

## SB 371 (Opioid Overdose Prevention) 3.27

**Bill Number:** [SB 371](#)

**Bill Name:** Opioid Overdose Prevention Act

**Bill Sponsors:** Batch, Garrett, Robinson

**Movement:** Referred to Rules

**Executive Summary:** Appropriation to DHHS to reduce opioid overdoses.

### Detailed Summary:

- Would appropriate \$15 million from the DHHS general fund in recurring funds to let local health departments buy opioid antagonists.

## SB 372 (Contraceptive Appropriations) 3.27

**Bill Number:** [SB 372](#)

**Bill Name:** Community Health Center Grants for Long-Acting Reversible Contraceptives

**Bill Sponsors:** Batch, Garrett, Marcus

**Movement:** Referred to Rules

**Executive Summary:** Would appropriate funds to DHHS to provide grants for nonprofit community health centers to get Long-Acting Reversible Contraceptives (LARCs)

### Detailed Summary:

- Would appropriate \$5 million to DHHS and DPH in nonrecurring funds to award grants on a competitive basis to nonprofit community health centers for LARCs for uninsured, underserved, and medically indigent patients.

## SB 375 (Health Care Freedom) 3.27

**Bill Number:** [SB 375](#)

**Bill Name:** Health Care Freedom Act

**Bill Sponsors:** Johnson

**Movement:** Referred to Rules

**Executive Summary:** Would not allow healthcare providers to refuse care of someone based on vaccination status.

**Detailed Summary:**

- Would not allow healthcare providers to refuse care of someone based on vaccination status.
- If anyone is turned away from care based on this, they would be allowed to file a civil suit with damages and attorney fees.
- The provider would face a class 2 misdemeanor and would be reported for disciplinary action to their board of licensure.

## SB 380 (Physician Passive Income Prohibited) 3.28

**Bill Number:** [SB 380](#)

**Bill Name:** Physician Passive Income Prohibited

**Bill Sponsors:** Adcock, Krawiec, Hise

**Movement:** Filed

**Executive Summary:** Would not allow physicians to be compensated for supervision agreements between physicians and CNMS/NPS.

**Detailed Summary:**

- No primary and backup supervising physician would be able to require payment or be paid for the performance of any activity in a collaborative practice agreement or supervision agreement of a Nurse Practitioner or Certified Nurse Midwife.
- A physician violating this with an NP would be subject to the following:
  - Class 2 misdemeanor
  - Fine of \$1,000 for the first violation and \$5,000 for subsequent violations
  - Shall be considered unprofessional conduct and grounds for discipline under [G.S. 90-14\(a\)\(6\)](#)
- A physician violating this with an CNM would be subject to the following:
  - Class 2 misdemeanor
  - Fine of \$1,000 for the first violation and \$5,000 for subsequent violations
  - Shall be considered unprofessional conduct and grounds for discipline under [G.S. 90-14\(a\)](#)
  - And shall be grounds for discipline by the North Carolina Medical Board

## SB 385 (CRNA Supervision) 3.28

**Bill Number:** [SB 385](#)

**Bill Name:** Anesthesia Care/TEFRA Compliance.

**Bill Sponsors:** Adcock, Krawiec, Hise

**Movement:** Filed

**Executive Summary:** Would require anesthesiologist to comply with certain requirements during supervision of a CRNA in order to qualify for reimbursement. Would also require 50% compensation for CRNAs by the Health benefit plan.

