GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2025

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SENATE BILL 600
Health Care Committee Substitute Adopted 4/16/25
House Committee Substitute Favorable 6/10/25

Short Title: Improve Health and Human Services. (Public)

Sponsors:

Referred to:

March 26, 2025

A BILL TO BE ENTITLED

AN ACT TO IMPROVE HEALTH AND HUMAN SERVICES FOR THE STATE OF NORTH CAROLINA.

The General Assembly of North Carolina enacts:

PART I. DRIVERS LICENSE DESIGNATION FOR AUTISM

SECTION 1.(a) G.S. 20-7 is amended by adding a new subsection to read:

"(q3) Autism Spectrum Disorder Designation. – The Division shall develop, in consultation with the Department of Public Safety, the Division of Mental Health, Developmental Disabilities, and Substance Use Services, and the State Highway Patrol, and pursuant to this subsection, a drivers license designation that may, upon request, be granted to a person with autism spectrum disorder, as defined in G.S. 58-3-192. The Division shall comply with the following requirements applicable to the designation:

(1) At the request of a person with autism spectrum disorder, the Division shall enter the designation into the electronic record associated with the person's drivers license.

(2) For the purposes of this subsection, a person shall be considered to have autism spectrum disorder if the person provides verification or documentation substantiating a diagnosis of autism spectrum disorder that is recommended by the Division of Mental Health, Developmental Disabilities, and Substance Use Services as acceptable. The Division of Motor Vehicles shall consult with the Division of Mental Health, Developmental Disabilities, and Substance Use Services to identify acceptable forms of verification that do not result in undue burden to the person requesting the designation of autism spectrum disorder. Acceptable documentation shall include any of the following:

a. Documentation of certification or examination by a medical, health, or mental health professional showing evidence of autism spectrum disorder.

b. Documentation deemed by the Division of Motor Vehicles to qualify as satisfactory proof of the person's autism spectrum disorder.

(3) Nothing in this subsection shall be construed as authorizing the issuance of a drivers license to a person ineligible under G.S. 20-9.

(4) Nothing in this subsection shall be construed as prohibiting the issuance of a drivers license to a person otherwise eligible under the law.

(5) Any individual who chooses to register or not to register shall not be deemed to have waived any protections under the law.

(6) Information collected under this subsection shall only be available to law enforcement and only for the purpose of ensuring mutually safe interactions between law enforcement and persons with autism spectrum disorder. It shall not be accessed or used for any other purpose.

(7) The right to make the decision for inclusion or removal of the designation from the database is entirely voluntary and shall only be made by the person who holds the drivers license associated with the designation.

(8) The Division, in conjunction with the Department of Health and Human Services, shall develop a process for removal of the designation authorized by this subsection that is available online, by mail, or in person."

SECTION 1.(b) G.S. 17C-6 reads as rewritten:

"**§ 17C-6. Powers of Commission.**

(a) In addition to powers conferred upon the Commission elsewhere in this Article, the Commission shall have the following powers, which shall be enforceable through its rules and regulations, certification procedures, or the provisions of G.S. 17C-10:

…

(17) Establish minimum educational and training standards for employment and continuing education for criminal justice officers ~~concerning:~~concerning both of the following:

a. Recognizing and appropriately interacting with (i) persons who are deaf or hard of ~~hearing.~~hearing and (ii) persons with autism spectrum disorder.

b. Drivers license and vehicle registration identifiers of (i) persons who are deaf or hard of hearing, as authorized by G.S. 20-7(q2), or (ii) persons with autism spectrum disorder, as authorized by G.S. 20-7(q3), including that those identifiers are optional.

…."

