

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2023

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SENATE BILL 425
Health Care Committee Substitute Adopted 4/26/23
PROPOSED HOUSE COMMITTEE SUBSTITUTE S425-PCS45475-BP-28

Short Title: HHS Omnibus.

(Public)

Sponsors:

Referred to:

March 30, 2023

1 A BILL TO BE ENTITLED
2 AN ACT MAKING TECHNICAL, CONFORMING, AND OTHER MODIFICATIONS TO
3 LAWS PERTAINING TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES;
4 CREATING A UNIFORM REFERENCE TO EAST CAROLINA UNIVERSITY
5 REGIONAL BEHAVIORAL HEALTH FACILITY; AND UPDATING THE HOSPITAL
6 VIOLENCE PROTECTION ACT.

7 The General Assembly of North Carolina enacts:

8
9 **PART I. CLARIFY MANNER OF SERVICE OF PETITION AND NOTICE OF**
10 **HEARING FOR DISABLED ADULTS**

11 **SECTION 1.(a)** G.S. 108A-105 reads as rewritten:

12 "**§ 108A-105. Provision of protective services to disabled adults who lack the capacity to**
13 **consent; hearing, findings, etc.**

14 (a) If the director reasonably determines that a disabled adult is being abused, neglected,
15 or exploited and lacks capacity to consent to protective services, then the director may petition
16 the district court for an order authorizing the provision of protective services. The petition must
17 allege specific facts sufficient to show that the disabled adult is in need of protective services and
18 lacks capacity to consent to them.

19 (b) The court shall set the case for hearing within 14 days after the filing of the petition.
20 The disabled adult must receive at least five days' notice of the hearing. ~~He~~The petition and
21 notice of hearing shall be served upon the disabled adult in accordance with G.S. 1A-1, Rule 4(j).
22 The disabled adult has the right to be present and represented by counsel at the hearing. If the
23 person, in the determination of the judge, lacks the capacity to waive the right to counsel, then a
24 guardian ad litem shall be appointed pursuant to G.S. 1A-1, Rule 17, and rules adopted by the
25 Office of Indigent Defense Services. If the person is indigent, the cost of representation shall be
26 borne by the State.

27 (c) If, at the hearing, the judge finds by clear, cogent, and convincing evidence that the
28 disabled adult is in need of protective services and lacks capacity to consent to protective
29 services, ~~he~~the judge may issue an order authorizing the provision of protective services. This
30 order may include the designation of an individual or organization to be responsible for the
31 performing or obtaining of essential services on behalf of the disabled adult or otherwise
32 consenting to protective services ~~in his~~on the disabled adult's behalf. Within 60 days from the
33 appointment of such an individual or organization, the court will conduct a review to determine
34 if a petition should be initiated in accordance with Chapter 35A; for good cause shown, the court
35 may extend the 60 day period for an additional 60 days, at the end of which it shall conduct a



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1 review to determine if a petition should be initiated in accordance with Chapter 35A. No disabled
2 adult may be committed to a mental health facility under this Article.

3 (d) A determination by the court that a person lacks the capacity to consent to protective
4 services under the provisions of this Chapter shall in no way affect incompetency proceedings as
5 set forth in Chapters 33, 35 or 122 of the General Statutes of North Carolina, or any other
6 proceedings, and incompetency proceedings as set forth in Chapters 33, 35, or 122 shall have no
7 conclusive effect upon the question of capacity to consent to protective services as set forth in
8 this Chapter."

9 **SECTION 1.(b)** This Part is effective August 1, 2024, and applies to petitions filed
10 on or after that date.

11 **PART II. AMEND DEFINITION OF FAMILY CHILD CARE HOME**

12 **SECTION 2.** G.S. 110-86 reads as rewritten:

13 **"§ 110-86. Definitions.**

14 Unless the context or subject matter otherwise requires, the terms or phrases used in this
15 Article shall be defined as follows:

16 ...

