UNC SCHOOL OF GOVERNMENT

The Daily Bulletin: 2019-08-06

PUBLIC/HOUSE BILLS

H 206 (2019-2020) VARIOUS TRANSPORTATION CHANGES. (NEW) Filed Feb 26 2019, *AN ACT TO MAKE CHANGES TO LAWS RELATED TO TRANSPORTATION, AS RECOMMENDED BY THE DEPARTMENT OF TRANSPORTATION.*

Conference report makes the following changes to the 5th edition.

Modifies the provisions authorizing the Department of Transportation (DOT) to permit private use and encroachment of airspace above the described location in Pinehurst, now providing for the use and encroachment for the purpose of constructing a parking facility structure for FirstHealth of the Carolinas, Pinehurst (was, a parking facility structure for Moore Regional Hospital). Makes conforming and technical changes.

Eliminates the proposed repeal of Section 35.18 of SL 2016-94, which authorizes DOT to lease and convey the Murphy Branch Rail Line.

Amends proposed GS 136-18(46), which authorizes DOT to enter into partnership agreements with private entities to finance communications infrastructure within highway right-of-ways. Modifies the criteria of such partnership agreements to now require a private entity or its contracts to provide performance and payment security in the form of performance and payment bonds on the design and construction portion of the agreement as required under specified state law (was, in the form and in the amount determined by DOT, and permitted bonds, letters of credit, parent guaranties, or other instruments acceptable to DOT).

Adds new provisions to authorize DOT to sell five described real property parcels in Wake County. Requires the sales to be made by the Department of Administration (DOA) pursuant to state law procedures, except as follows. Exempts the properties sold from the requirement in GS 146-28 that DOA determine present and future State need for the land proposed to be conveyed; and GS 146-29.1(b) and (c), which allow for the lease or sale of State property at less than fair market value to public entities or nonprofits, as specified. Limits the service charge for the property sales to the amount or rate fixed under GS 146-30(c) or $50,000.

Intro. by Torbett.

STUDY, GS 20, GS 40A, GS 63, GS 136, GS 146

View summary

Business and Commerce, Courts/Judiciary, Motor Vehicle, Government, State Agencies, Department of Environmental Quality (formerly DENR), Department of Transportation, State Government, State Property, Transportation

H 217 (2019-2020) DIT CHANGES.-AB Filed Feb 27 2019, *AN ACT TO MAKE MISCELLANEOUS AND TECHNICAL CHANGES TO THE STATUTES RELATING TO THE DEPARTMENT OF INFORMATION TECHNOLOGY; AMEND VARIOUS STATUTES RELATING TO STATE AGENCY CYBERSECURITY; AND AMEND VARIOUS STATUTES RELATING TO THE EMERGENCY TELEPHONE SERVICE AND THE 911 BOARD, AMEND VARIOUS STATUTES RELATING THE EMERGENCY TELEPHONE SERVICE AND THE 911 BOARD; REPEAL THE REQUIREMENT THAT CABLE SERVICE PROVIDERS MUST PROVIDE CABLE SERVICE WITHOUT CHARGE TO A PUBLIC BUILDING LOCATED WITHIN 125 FEET OF THE PROVIDER'S CABLE SYSTEM; CREATE THE INFORMATION TECHNOLOGY STRATEGY BOARD; REQUIRE TRAINING AND CERTIFICATION OF POLICE TELECOMMUNICATORS; AND CLARIFY THE AUTHORITY OF THE STATE CHIEF INFORMATION OFFICER TO MAKE PERSONNEL DECISIONS RELATING TO EMPLOYEES OF THE DEPARTMENT OF INFORMATION TECHNOLOGY.*

Conference report makes the following changes to the 5th edition.

Makes an organizational change to proposed subsection (g) of GS 143B-1406, which requires every local government to participate in the 911 system, instead enacting the proposed provisions in new subsection (h).

Adds the following provisions.

Effective January 1, 2020, repeals GS 66-360, which requires cable providers operating under a State-issued franchise to provide cable service at no charge to certain public buildings, upon request of a county or city.

