

**GENERAL ASSEMBLY OF NORTH CAROLINA**  
**SESSION 2025**

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**SENATE BILL 171**  
**Health Care Committee Substitute Adopted 4/2/25**  
**House Committee Substitute Favorable 6/10/25**

Short Title: Pract. Transparency/Reagan's Law/Sam's Law.

(Public)

Sponsors:

Referred to:

February 26, 2025

1 A BILL TO BE ENTITLED  
2 AN ACT TO PROMOTE HEALTH CARE PRACTITIONER TRANSPARENCY THROUGH  
3 ADVERTISEMENT REQUIREMENTS; TO IMPROVE THE ACCESS OF NORTH  
4 CAROLINIANS WITH LIMB LOSS AND LIMB DIFFERENCE TO PROSTHETIC AND  
5 ORTHOTIC DEVICES AND CARE; AND TO REQUIRE MEDICAL CONDITION  
6 ACTION PLANS FOR CERTAIN STUDENTS AND MEDICAL EMERGENCY PLANS  
7 IN ALL PUBLIC SCHOOL UNITS.

8 The General Assembly of North Carolina enacts:

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10 **PART I. HEALTH CARE PRACTITIONER TRANSPARENCY**

11 **SECTION 1.(a)** Article 37 of Chapter 90 of the General Statutes is amended by  
12 adding a new Part 1 to be entitled "Health Care Practitioner Identification" and to consist of  
13 G.S. 90-640.

14 **SECTION 1.(b)** Article 37 of Chapter 90 of the General Statutes is amended by  
15 adding a new Part to read:

16 "Part 2. Health Care Practitioner Transparency Act.

17 **"§ 90-641. Short title.**

18 This Part shall be known as the "Health Care Practitioner Transparency Act."

19 **"§ 90-642. Definitions.**

20 The following definitions apply in this Part:

- 21 (1) Advertisement. – Any communication or statement that is printed, electronic,  
22 or oral which names the health care practitioner in relation to their practice,  
23 profession, or institution where the health care practitioner is employed,  
24 volunteers, or otherwise provides health care services, including business  
25 cards, letterhead, patient brochures, email, internet, audio and video, or any  
26 other communication or statement used in the course of business.  
27 (2) Deceptive or misleading. – Any verbal or written representation or  
28 advertisement that misstates, falsely describes, or holds out in a false light the  
29 profession, skills, expertise, education, board certification, or licensure of the  
30 health care professional.  
31 (3) Health care practitioner. – An individual who is licensed, certified, or  
32 registered to engage in the practice of medicine, nursing, dentistry, pharmacy,  
33 or any related occupation involving the direct provision of health care to  
34 patients.



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- (4) Licensee. – A health care practitioner who holds an active license with a licensing board that governs the health care practitioner's occupation in this State.

**"§ 90-643. Advertisement and representation requirements.**

(a) An advertisement for health care services that names a health care practitioner shall identify the type of license, certification, or registration held by the health care practitioner. The advertisement shall not contain any deceptive or misleading information.

(b) A health care practitioner shall not make a representation about the health care practitioner's license, certification, or registration that is deceptive or misleading.

(c) Any individual not licensed to practice medicine under Article 1 of this Chapter shall not hold himself or herself out to the public by calling oneself a physician or any of the following titles, or using any similar title or description of services with the intent to represent that the individual practices medicine: "surgeon," "medical doctor," "doctor of osteopathy," "M.D.," "D.O.," "anesthesiologist," "cardiologist," "dermatologist," "endocrinologist," "family medicine," "family physicians," "gastroenterologist," "general practitioner," "gynecologist," "hematologist," "hospitalist," "internist," "intensivist," "laborist," "laryngologist," "nephrologist," "neurologist," "obstetrician," "oncologist," "ophthalmologist," "orthopedic surgeon," "orthopedist," "osteopath," "otologist," "otolaryngologist," "otorhinolaryngologist," "pathologist," "pediatrician," "primary care physician," "proctologist," "psychiatrist," "radiologist," "rheumatologist," "rhinologist," or "urologist." Nothing in this subsection shall be construed to prevent a health care practitioner from using any title or abbreviation which is authorized for such health care practitioner pursuant to licensing statutes.