17 (3) Child care facility. – Includes child care centers, family child care homes, and
18 any other child care arrangement not excluded by G.S. 110-86(2), that
19 provides child care, regardless of the time of day, wherever operated, and
20 whether or not operated for profit.

21 a. A child care center is an arrangement where, at any one time, there are
22 three or more preschool-age children or nine or more school-age
23 children receiving child care.

24 b. A family child care home is a child care arrangement located in a
25 residence where, at any one time, more than two children, but less than
26 ~~10~~11 children, receive child care, provided the arrangement is in
27 accordance with G.S. 110-91(7)b.

28"

29 **PART III. MODERNIZE LOCAL HEALTH DIRECTOR QUALIFICATIONS**

30 **SECTION 3.(a)** G.S. 130A-40 reads as rewritten:

31 **"§ 130A-40. Appointment of local health director.**

32 (a) A local board of health, after consulting with the appropriate county board or boards
33 of commissioners, shall appoint a local health director. All persons who are appointed to the
34 position of local health director on or after January 1, 1992, must possess minimum education
35 and experience requirements for that position, as follows:

36 (1) A medical doctorate; or

37 (2) A masters degree in Public Health Administration, and at least one year of
38 employment experience in health programs or health services; or

39 (3) A masters degree in a public health discipline other than public health
40 administration, and at least three years of employment experience in health
41 programs or health services; or

42 (4) A masters degree in public administration, and at least two years of experience
43 in health programs or health services; or

44 (5) A masters degree in a field related to public health, and at least three years of
45 experience in health programs or health services; or

46 (6) A bachelors degree in a field related to public health administration or public
47 administration and at least ~~three~~seven years of experience in health programs
48 or health ~~services~~services, which must include at least three years of
49 supervisory experience.
50
51

1 (b) Before appointing a person to the position of local health director under subsection
 2 (a)(5) or (a)(6) of this section, the local board of health shall forward the application and other
 3 pertinent materials of such candidate to the State Health Director. If the State Health Director
 4 determines that the candidate's ~~masters~~-degree is in a field not related to public health, the State
 5 Health Director shall so notify the local board of health in writing within 15 days of the State
 6 Health Director's receipt of the application and materials, and such candidate shall be deemed
 7 not to meet the education requirements of subsection (a)(5) or (a)(6) of this section. If the State
 8 Health Director fails to act upon the application within 15 days of receipt of the application and
 9 materials from the local board of health, the application shall be deemed approved with respect
 10 to the education requirements of subsection (a)(5) or (a)(6) of this section, and the local board of
 11 health may proceed with appointment process.

12 (c) The State Health Director shall review requests of educational institutions to
 13 determine whether a particular ~~masters~~-degree offered by the requesting institution is related to
 14 public health for the purposes of subsection (a)(5) or (a)(6) of this section. The State Health
 15 Director shall act upon such requests within 90 days of receipt of the request and pertinent
 16 materials from the institution, and shall notify the institution of its determination in writing within
 17 the 90-day review period. If the State Health Director determines that an institution's particular
 18 ~~masters~~-degree is not related to public health, the State Health Director shall include the reasons
 19 therefor in his or her written determination to the institution.

20 (d) When a local board of health fails to appoint a local health director within 60 days of
 21 the creation of a vacancy, the State Health Director may appoint a local health director to serve
 22 until the local board of health appoints a local health director in accordance with this section."

23 **SECTION 3.(b)** G.S. 153A-77 reads as rewritten:

24 "**§ 153A-77. Authority of boards of commissioners over commissions, boards, agencies, etc.**

25 ...