SECTION 1.(c) G.S. 17E-4 reads as rewritten:

"**§ 17E-4. Powers and duties of the Commission.**

(a) The Commission shall have the following powers, duties, and responsibilities, which are enforceable through its rules and regulations, certification procedures, or the provisions of G.S. 17E-8 and G.S. 17E-9:

…

(13) Establish minimum educational and training standards for employment and continuing education for officers ~~concerning:~~concerning both of the following:

a. Recognizing and appropriately interacting with (i) persons who are deaf or hard of ~~hearing.~~hearing and (ii) persons with autism spectrum disorder.

b. Drivers license and vehicle registration identifiers of (i) persons who are deaf or hard of hearing, as authorized by G.S. 20-7(q2), or (ii) persons with autism spectrum disorder, as authorized by G.S. 20-7(q3), including that those identifiers are optional.

…."

SECTION 1.(d) This Part is effective when it becomes law and applies to autism spectrum disorder designation requests made on or after January 1, 2026.

PART II. ALLOW RESIDENT TAXPAYERS TO ENROLL IN THE ORGAN AND TISSUE DONATION PROGRAM VIA THEIR INCOME TAX RETURN

SECTION 2.(a) Article 4 of Chapter 105 of the General Statutes is amended by adding a new section to read:

"**§ 105-153.8A. Organ and tissue donor election on income tax returns.**

(a) The income tax return form furnished by the Secretary under G.S. 105-153.8 shall include a section titled Organ and Tissue Donation Election, that allows a resident taxpayer to elect to become a donor in accordance with Part 3A of Chapter 130A of the General Statutes. The organ and tissue donation section must:

(1) Provide the following options:

a. A fillable check box followed by the statement "Check here if resident taxpayer authorizes an organ and tissue donation in the event of death. Resident taxpayer's date of birth (mm-dd-yyyy)__-__-____"

b. A fillable check box followed by the statement "Check here if spouse authorizes an organ and tissue donation in the event of death. Spouse's date of birth (mm-dd-yyyy) __-__-____"

(2) Explain the resident taxpayer and spouse, if applicable, is authorizing an anatomical gift of his or her organs, eyes, and tissue to take effect after the donor's death.

(3) Explain the resident taxpayer is not required to record a response to the organ and tissue donation election section to file an income tax return, pay taxes, or receive a refund.

(4) Describe the process for amending or revoking the resident taxpayer's or spouse's election to become an organ and tissue donor.

(b) The Secretary is authorized to request any information necessary from a resident taxpayer or spouse within the organ and tissue donation election section of the income tax return form to facilitate a resident taxpayer's or spouse's election as an organ and tissue donor in accordance with Part 3A of Chapter 130A of the General Statutes."

SECTION 2.(b) G.S. 105-259(b) is amended by adding the following new subdivisions to read:

"(56) To furnish the Department of Transportation, Division of Motor Vehicles, with the information of an individual who has elected to become an organ and tissue donor under G.S. 105-153.8A for purposes of making an anatomical gift in accordance with Part 3A of Chapter 130A of the General Statutes.

(57) To furnish any organ procurement organization and any organization responsible for maintaining a list of individuals who have authorized an anatomical gift with the information of an individual who has elected to become an organ and tissue donor under G.S. 105-153.8A for purposes of making an anatomical gift in accordance with Part 3A of Chapter 130A of the General Statutes."

SECTION 2.(c) G.S. 130A-412.7 reads as rewritten:

"**§ 130A-412.7. Manner of making anatomical gift before donor's death.**

(a) A donor may make an anatomical gift by any of the following methods:

(1) By authorizing that a statement or symbol be imprinted on the donor's drivers license or identification card indicating that the donor has made an anatomical gift. A donor who originally became a donor in another jurisdiction by this method and applies for a drivers license or identification card in this State is required to authorize that a statement or symbol be imprinted on the donor's drivers license or identification card issued in this State in order for the anatomical gift to be valid under this subdivision. Anatomical gifts made by this method shall not include a donation of the donor's body.

(1a) By making an election on an income tax return in accordance with G.S. 105-153.8A. Anatomical gifts made by this method shall not include a donation of the donor's body.
(2) In a will.
(3) During a terminal illness or injury of the donor, by any form of communication addressed to at least two adults, at least one of whom is a disinterested witness.
(4) As provided in subsection (b) of this section.

…

(c3) An election on an income tax return indicating that a donor has made an anatomical gift is valid upon the filing of the return and shall remain valid until the donor revokes such consent in the manner prescribed by G.S. 130A-412.8.

