

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2025

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HOUSE BILL 1104
Committee Substitute Favorable 6/2/26
PROPOSED SENATE COMMITTEE SUBSTITUTE H1104-PCS40757-DC-28

Short Title: Improve IVC Process and Enhance Public Safety. (Public)

Sponsors:

Referred to:

April 30, 2026

1 A BILL TO BE ENTITLED
2 AN ACT TO IMPROVE THE INVOLUNTARY COMMITMENT PROCESS AND
3 INCREASE PUBLIC SAFETY.

4 Whereas, the House Select Committee on Involuntary Commitment and Public Safety
5 met six times during the 2025 to 2026 biennium, conducted meaningful work and engaged in
6 productive discussion; and

7 Whereas, the House Select Committee on Involuntary Commitment and Public Safety
8 identified several areas needing further study and has made recommendations; Now, therefore,
9 The General Assembly of North Carolina enacts:

10
11 **IMPROVE DATA COLLECTION AND FURTHER STUDY**

12 **SECTION 1.(a)** The North Carolina Department of Health and Human Services
13 (DHHS), the North Carolina Department of Information Technology (DIT), and the
14 Administrative Office of the Courts (AOC) shall study relevant statutes, judicial and clinical
15 practices, and available technological resources to identify areas for systemic improvement in
16 the involuntary commitment (IVC) process in the State. This study shall identify existing gaps in
17 the State's current IVC process and shall provide specific recommendations to address or
18 eliminate those gaps and ensure that individuals subject to involuntary commitment receive
19 timely, data-driven, and accessible support. On or before February 1, 2027, DHHS, DIT, and
20 AOC shall report to the Joint Legislative Committee on Health and Human Services on the results
21 of the study, which shall include, at a minimum, all of the following:

- 22 (1) A comprehensive evaluation of the legal and operational frameworks
23 governing involuntary commitment in the State to provide formal
24 recommendations for systemic improvement. This evaluation shall focus on
25 the following:
26 a. Ensuring that judicial officers receive timely clinical data from
27 examiners to make informed, legally sound decisions regarding an
28 individual's safety and treatment needs.
29 b. Parameters for training judges and magistrates on community-based
30 services, such as Treatment Accountability for Safer Communities
31 (TASC), "Community Treatment" teams, and Forensic Assertive
32 Community Treatment (FACT) teams, to bolster treatment compliance
33 and reduce recidivism.



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- c. Collaborating with the University of North Carolina School of Government to develop clinical workflows, transport guidance, and bench cards that ensure successful referrals across all agencies.
 - d. The update of electronic examination forms, affidavits, and petitions to capture consistent, high-quality data statewide.
 - e. Strategies to increase data sharing between DHHS and the eCourts system regarding IVC exams and court proceedings, including the feasibility of a public-facing dashboard and necessary State statutory changes.
 - f. The feasibility and potential benefits of granting law enforcement access to IVC court records for the purpose of better informing law enforcement procedures and operations.
- (2) Any additional information deemed relevant by DHHS, DIT, and AOC to ensure high-quality data collection and data-driven decision making across the involuntary commitment system.

SECTION 1.(b) This section is effective when it becomes law.

PLAN TO USE TELEHEALTH IN JAILS TO COMPLETE IVC FIRST EXAMINATION

SECTION 2.(a) The Department of Health and Human Services (DHHS) and the North Carolina Sheriffs' Association are directed to develop a plan to use telehealth to complete the first examinations of individuals in custody of county jails. In developing this plan, DHHS and the Sheriffs' Association shall consult with relevant stakeholders. The plan shall include at least all of the following:

- (1) A funding amount necessary to support the provision of telehealth services in all county jails within the State.
- (2) A recommended model for jail-based telehealth services, including required technical components, equipment needs, and staffing considerations.
- (3) Development of a request for proposal to contract with approved third-party organizations to examine opportunities to improve the efficiency and cost-effectiveness of using telehealth to conduct first examinations of individuals in custody of county jails.
- (4) A time line for the statewide implementation of the telehealth service plan.
- (5) Any additional information that DHHS or the Sheriffs' Association determines to be relevant to the study and its recommendations.

SECTION 2.(b) No later than October 1, 2026, DHHS and the Sheriffs' Association shall submit a report on the plan as required in subsection (a) of this section to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division.

PLAN TO UTILIZE MOBILE CRISIS UNITS TO COMPLETE IVC FIRST EXAMINATIONS

SECTION 3.(a) The Local Management Entities/Managed Care Organizations (LME/MCOs) and the Department of Health and Human Services (DHHS) are directed to develop a plan to use mobile crisis units to enhance the efficiency of the involuntary commitment process. In developing this plan, the LME/MCOs and DHHS shall consult with relevant stakeholders. The plan shall include at least all of the following:

- (1) The development of a statewide coverage model that uses in-person clinicians or on-call licensed clinicians in mobile crisis units to complete the first examination for involuntary commitment.
- (2) Recommendations to improve mobile crisis response.

1 (3) An analysis of the funding necessary to implement the plan, including costs
2 associated with training and technology.

3 (4) Any additional information that the LME/MCOs and DHHS deem relevant to
4 improving mobile crisis units.

5 **SECTION 3.(b)** No later than October 1, 2026, the LME/MCOs and DHHS shall
6 submit a report on the plan as required in subsection (a) of this section to the Joint Legislative
7 Oversight Committee on Health and Human Services and the Fiscal Research Division.

9 **INCREASED TRAINING FOR INVOLUNTARY COMMITMENT EXAMINERS**

10 **SECTION 4.(a)** The Department of Health and Human Services (DHHS) is directed
11 to evaluate the standardized training program for involuntary commitment examiners for
12 necessary improvements, and to incorporate additional training into the standardized training
13 program for providers who conduct first examinations of individuals in custody of county jails.

14 **SECTION 4.(b)** No later than December 1, 2026, DHHS shall submit a report on
15 the standardized training program as required in subsection (a) of this section to the Joint
16 Legislative Oversight Committee on Health and Human Services and the Fiscal Research
17 Division.

18 **PLAN TO ADDRESS STAFFING AND BED SHORTAGES IN STATE-OPERATED** 19 **FACILITIES**

20 **SECTION 5.(a)** The Department of Health and Human Services (DHHS) is directed
21 to develop a plan to address (i) the ongoing shortage of staffed and available behavioral health
22 beds in State-operated facilities for individuals in crisis, (ii) the staffing deficiencies that limit
23 the use of existing behavioral health bed capacity, (iii) potential use of non-State-operated entities
24 or facilities to provide staffing for or leasing to State-operated facilities, and (iv) contracting for
25 behavioral health beds or staffing as supplementary or alternative to State-operated or staffed
26 beds. In developing this plan, DHHS shall consult with interested parties. The plan shall include
27 at least all of the following:
28

29 (1) An evaluation of current staffing models, hiring and recruitment practices,
30 employee retention strategies, and the use of incentive pools.

