



SENATE BILL 528: Health and Human Services Revisions.

2025-2026 General Assembly

Committee:	House Health. If favorable, re-refer to Rules, Calendar, and Operations of the House	Date:	June 9, 2026
Introduced by:	Sens. Burgin, Galey, Corbin	Prepared by:	Stewart Sturkie
Analysis of:	PCS to Third Edition S528-CSBP-24		Staff Attorney

OVERVIEW: *The PCS to Senate Bill 528 would do all of the following:*

- *Part I would increase access to birth certificates for research purposes, for the county of residence for newborns, and for public health purposes.*
- *Part II would direct the University of North Carolina School of Medicine's Area Health Education Centers (NC AHEC) to make information on Sudden Unexpected Death in Epilepsy (SUDEP) available to health care practitioners.*
- *Part III would require the Department of Military and Veterans Affairs (Department) to select a provider to establish a statewide pilot program that would provide Electroencephalogram combined Transcranial Magnetic Stimulation Treatment to veterans, first responders, and their immediate family members.*
- *Part IV would direct the Commission for Mental Health, Developmental Disabilities, and Substance Use Services (Commission) to amend rules applicable to outpatient opioid treatment programs (OTPs) to include changes mandated by the North Carolina General Assembly and to increase conformity with federal regulations.*
- *Part V would require public schools, nonpublic schools, community colleges, and constituent institutions of The University of North Carolina (UNC) to share the Suicide and Crisis Lifeline number (Lifeline number) and the NC Peer Warmline (Warmline) in various ways.*
- *Part VI would require the following: (i) health benefit plan coverage in the State for all prosthetic and orthotic devices required to be covered under federal law, including for custom devices or replacements, (ii) issuers offering a health benefit plan to report to the Commissioner of the Department of Insurance (Commissioner) the number of claims and amount paid, and (iii) the Commissioner to report to the General Assembly on the number of claims and total amount of claims paid.*
- *Part VII would clarify that both electrocautery devices with smoke removal collars and smoke evacuation devices held by a surgical assistant meet the requirements for surgical smoke evacuation devices in hospitals and ambulatory surgical facilities.*

PART I. INCREASED ACCESS TO BIRTH CERTIFICATES

BILL ANALYSIS: Part I of the PCS to S528 would do all of the following:

Kara McCraw
Director



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- Allow an individual to request copies or abstracts of health and medical information contained on birth certificates for research purposes. Currently, this access is limited to medical research purposes.
- Require the State Registrar to provide a copy or abstract of a birth certificate to the county where the newborn resides. Currently, only the county where the child was born and the State have a copy of the birth certificate.
- Allow a local, State, federal, or tribal public health agency to request a copy or abstract for public health purposes.
- Make technical corrections.

EFFECTIVE DATE: This Part would become effective October 1, 2026.

PART II. JOEL H. CRISP SUDEP AWARENESS LAW

BILL ANALYSIS: Part II of the PCS to S528 would direct NC AHEC to consult with the North Carolina Medical Board, North Carolina Department of Health and Human Services, North Carolina Medical Society, North Carolina Pediatric Society, North Carolina Academy of Family Physicians, North Carolina Board of Nursing, North Carolina Board of Pharmacy, and the North Carolina Nurses Association to gather evidence-based information on SUDEP to provide to health care practitioners in the State.

The information would include current and evidence-based information about SUDEP risk factors and conditions and contact information for nonprofit organizations that provide support services for epilepsy conditions. The information would also be available on NC AHEC's website.

NC AHEC would report a completed summary or booklet of the information to the Joint Legislative Oversight Committee on Health and Human Services no later than September 1, 2026.

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

BACKGROUND: SUDEP is the sudden, unexpected death of someone with epilepsy, who was otherwise healthy. More than 1 in 1,000 people with epilepsy die from SUDEP each year, and it is the leading cause of death in people with uncontrolled seizures.

