INTRODUCTION

The North Carolina General Assembly (NCGA) completed the 2017 long session on June 30, although the legislature will reconvene on three separate occasions before the end of this calendar year. This year’s version of the adjournment resolution calls the NCGA back into session on August 3rd and then again in September to handle veto overrides and the adoption of conference reports for legislation that is being negotiated between the House and Senate. The additional special session, which will happen no later than November 15th, will be dedicated to redistricting and redrawing the state legislative districts that were recently ruled to be unconstitutional. Once redistricting is complete, the legislature will not be back in regular session until the beginning of the 2018 session next May.

Republicans, who maintain a super majority in the legislature, worked quickly during the 2017 session to resolve their differences concerning spending priorities and tax reform to avoid a repeat of the 2015 long session, which lasted until October. As a result, far fewer bills were considered and enacted compared to previous sessions but there was no shortage of important legislation our office responded to on behalf of Duke University and the Health System.

UNIVERSITY AND HEALTH SYSTEM LEGISLATIVE PRIORITIES

Our office identifies several issues as priorities for Duke University and Duke Health (which includes our investment in Duke LifePoint Healthcare). The issues generally reoccur every legislative session and have the potential to significantly alter the University’s and Health System’s ability to fulfill their respective core missions of providing higher education and delivering quality health care. The topics and bills in this section are generally the focus of our advocacy efforts at the General Assembly in Raleigh.

State Budget

After several weeks of negotiations between leadership in the House and Senate, the NCGA passed a compromise $23 billion 2017-2019 biennial spending plan on June 22nd which was vetoed by Governor Cooper a few days later. Republicans quickly overrode the veto and the budget bill became law prior to the end of the fiscal year on June 30th.

The budget increases overall state spending by 3% and includes another round of tax cuts calculated at about $700 million. The cuts, which take effect in 2019, reduce the personal income tax rate from 5.499% to 5.25% and raise the standard deductions. The budget also includes $10 million for opioid and substance abuse treatment centers across the state, which is substantially more than the previous House and Senate plans allocated.

Although the initial spending plan from the Senate contained provisions to phase out Certificate of Need (CON) with full repeal occurring by 2025, the final bill did not include any significant changes to CON or other major healthcare or private university policy changes. Unfortunately, the compromise bill did not
adopt the House proposal to extend a Medicaid payment program to health system affiliated physicians that would have helped alleviate deficits attributable to treating Medicaid patients.

Healthcare provisions, which begin on page 144 of the bill linked above, include reductions in funding to the organizations (LME/MCO) that manage behavioral health payments to providers, allocation of state appropriations from the Dorothea Dix Property Fund to construct new inpatient psychiatric beds, and restoration of Graduate Medical Education payments to providers ($30 million). There is also a provision that will create a special legislative committee to study Graduate Medical Education and residency programs.

The final budget bill did not include a controversial provision that would have eliminated most state funding for institutions that perform abortion services. The budget also instructs DHHS to reduce the overall spending on Medicaid by $30M over the biennium by finding reductions that can include contractual changes, rate reductions, different reimbursement methodologies, clinical policies, etc. This year’s Medicaid rebase adds $66.7 million of recurring expenses in FY17-18 and $177.4 million in recurring expenses in FY18-19, allowing for a 5.6 percent enrollment in the first year and 5 percent in the second year, plus anticipated changes in use of services.

For specifics concerning spending decisions, please refer to the Section G of the accompanying "money report."

**Taxes, Nonprofit Status and Related Issues**

**Sales Tax Refunds:**

Both Duke University and Duke Health System are nonprofits that receive an exemption under the North Carolina Tax Code for sales taxes. Under the current system, nonprofits pay sales taxes at the time of purchase but then apply for and receive a sales tax refund from the state twice a year. For Duke University, the refund is approximately $20 million annually. For the Health System, the number tends to fluctuate but also averages about $20 million annually. Duke University and Duke Health System are separate taxable entities for the purposes of the refund.