31 (2) A review of staffing requirements required by State statute and Joint
32 Commission standards.

33 (3) Any grant opportunities and other funding mechanisms to support behavioral
34 health bed capacity.

35 (4) An assessment of opportunities to utilize nongovernmental facilities or
36 entities, whether nonprofit or for-profit.

37 (5) Any additional information, suggestion, or initiative, DHHS deems relevant
38 to address staffing shortages and the ongoing shortage of available behavioral
39 health beds.

40 **SECTION 5.(b)** No later than December 1, 2026, DHHS shall submit a report on
41 the plan as required in subsection (a) of this section to the Joint Legislative Oversight Committee
42 on Health and Human Services and the Fiscal Research Division.

43 **STUDY LACK OF USE OF OUTPATIENT COMMITMENT**

44 **SECTION 6.(a)** The North Carolina Collaboratory (Collaboratory) shall conduct a
45 study on how outpatient commitment may be more effectively used and implemented in the State.
46 In developing this study, the Collaboratory shall consult with relevant stakeholders. The study
47 shall include at least all of the following:
48

49 (1) A review of State statutes governing outpatient commitment and the
50 identification of any statutory revisions needed to align the State with best
51 practices in other states.

- 1 (2) An examination of barriers that limit the use or effectiveness of outpatient
2 commitment, including the availability of outpatient commitment services
3 statewide.
- 4 (3) An assessment of mechanisms currently available to track adherence and
5 monitor compliance, along with proposed methods to strengthen and enhance
6 tracking and monitoring processes.
- 7 (4) Any additional issues the Collaboratory determines to be relevant to
8 improving the use and effectiveness of outpatient commitment.

9 **SECTION 6.(b)** No later than December 1, 2026, the North Carolina Collaboratory
10 shall submit a report on the study as required in subsection (a) of this section to the Joint
11 Legislative Oversight Committee on Health and Human Services.

12 13 **BEHAVIORAL HEALTH STATEWIDE CENTRAL AVAILABILITY NAVIGATOR** 14 **UPDATES (BH SCAN)**

15 **SECTION 7.(a)** The Department of Health and Human Services (DHHS), in
16 consultation with the Sheriffs' Association, is directed to provide law enforcement access to BH
17 SCAN. DHHS shall report to the Joint Legislative Oversight Committee on Health and Human
18 Services when access is complete.

19 **SECTION 7.(b)** DHHS is directed to develop and implement real-time data
20 availability within BH SCAN. DHHS shall ensure that BH SCAN provides timely, accurate, and
21 continuously updated information on available behavioral health beds to authorized users.

22 **SECTION 7.(c)** DHHS shall develop and implement functionality within BH SCAN
23 that allows authorized users to reserve an available behavioral health bed in real time.

24 **SECTION 7.(d)** Subsection (a) of this section is effective August 1, 2026.
25 Subsections (b) and (c) of this section are effective August 1, 2027. The remainder of this section
26 is effective when it becomes law.

27 28 **STUDY LEGAL STANDARDS FOR INVOLUNTARY COMMITMENT AND** 29 **INCAPACITY TO PROCEED**

30 **SECTION 8.(a)** The North Carolina Collaboratory (Collaboratory) shall conduct a
31 comprehensive study of the differing legal standards governing involuntary commitment and
32 incapacity to proceed to identify statutory revisions that would enhance each system's
33 effectiveness and advance public safety for all individuals involved. In developing this study, the
34 Collaboratory shall consult with relevant stakeholders. This study shall include recommendations
35 for statutory changes to address inconsistent terminology in the governing statutes and clarify
36 procedures for the transition of individuals between systems.

37 **SECTION 8.(b)** No later than December 1, 2026, the North Carolina Collaboratory
38 shall submit a report on the study as required in subsection (a) of this section to the Joint
39 Legislative Oversight Committee on Health and Human Services.

40 41 **WORKING GROUP TO ADDRESS MENTAL HEALTH AND CRIMINAL JUSTICE** 42 **SYSTEMS OPERATING AS A "REVOLVING DOOR"**

43 **SECTION 9.(a)** The North Carolina Department of Health and Human Services
44 (DHHS) shall establish a working group composed of representatives from the Administrative
45 Office of the Courts (AOC), and other stakeholders, to examine the systemic factors contributing
46 to the prevalent "revolving door" pattern in which individuals cycle repeatedly through arrest,
47 detention, or involuntary commitment, only to be released back into the community without
48 sustained stabilization or support. The purpose of the working group is to identify gaps, evaluate
49 current practices, and recommend strategies to interrupt repeated crises and reduce avoidable
50 recidivism.

1 **SECTION 9.(b)** Beginning on January 1, 2027, and quarterly thereafter, DHHS shall
2 report on the findings and recommendations of the working group to the Joint Legislative
3 Oversight Committee on Health and Human Services and the Fiscal Research Division.
4

5 **STUDY THE PROVISION OF MEDICAL AND BEHAVIORAL HEALTH CARE IN**
6 **JAILS**

7 **SECTION 10.(a)** The North Carolina Department of Adult Correction (DAC) and
8 the North Carolina Sheriffs' Association shall study the provision of medical and behavioral
9 health care delivered in county jails in the State and make recommendations to improve the health
10 care provided to individuals in custody. DAC and the Sheriffs' Association shall consult with
11 relevant stakeholders, including local partners and the Department of Health and Human
12 Services. The study shall include at least all of the following:

- 13 (1) A review of intake screening procedures used in county jails for identifying
14 medical and behavioral health conditions.
- 15 (2) An examination of current health care provider arrangements, including
16 in-house services, contracted services, hybrid models, or other recommended
17 approaches for delivering care in county jails.
- 18 (3) An assessment of policies and practices for responding to behavioral health
19 crises within jail settings.
- 20 (4) An evaluation of existing staffing models for medical and behavioral health
21 services in county jails.
- 22 (5) The development of recommendations for potential expansion of the North
23 Carolina Safekeeper Program.
- 24 (6) Any other information deemed relevant by DAC and the Sheriffs' Association
25 to improve the provision of medical and behavioral health care in jails.