…."

SECTION 2.(d) G.S. 20-43.2(c) reads as rewritten:

"(c) Personally identifiable information on a donor registry about a donor or prospective donor may not be used or disclosed without the express consent of the donor, prospective donor, or person that made the anatomical gift for any purpose other than to determine, at or near death of the donor or prospective donor, whether the donor or prospective donor has made, amended, or revoked an anatomical ~~gift.~~gift, or to determine the statistical and demographic makeup of individuals who have and have not authorized an anatomical gift so organ procurement organizations may advocate for donation."

SECTION 2.(e) The Department of Revenue and the Department of Transportation, Division of Motor Vehicles, shall coordinate to continuously update the Organ Donor Registry under G.S. 20-43.2 and shall coordinate for any other purposes consistent with and necessary to the fulfillment of the objectives of this Part.

SECTION 2.1.(a) By January 1, 2027, the Department of Revenue must adopt rules necessary to implement and administer the provisions of this Part.

SECTION 2.1.(b) This section is effective when it becomes law.

SECTION 2.2. Except as otherwise provided, this Part is effective on January 1, 2027, and for tax returns for taxable years beginning on or after January 1, 2027.

PART III. PROHIBIT THE MANUFACTURING, SELLING, AND DISTRIBUTING OF INTRAVENOUS SOLUTION CONTAINERS AND INTRAVENOUS TUBING INTENTIONALLY MADE WITH DEHP

SECTION 3.(a) Chapter 130A of the General Statutes is amended by adding a new Article to read as follows:

"Article 19C.
"DEHP Hazard Management.

"**§ 130A-453.33. Legislative finding.**

The General Assembly finds all of the following:

(1) DEHP and other ortho-phthalates are toxic chemicals used primarily to produce flexibility in plastics, mainly polyvinyl chloride (PVC).
(2) DEHP is the most common plasticizer used in medical devices, including intravenous solution containers, which are also known as IV bags, and intravenous tubing.
(3) Over the course of its shelf life, DEHP leaches from IV bags and tubing made from DEHP into the solutions being held in the medical devices.
(4) DEHP is classified by the United States Environmental Protection Agency as an endocrine-disrupting compound since it can:
a. Interfere with the hormonal system in humans and animals.

b. Mimic or block the actions of hormones, leading to adverse effects on reproductive health, development, and metabolism.

(5) DEHP exposure has been associated with adverse effects on reproductive organs and fertility. DEHP can also disrupt normal reproductive development, reduce sperm quality, and affect hormone levels in both males and females.

(6) DEHP is metabolized in the liver and can accumulate in the body over time. Prolonged exposure to high levels of DEHP has been shown to cause liver and kidney damage in animal studies.

(7) Inhalation or ingestion of DEHP can cause respiratory irritation and allergic reactions in some individuals, particularly those with preexisting respiratory conditions or sensitivities.

(8) Studies have suggested a potential link between DEHP exposure and certain types of cancer, including breast, liver, lung, and testicular cancer.

(9) The United States Environmental Protection Agency has determined that DEHP is a probable human carcinogen.

(10) The leaching of DEHP from medical devices at varying concentrations has been linked to multidrug resistance in breast cancer cells, inhibiting the effectiveness of breast cancer drugs. This phenomenon has been observed at both high and low concentrations of DEHP, highlighting the potential impact of DEHP leaching on cancer treatment outcomes.

(11) Exposure to DEHP has been linked to multidrug resistance in triple-negative breast cancer cells, inhibiting the apoptosis mechanism induced by breast cancer drugs, such as tamoxifen, and increasing cell proliferation.

(12) DEHP has been suggested to serve as a mitogenic factor for estrogen receptor-positive breast cancer cells, potentially making them multidrug resistant.

"**§ 130A-453.34. Definitions.**

The following definitions apply in this Article:

(1) DEHP. – Di(2-ethylhexyl) phthalate.

