

Health and Human Services

See full summary documents for additional detail

Corrections Pertaining to the University of North Carolina Health Care System and East Carolina University – 2023 Budget Technical/Other Corrections.

SL 2024-1 (S508), Sec. 1.7

Section 1.7 of S.L. 2024-1 makes the following changes to the clarification of authority of the University of North Carolina Health Care System (UNC Health) and East Carolina University Health Care (ECU Health) operational and personnel flexibilities enacted in Section 4.10 of S.L. 2023-132:

- It clarifies that UNC Faculty Physicians and any entity that merges with UNC Health are component units of UNC Health, and that the UNC Health Board (Board) has authority over those component units.
- It requires the Board to meet four times each year, instead of every 60 days.
- It allows the Board to designate UNC Health's in-house counsel to represent UNC Health at commitment hearings.
- It authorizes the Board to establish a liability insurance program.
- For purposes of retirement, it clarifies that individuals who are hired by UNC Health on or after January 1, 2024, and who were members of the Teachers' and State Employees' Retirement System or the UNC Optional Retirement Program at the time of hire will be treated as if they were employed by UNC Health on December 31, 2023. This provision does not apply to law enforcement officers.
- For purposes of retirement, it clarifies that individuals who are hired by ECU Health on or after January 1, 2024, and who were members of the Teachers' and State Employees' Retirement System or the ECU Optional Retirement Program at the time of hire will be treated as if they were employed by ECU Health on December 31, 2023.
- It allows employees of UNC Health to participate in the Supplemental Retirement Income Plan.
- It allows the ECU chancellor to adopt policies governing property development for the ECU Medical Faculty Practice Plan and ECU Dental School Clinical Operations.

The provisions of the section dealing with the authority of the UNC Health Board and the ECU chancellor became effective May 15, 2024. The provisions dealing with retirement are effective retroactively to January 1, 2024.

Amend Requirements for Innovations Waiver Direct Care Worker Medicaid Rate Increases – 2023 Budget Technical/Other Corrections.

SL 2024-1 (S508), Sec. 3.1

Section 3.1 of S.L. 2024-1 amends Section 9E.15 of S.L. 2023-134, which requires Innovations Waiver service providers to use Medicaid rate increases for the benefit of the direct care workers

they employ. This section of the act (i) clarifies which entity must seek recoupment of overpayments to noncompliant providers and (ii) adds reporting requirements regarding providers' use of the funds.

This section became effective May 15, 2024, and apply to the recoupment of overpayments owed on or after that date.

Extend Duration of Adult Care Home Accreditation Pilot Program – 2023 Budget Technical/Other Corrections.

SL 2024-1 (S508), Sec. 3.2A

Section 3.2A of S.L. 2024-1 amends Section 9E.6 of S.L. 2021-180, as amended by Section 3.1 of S.L. 2021-189, to extend the adult care home accreditation pilot program from two years to three years. The changes include increasing the ability of the Adult Care Home Accreditation Grant Program to allow the cost of providing outcome data for up to 150 pilot adult care homes, previously it was 75. The final report deadline was extended from July 31, 2024, to July 31, 2025, and the termination date was extended from August 1, 2024, to August 1, 2025. The goal of the pilot program is to evaluate the effectiveness of an accreditation process for adult care homes that would deem adult care homes eligible for ongoing licensure and exempt accredited adult care homes from routine inspections if they meet required standards and requirements.

This section became effective May 15, 2024.

Clarify South Piedmont Regional Autopsy Center Service Expansion. – 2023 Budget Technical/Other Corrections.

SL 2024-1 (S508), Sec. 3.5A

Section 3.5A amends the provisions of Section 9H.10 of S.L. 2023-134, which allocated funds for the establishment of an autopsy center in Union County, in the following ways:

- It requires the autopsy center to expand its service area to include Anson and Cabarrus Counties by December 30, 2024, Rowan and Stanly Counties by June 30, 2025, Moore and Richmond Counties by November 30, 2025, and Gaston and Montgomery Counties by June 30, 2026.
- It requires Union County and the Office of the Chief Medical Examiner (OCME) to amend their contract to account for the expanded service area.
- It allows Union County and the OCME to come up with an alternative expansion schedule if the initial expansion schedule is unworkable.
- It requires Union County to report to the Department of Health and Human Services, the Joint Legislative Oversight Committee on Health and Human Services, the Fiscal Research Division, and the counties in the expanded service area on the status of the autopsy center, any delays in expansion, and any proposed alternative expansion schedules. The reports must be made on February 1, 2024, December 1, 2024, and every six months thereafter until expansion is complete. Under the original version of Section 9H.10 of S.L.