26 **SECTION 10.(b)** No later than December 1, 2026, DAC and the Sheriffs'
27 Association shall submit a report on the study and recommendations as required in subsection
28 (a) of this section to the Joint Legislative Oversight Committee on Health and Human Services
29 and the Fiscal Research Division.
30

31 **THE NORTH CAROLINA COLLABORATORY TO STUDY FEASIBILITY OF THE**
32 **CHANGE OF OPERATION OR ADMINISTRATION OF STATE-OPERATED**
33 **PSYCHIATRIC HOSPITALS**

34 **SECTION 11.(a)** The North Carolina Collaboratory (Collaboratory) is directed to
35 explore the feasibility of improving the provision of services at Broughton Hospital, Central
36 Regional Hospital, and Cherry Hospital (collectively, the Hospitals). The Collaboratory is
37 directed to study and offer recommendations about the following:

- 38 (1) The feasibility of transferring full operation of the Hospitals from DHHS to
39 another entity.
- 40 (2) The feasibility of transferring certain operations of the Hospitals from DHHS
41 to another entity.
- 42 (3) Any services that another entity could provide to DHHS to assist DHHS in the
43 provision of services at the Hospitals.
- 44 (4) Any other operational or administrative initiatives relating to the provision of
45 services at the Hospitals.
- 46 (5) Reviewing and updating any previous studies or recommendations that may
47 be relevant or informative.
- 48 (6) Any financial impact (savings or additional costs), any impact on patient
49 outcomes, and any improvement in staffing to result from the implementation
50 of the recommendations provided according to this section.

1 **SECTION 11.(b)** The Department of Health and Human Services shall cooperate
 2 fully with the Collaboratory in providing any data or assistance necessary for the Collaboratory
 3 to complete the research required by subsection (a) of this section.

4 **SECTION 11.(c)** No later than December 1, 2026, the Collaboratory shall submit a
 5 report on the plan as required in subsection (a) of this section to the Joint Legislative Oversight
 6 Committee on Health and Human Services and the Fiscal Research Division.

7
 8 **MODIFY OUTPATIENT COMMITMENT**

9 **SECTION 12.(a)** G.S. 122C-261(d) reads as rewritten:

10 "(d) If the affiant is a commitment examiner, who is filing a petition and affidavit for an
 11 involuntary commitment in a county that has not implemented an electronic filing system
 12 approved by the Director of the Administrative Office of the Courts, all of the following apply:

- 13 ...
- 14 (3) If the commitment examiner recommends outpatient commitment according
 15 to the criteria for outpatient commitment set forth in G.S. 122C-263(d)(1) and
 16 the clerk or magistrate finds probable cause to believe that the respondent
 17 meets the criteria for outpatient commitment, the clerk or magistrate shall
 18 issue an order that a hearing before a district court judge be held to determine
 19 whether the respondent will be involuntarily committed. The commitment
 20 examiner shall contact the LME/MCO that serves the county where the
 21 respondent resides or the LME/MCO that coordinated services for the
 22 respondent to inform the LME/MCO that the respondent has been scheduled
 23 for an appointment with an outpatient treatment ~~physician or center~~ provider.
 24 The commitment examiner shall provide the respondent with written notice of
 25 any scheduled appointment and the name, address, and telephone number of
 26 the proposed outpatient treatment ~~physician or center~~ provider.

27 "

28 **SECTION 12.(b)** G.S. 122C-263 reads as rewritten:

29 **"§ 122C-263. Duties of law enforcement officer; first examination.**

30 ...

31 (d) After the conclusion of the examination the commitment examiner shall make the
 32 following determinations:

- 33 (1) If the commitment examiner finds all of the following, the commitment
 34 examiner shall so show on the examination report and shall recommend
 35 outpatient commitment:
- 36 a. The respondent has a mental illness.
- 37 b. The respondent is reasonably determined to be capable of surviving
 38 safely in the ~~community with available supervision from family,~~
 39 ~~friends, or others.~~community, without posing a danger to others, when
 40 engaged in treatment for the respondent's mental illness.
- 41 c. Based on the respondent's psychiatric history, the respondent is in need
 42 of treatment in order to prevent further disability or deterioration that
 43 would predictably result in dangerousness as defined by
 44 G.S. 122C-3(11).
- 45 d. The respondent's current mental status or the nature of the respondent's
 46 illness limits or negates the respondent's ability to make an informed
 47 decision to seek voluntarily or comply with recommended treatment.
- 48 e. The respondent has a history of declining or nonadherence to
 49 prescribed treatment by a licensed treatment provider, which may be
 50 evidenced by one or more of the following, occurring within the
 51 relevant past:

1. A prior conviction for a violent offense, as defined in G.S. 15A-531(9).
2. A violation of a civil protective order.
3. An incarceration for any offense.
4. An involuntary inpatient psychiatric hospitalization.

f. The respondent is scheduled to be discharged from an inpatient hospital setting or released from a county jail or state prison. An individual residing in a noninstitutional setting that meets all other criteria set forth in sub-subdivisions a. through e. of this subdivision may be subject to outpatient commitment within the court's discretion.

In addition, the commitment examiner shall show the name, address, and telephone number of the proposed outpatient treatment ~~physician or center~~ provider in accordance with subsection (f) of this section. The person designated in the order to provide transportation shall return the respondent to the respondent's regular residence or, with the respondent's consent, to the home of a consenting individual located in the originating county, and the respondent shall be released from custody.

...

(e) The findings of the commitment examiner and the facts on which they are based shall be in writing in all cases. The commitment examiner shall send a copy of the findings to the clerk of superior court by the most reliable and expeditious means. If it cannot be reasonably anticipated that the clerk will receive the copy within 48 hours of the time that it was signed, the physician or eligible psychologist shall also communicate his findings to the clerk by telephone.

(f) When outpatient commitment is recommended, the commitment examiner, if different from the proposed outpatient treatment ~~physician or center, provider,~~ shall contact the LME/MCO that serves the county where the respondent resides or the LME/MCO that coordinated services for the respondent to inform the LME/MCO that the respondent is being recommended for outpatient commitment. The commitment examiner shall give the respondent a written notice listing the name, address, and telephone number of the proposed outpatient treatment ~~physician or center provider.~~

(g) The commitment examiner, at the completion of the examination, shall provide the respondent with specific information regarding the next steps that will occur."

SECTION 12.(c) G.S. 122C-265 reads as rewritten:

"§ 122C-265. Outpatient commitment; examination and treatment pending hearing.

(a) If a respondent, who has been recommended for outpatient commitment by [a] commitment examiner different from the proposed outpatient treatment physician or center, fails to appear for examination by the proposed outpatient treatment physician or center at the designated time, the physician or center shall notify the clerk of superior court who shall issue an order to a law enforcement officer to take the respondent into custody and take him immediately to the outpatient treatment physician or center for evaluation. The custody order is valid throughout the State. The law-enforcement officer may wait during the examination and return the respondent to his home after the examination.

