SB 298 (DMV Bone Marrow) 3.18

Bill Number: SB 298

Bill Name: DMV Bone Marrow Donor Solicitation

Bill Sponsors: Adcock, Woodard, Krawiec

Movement: Filed

Executive Summary: Would include an application for the National Bone Marrow Donor Program with DMV forms.

Detailed Summary:

- While at the DMV forms will include a solicitation to register with the National Marrow Donor Program
  - Will include a notification of enrollment and will how the program will follow up with the applicant after enrollment.
- Expands the term "organ donor" to include bone marrow.

SB 305 (Disability Advocacy) 3.14

Bill Number: SB 305 (HB 361)

Bill Name: Require Report/Protection & Advocacy Agency

Bill Sponsors: Burgin, Corbin, Krawiec

Movement: Referred to Rules

Executive Summary: Would require the Protection and Advocacy Agency of NC to report on efforts to assist people with disabilities.

Detailed Summary:

- The Protection and Advocacy agency would be required to submit a quarterly report of its efforts to advocate for persons with disabilities.

SB 310 (Preceptor Crisis) 3.14

Bill Number: SB 310

Bill Name: Solving the Preceptor Crisis

Bill Sponsors: Adcock, Woodard, Lee

Movement: Referred to Appropriations

Executive Summary: Would direct the North Carolina Area Health Education Centers Program (NC AHEC) to study the impediments to the availability of community-based preceptors.

Detailed Summary:

- Would direct NC AHEC to study the following:
    - The availability of community preceptors in NC and nearby states.
    - The demand for those preceptors, including factors that influence the supply and barriers that community-based outpatient clinicians face in teaching healthcare professional students.
- Interim report submitted to the Joint Legislative Oversight Committee no later than April 1, 2024, and final report, September 1, 2024
- AHEC should consult with the following groups including: the North Carolina Nurses Association, the North Carolina Academy of Family Physicians, the North Carolina Academy of Physician Assistants, the North Carolina Healthcare Association, the North Carolina Independent Colleges and Universities, the North Carolina Medical Society, the North Carolina Pediatric Society, The University of North Carolina, the North Carolina Board of Nursing, and the North Carolina Medical Board.
- NC AHEC shall do the following as part of the study:
    - Survey other states to find new innovative best practices to address the shortage.
    - Research and report on the current approaches in NC for identify, engaging, financing, and evaluating clinical training sites. This includes consulting with NC schools, colleges, and universities.
    - Access NC capacity and nearby states for clinical training with NCHA including the following info:
        - The number and percentage of independent and health system practices that are currently clinical training sites.
        - The number and percentage of independent and health system practices that could be clinical training sites.
        - The impacts on efficiency and practice if one did become a clinical training sites.
- Would appropriate $250,000 in nonrecurring funds for 2023-24 and $250,000 in nonrecurring funds for 2024-25.

SB 324 (Interstate Med. Compact) 3.16

Bill Number: SB 324

Bill Name: Interstate Medical Licensure Compact

Bill Sponsors: Perry, Sawrey, Lee

Movement: Filed

Executive Summary: Would allow North Carolina to join the Interstate Medical Licensure Compact, allowing physicians to easily transfer their medical license between states.

Detailed Summary:

- Physicians must meet eligibility requirements to receive an expedited license. If they do not meet those requirements, they can practice in the state by obtaining a license through other than the compact.
- A physician shall designate a member's state as their state of principal licensure for registration purposes. The requirements for the state of principal license must be one of the following:
    - The state is the principal place of residence of the physician.
    - The physician conducts at least 25% of their practice in said state.
    - The state is the location of the physician's employer.
    - If no state qualifies under the following, the physician may designate their state of residence for tax purposes.
    - This state can be changed at any time.
- States that the purpose of the Compact is to strengthen access to health care, develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards, and to provide a streamlined process to allow physicians to become licensed in multiple states, thereby enhancing the portability of a medical license and ensuring patient safety.
- Establishes application procedures for a physician seeking licensure through the Compact.
- Establishes the renewal process for a physician seeking to renew licensure through the Compact.
- Establishes the Interstate Medical Licensure Compact Commission as a joint public agency created by member states and provides details regarding Commission membership, voting, meetings, powers and duties, executive committee, and recordkeeping.
- Provides for Commission rulemaking procedures.
- Provides dispute resolution procedures between member states and Compact enforcement.
- Requires the Commission to establish a coordinated database and reporting system containing licensure, adverse, action, and investigative information on all licensed individuals and applicants in member states.
- Establishes procedures for disciplinary actions and deems any disciplinary action taken by any member board against a physician licensed through the Compact to be unprofessional conduct subject to disciple by other boards in addition to violation of the medical practice act or regulations in the state.
- Requires licensure status following disciplinary action to be automatically mirrored by member states who have issued licenses to the physician with each member state maintaining individual reinstatement procedures following reinstatement of the principle state of licensure.

HB 354 (Chiropractors) 3.13

Bill Number: HB 354

Bill Name: Chiropractic Assistant Modifications

Bill Sponsors: White, Sasser

Movement: Filed

Executive Summary: Creates a new designation for chiropractic clinical assistants who are graduate students.