26 (e) The human services director of a consolidated county human services agency shall be
 27 appointed and dismissed by the county manager with the advice and consent of the consolidated
 28 human services board. The human services director shall report directly to the county manager.
 29 The human services director shall:

- 30 (1) Appoint staff of the consolidated human services agency with the county
 31 manager's approval.
- 32 (2) Administer State human services programs.
- 33 (3) Administer human services programs of the local board of county
 34 commissioners.
- 35 (4) Act as secretary and staff to the consolidated human services board under the
 36 direction of the county manager.
- 37 (5) Plan the budget of the consolidated human services agency.
- 38 (6) Advise the board of county commissioners through the county manager.
- 39 (7) Perform regulatory functions of investigation and enforcement of State and
 40 local health regulations, as required by State law.
- 41 (8) Act as an agent of and liaison to the State, to the extent required by law.
- 42 (9) Appoint, with the county manager's approval, an individual that meets the
 43 requirements of ~~G.S. 130A-40(a)~~-G.S. 130A-40(a) to serve as the local health
 44 director.

45"

46 **SECTION 3.(c)** This Part is effective August 1, 2024, and applies to appointments
 47 made on or after that date.

48
 49 **PART IV. EXTEND UNLICENSED KINSHIP CARE TO HALF SIBLINGS OF**
 50 **RELATIVE CHILDREN**

51 **SECTION 4.** Section 6.6(a) of S.L. 2023-14 reads as rewritten:

1 "SECTION 6.6.(a) Effective six months after this bill becomes law, and notwithstanding
2 any other provision of law or rule to the contrary, the Department of Health and Human Services,
3 Division of Social Services (Division), shall develop and implement a policy that allows an
4 individual who is related by blood, marriage, or adoption to a child and providing foster care, as
5 defined under G.S. 131D-10.2(9), to ~~a child~~ the child and, if applicable, to any half sibling or half
6 siblings of the child, in a family foster home to be reimbursed for the provision of care without
7 having to meet the requirements for licensure under G.S. 131D-10.3 pursuant to rates set forth in
8 subsection (b) of this section. For purposes of this section, "family foster home" means the private
9 residence of one or more individuals who permanently reside as members of the household and
10 who provide continuing full-time foster care for a child or children who are related to the adult
11 members of the household by blood, marriage, or ~~adoption~~ adoption and, if applicable, any half
12 siblings, regardless of their relationship to the kinship caregiver."

13
14 **PART V. CLARIFY FIRST RESPONDER TO WHOM INFANT MAY BE**
15 **SURRENDERED IS ON DUTY**

16 SECTION 5.(a) G.S. 7B-521 reads as rewritten:

17 "§ 7B-521. **Persons to whom infant may be surrendered.**

18 The following individuals shall, without a court order, take into temporary custody an infant
19 reasonably believed to be not more than 30 days of age that is voluntarily delivered to the
20 individual by the infant's parent who does not express an intent to return for the infant:

- 21 (1) A health care provider, as defined under G.S. 90-21.11, who is on duty or at a
22 hospital or at a local or district health department or at a nonprofit community
23 health center.
- 24 (2) A first ~~responder~~, responder who is on duty, including a law enforcement
25 officer, a certified emergency medical services worker, or a firefighter.
- 26 (3) A social services worker who is on duty or at a local department of social
27 services."

28 SECTION 5.(b) This Part becomes effective August 1, 2024, and applies to infants
29 surrendered on or after that date.

30
31 **PART VI. ALLOW APPLICATION TO COURT FOR LIMITED CUSTODY OF**
32 **SURRENDERED INFANT UPON INITIATION OF NOTICE BY PUBLICATION**

33 SECTION 6.(a) G.S. 7B-525 reads as rewritten:

34 "§ 7B-525. **Social services response.**

35 (a) A director of a department of social services who receives a safely surrendered infant
36 pursuant to this Article has, by virtue of the surrender, the surrendering parent's rights to legal
37 and physical custody of the infant without obtaining a court order. A county department of social
38 services to whom an infant has been safely surrendered may, after the notice by publication set
39 forth in G.S. 7B-526 has been ~~completed~~, initiated, apply ex parte to the district court for an order
40 finding that the infant has been safely surrendered and confirming that the county department of
41 social services has legal custody of the minor for the purposes of obtaining a certified copy of
42 the child's birth certificate, a social security number, or federal and State benefits for the minor.