(b) The examining commitment examiner or the proposed outpatient treatment ~~physician or center provider~~ may prescribe to the respondent reasonable and appropriate medication and treatment that are consistent with accepted medical standards pending the district court hearing.

(c) In no event may a respondent released on a recommendation that he or she meets the outpatient commitment criteria be physically forced to take medication or forcibly detained for treatment pending a district court hearing.

(c1) The outpatient treatment provider shall examine the respondent and develop an initial outpatient treatment plan. The plan shall include, at a minimum, the specific services to be provided, including medications as indicated, the recommended frequency of participation in

1 services, the name of the provider who has agreed to provide the services, the arrangements made
2 for the initial contact with each service provider, and any other relevant information.

3 (d) If at any time pending the district court hearing the outpatient treatment ~~physician or~~
4 ~~center-provider~~ determines that the respondent does not meet the criteria of G.S. 122C-263(d)(1),
5 the physician shall release the respondent and notify the clerk of court and the proceedings shall
6 be terminated.

7"

8 **SECTION 12.(d)** G.S. 122C-267 reads as rewritten:

9 **"§ 122C-267. Outpatient commitment; district court hearing.**

10 (a) A hearing shall be held in district court within 10 days of the day the respondent is
11 taken into custody pursuant to G.S. 122C-261(e). Upon its own motion or upon motion of the
12 proposed outpatient treatment physician or the respondent, the court may grant a continuance of
13 not more than five days.

14 (b) The respondent shall be present at the hearing. A subpoena may be issued to compel
15 the respondent's presence at a hearing. The petitioner and the proposed outpatient treatment
16 physician or his designee may be present and may provide testimony.

17 (c) Certified copies of reports and findings of commitment examiners and medical
18 records of previous and current treatment are admissible in evidence. The initial treatment plan
19 required by G.S. 122C-265(c1) shall be admitted into evidence and incorporated into the order.

20 (d) At the hearing to determine the necessity and appropriateness of outpatient
21 commitment, the respondent need not, but may, be represented by counsel. However, if the court
22 determines that the legal or factual issues raised are of such complexity that the assistance of
23 counsel is necessary for an adequate presentation of the merits or that the respondent is unable
24 to speak for himself, the court may continue the case for not more than five days and order the
25 appointment of counsel for an indigent respondent. Appointment of counsel shall be in
26 accordance with rules adopted by the Office of Indigent Defense Services.

27 (e) Hearings may be held at the area facility in which the respondent is being treated, if
28 it is located within the judge's district court district as defined in G.S. 7A-133, or in the judge's
29 chambers. A hearing may not be held in a regular courtroom, over objection of the respondent,
30 if in the discretion of a judge a more suitable place is available.

31 (f) The hearing shall be closed to the public unless the respondent requests otherwise.

32 (g) A copy of all documents admitted into evidence and a transcript of the proceedings
33 shall be furnished to the respondent on request by the clerk upon the direction of a district court
34 judge. If the client is indigent, the copies shall be provided at State expense.

35 (h) To support an outpatient commitment order, the court is required to find by clear,
36 cogent, and convincing evidence that the respondent meets the criteria specified in
37 G.S. 122C-263(d)(1). The court shall record the facts which support its findings and shall show
38 on the order the ~~center or physician~~ outpatient treatment provider who is responsible for the care
39 and treatment of the respondent as well as the LME/MCO, or an alternative as determined by the
40 Department, responsible for the management and supervision of the respondent's outpatient
41 commitment."

42 **SECTION 12.(e)** G.S. 122C-271 reads as rewritten:

43 **"§ 122C-271. Disposition.**

44 (a) If a commitment examiner has recommended outpatient commitment and the
45 respondent has been released pending the district court hearing, the court may make one of the
46 following dispositions:

47 (1) If the court finds by clear, cogent, and convincing evidence that the respondent
48 ~~has a mental illness; that the respondent is capable of surviving safely in the~~
49 ~~community with available supervision from family, friends, or others; that~~
50 ~~based on respondent's treatment history, the respondent is in need of treatment~~
51 ~~in order to prevent further disability or deterioration that would predictably~~

1 ~~result in dangerousness as defined in G.S. 122C-3(11); and that the~~
2 ~~respondent's current mental status or the nature of the respondent's illness~~
3 ~~limits or negates the respondent's ability to make an informed decision to seek~~
4 ~~voluntarily or comply with recommended treatment, meets the criteria set~~
5 ~~forth in G.S. 122C-263(d)(1), it may order outpatient commitment for a period~~
6 ~~not in excess of 90-180 days. The initial treatment plan shall be incorporated~~
7 ~~into the court's order. The order shall state that the respondent must comply~~
8 ~~with the treatment plan, including any subsequent updates made to the plan~~
9 ~~by the outpatient provider in consultation with the patient, family members or~~
10 ~~other natural supports with client consent, and any other relevant treatment~~
11 ~~providers. The order shall include instructions to the responsible outpatient~~
12 ~~treatment provider and the LME/MCO, or an alternative as determined by the~~
13 ~~Department, regarding their monitoring and supervision duties under~~
14 ~~G.S. 122C-273.~~

15 (2) If the court does not find that the respondent meets the criteria of commitment
16 set out in subdivision (1) of this subsection, the respondent shall be discharged
17 and the proposed outpatient ~~physician-center-treatment provider~~ shall be so
18 notified.

19 (3) Before ordering any outpatient commitment under this subsection, the court
20 shall make findings of fact as to the availability of outpatient treatment from
21 an outpatient treatment ~~physician or center provider~~ that has agreed to accept
22 the respondent as a client of outpatient treatment ~~services. services, and the~~
23 ~~availability and consent to accept the respondent as a client by all providers~~
24 ~~of the services listed in the initial treatment plan. The court shall show on the~~
25 ~~order the outpatient treatment ~~physician or center provider~~ and the~~
26 ~~LME/MCO, or an alternative as determined by the Department, that is to be~~
27 ~~responsible for the management and supervision of the respondent's outpatient~~
28 ~~commitment. commitment, and provide instructions regarding their duties for~~
29 ~~such monitoring and supervision under G.S. 122C-273. If the designated~~
30 ~~outpatient treatment ~~physician or center provider~~ will be ~~monitoring and~~~~
31 ~~supervising the respondent's outpatient commitment working pursuant to a~~
32 ~~contract for services with an LME/MCO, the court shall show on the order the~~
33 ~~identity of the LME/MCO. The clerk of court shall send a copy of the~~
34 ~~outpatient commitment order to the designated outpatient treatment ~~physician~~~~
35 ~~or ~~center provider~~ and to the respondent client or the legally responsible~~
36 ~~person. The clerk of court shall also send a copy of the order to that~~
37 ~~LME/MCO. Copies of outpatient commitment orders sent by the clerk of court~~
38 ~~to an outpatient treatment ~~center or physician provider~~ under this section,~~
39 ~~including orders sent to an LME/MCO, shall be sent by the most reliable and~~
40 ~~expeditious means, within 48 hours of the hearing.~~

