North Carolina Medical Society

Leadership in Medicine

2014
LEGISLATIVE SUMMARY

2014 LEGISLATIVE SUMMARY

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North Carolina Medical Society
Leadership in Medicine

2014 Overview of the Short Session

LEGISLATIVE SUMMARY

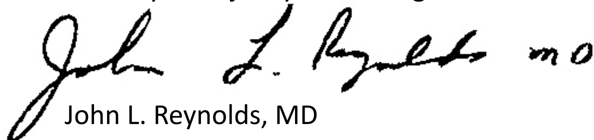
Message from the NCMS Legislative Cabinet Chairman

The 2014 legislative session of the North Carolina General Assembly (NCGA) was an eventful one, despite being a "short session" in the biennium budget cycle. Regardless of both chambers being controlled by a large Republican majority, there was much rancor in the legislative building during the session. The budget process highlighted this sentiment, with an often times public display of disagreement among policy makers during the debate. You can read more about the budget process in our legislative summary.

John L. Reynolds, MD, (left) Chair of the Legislative Cabinet, speaks with Chip Baggett, NCMS Director of Legislative Relations.

At first, lawmakers could not even agree on how to adjourn the session, leading to the consideration of several different adjournment resolutions. In the end, the NCGA agreed to adjourn for the year with no plans to return this fall for a special session on Medicaid reform. The NC Medical Society has advocated for physician-led solutions to Medicaid reform, and will continue a hard push to educate lawmakers and the public on the detriments of corporate Managed Care take-overs of Medicaid.

The months leading up to and following the elections will require all of us to be involved in these advocacy efforts. I call on you to join your colleagues and become involved.



John L. Reynolds, MD

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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.

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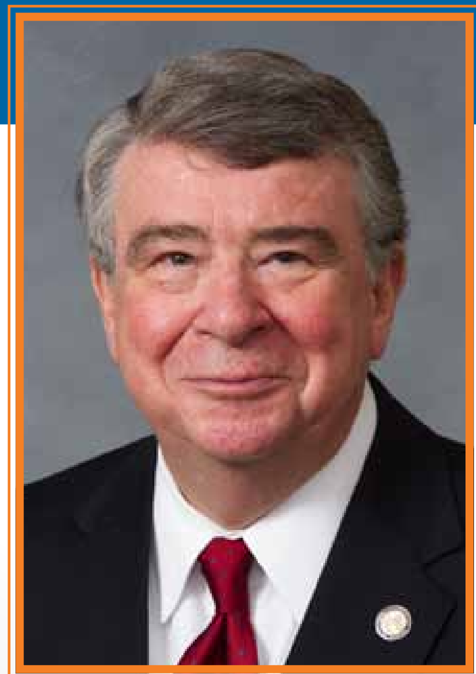
In Memoriam: Jim Fulghum, MD



We honor **Rep. Jim Fulghum, MD**, a retired neurosurgeon from Raleigh and the only MD in the 2013-14 General Assembly, who championed many health care issues during his tenure as a legislator.

Fulghum, 70, was diagnosed just three weeks before his death on July 19, 2014 with metastatic esophageal cancer, according to his family. He was elected to the House in 2012 to represent part of Wake County, predominantly northwest Raleigh.

"The residents of Wake County were lucky to have Dr. Fulghum represent them – his leadership as a legislator was second only to his compassion and expertise as a doctor serving his constituents and the state of North Carolina," House Speaker Thom Tillis said in a news release.

Randall Williams, MD, a gynecologist in Raleigh who was a close friend and colleague of Dr. Fulghum, said the state lost a gracious physician and a wonderful representative.

"He was the only physician in the legislature in a time where health care issues and education are big problems in the state," Williams said. "It was a huge loss for North Carolina."

"I think his experience in the military and as a farmer and as a physician were incredibly valuable to him as he worked with all sorts of people," Williams said.

During his time in office, Fulghum helped introduce health-focused legislation, including requiring hospitals to expand heart defect screening for newborns, requiring Epi-pens in schools, and allowing medical use of hemp oil in clinical trials to treat a seizure disorder, all of which were passed into law. He also championed raising the legal age to use tanning beds to 18.

"While he had strong opinions, beliefs and principles, he was a great listener and was not afraid to listen to people who thought differently than he did and hear them out," Williams continued.

