

HB 150 (School Health Services) 2.21

Bill Number: [HB 150](#)

Bill Name: School Contracted Health Services

Bill Sponsors: Bradford (R-98), K. Baker (R-82), Crutchfield (R-83), Cunningham (D-106)

Movement: Referred to Education

Executive Summary: Would allow local education agencies providing services related to special education to contract with private agencies or programs to provide special education services at public school.

Detailed Summary:

- Local education agencies providing services to students with disabilities will allow services providers to contract with the agency outside their RFP if the following apply
 - The provider is serving a child who attends school within the local educational agency.
 - The services are required by IEP to the student.
 - The provider meets licensing criteria.
 - The contracted rate is equal to or less than other providers from the agency.
- Children in preschool already seeing a provider may continue to see that provider while in their preschool program.

HB 161 (Tort Reform) 2.21

Bill Number: [HB 161](#)

Bill Name: Protecting Properly Insured Individuals

Bill Sponsors: Stevens (R-90)

Movement: Referred to Judiciary

Executive Summary: This bill modifies the evidence that may be used to establish the amount of recoverable medical expenses for a personal injury claim.

Detailed Summary:

- Eliminates the rebuttable presumption that a provider's testimony that an unpaid bill for medical charges could be satisfied for less than the amount charged establishes that lower, acceptable amount as the reasonable amount for the services provided.
- Limits the evidence offered to prove past medical expenses to amounts paid by health insurance, amounts paid by Medicare or Medicaid, amounts paid by any source, lien amounts and amounts remaining unpaid.

- States that calculating an injured party's provider/medical charges by using any method other than described by statute amounts to an unfair claim settlement practice.
- Requires a provider to submit claims to an injured party's health insurer in a timely manner in order to assert a valid lien.

HB 162 (Organ Donation) 2.21

Bill Number: [HB 162](#)

Bill Name: Living Donor Protection Act

Bill Sponsors: Shepard (R-15), Morey (D-30), Fontenot (R-24), Wheatly (R-43), Reeder (R-9)

Movement: Referred to Health

Executive Summary: This bill would provide leave to state employees for being a living organ donor and would provide a tax credit for all living organ donors.

Detailed Summary:

- No insurer would be able refuse, discontinue, or change service to an individual based solely on them being a living organ donor.
- A taxpayer who makes a live organ donation or who is allowed to claim as a dependent a person who makes a live organ donation is allowed a credit against the tax imposed by this part equal to the lesser of the live organ donation expenses or five thousand dollars (\$5,000).
- State employees who are full or part time may take up to 30 days of paid leave for living organ donation.

HB 170/SB 145 (Continuing Care) 2.22

Bill Number: [HB 170](#) (SB 145)

Bill Name: Continuing Care Retirement Communities Act

Bill Sponsors: Setzer (R-89), Humphrey (R-12)

Movement: Referred to Health

Executive Summary: This bill would encourage the development of continuing care retirement communities and require providers offering continuing care in the state to obtain a license and to be monitored by DOI. This would apply to nonprofit and for-profit providers.

Detailed Summary:

- Anyone involved in continuing care in North Carolina would be required to be licensed, this includes continuing care with or without lodging. There would also need to be licensing for construction/converting of a prospective continuing care retirement community.

- Petitioners must apply for a permit to build to create a continuing care home. They can get a startup permit or preliminary certificate as well if they don't meet the initial requirements of the license.
- There is also a process to get a permanent license, which will be valid if the commissioner sees the holder meeting all requirements of the licensee.
- Expansion of a continuing care home shall also require approval from the Commissioner.
- Would also require continuing care contracts that include various protections for the patients' financial interests.
- Creates a Continuing Care Advisory Committee.

HB 172 (School Seizure) 2.22

Bill Number: [HB 172](#)

Bill Name: Sam's Law

Bill Sponsors: Kidwell (R-79), Hardister(R-59), Biggs (R-70), Cairns (R-13)

Movement: Referred to Appropriations

Executive Summary: This bill would train students and public-school personnel on how to recognize and respond when a student is having a seizure.

Detailed Summary:

- Would create a written plan of action for students who have a seizure disorder that would identify healthcare needs.
- Would allow healthcare professionals working for the school to distribute medicine.
- All students and school personnel will be required to attend a seizure education program the school body creates.
- Appropriates \$5,000 to the State Board of Ed to facilitate this program.

HB 190 (DHHS) 2.23

Bill Number: [HB 190](#)

Bill Name: Department of Health and Human Services Revisions

Bill Sponsors: Potts (R-81)

Movement: Filed

Executive Summary: This bill would make technical changes to the laws governing DHHS and allow physical therapists and dentists to be County Medical Examiners.

Detailed Summary:

- Allows the Secretary of DHHS to adopt rules to implement the emergency solutions grant program.
- Aligns state and federal property tax rules on health
- Makes technical updates to the rules governing the Medical Care Commission
- Would allow dentists, physical therapists, and pathologists to be County Medical Examiners.
- Sets requirements for registered environmental health specialists.

SB 156 (Medicaid Children) 2.23

Bill Number: [SB 156](#)

Bill Name: Medicaid Children & Families Specialty Plan

Bill Sponsors: Krawiec (R-31), Burgin (R-12), Corbin (R-50)

Movement: Filed

Executive Summary: Would expand Medicaid services to create a children and families specialty plan. children in foster care, people who are receiving adoption assistance, and former foster care youth.

Detailed Summary:

- Would create a specialty Medicaid plan for children and families in foster care.
- Would allow children in foster care, those receiving adoption assistance, or former foster care youth to receive assistance until the age of 26.
- Recipients will be automatically enrolled in the specialty plan if they are receiving certain waivers or services, including those living in group homes, supported living, or residential living.