41 (b) If the respondent has been held in a 24-hour facility pending the district court hearing
42 pursuant to G.S. 122C-268, the court may make one of the following dispositions:

43 (1) If the court finds by clear, cogent, and convincing evidence that the respondent
44 ~~has a mental illness; that the respondent is capable of surviving safely in the~~
45 ~~community with available supervision from family, friends, or others; that~~
46 ~~based on respondent's psychiatric history, the respondent is in need of~~
47 ~~treatment in order to prevent further disability or deterioration that would~~
48 ~~predictably result in dangerousness as defined by G.S. 122C-3(11); and that~~
49 ~~the respondent's current mental status or the nature of the respondent's illness~~
50 ~~limits or negates the respondent's ability to make an informed decision~~
51 ~~voluntarily to seek or comply with recommended treatment, meets the criteria~~

1 set forth in G.S. 122C-263(d)(1), it may order outpatient commitment for a
2 period not in excess of 90-180 days. If the commitment proceedings were
3 initiated as the result of the respondent's being charged with a violent crime,
4 including a crime involving an assault with a deadly weapon, and the
5 respondent was found incapable of proceeding, the commitment order shall so
6 show. The initial treatment plan required by G.S. 122C-265(c1) shall be
7 prepared by staff at the 24-hour facility in cooperation with the outpatient
8 treatment providers who will serve the respondent. The initial treatment plan
9 shall be admitted into evidence and shall be incorporated into the court's order.
10 The order shall state that the respondent is required to cooperate and comply
11 with the treatment plan including any subsequent updates made to the plan by
12 the outpatient provider in consultation with the patient, family members or
13 other natural supports with client consent, and any other relevant treatment
14 providers. The order shall include instructions to the responsible outpatient
15 treatment provider and the LME/MCO, or an alternative as determined by the
16 Department, regarding their monitoring and supervision duties under
17 G.S. 122C-273.

- 18 (2) If the court finds by clear, cogent, and convincing evidence that the respondent
19 has a mental illness and is dangerous to self, as defined in G.S. 122C-3(11)a.,
20 or others, as defined in G.S. 122C-3(11)b., it may order inpatient commitment
21 at a 24-hour facility described in G.S. 122C-252 for a period not in excess of
22 90 days. However, no respondent found to have both an intellectual disability
23 and a mental illness may be committed to a State, area, or private facility for
24 individuals with intellectual disabilities. An individual who has a mental
25 illness and is dangerous to self, as defined in G.S. 122C-3(11)a., or others, as
26 defined in G.S. 122C-3(11)b., may also be committed to a combination of
27 inpatient and outpatient commitment at both a 24-hour facility and an
28 outpatient treatment ~~physician or center~~ provider for a period not in excess of
29 ~~90 days-180 days, however the inpatient stay cannot exceed 90 days.~~ If the
30 commitment proceedings were initiated as the result of the respondent's being
31 charged with a violent crime, including a crime involving an assault with a
32 deadly weapon, and the respondent was found incapable of proceeding, the
33 commitment order shall so show. If the court orders inpatient commitment for
34 a respondent who is under an outpatient commitment order, the outpatient
35 commitment is terminated; and the clerk of the superior court of the county
36 where the district court hearing is held shall send a notice of the inpatient
37 commitment to the clerk of superior court where the outpatient commitment
38 was being supervised. The clerk of court shall send a copy of the inpatient
39 commitment order to the designated inpatient treatment physician or center
40 and to the respondent client or the legally responsible person. The clerk of
41 court shall also send a copy of the order to that LME/MCO. Copies of inpatient
42 commitment orders sent by the clerk of court to an inpatient treatment center
43 or physician under this section, including orders sent to an LME/MCO, shall
44 be sent by the most reliable and expeditious means, within 48 hours of the
45 hearing.
- 46 (3) If the court does not find that the respondent meets either of the commitment
47 criteria set out in subdivisions (1) and (2) of this subsection, the respondent
48 shall be discharged, and the facility in which the respondent was last a client
49 shall be so notified.
- 50 (4) Before ordering any outpatient commitment, the court shall make findings of
51 fact as to the availability of outpatient treatment from an outpatient treatment

1 ~~physician or center provider~~ that has agreed to accept the respondent as a client
2 of outpatient treatment services. The court shall also show on the order the
3 outpatient treatment ~~physician or center provider~~ who is to be responsible for
4 the care of the respondent and the LME/MCO, or an alternative as determined
5 by the Department, responsible for the management and supervision of the
6 respondent's outpatient ~~commitment~~ ~~commitment~~, and provide instructions
7 regarding duties for such monitoring and supervision under G.S. 122C-273.
8 When an outpatient commitment order is issued for a respondent held in a
9 24-hour facility, the court may order the respondent held at the facility for no
10 more than 72 hours in order for the facility to notify the designated outpatient
11 treatment ~~physician or center provider~~ of the treatment needs of the
12 respondent. The clerk of court in the county where the facility is located shall
13 send a copy of the outpatient commitment order to the designated outpatient
14 treatment ~~physician or center provider~~ and to the respondent or the legally
15 responsible person. ~~If the designated outpatient treatment physician or center~~
16 ~~shall be monitoring and supervising the respondent's outpatient commitment~~
17 ~~pursuant to a contract for services with an LME/MCO, the clerk of court shall~~
18 ~~show on the order the identity of the LME/MCO.~~ The clerk of court shall show
19 on the order the identity of the LME/MCO, or an alternative as determined by
20 the Department, responsible for the monitoring and supervising of the
21 respondent's outpatient commitment and send a copy of the order to the
22 LME/MCO. Copies of outpatient commitment orders sent by the clerk of court
23 to an outpatient treatment ~~center or physician provider~~ pursuant to this
24 subdivision, including orders sent to an LME/MCO, shall be sent by the most
25 reliable and expeditious means, within 48 hours of the hearing. If the
26 outpatient commitment will be supervised in a county other than the county
27 where the commitment originated, the court shall order venue for further court
28 proceedings to be transferred to the county where the outpatient commitment
29 will be supervised. Upon an order changing venue, the clerk of superior court
30 in the county where the commitment originated shall transfer the file to the
31 clerk of superior court in the county where the outpatient commitment is to be
32 supervised.

