LEGISLATIVE HIGHLIGHTS IMPACTING THE PROFESSION OF MEDICINE

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Grassroots SUMMITs
Legislative Visits
Advisory Groups

North Carolina Medical Society
Leadership in Medicine
Appropriations Act of 2015 [Budget]

House Bill 97

Sponsors: Dollar (R-Wake); L. Johnson (R-Cabarrus); McGrady (R-Henderson); Lambeth (R-Forsyth)

Status: Signed by Governor, Session Law 2015-241 on 09/18/2015

Summary

On September 18, Governor McCrory signed the state’s $21.7 billion budget bill for 2015, HB 97, into law. Many provisions related to health care were included in the final draft. Notably, the budget did the following things affecting physicians:

Medicaid reform

While the majority of discussion regarding Medicaid reform took place outside the budget (see our discussion of HB372), a number of Medicaid reform provisions were included in the budget.

Health Information Exchange (HIE) Funding

- Provides for $8 million in state appropriations matched by $8 million in recurring federal funding for the HIE in fiscal year 2015-2016 and 2016-2017.
- Establishes a successor HIE Network, requiring all Medicaid providers to be connected by Feb. 1, 2018 and all other entities receiving state funds for the provision of health services by June 1, 2018.
- Providers and hospitals must submit demographic and clinical information at least twice daily through the HIE Network.
- Establishes a state-controlled HIE Authority to oversee and administer the HIE Network and an Advisory Board to provide consultation to the Authority.
- Successor HIE Network will gradually become and remain 100 percent receipt-supported by establishing reasonable participation fees.
- The HIE Network data and products derived from the data will remain the sole property of the state. The Authority shall not allow data it receives to be used or disclosed for commercial purposes.

Medicaid transformation funding

- The budget includes a portion of the necessary funding to implement the transition from fee-for-service to a capitated payment system for Medicaid as provided in HB 372. Another appropriation will be necessary in the future.
- Reinstates a mandatory publication of an annual Medicaid report (last completed in 2008).
- Creates a Medicaid contingency reserve account to be used only for budget shortfalls in the Medicaid program that may occur during the 2015-2016 fiscal year.
Prescription drug abuse Continuing Medical Education (CME) requirement

- The budget reflects legislators’ concerns over the growing problem of prescription drug abuse in North Carolina. The budget directs health care provider occupational licensing boards, including the NC Medical Board, to require continuing education on the abuse of controlled substances as a condition of license renewal for health care providers who prescribe controlled substances. This has been proposed repeatedly in recent years. The NCMS generally opposes these types of mandates. However, with prescription drug abuse growing in North Carolina and the use of the Controlled Substances Reporting System (CSRS) remaining low, we expect this new requirement to be implemented in the near future. The NCMS will work with the NC Medical Board to ensure a fair and transparent application of this new requirement.

Improvements to the Controlled Substances Reporting System

- The budget calls for various improvements to the CSRS system, including enabling a state-wide connection capability, which will greatly improve the functionality and utility of the information stored in this database.

New Prescription Drug Abuse Advisory Committee

- Establishes a new Prescription Drug Abuse Advisory Committee in the NC Department of Health and Human Services (NCDHHS) to create and implement a new statewide strategic plan to combat prescription drug abuse.

Increased funding for inpatient psychiatric beds

- To address growing shortages of inpatient psychiatric beds in the last year, additional funding for fiscal years 2015-2016 and 2016-2017 was provided to purchase additional new or existing local inpatient psychiatric beds or bed days not currently funded by or through LME/MCOs. In addition, the Secretary of NCDHHS may use funds allocated to LME/MCOs for community-based mental health, developmental disabilities and substance abuse services to purchase additional local inpatient psychiatric beds or bed days. These funds will be appropriated to NCDHHS for the purchase of local inpatient psychiatric beds or bed days and shall not be allocated to the LME/MCOs.

Increases in Medical Examiner fees

- Provides for an increased autopsy fee of $2,800 (from $1,250) as well as an increase in the Medical Examiner fee of $200 (up from $100).

Amending the Health Care Cost Reduction and Transparency Act

- Requires annual (rather than quarterly) reporting by hospitals and Ambulatory Surgical Centers subject to the law.
- Directs the Medical Care Commission to adopt rules establishing no fewer than 10 quality measures for facilities to report under the Transparency Act, none of which must be those established by the Joint Commission.