Fulghum was born in Raleigh and graduated from Broughton High School and N.C. State University. He married his high school sweetheart, Mary Susan, and the two attended medical school together at UNC-Chapel Hill. One of the couple's two grown daughters, Emily Fulghum Roberson, worked as Fulghum's legislative assistant during his time in the General Assembly. His other daughter is Molly Fulghum Heintz.
Fulghum practiced medicine in Raleigh for most of his career and served in the Army Reserve. He was called for active duty during the Gulf War and retired as a major.

"He loved his family, he loved his grandchildren, he loved his daughters, but he also felt very compelled to use his talents and his experiences to help in public policy," Williams said.

Grassroots SUMMITS Legislative Visits Advisory Groups

North Carolina Medical Society
Leadership in Medicine

The Current Operations and Capital Improvements Appropriations Act of 2014 [Budget]

Senate Bill 744

Sponsors: Brown (R-Onslow), Harrington (R-Gaston), Hunt (R-Wake), Brent Jackson (R-Sampson), Rucho (R-Mecklenburg)
Status: 08/07/2014—Chaptered Session Laws 2014-100

Background

Every two years, the NC General Assembly develops a biennial budget. This year budget updates have been made to the biennial budget passed in 2013 to provide for state taxing and spending for the fiscal year that began on July 1, 2014. Additionally, a document referred to as the Money Report also provides insight into how lawmakers intend for appropriations to be allocated and accounted for.

Summary

Budget negotiations were particularly tumultuous this year despite the existence of large Republican majorities in both the House and Senate. The Senate opened the process with a budget proposal that, among other things, would have made significant cuts in Medicaid eligibility, in addition to steep cuts to providers. This plan also called for the removal of the Medicaid program from the N.C. Department of Health and Human Services Division of Medical Assistance, due in large part to the Senate's lack of confidence in the department. Instead, the Senate proposed to hand control of the program to a new state entity.

Notably, the Senate's proposal also would have implemented Medicaid Managed Care in North Carolina as a means to achieve more budget predictability for the program. This was a high priority for senators, as the previous four years have resulted in Medicaid cost overruns, placing pressure on lawmakers to achieve budget savings elsewhere to make up for the deficit. The controversial proposal also included requirements to study the application of a tax assessment on physicians to increase funding for the Medicaid program, drawing strong opposition from the NCMS and other medical community stakeholders.

After intense lobbying and advocacy efforts by the NCMS, the House introduced its budget proposal, which was markedly different from the Senate's. First, the House removed the inclusion of corporate Managed Care entities as a solution for increased budget predictability for the state. It also kept the DMA in control of the Medicaid program, and did not make changes to eligibility criteria. The increased costs associated with these proposals were offset in large part by the House's offer to raise teacher pay by 6 percent, rather than 11 percent as the Senate proposed. The NCMS rallied members via grassroots messages, phone calls, and visits to the General Assembly and Governor to maintain this more measured approach to budget savings and, importantly, to remove

Medicaid Managed Care from the budget. The NCMS efforts were featured prominently in the media during this very public debate. Governor McCrory also threatened to veto any budget that included drastic cuts to Medicaid recipients.

After continued negotiations that centered chiefly on two main issues, Medicaid spending and teacher pay, ultimately the House and Senate produced a compromise budget. This budget allows for an average teacher pay raise of 7 percent, while excluding severe cuts to Medicaid eligibility and removing provisions related to Managed Care. While the concept of Managed Care was eliminated from the budget, lawmakers initially planned to return for a special legislative session after the November elections to deal with the important and complex issue of Medicaid reform. However, their final adjournment resolution dropped those plans, and so they are not scheduled to return until the 2015 long session – unless Governor McCrory calls them back for a special session in the meantime, perhaps on economic development.

John Meier, MD and DHHS Secretary Aldona Wos, MD discuss accountable care organizations.

Although the final budget includes rate cuts to providers (see below), it does not include replacement of the current Medicaid system with corporate Managed Care. Much work remains in the months leading up to the 2015 long session to advocate for a physician-led solution to Medicaid reform for North Carolina. The mounting financial pressures on the Medicaid program mean that change is inevitable. The NCMS will continue to advocate for physician-led accountable care organizations as the solution to Medicaid reform, and will continue to educate lawmakers and the public on the detriments of corporate Managed Care. In addition, the NCMS opposes a retroactive rate cut to providers as prescribed and will advocate to minimize the impact of any potential disruptions caused by the reprocessing of months of claims to implement this rate reduction.