33 (c) If the respondent was found not guilty by reason of insanity and has been held in a
34 24-hour facility pending the court hearing held pursuant to G.S. 122C-268.1, the court may make
35 one of the following dispositions:

- 36 (1) If the court finds that the respondent has not proved by a preponderance of the
37 evidence that the respondent no longer has a mental illness or that the
38 respondent is no longer dangerous to others, it shall order inpatient treatment
39 at a 24-hour facility for a period not to exceed 90 days.
- 40 (2) If the court finds that the respondent has proven by a preponderance of the
41 evidence that the respondent no longer has a mental illness or that the
42 respondent is no longer dangerous to others, the court shall order the
43 respondent discharged and released."

44 **SECTION 12.(f)** G.S. 122C-273 reads as rewritten:

45 **"§ 122C-273. Duties for follow-up on commitment order.**

46 (a) Unless prohibited by Chapter 90 of the General Statutes, if the commitment order
47 directs outpatient treatment, the outpatient treatment ~~physician provider may prescribe or~~
48 ~~administer, or the center may administer, administer~~ to the respondent reasonable and appropriate
49 medication and treatment that are consistent with accepted medical standards.

- 50 (1) If the respondent fails to comply or clearly refuses to comply with all or part
51 of the ~~prescribed treatment, treatment plan, the physician, the physician's~~

1 ~~designee, or the center~~ outpatient treatment provider shall make all reasonable
2 effort to solicit the respondent's compliance. These efforts shall be
3 documented and reported to the LME/MCO, or an alternative as determined
4 by the Department, responsible for the monitoring and supervising of the
5 respondent's outpatient commitment. The LME/MCO, or an alternative as
6 determined by the Department, shall then report to the court with a request for
7 a supplemental hearing.

8 (1a) The LME/MCO shall maintain a list of all individuals on outpatient
9 commitment and ensure the individual's care manager, as applicable, is aware
10 of the treatment plan. The Department shall have access to the lists of
11 individuals subject to outpatient commitment orders. The Department shall
12 keep all information pursuant to this subsection privileged, in accordance with
13 applicable State law and federal guidelines, and the information shall be
14 confidential and shall not be a public record under Chapter 132 of the General
15 Statutes.

16 (2) If the respondent fails to comply, but does not clearly refuse to comply, with
17 all or part of the prescribed treatment after reasonable effort to solicit the
18 respondent's compliance, ~~the physician, the physician's designee, or the center~~
19 the outpatient treatment provider or its designee or the LME/MCO, or an
20 alternative as determined by the Department, responsible for the monitoring
21 and supervising of the respondent's outpatient commitment may request the
22 court to order the respondent taken into custody for the purpose of
23 examination. Upon receipt of this request, the clerk shall issue an order to a
24 law-enforcement officer to take the respondent into custody and to take him
25 immediately to the designated outpatient treatment ~~physician or center~~
26 provider for examination. The custody order is valid throughout the State. The
27 law-enforcement officer shall turn the respondent over to the custody of the
28 ~~physician or center~~ provider who shall conduct the examination and then
29 release the respondent. The law-enforcement officer may wait during the
30 examination and return the respondent to his home after the examination. An
31 examination conducted under this subsection in which a physician or eligible
32 psychologist determines that the respondent meets the criteria for inpatient
33 commitment may be substituted for the first examination required by
34 G.S. 122C-263 if the clerk or magistrate issues a custody order within six
35 hours after the examination was performed.

36 (3) In no case may the respondent be physically forced to take medication or
37 forcibly detained for treatment unless he poses an immediate danger to himself
38 or others. In such cases inpatient commitment proceedings shall be initiated.

39 (4) At any time that the outpatient treatment ~~physician or center~~ provider finds
40 that the respondent no longer meets the criteria set out in G.S. 122C-263(d)(1),
41 the ~~physician or center~~ provider shall so notify the court and the case shall be
42 terminated; provided, however, if the respondent was initially committed as a
43 result of conduct resulting in his being charged with a violent crime, including
44 a crime involving an assault with a deadly weapon, and the respondent was
45 found incapable of proceeding, the designated outpatient treatment ~~physician~~
46 ~~or center~~ provider shall notify the clerk that discharge is recommended. The
47 clerk shall calendar a supplemental hearing as provided in G.S. 122C-274 to
48 determine whether the respondent meets the criteria for outpatient
49 commitment.

50 (5) Any individual who has knowledge that a respondent on outpatient
51 commitment has become dangerous to himself, as defined by

1 G.S. 122C-3(11)a., and others, as defined in G.S. 122C-3(11)b., may initiate
2 a new petition for inpatient commitment as provided in this Part. If the
3 respondent is committed as an inpatient, the outpatient commitment shall be
4 terminated and notice sent by the clerk of court in the county where the
5 respondent is committed as an inpatient to the clerk of court of the county
6 where the outpatient commitment is being supervised.

7 (b) If the respondent on outpatient commitment intends to move or moves to another
8 county within the State, the designated ~~outpatient treatment physician or center~~ LME/MCO shall
9 request that the clerk of court in the county where the outpatient commitment is being supervised
10 calendar a supplemental hearing.

11 (c) If the respondent moves to another state or to an unknown location, the designated
12 outpatient treatment ~~physician or center~~ provider or the LME/MCO, or an alternative as
13 determined by the Department, shall notify the clerk of superior court of the county where the
14 outpatient commitment is supervised and the outpatient commitment shall be terminated.

15 (d) If the commitment order directs inpatient treatment, the physician attending the
16 respondent may administer to the respondent reasonable and appropriate medication and
17 treatment that are consistent with accepted medical standards. The attending physician shall
18 release or discharge the respondent in accordance with G.S. 122C-277."

19 **SECTION 12.(g)** G.S. 122C-274 reads as rewritten:

20 "**§ 122C-274. Supplemental hearings.**

21 (a) Upon receipt of a request for a supplemental hearing, the clerk shall calendar a hearing
22 to be held within 14 days and notify, at least 72 hours before the hearing, the petitioner, the
23 respondent, ~~his~~ the respondent's attorney, if any, and the designated outpatient treatment
24 ~~physician or center~~ provider and LME/MCO. The respondent shall be notified at least 72 hours
25 before the hearing by personally serving on him an order to appear. Other persons shall be
26 notified as provided in G.S. 122C-264(c).

27 (b) The procedures for the hearing shall follow G.S. 122C-267.