In 2013, the legislature placed a $45 million cap on the refund amount a nonprofit could receive. This was done over the objections of the greater nonprofit community even though the cap did not immediately affect anyone in North Carolina, including Duke. Although there were no specific legislative proposals in 2017 to reduce the cap or to eliminate the sales tax refund, the threat of doing either or both was discussed by certain legislators during session and continues to be one of the biggest issues for Duke and other nonprofits. Fortunately, the nonprofit community continues to be united in efforts to defeat such proposals.

**Nonprofit Property:**

The original version of [HB 900 – Safe Infrastructure & Low Property Tax Act](https://www.nclca.net/) included a provision that would have directed the Revenue Laws Study Committee to study existing property tax exemptions including those for nonprofits. While another section of the bill would have empowered municipalities to place a referendum on the ballot seeking authority to levy a local option sales tax. Given Duke is active in defending sales tax refunds for which non-profits are eligible and exemption of non-profit real property from taxation, our office was closely engaged in this legislation and was successful in helping to amend the bill to remove the objectionable provisions. The bill is eligible for consideration when the NCGA returns for the 2018 session next May.
Certificate of Need
Duke supports the existing Certificate of Need (CON) law regulating the growth of health care services and facilities to control costs, utilization, and distribution. Duke believes CON ensures medical providers are able to meet the health needs of our communities. Many of the services hospitals provide do not cover the costs of care. Some services, including emergency and trauma care, are provided in response to community need, regardless of payment. Numerous bills were filed this session, and a number of other bills were amended, with language designed to either completely eliminate or seriously erode the state’s CON laws. As mentioned above, the Senate even included a provision to eliminate CON in its version of the budget bill. Duke opposed all of the CON repeal and reform measures which were ultimately defeated (see list below) with the exception of one very limited change concerning adult home care regulation (see H657 on the last page).

SB 324/HB 640 – Repeal Certificate of Need Laws
SB 328 – Lower Costs of Cataracts for Seniors Act
SB 330 – Exempt Hospice Inpatient Facilities from CON
SB 349 – Exempt Certain Ocular Surgeries from CON Laws
HB 901 – Amend Certificate of Need Laws
HB 907 – Enhance Health Care Choices for Seniors

Weapons on Campus
There have been a number of bills introduced the last several legislative sessions that would amend the law relating to the possession of concealed weapons on private property, to include private universities and hospital campuses. 2017 was no exception as there were several bills that, if enacted as introduced, would have allowed people to carry weapons (specifically guns) onto Duke’s property and eliminated Duke’s right to restrict or stop people from doing so. All of the more egregious bills were defeated.

As in past sessions, several provisions from various gun bills were rolled into one omnibus gun bill. This year’s omnibus bill did not adopt any of the objectionable provisions from other bills concerning private property rights. The bill passed the House in June but was not considered by the Senate prior to the conclusion of the 2017 session. It remains eligible for the 2018 session that will start next May.

STAND ALONE LEGISLATION

Our office identifies legislation that Duke should support, oppose, or amend and is regularly approached by faculty or staff from within Duke about advancing specific legislation. The result is that our office regularly engages on dozens of bills each session on behalf of both the University and Health System. In addition, there are also several bills each session that the Office of Government Relations independently monitors even though we have not received a specific request from within Duke to do so. We also monitor, but do not directly engage in advocacy efforts either for or against, any legislation on which Duke has constituencies or interests on both sides of the issue. The bills that we were either directly in engaged on through advocacy efforts or that we monitored are provided below (organized by bill number and chamber of origin).

Legislation Originating in the NC Senate

SB 42 – Reduce Cost and Regulatory Burdon/Hospital Construction
Summary: SB 42 directs the Medical Care Commission to repeal a series of rules that regulate licensing of hospitals pertaining to physical plant, general requirements, and construction requirements (Hospital Facilities Rules) and to replace those particular rules with temporary (and subsequently permanent) rules by incorporating, by reference, all the applicable standards, rules, and requirements of the most current edition of the American Society for Healthcare Engineering’s Facility Guidelines Institute Guidelines for Design and Construction of Hospitals and Outpatient Facilities (Guidelines).

Duke’s Position: Support
Status: Pending Action by the Governor

SB 104 – Require Criminal BGC/Pharmacist Licensure
Summary: In addition to making technical corrections to the statute governing application and examination requirements for licensure as a pharmacist, SB 104 mandates that the Board of Pharmacy require applicants for a pharmacy license to provide the Board with a criminal history report, at the applicant’s expense, from a reporting service designated by the Board.