2023-134, the expansion counties were not included in the list of report recipients, the reporting ended on December 1, 2024, and the only item required to be reported was the status of the autopsy center.

This section became effective July 1, 2024.

Exempt Certain Nonprofits Receiving Social Services Block Grant Funds from Match Requirements – 2023 Budget Technical/Other Corrections.

SL 2024-1 (S508), Sec. 3.8

Section 3.8 of S.L. 2024-1 exempts the following amounts appropriated from the Social Services Block Grant for each fiscal year of the 2023-2025 fiscal biennium from the matching rates for financial participation: (i) \$350,000 for Big Brothers Big Sisters of the Triangle, Inc., (ii) \$2,541,392 for Autism Society of North Carolina, Inc., (iii) \$271,074 for The Arc of North Carolina, Inc., (iv) \$1,612,059 for Easterseals UCP of North Carolina & Virginia, Inc.

This section became effective July 1, 2023.

Mask Exemption Modifications – Various Criminal and Election Law Changes.

SL 2024-16 (H237), Sec. 1

Section 1 of S.L. 2024-16 modifies the health and safety exemption from certain laws prohibiting the wearing of certain face coverings in public.

This bill was vetoed by the Governor on June 21, 2024, and that veto was overridden by the General Assembly on June 27, 2024.

Section 1 of S.L. 2024-16 became effective June 27, 2024, and applies to offenses committed on or after that date.

Human Trafficking Changes.

SL 2024-26 (H971)

S.L. 2024-26 does the following:

- Directs the Department of Labor to develop human trafficking awareness training.
- Requires certain employees and third-party contractors of lodging establishments and vacation rentals to complete human trafficking awareness training.
- Increases the penalty for a first offense of soliciting another for prostitution.
- Allows victims and alleged victims of human trafficking crimes to move for victim confidentiality in criminal proceedings.
- Requires any person initiating a child custody proceeding to disclose certain criminal convictions and history of child custody proceedings.

- Generally prohibits viewing of pornography by employees on government networks and devices, including those of public agencies, the judicial branch, and the legislative branch.
- Directs the Division of Social Services, Department of Health and Human Services, to expand, further develop, and implement human trafficking awareness trainings.
- Provides Criminal Justice Law Enforcement Automated Data Services (CJLEADS) access to campus police.
- Establishes that documentation compiled by the Housing Finance Agency for the purposes of financing housing for victims of domestic violence, sexual assault, and human trafficking are not public records.
- Modifies the definition of victim in the Crime Victim's Compensation Act.

This act has various effective dates. Please see the full summary for more detail.

Revenue Laws Technical, Clarifying, and Administrative Changes.

SL 2024-28 (H228)

Part V of S.L. 2024-28 makes various technical changes to the Medicaid hospital assessment statutes, as follows:

- Section 5.1 clarifies the references to the Consumer Price Index (CPI) and the Medicare Economic Index (MEI) that are used to annually adjust certain components of the Medicaid hospital assessments and makes conforming changes. To correctly use the CPI and MEI to make the annual adjustments, the statutes needed to reference the "change" in those indexes rather than the indexes themselves.
- Section 5.2 rebalances the distribution of the assessment collections between public and private hospitals due to a hospital closure since the passage of the original act. Under G.S. 108A-146.17(c), the Department of Health and Human Services (DHHS) must report to the General Assembly when a hospital has closed or changed its status as either a public or private hospital, and DHHS must propose the changes to the hospital assessments that are needed as a result. In response to the closure of Martin General Hospital, DHHS submitted a report proposing the statutory changes included in this section.
- Section 5.3 treats federally-designated "rural emergency hospitals" the same as critical access hospitals under the assessments due to the fact that critical access hospitals may be eligible to convert to this new federal designation of "rural emergency hospital," which was not accounted for in the assessment statutes.
- Section 5.3A corrects a statutory citation.

This part becomes effective October 1, 2024, and applies to assessments on or after that date.

Regulate Tobacco Products – Certain CIHS Partners/Regulate Tobacco Products.

SL 2024-31 (H900), Sec. 2

Section 2 of S.L. 2024-31 creates a new regulatory system for the certification of consumable products and vapor products, including the creation of a public directory of these certified products, and provides enforcement mechanisms for violations of this new regulatory system.

Section 2 of S.L. 2024-31 becomes effective December 1, 2024.