Budget Highlights

On August 7, the Governor signed a final budget bill including a $21.25 billion budget for the fiscal year that began on July 1, 2014. This budget contains a $186 million reserve for Medicaid in the event that spending forecasts are not on target, as well as the following highlights:

Physicians

- Postpones decisions on Medicaid reform, and in the end opted not to have a special session on it later this year. Discussions will take place during the 2015 regular session.
- Includes stricter eligibility standards for future aged, blind and disabled applicants. The new requirements stipulate that to be eligible for benefits, an applicant must have income at or below 100 percent of the federal poverty level, and must also meet the "insufficient income" test.
- Implements a 3 percent rate reduction effective retroactively to Jan. 1, 2014, as well as an additional 1 percent reduction effective for services provided on or after Jan. 1, 2015 for services rendered to Medicaid and NC Health Choice recipients. Those physicians who have

attested for enhanced Medicaid reimbursement under the ACA are excluded from this 3 percent rate reduction until January 1, 2015. Exceptions: inpatient hospital services, home care services other than personal care services, private duty nursing, drugs, dispensing fees, nursing homes, all cost-based providers, services where rates or rate methodologies are set by the federal government or negotiated through a contract, hospice CAP services, FQHCs, and rural health centers.

- Requires a study regarding the possible expansion of providers subject to the Health Care Cost Reduction and Transparency Act. See more information on pages 14 and 15.

- Makes changes to workers compensation reimbursement requirements for prescription drugs and professional pharmaceutical services. This provision states that no outpatient provider, other than a licensed pharmacy, may receive reimbursement for narcotics dispensed in excess of an initial five-day supply, beginning with the employee's initial treatment following injury.

- Effective July 1, 2014 supplemental payments that increase reimbursement to the average commercial rate for certain eligible medical providers will be modified by limiting the number of eligible medical professional providers to 418 with the ECU Brody School of Medicine, 1,176 with the UNC Faculty Physicians, 14 with the UNC Hospitals Pediatric Clinic, 75 with UNC Physicians Network, and 18 with Chatham Hospital.

- Reduces funding for the MedSolutions contract for imaging utilization management services, and calls for a request for proposals going forward to bid for new contracts to provide these services.

Hospitals

- Creates a state-wide hospital base rate for inpatient services under Medicaid and the NC Health Choice programs equal to the lesser of the sum of $2,788 or the statewide median rate on June 30, 2014.

- Effective Jan. 1, 2015, implements a reduction of 2.1 percent to the DRG case weighting factors for all DRG inpatient services payments rendered to Medicaid and NC Health Choice recipients.

- Provides supplemental funding to the North Carolina Health Information Exchange (HIE) for hospital HIE integration fees.

- Increases the State retention on assessments through the hospital GAP plan from 25.9 percent to 28.85 percent effective July 1, 2014.

- Reduces the settlement for UNC Hospitals and Vidant for outpatient services from 100 percent to 70 percent of Medicaid costs effective July 1, 2014.

Other key changes

- Provides additional funding for traumatic brain injury patients, as well as a provision requiring the design of a 1915(c) waiver to add a new service package for Medicaid eligible patients with traumatic brain injury.

- Includes a moratorium effective until June 30, 2016 on the issuance of licenses to home care agencies for in-home aid services.
- Excludes nursing homes from the 3 percent rate reduction for 2014 and beyond.
- Makes changes to the county medical examiner appointment requirements, allowing the Chief Medical Examiner to appoint licensed physician assistants, nurse practitioners, nurses, coroners, or emergency medical technician paramedics. However, this provision states that preference shall be given to physicians licensed to practice medicine in North Carolina. The budget also includes a required study to evaluate the Office of the Chief Medical Examiner, aimed at achieving greater efficiencies.

Medicaid

EXPAND MEDICAID TO INCLUDE ALL BELOW 133 % OF FEDERAL POVERTY LEVEL

House Bill 11083/ Senate Bill 730

Sponsors: House- Insko (D-Orange), Earle (D-Mecklenburg), Luebke (D-Durham), Cunningham (D-Mecklenburg)/Senate-Clark (D-Cumberland, Hoke), Robinson (D-Guilford)

Status: Referred to Committee on Health and Human Services/Appropriations

Summary: This legislation would have expanded eligibility for the Medicaid program to include all people under age 65 who have incomes equal to or below 133 percent of the Federal Poverty Level. Though this bill did not pass in the short session, expanding Medicaid continues to be a recurring legislative issue for debate by the General Assembly.