(2) Health care practitioner. – An individual who is authorized to practice some component of the healing arts by a license, permit, certificate, or registration issued by a State licensing agency or board.

(3) Intentionally added DEHP. – DEHP that a manufacturer has intentionally added to a product and that has a functional or technical effect on the product.

(4) Intravenous solution container. – A container used to house medicine, fluid, or nutrition therapy that is intravenously delivered to a patient in a hospital, outpatient facility, or other health care facility.

(5) Intravenous tubing. – Tubing used to intravenously administer fluids, medication, or nutrients directly to an adult, child, or infant.

(6) Ortho-phthalate. – A class of chemicals that are esters of ortho-phthalic acid, including DEHP or any of the following:

a. Benzyl butyl phthalate (BBP).

b. Dibutyl phthalate (DBP).

c. Dicyclohexyl phthalate (DCHP).

d. Diethyl phthalate (DEP).

e. Diisobutyl phthalate (DIBP).

f. Diisodecyl phthalate (DIDP).

g. Diisononyl phthalate (DINP).

h. Di-n-hexyl phthalate (DnHP).

i. Di-n-octyl phthalate (DNOP).

j. Di-n-pentyl phthalate (DnPP).

k. Diisoheptyl phthalate (DIHP).

(7) Unintentionally added DEHP. – DEHP in an intravenous solution container or intravenous tubing product that is not used for functional or technical effect on the product.

"**§ 130A-453.35. Prohibitions.**

(a) Intravenous Solution Containers. – Beginning January 1, 2030, a person or entity shall not manufacture, sell, or distribute into commerce in the State of North Carolina intravenous solution containers made with intentionally added DEHP.

(b) Intravenous Tubing. – Beginning January 1, 2035, a person or entity shall not manufacture, sell, or distribute into commerce in the State of North Carolina intravenous tubing made with intentionally added DEHP.

(c) Replacement. – A person may not replace DEHP, pursuant to this Article, with another ortho-phthalate in a new or revised medical device.

(d) Maximum Quantity. – An intravenous solution container or intravenous tubing product shall not have unintentionally added DEHP present at a quantity at or above 0.1 percent weight per weight (w/w).

(e) Exemptions. – The following items, as described in Title 21 of the Code of Federal Regulations, are exempt from these provisions:

(1) Human blood collection and storage bags.

(2) Apheresis and cell therapy blood kits and bags, including integral tubing.

(f) Delayed Compliance. – A person or entity, due to pending United States Food and Drug Administration approval for the DEHP-free intravenous solution container or due to the manufacturer not having adequate equipment to manufacture the DEHP-free intravenous solution container, shall meet the requirement in subsection (a) of this section by January 1, 2032, if all of the following conditions are met:

(1) The person or entity notified its North Carolina customers, no later than October 1, 2025, that it has commenced development of the DEHP-free intravenous solution container to meet the requirements of this section.

(2) The person or entity provides notice to its customers and posts to its official internet website, no later than January 1, 2028, that it will not meet the deadline imposed pursuant to subsection (a) of this section."

SECTION 3.(b) G.S. 130A-22(b3) reads as rewritten:

"(b3) The Secretary may impose an administrative penalty on a person who violates ~~Article 19A or 19B~~ Article 19A, 19B, or 19C of this Chapter or any rules adopted pursuant to ~~Article 19A or 19B~~ Article 19A, 19B, or 19C of this Chapter. Each day of a continuing violation is a separate violation. The penalty shall not exceed five thousand dollars ($5,000) for each day the violation continues for Article 19A of this Chapter. The penalty shall not exceed five thousand dollars ($5,000) for each day the violation continues for Article 19B of this Chapter. The penalty shall not exceed five thousand dollars ($5,000) for each day the violation continues for Article 19C of this Chapter. The penalty authorized by this section does not apply to a person who is not required to be certified under Article 19A or 19B."

SECTION 3.(c) Except as otherwise provided, this Part is effective when it becomes law.

