



HOUSE BILL 734: Dept. of Health & Human Services Revisions.

This Bill Analysis reflects the contents of the bill as it was presented in committee.

2021-2022 General Assembly

Committee:	Senate Health Care. If favorable, re-refer to Rules and Operations of the Senate	Date:	June 8, 2021
Introduced by:	Reps. Potts, Stevens	Prepared by:	Jessica Boney Staff Attorney
Analysis of:	First Edition		

OVERVIEW: House Bill 734 would make various changes to the laws pertaining to the Department of Health and Human Services.

BILL ANALYSIS:

Section 1 would amend the definition of developmental disability to state a severe, chronic disability attributable to a mental or physical impairment or a combination of mental and physical impairments.

Section 2 would provide decisions on the waiver of any of the rules on the licensure of facilities for the mentally ill, the developmentally disabled, and substance abusers may be appealed by filing a contested case under Article 3 of GS Chapter 150B, previously was appealable to the Commission for a hearing under Article 3 of GS Chapter 150B.

Section 3 would require the Secretary of Health and Human Services to adopt a copayment schedule for behavioral health services, intellectual and developmental disabilities services, and substance use disorder services based on the Medicaid copayments for those services be used by LMEs and by contractual provider agencies.

Section 4 would amend the membership of the State Consumer and Family Advisory Committee.

Section 5 would add the transportation method used by individuals admitted under a petition of involuntary commitment to the 24-hour facility and the number of individuals moved to voluntary status at any time between arrival at the 24-hour facility and completion of the required 24-hour examination to the report required by G.S. 122C-255.

Section 6 would amend the statutes governing the first exam for involuntary commitment due to mental health or substance abuse to allow the use of telehealth, previously was telemedicine. Telehealth would be defined as the use of two-way, real-time interactive audio and video where the respondent and commitment examiner can hear and see each other. It would provide further detail of the first exam procedure for involuntary commitment due to substance abuse.

The second examination for involuntary commitment due to mental illness or substance abuse would be able to be conducted using telehealth equipment and procedures. The physician who examines the respondent by telehealth would have to be satisfied to a reasonable medical certainty that the determinations made in accordance with the statute would not be different if the exam had been done in person. When an examining physician is not so satisfied, the physician must note that the exam was not satisfactorily accomplished, and the respondent must be taken for a face-to-face exam.

Section 7 would make a technical change to G.S. 130A-248.

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Section 8 would add spas operating for display at temporary events to the definition of public swimming pool.

EFFECTIVE DATE: This act would be effective when it becomes law.