PART III. VETERANS AND ELECTROENCEPHALOGRAM COMBINED TRANSCRANIAL MAGNETIC STIMULATION TREATMENT PILOT PROGRAM

BILL ANALYSIS: Part III of the PCS to S528 would require the Department to select a provider to create a statewide pilot program that would make Electroencephalogram combined Transcranial Magnetic Stimulation Treatment (eTMS) available to veterans, first responders, and their immediate family members who are experiencing one or more of the following conditions:

- Substance use disorders.
- Mental illness.
- Sleep disorders.
- Traumatic brain injuries.
- Sexual trauma.
- Posttraumatic stress disorder and accompanying comorbidities.

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- Concussions.
- Other brain trauma.
- Quality of life issues affecting human performance, including issues related to or resulting from problems with cognition and problems maintaining attention, concentration, or focus.

This Part would establish definitions for "Electroencephalogram combined Transcranial Magnetic Stimulation Treatment (eTMS)", "Immediate family", and "Veteran".

This Part would require the Department to select a provider with a history of serving veterans and first responders on a statewide level. The provider would be allowed to use a nonmedical portable magnetic stimulation device to improve access to underserved populations in remote areas or to be used as a device for pre-post treatment or as a stand-alone device.

The pilot program would be required to include the following:

- Establishment by the provider of a peer-to-peer support network available to anyone receiving treatment under the program.
- Neurophysiological monitoring, monitoring for symptoms of substance use and other mental health disorders, and access to counseling and wellness programming for individuals treated under the program. Individuals who receive treatment under the program would be required to participate in the peer-to-peer support network.
- Establishment of protocols that include use of adopted stimulation frequency and intensity modulation done on days 0, 10, and 20, motor threshold testing, clinical symptoms, signs, and biometrics.
- Collection and reporting of protocols and treatment outcomes provided by the clinical practice to the Department, the Joint Legislative Oversight Committee on General Government, and the Fiscal Research Division, no later than September 15, 2027. The report would be required to include bio-data metrics and all expenditures that are made with State funds.

This Part would authorize the Department to adopt rules to implement its requirements.

EFFECTIVE DATE: This Part would become effective when it becomes law.

PART IV. UPDATE OPIOID ABATEMENT TREATMENT PROGRAM RULES

CURRENT LAW:

Subchapter G of Chapter 27 of Title 10A of the North Carolina Administrative Code currently regulates outpatient opioid treatment in North Carolina. These rules address the scope of outpatient opioid treatment, create definitions, address staffing and operations of facilities, and regulate medication and mobile units.

Part 8 of Title 42 of the Code of Federal Regulations regulates medications for the treatment of opioid use disorder. These regulations include general provisions, accreditation of opioid treatment programs, certification and treatment standards for opioid treatment programs, procedures for informal review of suspension or proposed revocation of OTP certification and of adverse action regarding withdrawal of approval of an accreditation body.

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Part IV of the PCS to S528 would require the Commission to amend the applicable rules of Subchapter G to make them more consistent with federal regulations. At a minimum, the Commission would be required to make the following changes:

- Remove the stability of a patient's social relationships and home environment as criteria for their eligibility to receive take-home medication.
- Require the State Opioid Treatment Authority to review patient discharge policies related to continued substance use, missed doses, and nonparticipation in ancillary services such as counseling.
- Remove structured counseling schedules to improve alignment with federal regulations that promote individualized, flexible, patient-centered care.
- Conform the number of required drug tests with the frequency required by federal regulations.
- Explicitly allow OTPs to administer methadone to patients who are not enrolled as a patient with the OTP, if the patient can be verified as a patient with another OTP by:
 - Contacting the patient's home OTP.
 - Checking the central registry.
 - Other means established by the Commission.

This Part would require the Commission, when it is determining whether to make other changes to the rules in order to be more consistent with federal regulations, to:

- Engage with current and former OTP clients and providers for input on changes that would further the goal of improving access to patient-centered care and would improve alignment with federal regulations.
- Not amend the rules based on input that is inconsistent with State or federal law.

This Part would require the Commission to publish proposed text of the amended rules by January 1, 2027.