NORTH CAROLINA MEDICAID MODERNIZATION ACT

House Bill 1181

Sponsor: Dollar (R-Wake), Burr (R-Montgomery), Avila (R-Wake), Lambeth (R-Forsyth)

Status: House failed to concur with Senate Committee Substitute

Summary: Due to multiple years of cost overruns in the Medicaid program, the state legislature has deemed reform of the Medicaid program as a major legislative priority. In an effort to achieve cost-savings and increased budget predictability, the House put forth and passed a Medicaid reform proposal, HB 1181. This legislation featured the use of provider-led Accountable Care Organizations to achieve these goals. The bill was authored by Nelson Dollar (R, Wake) and was supported by the

NCMS and other healthcare stakeholders. The bill was then sent to the Senate, where a Committee Substitute altered the legislation significantly, requiring ACOs to compete with Managed Care Organizations in defined regions of the state as a means to achieve budget savings. The Senate passed this amended legislation, which also would have created a new government entity, the Department of Medical Benefits to run the Medicaid program. This entity would be governed by seven appointed board members, none of which may be physicians currently treating Medicaid patients. The NCMS has adamantly opposed this type of solution and has worked for more than a year in collaboration with legislators, the Department of Health and Human Services and the Governor to develop a consensus-based reform plan that addresses the needs of patients as well as the budget predictability sought by the General Assembly. The NC House, the Governor and other health care stakeholders support this alternative to managed care.

Controlled Substances and Prescribing

STRENGTHEN CONTROLLED SUBSTANCES MONITORING

Senate Bill 749/ House Bill 1037

Sponsors: Hartsell (R – Cabarrus), Clark (D – Cumberland)
Status: Pending in Senate Committee on Appropriations/Base Budget

Summary: During the 2013 long session of the NC General Assembly, the state's Program Evaluation Division was tasked with conducting an evaluation of the NC Controlled Substances Reporting System. During the course of this evaluation, the PED conducted a number of interviews of division employees, the NC Medical Board, and stakeholders, including NCMS. The final report of the PED included several recommendations that would be converted into legislation and filed as SB 749/HB 1037.

While not passed during the 2014 short session, the bill proposed to require the NC Medical Board and other related licensing agencies to create more thorough guidelines for the prescribing of controlled substances to be known as "state guidelines." Additionally, it would have required all licensees of the NC Medical Board to complete one hour of CME in the prescribing of controlled substances and mandated connectivity of the CSRS to the NC HIE.

This bill did not propose to undo the positive steps taken by the passage of SB 222 in 2013, which allowed for the establishment of delegate accounts in using the CSRS. It also did not propose mandatory use of the system or allow law enforcement agencies greater access to the system. In any case, the proposals were not enacted this session.

REGULATORY REFORM ACT OF 2014

Senate Bill 734, Senate Bill 612/ House Bill 761, House Bill 1136

Sponsors: Wade (R-Guilford), Jackson (R-Duplin), Brock (R-Davie)/Hardister (R-Guilford), Faircloth (R-Guilford), Malone (R-Wake)
Status: A conference committee has been appointed to further discuss this bill

Summary: This bill, passed during the last week of session, aims to offer regulatory relief by providing for various administrative reforms and eliminating certain unnecessary or outdated statues or regulations. There were many iterations of the legislation, several of which included a number of provisions favored by the NCMS including: adjusting the Medicaid re-credentialing requirements from every three to every five years, technical revisions to the Good Samaritan law as it relates to providers, and restricting use of tanning beds to those over the age of 18. Other pertinent health provisions included autism insurance coverage changes and certain behavioral analyst licensure changes.

Gov. Pat McCrory, DMA Director Robin Cummings, MD and Sec. Aldona Wos, MD talk to White Coat Wednesday participants in the Executive Mansion.

Ultimately, during the last week of session, many of the healthcare related provisions were stripped of the legislation before passage, leaving intact only the provision relating to the clarification of the Good Samaritan law. This clarifies that any person, including a health care provider at a facility of a local health department or at a nonprofit community health center who voluntarily and without expectation of compensation renders first aid or emergency health care treatment to a person who is unconscious, ill or injured shall not be liable for damages for injuries alleged to have been sustained by the person unless it is established that the injuries or death were caused by gross negligence, wanton conduct or intentional wrongdoing on the part of the person rendering the treatment. This bill passed and was signed by the Governor.

