursement from other insurers for certain services. Legislation to ban most favored nation clauses in health plan contracts was proposed and supported by United Healthcare. Due to the controversial nature of the legislation, the bill was rolled into the 2010 Studies Bill to allow for further review.

## UNIVERSAL CHILDHOOD VACCINE PROGRAM (HB 1898)

**Sponsor(s):** England (D-Rutherford)

**Status:** Failed to pass out of Committee

**NCMS Position:** The NCMS supported the NC Pediatric Society in its efforts to establish the Universal Vaccine Program. Political support did not exist to further this initiative in 2010. NCMS supported Rep. Bob England, MD, (D-Rutherford) in his efforts to offer some funding to the program in hopes of achieving a smoother transition away from current reimbursement practices.

**Summary:** Filed by Representative England, HB 1898 establishes a Universal Childhood Vaccine Program administered by The North Carolina Childhood Vaccine Association. This legislation would assess the state's insurers to finance the purchase of required childhood vaccines. These vaccines would then be given to providers to administer free of charge. The provider would still be able to obtain reimbursement for vaccine administration. The Association would be governed by a Board of Directors, two members of which must be licensed physicians.

This legislation did not move further than the bill sponsor's committee during the Short Session, and the 2010 State Budget eliminated state reimbursement for all childhood immunizations because licensed insurers in North Carolina currently reimburse providers for childhood vaccinations. Representative England successfully advocated for a \$3 million one-time line item in the budget to help fund the program long enough to provide for a smooth phase-out this year.

## TASK FORCE ON SPORTS INJURIES IN SCHOOLS (SB 1141)

**Sponsor(s):** Foriest (D-Alamance)

**Status:** Rolled into the Study Bill (SB 900)

**Companion:** HB 1837, Glazier (D-Cumberland); Rapp (D-Madison); Fisher (D-Buncombe); Cotham (D-Mecklenburg)

**Status:** Failed to pass out of Committee

**NCMS Position:** The NCMS requested the addition of two MDs: one with experience in head trauma; the other with orthopedic injuries resulting from sports activity. In addition, NCMS requested another nurse or PT to be added to keep the appointments balanced between the House and Senate. This amendment was passed in the House Health Committee, but the bill did not pass the next hurdle of being heard in the House Rules Committee. Similar language was included in the 2010 Studies Bill.

**Summary:** The primary purpose of SB 1141 was to establish the Legislative Task Force on Sports Injuries. This legislation was introduced following recommendation by the Joint Legislative Education Oversight Committee. This would be a joint committee with 7 members appointed by the Speaker and 7 appointed by the President Pro Tempore of the Senate. One of the Speaker's appointments would be a physician with expertise in the area of sports medicine. The task force would study issues relating to sports injuries for all sports at the middle school and high school levels, focusing on the prevention and treatment of injuries and must report to the 2011 General Assembly.

This bill did not reach debate on the floor of the General Assembly. However, watered-down language was included in the 2010 Studies Bill to require the State Board of Education to study this issue. The language in the Studies Bill would require that any study group include doctors with expertise in sports medicine.



White Coat Wednesday attendees from Forsyth County pose with Rep. Dale Folwell (3rd from right) and his staff.

## REQUIRE ALL INSURERS TO COVER HEARING AIDS FOR CHILDREN (HB 589)

**Sponsor(s):** Alexander, M. (D-Mecklenburg); Glazier (D-Cumberland); England (D-Rutherford); Wiley (R-Guilford)

**Status:** Passed

**NCMS Position:** The NCMS supported the passage of this legislation.

**Summary:** HB 589 requires every health plan in the state, including the State Employees Health Plan, to cover hearing aids for children up to age 22. The maximum coverage is set at \$2,500 per impaired ear every 36 months or as alterations to an existing aid cannot meet the needs of the covered individual. As a more controversial issue, the bill originally required every health plan in the state to provide benefits for the diagnosis and treatment of autism spectrum disorders. This language was later moved to a separate bill and HB 589 was changed to require only coverage for hearing aids.