Duke’s Position: Monitor
Status: Pending Action by the Governor

SB 114 – Annual Reports/Property Tax/Recodification Comm.
Summary: Senate Bill 114 would make a number of changes to the law governing the filing of annual reports by business entities to include requiring nonprofit corporations to file annual reports electronically.

Duke’s Position: Monitor
Status: Eligible during the 2018 session

SB 131 – Regulatory Reform Act of 2016-17
Summary: SB 131 amends several State laws related to business regulation, State and local government regulation, and agricultural, energy, environmental, and natural resources regulation.

Duke’s Position: Monitor
Status: Session Law 2017-10

SB 160 – Handicap Parking Privilege Certification
Summary: The legislation authorizes licensed physician assistants and licensed nurse practitioners to certify applications to DMV for handicapped license plates and authorizes licensed certified nurse midwives to certify applications to DMV for handicapped parking placards.

Duke’s Position: Support
Status: Pending Action by the Governor

SB 196 – Veterinary Practice Omnibus
Summary: SB 196 clarifies that the practice of horseshoeing is not the practice of veterinary medicine, and requires the Veterinary Division of the Department of Agriculture and Consumer Services to study veterinary pharmaceutical compounding.

Duke’s Position: Monitor
Status: Pending Action by the Governor

SB 322 – Caregiver Advise, Record & Enable (CARE) Act
Summary: SB 322 proposes to require hospital staff and clinicians to undertake an extensive series of new tasks while also caring for a patient: facilitate designation of and document in a patient’s medical record their so-called “caregivers” (the identity of whom can be changed at any time, and whose only
qualifications would be that he/she has been designated as a caregiver and that he/she “provides after-care assistance ... in the patient’s residence”); provide patient medical records, notices and other information to the caregivers; “consult” with the caregivers on hospital discharge plans; and educate and train the caregivers on “all after-care tasks described in the discharge plan”. As such, SB 322 would have added substantial and unnecessary pressure, confusion and delay to already-heavily-regulated hospital intake, patient care, and discharge processes, creating yet another layer of duplicative regulatory complexity for already overburdened North Carolina healthcare facilities.

Duke’s Position: Oppose/Amen
Status: Ineligible for further consideration

**SB 315 – Make Various Changes Regarding Higher Education**
Summary: SB 315 directs the President of The University of North Carolina to implement The University of North Carolina Undergraduate Degree Completion Improvement Plan, requires development of an articulation agreement between The University of North Carolina and the Community College System in early childhood education programs, and directs the President of The University of North Carolina, or the President’s designee, and the Board of Governors of The University of North Carolina to consider and evaluate the feasibility of applying for and implementing the UTEACH program as part of the curricula offered by The University of North Carolina system. SB 315 also allows the Board of Governors of The University of North Carolina to set the expenditure benchmark for certain purchasing contracts for the President of The University of North Carolina to be the same as the maximum allowed for the constituent institutions.

Duke’s Position: Monitor
Status: Session Law 2017-68

**SB 323 – UNC Public Records/Athletic Conferences**
Summary: SB 323 would designate communication and documentation regarding membership in any collegiate sports association or organization by the University of North Carolina or any constituent institutions as public records.

Duke’s Position: Monitor
Status: Pending Action by the Governor

**SB 304 – Required Financial Audits**
Summary: Senate Bill 304 would require financial audits of certain nonprofit corporations. The requirement to file a financial audit or financial review does not apply to a nonprofit corporation that has performed an independent financial audit or an independent financial review in compliance with federal law, or to a nonprofit corporation that has submitted an audit or review as prepared by a certified public accountant in the ordinary course of business.