The NCMS worked with a coalition of medical interests to clarify important procedures within the medical disciplinary process, to ensure adequate resources for the NCMB, and to implement improvements in the Physician Health Program. These changes were not enacted in 2014, but will continue to be pursued in 2015.

STUDY EXPANSION OF HEALTH CARE TRANSPARENCY

House Bill 1065/ Senate Bill 784

Sponsors: House- Hollo (R-Alexander)/ Senate- Hise (R-Madison)
Status: Included in final budget legislation

Summary: In 2013, the Healthcare Cost and Transparency Act was passed in an attempt to improve the visibility of healthcare budgets. The Act required healthcare providers to publicly display cost information about the 50 most common episodes of care in an attempt to increase transparency. House Bill 1065 was introduced as an effort to study the effectiveness of the Healthcare Costs and Transparency Act of 2013. The bill requires the Department of Health and Human Services to study the Act and report back to the Joint Legislative Oversight Committee on Health and Human Services by December 1, 2014. DHHS will recommend (1) whether additional providers should be required to comply, (2) whether additional data should be collected, (3) standards for exempting providers from the bill and (4) the date the new requirements would become effective. This legislative language ultimately was included in the budget bill that passed (see summary above).

LEGALIZE MEDICAL MARIJUANA/ CONSTITUTIONAL AMENDMENT

House Bill 1161

Sponsor: Alexander (D-Mecklenburg)
Status: Referred to Committee on Judiciary

Summary: This bill proposed to amend the North Carolina state constitution by allowing, through a regulated system, the medical use of cannabis to alleviate and treat debilitating medical conditions and their symptoms. This legislation also would have allowed for the acquisition, possession, cultivation, manufacture, delivery, transfer or transportation of cannabis exclusively for medical use. The bill would not have allowed minors to use medical cannabis except under limited circumstances, and would not have required Medicaid to cover the cost of medical cannabis. Sale of medical cannabis would have been taxed by the State at a rate of 5%. The bill was referred to the House Judiciary Committee, where it flamed out.

UNC MEDICAL STUDENT CLINICAL ROTATION SLOTS

Senate Bill 85

Sponsor: Clodfelter (D -Mecklenburg)
Status: Referred to Committee on Ways and Means

Summary: This bill sought to improve the availability of third-year and fourth-year clinical rotations for North Carolina allopathic and osteopathic Graduate Medical Education positions. The legislation would have prohibited the University of North Carolina System from limiting access to graduate medical education positions at hospitals, area health centers, or medical practice locations by students enrolled at any other accredited and provisionally accredited North Carolina school of allopathic or osteopathic medicine.

HOPE FOR HALEY AND FRIENDS/ EPILEPSY ALTERNATIVE TREATMENT ACT

House Bill 1220

Sponsors: McElraft (R-Carteret), Avila (R-Wake), Carney (D-Mecklenburg), Fulghum (R-Wake)
Status: SL 2014-53

Summary: This legislation signed by the Governor on July 3, "The Epilepsy Alternative Treatment Act," creates an intractable epilepsy alternative treatment pilot study program and registry for the scientific investigation of the safety and efficacy of Hemp Extract treatment for intractable epilepsy. The bill authorizes the University of North Carolina at Chapel Hill and East Carolina University to conduct research on hemp extract development, production and use for the treatment of seizure disorders and to participate in any ongoing or future clinical studies or trials. The law requires the NC Department of Health and Human Services to create a secure, electronic pilot study registry to register the studies, neurologists, caregivers and patients involved in such studies. At a minimum, the database will consist of:

(1) The name and address of each registered caregiver and the name of the pilot study the caregiver is associated with.
(2) The name and address of each registered patient and the name of the pilot study the patient is associated with.
(3) The name, address, and qualifying institutional affiliation of neurologists conducting pilot studies pursuant to this Article.
(4) The name, institutional affiliation, affiliated registered neurologists, and parameters of pilot studies.

NCMS Leadership College participants visit the NC General Assembly.

The Department will be required to contact the county department of health where the patient resides. Caregivers of patients involved in such pilot studies will be given registration cards and be required to fill out an application and pay an application fee. On a case-by-case basis, neurologists conducting registered pilot studies may approve of dispensation to a registered caregiver, as approved by the legislation, hemp extract acquired from another jurisdiction. The neurologist will be immune from arrest or prosecution, penalty or discipline in any manner for approving or recommending the use of the hemp extract as required in the law.

