



SENATE BILL 600: Improve Health and Human Services.

2025-2026 General Assembly

Committee:	House Health. If favorable, re-refer to Rules, Calendar, and Operations of the House	Date:	June 10, 2025
Introduced by:	Sens. Burgin, Galey, Sawrey	Prepared by:	Stewart Sturkie
Analysis of:	PCS to Second Edition S600-CSBP-18		Committee Co-Counsel

PART I. DRIVERS LICENSE DESIGNATION FOR AUTISM

OVERVIEW: *Part I would require the Department of Motor Vehicles ("DMV"), in consultation with other entities, to develop a drivers license designation that may be granted to a person with autism spectrum disorder upon request and would be entered into the electronic record associated with the requesting person's drivers license.*

BILL ANALYSIS:

Section 1.(a) would direct the DMV, in consultation with the Department of Public Safety, the Division of Mental Health, Developmental Disabilities, and Substance Use Services, and the State Highway Patrol, to develop a drivers license designation that may be granted to a person with autism spectrum disorder. The designation would be entered into the electronic record associated with the requesting person's drivers license. The request for the designation would be entirely voluntary.

Autism spectrum disorder would be defined as it is in G.S. 58-3-192 (governing insurance coverage of autism spectrum disorder) which states autism spectrum disorder as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders or the most recent edition of the International Statistical Classification of Diseases and Related Health Problems.

A person would have to provide verification or documentation substantiating a diagnosis of autism spectrum disorder that is recommended as acceptable by the Division of Mental Health, Developmental Disabilities, and Substance Use Services. Acceptable documentation would include documentation of certification or examination by a medical, health, or mental health professional showing evidence of autism spectrum, or documentation deemed by DMV to be satisfactory.

Information collected would only be available to law enforcement for the purpose of ensuring mutually safe interactions between law enforcement and persons with autism spectrum disorder.

Section 1.(b) and **Section 1.(c)** would require the North Carolina Criminal Justice Education and Training Standards Commission and the North Carolina Sheriffs' Education and Training Standards Commission to establish minimum educational and training standards for employment and continuing education about (i) recognizing and appropriately interacting with persons with autism spectrum disorder, and (ii) drivers license identifiers of persons with autism spectrum disorder.

EFFECTIVE DATE: This part would be effective when it becomes law, and would apply to autism spectrum disorder designation requests made on or after January 1, 2026.

Kara McCraw
Director



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PART II. ALLOW RESIDENT TAXPAYERS TO ENROLL IN THE ORGAN AND TISSUE DONATION PROGRAM VIA THEIR INCOME TAX RETURN

OVERVIEW: Part II would allow resident taxpayers to elect to become an organ or tissue donor in accordance with the Revised Anatomical Gift Act on their income tax returns.

BILL ANALYSIS:

Section 2.(a) would require the Secretary of the Department of Revenue to include a section titled Organ and Tissue Donation on the income tax form required by G.S. 105-153.8. A resident taxpayer or spouse would be able to elect to become an organ and tissue donor through a fillable check box within the organ and tissue donation section of the income tax return. The section would explain the resident taxpayer is not required to record a response to file an income tax return, pay taxes, or receive a refund. The Secretary would be authorized to request any information necessary within this section of the income tax return to facilitate a resident taxpayer's or spouse's election as an organ and tissue donor.

Section 2.(b) would create an exemption within the prohibition on the disclosure of tax information to allow the Department of Revenue to furnish the Department of Transportation, Division of Motor Vehicles (DMV), any procurement organization, and any organization responsible for maintaining a list of individuals who have authorized an anatomical gift with the information of an individual who has elected to become an organ and tissue donor.

Section 2.(c) would add the election on an income tax return to the methods of making a valid anatomical gift within the Revised Anatomical Gift Act. The election to make an anatomical gift on an income tax return would be valid upon the filing of the return and would remain valid until revoked by the donor in a manner prescribed in G.S. 130A-412.8 (Amending or revoking anatomical gift before donor's death).

Section 2.(d) would allow information on the donor registry to be used to determine the statistical and demographic makeup of the individuals who have and have not authorized an anatomical gift for purposes of advocating for donation.

Section 2.(e) would direct the Department of Revenue and the DMV to coordinate to continuously update the organ donation registry.

Section 2.1(a) would give Department of Revenue rulemaking authority to implement this act. This section would be effective when it becomes law.

EFFECTIVE DATE: Unless otherwise provided, this part would be effective on January 1, 2027, and for tax returns for taxable years beginning on or after January 1, 2027.

