GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2025

HOUSE BILL 576
Committee Substitute Favorable 4/15/25

Short Title: Dept. of Health and Human Services Revisions.-AB (Public)

Sponsors:

Referred to:

April 1, 2025

A BILL TO BE ENTITLED

AN ACT MAKING TECHNICAL, CONFORMING, AND OTHER MODIFICATIONS TO LAWS PERTAINING TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

The General Assembly of North Carolina enacts:

PART I. LAWS PERTAINING TO THE DIVISION OF CHILD AND FAMILY WELL-BEING

DESIGNATE THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AS THE STATE AGENCY RESPONSIBLE FOR MANAGING SCHOOL NURSE FUNDS

SECTION 1.1. G.S. 130A-4.3(b) reads as rewritten:

"(b) The ~~Division of Public Health~~ Department shall ensure that school nurses funded with State funds (i) do not assist in any instructional or administrative duties associated with a school's curriculum and (ii) perform all of the following with respect to school health programs:

(1) Serve as the coordinator of the health services program and provide nursing care.
(2) Provide health education to students, staff, and parents.
(3) Identify health and safety concerns in the school environment and promote a nurturing school environment.
(4) Support healthy food services programs.
(5) Promote healthy physical education, sports policies, and practices.
(6) Provide health counseling, assess mental health needs, provide interventions, and refer students to appropriate school staff or community agencies.
(7) Promote community involvement in assuring a healthy school and serve as school liaison to a health advisory committee.
(8) Provide health education and counseling and promote healthy activities and a healthy environment for school staff.
(9) Be available to assist the county health department during a public health emergency."

PART II. LAWS PERTAINING TO THE DIVISION OF HEALTH BENEFITS

TEMPORARILY EXTEND OPTION TO DECREASE MEDICAID ENROLLMENT BURDEN ON COUNTY DEPARTMENTS OF SOCIAL SERVICES

SECTION 2.1. Section 1.8(a) of S.L. 2023-7, as amended by Section 9(a) of S.L. 2024-34, reads as rewritten:

"**SECTION 1.8.(a)** Notwithstanding G.S. 108A-54(d) and in accordance with G.S. 143B-24(b), the Department of Health and Human Services (DHHS) is authorized, on a temporary basis to conclude by June 30, ~~2025,~~ 2028, to utilize the federally facilitated marketplace (Marketplace), also known as the federal health benefit exchange, to make Medicaid eligibility determinations. In accordance with ~~G.S. 108A-54(b),~~ G.S. 108A-54(f), these eligibility determinations shall be in compliance with all eligibility categories, resource limits, and income thresholds set by the General Assembly."

CLARIFY ENROLLMENT IN MEDICAID MANAGED CARE AFTER RELEASE FROM INCARCERATION

SECTION 2.2.(a) G.S. 108D-40 reads as rewritten:

"**§ 108D-40. Populations covered by PHPs.**

(a) Capitated PHP contracts shall cover all Medicaid program aid categories except for the following categories:

…

(9) Recipients who are inmates of prisons. Upon the recipient's release from prison, the exception under this subdivision shall continue to apply ~~for a period that is the shorter of the following:~~until the first day of the month following the twelfth month after the recipient's release.

~~a. The recipient's initial Medicaid eligibility certification period post release.~~

~~b. Three hundred sixty-five days.~~

(9a) Recipients residing in carceral settings other than prisons and whose Medicaid eligibility has been suspended. Upon the recipient's release from incarceration, the exception under this subdivision shall continue to apply ~~for a period that is the shorter of the following:~~until the first day of the month following the twelfth month after the recipient's release.

~~a. The recipient's initial Medicaid eligibility certification period post release.~~

~~b. Three hundred sixty-five days.~~

…."

SECTION 2.2.(b) This section is effective when it becomes law and applies to (i) inmates released on or after that date and (ii) inmates released on or after January 1, 2025, who are not enrolled with a PHP on the date this act becomes law.

CONFORM NORTH CAROLINA LAW TO FEDERAL REQUIREMENTS FOR MEDICAID CATEGORICAL RISK LEVELS FOR PROVIDER SCREENINGS

SECTION 2.3.(a) G.S. 108C-3 reads as rewritten:

"**§ 108C-3. Medicaid provider screening.**

(a) Provider Screening. – The Department shall conduct provider screening of Medicaid providers in accordance with applicable State or federal law or regulation.

(b) Enrollment Screening. – The Department must screen all initial provider applications for enrollment in Medicaid, including applications for a new practice location, and all revalidation requests based on ~~Department~~ the Department's assessment of risk and assignment of the provider to a categorical risk level of ~~"limited," "moderate," or "high."~~ limited, moderate, or high. If a provider could fit within more than one risk level described in this section, the highest level of screening is applicable.

(c) Limited Categorical Risk Provider Types. – ~~The~~ All of the following provider types are ~~hereby~~ designated as ~~"limited"~~ limited categorical risk:

…

(4) Health programs operated by an Indian Health ~~Program (as~~ Program, as defined in section 4(12) of the Indian Health Care Improvement ~~Act)~~ Act, or an urban Indian ~~organization (as~~ organization, as defined in section 4(29) of the Indian Health Care Improvement ~~Act)~~ Act, that receives funding from the Indian Health Service pursuant to Title V of the Indian Health Care Improvement Act.

…

(10) Nursing facilities, including Intermediate Care Facilities for Individuals with Intellectual ~~Disabilities.~~Disabilities, that are not skilled nursing facilities.

(10a) Skilled nursing facilities that are limited categorical risk under subsection (k) of this section.

…

(12) Physician or nonphysician ~~practitioners (including~~ practitioners, including nurse practitioners, CRNAs, physician assistants, physician extenders, occupational therapists, speech/language pathologists, chiropractors, and ~~audiologists), optometrists,~~ audiologists; optometrists; dentists and ~~orthodontists,~~ orthodontists; and medical groups or clinics.