Enacts GS 143B-1337, establishing the Information Technology Strategy Board (Board) in the Department of Technology, with eleven voting members and one nonvoting member. Details Board membership, terms, appointment, and reimbursement, as well as Board meetings and staff. Prohibits Board members from being employed by or served on the board of directors or other corporate governing body of any vendor providing information systems, computer hardware, computer software, or telecommunications goods or services to the State. Enumerates seven powers and duties of the Board, including (1) to advise the State Chief Information Officer (State CIO) on policies and procedures to develop, review, and update the Sate Information Technology Plan, (2) to establish committees to identify and share industry best practices and new development and to identify existing State information technology problems and deficiencies, and (3) to develop and maintain a five-year prioritization plan for future business system technology projects. Requires the Board to adopt bylaws, meet at least quarterly, and to annually report to the specified NCGA committee and division by January 1 of each year, as specified.

Enacts GS 17E-7(c2) to explicitly require any person employed as a telecommunicator by a municipal police agency to meet all of the requirements for telecommunicators set forth in GS Chapter 17E, as amended, effective July 1, 2021.

Enacts GS 126-5(c15) to authorize the State CIO to (1) classify or reclassify positions of the Department of Information Technology (DIT) according to the classification system established by the State Human Resources Commission (SHRC) so long as the employee meets the minimum requirements for classification; and (2) set salaries for DIT employees within the salary ranges for the respective position classification established by the SHRC.

Makes conforming changes to the act's effective date provisions and the act's long title.

Intro. by Saine, Jones, K. Hall.

GS 17E, GS 58, GS 66, GS 126, GS 143B

View summary

Business and Commerce, Insurance, Government, Public Safety and Emergency Management, State Agencies, Department of Information Technology, Office of Information Technology Services, Public Enterprises and Utilities

PUBLIC/SENATE BILLS

S 86 (2019-2020) SMALL BUSINESS HEALTHCARE ACT. Filed Feb 19 2019, *AN ACT TO ESTABLISH STANDARDS FOR ASSOCIATION HEALTH PLANS AND 3 MULTIPLE EMPLOYER WELFARE ARRANGEMENTS.*

House committee substitute to the 3rd edition deletes the provisions of the previous edition and replaces it with the following.

Includes whereas clauses.

Enacts Article 50A, Association Health Plans and Multiple Employer Welfare Arrangements, to GS Chapter 58. Requires all group health plans offered by a sponsoring association in the state to be in compliance with GS Chapter 58, regardless of the domicile of the sponsoring association receiving the policy. Defines *sponsoring association* to mean an association of two or more employer members that offers an employee welfare benefit plan as a Path 2 MEWA, as defined; deemed to be a large employer under the Article. Defines *employer member* to mean a person or entity acting directly as the employer of at least one employee, or a working owner, either of whom is a participant covered under a Path 2 MEWA. Defines *Path 2 MEWA* to mean a MEWA established or maintained by an association of employers classified by the US Department of Labor as a bona fide group or association under specified federal law and formed by a sponsoring association that meets three criteria, including (1) having a governing constitution or bylaws that provides for regular meetings, membership dues, and a board of trustees which consists of a representative of at least one employer member; (2) having at least one substantial business purpose unrelated to

the offering and providing of health insurance or other employee benefits to its employer members and their employees; and (3) having a commonality of interest shared among the employers comprising the Path 2 MEWA based on the same trade or business or being a statewide organization, as specified. Defines *employee welfare benefit plan* and *multiple employer welfare arrangement* (MEWA) as defined in specified federal law, qualified with doing business with employers in the State, as specified.

Specifies that nothing in new Article 50A regulates or prohibits any group health insurance policy that is not offered by a sponsoring association. Prohibits any insurer from delivering or issuing for delivery a group health plan (plan) to a sponsoring association or an employer member of a sponsoring association unless the sponsoring association meets the requirements of a Path 2 MEWA. Limits the provision of coverage to eligible employees and working owners. Allows providing coverage to the spouse or dependent children of any eligible individual. Requires employer members to commit to remaining members of the sponsoring association and receiving and paying for benefits under the plan for at least one twelve-month policy period.