PART III. PROHIBIT THE MANUFACTURING, SELLING, AND DISTRIBUTING OF INTRAVENOUS SOLUTION CONTAINERS AND INTRAVENOUS TUBING INTENTIONALLY MADE WITH DEHP

OVERVIEW: Part III would add Article 19C to Chapter 130A of the General Statutes. The part would prohibit the manufacture, sale, and distribution of intravenous (IV) solution containers and IV tubing made with Di(2-ethylhexyl) phthalate (DEHP) in North Carolina.

BILL ANALYSIS:

Section 3.(a) of the part would:

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- Introduce definitions for: DEHP, health care practitioner, intentionally added DEHP, IV solution container, IV tubing, ortho-phthalate, and unintentionally added DEHP.
- Prohibit:
 - Manufacture, sale, or distribution of IV solution containers made with intentionally added DEHP on or after January 1, 2030.
 - Manufacture, sale, or distribution of IV tubing made with intentionally added DEHP on or after January 1, 2035.
 - Replacement of DEHP with another ortho-phthalate in a new or revised medical device.
 - The unintentional addition of DEHP into an IV solution container or tubing at a quantity at or above 0.1 percent weight per weight.
 - Compliance will be delayed until January 1, 2032 for people or entities that are waiting for FDA approval of DEHP-free IV solution containers or that do not have adequate equipment to make DEHP-free IV solution containers, if:
 - The person or entity notifies its North Carolina customers no later than October 1, 2025, that it has begun development on a DEHP-free IV solution container.
 - The person or entity provides notice to its customers that it will not meet the deadline and posts that it will not meet the deadline to its official website no later than January 1, 2028.
- Exempt from the prohibitions:
 - Human blood collection and storage bags.
 - Apheresis and cell therapy blood kits and bags, including integral tubing.

Section 3.(b) of the part would impose an administrative penalty on a person who violates the Article. The penalty would not exceed \$5,000 for each day the Article is violated.

EFFECTIVE DATE: Except as otherwise provided, this part would be effective when it becomes law.

BACKGROUND: DEHP has been linked to health concerns that include interference with hormonal systems in humans and animals, adverse effects on reproductive organs and fertility, and respiratory irritation. Studies have suggested a potential link between DEHP and certain types of cancers.

PART IV. ALLOW THE USE OF EPINEPHRINE NASAL SPRAY IN ADDITION TO AUTO-INJECTORS

OVERVIEW: *Part IV would do the following:*

- *Expand the definition of epinephrine auto-injectors to epinephrine delivery systems in order to include nasal sprays in addition to auto-injectors for the treatment of asthma or anaphylactic reactions in schools.*
- *Apply the expanded definition of epinephrine delivery systems to certain entities and organizations other than schools.*

CURRENT LAW: Epinephrine auto-injectors are a disposable drug delivery system with a spring-activated, concealed needle that is designed for emergency administration of epinephrine. G.S. 115C-375.2A. Local boards of education (G.S. 115C-375.2A) along with the board of directors of charter

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schools (G.S. 115C-218.75), regional schools (G.S. 115C-238.66), and the chancellor of laboratory schools (G.S. 116-239.8) are required to comply with certain requirements regarding maintaining and providing epinephrine auto-injectors, including, among other requirements:

- Adopting a policy authorizing certain students to possess and self-administer asthma medication on school property, at school-sponsored activities, and while in transit to or from school or school-sponsored events. Asthma medication is medicine prescribed for the treatment of asthma or anaphylactic reactions and includes a prescribed asthma inhaler or epinephrine auto-injector.
- Providing for a supply of emergency epinephrine auto-injectors on school property for use by trained school personnel to provide emergency medical aid to persons suffering from an anaphylactic reaction.

Certain entities and organizations are authorized to maintain a supply of epinephrine auto-injectors. These authorized entities include recreation camps, colleges, universities, day care facilities, youth sports leagues, amusement parks, restaurants, places of employment, and sports arenas. G.S. 90-21.15A.

BILL ANALYSIS: Part IV would expand the definition of epinephrine auto-injectors to epinephrine delivery systems to include nasal sprays for the emergency administration of epinephrine. Local boards of education would be required to modify their policies regarding students possessing and self-administering epinephrine to also include nasal sprays. Local boards of education, charter schools, regional schools, and laboratory schools would still be required to provide epinephrine delivery systems for their school, including nasal sprays and auto-injectors.

The epinephrine delivery systems that authorized entities are permitted to maintain a supply of would include both epinephrine nasal sprays and auto-injectors.

EFFECTIVE DATE: Part IV would become effective when it becomes law. The provisions related to schools would apply beginning with the 2025-2026 school year.

BACKGROUND: In August 2024, the U.S. Food and Drug Administration approved epinephrine nasal spray to treat allergic reactions in adults and children who weigh at least 66 pounds.