…

(d) Limited Categorical Risk Screenings. – When the Department designates a provider as a ~~"limited"~~ limited categorical level of risk, the Department shall conduct ~~such~~ the applicable screening functions ~~as~~ required by federal law.

(e) Moderate Categorical Risk Provider Types. – ~~The~~ All of the following provider types are ~~hereby~~ designated as ~~"moderate"~~ moderate categorical risk:

…

(8) Pharmacy ~~Services.~~services.

…

(11) Revalidating agencies providing durable medical equipment, ~~including, but not limited to,~~ including orthotics and prosthetics.

…

(15) Skilled nursing facilities that are moderate categorical risk under subsection (k) of this section.

(f) Moderate Categorical Risk Screenings. – When the Department designates a provider as a ~~"moderate"'~~ moderate categorical level of risk, the Department shall conduct ~~such~~ the applicable screening functions ~~as~~ required by federal law and regulation.

(g) High Categorical Risk Provider Types. – ~~The~~ All of the following provider types are ~~hereby~~ designated as ~~"high"~~ high categorical risk:

(1) ~~Prospective (newly enrolling)~~ Prospective, or newly enrolling, adult care homes delivering Medicaid-reimbursed services.

…

(4) ~~Prospective (newly enrolling)~~ Prospective, or newly enrolling, agencies providing durable medical equipment, including, but not limited to, orthotics and prosthetics.

…

(6) ~~Prospective (newly enrolling)~~ Prospective, or newly enrolling, agencies providing nonbehavioral health home- or community-based services pursuant to waivers authorized by the federal Centers for Medicare and Medicaid Services under 42 U.S.C. § 1396n(c).

(7) ~~Prospective (newly enrolling)~~ Prospective, or newly enrolling, agencies providing personal care services or in-home care services.

(8) ~~Prospective (newly enrolling)~~ Prospective, or newly enrolling, agencies providing private duty nursing, home health, or home infusion.

(9) Providers against ~~whom~~ which the Department has imposed a payment suspension based upon a credible allegation of fraud in accordance with 42 C.F.R. § 455.23 within the previous 12-month period. The Department shall return the provider to its original risk category not later than 12 months after the cessation of the payment suspension.

…

(11) Providers ~~who~~ that have incurred a Medicaid final overpayment, assessment, or fine to the Department in excess of twenty percent (20%) of the provider's payments received from Medicaid in the previous 12-month period. The Department shall return the provider to its original risk category not later than 12 months after the completion of the provider's repayment of the final overpayment, assessment, or fine.

…

(13) Skilled nursing facilities that are high categorical risk under subsection (k) of this section.

(h) High Categorical Risk Screenings. – When the Department designates a provider as a ~~"high"~~ high categorical level of risk, the Department shall conduct ~~such~~ the applicable screening functions ~~as~~ required by federal law and regulation.

(i) Dually-Enrolled Providers. – For providers dually enrolled in the federal Medicare program and Medicaid, the Department may rely on the results of the provider screening performed by Medicare contractors.

(j) Out-of-State Providers. – For out-of-state providers, the Department may rely on the results of the provider screening performed by the Medicaid agencies or Children's Health Insurance Program agencies of other states.

(k) Skilled Nursing Facilities. – The categorial risk level for provider screening of skilled nursing facilities is the categorical risk level required by federal law or regulation. If federal law or regulation does not require a particular categorical risk level, skilled nursing facilities are limited categorical risk."

SECTION 2.3.(b) G.S. 108C-3, as amended by Section 2.3(a) of this act, reads as rewritten:

"**§ 108C-3. Medicaid provider screening.**

…

(c) Limited Categorical Risk Provider Types. – All of the following provider types are designated as limited categorical risk:

…

(1a) Behavioral health and intellectual and developmental disability provider agencies that are nationally accredited by an entity approved by the ~~Secretary.~~Secretary, unless they meet the description in subdivision (g)(15) of this section.

…

~~(16) Portable X-ray suppliers.~~

…

(e) Moderate Categorical Risk Provider Types. – All of the following provider types are designated as moderate categorical risk:

…

(5) ~~Hospice organizations.~~Revalidating hospice organizations, unless they meet the description in subdivisions (g)(14) and (g)(15) of this section.

…

(10) Revalidating adult care homes delivering Medicaid-reimbursed ~~services.~~services, unless they meet the description in subdivision (g)(15) of this section.

(11) Revalidating agencies providing durable medical equipment, including orthotics and ~~prosthetics.~~prosthetics, unless they meet the description in subdivision (g)(15) of this section.

(12) Revalidating agencies providing nonbehavioral health home- or community-based services pursuant to waivers authorized by the federal Centers for Medicare and Medicaid Services under ~~42 U.S.C. § 1396n(c).~~42 U.S.C. § 1396n(c), unless they meet the description in subdivision (g)(15) of this section.

(13) Revalidating agencies providing private duty nursing, home health, personal care services or in-home care services, or home ~~infusion.~~infusion, unless they meet the description in subdivision (g)(15) of this section.

…

(16) Portable X-ray suppliers.

…

(g) High Categorical Risk Provider Types. – All of the following provider types are designated as high categorical risk:

…

(14) Prospective, or newly enrolling, hospice organizations and revalidating hospice organizations undergoing a change in ownership.

(15) The following revalidating providers (i) that are revalidating for the first time since newly enrolling and (ii) for which fingerprinting requirements, as a newly enrolling provider, were waived due to a national, state, or local emergency:

a. Opioid treatment programs that have not been fully and continuously certified by the Substance Abuse and Mental Health Services Administration since October 23, 2018.

b. Agencies providing durable medical equipment, including orthotics and prosthetics.

c. Adult care homes delivering Medicaid-reimbursed services.

d. Agencies providing private duty nursing, home health, personal care services, or in-home care services, or home infusion.

e. Hospice organizations.

…."

SECTION 2.3.(c) Subsection (a) of this section is retroactively effective January 1, 2023. The remainder of this section is retroactively effective January 1, 2024.