## TREATMENT OF AUTISM DISORDERS (HB 1897)

**Sponsor(s):** England (D-Rutherford)

**Status:** Failed to pass out of Committee

**Companion:** SB 1265, Purcell (D-Scotland)

**Status:** Failed to pass out of Committee

**NCMS Position:** The NCMS was concerned about the draft language regarding the use of the term “order” when referring to services provided by licensed psychologists. However, this legislation did not gain the political support to move during the 2010 Short Session, and there was no need for the NCMS lobbying team to advocate for corrective language.

**Summary:** HB 1897, introduced by Representative England, separated out autism language previously included in HB 589. The legislation would have required that any health plan in the state, including the State Employees Health Plan, provide benefits for the diagnosis and treatment of autism spectrum disorders. The draft language includes the ability to prescribe or order services by a licensed psychologist as well as a psychiatrist.



2010 NCMS Leadership College scholars pose on the front steps of the NCMS with NCMS President Douglas D. Sheets, MD (bottom right), before they walk down to the General Assembly for White Coat Wednesday.

## HEALTH CHOICE PROGRAM REVIEW PROCESS (HB 382)

**Sponsor(s):** Wainwright (D-Craven); Farmer Butterfield (D-Wilson); Martin (D-Wake)

**Status:** Passed

**NCMS Position:** The NCMS supports the efforts of legislators to create an appeals process for any health insurance program, including NC Health Choice for Children.

**Summary:** North Carolina Health Choice is a free or reduced-price health care program for children whose families may make too much money to qualify for Medicaid but cannot afford private insurance premiums. This legislation establishes a review process to Health Choice Program eligibility and enrollment decisions and requires that program participants remain enrolled during the decision review process. Two levels of review are created: an internal review performed by the Medical Director of the Division of Medical Assistance, and a subsequent independent external review if requested by the appellant.

## AUTHORIZE THE STATE HIGH RISK POOL TO ADMINISTER THE NEW FEDERAL HIGH RISK POOL (HB 1730)

**Sponsor(s):** Alexander, M. (D-Mecklenburg); Insko (D-Orange); Holliman (D-Davidson); England (D-Rutherford)

**Status:** Rolled into (HB 1294)

**NCMS Position:** The NCMS was supportive of this legislation as a necessary step toward implementation of a Congressional mandate to operate high risk pools funded by federal dollars separately from those operated with state funds.

**Summary:** Representative Verla Insko introduced HB 1730 early in the short session as a first step to bring North Carolina’s Health Insurance Risk Pool (Inclusive Health) into compliance with the Patient Protection and Affordable Care Act of 2010 by authorizing Inclusive Health to contract with the U.S. Department of Health and Human Services to administer the newly created federal high risk insurance pool.

## ESTABLISH A MEDICAID APPEALS PROCESS (HB 1886)

**Sponsors:** Alexander, M. (D-Mecklenburg); Earle (D-Mecklenburg); Insko (D-Orange); Brisson (D-Bladen)

**Status:** Rolled into the Budget (SB 897)

**Companion:** SB 1320, Nesbitt (D-Buncombe)

**Status:** Rolled into the Budget (SB 897)

**NCMS Position:** The NCMS offered no opposition to this bill and subsequent budget provision, as it addresses only the appeal process established for Medicaid recipients. Changes to the Medicaid provider appeals process were later removed from the proposed state budget.

**Summary:** The Senate’s proposed special provisions to the budget included language detailing procedures for both providers and recipients to appeal Medicaid decisions. HB 1886 is a proposal that addresses the Medicaid recipient’s appeals process. The intent of this legislation was fulfilled through inclusion in the 2010 State Budget. Specifically DHHS is not required to notify an applicant’s parent, guardian or legal representative unless that representative has requested in writing to receive such notice. Applicants have 10 days to appeal adverse decisions made by the department. The DHHS Hearings Division shall schedule and hold a hearing within 55 days of the request for appeal. The budget allocates \$1 million to enact this provision.

### NURSE AIDE TRAINING REVIEW (HB 1732)

**Sponsors:** Weiss (D-Wake); Farmer Butterfield (D-Wilson); England (D-Rutherford); Pierce (D-Scotland)

**Status:** 05/17/2010 – House Committee on Aging

**NCMS Position:** The NCMS successfully advocated for inclusion of a physician representative on the list of stakeholders associated with this legislation.

