

§ 143B-139.4B. Office of Rural Health to oversee and monitor establishment and administration of statewide telepsychiatry program.

(a) The following definitions apply in this section:

- (1) Community-based site. – Community-based health care setting to include, but not limited to, public health department, rural health center, rural health clinic, federally qualified health center, school-based health center, free and charitable clinic that accepts reimbursement.
- (1a) Consultant site. – The hospital or other site at which the consulting provider is physically located at the time the consulting provider delivers the mental health or substance abuse care by means of telepsychiatry.
- (1b) Consulting provider. – A physician or other health care provider licensed in this State to provide mental health or substance abuse care.
- (2) Hospital. – A facility licensed under Chapter 131E or Chapter 122C of the General Statutes, or a State facility listed in G.S. 122C-181.
- (3) Referring site. – The hospital or approved community-based site at which the patient is physically located.
- (4) Telepsychiatry. – The delivery of mental health or substance abuse care, including diagnosis or treatment, by means of two-way real-time interactive audio and video by a consulting provider at a consultant site to an individual patient at a referring site. The term does not include the standard use of telephones, facsimile transmissions, unsecured electronic mail, or a combination of these in the course of care.
- (5) Recodified as G.S. 143B-139.4B(a)(1b) by Session Laws 2018-44, s. 15.1, effective July 1, 2018.

(b) The North Carolina Office of Rural Health shall oversee the establishment and administration of a statewide telepsychiatry program that allows referring sites to utilize consulting providers at a consultant site to provide timely psychiatric assessment and rapid initiation of treatment for patients at the referring emergency department site experiencing a mental health or substance abuse crisis, or for patients in need of mental health or substance abuse care at an approved community-based site. Notwithstanding the provisions of Article 3 of Chapter 143 of the General Statutes or any other provision of law, the Office of Rural Health shall contract with East Carolina University Center for Telepsychiatry and e-Behavioral Health to administer the telepsychiatry program. The contract shall include a provision requiring East Carolina University Center for Telepsychiatry and e-Behavioral Health to work toward implementing this program on a statewide basis by no later than January 1, 2014, and to report annually to the Office of Rural Health on the following performance measures:

- (1) Number of consultant sites and referring sites participating in the program.
- (2) Number of psychiatric assessments conducted under the program, reported by site or region.
- (3) Length of stay of patients receiving telepsychiatry services in the emergency departments of hospitals participating in the program, reported by disposition.
- (4) Number of involuntary commitments recommended as a result of psychiatric assessments conducted by consulting providers under the program, reported by site or region and by year, and compared to the number of involuntary commitments recommended prior to implementation of this program.

(c) The Office of Rural Health shall have all of the following powers and duties relative to the statewide telepsychiatry program:

- (1) Ongoing oversight and monitoring of the program.

- (2) Ongoing monitoring of the performance of East Carolina University Center for Telepsychiatry and e-Behavioral Health under its contract with the Department, including all of the following:
 - a. Review of the performance measures described in subsection (b) of this section.
 - b. Annual site visits to East Carolina University Center for Telepsychiatry and e-Behavioral Health.
 - (3) Facilitation of program linkages with critical access hospitals and small rural hospitals.
 - (4) Conducting visits to referring sites and consultant sites to monitor implementation of the program; and upon implementation, conducting these site visits at least once annually.
 - (5) Addressing barriers and concerns identified by consulting providers, consultant sites, and referring sites participating in the program.
 - (6) Encouraging participation in the program by all potential consultant sites, consulting providers, and referring sites throughout the State and promoting continued participation in the program by consultant sites, consulting providers, and referring sites throughout the State.
 - (7) Compiling a list of recommendations for future tele-health initiatives, based on operation of the statewide telepsychiatry program.
 - (8) Reviewing on a quarterly basis the financial statements of East Carolina University Center for Telepsychiatry and e-Behavioral Health related to the telepsychiatry program in order to compare and monitor projected and actual program costs.
 - (9) Annually reporting to the Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on or before November 1 on the operation and effectiveness of the program. The report shall include information on each of the performance measures described in subsection (b) of this section.
- (d) The Department shall adopt rules necessary to ensure the health and safety of patients who receive care, diagnosis, or treatment under the telepsychiatry program authorized by this section. (2013-360, s. 12A.2B(b); 2015-241, s. 12A.16(b); 2018-44, s. 15.1; 2019-177, s. 8.)