**Detailed Summary:**

- Would require, consistent with The Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA), that anesthesiologist adhere to the following requirements to bill any third party payor for medical direction services:
  - Perform a pre-anesthetic examination and evaluation and document it in the medical record.
  - Prescribe the anesthesia plan.
  - Personally participate in and document the most demanding procedures in the anesthesia plan, including induction and emergence, if applicable.
  - Ensure that any procedures in the anesthesia plan that the anesthesiologist does not perform are performed by a certified nurse anesthetist or anesthesiologist assistant, as appropriate.
  - Monitor the course of anesthesia administration at frequent intervals and document that they were present during some portion of the anesthesia monitoring.
  - Remain physically present and available for immediate diagnosis and treatment of emergencies.
- Would require that an insurer offering the state health benefits plan would be required to reimburse claims at the direction of a CRNA at 50% of the rate that would be paid to an anesthesiologist.
- Would require, consistent with TEFRA, that an insurer offering the state health plan require the following of a supervising anesthesiologist to a CRNA:
  - Perform a pre-anesthetic examination and evaluation and document it in the medical record.
  - Prescribe the anesthesia plan.
  - Personally participate in and document the most demanding procedures in the anesthesia plan, including induction and emergence, if applicable.
  - Ensure that any procedures in the anesthesia plan that the anesthesiologist does not perform are performed by a certified nurse anesthetist or 5 anesthesiologist assistants, as appropriate.
  - Monitor the course of anesthesia administration at frequent intervals and document that they were present during some portion of the anesthesia 8 monitoring.
  - Remain physically present and available for immediate diagnosis and treatment of emergencies.

- Provide indicated post-anesthesia care.

## SB 389 (Blood Donation Age) 3.28

**Bill Number:** [SB 389](#)

**Bill Name:** Raise the Age for Donating Blood

**Bill Sponsors:** Hise and Mayfield

**Movement:** Filed

**Executive Summary:** Would raise the age of consent to blood donation from 16 to 18.

### Detailed Summary:

- Would change the age of consent for blood donation from 16 to 18 years old.
- Blood can be given younger with consent of a parent.

## SB 393 (CRNA Supervision) 3.29

**Bill Number:** [SB 393](#)

**Bill Name:** CRNA Supervision Modifications

**Bill Sponsors:** Burgin, Krawiec, Corbin

**Movement:** Referred to Rules

**Executive Summary:** Would require direct supervision of CRNAs by anesthesiologists when performing anesthesia activities.

### Detailed Summary:

- A certified nurse anesthetist is required to be under direct supervision of an anesthesiologist at all times, and the anesthesiologist must be physically present during the performance of all "anesthesia activities".
- This includes the following activities:
  - Securing, preparing, and providing safety checks on all equipment, monitors, supplies, and pharmaceutical agents used for the administration of anesthesia.
  - Selecting, implementing, and managing general anesthesia, monitored anesthesia care, and regional anesthesia modalities, including administering anesthetic and related pharmaceutical agents, consistent with the patient's needs and procedural requirements.
  - Performing tracheal intubation, extubation, and providing mechanical ventilation.

- Providing perianesthetic invasive and noninvasive monitoring, recognizing abnormal findings, implementing corrective action, and requesting consultation with appropriately qualified health care providers as necessary.
- Managing the patient's fluid, blood, electrolyte, and acid-base balance.
- Evaluating the patient's response during emergence from anesthesia and implementing pharmaceutical and supportive treatment to ensure the recovery of a patient from anesthesia.

## SB 399 (Mental Health) 3.29

**Bill Number:** [SB 399](#) (HB 519)

**Bill Name:** Mental Health Protection Act

**Bill Sponsors:** Marcus, Murdock, Chaudhuri

**Movement:** Referred to Rules

**Executive Summary:** Would make it illegal to provide conversion therapy for minors.

### Detailed Summary:

- Would make conversion therapy that is seeking to change gender expressions or eliminate sexual or romantic attractions towards individuals of the same gender.
- Would not allowed licensed social workers, family and marriage counselors, clinical mental health counselors, psychologists, or psychiatrists to practice conversion therapy.
- DHHS shall report anyone found to violate this section.
- The state shall also use no funds for conversion therapy.