Hemp extract is defined as, *"an extract from a cannabis plant, or a mixture or preparation containing cannabis plant material that has all of the following characteristics:*

(1) Is composed of less than three-tenths of one percent (0.3%) tetrahydrocannabinol by weight.
(2) Is composed of at least ten percent (10%) cannabidiol by weight.
(3) Contains no other psychoactive substance."

The NC DHHS is required to establish and adopt temporary rules to implement the provision of this act no later than Oct. 1, 2014. Full text of the legislation is available here.

UPDATE/ MODERNIZE MIDWIFERY PRACTICE ACT

House Bill 1169/Senate Bill 8194

Sponsor: Stevens (R – Surry)
Status: Pending in House Committee on Health and Human Services

Summary: In 2013, the North Carolina physician community was successful in preventing the passage of House Bill 204. That bill proposed to remove the requirement of physician supervision for Certified Nurse Midwives in North Carolina. Physician supervision would have been eliminated regardless of practice setting, including for homebirths. This proposal also would have broadened an unsupervised scope of practice to include the management of complicated and abnormal pregnancies, as well as to provide primary care services. House Bill 204 was not heard on the House floor in time to meet the crossover deadline, and therefore was rendered ineligible for debate in 2014. However, study language on this issue was included in the 2013 budget.
During the interim, the Joint Legislative Oversight Committee on Health and Human Services appointed a subcommittee to study the need for flexibility and the removal of physician supervision in Nurse Midwifery. This subcommittee was chaired by the two original sponsors of HB 204/SB 499. Following a series of meetings, the subcommittee came forward with a new proposal.

This proposal:

- Kept the scope expansions of HB 204 intact.
- Would have required "collaboration" between providers for a new CNM's first 24 months and 2,400 hours of practice. This collaboration could occur between either a physician engaged in obstetrics or another CNM, either must have been licensed or authorized to practice for at least 4 years prior to become a collaborating provider.
- Would have allowed a 90-day grace period for any termination of a collaborative practice agreement, placing no restrictions on the now unassisted CNM.
- Added the term "independent practice" to statute under Section 90-178.5.

Following approval of this proposal by the subcommittee, the full Joint Legislative Oversight Committee on Health and Human Services gave its approval to have the bill re-introduced to allow further work and debate on the issue in 2014. The new proposal was introduced as HB 1169 and SB 819, but was not debated during the 2014 Short Session and failed to become law.

The Western Carolina Medical Society visiting Rep. Tim Moore (R-Buncombe) in Raleigh.

VARIOUS LICENSING BOARD RULES

House Bill 1173/Senate Bill 777, Senate Bill 778, Senate Bill 780

Sponsors: Various sponsors

Summary: There were multiple bills proposing to deal with changes to licensing boards in general this short session. In an effort to reduce bureaucracy, SB 777 would have eliminated certain boards and commissions deemed to be obsolete. Senate Bill 780 aimed to amend certain reporting requirements for occupational licensing boards, including allowing the electronic submission of information to be reported by the board. None of these bills passed. The NCMS will continue to advocate for the continued independence and autonomy of the North Carolina Medical Board.

Will Barnett; Jessica Scott, MD, JD; Prashant Patel, MD; and Bill Farrell, MD at NC General Assembly.

CHIROPRACTOR CO-PAY PARITY

Senate Bill 783

Sponsor: Hise (R – Mitchell)
Status: Pending in Senate Insurance Committee

Summary: During the 2013 long session of the NC General Assembly, Senator Ralph Hise (R – Mitchell) introduced SB 561. This bill would have prohibited a health benefit plan from requiring a member to pay an office co-payment for services performed by a licensed chiropractor that is higher than the co-payment for services performed by a licensed primary care physician for a comparable medically necessary treatment or condition. SB 561 was not debated in 2013, and therefore normally would have been ineligible for consideration during the Short Session. However, during interim committee hearings the *Legislative Research Commission's Committee on Health Care Provider Practice Sustainability and Training/ Additional Transparency in Health Care*, chaired by Senator Hise, included a recommendation to the General Assembly that the proposal remain eligible for consideration during the 2014 Short Session. As a result, SB 783 was filed. However, like SB 561, SB 783 was referred to the Senate Committee on Insurance but no action was taken to debate the bill.