Duke’s Position: Monitor
Status: Eligible during the 2018 session

**SB 335 – Study/Fair Treatment of College Athletes**
Summary: SB 335 creates a Legislative Commission on the Fair Treatment of College Athletes to examine the needs and concerns of college students participating in athletics on behalf of the constituent institutions of The University of North Carolina. The Commission would consist of 6 members of the Senate and 6 members of the House with political parties represented in proportion to the legislative makeup. The Lieutenant Governor would be an ex officio voting member and would serve as the chair of the Commission. The Commission would study issues related to the provision of health insurance, sports injuries and non-sport injuries, and profit-sharing for student athletes.
Duke’s Position: Monitor
Status: Pending Action by the Governor

SB 388 – Incapacity to Proceed
Summary: SB 388 would require reports ordered by courts of a criminal defendant’s capacity to proceed to be released to clinicians at the program where the defendant is receiving capacity restoration and to clinicians designated by the Secretary of Health and Human Services. The bill also creates a workgroup to evaluate the process and impact of capacity determination.
Duke’s Position: Monitor
Status: Pending Action by the Governor

SB 437 – Clarify Hospital Patient Discharge Rights
Summary: SB 437 would have significantly altered patient discharge procedures at hospitals and placed new regulatory requirements on hospitals concerning discharge procedures.
Duke’s Position: Oppose
Status: Ineligible for further consideration

SB 621 – Business Contracts/Choice of Law
Summary: SB 621 would permit a business contract to provide that North Carolina law will govern the parties’ rights and duties under the contract in whole or in part, regardless of whether the parties, contract, or related transaction bear a reasonable relation to the State, and regardless of whether a provision in the contract may conflict with a fundamental policy under the law of another jurisdiction that would apply if the parties had not chosen North Carolina law. It would also allow a business contract to provide that any action brought to resolve a dispute arising out of the contract may be brought in NC courts. If the business contract contains both of the foregoing provisions, then the contract can also provide that any contract dispute is required to be litigated only in one or more counties of this State specified in the contract.
Duke’s Position: Monitor
Status: Pending Action by the Governor

SB 629 – Health Care Services Billing Transparency
Summary: SB 629 delegates an insurer’s notification responsibility to healthcare providers and proposes a benchmark reimbursement program that would encourage patients to use non-contracting providers and encourage insurers to send reimbursement directly to patients. The bill would apply the benchmark reimbursement rate (Medicare) to all out of network services, taking any negotiating power out of the hands of providers and placing the ceiling at Medicare rates which are already far below the cost of care.
Duke’s Position: Oppose
Status: Ineligible for further consideration

SB 630 – Revise IVC Laws to Improve Behavioral Health
Summary: SB 630 would make changes to the laws on voluntary and involuntary commitment for the mentally ill and substance abusers contained in Chapter 122C (Mental Health, Developmental Disabilities, and Substance Abuse Act of 1985).
Duke’s Position: Support/Amend
Status: Eligible during the 2018 session

Legislation Originating in the NC House
HB 26 – Workers’ Comp/Approval of Disputed Legal Fees
**Summary:** HB 26 essentially reverses the ruling in the North Carolina Supreme Court decision in Wilkes v. City of Greenville which shifted the burden of proof in workers compensation claims from the employee to the employer. The ruling in Wilkes created a presumption that an employee is entitled to a presumption that all additional medical treatment is causally related back to a compensable injury. HB 26 restores the law and standard to as it existed prior to the ruling so that an employee has the burden of proving an additional injuries are the result of the original injury for which the workers compensation claim was filed.

**Duke’s Position:** Support

**Status:** Pending Action by the Governor

---

HB 36 – North Carolina Institute of Medicine Study of Eye Care Access
**Summary:** The current version of House Bill 36 would direct the North Carolina Institute of Medicine to study the issues addressed in House Bill 36 Enact Enhanced Access to Eye Care Act, as introduced, and to report to the Joint Legislative Oversight Committee on Health and Human Services on or before October 1, 2018.

**Duke’s Position:** Monitor

**Status:** Eligible during the 2018 session

---

HB 57 – Enact Physical Therapy Licensure Compact
**Summary:** House Bill 57 would make North Carolina a member of the Physical Therapy Licensure Compact. Membership in the compact would allow physical therapists who hold licenses in good standing in any other Compact state to practice physical therapy in North Carolina. Likewise, physical therapists holding a valid license in North Carolina would be able to practice physical therapy in any of the other the Compact member states. The Compact will become effective when the tenth member state enacts it. The bill would also amend G.S. 93B-15.1 to prohibit occupational licensing boards (OLBs), as defined in G.S. 93B-1, from charging fees as a pre-requisite to issuing licenses to military-trained applicants and spouses of military members who are licensed in good standing in another state.

