

April 26, 1999

**H 1340. RESPIRATORY CARE PRACTICE ACT. TO ESTABLISH THE RESPIRATORY CARE PRACTICE ACT.** Adds new Art. 37 to GS Ch. 90 as title indicates. Establishes NC Respiratory Care Board consisting of eight members: (1) two members must be respiratory care practitioners, each to be appointed by General Assembly on recommendation of House Speaker and Senate President Pro Tempore, respectively; (2) three members must be NC licensed physicians whose primary practice is pulmonology, anesthesiology, critical care medicine, or whose specialty is cardiothoracic disorders; two of these members to be appointed in same manner as in (1) and third member to be appointed by NC Medical Society; (3) one member to be appointed by NC Hospital Ass'n; (4) one member to be appointed by NC Ass'n of Medical Equipment Services; and (5) two public members to be appointed by Governor. Board members to serve three year terms and may not serve more than two consecutive terms. Manner of initial appointments specified in bill. Specifies Board's powers and duties, which include determining qualifications and fitness of applicants for licensure, renewal of licensure, reciprocal licensure, and suspension, revocation, and refusal to renew license. Provides that after Oct. 1, 2000, it is unlawful for person to engage in practice of respiratory care without license. Defines "practice of respiratory care" as, defined by written order of licensed physician, observing, monitoring of signs and symptoms, general behavior, and general physical response to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, behavior, or general response exhibit abnormal characteristics, and performance of diagnostic testing and therapeutic application of specified acts. Sets following maximum fees: (1) initial application, \$25; (2) examination or reexamination, \$150; (3) issuance of license, \$100; (4) renewal of license, \$50; (5) late renewal of license, \$50; and (6) license with provisional or temporary endorsement, \$35. Violation of any provision of Art. is Class 1 misdemeanor.

**Intro. by Tolson.**

Ref. to Finance

GS 90, 120

June 23, 1999

**H 1340. RESPIRATORY CARE PRACTICE ACT.** Intro. 4/26/99. House committee substitute makes the following changes to 1st edition. Amends definition of "practice of respiratory care" to delete reference to membrane oxygenation under guidelines established by Extracorporeal Life Support Organization, and replace it with specification of nontraditional cardiopulmonary support techniques under practice guidelines established by the appropriate professional organizations.

June 15, 2000

**H 1340. RESPIRATORY CARE PRACTICE ACT.** Intro. 4/26/99. Senate committee substitute makes the following changes to 2nd edition. Increases membership on Respiratory Care Board by adding an additional physician member to be appointed by the Old North State Medical Society. Authorizes Board to grant temporary license valid until Oct. 1, 2002 (was, 2000) to applicant who does not meet all licensing qualifications and makes it unlawful after Oct. 1, 2002 (was, 2000) for person not licensed to engage in practice of respiratory care.

June 29, 2000

**H 1340. RESPIRATORY CARE PRACTICE ACT.** Intro. 6/29/00. Senate committee substitute makes the following changes to 3rd edition. Adds following clauses to title of act: "TO PROVIDE FOR PROMPT PAYMENT OF CLAIMS UNDER HEALTH BENEFIT PLANS, AND TO MAKE CONFORMING AMENDMENTS TO RELATED CLAIM PAYMENT LAWS." Incorporates provisions of SB 1327, 1st edition, with following changes. In new GS 58-3-225, adds long-term or nursing care homes and Medicare supplement to list of insurance not covered by the term "health benefit plan." Adds following to list of items that require notice by an insurer within 30 calendar days after receipt of a claim: notice that coordination of benefits information is needed in order to pay the claim and notice that the claim is pending based on nonpayment of fees or premiums. Provides rebuttable presumption that insurer is presumed to have received a written claim five

business days after the claim has been placed in the United States mail. Adds the following to list of specific reasons triggering nonpayment that claimant must receive formal notification about: nonpayment because of a specific utilization management or medical necessity standard not being satisfied, and nonpayment because of lack of receipt of requested coordination of benefits information. When insurer requests additional information, provides that interest payments on unpaid health benefit claims begin to accrue on the 31st day after the insurer received additional information. Prohibits insurers from limiting the time in which claims may be submitted to fewer to 180 days. Provides that an insurer is not required to send a claim status report within 60 days after receipt of initial claim if the insurer is awaiting information requested under statutory authority. Deletes definition of "copayment or deductible." Provides that an insurer does not violate this new law or subject to interest payments if the insurer has a reasonable basis to believe the claim was submitted fraudulently and notifies the claimant of the alleged fraud. Provides that new law does not apply to claims processed by an insurer on a claims adjudication system implemented prior to Jan. 1, 1982, provided the insurer verifies that its system qualifies under this subsection, shows it is implementing a new claims adjudication software system and is attempting to move claims to this system no later than Dec. 31, 2002; provides Jan. 1, 2003 sunset for this exception. Removes insurers subject to this new law from the notice provision of GS 58-3-172(a). Makes other clarifying changes.