## SB 407 (Uterine Fibroids) 3.29

**Bill Number:** [SB 407](#)

**Bill Name:** Uterine Fibroid Research and Education Act

**Bill Sponsors:** Murdock, Salvador

**Movement:** Referred to Rules

**Executive Summary:** Would direct DHHS to conduct and support research on uterine fibroids.

### Detailed Summary:

- DHHS shall collaborate with The North Carolina Medical Society and many other organizations to do the following:
  - Establish, expand, and intensify programs to support research regarding uterine fibroids with emphasis on women in ethnic and racial minority groups.
  - Collect data on items and services to women receiving Medicaid and other state funded healthcare services who have uterine fibroids.
  - Develop and annually update information on uterine fibroids and treatment options.

## HB 484 (Mental Health Disclosures) 3.27

**Bill Number:** [HB 484](#)

**Bill Name:** Mental Health Confidential Information Disclosure

**Bill Sponsors:** Blackwell, Sasser, K. Baker, Crutchfield

**Movement:** Referred to Health

**Executive Summary:** A written release requiring elements for authorizations as set forth in [Subpart E of Part 164 of Title 45 of the Code of Federal Regulations](#) would be required for mental health info.

**Detailed Summary:**

- A written release requiring elements for authorizations as set forth in [Subpart E of Part 164 of Title 45 of the Code of Federal Regulations](#) would be required for mental health info

## HB 500 (Medicaid Recommendations) 3.28

**Bill Number:** [HB 500](#)

**Bill Name:** NCCWBTC/Medicaid-Related Recs.

**Bill Sponsors:** Stevens

**Movement:** Filed

**Executive Summary:** Would increase awareness that school-provided medical services are reimbursable under Medicaid.

**Detailed Summary:**

- Would increase awareness that school provided medical services are reimbursable under Medicaid.

## HB 523 (First Responder Mental Health) 3.29

**Bill Number:** [HB 523](#)

**Bill Name:** First Responders Mental Health

**Bill Sponsors:** Clampitt, White, Saine, Reeder

**Movement:** Referred to Health

**Executive Summary:** Would create a supplemental insurance policy for first responders with mental health conditions.

**Detailed Summary:**

- Would create a first responder mental health care benefits plan that would be administered by the Department of Insurance. The plan would be supplemental for first responders who are diagnosed with mental health conditions.
- Eligible mental health conditions include the following:
  - stress mental injury or mental illness that is medically diagnosed as anxiety, depression, OCD, sleep wake disorder, or a trauma related stress disorder. The disorder must be recognized by the American Psychiatric Association.
- To receive the benefits the first responder shall meet all the following criteria:
  - Currently employed as a first responder
  - Be diagnosed by a health care provider
  - Have a diagnosed condition that resulted from the first responder acting within the scope of his or her employment as a first responder
- First responder shall receive reimbursement of up to \$5000 per year for any out of pocket medical expenses incurred for this mental condition.
- If the first responder needs to take time off work due to this condition they will be given a portion of their salary.
- They will also be given disability benefits.

## HB 533 (Abortion at Conception) 3.29

**Bill Number:** [HB 533](#)

**Bill Name:** Human Life Protection Act of 2023

**Bill Sponsors:** Kidwell, Moss, Goodwin

**Movement:** Referred to Rules

**Executive Summary:** Would make all abortion at any age of gestation illegal in North Carolina.

**Detailed Summary:**

- Would make all abortion illegal from the point of fertilization of the female human ovum.

- The exceptions to this rule are the following:
  - If in the exercise a physician of "reasonable medical judgment" The pregnant female has a "life threatening condition" that places the female at risk or death of death or substantial impairment of major bodily function. Does not include mental health concerns.
  - Physicians performing this procedure without meeting the above criteria would be subject to a class B1 felony as well as \$100,000 fine for each violation subject to license removal.
  - There are also exceptions for removal of an ectopic pregnancy, saving the life of an unborn child, and removing a dead unborn child whose death was caused by spontaneous abortion.