**Duke’s Position:** Monitor

**Status:** Session Law 2017-28

---

HB 63 – Citizens Protection Act of 2017
**Summary:** House Bill 63 would increase penalties for the manufacture or sale of counterfeit documents, would create a rebuttable presumption against the pretrial release of certain undocumented aliens, would make provisions regarding immigration status records and law enforcement transport of illegal aliens, and would withhold certain funds from local governments that fail to comply with State laws related to immigration.

**Duke’s Position:** Oppose

**Status:** Ineligible for further consideration

---

HB 88 – Modernize Nursing Practice Act
**Summary:** HB 88 makes several changes to the North Carolina Nursing Practice Act which governs the practice of nursing in NC. The bill would update definitions, Board member and Executive Director qualifications and duties, the licensure process, and establishes a clearly-defined licensure process for APRNs and provides each with title protection. The bill also eliminate the existing requirement for a collaborative practice agreement with a supervising physician.

**Duke’s Position:** Monitor

**Status:** Eligible during the 2018 session
**HB 90 – NC Truth in Education**

**Summary:** House Bill 90 would require constituent institutions of the UNC system to compile and provide the following information to applicants to undergraduate programs at the institution and enrolled students when formally declaring majors: default rates and repayment rates of student loans, four-year and six-year graduation rates, employment and unemployment rates of students who earn a baccalaureate degree, median and mean of the starting salaries of undergraduates who earn a baccalaureate degree, and salaries of undergraduates five years after graduating with a baccalaureate degree, graduate school acceptance rates of undergraduates, and the average time for a student to earn a baccalaureate degree. The information would be collected for graduating classes of undergraduates as a whole and by major at the constituent institution and be provided to students applying for undergraduate admission and to enrolled undergraduates upon formal declaration of a major.

**Duke’s Position:** Monitor

**Status:** In conference

---

**HB 91 – Require Safety Helmets/Under 21**

**Summary:** HB 91 would allow operators of motorcycles and passengers older than 21 years of age not to wear helmets and would remove court costs as a penalty for violating the helmet requirement.

**Duke’s Position:** Oppose

**Status:** Ineligible for further consideration

---

**HB 140 – Dental Plans Provider Contracts/Transparency**

**Summary:** HB 140 House Bill 140 would make entities that write stand-alone dental insurance subject to the disclosure and notification provisions for fee schedules, reimbursement policies, and claim submission policies.

**Duke’s Position:** Monitor

**Status:** Pending Action by the Governor

---

**HB 142 – Reset of S.L.2016-3 (HB2)**

**Summary:** HB 142 repeals HB 2 (The Bathroom Bill) and preempts regulation of access to multiple occupancy restrooms, showers, or changing facilities by any State or local government, except in accordance with an act of the General Assembly. HB 142 also prohibits a local government from enacting or amending an ordinance regulating private employment practices or regulating public accommodations until December 1, 2020.

**Duke’s Position:** Support

**Status:** Session Law 2017-4

---

**HB 156 – Medicaid PHP Licensure**

**Summary:** Sections 1–3 of HB 156 would create a Prepaid Health Plan (PHP) Licensure Act governing the Department of Insurance’s licensure of Medicaid PHPs as part of the Medicaid transformation plan enacted by the NCGA in 2015.

**Duke’s Position:** Monitor/Amend

**Status:** In conference

---

**HB 187 – Modernize Physical Therapy Practice**

**Summary:** HB 187 would amend the definition of "physical therapy" in G.S. 90-270.24(4) to remove the prohibition of manipulating the spine without a prescription from a licensed physician.