CLARIFY MEDICAID SUBROGATION RIGHTS IN MANAGED CARE ENVIRONMENT

SECTION 2.4.(a) G.S. 108A-57 reads as rewritten:

"**§ 108A-57. Subrogation rights; withholding of information a misdemeanor.**

(a) As used in this section, the term "beneficiary" means (i) the beneficiary of medical assistance, including a minor beneficiary, (ii) the medical assistance beneficiary's parent, legal guardian, or personal representative, (iii) the medical assistance beneficiary's heirs, and (iv) the administrator or executor of the medical assistance beneficiary's estate.

Notwithstanding any other provisions of the law, to the extent of payments under this Part, the State shall be subrogated to all rights of recovery, contractual or otherwise, of a beneficiary against any person. Any claim brought by a medical assistance beneficiary against a third party shall include a claim for all medical assistance payments for health care items or services furnished to the medical assistance beneficiary as a result of the injury or action, hereinafter referred to as the "Medicaid claim." Any claim brought by a medical assistance beneficiary against a third party that does not state the Medicaid claim shall be deemed to include the

Medicaid claim. If the beneficiary has claims against more than one third party related to the same injury, then any amount received in payment of the Medicaid claim related to that injury shall reduce the total balance of the Medicaid claim applicable to subsequent recoveries related to that injury.

The Department may designate one or more PHPs to receive all or a portion of payments due under this section to the Department for the Medicaid claim by sending a notice of designation to (i) the beneficiary who has the claim against the third party and (ii) any PHP designated in the notice. As used in this section, the term "designated PHP" refers to a PHP designated in the notice of designation under this subsection.

(a1) If the amount of the Medicaid claim does not exceed one-third of the medical assistance beneficiary's gross recovery, it is presumed that the gross recovery includes compensation for the full amount of the Medicaid claim. If the amount of the Medicaid claim exceeds one-third of the medical assistance beneficiary's gross recovery, it is presumed that one-third of the gross recovery represents compensation for the Medicaid claim.

(a2) A medical assistance beneficiary may dispute the presumptions established in subsection (a1) of this section by applying to the court in which the medical assistance beneficiary's claim against the third party is pending, or if there is none, then to a court of competent jurisdiction in this State, for a determination of the portion of the beneficiary's gross recovery that represents compensation for the Medicaid claim. An application under this subsection shall be filed with the court and served on the Department pursuant to the Rules of Civil Procedure no later than 30 days after the date that the settlement agreement is executed by all parties and, if required, approved by the court, or in cases in which judgment has been entered, no later than 30 days after the date of entry of judgment. If a PHP made payments on behalf of a Medicaid beneficiary that are included in the Medicaid claim, then the application shall also be served on that PHP within the same time frame in which service is required on the Department. The court shall hold an evidentiary hearing no sooner than 60 days after the date the action was filed. All of the following shall apply to the court's determination under this subsection:

(1) The medical assistance beneficiary has the burden of proving by clear and convincing evidence that the portion of the beneficiary's gross recovery that represents compensation for the Medicaid claim is less than the portion presumed under subsection (a1) of this section.

(2) The presumption arising under subsection (a1) of this section is not rebutted solely by the fact that the medical assistance beneficiary was not able to recover the full amount of all claims.

(3) If the beneficiary meets its burden of rebutting the presumption arising under subsection (a1) of this section, then the court shall determine the portion of the recovery that represents compensation for the Medicaid claim and shall order the beneficiary to pay the amount so determined to the ~~Department~~ Department, or designated PHP, in accordance with subsection (a5) of this section. In making this determination, the court may consider any factors that it deems just and reasonable.

(4) If the beneficiary fails to rebut the presumption arising under subsection (a1) of this section, then the court shall order the beneficiary to pay the amount presumed pursuant to subsection (a1) of this section to the ~~Department~~ Department, or designated PHP, in accordance with subsection (a5) of this section.

(a3) Notwithstanding the presumption arising pursuant to subsection (a1) of this section, the medical assistance beneficiary and the Department may reach an agreement on the portion of the recovery that represents compensation for the Medicaid claim. If such an agreement is reached after an application has been filed pursuant to subsection (a2) of this section, a stipulation of dismissal of the application signed by both parties shall be filed with the court.

(a4) Within 30 days of receipt of the proceeds of a settlement or judgment related to a claim described in subsection (a) of this section, the medical assistance beneficiary or any attorney retained by the beneficiary shall notify the ~~Department~~ Department, and any designated PHP, of the receipt of the proceeds.

(a5) The medical assistance beneficiary or any attorney retained by the beneficiary shall, out of the proceeds obtained by or on behalf of the beneficiary by settlement with, judgment against, or otherwise from a third party by reason of injury or death, distribute to the ~~Department~~ Department, or designated PHP, the amount due pursuant to this section as follows:

(1) If, upon the expiration of the time for filing an application pursuant subsection (a2) of this section, no application has been filed, then the amount presumed pursuant to subsection (a1) of this section, as prorated with the claims of all others having medical subrogation rights or medical liens against the amount received or recovered, shall be paid to the ~~Department~~ Department, or designated PHP, within 30 days of the beneficiary's receipt of the proceeds, in the absence of an agreement pursuant to subsection (a3) of this section.

(2) If an application has been filed pursuant to subsection (a2) of this section and no agreement has been reached pursuant to subsection (a3) of this section, then the ~~Department~~ Department, or designated PHP, shall be paid as follows:

a. If the beneficiary rebuts the presumption arising under subsection (a1) of this section, then the amount determined by the court pursuant to subsection (a2) of this section, as prorated with the claims of all others having medical subrogation rights or medical liens against the amount received or recovered, shall be paid to the ~~Department~~ Department, or designated PHP, within 30 days of the entry of the court's order.

b. If the beneficiary fails to rebut the presumption arising under subsection (a1) of this section, then the amount presumed pursuant to subsection (a1) of this section, as prorated with the claims of all others having medical subrogation rights or medical liens against the amount received or recovered, shall be paid to the ~~Department~~ Department, or designated PHP, within 30 days of the entry of the court's order.