Graduate Medical Education (GME) funding

- Effective Jan. 1, 2016 eliminates reimbursement for Graduate Medical Education (GME) when made in addition to a Medicaid provider’s DRG Unit Value (base) rate under the
methodology as defined in the current Medicaid State Plan. This change is subject to review and approval by the Centers for Medicare & Medicaid Services (CMS). This provision also requires the Division of Medical Assistance to submit a report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division by March 1, 2016 identifying options for alternative funding streams to replace the GME reimbursement eliminated by this section. NOTE: This provision was later changed with the passage of SB 119 (see summary below)

Workers compensation

- The budget instructs the Industrial Commission to study the effects of adopting a uniform prescription drug formulary in the workers' compensation system. The study and findings are to be reported to the General Assembly by April 2016.
- Another provision extends limitations on physician-dispensed Class II and III drugs to also apply to Class IV and V drugs.

Department of Insurance/Managed Care

- Creates a new requirement that commercial health plans cover the cost of services necessary to synchronize medications when the patient, provider and pharmacist agree that synchronization of multiple prescriptions is necessary in the treatment of chronic illnesses.

Miscellaneous Provisions

- Paramedic Pilot. Provides $350,000 to implement a community paramedicine pilot program. This pilot will focus on using paramedics to provide care with the goal of avoiding nonemergency use of emergency rooms and 911 services.
- Maternal/Child Health Grants. Provides grant funding to improve maternal and child health through a competitive grants process. NCDHHS shall be the lead agency responsible for controlling all funding and contracts, which shall be designed to improve birth outcomes, improve overall health status of children from birth to five years of age, and lower the state’s infant mortality rates through a competitive grant process.
- Funds for local inpatient psychiatric beds. Increases funding to purchase additional new or existing local inpatient psychiatric beds or bed days not currently funded through LME/MCOs. In addition, NCDHHS may use funds allocated to LME/MCOs for community-based mental health, developmental disabilities, and substance abuse services to purchase additional local inpatient psychiatric beds or bed days. Appropriation is to NCDHHS and not the LME/MCOs.
- ADATC funding. Terminates all direct state appropriations for state-operated alcohol and drug abuse treatment centers (ADATCs) beginning with the 2015-2016 fiscal year and instead appropriates funds to HHS, Division of Mental Health, Developmental Disabilities and Substance Abuse Services for community services in order to allow LME/MCOs to assume responsibility for managing the full array of publicly funded substance abuse services including inpatient services delivered through ADATCs.
• Planned Parenthood. Stipulates that no state money could be spent to renew or extend contracts with any organization that provides family planning, pregnancy prevention or adolescent parenting programs if it also performs abortions, which would effectively end two programs operated by Planned Parenthood in North Carolina in Fayetteville and Wilmington.

Medicaid

MEDICAID REFORM

House Bill 372

Sponsors: Dollar (R-Wake); Lambeth (R-Forsyth); B. Brown (R-Pitt); Jones (R-Caswell, Rockingham); Dobson (R-Avery, McDowell, Mitchell); Pittman (R-Cabarrus)

Status: Signed by Governor, Session Law 2015-245 on 09/23/2015

Summary: On September 17, the legislature released its compromise version of Medicaid reform legislation. The conference report for HB 372, Medicaid Transformation and Reorganization, takes a hybrid approach to reforming the state’s current fee-for-service Medicaid program by allowing both commercial plans and Provider-Led Entities (PLE) to compete for Medicaid business in the state under a fully capitated system. Both the House and Senate have now passed this compromise legislation into law and the medical community now must turn our attention to the long road of implementation that lies ahead.

The North Carolina Medical Society (NCMS) has advocated since the beginning of the state’s Medicaid reform debate nearly three years ago for physicians to lead reform efforts, rather than relying on the standard corporate managed care solution so many other states have used to address budgeting issues within the program. With the introduction of managed care into the state, we must now focus our efforts on using this transition time to implement value-based, patient-centered care models for Medicaid patients.