**Duke’s Position:** Support
Status: Eligible during the 2018 session

HB 199 – Establish Standards for Surgical Technology
Summary: HB 199 would create new sections in Chapter 131E of the General Statutes that establish standards for the employment and contract of surgical technologists in both hospitals and ambulatory surgical facilities.
Duke’s Position: Monitor
Status: Eligible during the 2018 session

HB 206 – NC Cancer Treatment Fairness Act
Summary: House Bill 206 would require health benefit plans that provide coverage for prescribed orally administered cancer drugs to provide coverage for those drugs on a basis no less favorable than coverage the plan offers for IV or injectable anticancer drugs. Under the bill, plans would be barred from complying with the law by reclassifying anticancer drugs or by increasing patient cost-sharing.
Duke’s Position: Support
Status: Eligible during the 2018 session

HB 208 – Occup. Therapy/Choice of Provider
Summary: HB 208 would allow insureds to receive insurance-covered occupational therapy from the licensed occupational therapist of their choice.
Duke’s Position: Monitor
Status: Session Law 2017-24

HB 243 – Strengthen Opioid Misuse Prevention (STOP) Act
Summary: HB 243 would extend the statewide standing order for opioid antagonists to allow practitioners to prescribe an opioid antagonist to any governmental or nongovernmental agency, designate certain Schedule II and III drugs as “targeted controlled substances, and make changes to the laws governing the prescribing of those targeted controlled substances. HB 243 also clarifies the allowable funds for syringe exchange programs, make changes to the statutes governing the Controlled Substance Reporting System (CSRS) database, and amends language to facilitate the interstate connectivity of the CSRS database.
Duke’s Position: Support
Status: Session Law 2017-74

HB 258 – Amend Med. Mal. Health Care Provider Definition
Summary: HB 258 would apply statutory medical malpractice requirements to lawsuits seeking damages from paramedics arising out of the provision of health care services.
Duke’s Position: Monitor
Status: Pending Action by the Governor

HB 283 – DHHS Recommended Telemedicine Policy
Summary: HB 283 would require the Department of Health and Human Services to study and recommend a telemedicine policy to the Joint Legislative Oversight Committee on Health and Human Services on or before October 1, 2017. At a minimum, the Department shall examine make recommendations for telemedicine standards in North Carolina to include a definition of the term telemedicine, the scope of services that can be covered by telemedicine, acceptable communication and data transfer standards necessary to ensure the privacy of health information and appropriate for
insurance reimbursement, informed consent standards, online prescribing standards, telemedicine provider licensing standards, and private payer telemedicine reimbursement standards.

**Duke’s Position:** Support
**Status:** Pending Action by the Governor

**HB 299 – State Health Plan Administrative Changes**

**Summary:** HB 299 would make administrative changes to statutes governing the North Carolina State Health Plan for Teachers and State Employees (Plan) to allow revocation of coverage for misrepresentations made by covered individuals regarding eligibility or enrollment, to clarify the premium split between the State and certain General Assembly retirees, and to provide coverage to children newly born to existing covered employees. Other changes to the Plan would provide members of the Board of Trustees with immunity from civil liability for most actions taken in their official capacity, add a new section to the Plan statutes pertaining to fraud and detection audit programs, require the Department of Revenue to furnish certain tax, wage, or income information for a beneficiary to the Department of State Treasurer, to require that a retiree who is a prisoner serving an active sentence in the State prison system be covered by the State prison system health services rather than the Plan, and to provide for the recoupment of overpaid benefits or erroneous payments.

**Duke’s Position:** Support
**Status:** Pending Action by the Governor

**HB 307 – Board Cert. Behavior Analyst/Autism Coverage**

**Summary:** HB 307 would require insurers to provide coverage for adaptive behavior treatment provided by a board-certified behavior analyst.

**Duke’s Position:** Support
**Status:** Eligible during the 2018 session

**HB 425 – Improve Utilization of MH Professionals**

**Summary:** HB 425 would include licensed professional counselors and licensed marriage and family therapists in the list of professionals that can substitute for a physician or eligible psychologist in providing initial (first-level) examinations for involuntary commitment of individuals with a mental illness or substance use disorder.