(3) If an agreement has been reached pursuant to subsection (a3) of this section, then the agreed amount, as prorated with the claims of all others having medical subrogation rights or medical liens against the amount received or recovered, shall be paid to the ~~Department~~ Department, or designated PHP, within 30 days of the execution of the agreement by the medical assistance beneficiary and the Department.

(a6) The United States and the State of North Carolina shall be entitled to shares in each net recovery by the Department under this section. Their shares shall be promptly paid under this section and their proportionate parts of such sum shall be determined in accordance with the matching formulas in use during the period for which assistance was paid to the recipient.

(b) It is a Class 1 misdemeanor for any person seeking or having obtained assistance under this Part for himself or another to willfully fail to disclose to the county department of social services or its attorney and to the Department the identity of any person or organization against whom the recipient of assistance has a right of recovery, contractual or otherwise.

(c) **(For contingent repeal, see note)** This section applies to the administration of and claims payments under the NC Health Choice Program established under Part 8 of this Article.

(d) As required to ensure compliance with this section, the Department may apply to the court in which the medical assistance beneficiary's claim against the third party is pending, or if there is none, then to a court of competent jurisdiction in this State for enforcement of this section."

SECTION 2.4.(b) This section is effective when it becomes law and applies to Medicaid claims brought by medical assistance beneficiaries against third parties on or after that date.

PART III. LAWS PERTAINING TO THE DIVISION OF HEALTH SERVICE REGULATION

ALIGN CAPACITY OF MEDICAL FOSTER HOMES OPERATING IN THE STATE UNDER THE SUPERVISION OF THE UNITED STATES DEPARTMENT OF VETERANS AFFAIRS WITH FEDERAL REGULATIONS

SECTION 3.1. G.S. 131D-2.3 reads as rewritten:

"**§ 131D-2.3. Exemptions from licensure.**

The following are excluded from this Article and are not required to be registered or obtain licensure under this Article:

(1) Facilities licensed under Chapter 122C or Chapter 131E of the General Statutes.

(2) Persons subject to rules of the Division of Employment and Independence for People with Disabilities.

(3) Facilities that care for no more than ~~four~~ three persons, all of whom are under the supervision of the United States Veterans Administration.

(4) Facilities that make no charges for housing, amenities, or personal care service, either directly or indirectly.

(5) Institutions that are maintained or operated by a unit of government and that were established, maintained, or operated by a unit of government and exempt from licensure by the Department on September 30, 1995."

AUTHORIZE THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO INSPECT RESIDENCES OR FACILITIES BELIEVED TO BE OPERATING AS ADULT CARE HOMES WITHOUT A LICENSE AND INCREASE PENALTIES FOR UNLAWFUL ADULT CARE HOME OPERATIONS

SECTION 3.2.(a) G.S. 131D-2.5(b) reads as rewritten:

"(b) The Department shall charge each registered multiunit assisted housing with services program a nonrefundable annual registration fee of three hundred fifty dollars ($350.00). Any individual or corporation that establishes, conducts, manages, or operates a multiunit housing with services program, subject to registration under this section, that fails to register is guilty of a ~~Class 3 misdemeanor and, upon conviction shall be punishable only by a fine of not more than fifty dollars ($50.00) for the first offense and not more than five hundred dollars ($500.00) for each subsequent offense.~~ Class H felony, including a fine of one thousand dollars ($1,000) per day for each day the facility is in operation in violation of this Article. Each day of a continuing violation after conviction shall be considered a separate offense."

SECTION 3.2.(b) G.S. 131D-2.6 reads as rewritten:

"**§ 131D-2.6. Legal action by Department.**

(a) Notwithstanding the existence or pursuit of any other remedy, the Department may, in the manner provided by law, maintain an action in the name of the State for injunction or other process against any person to restrain or prevent the establishment, conduct, management, or operation of an adult care home without a license. Such action shall be instituted in the superior court of the county in which any unlicensed activity has occurred or is occurring.

(a1) The Department and county departments of social services may inspect any of the following as authorized by law:

(1) A residence or facility the Department believes to be operating as an assisted living residence without an appropriate license or registration.

(2) A registered multiunit assisted housing with services facility to determine if it is operating as a licensable adult care home facility without a license.

(b) Any individual or corporation that establishes, conducts, manages, or operates ~~a facility subject to licensure under this section without a license is guilty of a Class 3 misdemeanor and, upon conviction, shall be punishable only by a fine of not more than fifty dollars ($50.00) for the first offense and not more than five hundred dollars ($500.00) for each subsequent offense.~~ an assisted living facility without a license or registration, as required under this Article, is guilty of a Class H felony, including a fine of one thousand dollars ($1,000) per day for each day the facility is in operation in violation of this Article. Each day of a continuing violation after conviction shall be considered a separate offense.

(c) If any person shall hinder the proper performance of duty of the Secretary or the Secretary's representative in carrying out this section, the Secretary may institute an action in the superior court of the county in which the hindrance has occurred for injunctive relief against the continued hindrance, irrespective of all other remedies at law.

(d) Actions under this section shall be in accordance with Article 37 of Chapter 1 of the General Statutes and Rule 65 of the Rules of Civil Procedure."

SECTION 3.2.(c) This section becomes effective December 1, 2025, and applies to offenses committed on or after that date.

ALIGN HOSPITAL REPORTING REQUIREMENTS UNDER THE HOSPITAL VIOLENCE PROTECTION ACT WITH THE HOSPITAL LICENSE RENEWAL APPLICATION PROCESS

SECTION 3.3.(a) G.S. 131E-76 is amended by adding a new subdivision to read:

"(1c) Division of Health Service Regulation. – The Division of Health Service Regulation within the Department of Health and Human Services."