**"§ 90-644. Violations and enforcement.**

(a) Any health care practitioner subject to this Article who does any of the following shall be in violation of this Article:

(1) Knowingly aids, assists, procures, employs, or advises an unlicensed individual or entity in practicing or engaging in acts outside of the scope of the health care practitioner's degree of licensure.

(2) Knowingly delegates or contracts the performance of health care services to a health care practitioner that is unqualified to perform those health care services.

(3) Fails to comply with any provision of this Article.

(b) Any health care practitioner who violates this Article as provided under subsection (a) of this section shall be guilty of unprofessional conduct and may be subject to disciplinary action under the health care practitioner's licensure board or other appropriate governing provisions.

(c) Each day of noncompliance with this Article by a health care practitioner shall constitute a separate and distinct violation.

(d) Any health care practitioner who practices in more than one office shall be required to comply with this Article in each practice setting.

(e) Health care practitioners that work in non-patient settings and do not have any direct patient health care interactions are not subject to this Article."

**SECTION 1.(c)** The following boards shall adopt temporary rules to implement the provisions of this Part. Those temporary rules shall remain in effect until permanent rules are adopted that replace those temporary rules:

- (1) North Carolina Medical Board.
- (2) North Carolina Board of Nursing.
- (3) North Carolina Board of Pharmacy.
- (4) North Carolina State Board of Dental Examiners.
- (5) North Carolina Addictions Specialist Professional Practice Board.
- (6) North Carolina State Board of Examiners in Optometry.

- (7) North Carolina State Board of Chiropractic Examiners.
- (8) Board of Podiatry Examiners for the State of North Carolina.
- (9) Board of Licensed Clinical Mental Health Counselors.
- (10) North Carolina Psychology Board.
- (11) North Carolina Respiratory Care Board.
- (12) Board of Examiners for Speech and Language Pathologists and Audiologists.
- (13) North Carolina Board of Physical Therapy Examiners.
- (14) North Carolina Board of Occupational Therapy.
- (15) North Carolina Board of Dietetics/Nutrition.

**SECTION 1.(d)** Except as otherwise provided, this Part becomes effective October 1, 2025.

## **PART II. REAGAN'S LAW**

**SECTION 2.(a)** Article 3 of Chapter 58 of the General Statutes is amended by adding a new section to read:

### **"§ 58-3-286. Prosthetic and orthotic devices and care.**

(a) This section shall apply to all health benefit plans offered in this State other than those regulated under Part 5 of Article 50 of this Chapter, Small Employer Group Health Insurance Reform, or Article 50A of this Chapter, Multiple Employer Welfare Arrangements.

(b) Health benefit plan coverage shall include coverage for all prosthetic and orthotic devices required to be covered by federal law or regulation under Medicare Part B, as detailed under Part B of Subchapter XVIII of Chapter 7 of Title 42 of the U.S. Code and Subpart D of Part 414 of Subchapter B of Chapter IX of Title 42 of the Code of Federal Regulations. Coverage under this section shall include:

- (1) All materials and components necessary to use a prosthetic or orthotic device.
- (2) Instruction relating to the use of a prosthetic or orthotic device.
- (3) Repair or replacement of a prosthetic or orthotic device meeting the requirements of subsection (g) of this section.

(c) Coverage consistent with this section shall be required for all prosthetic or orthotic devices, including custom devices, determined by the insured's healthcare provider to be the most appropriate model to adequately meet the medical needs of the insured for completing activities of daily living or essential job-related activities.

(d) Coverage under this section shall not be limited to one prosthetic or orthotic device. In addition to coverage required under subsection (c) of this section, a health benefit plan shall provide coverage for additional prosthetic or orthotic devices, including custom devices determined by the insured's healthcare provider to be the most appropriate model to adequately meet the medical needs of the insured for either or both of the following:

- (1) Performing physical activities, such as running, biking, swimming, and strength training.
- (2) Maximizing the insured's whole-body health and function of one or more lower or upper limb.

