



SENATE BILL 171: Pract. Transparency/Reagan's Law/Sam's Law.

2025-2026 General Assembly

Committee:	House Rules, Calendar, and Operations of the House	Date:	June 10, 2025
Introduced by:	Sen. Burgin	Prepared by:	Jason Moran-Bates
Analysis of:	Third Edition		Jessica Garrett
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PART I. HEALTH CARE PRACTITIONER TRANSPARENCY

OVERVIEW: *Part I would require all advertisements for healthcare practitioners to identify the type of license, certification, or registration held by the practitioner. Individuals not licensed to practice medicine would not be able to use any title denoting a physician specialty. Healthcare practitioners who employed unlicensed individuals to provide healthcare would be guilty of unprofessional conduct and subject to professional discipline. Healthcare licensing boards would have the power to adopt rules to enforce this act.*

BILL ANALYSIS: Part I would add the "Health Care Practitioner Transparency Act" (Act) to Chapter 90 (Health and Allied Occupations), which would do the following:

- Create definitions for "advertisement," "deceptive or misleading," "health care practitioner," and "licensee."
- Require advertisements for named healthcare practitioners to identify the license, registration, or certification held by the practitioner.
- Prohibit practitioners from making misleading statements about their licensure.
- Prohibit non-physicians from using a title that denotes a physician specialty.
- Prohibit practitioners from employing or contracting with unlicensed or unqualified individuals to provide healthcare services. Violating this provision would be unprofessional conduct, making the practitioner subject to professional discipline.
- Each day a provision of the Act is violated would constitute a separate and distinct violation.
- Practitioners who do not work with patients would not be subject to these provisions.
- Healthcare licensing boards would have the authority to adopt rules to implement the Act.

EFFECTIVE DATE: The part would be effective October 1, 2025.

PART II. REAGAN'S LAW

OVERVIEW: *Part II would require the following: (i) health benefit plan coverage in the State for all prosthetic and orthotic devices required to be covered under federal law, including for custom devices or replacements, (ii) issuers offering a health benefit plan to report to Commissioner of the Department of Insurance (Commissioner) the number of claims and amount paid, and (iii) the Commissioner to report to the General Assembly on the number of claims and total amount of claims paid.*

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BILL ANALYSIS:

Section 2.(a) would apply to all health benefit plans in the State, with exceptions, and require health benefit plan coverage for all prosthetic and orthotic devices required to be covered under federal law or regulation under Medicare Part B. The required coverage would include all necessary materials, components, and instruction.

Coverage would be required for all prosthetic or orthotic devices, including custom devices, determined by the insured's healthcare provider to be most appropriate to adequately complete activities of daily living or essential job-related activities. Coverage would not be limited to one prosthetic or orthotic device and would be required to meet the needs of the insured for performing physical activities and maximizing the insured's whole-body health.

An insurer would be prohibited from denying a 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 activity. Specified requirements would be placed on the replacement of prosthetic or orthotic devices.

Section 2.(b) would instruct each issuer offering a health benefit plan to report to the Commissioner the number of claims and total amount of claims paid for benefits.

Section 2.(c) would direct the Commissioner to report all data received under this section in a report to the Joint Legislative Oversight Committee on General Government and the Joint Legislative Committee on Health and Human Services no later than March 1, 2028.

EFFECTIVE DATE: This part would be effective October 1, 2025, and apply to the earlier of (i) insurance contracts issued, renewed, or amended on or after October 1, 2025, or (ii) upon the next yearly anniversary of the insurance contract date occurring after October 1, 2025.

PART III. SAM'S LAW

OVERVIEW: *Part III would (i) require the State Board of Education (SBE) to adopt a medical condition action plan and a medical emergency plan for use by public school units (PSUs) when responding to student medical conditions and emergencies, and (ii) require each PSU to have at least one person per school trained in first aid and lifesaving techniques.*

CURRENT LAW: Under G.S. 115C-375.1, it is within the scope of duty of teachers and other public school employees authorized by the governing body to (i) administer any drugs or medication prescribed by a doctor upon written parent request, (ii) give emergency health care when delay would worsen the student's condition or endanger his or her life, and (iii) perform any other first aid or lifesaving techniques in which the employee has been trained in a program approved by the SBE. No employee can be required to administer drugs or medication or attend lifesaving techniques programs. Individuals authorized to act are not liable in civil damages for any authorized act or any omission unless the act or omission amounts to gross negligence, wanton conduct, or intentional wrongdoing.

G.S. 115C-375.2A requires the principal of each public school to designate one or more school personnel to receive training on epinephrine auto-injectors. G.S. 115C-375.3 requires local boards of education and boards of directors of charter schools to follow guidelines adopted by the SBE to develop and implement diabetes care plans.

BILL ANALYSIS: Part III would require the SBE to adopt rules establishing the following for use by each PSU:

- A medical condition action plan for students at risk for a medical emergency as diagnosed by a doctor. The plan would include (i) a standard medical condition action plan form, (ii) detailed instructions on the form to ensure that all individuals designated by the principal to provide medical care know how to address the emergency, and (iii) information detailing the method by which and by whom any medical emergency will be handled when the student is at an off-campus school-sponsored activity.
- A medical emergency plan with the required response of PSU employees when a student has a medical emergency not otherwise covered by a medical condition action plan.

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The SBE would be authorized to adopt temporary rules to implement these requirements.

Each PSU would be required to have at least one employee per school trained in first aid and lifesaving techniques. School administrators may be required to administer drugs or medications and attend lifesaving techniques programs.

EFFECTIVE DATE: This part would be effective when it becomes law and apply beginning with the 2025-2026 school year.

PART IV. EFFECTIVE DATE

Except as otherwise provided, the bill would be effective when it becomes law.