43"

44 SECTION 6.(b) This Part becomes effective October 1, 2024, and applies to infants
45 surrendered on or after that date.

46
47 **PART VII. UPDATE GUIDELINES FOR TRAUMA-INFORMED STANDARDIZED**
48 **ASSESSMENT**

49 SECTION 7. Section 9J.12(d) of S.L. 2023-134 reads as rewritten:

1 "SECTION 9J.12.(d) Guidelines. – In developing the trauma-informed, standardized
2 assessment and the rollout plan, the Department of Health and Human Services shall ensure the
3 trauma-informed, standardized assessment does, at a minimum, all of the following:

- 4 (1) That juveniles between the ages of 4 and 17 being placed into foster care
5 receive a trauma-informed, standardized assessment within 10 working days
6 of their referral.
- 7 (2) That each juvenile who is included in any Medicaid children and families
8 specialty plan, regardless of their type of placement, receives a
9 trauma-informed, standardized ~~assessment~~assessment, provided that parental
10 consent has been obtained when required.
- 11 (3) That each trauma-informed, standardized assessment may be administered in
12 a face-to-face or telehealth encounter.
- 13 (4) That the county department of social services makes the referral for a
14 trauma-informed, standardized assessment within five working days of a
15 determination of abuse or neglect of the juvenile in accordance with
16 ~~G.S. 7B-302~~G.S. 7B-302 for children in foster care or within five working
17 days of obtaining parental consent for children who are at risk for entry into
18 foster care.
- 19 ~~(5) After obtaining parental consent, that a juvenile is able to receive a trauma-~~
20 ~~informed, standardized assessment if the county department of social services~~
21 ~~makes the determination that the juvenile is at imminent risk for entry into~~
22 ~~foster care.~~
- 23 (6) Allows for individuals between the ages of 18 and 21 to receive an assessment,
24 if necessary.
- 25 (7) Provides an evidence-informed and standardized template and content for the
26 assessment.
- 27 (8) In the event the juvenile has an assigned care manager under the Medicaid
28 program, that the responsible care management entity is notified of the referral
29 for the assessment and to whom."

31 PART VIII. QUALITY RATING IMPROVEMENT SYSTEM MODIFICATIONS

32 SECTION 8.(a) The Department of Health and Human Services, Division of Child
33 Development and Early Education (Division), shall update and revise the quality rating
34 improvement system (QRIS) to include alternative pathways for licensed child care facilities to
35 earn a license of two to five stars based on program standards and education levels of staff as
36 follows:

- 37 (1) A pathway focused on program assessment.
- 38 (2) A pathway focused on classroom and instructional quality.
- 39 (3) A pathway focused on accreditation.
- 40 (4) Any other pathway regarding updating the QRIS designated by the North
41 Carolina Child Care Commission, in its discretion.

42 SECTION 8.(b) Upon request, a child care facility may be awarded a star-rated
43 license based on an accreditation from a national childhood education accreditation organization
44 provided the facility maintains its accreditation and remains in good standing. Star-rated licenses
45 based on accreditation shall be issued as follows:

- 46 (1) A three-star-rated license for a facility with an accreditation from any of the
47 following:
 - 48 a. National Early Childhood Program Accreditation (NECPA).
 - 49 b. National Association for Family Child Care (NAFCC).
 - 50 c. American Montessori Society (AMS).
 - 51 d. International Montessori Council (IMC).

- 1 (2) A five-star-rated license for a facility that meets the criteria of or has an
 2 accreditation from any of the following:
 3 a. National Association for the Education of Young Children (NAEYC).
 4 b. National Accreditation Commission for Early Care and Education
 5 Programs (NAC).
 6 c. Cognia (formerly AdvanceED) that includes early learning standards.