(e) Coverage for prosthetic and orthotic devices, including custom devices, is considered a habilitative or rehabilitative benefit, including for the purposes of any federal requirement for the coverage of essential health benefits.

(f) An insurer shall not deny any health benefit claim for a prosthetic or orthotic device for an insured with limb loss or absence that would otherwise be covered for any insured without a disability seeking medical or surgical intervention to restore or maintain the ability to perform the same physical activity.

(g) A health benefit plan shall provide coverage for the replacement of a prosthetic or orthotic device, or part of a prosthetic or orthotic device, and all of the following shall apply to that coverage:

(1) The coverage shall be provided without regard to continuous use or useful lifetime restrictions so long as the prescribing healthcare provider determines that the provision of a replacement prosthetic or orthotic device, or a replacement part of a prosthetic or orthotic device, is necessary for any of the following reasons:

- a. A change in the physiological condition of the insured.
- b. An irreparable change in the condition of the device or part of the device.
- c. The condition of the device, or part of the device, requires one or more repairs and the cost of the repair or repairs would be more than sixty percent (60%) of replacement cost of the device or the parts requiring replacement.

(2) An insurer may require confirmation from the prescribing healthcare provider prior to replacement only if the device or the part of the device being replaced is less than 3 years old.

(3) The coverage shall be provided for custom devices."

**SECTION 2.(b)** No later than February 1, 2028, each issuer that offers a health benefit plan subject to G.S. 58-3-286 shall report to the Commissioner of the Department of Insurance, in a form prescribed by the Commissioner, the number of claims and total amount of claims paid for benefits required under G.S. 58-3-286.

**SECTION 2.(c)** No later than March 1, 2028, the Commissioner of the Department of Insurance shall aggregate all data received under subsection (b) of this section by health benefit plan year and provide this information in a report to the Joint Legislative Oversight Committee on General Government and the Joint Legislative Oversight Committee on Health and Human Services.

**SECTION 2.(d)** This Part is effective October 1, 2025, and applies to the earlier of the following:

- (1) To insurance contracts issued, renewed, or amended on or after October 1, 2025.
- (2) Upon the next yearly anniversary of the insurance contract date occurring after October 1, 2025. For the purposes of this act, the next yearly anniversary of the insurance contract date is deemed a renewal of the contract.

### **PART III. SAM'S LAW**

**SECTION 3.(a)** G.S. 115C-12 is amended by adding the following new subdivisions to read:

- "(50) Medical Condition Action Plan. – The State Board of Education shall adopt a rule establishing a medical condition action plan as provided in G.S. 115C-375.1 to be implemented by each public school unit for each student at risk for a medical emergency as diagnosed by a doctor.
- (51) Medical Emergency Plan. – The State Board of Education, in consultation with the Department of Public Instruction and the Department of Health and Human Services, shall adopt a rule establishing the required response of public school unit employees when a student has a medical emergency not otherwise covered by a medical condition action plan implemented in accordance with G.S. 115C-375.1. The Department of Public Instruction shall provide each public school unit with a copy of the rule, and each public school unit shall implement the rule."

**SECTION 3.(b)** G.S. 115C-375.1 reads as rewritten:

**"§ 115C-375.1. To provide some medical care to ~~students~~ students and implement medical condition action plans.**

(a) Notwithstanding G.S. 90-21.10B, it is within the scope of duty of teachers, including substitute teachers, teacher assistants, student teachers, or any other public school employee when authorized by the ~~board of education~~ governing body of a public school unit or its designee, (i) to administer any drugs or medication prescribed by a doctor upon written request of the parents, or as described in the medical condition action plan required by subsection (b) of this section, (ii) to give emergency health care when reasonably apparent circumstances indicate that any delay would seriously worsen the physical condition or endanger the life of the ~~pupil~~ student, and (iii) to perform any other first aid or lifesaving techniques in which the employee has been trained in a program approved by the State Board of Education. At least one public school unit employee per school shall be trained in first aid and lifesaving techniques, including seizure recognition. No public school unit employee, however, other than a school administrator, shall be required to administer drugs or medication or attend lifesaving techniques programs.