Sets four criteria a plan must meet, including that the plan can neither be offered nor advertised to the public generally, and the plan must provide a level of coverage that is at least 60% of the actuarial value of allowed costs for covered benefits.

Requires a sponsoring association to meet five specified solvency requirements before it can be delivered or issued for delivery of a plan.

Prohibits a sponsoring association from conditioning eligibility for coverage on any health-status factor, including claims experience, evidence of insurability, and disability, among others. Permits an insurer or sponsoring association to make rating distinctions among its employer members on factors other than health-status factors, so long as the rating distinction is not directed at individual beneficiaries or based on a health factor specifically identified by the statute. Prohibits plans from imposing limitations based on preexisting conditions. Clarifies that the statute does not require a sponsoring association or insurer to provide particular benefits other than those provided in the plan's terms, or otherwise required by law, nor prevents the plan from establishing limitations or restrictions on the amount, level, extent, or nature of the benefits or coverage for similarly situated individuals enrolled in the plan.

Prohibits an insurer or sponsoring association from requiring any individual, as a condition of initial or continued enrollment in the plan, to pay a premium or contribution greater than the premium or contribution for a similarly situated individual enrolled in the plan on the basis of any health-status factor in relation to the individual or to an individual enrolled in the plan as a spouse or dependent of the individual. Clarifies that the statute does not restrict the amount an insurer can charge for coverage under a plan to a sponsoring association, or prevent an insurer from establishing premium discounts or modifying otherwise applicable co-payments or deductibles for a group health plan offered to a sponsoring association in return for adherence to programs of health promotion and disease prevention.

Specifies that Article 50A does not preclude a sponsoring association from engaging a broker or agent licensed to sell insurance in the state for purposes of reviewing and considering any plan.

Recodifies the following statutes concerning MEWAs under new Article 50A: GS 58-49-30; GS 58-49-35; GS 58-49-40; GS 58-49-45; GS 58-49-50; GS 58-49-55; GS 58-49-60; and GS 58-49-65. Makes conforming changes.

Further amends GS 58-49-40, recodified by the act as GS 58-50A-70, to modified the MEWA licensure requirements. Now requires the MEWA to be organized or maintained in good faith for a continuous period of three rather than five years for purposes other than that of obtaining or providing insurance, or alternatively, be a Path 2 MEWA.

Makes conforming changes to GS 58-51-80 and GS 58-50-115.

Amends GS 58-50-130 to allow small employer carriers, insurers, subsidiaries of insurers, or controlled individuals of insurance holding companies to provide stop loss, catastrophic, or reinsurance coverage to small employers who employ fewer than 20 eligible employees (was, 26 eligible employees) so long as the coverage complies with the underwriting, rating, and other standards of the North Carolina Small Employer Group Health Coverage Reform Act (Article 50, Part 5, GS Chapter 58). Applies to contracts entered into, amended, or renewed on or after October 1, 2019.

Authorizes the Department of Insurance (DOI) to adopt temporary implementing rules.

Directs DOI to study the feasibility of submitting a 1332 waiver to request the federal Department of Health and Human Services with the goal of allowing working owners, and employers with a principal place of business in the State or a metro area that is partially in the State, to participate in a group health plan that is subject to large group market requirements.

Requires DOI to report to the specified NCGA committee no later than 90 days from the effective date of the section, conditioned on a final judicial order striking down the US department of Labor rules at issue in the identified case pending hearing by the US Court of Appeal for the D.C. Circuit.

Authorizes the Revisor of Statutes to make any necessary changes.

Includes a severability clause.

Effective October 1, 2019, and applies to contracts entered into, amended, or renewed on or after January 1, 2020.

Amends the act's long title.

Intro. by Bishop, Krawiec, Edwards.