7 **SECTION 8.(c)** For accreditations earning less than five stars, there shall be
 8 additional opportunities to allow a facility to increase its star rating. The Commission may, in its
 9 discretion, reassess an accreditation's star-rating equivalency or increase or decrease the
 10 accreditation's star rating if the standard for earning the accreditation is revised. The Commission
 11 may approve additional accreditations from national childhood education accreditation
 12 organizations and determine their star-rating equivalency upon request.

13 **SECTION 8.(d)** Notwithstanding any other provision of law to the contrary, the
 14 Division of Child Development and Early Education (Division) shall not require a child care
 15 facility with a two- to five-star-rated license to undergo a QRIS reassessment until rules
 16 implementing QRIS reform become effective. However, nothing in this section shall prevent a
 17 child care facility with a star-rated license from electing to undergo a QRIS assessment, upon
 18 request of the Division, before rules implementing QRIS reform become effective.

19 **SECTION 8.(e)** Effective February 1, 2025, if the Division of Child Development
 20 and Early Education issues any new license with a rating of two to five stars to a child care facility
 21 or any facility that elects to undergo a QRIS assessment based on a program assessment before
 22 rules implementing QRIS reform become effective, the facility shall be evaluated using
 23 "Infant/Toddler Environment Rating Scale, Third Edition," "Early Childhood Environment
 24 Rating Scale, Third Edition," "School-Age Care Environment Rating Scale, Updated Edition,"
 25 or "Family Child Care Environment Rating Scale, Third Edition," as applicable.

26 **SECTION 8.(f)** Notwithstanding any other provision of law to the contrary, when
 27 the Division of Child Development and Early Education (Division) issues any new license with
 28 a rating of two to five stars to a child care facility or any facility that elects to undergo a QRIS
 29 assessment before rules implementing QRIS reform become effective, if the percentage of lead
 30 teachers in the facility required to meet the "rated licensed education requirements" criteria is set
 31 at seventy-five percent (75%) for the facility to earn those "education points" toward the facility's
 32 star rating, the Division shall lower the seventy-five percent (75%) threshold to fifty percent
 33 (50%) of lead teachers.

34 **SECTION 8.(g)** G.S. 110-90 reads as rewritten:

35 **"§ 110-90. Powers and duties of Secretary of Health and Human Services.**

36 The Secretary shall have the following powers and duties under the policies and rules of the
 37 Commission:

38 ...

- 39 (4) To issue a rated license to any child care facility which meets the standards
 40 established by this Article. ~~The rating shall be based on the following:~~ Article
 41 as follows:

- 42 a. ~~Before January 1, 2008, for~~ For any child care facility currently
 43 holding a license of two to five stars, ~~the rating shall be based on~~
 44 ~~program standards, education levels of staff, and compliance history~~
 45 ~~of the child care facility. By January 1, 2008, the rating shall be based~~
 46 ~~on program standards and education levels of staff.~~ stars or any new
 47 license issued to a child care facility with a rating of two to five stars,
 48 the rating shall be based on (i) program standards and (ii) education
 49 levels of staff. When evaluating program standards, the Department
 50 shall consider the facility's staff/child ratios, space requirements,
 51 continuous quality improvement standards, family and community

engagement practices, environmental rating scale evaluations, curriculum, child observation and assessment, staff coaching or mentoring, or accreditation by a national or regional accrediting agency with early childhood standards. When evaluating education levels of staff, the Department shall consider any early childhood and child development coursework, early childhood education certificates, Child Development Associate credentials, associate or bachelor's degrees, continuous quality improvement standards for staff, continuing education units, early childhood education competency evaluations, work experience in child care, coaching or mentoring completed, and education standards within an accreditation award.

