

HB 287 (Opioid Education) 3.7

Bill Number: [HB 287](#) (Different bill language than [SB 69](#))

Bill Name: Educate Patients About Opioid Antagonists.

Bill Sponsors: Sasser (R-67), K. Baker (R-82), White (R-26), Potts (R-81)

Movement: Referred to Health

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 a Schedule 2 Controlled Substance (SB 69 uses the definition "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 of the above information to a parent or guardian getting an opioid prescription for a minor.
 - A pharmacy, pharmacist, or pharmacy personnel filling the prescription shall also do the following (SB 69 just required the pharmacist):
 - Shall have signage in a conspicuous place detailing all the items above the clinician must share with the patient.
 - Make all the info described by the clinician above available and meet labeling info from FDA on the medication and opioid use disorder.
 - 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 practitioners liability for negligent diagnosis or treatment of the patient.

HB 298 (False Medical Records) 3.7

Bill Number: [HB 298](#)

Bill Name: Criminal Falsification of Medical Records.

Bill Sponsors: Pless (R-118)

Movement: Referred to Judiciary

Executive Summary: Makes it a crime to tamper with medical records to cover up mistakes, deaths, or unlawful monetary obtaining.

Detailed Summary:

- This bill would make it unlawful for a health care provider to knowingly and willfully destroy, alter, or falsify a medical record for any of the following purposes:
 - concealing an error by the health care provider that caused a patient's injury or death
 - unlawfully obtaining money or any other thing of value; or
 - concealing any material fact relating to a potential claim or cause of action.
- Violation would be a felony to or misdemeanor depending on the motive for tampering.

HB 316 (Respiratory Therapists) 3.8

Bill Number: [HB 316](#)

Bill Name: Respiratory Care Modernization Act

Bill Sponsors: Moss, Sasser, Potts

Movement: Filed

Executive Summary: Would attempt to create a new type of respiratory care professional and a new licensing board.

Detailed Summary:

- Would create an Advanced Respiratory Care Practitioner (ARCP) who has graduated from an advanced practice respiratory therapy program.
- The scope of practice for an ARCP is defined as the following:
 - Related to the care of persons with problems affecting the cardiovascular and cardiopulmonary systems.
 - Delegated by a supervising physician.
 - Appropriate to the advanced respiratory care practitioner's education, training, experience, and level of competence.
 - Related to the prescribing, ordering, and administering of drugs, medical care, and medical devices related to the cardiovascular and cardiopulmonary systems within the limitations set forth by the supervising physician and rules adopted by the Board.
- Would allow them to prescribe and dispense, may order medication tests and treatments.
- Creates a North Carolina Respiratory Care Board for licensing purposes and consist of members of pulmonology, anesthesiology, critical care medicine, and cardiothoracic doctors.

HB 321 (Maternal Mortality) 3.9

Bill Number: [HB 321](#)

Bill Name: Reduce Maternal Morbidity/Mortality/Medicaid.

Bill Sponsors: Willis, Clemons, Wheatly, Crawford

Movement: Filed

Executive Summary: Would attempt to reduce maternal morbidity and mortality through increasing the Medicare rate of reimbursement to OBs and material bundle payments.

Detailed Summary:

- Increase at least 71% of the Medicaid rate paid for OB care.
- Department of Health and Human Services (DHHS) will also incentivize prenatal care by creating an add-on rate for Medicaid patient participation in prenatal visits.
- Division of Health Benefits shall seek approval from CMS to get doula services covered by Medicaid.
- \$2.8 million from the general fund to begin the program and then \$5.5 million in recurring federal funds.

HB 350 (Medicaid Families) 3.9

Bill Number: [HB 350](#) (SB 156)

Bill Name: Medicaid Children & Families Specialty Plan

Bill Sponsors: Lambeth, Loftis, Potts, Sasser

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.

HB 336 (School Nurses) 3.9

Bill Number: [HB 336](#)

Bill Name: Healthy Students- A Nurse in Every School

Bill Sponsors: Ball, Lambeth, White, Stanton-Williams

Movement: Filed

Executive Summary: Would require at least one permanent nurse in every public school.

Detailed Summary:

- Will be required by the state and local boards of education.
- Required for regional and laboratory schools as well.

SB 236 (Audiology) 3.8

Bill Number: [SB 236](#)

Bill Name: Modernize Audiology Practice Laws.

Bill Sponsors: Corbin, Krawiec, Adcock

Movement: Filed

Executive Summary: Expands scope of audiologists and adds an audiologist assistant.

Detailed Summary:

- Defines “audiologist” as any person who is qualified by education, training, and clinical experience and is appropriately licensed to engage in the practice of audiology.
- Adds language describing an audiologist as an “independent hearing health care practitioner providing services in hospitals, clinics, schools, private practices, and other settings in which audiology services are relevant.”
- Defines the “practice of audiology” as the application of principles, methods, and procedures related to disorders of the auditory and vestibular systems.
- Provides a list of areas of audiology practice.
- Revises the definition of the “practice of speech and language pathology” to include measurement, testing, evaluation, prediction, counseling, treating, instruction, habilitation, and/or rehabilitation related to communication/cognitive-communication disorders.
- Authorizes licensed audiologists to treat minors with hearing impairment and prohibits unlicensed persons from making an assessment or managing health care services for minors with hearing impairment.
- Authorizes audiologists to participate in the development of Individualized Educational Programs/Individual Family Service Plans.

- Allows audiologists to administer hearing screening programs in schools.
- Adds a new "audiologist assistant" who must work under a supervised audiologist and pay a registration fee with the Board of Speech Pathology.