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

PART V. REQUIRE SCHOOLS TO SHARE THE SUICIDE AND CRISIS LIFELINE PHONE NUMBER AND NC PEER WARMLINE PHONE NUMBER

BILL ANALYSIS: Part V of the PCS to S528 would require local boards of education, the residential schools for the deaf and blind, charter schools, regional schools, laboratory schools, nonpublic schools (both religious and nonreligious), community colleges, and UNC constituent institutions to provide students with the Lifeline and Warmline number. Each entity must annually verify that the phone numbers are current and accurate.

K-12 Schools: Local boards of education, the residential schools for the deaf and blind, charter schools, regional schools, laboratory schools, and nonpublic schools (both religious and nonreligious) would be required to provide students with the phone numbers for the Lifeline Warmline and would be required to place the phrases "**To reach the Suicide and Crisis Lifeline, call 988 or text HOME to 741741**" and "**To reach the NC Peer Warmline, call 855-733-7762**" in the following places:

- On any new student identification (student ID) issued to a student in grades 6-12. The text must be in a conspicuous location on the student ID. This Part would not require a school to issue a student ID.

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- On the school website.
- On the home screen of any electronic device issued to students.
- On any school agenda or calendar, whether digital or printed.
- On a document during any suicide awareness activity.
- On a document when the student registers to attend the school.

Community Colleges and UNC Constituent Institutions: The State Board of Community Colleges and the Board of Governors of UNC would be required to adopt policies requiring all community colleges and all UNC constituent institutions to provide students with the phone numbers for the Lifeline and Warmline and would be required to place the phrases "**To reach the Suicide and Crisis Lifeline, call 988 or text HOME to 741741**" and "**To reach the NC Peer Warmline, call 855-773-7762**" in the following places:

- On any new student ID issued. The text must be in a conspicuous location on the student ID. This Part would not require a school to issue a student ID.
- On the school website.
- On the home screen of any electronic device issued to students.
- On any school agenda or calendar, whether digital or printed.
- On a document during any suicide awareness activity.
- On a document when the student registers to attend the school.

EFFECTIVE DATE: This Part would become effective when it becomes law and would apply beginning with the 2026-2027 school year.

PART VI. REAGAN'S LAW

BILL ANALYSIS:

Part VI of the PCS to S528 would apply to all health benefit plans in the State, with exceptions, and require health benefit plan coverage for all prosthetic and orthotic devices required to be covered under federal law or regulation under Medicare Part B. The required coverage would include all necessary materials, components, and instruction.

Coverage would be required for all prosthetic or orthotic devices, including custom devices, determined by the insured's healthcare provider to be most appropriate to adequately complete activities of daily living or essential job-related activities. Coverage would not be limited to one prosthetic or orthotic device and would be required to meet the needs of the insured for performing physical activities and maximizing the insured's whole-body health.

An insurer would be prohibited from denying a claim for a prosthetic or orthotic device for an insured with limb loss or absence that would otherwise be covered for any insured without a disability seeking medical or surgical intervention to restore or maintain the ability to perform the same activity. Specified requirements would be placed on the replacement of prosthetic or orthotic devices.

This Part would instruct each issuer offering a health benefit plan to report to the Commissioner the number of claims and total amount of claims paid for benefits.

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This Part would direct the Commissioner to report all data received under Section 6.(b) in a report to the Joint Legislative Oversight Committee on General Government and the Joint Legislative Oversight Committee on Health and Human Services no later than March 1, 2029.

EFFECTIVE DATE: This Part would be effective October 1, 2026, and apply to insurance contracts issued, renewed, or amended on or after that date.

PART VII. HOSPITAL AND AMBULATORY SURGICAL FACILITY STANDARDS FOR SURGICAL SMOKE EVALUATION

BILL ANALYSIS: Part VII of the PCS to S528 would clarify that both electrocautery devices with smoke removal collars and smoke evacuation devices held by a surgical assistant meet the requirements for surgical smoke evacuation devices in hospitals and ambulatory surgical facilities.

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

PART VIII. EFFECTIVE DATE

Unless otherwise provided, this act is effective when it becomes law.

**Jessica Boney, Samantha Yarborough, Chris Saunders, Debbie Griffiths, and Jason Moran-Bates, Staff Attorneys with the Legislative Analysis Division, contributed to this summary.*