Health and Human Services Omnibus.

SL 2024-34 (S425)

S.L. 2024-34 makes various changes to the laws on health and human services.

Aging and Adult Services. - The act does the following:

- Clarifies the manner of service of the petition and notice of hearing to a disabled adult regarding the provision of adult protective services. (Section 1)

Children and Families. – The act does the following:

- Amends the definition of family child care home to include a child care arrangement where more than two children and less than 11 children, previously 10 children, receive child care in a residence. (Section 2)
- Extends unlicensed kinship care to half-siblings of relative children. (Section 4)
- Clarifies that a first responder to whom an infant can be temporarily surrendered must be on duty. (Section 5)
- Allows application by a director of a county department of social services to the court for limited custody of a surrendered infant upon initiation of notice by publication, instead of waiting for the completion of the notice by publication. (Section 6)
- Updates guidelines for trauma-informed standardized assessments. (Section 7)
- Directs the Division of Child Development and Early Education (DCDEE), Department of Health and Human Services (DHHS), to revise the Quality Rating Improvement System (QRIS) by creating alternative pathways for child care facilities to earn a license of two to five stars and to adopt or amend rules to implement the alternative pathways. The alternative pathways can be focused on (i) program assessment, (ii) classroom and instructional quality, (iii) accreditation, or (iv) any other pathway designated by the North Carolina Child Care Commission. A child care facility is not required to undergo a QRIS assessment by DCDEE until rules implementing the new QRIS pathways become effective. (Section 8)
- Amends the 2023 Appropriations Act by providing that the State portion of the funding for the Tri-Share Child Care pilot program does not revert at the end of the 2023-2025 fiscal biennium and remains available for costs associated with the Tri-Share Child Care

pilot program. The North Carolina Partnership for Children must design the Tri-Share Child Care pilot program, establish the program infrastructure, and recruit participating child care providers and employers. (Section 15)

Medicaid. - The act does the following:

- Extends the temporary authority of the federally facilitated marketplace to make North Carolina Medicaid eligibility determinations until June 30, 2025. (Section 9)
- Extends the managed care exemption for justice-involved individuals so that prison inmates, who are currently exempt from enrolling in prepaid health plans, will remain exempt for up to a year after release from prison. The same exemption will apply to inmates in jails and other carceral settings who have had their Medicaid eligibility suspended. (Section 12)

Mental Health, Developmental Disabilities, and Substance Use Services. - The act does the following:

- Encourages DHHS and local management entity/managed care organizations (LME/MCOs) to enter into intergovernmental agreements with the Eastern Band of Cherokee Indians to facilitate the use of tribal health facilities for the voluntary admission or involuntary commitment of North Carolina residents to those facilities and requires reporting by February 1, 2025, on any proposed legislative changes to further facilitate this use of tribal health facilities. (Section 14)
- Requires the area director of Trillium Health Resources (Trillium) to submit to the Secretary of DHHS a new alternative board structure for Trillium. The Secretary can approve the new alternative board structure and appoint the initial board members without each county in Trillium's catchment area adopting a resolution approving the board structure or appointing the board members, notwithstanding statutory requirements. (Section 16)

Hospitals and Healthcare Facilities. - The act does the following:

- Amends references to the East Carolina University Regional Behavioral Health Facility to be consistent in the 2023 Appropriations Act. (Section 10)
- Amends the Hospital Violence Act to create an exemption until June 1, 2025, from the requirement to have a law enforcement officer present in the emergency department for hospitals that submit a security risk assessment, along with other specified criteria, to DHHS by October 1, 2024. (Section 11)
- Grants the authority to establish a campus law enforcement agency within the Board of Directors of the University of North Carolina Health Care System (Board) and updates the powers of the Board to include the authority to engage legal counsel, including private counsel, for any matter the Board deems necessary; and creates G.S. 131E-14.3 within Article 2 of Chapter 131E of the General Statutes to allow the lease or sale of hospital facilities to certain political subdivisions. (Section 13)

Public Health. – The act does the following:

- Amends the minimum education and experience qualifications required for a local health director to include a bachelor's degree in a field related to public health and at least seven years of experience in health programs that include three years of supervisory experience. (Section 3)

General Health Provisions. - The act does the following:

- Makes various changes to the Review Panel of the North Carolina Medical Board, including setting term limits. (Section 17)

This act has various effective dates. Please see the full summary for more detail.

Right to Try Individualized Treatments.