Many details will be decided in the coming years as implementation moves forward. The NCMS will continue to work diligently to advocate for physicians in making the new system equitable and providing our members with ample opportunities to help shape the process. It is our sincere hope that physicians will take on leadership roles in the new payment models and payment policies that will result from Medicaid reform. Contact our Government Affairs office to learn more about how you can be a leader in Medicaid reform at ncmsgovtaffairs@ncmedsoc.org. Read a detailed summary of what this legislation means to our Medicaid program and your practice.
Changes to the Certificate of Need Law

House Bill 200

Sponsors: Avila (R-Wake), Bishop (R-Mecklenburg), Collins (R-Franklin, Nash), Michaux (D-Durham)

Status: House Bill 200 - Pending in House Committee on Health
See also Senate Budget Provision on CON – Not in HB 97 Conference Report
(Budget) See also Senate Bill 698 – Presented to the Governor

Summary: Legislation was filed by Rep. Marilyn Avila (R-40) in the spring to relax some elements of the certificate of need (CON) program. House Bill 200 proposed to remove operating rooms, diagnostic centers and psychiatric hospitals from the program. The bill would also establish a minimum threshold for uncompensated care by new ambulatory surgical facilities at 7 percent of total revenue. Uncompensated care was defined as Medicaid and self-pay cases valued at Medicare allowable rates, minus all revenue for those cases, from all sources.

The General Assembly has enacted laws requiring a CON for all operating rooms, but the agency responsible for administering the program (the Division of Health Service Regulation) has created exceptions for some groups of providers. Stopping the CON program for ORs would alter the market conditions surrounding surgery, making the idea controversial. The exceptions and regulatory preferences in effect today, commonly referred to as the procedure room loophole, favor those who already have a CON for operating rooms. Those without a CON cannot use the loophole. In addition, the extensive use of this loophole by those who already have a CON generally undermines the relevance of the State Medical Facilities Plan and the CON program authorized by the General Assembly. The resulting loss of opportunity for new providers to build operating rooms has fueled the years-long controversy that leads to legislative proposals like H200.

The General Assembly has also previously enacted laws requiring a CON for non-hospital “diagnostic centers.” Repeal of this requirement is controversial because it applies only to non-hospital entities, and the $500,000 threshold is applied to a medical group’s entire inventory of items that cost (or are currently valued at) more than $10,000. This is generally seen as the provision of CON law that keeps many medical groups from acquiring computed tomography imaging equipment. Since the diagnostic center provision does not mention CT imaging specifically, and because there are many types of equipment in a physician’s office that can cost more than $10,000, the CON requirement is a sometimes-burdensome limitation on physician practices. This has fueled repeated calls for its repeal.

House Bill 200 did not receive a committee hearing in 2015, but was the subject of intensive
lobbying. Much of the lobbying, however, followed a decision by the Senate to include a provision in its version of the budget (Section 12G.5.(a)-(d), Edition 7 of House Bill 97) to phase out CON altogether over a three year period beginning January 1, 2016 and ending January 1, 2019. The final Budget did not include the Senate CON language or any elements of H200.

The hospitals, radiologists, anesthesiologists, emergency physicians and pathologists opposed these measures, and the orthopaedic surgeons, ophthalmologists and urologists supported them.

Separately, Senate Bill 698 was enacted in the final days of the session to, among other things, exempt entities meeting the definition of a “Legacy Medical Care Facility” from CON regulation under certain circumstances. This change followed efforts by the mayor of Belhaven to draw attention to the unfavorable conditions faced by rural hospitals and the recent closure of the Vidant Pungo Hospital. The bill also extended the powers of municipalities and hospital authorities to lease, sell or convey a hospital and to engage in health care activities outside the state. Finally, the bill repealed the Physician Cooperation Act and the Hospital Cooperation Act.


**ADDING A PA BOARD SLOT TO THE MEDICAL BOARD/AMEND COMPOSITION OF MEDICAL BOARD**

**House Bill 724**

**Sponsors:** Lambeth (R-Forsyth); Malone (R-Wake); S. Martin (R-Pitt, Wilson); Hurley (R-Randolph)

**Status:** Signed by Governor, Session Law 2015-213 on 08/11/2015

**Summary:** This legislation adds a permanent seat to the Medical Board for a Physician Assistant. This increases the number of board members from 12 to 13 to allow for input in Medical Board activities by Physician Assistants, who are also regulated by the Medical Board. Previously there was only one seat available for a Physician Assistant or Nurse Practitioner. (Support)