SECTION 3.3.(b) G.S. 131E-88.2 reads as rewritten:

"**§ 131E-88.2. Reports.**

(a) Annually by ~~October 1, the Department of Health and Human Services,~~ February 28, each hospital shall report to the Division of Health Service Regulation, ~~shall collect~~ in a manner and format requested by the Department, the following data ~~from hospitals for the preceding calendar year:~~ for the prior federal fiscal year ending September 30: (i) the number of assaults occurring in the hospital or on hospital grounds that required the involvement of law enforcement, whether the assaults involved hospital personnel, and how those assaults were pursued by the hospital and processed by the judicial system, (ii) the number and impact of incidences where patient behavioral health and substance use issues resulted in violence in the hospital and the number that occurred specifically in the emergency department, and (iii) the number of workplace violence incidences occurring at the hospital that were reported as required by accrediting agencies, the Occupational Safety and Health Administration, and other entities.

(b) The Department ~~of Health and Human Services~~ shall compile the information required by subsection (a) of this section and shall share that data with the North Carolina Sheriffs' Association, the North Carolina Association of Chiefs of Police, and the North Carolina Emergency Management Association. The Department shall request these organizations examine the data and make recommendations to the Department to decrease the incidences of violence in hospitals and to decrease assaults on hospital personnel.

(c) The Department shall compile the information required by subsections (a) and (b) of this section and report findings and recommendations to the Joint Legislative Oversight Committee on Health and Human Services annually by ~~December 1.~~May 1."

REPEAL NC NEW ORGANIZATIONAL VISION AWARD PROGRAM

SECTION 3.4. Part 6 of Article 6 of Chapter 131E of the General Statutes is repealed.

DESIGNATE THE NC OFFICE OF EMERGENCY MEDICAL SERVICES AS THE ENTITY RESPONSIBLE FOR APPROVING INDIVIDUALS TO ADMINISTER EPINEPHRINE

SECTION 3.5. G.S. 143-509 reads as rewritten:

"**§ 143-509. Powers and duties of Secretary.**

The Secretary of the Department of Health and Human Services has full responsibilities for supervision and direction of the emergency medical services program and, to that end, shall accomplish all of the following:

…

(9) Promote a means of training individuals to administer life-saving treatment to persons who suffer a severe adverse reaction to agents that might cause anaphylaxis. Individuals, upon successful completion of this training program, may be approved by the North Carolina ~~Medical Care Commission~~ Office of Emergency Medical Services to administer epinephrine to these persons, in the absence of the availability of physicians or other practitioners who are authorized to administer the treatment. This training may also be offered as part of the emergency medical services training program.

…."

PART IV. LAWS PERTAINING TO THE DIVISION OF PUBLIC HEALTH

REVISE THE COMPOSITION OF LOCAL CHILD FATALITY REVIEW TEAMS TO SUPPORT GREATER EFFICIENCY

SECTION 4.1. G.S. 7B-1407 reads as rewritten:

"**§ 7B-1407. Local Teams; composition and leadership.**

…

(b) Each Local Team shall consist of the following persons:

(1) The director of the county department of social services or the director of the consolidated human services ~~agency and a member of the director's staff.~~agency, or the director's designee, who shall be a member of senior management.

(1a) A staff member of the county department of social services or of the consolidated human services agency, appointed by the county department of social services or the consolidated human services agency.

(2) A local law enforcement officer, appointed by the board of county commissioners.

(3) An attorney from the district attorney's office, appointed by the district attorney.

(4) The executive director of the local community action agency, as defined by the Department of Health and Human Services, or the executive director's designee.

(5) The superintendent of each local school administrative unit located in the county, or the superintendent's designee.

(6) A member of the county board of social services, appointed by the chair of that board.

(7) A local mental health professional, appointed by the director of the area authority established under Chapter 122C of the General Statutes.

(8) The local guardian ad litem coordinator, or the coordinator's designee.

(9) The director of the local department of public ~~health.~~health, or the director's designee, who shall be a member of senior management.

(10) A local health care provider, appointed by the local board of health.
(11) An emergency medical services provider or firefighter, appointed by the board of county commissioners.
(12) A district court judge, appointed by the chief district court judge in that district.
(13) A county medical examiner, appointed by the Chief Medical Examiner.
(14) A representative of a local child care facility or Head Start program, appointed by the director of the county department of social services.
(15) A parent of a child who died before reaching the child's eighteenth birthday, to be appointed by the board of county commissioners.

(c) The chair of the Local Team may invite ~~a maximum of five~~ additional individuals to participate on the Local Team on an ad hoc basis for a specific review if the chair believes the individual's subject matter expertise or position within an organization will enhance the ability of the Local Team to conduct an effective review. The chair may select ad hoc members from outside of the county or counties served by the Local Team. As a condition of participating in a specific review, each ad hoc member is required to sign the same confidentiality statement signed by a Local Team member and is subject to the provisions of G.S. 7B-1413.

…."

REMOVE ERRONEOUS REFERENCES TO THE COMMISSION FOR PUBLIC HEALTH FROM STATUTES GOVERNING THE STATEWIDE CHEMICAL ALCOHOL TESTING PROGRAM ADMINISTERED BY THE FORENSIC TESTS FOR ALCOHOL BRANCH

SECTION 4.2.(a) G.S. 15A-534.2(d) reads as rewritten:

"(d) In making ~~his~~ a determination about whether a defendant detained under this section remains impaired, the judicial official may request that the defendant submit to periodic tests to determine ~~his~~ the defendant's alcohol concentration. Instruments acceptable for making preliminary breath tests under G.S. 20-16.3 may be used for this purpose as well as instruments for making evidentiary chemical analyses. Unless there is evidence that the defendant is still impaired from a combination of alcohol and some other impairing substance or condition, a judicial official ~~must~~ is required to determine that a defendant with an alcohol concentration less than 0.05 is no longer impaired. The results of any periodic test to determine alcohol concentration may not be introduced ~~in evidence:~~into evidence in either of the following circumstances:

(1) Against the defendant by the State in any criminal, civil, or administrative proceeding arising out of an offense involving impaired ~~driving; or~~driving.
(2) For any purpose in any proceeding if the test was not performed by a method approved by the ~~Commission for Public Health~~ Department of Health and Human Services under G.S. 20-139.1 and by a person licensed to administer the test by the Department of Health and Human Services.