b. ~~Effective January 1, 2006, for any new license issued to a child care facility with a rating of two to five stars, the rating shall be based on program standards and education levels of staff.~~

c. ~~By January 1, 2008, for~~ For any child care facility to maintain a license or Notice of Compliance, the child care facility shall have a compliance history of at least seventy-five percent (75%), as assessed by the Department. When a child care facility fails to maintain a compliance history of at least seventy-five percent (75%) for the past 18 months or during the length of time the facility has operated, whichever is less, as assessed by the Department, the Department may issue a provisional license or Notice of Compliance.

d. ~~Effective January 1, 2006, for any new license or Notice of Compliance issued to a child care facility, the facility shall maintain a compliance history of at least seventy five percent (75%), as assessed by the Department. When a child care facility fails to maintain a compliance history of at least seventy five percent (75%) for the past 18 months or during the length of time the facility has operated, whichever is less, as assessed by the Department, the Department may issue a provisional license or Notice of Compliance.~~

e. The Department shall provide ~~additional opportunities for child care providers to earn points for program standards and education levels of staff.~~ licensed facilities with a rating of two to five stars with an opportunity to earn recognition or acknowledgment for voluntary participation in other quality initiatives or specialties, including educational and programmatic options, that are implemented in addition to quality rating improvement system (QRIS) standards.

...."

SECTION 8.(h) Nothing in this act shall be construed as interfering with the requirements of G.S. 110-88.1 regarding the training or curriculum offered by religious-sponsored child care facilities.

SECTION 8.(i) The North Carolina Child Care Commission shall adopt, amend, or repeal any rules regarding star-rating system reform necessary to implement the provisions of this act, including any rule establishing the star rating to be automatically assessed for child care facilities designated as Head Start programs.

SECTION 8.(j) Sections 8(b), 8(c), 8(d), and 8(e) of this Part are effective when they become law and expire on the date rules implementing QRIS reform become effective. The remainder of this Part is effective when it becomes law.

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

1 **SECTION 9.(a)** Section 1.8(a) of S.L. 2023-7 reads as rewritten:
 2 "**SECTION 1.8.(a)** Notwithstanding G.S. 108A-54(d) and in accordance with
 3 G.S. 143B-24(b), the Department of Health and Human Services (DHHS) is authorized, on a
 4 temporary basis to conclude ~~no later than 12 months after the date approved by the Centers for~~
 5 ~~Medicare and Medicaid Services (CMS) for Medicaid coverage to begin in North Carolina for~~
 6 ~~individuals described in section 1902(a)(10)(A)(i)(VIII) of the Social Security Act, by June 30,~~
 7 2025, to utilize the federally facilitated marketplace (Marketplace), also known as the federal
 8 health benefit exchange, to make Medicaid eligibility determinations. In accordance with
 9 G.S. 108A-54(b), these eligibility determinations shall be in compliance with all eligibility
 10 categories, resource limits, and income thresholds set by the General Assembly."

11 **SECTION 9.(b)** Section 1.8(g) of S.L. 2023-7 reads as rewritten:
 12 "**SECTION 1.8.(g)** Subsection (a) of this section expires ~~12 months after the date approved~~
 13 ~~by the Centers for Medicare and Medicaid Services (CMS) for Medicaid coverage to begin in~~
 14 ~~North Carolina for individuals described in section 1902(a)(10)(A)(i)(VIII) of the Social Security~~
 15 ~~Act.~~June 30, 2025."

16
 17 **PART X. CREATE UNIFORM REFERENCE TO EAST CAROLINA UNIVERSITY**
 18 **REGIONAL BEHAVIORAL HEALTH FACILITY**

19 **SECTION 10.(a)** Section 4.10(aa)(4) of S.L. 2023-134 reads as rewritten:
 20 "(4) The sum of fifty million dollars (\$50,000,000) for a regional behavioral health
 21 hospital facility."

