# SB 3 (Medical Marijuana) 1.25

Bill Number: **SB 3** 

Bill Name: NC Compassionate Care Act (Medical Marijuana)

Bill Sponsors: Senator Rabon (R-8), Senator Lee (R-7), Senator Lowe (D-32)

Movement: Filed

**Executive Summary:** Would make medical cannabis legal in North Carolina for patients with serious and prolonged illnesses like Cancer, HIV, etc. Requires physician "certification" (prescription), card holding, and a registered data base.

### **Detailed Summary:**

- Establishes a "Compassionate Use Advisory Board" consisting of 11 governor appointed members including 3 medical doctors or doctors of osteopathy, a pharmacist, a cannabis research scientist, and two patients with vested interest (one adult, one parent of a minor)
- Physician Requirements
  - Requires potential prescribing physicians to complete a 10 hour continuing ed course on medical cannabis and to take a 3 hour refresher course each year.
  - There must exist a "bona fide" physician patient relationship for the physician to allow certification (prescribing) of medical cannabis to the patient
  - The physician must have a physical office in North Carolina
  - The patient must be screened by the physician for potential risks, including mental health and substance abuse disorders, potential development of these issues
  - The physician must issue the prescription in the electronic registry for medical cannabis use as specified by DHHS.
  - Physician is responsible for educating the patient on the risks and symptoms of cannabis use disorder, psychosis, impairment, etc.
  - Physician required to frequently follow up with the patient quarterly in the first year and annually thereafter.
  - Physician required to update the electronic database no longer than 3 days after any changes are made to a patient's certification, including revoking their certification.
  - There may be investigations of physicians who are statistical outliers in the number of certifications they allow, cases may be referred to NCMB.
  - No advertising of issuing certifications, no issuing certifications at a dispensary, no financial investment in a supplier by a physician who can certify.
- Requires registry identification cards for those who are certified patients and for their
  designated caregivers (if the patient is unable to register for themselves, their caregiver over the
  age of 21 may register for their card). Also includes parents who may serve as the designated
  caregiver for their certified child.

- Anyone with a registry card must carry the card at all times when cannabis is in their possession and must also disclose this to a law enforcement officer.
- A database will be created of all card holders that will be confidential and any breach of that confidentiality will be a class 2 misdemeanor
- Creates a Medical Cannabis Production Commission which would include a physician member
  designated by the North Carolina Medical Board in addition to many stakeholders. This board
  would approve supplier licenses, regulate them, and create supplier requirements. This includes
  a "seed-to-sale" tracking system. This would trace cannabis from seed to sale and create
  notifications of when plants are harvested, destroyed, transported, sold, stolen, lost, etc.
- Suppliers of medical cannabis must also get a license from the state, which will be \$50,000 for first time suppliers and \$10,000 for renewal. They must also prove state residency for at least two years and have a criminal background check. They will have a production site card that must be on display at the facility.
- No cannabis can be sold to anyone other than a qualified patient or designated caregiver.
- Supplier must complete monthly reports on production and sales of cannabis products and will pay a monthly fee of 10% on these sales to the department.
- Suppliers are exempt from criminal laws of this state for possession, production, delivery, etc. but this can be revoked.
- Medical card holders are protected from criminal penalties on possession, purchase, etc.
- Smoking and vaping of cannabis prohibited in the car, in public places, in places of employment, within 1,000 feet of a childcare facility, school, or colleges.
- It is a felony to manufacture, sell, deliver, or possess in violation of this article.
- An online verification system will be established for the use of state employees and law enforcement to check identification card numbers.
- Inspections will be performed on suppliers, suppliers shall have appropriate measures of security approved by the State Bureau of Investigation.
- Cannabis centers will only be open from 7am-7pm and cannot be within 1,000 feet of schools, churches, childcare, etc. Must be 21 to work there.
- All cannabis infused products must be tested by established state laboratories.
- Advertising for production of cannabis centers must be "tasteful and respectful" and not have cartoons that appeal to children.
- Packaging must be child resistant, safely, accurately labeled, and if returned to the medical cannabis center it is to be destroyed.

# SB 12 (Codify Roe v. Wade) 1.25

Bill Number: SB 12

**Bill Name:** Codify Roe and Casey Protections

Bill Sponsors: Senator Batch (D-17)

Movement: Filed

**Executive Summary:** Would codify the original protections of the Roe v. Wade and Planned Parenthood of Southern PA v. Casey Supreme Court Cases.