OMNIBUS TAX LAW CHANGES

HB 1050 / Session Law 2014-33

Sponsors: Howard (R – Davie), W. Brawley (R – Mecklenburg), Lewis (R – Harnett), Setzer (R – Catawba), Samuelson (R – Mecklenburg), Warre (R – Rowan)
Status: Enacted and signed into law

Summary: SHB 1050, a large grab bag of tax law modifications, including a change in the "privilege license" tax that will affect medical practices. Under the bill, which Governor McCrory signed into law May 29, certain exemptions were removed so that local governments may, for the first time, apply their privilege license tax to medical practices, law firms, and other professional service businesses at the rate of up to $100 per location. However, under the legislation, the authority of local governments to impose privilege license taxes of any sort is slated to expire July 1, 2015. Local government lobbies oppose the sunset, which they say would cost cities $62 million. So we should expect a legislative fight on that front in 2015.

2014 TECHNICAL CORRECTIONS

House Bill 1118, House Bill 1133/Senate Bill 745

Sponsors: McGrady (R-Henderson), Fisher (D-Buncombe), Moffitt (R-Buncombe), Ramsey (R-Buncombe)/ Hartsell (R-Cabarrus)
Status: Ratified and presented to the Governor on 8/2/14

Summary: There were several iterations of this bill, which makes technical corrections to the General Statutes and Session Laws where applicable. Among those health related provisions were technical corrections to the General Statutes pertaining to hearing aid fitters and slight changes to Controlled Substances Reporting System (CSRS) requirements for certain dispensers. The bill was ratified and was signed by the Governor.

SUICIDE PREVENTION RESOLUTION

House Bill 1262

Sponsors: Cunningham (D-Mecklenburg), Earle (D-Mecklenburg), Whitmire (R-Henderson), Horn (R-Union)
Status: Referred to Committee on Health Care

Summary: In attempt to prevent as many suicides in the state of North Carolina as possible, this joint resolution would have authorized the Legislative Research Commission to examine ways to

prevent suicide, particularly among minors and veterans. This resolution would also require health care providers to complete training in suicide assessment, treatment, and management as part of their continuing education requirements. It also would have provided for training of other adults who are deemed to be regularly in contact with people at risk for suicide.

YOUTH SKIN CANCER PREVENTION ACT

House Bill 18/ Senate Bill 167

Sponsors: Hollo (R-Alexander), Fulghum (R-Wake), Horn (R-Union), Murry (R-Wake)/ Tucker (R-Union)

Status: Referred to Committee on Rules in 2013-language included in Regulatory Reform in 2014

Summary: This bill was originally introduced in 2013 and would prevent children under the age of 13 from using indoor tanning equipment unless prescribed by a physician. The bill was previously opposed by the indoor tanning industry, which withdrew its opposition during the course of the 2014 session. This proposed legislation also was included in versions of the Regulatory Reform bill (S 493) and the House-proposed budget language, none of which ultimately passed.

Amy Fox, MD and Craig Burkhart, MD Kick-off the NC Dermatology Association's skin cancer screening at the NC General Assembly.

NOTES

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AND RECEIVE THESE BENEFITS:

A ready resources: Our Solution Center is always available online or by phone when you or your staff have a question. Our website and biweekly eBulletin also provide rich resources to ensure you have all the tools you need for success.

Strengthen the profession with policymakers: Our lobbyists, health policy, regulatory and legal experts have a proven track record of success protecting doctors and their patients at the General Assembly, regulatory agencies and private payers on matters including fee schedules, Medicaid, medical liability reform and scope of practice issues.

Practice management help: Having trouble with your EHR? Need help meeting meaningful use? Our skilled consultants can help. Let us help you through attaining Patient Centered Medical Home designation, improve workflow or increase collections.

Join your colleagues and be part of the conversation about health care reform: We offer myriad opportunities to engage with your peers on important topics crucial to the future practice of medicine. Learn more about accountable care organizations and other evolving health care system innovations. We also have special sections devoted to the interests of women, medical students and physician assistant members.

Take Advantage of Our Leadership Institute: Hone your leadership skills in one of our acclaimed programs. Institute alumni have gone on to be prominent thought leaders and are helping to shape the profession's future.

Added Benefits: Save money on employee health insurance, credit cards, consulting services, electronic health record systems and more at our online Marketplace.

Membership in the NCMS is an unparalleled opportunity to be part of your state's leading physician organization. Your membership helps ensure North Carolina is the best place to practice and live for you and your patients. Join your community today at www.ncmedsoc.org/join.

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