PART IV. ALLOW THE USE OF EPINEPHRINE NASAL SPRAY IN ADDITION TO AUTO-INJECTORS

SECTION 4.(a) G.S. 115C-375.2(a) reads as rewritten:

"(a) Local boards of education shall adopt a policy authorizing a student with asthma or a student subject to anaphylactic reactions, or both, to possess and self-administer asthma medication on school property during the school day, at school-sponsored activities, or while in transit to or from school or school-sponsored events. As used in this section, "asthma medication"

means a medicine prescribed for the treatment of asthma or anaphylactic reactions and includes a prescribed asthma inhaler or epinephrine ~~auto-injector.~~ delivery system. The policy shall include a requirement that the student's parent or guardian provide to the school:

…."

SECTION 4.(b) G.S. 115C-375.2A reads as rewritten:

"**§ 115C-375.2A. School supply of epinephrine ~~auto-injectors.~~delivery systems.**

(a) A local board of education shall provide for a supply of emergency epinephrine ~~auto-injectors~~ delivery systems on school property for use by trained school personnel to provide emergency medical aid to persons suffering from an anaphylactic reaction during the school day and at school-sponsored events on school property. Each school shall store in a secure but unlocked and easily accessible location a minimum of two epinephrine ~~auto-injectors.~~ delivery systems. For purposes of this section, "school property" does not include transportation to or from school.

(b) For the purposes of this section and G.S. 115C-375.2, "epinephrine ~~auto-injector"~~ delivery system" means a disposable drug delivery system ~~with a spring-activated, concealed needle~~ that is designed for emergency administration of epinephrine to provide rapid, convenient first aid for persons suffering a potentially fatal reaction to ~~anaphylaxis.~~anaphylaxis, including nasal sprays and injectors with a spring-activated, concealed needle.

(c) The principal shall designate one or more school personnel, as part of the medical care program under G.S. 115C-375.1, to receive initial training and annual retraining from a school nurse or qualified representative of the local health department regarding the storage and emergency use of ~~an~~ epinephrine ~~auto-injector.~~ delivery systems. Notwithstanding any other provision of law to the contrary, the school nurse or other designated school personnel who has received training under this subsection shall obtain a non-patient specific prescription for an epinephrine ~~auto-injectors~~ delivery system from a physician, physician assistant, or nurse practitioner of the local health department serving the area in which the local school administrative unit is located.

(d) The principal shall collaborate with appropriate school personnel to develop an emergency action plan for the use of epinephrine ~~auto-injectors~~ delivery systems in an emergency. The plan shall include at least the following components:

(1) Standards and procedures for the storage and emergency use of epinephrine ~~auto-injectors~~ delivery systems by trained school personnel.

(2) Training of school personnel in recognizing symptoms of anaphylaxis.

(3) Emergency follow-up procedures, including calling emergency services and contacting a student's ~~parent and~~ parent, guardian, and physician.

(4) Instruction and certification in cardiopulmonary resuscitation.

(e) A supply of emergency epinephrine ~~auto-injectors~~ delivery systems provided in accordance with this section shall not be used as the sole medication supply for students known to have a medical condition requiring the availability or use of an epinephrine ~~auto-injector.~~ delivery system. Those students may be authorized to possess and self-administer their medication on school property under G.S. 115C-375.2.

…."

SECTION 4.(c) G.S. 115C-218.75(a) reads as rewritten:

"**§ 115C-218.75. General operating requirements.**

(a) Health and Safety Standards. – A charter school shall meet the same health and safety requirements required of a local school administrative ~~unit.~~ unit, including the following:

(1) The Department of Public Instruction shall ensure that charter schools provide parents and guardians with information about meningococcal meningitis and influenza and their vaccines at the beginning of every school year. This information shall include the causes, symptoms, and how meningococcal meningitis and influenza are spread and the places where parents and

guardians may obtain additional information and vaccinations for their children.

(2) The Department of Public Instruction shall also ensure that charter schools provide parents and guardians with information about cervical cancer, cervical dysplasia, human papillomavirus, and the vaccines available to prevent these diseases. This information shall be provided at the beginning of the school year to parents of children entering grades five through 12. This information shall include the causes and symptoms of these diseases, how they are transmitted, how they may be prevented by vaccination, including the benefits and possible side effects of vaccination, and the places where parents and guardians may obtain additional information and vaccinations for their children.