#### **Detailed Summary:**

- The state shall not impose undue burden (any obstacle that would be placed on a woman seeking to terminate) on the ability of a women to end a pregnancy before fetal viability.
- The state cannot restrict the woman's right to choose to terminate after fetal viability, unless the life/health of the woman is in danger.
- The state cannot enact rules of regulations on a woman seeking to terminate a pregnancy.
- Nothing in this article shall be construed as conscience protection.
- \$25,000 would be granted to the NC OBGYN Society to educate providers on this act.

# SB 15 (Competition in Health) 1.25

Bill Number: **SB 16** 

Bill Name: Preserving Competition in Health Care Act

Bill Sponsors: Senator Burgin (R-12), Senator Corbin (R-50), Senator Mayfield (D-49)

Movement: Filed

**Executive Summary:** Would preserve competition in health care by regulating consolidation and conveyance of hospitals, requiring merger review by the office of the Attorney General.

### **Detailed Summary:**

- The attorney general can provide a waiver of these rules to a hospital entity and shall not fall under judicial review unless found to be arbitrary and capricious.
- Hospital entities shall provide the attorney general with written notice of the proposed transaction (the sale, transfer, lease, exchange, optioning, conveyance, governance, or other disposition of a material amount of the assets or operations of any hospital entity to any person or entity other). The Attorney General will determine the required contents of said notice.
- The Office of the Attorney General will notify hospital entities of a decision within 90 days, but can be extended to 180 if needed.
- The hospital must notify the public of the proposed transaction through one or more newspapers in every county that would be impacted by the change.

- Within 30 days of the written notice to the AG, there must be a public hearing conducted in the county which would be impacted by the change. Can be virtual, must be advertised.
- The AG must consider fair market value, health care provider conflict of interest, reasonable management requirements, impact on cost accessibility and quality of health care services, anti-trust laws, and objection by local government.
- The AG may have help in review by any state or U.S agency.
- If the AG objects, they will file with county superior court, the court will make the final decision determining the transaction.
- Following a decision by the AG not to object or following a judicial process, the acquiring entity shall be monitored by DHHS for a period of not less than 3 years.
- Each member of the governing boards and each chief financial officer of the parties to a transaction entered into in violation of this Article are subject to a civil penalty of up to \$1,000,000 each per transaction.

# SB 19 (Codify Roe v. Wade) 1.25

Bill Number: **SB 19** 

Bill Name: Codify Roe and Casey Protections

Bill Sponsors: Senator Batch (D-17), Senator Blue (D-14), Senator Hunt (D-42)

Movement: Filed (Companion bill filed in the House, HB 19)

**Executive Summary:** Would codify the original protections of the Roe v. Wade and Planned Parenthood of Southern PA v. Casey Supreme Court Cases.

#### **Detailed Summary:**

- The state shall not impose undue burden (any obstacle that would be placed on a woman seeking to terminate) on the ability of a women to end a pregnancy before fetal viability.
- The state cannot restrict the woman's right to choose to terminate after fetal viability, unless the life/health of the woman is in danger.
- The state cannot enact rules of regulations on a woman seeking to terminate a pregnancy.
- Nothing in this article shall be construed as conscience protection.
- \$500,000 would be granted to DHHS to educate providers on this act.

## HB 19 (Codify Roe v. Wade) 1.25

Bill Number: HB 19

**Bill Name:** Codify Roe and Casey Protections

Bill Sponsors: Reives (D-54), Carney (D-102), Cunningham (D-106), Everitt (D-35)

**Movement:** Filed (Companion bill filed in the Senate, SB19)

**Executive Summary:** Would codify the original protections of the Roe v. Wade and Planned Parenthood of Southern PA v. Casey Supreme Court Cases.

### **Detailed Summary:**

- The state shall not impose undue burden (any obstacle that would be placed on a woman seeking to terminate) on the ability of a women to end a pregnancy before fetal viability.
- The state cannot restrict the woman's right to choose to terminate after fetal viability, unless the life/health of the woman is in danger.
- The state cannot enact rules of regulations on a woman seeking to terminate a pregnancy.
- Nothing in this article shall be construed as conscience protection.
- \$500,000 would be granted to DHHS to educate providers on this act.