Detailed Summary:

- Creates a chiropractic clinical assistant who are graduate of or students enrolled in chiropractic colleges and participating in a preceptorship program.
- They may provide all of the following services under the direct supervision of a licensed chiropractor:
  - Chiropractic adjustment
  - Manual therapy
  - Nutritional instruction
- Direct supervision requires the licensed chiropractor must be in the immediate patient area at all times and available to the student.

HB 392 (Reflexologists) 3.15

Bill Number: HB 392

Bill Name: Reflexologist Right to Work Act

Bill Sponsors: Riddell, Warren, Belk, Brody

Movement: Filed

Executive Summary: Would allow "reflexologists" to practice without any type of license if they have accreditation from the American Reflexology Certification Board.

Detailed Summary:

- Would add "reflexologists" under the NC statute for activities that do not require a license.
- The reflexologist would need to be engaged in the practice of reflexology and have current certification from the American Reflexology Certification Board, or an individual who is a student working to obtain certification within 12 months of beginning the process.

SB 321 (Medical Debt De-Weaponization) 3.16

Bill Number: SB 321

Bill Name: Medical Debt De-Weaponization Act. (Not requested by an agency this year)

Primary Sponsors: Krawiec, Ford, Burgin

Movement: Filed

Detailed Summary:

- Requires all “large healthcare facilities” (includes any practice that makes more than $20 million a year or that is affiliated with a hospital*) to create a Medical Debt Mitigation Policy (MDMP) which must include a written financial assistance policy, a plain language summary of said policy, the eligibility criteria for said assistance and type of assistance, the application process for patients, information and documentation required of patients applying, steps to determine patient eligibility, and billing/collections policy including actions for nonpayment.
- MDMP must be approved by the governing body of said health care provider and reviewed annually.
- All large health care entities must screen their patients for insurance before treatment. If the patient is uninsured, they must offer screening for insurance eligibility, public/private assistance programs, free or discounted care, and suspend billing for 2 weeks while applications for assistance are reviewed.
- Patients with 0% household income to 200% of the federal poverty line shall receive free care. From 200% to 600% household income of the federal poverty line the patient shall receive discount on their care calculated based on the billed amount. Those at or under 400% of the poverty line will not be required to pay more than $2,300 to a large health facility per year.
- All applications for assistance must be approved within 30 days, however applications will be accepted by said large health institution for up to a year of the first bill date. If there is collection activity against an individual, the institution must accept an application for assistance at any time.
- There shall also be no interest charged, minimum 24-month payment plan, monthly payments cannot exceed 5% of the patient’s gross monthly income, and no payment shall be due within the first 90 days.
- The MDMP must be publicized widely in all accessible online portals and websites of the large healthcare institution. Physical copies must also be widely available, free of charge. The community must also be informed in a way that will reach a large portion of the community, as well as those who receive care at the large healthcare facility. Debt collectors must also inform patients of the financial assistance available.
- The MDMP must be translated into 10 languages and the large healthcare facility must provide translation and application for “significant populations” that have limited English proficiency.
- Debt collectors may not use the following actions as a way to collect debt for healthcare services: causing an arrest, foreclosing on property, causing an individual to be held in contempt or imprisoned for solely medical debt, garnishing wages or state income tax refunds (exceptions on this), no extraordinary actions will be taken until 180 days after the first bill is sent, 30 days before said deadline the patient will be notified of collections beginning and sent the MDMP.

- If the patient is later covered by the debt assistance programs, the medical debt collector shall delete negative reports to consumer reporting agencies, dismiss collections lawsuits, and remove any wage garnishment orders.
- All large health care facilities must have their most important price information available via a link on the homepage of their website. This includes amounts that Medicare would reimburse and plain language descriptions of services.
- Parents will be jointly liable for medical debt of children under the age of 18 and no spouse or other person will be liable for the medical or nursing home debt of another adult over the age of 18. They may voluntarily take liability, if it is not solicited in an emergency or as a condition of lifesaving services.
- Itemized bills must be provided to the patient from the medical debt collector upon request without fee within 60 days of request.
- No medical debt collector will report medical debt to any consumer reporting agency for one year from the date when the consumer was first given the medical bill.
- A medical creditor or medical debt collector that knows or should have known about an internal review, external review, or other appeal of a health insurance decision that is pending now or was pending within the previous 60 days shall not provide info a consumer reporting agency, try to collect the charges from the patient, or begin a lawsuit over the charges.
- If a patient is not eligible for any financial relief programs, interest on medical debt shall be limited to the rate of interest equal to the weekly average one-year constant maturity Treasury yield with a 2% minimum or 5% maximum per year.
- Medical debt payment plans shall be provided to the consumer in a written form within 5 days of entering into the payment plan agreement. Payment plan is inoperative only after the patient fails to make payments for 3 consecutive months and with at least 3 legitimate attempts to contact the patient.
- Receipts for medical debt payments will be provided within 10 business days of payment.
- Forgiveness of medical debt of any fee shall not be a breach of contract between the medical creditor and the insurer or payor.
- Consumers may sue medical debt collectors if they violate any of the statues of this bill.
- The bill will be enforced by the general assembly and a complaints process will be set up by the attorney general.
- The MDMP must be submitted to DHHS each year to satisfy reporting requirements.