The fact that a defendant refused to comply with a judicial official's request that he submit to a chemical analysis may not be admitted into evidence in any criminal action, administrative proceeding, or a civil action to review a decision reached by an administrative agency in which the defendant is a party."

SECTION 4.2.(b) G.S. 20-138.7(d) reads as rewritten:

"(d) Alcohol Screening Test. – Notwithstanding any other provision of law, an alcohol screening test may be administered to a driver suspected of violating subsection (a) of this section, and the results of an alcohol screening test or the driver's refusal to submit may be used by a law enforcement officer, a court, or an administrative agency in determining if alcohol was present in the driver's body. No alcohol screening tests are valid under this section unless the device used is one approved by the ~~Commission for Public Health,~~ Department of Health and

Human Services, and the screening test is conducted in accordance with the applicable ~~regulations of the Commission~~ rules adopted by the Department of Health and Human Services as to the manner of its use."

REMOVE REFERENCES TO THE NORTH CAROLINA MEDICAL SOCIETY'S DEFUNCT CANCER COMMITTEE

SECTION 4.3.(a) G.S. 130A-33.50 reads as rewritten:

"**§ 130A-33.50. Advisory Committee on Cancer Coordination and Control established; membership, compensation.**

…

(b) The Committee shall ~~have~~ consist of up to 34 members, including the Secretary of the Department or the Secretary's designee. The members of the Committee shall elect a chair and vice-chair from among the Committee membership. The Committee shall meet not more than twice a year at the call of the chair. Six of the members shall be legislators, three of whom shall be appointed by the Speaker of the House of Representatives, and three of whom shall be appointed by the President Pro Tempore of the Senate. Four of the members shall be cancer survivors, two of whom shall be appointed by the Speaker of the House of Representatives, and two of whom shall be appointed by the President Pro Tempore of the Senate. The remainder of the members shall be appointed by the Governor as follows:

(1) One member from the Department of Environmental ~~Quality;~~Quality.
(2) Three members, one from each of the following: the Department, the Department of Public Instruction, and the North Carolina Community College ~~System;~~System.
(3) Four members representing the cancer control programs at North Carolina medical schools, one from each of the following: the University of North Carolina at Chapel Hill School of Medicine, the Bowman Gray School of Medicine, the Duke University School of Medicine, and the East Carolina University School of ~~Medicine;~~Medicine.
(4) One member who is an oncology nurse representing the North Carolina Nurses ~~Association;~~Association.
(5) One member representing the ~~Cancer Committee of the~~ North Carolina Medical ~~Society;~~Society.
(6) One member representing the Old North State Medical ~~Society;~~Society.
(7) One member representing the American Cancer Society, North Carolina ~~Division, Inc.;~~Division, Inc.
(8) One member representing the North Carolina Hospital ~~Association;~~Association.
(9) One member representing the North Carolina Association of Local Health ~~Directors;~~Directors.
(10) One member who is a primary care physician licensed to practice medicine in ~~North Carolina;~~North Carolina.
(11) One member representing the American College of ~~Surgeons;~~Surgeons.
(12) One member representing the North Carolina Oncology ~~Society;~~Society.
(13) One member representing the Association of North Carolina Cancer ~~Registrars;~~Registrars.
(14) One member representing the Medical Directors of the North Carolina Association of Health ~~Plans; and~~Plans.
(15) Up to four additional members at large.

Except for the Secretary, the members shall be appointed for staggered four-year terms and until their successors are appointed and qualify. The Governor may remove any member of the Committee from office in accordance with the provisions of G.S. 143B-13. Members may

succeed themselves for one term and may be appointed again after being off the Committee for one term.

…."

SECTION 4.3.(b) G.S. 130A-213 reads as rewritten:

"**§ 130A-213. ~~Cancer Committee of the North Carolina Medical Society.~~Consultation with the Advisory Committee on Cancer Coordination and Control.**

In implementing this Part, the Department shall consult with the ~~Cancer Committee of the North Carolina Medical Society. The Committee shall consist of at least one physician from each congressional district.~~ Advisory Committee on Cancer Coordination and Control established by G.S. 130A-33.50. Any proposed rules or reports affecting the operation of the cancer control program shall be reviewed by the Committee for comment prior to adoption."

AUTHORIZE LOCAL REGISTRARS AT LOCAL HEALTH DEPARTMENTS TO REMOVE OUTDATED REFERENCES TO PAPER FORMAT VITAL RECORDS

SECTION 4.4. G.S. 130A-97 reads as rewritten:

"**§ 130A-97. Duties of local registrars.**

The local registrar ~~shall:~~shall do all of the following:

(1) Administer and enforce provisions of this Article and the rules, and immediately report any violation to the State ~~Registrar;~~Registrar.

(2) Furnish certificate forms and instructions supplied by the State Registrar to persons who require ~~them;~~them.

(3) Examine each certificate when submitted to determine if it has been completed in accordance with the provisions of this Article and the rules. If a certificate is incomplete or unsatisfactory, the responsible person shall be notified and required to furnish the necessary information. All birth and death certificates shall be ~~typed or written legibly~~ prepared in permanent ~~black, blue-black, or blue ink;~~black ink.

(4) ~~Enter the date on which a certificate is received and sign~~ Sign and date as local ~~registrar;~~registrar using the registration method prescribed by the State Registrar.

(5) ~~Transmit~~ Using the registration method prescribed by the State Registrar, transmit to the register of deeds of the county ~~a copy of~~ each certificate registered within seven days ~~of~~ after receipt of a birth or death certificate. The ~~copy transmitted~~ transmittal shall include the race of the father and mother if that information is contained ~~on the State copy of~~ in the State Record of the certificate of live birth. ~~Copies transmitted may be on blanks furnished by the State Registrar or may be photocopies made in a manner approved by the register of deeds.~~ The local registrar may also keep a copy of each certificate for no more than two ~~years;~~years.