STUDY, GS 58

View summary

Business and Commerce, Government, State Agencies, Department of Insurance, Health and Human Services, Health, Health Insurance

S 295 (2019-2020) STANDARDS OF STUDENT CONDUCT. (NEW) Filed Mar 19 2019, *AN ACT TO MAKE VARIOUS CHANGES TO LOCAL STANDARDS OF STUDENT CONDUCT AND TO REQUIRE THE DEPARTMENT OF PUBLIC INSTRUCTION TO DEVELOP A PLAN OF EMPLOYMENT FOR TEACHERS WITH THE NORTH CAROLINA VIRTUAL PUBLIC SCHOOL AND REPORT TO THE JOINT LEGISLATIVE EDUCATION OVERSIGHT COMMITTEE.*

House amendments make the following changes to the 3rd edition.

Amendment #1

Adds that the proposed changes to GS 115C-390.2(a), which require local boards of education to consult with teachers, school-based administrators, parents, and local law enforcement agencies in adopting, and review current federal guidance prior to adopting, their student conduct and disciplinary policies, apply to material changes to policies existing on July 1, 2020, or new policies adopted on or after July 1, 2020.

Specifies that the Department of Public Instruction (DPI) must report to the Joint Legislative Education Oversight Committee by October 15, 2019, on its plan for contracting and payment of instructors to be implemented for all instructors contracted beginning with the 2020 spring semester (previously, did not specify a committee).

Amendment #2

Postpones the sunset of the exemption provided for NC Virtual Public School (NCVPS) instructors from the 12-month maximum limit for temporary appointments. Now sunsets the exemption on June 14, 2020, rather than December 31, 2019.

Amendment #3

Adds the following provisions.

Amends GS 115C-390.1 to define *public school unit board or board* to mean the governing entity of a public school unit. Makes changes throughout the definitions provided under Article 27 (Discipline) to refer to a public school unit board or public school unit, rather than a local board of education or charter school, or a local school administrative unit, as appropriate. Makes conforming changes. Additionally, amends the definition set forth for the term *principal* to also include the staff member designated by the public school unit board with the highest decision-making authority at an individual school if there is no designated principal. Similarly, amends the definition set forth for the term *superintendent* to also include the staff member with the highest decision-making authority and that staff member's designee if there is no superintendent.

Makes conforming changes to the proposed changes to GS 115C-390.2, making the statute's student disciplinary policy requirements applicable to public school unit boards rather than local boards of education only.

Makes changes throughout Article 27 (Discipline) to make the following statutes applicable to public school unit boards rather than local boards of education only: GS 115C-390.3 (concerning reasonable force), GS 115C-390.4 (concerning corporal

punishment), GS 115C-390.6 (concerning short-term suspension procedures), GS 115C-390.8 (concerning long-term suspension procedures), GS 115C-390.9 (concerning alternative education services), GS 115C-390.10 (concerning 365-day suspension for gun possession), GS 115C-390.11 (concerning expulsion), GS 115C-390.12 (concerning requests for readmission), and GS 115C-391.1 (concerning permissible use of seclusion and restraint).

Additionally, further amends GS 115C-390.3 to require public school unit boards to adopt policies pursuant to legislatively granted authority to provide guidelines for an employee's response if the employee has personal knowledge or actual notice of an altercation between students (previously, limited to the board's authority under specified state law). Further amends GS 115C-391.1 to refer to education preparation programs rather than institutions of teacher education concerning the statute's construction.

Intro. by Tillman.

GS 115C

View summary

Education, **Elementary and Secondary Education**, **Higher Education**, **Government**, **State Agencies**, **Department of Public Instruction**, **State Government**, **State Personnel**

S 361 (2019-2020) HEALTH CARE EXPANSION ACT OF 2019. Filed Mar 26 2019, *AN ACT TO ENACT THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT, ALLOW LICENSED MARRIAGE AND FAMILY THERAPISTS TO CONDUCT FIRST-LEVEL COMMITMENT EXAMINATIONS, ELIMINATE REDUNDANCY IN ADULT CARE HOME INSPECTIONS, RAISE AWARENESS OF LUPUS AND CREATE THE LUPUS ADVISORY COUNCIL, ENSURE THE PROPER ADMINISTRATION OF STEP THERAPY PROTOCOLS, ENSURE EQUAL COVERAGE FOR ORAL ANTICANCER DRUGS MODERNIZE MEDICAID TELEMEDICINE POLICIES, INCREASE ACCESS TO TELEHEALTH SERVICES, AND CREATE THE NORTH CAROLINA HEALTHCARE SOLUTIONS TASK FORCE.*

House committee substitute to the 3rd edition makes the following changes.