(3) The Department of Public Instruction shall also ensure that charter schools provide students in grades seven through 12 with information annually on the preventable risks for preterm birth in subsequent pregnancies, including induced abortion, smoking, alcohol consumption, the use of illicit drugs, and inadequate prenatal care.

(4) The Department of Public Instruction shall also ensure that charter schools provide students in grades nine through 12 with information annually on the manner in which a parent may lawfully abandon a newborn baby with a responsible person, in accordance with Article 5A of Chapter 7B of the General Statutes.

(5) The Department of Public Instruction shall also ensure that the guidelines for individual diabetes care plans adopted by the State Board of Education under G.S. 115C-12(31) are implemented in charter schools in which students with diabetes are enrolled and that charter schools otherwise comply with G.S. 115C-375.3.

(6) The Department of Public Instruction shall ensure that charter schools comply with G.S. 115C-375.2A. The board of directors of a charter school shall provide the school with a supply of emergency epinephrine ~~auto-injectors~~ delivery systems necessary to meet the requirements of G.S. 115C-375.2A."

SECTION 4.(d) G.S. 115C-238.66(7) reads as rewritten:

"(7) Health and safety. – The board of directors shall require that the regional school meet the same health and safety standards required of a local school administrative unit.

The Department of Public Instruction shall ensure that regional schools comply with G.S. 115C-375.2A. The board of directors of a regional school shall provide the school with a supply of emergency epinephrine ~~auto-injectors~~ delivery systems necessary to carry out the provisions of G.S. 115C-375.2A."

SECTION 4.(e) G.S. 116-239.8(b)(9) reads as rewritten:

"(9) Health and safety. – The chancellor shall require that the laboratory school meet the same health and safety standards required of a local school administrative unit. The Department of Public Instruction shall ensure that laboratory schools comply with G.S. 115C-375.2A. The chancellor shall provide the laboratory school with a supply of emergency epinephrine ~~auto-injectors~~ delivery systems necessary to carry out the provisions of G.S. 115C-375.2A."

SECTION 4.(f) This section is effective when it becomes law and applies beginning with the 2025-2026 school year.

SECTION 4.1. G.S. 90-21.15A reads as rewritten:

"**§ 90-21.15A. Emergency treatment using epinephrine ~~auto-injector;~~ delivery systems; immunity.**

(a) Definitions. – The following definitions apply in this section:

(1) Administer. – The direct application of an epinephrine ~~auto-injector~~ delivery system to the body of an individual.

(2) Authorized entity. – Any entity or organization, other than a school described in G.S. 115C-375.2A, at which allergens capable of causing anaphylaxis may be present, including, but not limited to, recreation camps, colleges, universities, day care facilities, youth sports leagues, amusement parks, restaurants, places of employment, and sports arenas. An authorized entity shall also include any person, corporation, or other entity that owns or operates any entity or organization listed.

(3) Epinephrine ~~auto-injector.~~ delivery system. – A ~~single-use device used for the automatic injection of a premeasured dose of~~ disposable drug delivery system that is designed for emergency administration of epinephrine ~~into the human body.~~to provide rapid, convenient first aid for persons suffering a potentially fatal reaction to anaphylaxis, including nasal sprays and injectors with a spring-activated, concealed needle.

(4) Health care provider. – A health care provider licensed to prescribe drugs under the laws of this State.

(5) Provide. – To supply one or more epinephrine ~~auto-injectors~~ delivery systems to an individual.

(b) Prescribing to Authorized Entities Permitted. – A health care provider may prescribe epinephrine ~~auto-injectors~~ delivery systems in the name of an authorized entity for use in accordance with this section, and pharmacists and health care providers may dispense epinephrine ~~auto-injectors~~ delivery systems pursuant to a prescription issued in the name of an authorized entity. A prescription issued pursuant to this section shall be valid for no more than two years.