22 **SECTION 10.(b)** Section 40.1(a) of S.L. 2023-134 reads as rewritten:
 23 "**SECTION 40.1.(a)** The following agency capital improvement projects have been assigned
 24 a project code for reference to allocations in this Part, past allocations, and for intended project
 25 support by the General Assembly for future fiscal years:

Agency Capital Improvement Project	Project Code
26 ...	
27 East Carolina University—	
28 Brody School of Medicine	UNC/ECU21-1
29 Howell Science Building North—Comprehensive Renovation	UNC/ECU23-1
30 Leo Jenkins Building/Health Sciences—Comprehensive Renovation	UNC/ECU23-2
31 Medical Examiner Office	UNC/ECU23-3
32 Regional Children's Behavioral Health Facility	UNC/ECU23-4
33 Dental School Planning	UNC/ECU23-5
34"	

35
 36 **SECTION 10.(c)** Notwithstanding the Committee Report described in Section 43.2
 37 of S.L. 2023-134 or any other provision of law to the contrary, the funding allocated from the
 38 State Capital and Infrastructure Fund to East Carolina University in the sum of fifty million
 39 dollars (\$50,000,000) shall be used to construct a Regional Behavioral Health facility in
 40 Greenville.

41
 42 **PART XI. UPDATE THE HOSPITAL VIOLENCE PROTECTION ACT**

43 **SECTION 11.(a)** G.S. 131E-88 reads as rewritten:
 44 "Part 3A. **(Effective October 1, 2024)** Hospital Violence Protection Act.
 45 **"§ 131E-88. (Effective October 1, 2024) Law enforcement officers required in emergency**
 46 **departments.**

47 (a) As used in this Part, "law enforcement officer" means (i) a sworn law enforcement
 48 officer, (ii) a special police officer, as defined in subsection (b) of G.S. 74E-6, or (iii) a campus
 49 police officer, in accordance with Chapter 74G of the General Statutes, who is duly authorized
 50 to carry a concealed weapon.

1 (b) Each hospital licensed under this Article that has an emergency department shall
2 conduct a security risk assessment and develop and implement a security plan with protocols to
3 ensure that at least one law enforcement officer is present at all times, except when temporarily
4 required to leave in connection with the discharge of their duties, in the emergency department
5 or on the same campus as the emergency department, unless subsection (c) of this section applies.

6 The security plan required by this section shall include all of the following components:

- 7 (1) Training for law enforcement officers employed or contracted by the hospital
8 that is appropriate for the populations served by the emergency department.
- 9 (2) Training for law enforcement officers employed or contracted by the hospital
10 that is based on a trauma-informed approach to identifying and safely
11 addressing situations involving patients, family members, or other persons
12 who pose a risk of harm to themselves or others due to mental illness or
13 substance use disorder or who are experiencing a mental health crisis.
- 14 (3) Safety protocols based on all of the following:
 - 15 a. Standards established by a nationally recognized organization that has
16 experience educating and certifying professionals involved in
17 managing and directing security and safety programs in healthcare
18 facilities. The Department of Health and Human Services shall solicit
19 names of nationally recognized organizations from the North Carolina
20 Sheriffs' Association, the North Carolina Association of Chiefs of
21 Police, the North Carolina Emergency Management Association, and
22 the North Carolina Healthcare Association.
 - 23 b. The results of a security risk assessment of the emergency department.
 - 24 c. Risks for the emergency department identified in consultation with the
25 emergency department's medical director and nurse leadership, law
26 enforcement officers employed or contracted by the hospital, and a
27 local law enforcement representative. These identified risks shall take
28 into consideration the hospital's trauma level designation, overall
29 patient volume, volume of psychiatric and forensic patients, incidents
30 of violence against staff and level of injuries sustained from such
31 violence, and prevalence of crime in the community.
- 32 (4) Safety protocols that include the presence of at least one law enforcement
33 officer in the emergency department, or on the same campus as the emergency
34 department, at all times, unless an exemption is approved under subsection (c)
35 of this section.
- 36 (5) Training requirements for law enforcement officers employed or contracted
37 by the hospital in the potential use of and response to weapons, defensive
38 tactics, de-escalation techniques, appropriate patient intervention activities,
39 crisis intervention, and trauma-informed approaches.