Amends GS 122C-263.1 concerning who can perform first commitment exams, by adding that a licensed marriage and family therapist is not authorized to conduct the initial exam of an individual married to a patient of the licensed marriage and family therapist.

Deletes the proposed changes to GS 90-270.54 and GS 90-270.57, which established a license to conduct first exams and the related application fee.

Adds the following provisions.

Part V.

Amends GS 58-3-221(a), which requires an insurer to take four specified steps if the insurer maintains one or more closed formularies for or restricts access to covered prescription drugs or devices. Amends the statute to also make those required steps applicable to when an insurer requires an enrollee in a plan with an open or closed formulary to use a prescription drug or sequence of prescription drugs, other than the drug the enrollee's health care provider recommends, before the insurer provides coverage for the recommended prescription drug. Amends those four required steps as follows: (1) requires the insurer to develop the formularies or protocols and any restrictions on access to covered prescription drugs or devices in consultation with and with the approval of a pharmacy and therapeutics committee (was, develop the formulary or formualries and any restrictions on access to covered prescription drugs or devices in consultation with and with the approval of a pharmacy and therapeutics committee, which was required to include participating physicians licensed to practice medicine in this State); (2) requires the insurer to also make available any utilization management program indicators; (3) requires the insurer to update protocols based on a review of new evidence, research, and newly developed treatments (deletes requirement of establishing and maintaining an expeditious process or procedure for enrollees or enrollees' physicians to obtain coverage for a specific nonformulary drug or device determined to be medically necessary and appropriate by the enrolee's participating physician without prior approval from the insurer after the enrollee's participating physician makes the specified notifications about the formulary or drug; these provisions are moved to another part of the statute and amended as discussed below); and (4) requires an insurer, or a pharmacy benefits manger under contract with an insurer, to require that its pharmacy and therapeutics committee either meet the requirements for the specified conflict of interest or meet the accreditation standards of the specified

Committee or another independent accrediting organization (deletes the requirement of providing coverage for a restricted access drug or device to an enrollee without requiring prior approval or use of a nonrestricted formulary drug if an enrollee's physician certifies in writing that the enrollee has previously used an alternative nonrestricted access drug or device and the alternative drug or device has been detrimental to the enrollee's health or has been ineffective in treating the same condition and, in the opinion of the prescribing physician, is likely to be detrimental to the enrollee's health or ineffective in treating the condition again).

Moves and amends the provision related to the exception process as follows. Adds the requirement that the process or procedure be published on the insurer's website or in policies provided to health care providers. Now requires that an enrollee or the enrollee's prescribing provider be allowed to obtain, without penalty or additional cost-sharing beyond that provided for in the health benefit plan, coverage for a specific nonformulary drug or device or the drug requested by the prescribing provider, if it is determined to be medically necessary and appropriate by the enrollee's prescribing provider and the prescription drug is covered under the current health benefit plan. Requires an exception request to be granted if the prescribing provider's submitted justification and supporting clinical documentation are sufficient to demonstrate: (1) the enrollee has tried the alternate drug while covered by the current or previous health benefit plan; (2) the formulary or alternate drug has been ineffective in the treatment of the enrollee's disease or condition; (3) the formulary or alternate drug causes or is reasonably expected by the prescribing provider to cause a harmful or adverse clinical reaction in the enrollee; (4) either the drug is prescribed in accordance with any applicable clinical protocol of the insurer for the prescribing of the drug, or the drug has been approved as an exception to the clinical protocol pursuant to the insurer's exception procedure; or (5) the enrollee's prescribing provider certifies in writing that the enrollee has previously used an alternative nonrestricted access drug or device and the alternative drug or device has been detrimental to the enrollee's health or has been ineffective in treating the same condition and, in the opinion of the prescribing healthcare provider, is likely to be detrimental to the enrollee's health or ineffective in treating the condition again.