28 (c) In supplemental hearings for alleged noncompliance, the court shall determine
29 whether the respondent has failed to comply and, if so, the causes for noncompliance. If the court
30 determines that the respondent has failed or refused to comply it may:

31 (1) Upon finding probable cause to believe that the respondent is mentally ill and
32 dangerous to himself, as defined in G.S. 122C-3(11)a., or others, as defined
33 in G.S. 122C-3(11)b., order an examination by the same or different ~~physician~~
34 ~~or eligible psychologist~~ commitment examiner as provided in
35 G.S. 122C-263(c) in order to determine the necessity for continued outpatient
36 or inpatient commitment;

37 (2) Reissue or change the outpatient commitment order in accordance with ~~G.S.~~
38 ~~122C-271;~~ or G.S. 122C-271.

39 (3) Discharge the respondent from the order and dismiss the case.

40 (4) Issue an order for inpatient commitment upon finding by clear, cogent, and
41 convincing evidence that there is a nexus between the respondent's past
42 conduct and the reasonable probability of the respondent's future
43 dangerousness to self or others, as defined in G.S. 122C-3. A finding of
44 noncompliance with an outpatient commitment order pursuant to this section
45 shall create a rebuttable presumption that there is a nexus between the
46 respondent's past conduct and the reasonable probability of the respondent's
47 future dangerousness to self or others.

48 (d) At the supplemental hearing for a respondent who has moved or intends to move to
49 another county, the court shall determine if the respondent meets the criteria for outpatient
50 commitment set out in G.S. 122C-263(d)(1). If the court determines that the respondent no longer
51 meets the criteria for outpatient commitment, it shall discharge the respondent from the order and

1 dismiss the case. If the court determines that the respondent continues to meet the criteria for
2 outpatient commitment, it shall continue the outpatient commitment but shall designate a
3 ~~physician or center~~ an outpatient treatment provider at the respondent's new residence to be
4 responsible for the ~~management or supervision~~ care and treatment of the respondent's outpatient
5 ~~commitment.~~ commitment and shall also designate the LME/MCO, or an alternative as
6 determined by the Department, responsible for monitoring and supervision. The court shall order
7 the respondent to appear for treatment at the address of the newly designated outpatient treatment
8 ~~physician or center~~ provider and shall order venue for further court proceedings under the
9 outpatient commitment to be transferred to the new county of supervision. Upon an order
10 changing venue, the clerk of court in the county where the outpatient commitment has been
11 supervised shall transfer the records regarding the outpatient commitment to the clerk of court in
12 the county where the commitment will be supervised. Also, the clerk of court in the county where
13 the outpatient commitment has been supervised shall send a copy of the court's order directing
14 the continuation of outpatient treatment under new supervision to the newly designated outpatient
15 treatment ~~physician or center~~ provider and the LME/MCO, or an alternative as determined by the
16 Department.

17 (e) At any time during the term of an outpatient commitment order, a respondent may
18 apply to the court for a supplemental hearing for the purpose of discharge from the order. The
19 application shall be made in writing by the respondent to the clerk of superior court of the county
20 where the outpatient commitment is being supervised. At the supplemental hearing the court shall
21 determine whether the respondent continues to meet the criteria specified in
22 G.S. 122C-263(d)(1). The court may either reissue or change the commitment order or discharge
23 the respondent and dismiss the case.

24 (f) At supplemental hearings requested pursuant to G.S. 122C-277(a) for transfer from
25 inpatient to outpatient commitment, the court shall determine whether the respondent meets the
26 criteria for either inpatient or outpatient commitment. If the court determines that the respondent
27 continues to meet the criteria for inpatient commitment, it shall order the continuation of the
28 original commitment order. If the court determines that the respondent meets the criteria for
29 outpatient commitment, it shall order outpatient commitment for a period of time not in excess
30 of ~~90~~ 180 days. If the court finds that the respondent does not meet either criteria, the respondent
31 shall be discharged and the case dismissed."

32 **SECTION 12.(h)** G.S. 122C-275 reads as rewritten:

33 **"§ 122C-275. Outpatient commitment; rehearings.**

34 (a) Fifteen days before the end of the initial or subsequent periods of outpatient
35 commitment if the outpatient treatment ~~physician or center~~ provider determines that the
36 respondent continues to meet the criteria specified in G.S. 122C-263(d)(1), ~~he~~ the outpatient
37 treatment provider shall so notify the clerk of superior court of the county where the outpatient
38 commitment is supervised. If the respondent no longer meets the criteria, the ~~physician~~ outpatient
39 treatment provider shall so notify the clerk who shall dismiss the case; provided, however, if the
40 respondent was initially committed as a result of conduct resulting in his being charged with a
41 violent crime, including a crime involving an assault with a deadly weapon, and the respondent
42 was found incapable of proceeding, the ~~physician or center~~ outpatient treatment provider shall
43 notify the clerk that discharge is recommended. The clerk, at least 10 days before the end of the
44 commitment period, on order of the district court, shall calendar the rehearing.

45 (b) Notice and procedures of rehearings are governed by the same procedures as initial
46 hearings, and the respondent has the same rights he had at the initial hearing including the right
47 to appeal.

48 (c) If the court finds that the respondent no longer meets the criteria of
49 G.S. 122C-263(d)(1), it shall unconditionally discharge ~~him~~ the respondent. A copy of the
50 discharge order shall be furnished by the clerk to the designated outpatient treatment ~~physician~~
51 ~~or center~~ provider and the LME/MCO. If the respondent continues to meet the criteria of

1 G.S. 122C-263(d)(1), the court may order outpatient commitment for an additional period not in
2 excess of 180 days. The court order shall comply with the requirements of G.S. 122C-271."

3 **SECTION 12.(i)** G.S. 122C-276 reads as rewritten:

4 "**§ 122C-276. Inpatient commitment; rehearings for respondents other than insanity**
5 **acquittees.**

6 (a) Fifteen days before the end of the initial inpatient commitment period if the attending
7 physician determines that commitment of a respondent beyond the initial period will be
8 necessary, he shall so notify the clerk of superior court of the county in which the facility is
9 located. The clerk, at least 10 days before the end of the initial period, on order of a district court
10 judge of the district court district as defined in G.S. 7A-133 in which the facility is located, shall
11 calendar the rehearing. If the respondent was initially committed as the result of conduct resulting
12 in his being charged with a violent crime, including a crime involving an assault with a deadly
13 weapon, and respondent was found incapable of proceeding, the clerk shall also notify the chief
14 district court judge, the clerk of superior court, and the district attorney in the county in which
15 the respondent was found incapable of proceeding of the time and place of the hearing.

16 (b) Fifteen days before the end of the initial treatment period of a respondent who was
17 initially committed as a result of conduct resulting in his being charged with a violent crime,
18 including a crime involving an assault with a deadly weapon, having been found incapable of
19 proceeding, if the attending physician determines that commitment of the respondent beyond the
20 initial period will not be necessary, he shall so notify the clerk of superior court who shall
21 schedule a rehearing as provided in subsection (a) of this section.