40 (b1) Each hospital licensed under this Article that has an emergency department may
41 submit its security risk assessment to the Department of Health and Human Services by October
42 1, 2024. The submitted security risk assessment must include the following:

- 43 (1) The titles of the individuals who participated in the development of the
44 security risk assessment.
- 45 (2) The actions recommended by the security risk assessment.
- 46 (3) The physical modifications recommended by the security risk assessment.
- 47 (4) The proposed budget and time line for the implementation of the security plan
48 required by subsection (b) of this section.

49 Subsection (b) of this section shall not apply until June 1, 2025, to a hospital licensed under
50 this Article that has an emergency department who acts in compliance with this subsection.

1 (c) A hospital is not required to have at least one law enforcement officer present in the
 2 emergency department or on the hospital campus at all times if the hospital in good faith
 3 determines that a different level of security is necessary and appropriate for any of its emergency
 4 departments based upon findings in the security risk assessment required under sub-subdivision
 5 (b)(3)b. of this section. A hospital that determines that a different level of security is necessary
 6 and appropriate shall include the basis for that determination in its security risk assessment, and
 7 the security plan must include the following:

8 (1) The signature of the county sheriff.

9 (2) The signature of the municipal police chief, if applicable.

10 (3) The approval and signature of the county emergency management director.

11 (d) Every hospital with an emergency department shall provide appropriate hospital
 12 workplace violence prevention program training, education, and resources to staff, practitioners,
 13 and non-law enforcement officer security personnel.

14 (e) The Department of Health and Human Services shall have access to all security plans
 15 for hospitals with an emergency department and shall maintain a list of those hospitals with a
 16 security plan developed in accordance with this section. The Department of Health
 17 and Human Services shall maintain a list of those hospitals with a security plan developed in
 18 accordance with this section and a list of those hospitals who submitted a security risk assessment
 19 in accordance with subsection (b1) of this section.

20 (f) The following are not public records as defined by Chapter 132 of the General
 21 Statutes:

22 (1) A hospital security risk assessment, regardless of who has custody of the
 23 security risk assessment.

24 (2) A hospital security plan, regardless of who has custody of the security plan."

25 **SECTION 11.(b)** This Part is effective when it becomes law.

26 **PART XII. CLARIFYING MEDICAID BENEFITS FOR INMATES**

27 **SECTION 12.1.(a)** G.S. 108D-40 reads as rewritten:

28 **"§ 108D-40. Populations covered by PHPs.**

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

31 ...

32 (9) Recipients who are inmates of prisons. Upon the recipient's release from
 33 prison, the exception under this subdivision shall continue to apply for a
 34 period that is the shorter of the following:

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

37 b. Three hundred sixty-five days.

38 (9a) Recipients residing in carceral settings other than prisons and whose Medicaid
 39 eligibility has been suspended. Upon the recipient's release from
 40 incarceration, the exception under this subdivision shall continue to apply for
 41 a period that is the shorter of the following:

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

44 b. Three hundred sixty-five days.

45"

46 **SECTION 12.1.(b)** This section is effective January 1, 2025.

47 **SECTION 12.2.** G.S. 122C-115(f) reads as rewritten:

48 (f) LME/MCOs operating the BH IDD tailored plans under G.S. 108D-60 may contract
 49 with the Department to continue to manage the behavioral health, intellectual and developmental
 50

1 disability, and traumatic brain injury services for any Medicaid recipients who are not enrolled
2 in a BH IDD tailored plan or the CAF specialty plan."
3

4 **PART XIV. EFFECTIVE DATE**

5 **SECTION 14.** Except as otherwise provided, this act is effective when it becomes
6 law.