(c) Authorized Entities Permitted to Maintain Supply. – An authorized entity may acquire and stock a supply of epinephrine ~~auto-injectors~~ delivery systems pursuant to a prescription issued in accordance with this section. An authorized entity that acquires and stocks epinephrine ~~auto-injectors~~ delivery systems shall make a good-faith effort to store the supply of epinephrine ~~auto-injectors~~ delivery systems in accordance with the epinephrine ~~auto-injector~~ delivery system manufacturer's instructions for use and any additional requirements that may be established by the Department of Health and Human Services. An authorized entity that acquires and stocks a supply of epinephrine ~~auto-injectors~~ delivery systems pursuant to a prescription issued in accordance with this section shall designate employees or agents to be responsible for the storage, maintenance, control, and general oversight of epinephrine ~~auto-injectors~~ delivery systems acquired by the authorized entity.

(d) Use of Epinephrine ~~Auto-Injectors~~ Delivery Systems by Authorized Entities. – An employee or agent of an authorized entity or other individual who has completed the training required by subsection (e) of this section may use epinephrine ~~auto-injectors prescribed pursuant to G.S. 90-726.1~~ delivery systems to do any of the following:

(1) Provide an epinephrine ~~auto-injector~~ delivery system to any individual who the employee, agent, or other individual believes in good faith is experiencing anaphylaxis, or a person believed in good faith to be the parent, guardian, or caregiver of such individual, for immediate administration, regardless of whether the individual has a prescription for an epinephrine ~~auto-injector~~ delivery system or has previously been diagnosed with an allergy.

(2) Administer an epinephrine ~~auto-injector~~ delivery system to any individual who the employee, agent, or other individual believes in good faith is

experiencing anaphylaxis, regardless of whether the individual has a prescription for an epinephrine ~~auto-injector~~ delivery system or has previously been diagnosed with an allergy.

(e) Mandatory Training Program. – An authorized entity that elects to acquire and stock a supply of epinephrine ~~auto-injectors~~ delivery systems as described in subsection (c) of this section shall designate employees or agents to complete an anaphylaxis training program. The training may be conducted online or in person and shall, at a minimum, include all of the following components:

(1) How to recognize signs and symptoms of severe allergic reactions, including anaphylaxis.

(2) Standards and procedures for the storage and administration of an epinephrine ~~auto-injector.~~delivery system.

(3) Emergency follow-up procedures.

In-person training shall cover the three components listed in this subsection and be conducted by (i) a physician, physician assistant, or registered nurse licensed to practice in this State; (ii) a nationally recognized organization experienced in training laypersons in emergency health treatment; or (iii) an entity or individual approved by the Department of Health and Human Services.

Online training shall cover the three components listed in this subsection and be offered (i) by a nationally recognized organization experienced in training laypersons in emergency health treatment; (ii) by an entity or individual approved by the Department of Health and Human Services; or (iii) by means of an online training course that has been approved by another state.

(f) Immunity. –

(1) The following persons are immune from criminal liability and from suit in any civil action brought by any person for injuries or related damages that result from any act or omission taken pursuant to this section:

a. Any authorized entity that voluntarily and without expectation of payment possesses and makes available epinephrine ~~auto-injectors.~~delivery systems.

b. Any employee or agent of an authorized entity, or any other individual, who provides or administers an epinephrine ~~auto-injector~~ delivery system to an individual whom the employee, agent, or other individual believes in good faith is experiencing symptoms of anaphylaxis and has completed the required training set forth in subsection (e) of this section.

c. A health care provider that prescribes epinephrine ~~auto-injectors~~ delivery systems to an authorized entity.

d. A pharmacist or health care provider that dispenses epinephrine ~~auto-injectors~~ delivery systems to an authorized entity.

e. Any individual or entity that conducts the training mandated by subsection (e) of this section.

(2) The immunity conferred by this section does not apply to acts or omissions constituting willful or wanton conduct as defined in G.S. 1D-5(7) or intentional wrongdoing.