PART V. REGISTERED NURSES IN SCHOOLS

OVERVIEW: *Part V would:*

- *Provide that a licensed registered nurse with at least two years of experience in a hospital or health clinic would be required to be paid on the certified school nurse pay scale.*
- *Clarify that the State Board of Education (State Board) would not be authorized to require a four-year degree to be hired or contracted for as a school nurse.*
- *Instruct the Department of Public Instruction (DPI) to conform any salary manuals with the part's provisions.*

CURRENT LAW: The State Board of Education has the authority to certify all applicants for professional positions, including school nurses, in all public elementary and high schools of North Carolina. See Article 21 of Chapter 115C of the General Statutes. The State Board is also authorized to establish the qualifications and training required to be hired or contracted for as a certified school nurse. However, the State Board is not authorized to require or impose a requirement that would require a school nurse to obtain a four-year degree as a condition of employment. G.S. 115C-315(d2).

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School nurses can obtain a national certification in the specialty of school nursing. This national certification requires, among other qualifications, documentation of hours of employment as a school nurse, a baccalaureate degree or higher in nursing, and an additional exam. If a school nurse is a nationally certified school nurse, that nurse is paid on the classroom teacher's master's degree ("M") salary schedule according to their years of experience. School nurses who are not nationally certified are paid on the noncertified nurse salary schedule. DPI's [2024-2025 Salary Manual](#), as of April 29, 2025, states that all school nurses employed since July 1, 1998, must be nationally certified either at the time of employment or within three years of employment.

BILL ANALYSIS: This part would clarify that the State Board could not impose a four-year degree requirement in order to be hired or contracted for as a school nurse. In addition, the part would require that a school nurse be paid under the certified nurse pay scale as established by the State Board if the nurse is a registered nurse licensed under Article 9A of Chapter 90 of the General Statutes and has at least two years of experience serving in a hospital or health clinic.

The State Board would be given authority to adopt temporary rules to enact the part's provisions until permanent rules can be adopted. DPI would also be instructed to conform any salary manuals with the part's provisions.

EFFECTIVE DATE: Effective when it becomes law and applies to school nurses who are hired or contracted for as a school nurse on or after that date.

PART VI. ADULT CARE HOME MEDICAID PERSONAL CARE SERVICES COVERAGE

OVERVIEW: *Part VI would require the Department of Health and Human Services, Division of Health Benefits (DHB) to consult with stakeholders and submit a request for federal approval to provide Medicaid personal care services to individuals who reside in adult care homes or special care units and who have incomes above the threshold for eligibility for the State-County Special Assistance program but below a specified level. The request must ensure that the cost of the new coverage is offset by savings or cost avoidance and complies with applicable legal requirements, and the request would only be implemented if all criteria are met and federal approval is received.*

BILL ANALYSIS: Section 6.(a) would require DHB to consult with stakeholders and submit a request for federal approval to add Medicaid coverage of personal care services for certain individuals residing in adult care homes or special care units. The request would have to comply with all of the following:

- Medicaid personal care services would be covered for individuals residing in an adult care home whose income does not exceed 180% of the federal poverty level. (Currently \$17,149 per year, which is equivalent to 110% of FPL).
- Medicaid personal care services would be covered for individuals residing in a special care unit whose income does not exceed 200% of the federal poverty level. (Currently \$21,744 per year, which is equivalent to 139% of FPL).
- The cost of the new coverage would be offset by savings or cost avoidance.
- Applicable legal requirements would be met.

Section 6.(b) would require DHB to submit the request to the Centers for Medicare and Medicaid Services (CMS) for federal approval within 90 days after the act would become law. DHB would only implement the Medicaid coverage described in the request if (i) the request is approved by CMS and (ii) the request meets all of the requirements in Section 1 of this act.

EFFECTIVE DATE: The part would be effective when it becomes law.

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BACKGROUND: Section 9E.26 of S.L. 2023-134 requires DHB to explore options available to increase access to Medicaid services for dual eligibles that provide alternatives to nursing home placements and to report on those options to the Joint Legislative Oversight Committee on Medicaid by March 1, 2024. The report entitled "Reimbursement Methodology Used for Services Provided to Senior Dual Eligibles," submitted August 9, 2024, is available online at: <https://webservices.ncleg.gov/ViewDocSiteFile/88644>.

PART VII. EFFECTIVE DATE

Except as otherwise provided, the bill would be effective when it becomes law.

**Jessica Boney, Hannah Kendrick, Hillary Woodard, Jennifer Hillman, and Ike McRee, staff attorneys with the Legislative Analysis Division, contributed substantially to this summary.*