Adds that pharmaceutical drug samples or patient incentive programs are not to be considered trial and failure of a preferred prescription drug in lieu of trying the formulary-preferred prescription drug. Adds the following exception process requirements. Allows the insurer, health benefit plan, or utilization review organization to request relevant documentation from the patient or healthcare provider to support the request. Requires a licensed physician or licensed pharmacist to evaluate the clinical appropriateness of the request. Sets out the timelines for the insurer to communicate to the enrollee's healthcare provider if additional information is required and for the insurer to communicate an exception request determination with the time limits dependent on whether the request is urgent.

Adds that the statute is not to be construed to prevent the health benefit plan from requiring an enrollee to try an A-rated generic equivalent drug or a biosimilar before covering the equivalent branded prescription drug.

Effective October 1, 2019, and applies to insurance contracts issued, renewed, or amended on or after that date.

Part VI.

Enacts new GS 58-3-282, concerning coverage for certain anticancer drugs, applicable to every health benefit plan offered by an insurer that provides coverage for prescribed, orally administered anticancer drugs used to kill or slow the growth of cancerous cells and that provides coverage for intravenously administered or injected anticancer drugs, requiring that such plans must provide coverage for prescribed, orally administered anticancer drugs on a basis no less favorable than the coverage provided for the intravenously administered or injected anticancer drug.

Prohibits coverage for orally administered anticancer drugs from being subject to prior authorization, dollar limit, co-payment, coinsurance, deductible provision, or any other out-of-pocket expense that does not apply to intravenously administered or injected anticancer drugs.

Prohibits achieving compliance by reclassifying drugs or increasing cost-sharing expenses imposed on anticancer drugs. Provides that if out-of-pocket expenses are increased for anticancer drugs then the same must also be applied to the majority of comparable medical or pharmaceutical benefits of the policy, contract, or plan.

Applies to insurance contracts issued, renewed, or amended on or after January 1, 2020. Provides that the statute will not become effective if it is determined by the federal government to create a state-required benefit that is in excess of the essential health benefits pursuant to 45 C.F.R. 155.170(a)(3); if such a determination is made, then requires the Department of Insurance to notify the Revisor of Statutes.

Part VII.

Requires the Department of Health and Human Services (DHHS) to make six specified changes to the Medicaid and NC Health Choice Clinical Coverage Policy No. 1H, Telemedicine and Telepsychiatry, regarding reimbursement, referrals, delivery of services by phone or video cell phone, same-date billing, best practices, and inclusion in the coverage policy of certain behavioral health providers. Directs DHHS to expand the billing code set available for telemedicine and telepsychiatry to include most outpatient billing codes, but not to include group-type therapies other than family therapy. Changes become effective after the completion of the process for amending policy required under GS 108A-54.2 (procedures for changing medical policy in public assistance programs).

Requires DHHS to submit to the Centers for Medicare and Medicaid Services any waivers or amendments to the NC Medicaid State Plan necessary to implement this act.

Part VIII.