(b) Each governing body of a public school unit shall implement the medical condition action plan adopted by the State Board of Education pursuant to G.S. 115C-12(50) for each student at risk of a medical emergency as diagnosed by a doctor. The medical condition action plan adopted by the State Board of Education shall include all of the following:

(1) A standard medical condition action plan form.

(2) Detailed instructions in the medical condition action plan form to ensure that all individuals designated by the principal, or, if there is no principal, the staff member with the highest decision-making authority, to provide medical care for a student at risk for a medical emergency as diagnosed by a doctor, know how to address the medical emergency.

(3) Information detailing the method by which and by whom any medical emergency will be handled when the student is at a school-sponsored activity that is not on the campus of the public school unit, including field trips and interscholastic athletic activities.

(c) Any public school unit employee, authorized by the ~~board of education~~ governing body of a public school unit or its designee to act under (i), (ii), or (iii) above, ~~subsections (a) and (b) of this section~~, shall not be liable in civil damages for any authorized act or for any omission relating to that act unless the act or omission amounts to gross negligence, wanton conduct, or intentional wrongdoing. Any person, serving in a voluntary position at the request of or with the permission or consent of the ~~board of education~~ governing body of a public school unit or its designee, who has been given the authority by the ~~board of education~~ governing body of a public school unit or its designee to ~~act under (ii) above~~ give emergency health care when reasonably apparent circumstances indicate that any delay would seriously worsen the physical condition or endanger the life of the student shall not be liable in civil damages for any authorized act or for any omission relating to the act unless the act amounts to gross negligence, wanton conduct, or intentional wrongdoing.

(d) At the commencement of each school year, but before the beginning of classes, and thereafter as circumstances require, the principal of each ~~school~~ school, or, if there is no principal, the staff member with the highest decision-making authority, shall determine which persons will participate in the medical care program."

**SECTION 3.(c)** The State Board of Education may adopt temporary rules to implement this section.

**SECTION 3.1.(a)** G.S. 115C-47 is amended by adding the following new subdivisions to read:

"(70) To Implement a Medical Condition Action Plan. – Local boards of education shall implement the medical condition action plan adopted by the State Board of Education under G.S. 115C-12(50) and as provided in G.S. 115C-375.1.

(71) To Implement a Medical Emergency Plan. – Local boards of education shall implement the medical emergency plan adopted by the State Board of Education under G.S. 115C-12(51)."

**SECTION 3.1.(b)** G.S. 115C-218.75 is amended by adding the following new subsections to read:

"(e3) Medical Condition Action Plan. – A charter school shall implement the medical condition action plan adopted by the State Board of Education under G.S. 115C-12(50) and as provided in G.S. 115C-375.1.

(e4) Medical Emergency Plan. – A charter school shall implement the medical emergency plan adopted by the State Board of Education under G.S. 115C-12(51)."

**SECTION 3.1.(c)** G.S. 115C-238.66 is amended by adding the following new subdivisions to read:

"(7h) Medical condition action plan. – A regional school shall implement the medical condition action plan adopted by the State Board of Education under G.S. 115C-12(50) and as provided in G.S. 115C-375.1.

(7i) Medical emergency plan. – A regional school shall implement the medical emergency plan adopted by the State Board of Education under G.S. 115C-12(51)."

**SECTION 3.1.(d)** G.S. 116-239.8(b) is amended by adding the following new subdivisions to read:

"(26) Medical condition action plan. – A laboratory school shall implement the medical condition action plan adopted by the State Board of Education under G.S. 115C-12(50) and as provided in G.S. 115C-375.1.

(27) Medical emergency plan. – A laboratory school shall implement the medical emergency plan adopted by the State Board of Education under G.S. 115C-12(51)."

**SECTION 3.1.(e)** Subdivision (2) of Section 6(d) of S.L. 2018-32 is amended by adding the following new sub-subdivisions to read:

"p. (70) [To Implement a Medical Condition Action Plan].

q. (71) [To Implement a Medical Emergency Plan]."

**SECTION 3.2.** This Part is effective when it becomes law and applies beginning with the 2025-2026 school year.

#### **PART IV. EFFECTIVE DATE**

**SECTION 4.** Except as otherwise provided, this act is effective when it becomes law.