**Summary:** The North Carolina Study Commission on Aging has recommended that the Department of Health and Human Services coordinate a review of the education and training requirements for nurse aides. Stakeholders listed for inclusion in the discussion are: Division of Health Service Regulation, Division of Aging and Adult Services, the Board of Nursing, Direct Care Workers Association, Health Care Facilities Association, Hospital Association, Association for Home and Hospice Care of North Carolina and those representing long-term care.

### EXPAND INPATIENT PSYCHIATRIC BED CAPACITY AND FUNDING (HB 1796)

**Sponsor(s):** Alexander, M. (D-Mecklenburg); Earle (D-Mecklenburg); Insko (D-Orange); England (D-Rutherford)

**Status:** Rolled into the Budget (SB 897)

**Companion:** SB 1310, Nesbitt (D-Buncombe)

**Status:** Rolled into the Budget (SB 897)

**NCMS Position:** The NCMS offered no opposition to this bill and subsequent budget provision.

**Summary:** House Bill 1796 proposed to increase the state financing of inpatient psychiatric beds from \$21 million to \$32 million for FY 2010-2011. The legislation also would have required that these beds be distributed equally across the state rather than based on need as determined by the Department of Health and Human Services. This request was rolled into the 2010 State Budget, which budgets \$29,121,644 for these beds and allows distribution to remain need-based as determined by DHHS, but requires that management contracts for these beds be awarded equitably around all regions of the state.

### PILOT INDEPENDENT ASSESSMENTS BY LMES (HB 1799)

**Sponsor(s):** Alexander, M. (D-Mecklenburg); Insko (D-Orange); Farmer Butterfield (D-Wilson); England (D-Rutherford)

**Status:** Rolled into the Budget (SB 897)

**Companion:** SB 1306, Nesbitt (D-Buncombe)

**Status:** Rolled into the Budget (SB 897)

**NCMS Position:** The NCMS supported the NC Psychiatric Association’s cautious position on this legislation and will continue to work with DHHS as these provisions are implemented as part of the 2010 State Budget.

**Summary:** This legislation would require the Department of Health and Human Services to implement a pilot program within 4 LMEs to evaluate the cost and efficacy of allowing independent assessments of clients seeking services. This language was broadened in the 2010 State Budget to require independent assessments be performed by an independent assessment entity prior to the delivery of any enhanced mental health services. DHHS is currently developing an implementation plan for this budget provision.



### MODIFY THE CABHA CERTIFICATION PROCESS (SB 1304)

**Sponsor(s):** Nesbitt (D-Buncombe)

**Status:** Failed to pass out of Committee

**Companion:** HB 1795, Insko (D-Orange), England (D-Rutherford), Earle (D-Mecklenburg), Farmer-Butterfield (D-Wilson)

**Status:** Failed to pass out of Committee

**NCMS Position:** Neither SB 1304 nor HB 1795 moved far in the Short Session, likely due to its controversial nature. This legislation would have lowered the bar for medical oversight in CABHAs by allowing lesser training providers to manage agencies.

**Summary:** This legislation was vaguely written, but would have provided the Department of Health and Human Services flexibility in developing new standards for Critical Access Behavioral Health Agency (CABHA) certification that would also have offered new “provider agencies” the ability to participate.

## EXTEND AND EXPAND THE FIRST COMMITMENT PILOT PROGRAM (SB 1309)

**Sponsor(s):** Nesbitt (D-Buncombe)

**Status:** Passed

**Companion:** HB 1797, Insko (D-Orange)

**Status:** Failed to pass out of Committee

**NCMS Position:** The NCMS offered no opposition to the final language of SB 1309. Original language would have also expanded the types of providers who could perform these exams to include social workers, nurses and other allied health providers. The NCMS opposed this language, which was later removed from the bill.

**Summary:** SB 1309 extends a pilot program that would allow 20 LME's to apply to the Secretary of Health and Human Services for a waiver from having a physician or psychologist perform 1st level exams prior to commitment. As part of their application for this waiver, LME's would have to identify how performing this exam is within their provider's scope of practice. The pilot program is extended until October 1, 2012.