Requires the Department of Health and Human Services (DHHS) to ensure that Medicaid and NC Health Choice coverage of telemedicine and telepsychiatry services are consistent with this section and requires amending Clinical Coverage Policy No: 1H as necessary. Requires using the term "telehealth" instead of "telemedicine" in all clinical coverage policies.
Defines *telehealth* for the purposes of Medicaid and NC Health Choice coverage, as the delivery of health care-related services by a Medicaid or NC Health Choice provider licensed in the State to a Medicaid or NC Health Choice recipient through one of the three specified types of communications and technologies. Specifies that telehealth does not include the delivery of services solely through electronic mail, text chat, or audio-communication unless either additional medical history and clinical information is communicated electronically between the provider and patient or the services delivered are behavioral health services. Specifies four actions that DHHS must take regarding Medicaid and NC Health Choice coverage of telehealth services, including promoting access to health care for Medicaid and NC Health Choice recipients through telehealth services. Prohibits DHHS from requiring seven specified items as a condition of coverage of telehealth services, including that a provider be part of a telehealth network in order to bill for Medicaid or NC Health Choice services, and that the Provider be physically present with the patient or client unless the provider determines it is medically necessary to perform the services in person. Requires DHHS to ensure that (1) Medicaid and NC Health Choice coverage and reimbursement for telehealth services are equivalent to the reimbursement and coverage for the same services if provided in person and (2) that any deductible, copayment, or coinsurance requirement is equivalent to the same service if it was provided to the patient in person. Requires DHHS to submit to the Centers for Medicare and Medicaid Services any waivers or amendments to the NC Medicaid State Plan necessary to implement the above provisions. Requires DHHS by September 1, 2020, to report on changes, expected costs, savings, and outcomes of telehealth services to the specified NCGA committee and division.

Enacts new GS 58-50-305 to prohibit a health benefit plan from excluding from coverage a covered health care service or procedure delivered by a preferred or contracted health professional to a covered patient as a telehealth service solely because the covered health care service or procedure is not provided through an in-person consultation. Allows a health benefit plan to require a deductible, a copayment, or coinsurance for a covered health care service or procedure delivered by a preferred or contracted health professional to a covered patient as a telehealth service. Prohibits the amount charged from exceeding the amount of the deductible, copayment, or coinsurance required for the covered health care service or procedure provided through an in-person consultation. Makes a conforming change to GS 135-48.51 to make new GS 58-50-305 applicable to the State Health Plan.

Effective October 1, 2019.

Part IX.

Requires the North Carolina Area Health Education Centers Program to convene a 15-member North Carolina Healthcare Solutions Task Force (Task Force) to make recommendations for innovative solutions to healthcare access issues in the state. Sets out membership requirements. Requires the North Carolina Area Health Education Centers to assist the Task Force by convening and facilitating meetings, providing necessary clerical and administrative support, and preparing the Task Force reports and providing technical assistance as appropriate. Requires the Task Force to conduct a 10-year, ongoing study of issues related to access to healthcare in North Carolina, with the work divided into two stages. Requires the first stage to identify metrics to provide an accurate assessment and measurement of the state of access to healthcare in North Carolina, and the second stage to identify any issues relating to access to healthcare in North Carolina and to develop innovative solutions that will increase access to healthcare and improve the state of access to healthcare in North Carolina as measured by the

identified metrics. Sets out additional requirements for the two stages. Requires the Task Force's first meeting to be convened by October 1, 2019. Requires the report on stage one to be submitted to the specified NCGA committee by April 1, 2021, with annual reports on stage two activities required beginning April 1, 2022, with subsequent reports submitted annually until April 1, 2030. Terminates the Task Force on the date it submits is final report in 2030.

Amends the act's long title.

Intro. by Krawiec, Bishop, Hise.

APPROP, STUDY, GS 58, GS 90, GS 103, GS 130A, GS 131D, GS 148

View summary

Government, Budget/Appropriations, Cultural Resources and Museums, State Agencies, Department of Health and Human Services, Health and Human Services, Health, Health Care Facilities and Providers, Health Insurance, Social Services, Public Assistance

ACTIONS ON BILLS

PUBLIC BILLS

H 100: REQUIRED TRAINING POLICE TELECOMMUNICATORS.

Senate: Reptd Fav
Senate: Re-ref Com On Rules and Operations of the Senate

H 206: VARIOUS TRANSPORTATION CHANGES. (NEW)

Senate: Conf Com Reported
House: Conf Com Reported
House: Cal Pursuant Rule 44(d)
House: Placed On Cal For 08/07/2019

H 217: DIT CHANGES.-AB

Senate: Conf Com Reported
House: Conf Com Reported
House: Cal Pursuant Rule 44(d)
House: Placed On Cal For 08/07/2019

H 226: 2019 AOC LEGISLATIVE CHANGES.-AB

Senate: Withdrawn From Cal
Senate: Placed On Cal For 08/07/2019

H 283: CONNER'S LAW.