**MEDICAL BOARD/PHYSICIAN HEALTH PROGRAM LEGISLATION**

**House Bill 543**

**Sponsor:** Brawley (R-Mecklenburg); Jones (R-Caswell, Rockingham)

**Status:** Referred to Committee on Rules and Operations of the Senate on 04/22/2015

**Summary:** A coalition, including the NC Medical Board, NC Medical Society, NC Physicians Health Program and others, came together to propose changes to the current statues governing the regulation of physicians and physician assistants. Those changes were proposed in HB 543 – Amend Laws Pertaining to NC Medical Board sponsored by Rep. Bill Brawley (R-Mecklenburg) and Rep. Bert Jones (R-Rockingham).
The bill served to make three sets of changes. First, additional transparency and licensee protection provisions were added or updated. Key among these is a proposal to require greater transparency in the appointment process by the Governor and the Review Panel. Furthermore, board members, who are currently allowed to serve for no more than two consecutive terms, will be limited to three terms of service in a lifetime under the proposed change. The bill also includes a statutory bar against denying any application solely based on an applicant’s failure to become board certified.

Second, there were statutory changes proposed related to the NC Physician Health Program. This program helps to improve the health and wellness of medical professional through identification, intervention and rehabilitation programs. NCPHP is a vital partner in maintaining patient safety protections in NC. The program was audited by the NC Auditor recently. The changes proposed are the final changes necessary for NCPHP to comply with all of the audit recommendations.

Finally, HB 543 would update the initial and annual renewal licensee fees for the first time in a decade. The annual renewal fee would increase from $175 to $250. This is consistent with other professional licensing fees in NC and would provide the appropriate resources to ensure that the NC Medical Board remains solvent and capable of performing the duties necessary for your medical profession to remain self-regulated.

The bill passed through the NC House with a near unanimous vote but stalled in the Senate. The changes were later repeated in another bill, but that one too failed to pass both chambers before the end of this session. All licensing bills were stalled this year because of a recent decision by the US Supreme Court dealing with the regulation of the unlicensed practice of dentistry by the NC Dental Board. Legislators continue to evaluate the impact of the decision and want to know more before continuing to update the current licensing structures in NC. The bill remains eligible to be passed next year during the legislative short session since it passed one chamber before the crossover deadline as well as the fact that it includes a fee change.


MEDICAL CANNABIS, HEMP OIL FOR TREATMENT OF EPILEPSY

House Bill 78 & House Bill 766

Sponsor: Alexander (D-Mecklenburg); Carney (D-Mecklenburg); Harrison (D-Guilford); Cunningham (D-Mecklenburg)

Status: Reported Unfavorably on 03/25/2015

Summary: HB 78, Enact Medical Cannabis Act, would 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.
House Bill 766

**Sponsors:** McElraft (R-Carteret, Jones); Avila (R-Wake); Carney (D-Mecklenburg)
**Status:** Signed by Governor, Session Law 2015-154 on 7/16/2015

**Summary:** HB 766, Amend CBD Oil Statute, makes changes to a bill passed by the legislature last session, HB 1220, The Hope for Haley/Epilepsy Alternative Treatment Act. Last year’s legislation created 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 authorized the University of North Carolina at Chapel Hill and East Carolina University specifically 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 required 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. After having difficulty finding physicians and hospitals willing to participate in such a pilot, the legislature passed HB 766 this session to allow for use of hemp oil to treat intractable epilepsy without a pilot program first being established. According to the legislation, a neurologist may administer the hemp oil for treatment. However the passage of this legislation leaves many unanswered questions, particularly around what federal laws may be in conflict with these provisions. This is an area which will need to be revisited in 2016 to ensure patient safety and to avoid confusion in the public regarding the availability of hemp oil to treat epilepsy in North Carolina.

http://ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2015&BillID=H78

**DIABETES EDUCATION**

Senate Bill 694

**Sponsor:** E. S. (Buck) Newton (R-Johnston, Nash, Wilson); Michael V. Lee (R-New Hanover); Warren Daniel (R-Burke, Cleveland)
**Status:** Ratified, Presented to Governor 10/01/2015

