

## SB 69 (Opioid Education) 2.6

**Bill Number:** SB 69

**Bill Name:** Educate Patients About Opioid Antagonists

**Bill Sponsors:** Senator Moffitt (R-48), Senator Hanig (R-3)

**Movement:** Referred to Rules

**Executive Summary:** Requires healthcare practitioners and pharmacists and educate patients with opioid prescriptions on the danger of opioids, overdose prevention, and using opioids antagonists to prevent overdose rates.

### Detailed Summary:

- Bill would make North Carolina consistent with the FDA's new requirements for drug safety as of July of 2020
- Would require the following information when a prescription for an opioid pain medication:
  - Provide all the of the follow to each patient receiving the prescription:
    - The potential dangers of opioids.
    - Overdose prevention.
    - The availability and use of opioid antagonists.
  - Provide all the above information to a parent or guardian getting an opioid prescription for a minor.
  - A pharmacist filling the prescription shall also do the following:
    - Ask if the patient getting an opioid has a prescription for an opioid antagonist and offering to fill said prescription.
    - Offer to dispense an opioid antagonist if the individual does not have a prescription for one.
    - Label the opioid prescription in accordance with the provided three points required by the FDA.
  - Nothing this section shall be construed to create a private right of action against the practitioner who fails to follow the requirements of this section or limit the practitioner's liability for diagnosis or treatment of the patient.

## SB 74 & HB 58 (Parent/Student Rights) 2.6

Tuesday, February 7, 2023

9:45 AM

**Bill Number:** [SB 74 \(HB 58\)](#)

**Bill Name:** Parents' and Students' Bill of Right

**Bill Sponsors:** Batch (D-17), Garrett (D-27), Hunt (D-42)

**Movement:** Referred to Rules

**Executive Summary:** Would give parents explicit rights to monitor/review their children's healthcare, education, upbringing, and mental health and students' rights related to their own education.

**Detailed Summary (with health focus):**

- Parent:
  - Make all healthcare decisions for their child unless otherwise provided by law.
  - To know nutrition facts of their child's meals.
  - To receive timely information about their children's health and wellbeing.
  - To know threats to their child's safety.
- Student:
  - Access to participate in schools during pandemics.
  - A feeling of safety and comfort at school, including physical and mental health protections for staff.
  - Access to mental health and substance abuse services.

## HB 75 (PA Team-Based Care) 2.8

Wednesday, February 8, 2023

3:02 PM

**Bill Number:** [HB 75](#) (SB 47)

**Bill Name:** PA Team-Based Practice

**Bill Sponsors:** Lambeth (R-75), K. Baker (R-82), White (R-26), Sasser (R-67)

**Movement:** Filed

**Executive Summary:** Would change supervision of PAs by physicians and changes to the licensure of physician assistants, expanding the scope of PAs working in team-based environments.

**Detailed Summary:**

- Defines team-based practice as one of the following:
  - A medical practice that is owned by one or more physician, who are licensed and practice regularly, the physicians and PAs who work there work in the same clinical practice area
  - Hospitals, clinics, nursing homes and other health facilities with active credentialing

- Does not include any practice that "specializes pain management."
- PAs working in team-based practice will not be required to submit a supervising physician to the Board
- PAs without supervision, practicing instead in a team-based environment, must meet the following conditions:
  - Practice in one of the settings required above
  - 4,000 hours of clinical practice and 1,000 of clinical practice in said specialist.
  - Submit the above bullets to the board for approval.
- PAs would be responsible for the care they provide, and degrees of collaborations would need to be determined
- PAs practicing around surgery will always be supervised.
- PAs shall clearly designate their credentials in all settings.
- PAs may compound and dispense drugs with supervision of a physician, but team-based PAs can write prescriptions without approval from a physician
- PAs in team-based settings can also order diagnostics without approval
- PAs can sign death certificates.
- PAs cannot give final interpretations of diagnostic imaging (MRIs, CT, PET)
- PAs with certification can give sonograms.
- PAs can be the main person responsible for women after giving birth

## HB 76 (Medicaid Expansion) 2.8

Wednesday, February 8, 2023

3:07 PM

**Bill Number:** [HB 76](#)

**Bill Name:** Access to Healthcare Options

**Bill Sponsors:** Lambeth (R-75), White (R-26), Wray (D-27), Humphrey (R-12)

**Movement:** Referred to Committee on Health- Hearing Tuesday 2/14

**Executive Summary:** Medicaid Expansion/HASP

### Detailed Summary:

- Would cover individuals described in the social security act, unless the individual is exempt from mandatory enrollment and has an alternative plan.
- The nonfederal share of the cost of NC Health Works (the new Medicaid program) would come from increases in revenue from tax premiums, increases in intergovernmental transfers, hospital health advancements, and savings to the state related to the health advancements and assessments.

- If these sources cannot fund the program during a year, then the program will be discontinued.
- Starting in 2025, DHHS shall submit a report on the financials of the new Medicaid expansion to Legislative Oversight, State Budget & Management, and the Fiscal Research Division. This shall occur yearly after 2025.
- If the federal medical assistance for a percentage of individuals for Medicaid coverage falls below 90%, that category of individuals shall have their coverage discontinued.
- Healthcare Access and Stabilization Program (HASP) would provide acute care hospitals with increased reimbursements funded through hospital assessments.
  - Approvals must be made in advance by DHHS for financing of the nonfederal share of the HASP program costs.
- Public and private hospital health advancement assessment payments shall be calculated differently.
- The HASP health advancement component is an amount of money that is calculated by multiplying the aggregate amount of HASP directed payments due to PHPs in the current quarter for hospital reimbursements attributable to newly eligible individuals by the nonfederal share for newly eligible individuals.
  - State subcomponent is \$3 million per quarter of 2023-2024
  - County subcomponent is \$5 million per quarter this fiscal year but would increase over time.
  - Public hospitals intergovernmental transfer rate (IGT) health advancement subcomponent would be 60%.
  - UNC Health Care System & East Carolina University IGT health advancement subcomponent would be calculated differently.
- All proceeds of the above section and matching federal funds must be used for newly eligible Medicaid individuals or admin for the HASP program.
- The modernized HASP component is an amount of money that is calculated each quarter by 26 multiplying the aggregate amount of HASP directed payments due to PHPs in the current quarter 27 for hospital reimbursements that are not attributable to newly eligible individuals by the 28 nonfederal share for not newly eligible individuals.
  - The public hospital IGT subcomponent for modernized IGT would be 16.43%
  - UNC IGT subcomponent for modernized IGT would be 4.62%
  - Eastern Carolina University IGT subcomponent for modernized IGT would be 1.04%
- For each quarter of the fiscal year, postpartum coverage would increase by 11 or 4.5 million.
- Would require the Department of Commerce to develop a comprehensive workforce development program, including offering services like job placement, recruiting services, healthcare workforce support, etc.
  - DHHS would be tasked with helping new Medicaid enrollees in accessing these workforce development services.