Senate: Withdrawn From Cal
Senate: Placed On Cal For 08/07/2019

H 449: SPECIAL REGISTRATION PLATES.

Senate: Conf Com Appointed

H 597: WILDLIFE RESOURCES COMMISSION AMENDS.

Senate: Reptd Fav

H 604: SMALL BUSINESS RETIREMENT PROGRAM.

Senate: Reptd Fav

H 633: STRENGTHEN CRIMINAL GANG LAWS.

Senate: Withdrawn From Cal
Senate: Placed On Cal For 08/07/2019

H 822: COMPREHENSIVE BEHAVIORAL HEALTH PLAN.

House: Withdrawn From Cal
House: Re-ref Com On Rules, Calendar, and Operations of the House
House: Withdrawn From Com
House: Cal Pursuant Rule 36(b)

H 848: RV DEALER REGULATION.

House: Regular Message Sent To Senate
Senate: Regular Message Received From House
Senate: Passed 1st Reading
Senate: Ref To Com On Rules and Operations of the Senate

S 5: SCHOOL SAFETY OMNIBUS. (NEW)

Senate: Placed On Cal For 08/07/2019

S 68: RELOCATION OF WATER/SEWER LINE COSTS.

Senate: Ordered Enrolled

S 86: SMALL BUSINESS HEALTHCARE ACT.

House: Reptd Fav Com Sub 2
House: Cal Pursuant Rule 36(b)
House: Placed On Cal For 08/07/2019

S 123: GEO ISO SCH/TRANSP EFF BUFF/CURRITUCK CTY SCH. (NEW)

Senate: Placed On Cal For 08/07/2019

S 199: CHILD SEX ABUSE/STRENGTHEN LAWS.

Senate: Failed Concur In H Com Sub

S 217: CHANGE SUPERIOR CT AND DISTRICT CT NUMBERS. (NEW)

Senate: Conf Com Appointed
House: Conf Com Appointed

S 230: NC MILITARY AND VETERAN ACT OF 2019. (NEW)

House: Passed 2nd Reading
House: Passed 3rd Reading

S 295: STANDARDS OF STUDENT CONDUCT. (NEW)

House: Amend Adopted A1
House: Amend Adopted A2
House: Amend Adopted A3
House: Passed 2nd Reading

S 321: FEDERAL MOTOR CARRIER SAFETY/PRISM. (NEW)

Senate: Ordered Enrolled

S 356: SURP. PROCEEDS; CERT. SEIZED VEH. SALES. (NEW)

Senate: Failed Concur In H Com Sub
Senate: Conf Com Appointed

S 361: HEALTH CARE EXPANSION ACT OF 2019.

House: Reptd Fav Com Substitute
House: Re-ref Com On Rules, Calendar, and Operations of the House

S 458: PTS DAY/CARDIAC TASK FORCE/TITUS'S LAW/DATA. (NEW)

House: Passed 2nd Reading
House: Passed 3rd Reading

S 522: LOW-PERF. SCHOOLS/STAND. STUDENT CONDUCT. (NEW)

Senate: Placed On Cal For 08/07/2019

S 537: ACH PMT/COUNSELOR-SA-SW ACT AMEND/DHHS REV. (NEW)

House: Regular Message Sent To Senate
Senate: Regular Message Received For Concurrence in H Com Sub

S 574: GAMING COMMISSION. (NEW)

Senate: Reptd Unfav For Conc

S 584: CRIMINAL LAW REFORM.

Senate: Concurred In H Com Sub
Senate: Ordered Enrolled

S 681: RUR HLTH CARE/LOC. SALES TAX FLEX/UTIL. ACCT. (NEW)

House: Passed 2nd Reading

S 687: SBOE CONFIRMATION/JT. SESSION.

Senate: Withdrawn From Com
Senate: Placed on Today's Calendar
Senate: Passed 2nd Reading
Senate: Passed 3rd Reading

No local actions on bills

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