**Summary:** This legislation encourages physicians and non-physician practitioners (NPPs) to educate their patients on the signs and symptoms of Type 1 diabetes. As originally proposed, this legislation would have required physicians and NPPs to test their patients for Type 1 diabetes at certain specified intervals. The NCMS pushed back on this requirement, which is not consistent with medical guidelines for testing and would have set a dangerous precedent in legislating the practice of medicine. While not ideal, this legislation in its final form has no real consequences and is not enforceable. (Oppose)

CONTROLLED SUBSTANCES REPORTING REQUIREMENTS/CONTROLLED SUBSTANCES
REPORTING SYSTEM

Senate Bill 609

Sponsors: Jim Davis (R-Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain
Status: Re-referred to Senate Committee on Health Care. If fav, re-ref to Judiciary I on
04/09/2015

Summary: This legislation mandates use of the CSRS system, and would make it a Class 1
misdemeanor if a physician prescribes a controlled substance without referencing the NC
Controlled Substances Reporting System (CSRS) data prior to prescribing or dispensing. The NCMS
strongly opposes mandatory use of the CSRS and was successful in blocking this bill in the 2015
session. However, note that the final budget bill did include a Continuing Medical Education
(CME) requirement on the topic of controlled substances prescribing. The NCMS recognizes the
very serious issue and threat posed by the alarmingly high number of deaths due to abuse of
prescribed opiates and urges all physicians to consult the CSRS and talk with their patients about the
appropriate use of prescribed pain killers. (Oppose)


ALLOWING SUBSTITUTION OF BIOSIMILARS

House Bill 195

Sponsor: Dollar (R-Wake); S. Martin (R-Pitt, Wilson); Avila (R-Wake);
Lambeth (R-Forsyth)
Status: Signed by Governor, Session Law 2015-27 on 05/21/2015

Summary: This legislation allows for the substitution of a
biosimilar product approved by the FDA. The bill allows for a
pharmacist to select any equivalent drug or interchangeable
biological product unless a physician indicates “dispense
as written” on the prescription form. The pharmacist must,
within a reasonable time following dispensing of a biological
product, communicate to the prescriber the product name and
manufacturer of the product dispensed to the patient. The NCMS
will continue to keep a close watch on this issue as the biosimilar
market expands. (Neutral)

pl?Session=2015&BillID=H195
MODERNIZE NURSING PRACTICE ACT

Senate Bill 695

Sponsors: Hise (R-Madison, McDowell, Mitchell, Polk, Rutherford, Yancey); Pate (R-Lenoir, Pitt, Wayne)
Status: Referred to the Senate Committee on Health Care on 03/30/2015

Summary: This legislation would eliminate the requirement of physician supervision of advanced practice registered nurses. It also would eliminate the additional patient protection provided by the Joint Subcommittee of the Nursing and Medical Boards. This legislation would allow unsupervised nurses to comprehensively diagnose and treat patients, including the prescribing of drugs. As proposed, advanced practice registered nurses could include Nurse Practitioners, Certified Nurse Midwives, and Clinical Nurse Specialists. The NCMS has fought for years to protect the physician supervision requirements to maintain patient safety standards in North Carolina’s medical laws. This bill is likely to remain a point of discussion in 2016. (Oppose)


NATUROPATHIC DOCTORS LICENSING ACT

Senate Bill 118

Sponsors: Bingham (R-Davidson, Montgomery)
Status: Re-referred to the Senate Committee on Health Care on 04/21/2015

Summary: This legislation would create a pathway for Naturopathic Doctors (NDs) licensure in the state. Naturopathic Doctors would be licensed by their own board, rather than the NC Medical Board, and would have the broad authority under the bill to order tests and manage chronic diseases as primary care providers. (Oppose)


MODERNIZE PHYSICAL THERAPY PRACTICE

House Bill 135

Sponsors: Dollar (R-Wake); B. Brown (R-Pitt); Torbett (R-Gaston); S. Martin (R-Pitt, Wilson)
Status: Referred to the Committee on Rules and Operations of the Senate on 04/30/2015
Summary: This bill would eliminate the current requirement that a physical therapy treatment plan involving manipulation of the spine must be prescribed by a physician. (Neutral)


HOMEBIRTH FREEDOM ACT

Senate Bill 543

Sponsors: Rabin (R-Harnett, Johnston, Lee); Sanderson (R-Carteret, Craven, Pamlico)
Status: Referred to the Committee on Rules and Operations of the Senate on 03/30/2015