(6) On the fifth day of each month or more often, if requested, send to the State Registrar all original certificates registered during the preceding ~~month; and~~month.

(7) Maintain records, make reports and perform other duties required by the State Registrar."

ALIGN STATE LAW WITH UPDATED FEDERAL GUIDELINES CONCERNING THE COMMUNICATION OF MAMMOGRAPHIC INFORMATION TO PATIENTS

SECTION 4.5. G.S. 130A-215.5 reads as rewritten:

"**§ 130A-215.5. Communication of mammographic breast density information to patients.**

(a) All health care facilities that perform mammography examinations shall ~~include in the summary of the mammography report, required by federal law to be provided to a patient,~~

~~information that identifies the patient's individual breast density classification based on the Breast Imaging Reporting and Data System established by the American College of Radiology. If the facility determines that a patient has heterogeneously or extremely dense breasts, the summary of the mammography report shall include the following notice:~~

~~"Your mammogram indicates that you may have dense breast tissue. Dense breast tissue is relatively common and is found in more than forty percent (40%) of women. The presence of dense tissue may make it more difficult to detect abnormalities in the breast and may be associated with an increased risk of breast cancer. We are providing this information to raise your awareness of this important factor and to encourage you to talk with your physician about this and other breast cancer risk factors. Together, you can decide which screening options are right for you. A report of your results was sent to your physician.~~provide each patient with a summary of the mammography report in language understandable by a layperson that includes an assessment of the patient's breast density.

(a1) Each health care facility that provides a mammography report to a patient following a mammography examination shall include in the report information about breast density based on the patient's mammogram that is consistent with the federal regulations issued by the United States Food and Drug Administration pursuant to the Mammography Quality Standards Act, 42 U.S.C. § 263b, et seq., as from time to time amended. If a health care facility determines that a patient has heterogeneously or extremely dense breasts, the report provided to the patient shall communicate all of the following information:

(1) Breast tissue can be either dense or not dense.

(2) Dense breast tissue makes it harder to find breast cancer on a mammogram and also increases the risk of developing breast cancer.

(3) In some people with dense breast tissue, other imaging tests in addition to a mammogram may help find cancers.

(4) Patients with dense breast tissue should talk to their healthcare provider about breast density, risks for breast cancer, and their individual situation.

(b) ~~Patients~~ Health care facilities may direct patients who receive diagnostic or screening mammograms ~~may be directed~~ to informative material about breast density. This informative material may include the American College of Radiology's most current brochure on the subject of breast density."

EXTEND THE OPTION FOR NORTH CAROLINIANS TO DONATE A PORTION OF THEIR TAX REFUNDS TO THE BREAST AND CERVICAL CANCER CONTROL PROGRAM

SECTION 4.6. G.S. 105-269.8 reads as rewritten:

"**§ 105-269.8. Contribution by individual for early detection of breast and cervical cancer.**

(a) Contribution. – An individual entitled to a refund of income taxes under Part 2 of Article 4 of this Chapter may elect to contribute all or part of the refund to be used for early detection of breast and cervical cancer at the Cancer Prevention and Control Branch of the Division of Public Health of the Department of Health and Human Services. The Secretary shall provide appropriate language and space on the individual income tax form in which to make the election. The Secretary shall include in the income tax instructions an explanation that the contributions will be used for early detection of breast and cervical cancer only. The election becomes irrevocable upon filing the individual's income tax return for the taxable year.

(b) Distribution. – The Secretary shall transmit the contributions made pursuant to this section to the State Treasurer to be distributed for early detection of breast and cervical cancer. The State Treasurer shall distribute the contributions to the Cancer Prevention and Control Branch of the Division of Public Health of the Department of Health and Human Services. Funds distributed pursuant to this section shall be used only for early detection of breast and cervical

cancer and shall be used in accordance with North Carolina's Breast and Cervical Cancer Control Program's policies and procedures.

(c) Sunset. – This section expires for taxable years beginning on or after ~~January 1, 2026.~~January 1, 2030."

PART V. LAWS PERTAINING TO THE DIVISION OF SOCIAL SERVICES

AUTHORIZE MAGISTRATES TO ACCEPT FOR FILING PETITIONS FOR ADULT PROTECTIVE SERVICES EMERGENCY ORDERS AFTER BUSINESS HOURS AND TO HEAR EX PARTE MOTIONS REGARDING THESE PETITIONS WHEN A DISTRICT COURT JUDGE IS UNAVAILABLE

SECTION 5.1. Article 6 of Chapter 108A of the General Statutes is amended by adding the following new sections to read:

"**§ 108A-106.1. Immediate need for petition for emergency services when clerk's office is closed.**

(a) When the office of the clerk is closed, a magistrate shall accept for filing a petition for an order authorizing the provision of emergency services to a disabled adult and shall note the date of the filing.

(b) The authority of the magistrate under this section is limited to emergency situations in which a petition is filed under G.S. 108A-106 seeking an order ex parte for the provision of emergency services to a disabled adult. Any magistrate who accepts a petition for filing under this section shall deliver the petition to the clerk's office for processing as soon as that office is open for business.

"**§ 108A-106.2. Ex parte emergency orders by authorized magistrate.**

(a) The chief district court judge may authorize one or more magistrates to hear ex parte motions for the provision of emergency services to disabled adults and issue a show-cause notice in the order as required by G.S. 108A-106(d). A magistrate may proceed with hearing a motion ex parte and issuing a show-cause notice under this subsection only if, prior to the hearing, the magistrate determines that at the time the party is seeking emergency services ex parte the district court is not in session and a district court judge is not and will not be available to hear the motion.

(b) An authorized magistrate that issues an ex parte order under this section shall deliver the signed order to the clerk's office for processing as soon as that office is open for business.