**Duke’s Position:** Monitor
**Status:** Eligible during the 2018 session

**HB 403 – Behavioral Health and Medicaid Modifications**

**Summary:** HB 403 makes numerous modifications to laws pertaining to local management entities/managed care organizations (LME/MCOs) and to the Medicaid program. Part I modifies certain requirements pertaining to LME/MCOs, which manage the provision of publicly-funded behavioral health services throughout the State. Part II modifies the Medicaid transformation legislation, enacted in 2015 and amended in 2016, requiring transition of the Medicaid delivery system to capitated contracts with Prepaid Health Plans. Part III requires the Department of Health and Human Services (DHHS) to notify the General Assembly every time DHHS submits a Medicaid State Plan amendment for federal approval and every time DHHS decides not to submit a proposed State Plan amendment that was posted to DHHS’s website. Part IV amends the statutes that govern Medicaid enrollees’ appeals and grievances related to actions taken by LME/MCOs to make these statutes conform to changes in the Medicaid federal regulations that recently took effect.

**Duke’s Position:** Amend
**Status:** In conference
HB 464 – Revise Schedule of Controlled Substances
Summary: HB 464 amends the classification of certain controlled substances.
Duke’s Position: Monitor
Status: Pending Action by the Governor

HB 466 – The Pharmacy Patient Fair Practices Act
Summary: HB 466 would permit pharmacists to discuss lower-cost alternative drugs with, and sell lower-cost alternative drugs to, consumers. It would prohibit pharmacy benefits managers from using contract terms to prevent pharmacies from providing store direct delivery services. Pharmacy benefits managers would be prohibited from charging insureds a co-pay that exceeds the total submitted charges by a network pharmacy. Finally, it would allow pharmacy benefits managers to charge pharmacies a fee for costs related to claim adjudication only if the fee was set out in a contract or reported on the remittance advice of the claim.
Duke’s Position: Support
Status: Pending Action by the Governor

HB 527 – Restore/Preserve Campus Free Speech
Summary: HB 527 would require the Board of Governors of the University of North Carolina to develop, adopt, and implement various policies related to free expression and to form a committee on free expression, which must make annual reports to the Board of Governors, the General Assembly, and the Governor.
Duke’s Position: Monitor
Status: Pending Action by the Governor

HB 550 – Establish New Nurse Licensure Compact Act
Summary: HB 550 would enact and make North Carolina a member state in the new nurse licensure compact. It would also repeal the current nurse licensure compact and replace it with the new version.
Duke’s Position: Support
Status: Pending Action by the Governor

HB 589 – Competitive Energy Solutions for NC
Summary: House Bill 589 would amend various laws related to energy policy, including reform of the State implementation of the Public Utility Regulatory Practices Act, the creation of a competitive bidding process for new renewable energy facilities, and the enactment of the Distributed Resources Access Act to authorize leasing of third-party owned solar development.
Duke’s Position: Monitor
Status: Pending Action by the Governor

HB 631 – Reduce Admin. Duplication MH/DD/SAS Providers
Summary: House Bill 631 would create a workgroup to examine the requirements of physical health providers and mental health, intellectual/developmental disability, and substance abuse disorder providers. The bill requires a report to the General Assembly with recommendations on how to avoid duplication and enhance efficiency in the provision of health care services.
Duke’s Position: Support
Status: Eligible in the 2018 session

HB 657 – Improve Adult Care Home Regulation
**Summary:** House Bill 657 exempts from certificate of need review the acquisition of certain unlicensed adult care homes, implements an informal dispute resolution process for certain inspection findings, changes the training requirements for personal care aides, and makes changes to the star rating program. The bill also requires the Department of Health and Human Services to study the Star Rated Certificate Program and report on progress to the Joint Legislative Oversight Committee on Health and Human Services by February 1, 2018, with a final report by October 1, 2018.

**Duke’s Position:** Monitor

**Status:** Pending Action by the Governor

**HB 797 – Changes to Current BWC Law**

**Summary:** House Bill 797 would amend the law governing the disclosure and release of body-worn camera recordings by law enforcement.

**Duke’s Position:** Amend

**Status:** Eligible in the 2018 session

---

**2017 SESSION STATS**

(As of July 12, 2017)

**HOUSE:**
- Legislative Days – 92
- Bills introduced - 925
- Republicans - 74
- Democrats - 46

**SENATE:**
- Legislative Days – 93
- Bills Introduced - 683
- Republicans - 35
- Democrats – 15

Total Session Laws – 94
# of Bills Pending Action by the Governor – 108
Vetoes Issued – 6
Vetoes Overridden - 2