Summary: This bill would create a Council of Certified Professional Midwives to govern midwives who have obtained a certification from the North American Registry of Midwives and hold the title of certified professional midwife, allowing midwives with no formal education or medical training to deliver babies in North Carolina absent physician supervision. Currently, all midwives in North Carolina must have a nursing degree and work under the supervision of a physician. As proposed, the requirement for certified midwives are as follows: must have graduated from or successfully completed a midwifery program or school that has either been accredited by an organization recognized by the United States Department of Education, including the Midwifery Education Accreditation Council (MEAC); or approved by the Council. The bill also stipulates that a managed care organization or insurance company may not require a patient to be served by a licensee instead of a licensed physician or nurse practitioner. The NCMS has fought for maintaining high standards for maternity care to protect patient safety. This issue is likely to arise in 2016 as well. (Oppose)


BEHAVIOR ANALYST LICENSURE

House Bill 714

Sponsors: Jeter (R-Mecklenburg); McGrady (R-Henderson); Shepard (R-Onslow); Cotham (D-Mecklenburg)
Status: Referred to the Committee on Rules and Operations of the Senate on 06/23/2015

Summary: This legislation would create a NC Behavior Analyst Board to allow for licensure of behavior analysts. The bill defines the practice of behavior analysis to include “the empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis. Behavior analysis interventions are based on scientific research and the direct observation and measurement of behavior and the environment. In the practice of behavior analysis, behavior analysts utilize contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other consequences to help people develop new behaviors,
increase or decrease existing behaviors, and emit behaviors under specific environmental conditions. The practice of behavior analysis expressly excludes psychological testing, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, and long term counseling as treatment modalities." (Oppose)


DEFINE SCOPE OF PRACTICE OF CRNAS

Senate Bill 240

Sponsors: Davis (R- Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain); Davis (D-Greene, Lenoir, Pitt, Wayne); Pate (R-Lenoir, Pitt, Wayne)
Status: Referred to the Committee on Rules and Operations of the Senate on 03/12/2015
Summary: This legislation would exempt nurse anesthesia from the legal definition of the practice of medicine in North Carolina. This bill would eliminate physician supervision of nurses when providing anesthesia services, putting patients at risk. (Oppose)


DECRIMINALIZE DIRECT-ENTRY MIDWIFERY

Senate Bill 542

Sponsors: Rabin (R- Harnett, Johnston, Lee); Sanderson (R-Carteret, Craven, Pamlico)
Status: Referred to the Committee on Rules and Operations of the Senate on 03/30/2015
Summary: This legislation would allow midwives certified as a Certified Professional Midwife by the North American Registry of Midwives to perform prenatal, intrapartum, postpartum, and newborn care with no formal education to deliver babies. This would also apply in a home setting, and includes no regulatory oversight in North Carolina. The only requirement included in the bill is that these midwives practice in accordance with the Standards for Practice of the National Association of Certified Professional Midwives. This legislation would create great risk to patient safety. (Oppose)

TEEN SKIN CANCER PREVENTION ACT

House Bill 158

Sponsors: Lambeth (R-Forsyth); Dollar (R-Wake); Hurley (R-Randolph); McElraft (R-Carteret, Jones)
Status: Signed by Governor, Session Law 2015-21 on 05/21/2015

Summary: After diligently working to pass legislation prohibiting teens from indoor tanning, the NC Dermatology Society working in coalition with the NCMS and others passed the Jim Fulghum Teen Skin Cancer Prevention Act. This much needed legislation prohibits those under the age of 18 from indoor tanning. The legislation was named for former Representative, Jim Fulghum, MD, who was a strident supporter of the legislation when it was considered in past terms. (Support)


AUTISM HEALTH INSURANCE COVERAGE

Senate Bill 676

Sponsors: Tom Apodaca (R-Buncombe, Henderson, Transylvania); Joyce Krawiec (Forsyth, Yadkin)
Status: Signed by Governor on 10/15/2015

Summary: After several attempts, the NC Autism Society was successful at including mandatory insurance coverage for screening, diagnosis and treatment of autism spectrum disorder. This was a compromise agreed to by the various Autism advocacy organizations and insurers, and includes coverage for adaptive behavior treatment, psychiatric care, psychological care, therapeutic treatment and related pharmacy coverage. It also stipulates health plans may not terminate coverage based solely on a diagnosis of autism spectrum disorder. Coverage for adaptive behavior treatment is capped at $40,000 annually and is limited to individuals 18 years of age or younger. (Support)