(3) Nothing in this section creates or imposes any duty, obligation, or basis for liability on any authorized entity, any employee or agent of an authorized entity, or any other individual to acquire, possess, store, make available, or administer an epinephrine ~~auto-injector.~~delivery system.

(4) This section does not eliminate, limit, or reduce any other immunity or defense that may be available under State law, including the protections set forth in G.S. 90-21.14.

(g) Liability for Acts Outside of This State. – An authorized entity located in this State shall not be liable under the laws of this State for any injuries or related damages resulting from the provision or administration of an epinephrine ~~auto-injector~~ delivery system outside of this State under either of the following circumstances:

(1) If the authorized entity would not have been liable for such injuries or related damages if the epinephrine ~~auto-injector~~ delivery system had been provided or administered within this State.

(2) If the authorized entity is not liable for such injuries or related damages under the laws of the state in which the epinephrine ~~auto-injector~~ delivery system was provided or administered.

(h) Does Not Constitute Practice of Medicine. – The administration of an epinephrine ~~auto-injector~~ delivery system in accordance with this section is not the practice of medicine or any other profession that otherwise requires licensure."

SECTION 4.2. Except as otherwise provided, this Part is effective when it becomes law.

PART V. REGISTERED NURSES IN SCHOOLS

SECTION 5.(a) G.S. 115C-315(d2) reads as rewritten:

"(d2) School Nurses. – The State Board of Education, in accordance with subsection (d) of this section, ~~may~~ shall adopt rules to establish the qualifications and training required to be hired or contracted for as a ~~certified~~ school nurse ~~except the~~ subject to the following:

(1) The Board ~~may~~ shall not require or impose a requirement that would require a school nurse to obtain a four-year ~~degree as a condition of employment.~~degree.

(2) The Board shall require that a school nurse who meets all of the following criteria be paid under the certified school nurse pay scale as established by the Board:

a. Is a registered nurse licensed under Article 9A of Chapter 90 of the General Statutes.

b. Has at least two years of experience serving in a hospital or health clinic."

SECTION 5.(b) The State Board of Education has authority to adopt temporary rules to enact the provisions of this Part until such a time as permanent rules can be adopted.

SECTION 5.(c) The Department of Public Instruction shall conform any salary manuals with the provisions of this Part.

SECTION 5.(d) This Part is effective when it becomes law and applies to school nurses hired or contracted for as a school nurse on or after that date.

PART VI. ADULT CARE HOME MEDICAID PERSONAL CARE SERVICES COVERAGE

SECTION 6.(a) In conjunction with the requirements of Section 9E.26 of S.L. 2023-134 for the Department of Health and Human Services, Division of Health Benefits (DHB), to explore options available to increase access to Medicaid services for dual eligibles that provide alternatives to nursing home placements, DHB shall consult with stakeholders and shall submit to the Centers for Medicare and Medicaid Services (CMS) a request that meets all of the following goals:

(1) Provides Medicaid coverage of personal care services to individuals who reside in licensed adult care homes and special care units and whose income exceeds the limit for participation in the State-County Special Assistance Program authorized under G.S. 108A-40, but does not exceed either (i) one hundred eighty percent (180%) of the federal poverty level, for individuals

who, but for their income, would qualify for State-County Special Assistance at the basic rate under G.S. 108A-42.1 or (ii) two hundred percent (200%) of the federal poverty level, for individuals who, but for their income, would qualify for State-County Special Assistance at the enhanced rate under G.S. 108A-42.1.

(2) Ensures that the cost of any new Medicaid coverage being requested is fully offset by savings or cost avoidance.

(3) Ensures compliance with applicable legal requirements.

SECTION 6.(b) DHB shall take any actions necessary to implement this section and shall submit the appropriate request to CMS within 90 days after this section becomes law. DHB shall only implement the Medicaid coverage described in the request if (i) the request is approved by CMS and (ii) the request meets all of the goals in subsection (a) of this section.

SECTION 6.(c) This Part is effective when this act becomes law.

PART VII. EFFECTIVE DATE

SECTION 7. Except as otherwise provided, this act is effective when it becomes law.