(c) All authorizations for ex parte orders for emergency services may be made by telephone when other means of communication are impractical. A copy of the petition for an order authorizing the provision of emergency services shall be provided to the district court judge or the authorized magistrate by any appropriate method, including hand delivery, facsimile, or electronic means. All written orders pursuant to telephonic communication shall bear the name and the title of the director, the name and the title of the district court judge or authorized magistrate issuing the ex parte order, the hour and date of the telephonic authorization, and the signature and the title of the clerk or magistrate receiving the authorization and entering the order and who accepted the petition for filing."

ALIGN STATE LAW WITH THE FEDERAL PROHIBITION ON CONDITIONAL EMPLOYMENT OF APPLICANTS OF CHILD CARE INSTITUTIONS PRIOR TO OBTAINING CRIMINAL HISTORY RECORD CHECK RESULTS

SECTION 5.2. G.S. 108A-150(g) reads as rewritten:

"(g) Conditional Employment. – A child care institution ~~may~~ shall not employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the ~~applicant if both of the following requirements are met:~~applicant.

~~(1) The child care institution shall not employ an applicant prior to obtaining the applicant's consent for a criminal history record check as required in~~

~~subsection (b) of this section or the completed fingerprint cards as required in G.S. 143B-1209.53.~~

~~(2) The child care institution shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment.~~"

ALIGN DISSEMINATION OF BACKGROUND CHECK INFORMATION FOR PROSPECTIVE ADOPTIVE AND FOSTER CARE PARENTS WITH FEDERAL POLICY, LAW, AND STANDARDS

SECTION 5.3.(a) G.S. 48-3-309(e) reads as rewritten:

"(e) The Department shall notify the prospective adoptive parent's supervising county department of social services of the results of the criminal history check. In accordance with the federal and State law regulating the dissemination of the contents of the criminal history file, ~~the Department shall not release or disclose any portion of an individual's criminal history to the prospective adoptive parent or any other individual required to be checked.~~ the Department may provide the prospective adoptive parent or any other individual required to submit to a criminal history record check pursuant to subsection (a) of this section a copy of that applicant's criminal history information for the purpose of reviewing or challenging the accuracy of the criminal history. The ~~Department, however,~~ Department shall ensure that the prospective adoptive parent or any other individual required to be checked pursuant to subsection (a) of this section is notified of the individual's right to review the criminal history information, the procedure for completing or challenging the accuracy of the criminal history, and the prospective adoptive parent's right to contest the preplacement assessment of the county department of social services. Public child placing agencies, including supervising county departments of social services, are required to have an employee on staff that is trained and certified to receive criminal history record information to the extent required by federal policy, law, and standards.

A prospective adoptive parent who disagrees with the preplacement assessment of the county department of social services may request a review of the assessment pursuant to G.S. 48-3-308(a)."

SECTION 5.3.(b) G.S. 131D-10.3A(f) reads as rewritten:

"(f) The Department shall notify in writing the foster parent and any person applying to be licensed as a foster ~~parent, and that individual's supervising agency~~ parent of the determination by the Department of whether the foster parent or prospective foster parent is qualified to provide foster care based on the criminal history of all individuals required to be ~~checked. In accordance with the law regulating the dissemination of the contents of the criminal history file furnished by the Federal Bureau of Investigation, the Department shall not release nor disclose any portion of an individual's criminal history to the foster parent or any other individual required to be checked.~~ checked pursuant to subsection (a) of this section. The Department may provide the foster parent, prospective foster parent, or any other individual required to be checked pursuant to subsection (a) of this section with a copy of that applicant's criminal history information for the purpose of reviewing or challenging the accuracy of the criminal history. The Department shall ~~also~~ notify ~~the~~ each individual required to be checked pursuant to subsection (a) of this section of the individual's right to review the criminal history information, the procedure for completing or challenging the accuracy of the criminal history, and the foster parent's or prospective foster parent's right to contest the Department's determination. Public child placing agencies, including supervising county departments of social services, are required to have an employee on staff that is trained and certified to receive criminal history record information to the extent required by federal policy, law and standards.

A foster parent or prospective foster parent who disagrees with the Department's decision may request a hearing pursuant to Chapter 150B of the General Statutes, the Administrative Procedure Act."

PART VI. LAWS PERTAINING TO THE DIVISION OF STATE-OPERATED HEALTHCARE FACILITIES

SUPPORT IMPLEMENTATION OF CAPACITY RESTORATION PILOT PROGRAMS

SECTION 6.1. Part 6 of Article 5 of Chapter 122C of the General Statutes is amended by adding a new section to read:

"**§ 122C-256. Capacity restoration pilot programs.**

(a) The following definitions apply in this section:

(1) CBCRP. – Community-based capacity restoration program.

(2) DCCRP. – Detention center capacity restoration program.

(b) Community-Based Capacity Restoration Program. – The Department or an LME/MCO may contract for three or more CBCRPs. CBCRPs may be county-based or regionally based. If regionally based, a CBCRP shall align with the State-operated psychiatric hospital within closest proximity. The Department may consult with one or more LME/MCOs for the purposes of contracting for CBCRPs under this subsection.

(c) Detention Center Capacity Restoration Program. – The Department or an LME/MCO, in consultation and with the consent of relevant sheriffs, may contract for up to three DCCRPs. DCCRPs may be county-based or regionally based. All county sheriffs choosing to participate in a regional program must enter into an operational agreement with the sheriff hosting the regional program prior to referring defendants to the program. A regionally based DCCRP shall align with the State-operated psychiatric hospital within closest proximity. The Department may consult with one or more LME/MCOs for the purposes of contracting for DCCRPs under this subsection.

(d) Judicial Discretion. – A court may order capacity restoration to be completed at a CBCRP or DCCRP as an alternative to a State-operated psychiatric hospital for individuals recommended for participation in CBCRP or DCCRP by a forensic evaluator."

PART VII. EFFECTIVE DATE

SECTION 7.1. Except as otherwise provided, this act is effective when it becomes law.