## PROTECT HEALTH CARE FREEDOM (HB 1674)

**Sponsor(s):** Barnhart (R-Cabarrus); Stam (R-Wake); Tillis (R-Mecklenburg); Burris Floyd (R-Gaston)

**Status:** Failed to pass out of Committee

**Companion:** SB 1134, Clary (R-Cleveland)

**Status:** Failed to pass out of Committee

**NCMS Position:** The NCMS monitored the progress of this legislation and the impact it would pose to future health care reform implementation in North Carolina. The resolution received zero traction during the 2010 short session.

**Summary:** This resolution, sponsored by House Republicans, would have allowed the NC House of Representatives to take up debate on a bill that would have essentially boycotted the federal Patient Protection and Affordable Care Act of 2010.

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### ADVOCACY PROGRAMS

The NCMS advocates for physicians and patients at the legislature and with managed care and regulatory organizations. This past year, the NCMS was at the forefront of battles regarding Medicaid and State budget cuts, scope of practice issues and lobbying for a permanent solution to SGR.

### ONLINE RESOURCES

The Medical Society has a rich online presence, with resources and tools to help you handle the latest issues such as health care reform, ICD-10 implementation, end-of-life care, quality improvement, fraud and abuse defense and more. Take a look at [www.ncmedsoc.org](http://www.ncmedsoc.org).

### MEMBER RESOURCE CENTER (MRC)

The MRC fielded over 575 calls and e-mail inquiries last year, answering questions ranging from medical record retention to handling a RAC audit. Have a question? Contact the MRC, [www.ncmedsoc.org/mrc](http://www.ncmedsoc.org/mrc).

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### PUBLICATIONS

The NCMS provides members with a weekly e-newsletter, the *Bulletin*, which includes the latest news on managed care, legislative actions, and more. Members also receive the North Carolina Medical Journal and discounts on magazines and coding publications through the NCMS Partners Guide.

# GIVE TO YOUR NCMS PAC

What is the NCMS PAC? NCMS PAC is a voluntary, non-profit, non-partisan political action organized to direct financial support to state and federal candidates in North Carolina.

Why should you invest in the PAC? Because, together with our legislative advocacy efforts, NCMS PAC facilitates our legislative successes.

During each session of the General Assembly, physician advocates lead the fight to improve North Carolina medical liability system, maintain Medicaid reimbursement rates, reduce unfair business practices by insurance companies, and fight to defend physician scope of practice.

In order to continue advancing the NCMS legislative agenda physicians must come together in the NCMS PAC to support the election of candidates who will help carry out medicine's agenda. Your financial support will play a key role in a successful election season and in shaping health care policy in North Carolina, particularly as it relates to access to quality healthcare. If physicians don't support NCMS PAC – who will?

**Join today! For online giving, visit [www.ncmedsoc.org/pac](http://www.ncmedsoc.org/pac).**

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Please charge my personal credit card number below.     Please find attached a personal check made payable to NCMS PAC.

**Personal Credit Card Information**

Visa/MC Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3-digit CVV: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**Contributions can be mailed to: NCMS PAC, PO Box 25834, Raleigh, North Carolina 27611 or faxed to (919) 833-2023.**

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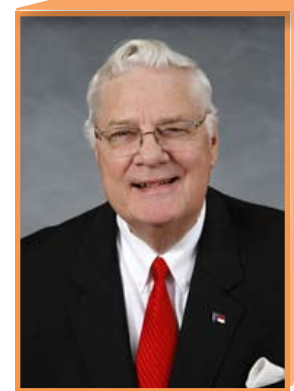
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Your vote can help shape your profession's future.

**Mark Hollo, PA-C**  
House District 88



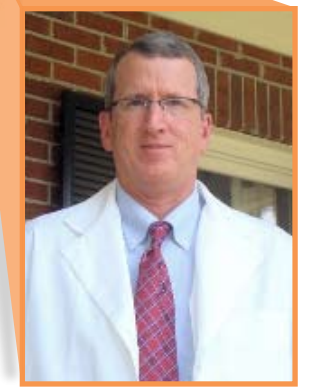
**Eric Mansfield, MD**  
Senate District 21  
(Otolaryngology)



**James Forrester, MD**  
Senate District 41  
(Internal Medicine)



**William Purcell, MD**  
Senate District 25  
(Pediatrics - retired)



**Mott Blair, MD**  
House District 4  
(Family Medicine)



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