AMEND FIREARMS LAWS

House Bill 562

Sponsors: Schaffer (R-Mecklenburg); Burr (R-Montgomery, Stanly); Cleveland (R-Onslow); Faircloth (R-Guilford)

Status: Signed by Governor, Session Law 2015-195 on 08/05/2015

Summary: First named the Second Amendment Affirmation Act, this legislation makes changes to the current firearms laws. It first included a provision which would not allow a physician to ask a patient about lawful gun ownership in written form. The NCMS, NCAFP and NCPA in coalition worked to remove this harmful provision of the law in its final form.


END OF SALE OF UNBORN CHILDREN BODY PARTS

House Bill 297

Sponsors: Burr (R-Montgomery, Stanly); Stevens (R-Surry, Wilkes)

Status: Signed by Governor, Session Law 2015-265 on 10/01/2015

Summary: HB 297 makes the sale of remains of an unborn child resulting from an abortion or miscarriage illegal. It also stipulates that state funds shall not be allocated to renew or extend existing contracts or enter into new contracts for the provision of family planning services, pregnancy prevention activities, or adolescent parenting programs with any provider that performs abortions.


WOMEN AND CHILDREN’S PROTECTION ACT

House Bill 465

Sponsors: Schaffer (R-Mecklenburg); McElraft (R-Carteret, Jones); R.Turner (R-Iredell); S. Martin (R-Pitt, Wilson)

Status: Signed by Governor, Session Law 2015-62 on 06/05/2015

Summary: HB 465 establishes a Maternal Mortality Review Committee to identify, evaluate and make recommendations for how to prevent maternal deaths. The committee will reside in the Department of Health and Human Services, and the Secretary shall appoint a multidisciplinary committee composed of nine members who represent several academic disciplines and professional specializations essential to reviewing cases of mortality due to complications from pregnancy or childbirth. The legislation also includes a provision requiring a 72-hour waiting period before an abortion is performed; the previous requirement was a 24-hour waiting period.
The bill initially also included several harmful provisions which would have eliminated state funding to any institution involved in the teaching of performing abortions, and stipulated what type of physician may perform an abortion. The NCOBGYN Society in coalition with the NCAFP, NCMS and others worked to remove these provisions in the bill’s final form.


TECHNICAL CORRECTIONS

Senate Bill 119

Sponsors: Fletcher L. Hartsell, Jr. (R- Cabarrus, Union)
Status: Signed by Governor, Session Law 2015-264 on 10/01/2015
Summary: As session came to a close, the “Technical Corrections” bill included a flurry of last-minute legislative items including:

• Section 88: This section of the law partially restores the GME funding cut included in the final budget bill (see HB 97 summary). The provision stipulates effective Jan. 1, 2016 no Medicaid provider may receive reimbursement for GME as an add-on to their DRG Unit Value Base rate under the DRG payment methodology as defined in the current Medicaid State Plan. GME costs will continue to be an allowable Medicaid cost to be recorded on the hospital’s Medicaid cost report according to Medicare requirements. GME costs will continue to be allowable in the calculation of supplemental payments made as part of cost settlements, Medicaid Reimbursement Initiative (MRI) and Upper Payment Limit (UPL) models as defined in the State Plan and allowed by the Centers for Medicare and Medicaid Services (CMS). (Support)

• Section 87.5: This section alters the required recredentialing period with Medicaid from every three to every five years, reducing costs and administrative hassles for practices and aligning with the federal (Medicare) requirement. (Support)

• Section 86.5: This section makes needed technical changes to the HIE provision of the final budget bill (see HB 97 summary). These technical changes were necessary to make clarifications regarding the moving of the HIE from CCNC to the NCDHHS. In particular, this provision clarifies that the State CIO shall negotiate and enter into or amend a contract for services to establish the successor HIE Network and provide oversight, administration and ongoing support for the successor HIE Network. It also clarifies the HIE will be integrating clinical data and will also include implementation of a health information exchange analytics data warehouse. Lastly, it requires that stakeholders will be provided health information exchange analytics in a manner that allows stakeholders to leverage historical and prescriptive data for the purpose of improving quality. (Support)

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