22 (c) Subject to the provisions of G.S. 122C-269(c), rehearings shall be held as authorized
23 in G.S. 122C-268(g). The judge is a ~~judge of the district court~~ district court judge of the district
24 court district as defined in G.S. 7A-133 in which the facility is located or a district court judge
25 temporarily assigned to that district.

26 (d) Notice and proceedings of rehearings are governed by the same procedures as initial
27 hearings and the respondent has the same rights he had at the initial hearing including the right
28 to appeal.

29 (e) At rehearings the court may make the same dispositions authorized in
30 G.S. 122C-271(b) except a second commitment order may be for an additional period not in
31 excess of 180 days.

32 (f) Fifteen days before the end of the second commitment period and annually thereafter,
33 the attending physician shall review and evaluate the condition of each respondent; and if he
34 determines that a respondent is in continued need of inpatient commitment or, in the alternative,
35 in need of outpatient commitment, or a combination of both, he shall so notify the respondent,
36 his counsel, and the clerk of superior court of the county, in which the facility is located. Unless
37 the respondent through his counsel files with the clerk a written waiver of his right to a rehearing,
38 the clerk, on order of a district court judge of the district in which the facility is located, shall
39 calendar a rehearing for not later than the end of the current commitment period. The procedures
40 and standards for the rehearing are the same as for the first rehearing. No third or subsequent
41 inpatient recommitment order shall be for a period longer than one year.

42 (g) At any rehearings the court has the option to order outpatient commitment for a period
43 not in excess of 180 days in accordance with the criteria specified in G.S. 122C-263(d)(1) and
44 following the procedures as specified in this Article. The court order shall comply with the
45 requirements of G.S. 122C-271."

46 **SECTION 12.(j)** G.S. 122C-54(d) reads as rewritten:

47 "(d) Except as otherwise provided in this section, any individual seeking confidential
48 information contained in the court files or the court records of a proceeding made pursuant to
49 Article 5 of this Chapter may file a written motion in the cause setting out why the information
50 is needed. A district court judge may issue an order to disclose the confidential information
51 sought if he finds the order is appropriate under the circumstances and if he finds that it is in the

1 best interest of the individual admitted or committed or of the public to have the information
2 disclosed.

3 Counsel for the respondent and counsel for the State in the commitment hearing may receive
4 access to the court file without filing a motion or obtaining a court order. A judge presiding over
5 a criminal case that initiated the Article 5 proceeding may have access to the file without filing a
6 motion.

7 The Department shall be granted access to all relevant data, court orders, records, or other
8 relevant information, including any confidential information, related to its duties and
9 responsibilities pursuant to Article 5 of this Chapter. The Department shall keep all information
10 collected under this subsection privileged, in accordance with applicable State law and federal
11 guidelines, and the information shall be confidential and shall not be a public record under
12 Chapter 132 of the General Statutes.

13 Judicial officials determining whether a criminal defendant may be released before trial
14 pursuant to G.S. 15A-533 may have access to the defendant's records of proceedings made
15 pursuant to Article 5 of this Chapter for the purposes of determining whether a criminal defendant
16 has been involuntarily committed within the previous three years."

17 **SECTION 12.(k)** This section becomes effective December 1, 2026, and applies to
18 proceedings that occur on or after that date.

20 DEPARTMENT OF INFORMATION TECHNOLOGY

21 **SECTION 13.(a)** G.S. 90-414.4 reads as rewritten:

22 "**§ 90-414.4. Required participation in HIE Network for some providers.**

23 ...

24 (c) Exemption for Certain Records. – ~~Providers~~ Until the Authority provides written
25 notice as required by subsection (c2) of this section, providers with patient records that are subject
26 to the disclosure restrictions of 42 C.F.R. § 2 are exempt from the requirements of subsection
27 (b) of this section but only with respect to the patient records subject to these disclosure
28 restrictions. Providers shall comply with the requirements of subsection (b) of this section with
29 respect to all other patient records. A pharmacy shall only be required to submit claims data
30 pertaining to services rendered to Medicaid and other State-funded health care program
31 beneficiaries and paid for with Medicaid or other State-funded health care funds.

32 (c1) Exemption from Twice Daily Submission. – A pharmacy shall only be required to
33 submit claims data once daily through the HIE Network using pharmacy industry standardized
34 formats.

35 (c2) 42 C.F.R. Records. – Notwithstanding subsection (b) of this section, patient records
36 protected by 42 C.F.R. § 2 shall be disclosed through the HIE Network when the Authority has
37 provided written notice to participating entities that data protected by 42 C.F.R. § 2 can be
38 disclosed consistent with the HIE's statutory authority.

39 ...

40 (f) Confidentiality of Data. – All data submitted to or through the HIE Network
41 containing protected health information, personally identifying information, or a combination of
42 these, that are in the possession of the Department of Information Technology or any other
43 agency of the State are confidential and shall not be defined as public records under G.S. 132-1.
44 This subsection shall not be construed to prohibit the disclosure of any such data as otherwise
45 permitted under federal law."

46 **SECTION 13.(b)** G.S. 90-414.8 reads as rewritten:

47 "**§ 90-414.8. North Carolina Health Information Exchange Advisory Board.**

48 (a) Creation and Membership. – There is hereby established the North Carolina Health
49 Information Exchange Advisory Board within the Department of Information Technology. The
50 Advisory Board shall consist of the following ~~12~~ 13 members:

- 1 (1) The following four members appointed by the President Pro Tempore of the
- 2 Senate:
- 3 a. A licensed physician in good standing and actively practicing in this
- 4 State.
- 5 b. A patient representative.
- 6 c. An individual with technical expertise in health data analytics.
- 7 d. A representative of a behavioral health provider.
- 8 (2) The following four members appointed by the Speaker of the House of
- 9 Representatives:
- 10 a. A representative of a critical access hospital.
- 11 b. A representative of a federally qualified health center.
- 12 c. An individual with technical expertise in health information
- 13 technology.
- 14 d. A representative of a health system or integrated delivery network.
- 15 (3) The following three ex officio, nonvoting members:
- 16 a. The State Chief Information Officer or a designee.
- 17 b. The Director of GDAC or a designee.
- 18 c. The Secretary of Health and Human Services, or a designee.
- 19 (4) The following two ex officio, voting ~~member~~members:
- 20 a. The Executive Administrator of the State Health Plan for Teachers and
- 21 State Employees, or a designee.
- 22 b. The Deputy Secretary for the State's Medicaid program, or a designee.
- 23 "

EFFECTIVE DATE

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