SL 2024-36 (H98)

S.L. 2024-36 allows eligible patients with life-threatening or severely debilitating illnesses the right to try individualized investigational drugs, biological products, and devices. The act defines the following: eligible facility; eligible patient; individualized investigational drug, biological product, or device; institution; life-threatening or severely debilitating illness; and written, informed consent.

Elements of the act are outlined below.

- Authorizes access to and use of individualized investigational drugs, biological products, or devices.
- Prohibit liability to heirs for outstanding debt related to use of individualized investigational drugs, biological products, or devices.
- Prohibits sanctions against health care providers.
- Prohibits certain conduct by State officials.
- Prohibits a private right of action against manufacturers of individualized investigational drugs, biological products, or devices.
- Provides that nothing in the act affects a health benefit plan's obligation to provide coverage for an insured's participation in a clinical trial.

The right to try individualized treatments becomes effective October 1, 2024, the remainder of the act became effective July 8, 2024.

Cigar Bar Amendments – ABC Omnibus 2023-24.

SL 2024-41 (S527), Sec. 36

Section 36 of S.L. 2024-41 clarifies that the ABC Commission cannot consider whether a cigar bar may allow smoking indoors in deciding whether to issue an ABC permit to the cigar bar. Additionally, this section revises where cigar bars can be located as follows:

- A cigar bar that serves prepared food must be in a freestanding structure occupied solely by the cigar bar and smoke from the cigar bar does not migrate into an enclosed area where smoking is prohibited.
- A cigar bar that does not serve prepared food is not required to be in a freestanding structure occupied solely by the cigar bar, provided smoke from the cigar bar does not migrate into an enclosed area where smoking is prohibited, whether or not located in the same structure.

This section became effective July 8, 2024.

Revisions Pertaining to Death Investigations Under the Jurisdiction of the Office of the Chief Medical Examiner – Public Safety/Other Changes.

SL 2024-43 (H250), Sec. 1

Section 1 of S.L. 2024-43 repeals the provisions of existing law allowing the Office of the Chief Medical Examiner (OCME) to seek an administrative search warrant when a district attorney certifies the death in question is not under criminal investigation. The section clarifies that in all cases, the OCME retains the statutory authority to examine (i) the decedent's body, (ii) the decedent's medical records, (iii) the decedent's personal possessions associated with the death, and (iv) blood and tissue samples and diagnostic images of the decedent. In cases under criminal investigation, the OCME can examine any evidence permitted by the investigating authority. The OCME must provide a complete copy of the medical examiner file to a district attorney upon request. If a district attorney believes that the death may have been caused by certain controlled substances, the district attorney has 72 hours to notify the OCME so that a full autopsy can be performed.

This section becomes effective October 1, 2024.

Add Tianeptine to Schedule II – Public Safety/Other Changes.

SL 2024-43 (H250), Sec. 6

Section 6 of S.L. 2024-43 adds tianeptine to Schedule II of the Controlled Substances Act, therefore making tianeptine a controlled substance under North Carolina law and creating criminal penalties for the unlawful manufacture, sale, distribution, or possession of tianeptine.

Section 6 of S.L. 2024-43 becomes effective December 1, 2024, and applies to offenses committed on or after that date.

Exempt Certain Food Service Establishments from Septage Management Firm Permitting Requirements – Regulatory Reform Act of 2024.

SL 2024-45 (S607), Sec. 17

Section 17 of S.L. 2024-45 exempts a food establishment that does not pump or vacuum a grease appurtenance from septage management firm permitting requirements.

This section became effective July 9, 2024.

Amend Outdoor Grill Exemption for Food Establishments to Include Additional Cooking Surfaces – Regulatory Reform Act of 2024.

SL 2024-45 (S607), Sec. 18

Section 18 of S.L. 2024-45 amends the law pertaining to the regulation of food establishments using an outdoor grill to prepare food for customers for sample or sale. The criteria pertaining to grill service is amended to allow the use of outdoor grills with stone surfaces, or any surface similar to stainless steel, cast iron, or stone, that complies with the North Carolina Food Code. Additionally, this section removes the requirement that the outdoor grill be located in an enclosed area. However, the requirement that the outdoor grill be protected from environmental contamination when not in use remains in place.

The act became effective July 9, 2024.

Eliminate Annual Report on State Employees Who Have Been Work First Recipients – Regulatory Reform Act of 2024.

SL 2024-45 (S607), Sec. 31

Section 31 of S.L. 2024-25 eliminates the requirement that the Director of the Budget annually report to the General Assembly on the number of State employees who are Work First Program recipients.

This section became effective July 9, 2024.