

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2019**

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**SENATE BILL 730
Health Care Committee Substitute Adopted 6/11/20
Appropriations/Base Budget Committee Substitute Adopted 6/17/20
Fourth Edition Engrossed 6/19/20
House Committee Substitute Favorable 6/24/20**

Short Title: The No Patient Left Alone/Collaboratory Funds.

(Public)

Sponsors:

Referred to:

May 14, 2020

A BILL TO BE ENTITLED

1
2 AN ACT PROVIDING PATIENT VISITATION RIGHTS AND APPROPRIATING FUNDS
3 TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF
4 HEALTH SERVICE REGULATION, TO DEVELOP AND DISSEMINATE TO
5 HOSPITALS FREE INFORMATIONAL MATERIALS EXPLAINING THESE RIGHTS,
6 AND TO APPROPRIATE FUNDS FROM THE CORONAVIRUS RELIEF FUND FOR
7 THE NORTH CAROLINA POLICY COLLABORATORY TO CARRY OUT A
8 STATEWIDE TESTING, TRACKING, AND TRACING INITIATIVE FOR COVID-19
9 RESEARCH AND BUSINESS REOPENING PURPOSES.

10 Whereas, the COVID-19 pandemic has caused great uncertainty and anxiety across
11 our State and has significantly affected the medical community, including hospitals; and

12 Whereas, hospitals have made many efforts to keep patients and employees in a safe
13 environment and have endeavored to minimize, to the extent possible, the risk of spread of the
14 coronavirus disease; and

15 Whereas, as a result of COVID-19 prevention measures, many unintended
16 consequences have occurred to hospital patients who were not diagnosed with COVID-19; and

17 Whereas, the General Assembly has become aware of numerous patients across our
18 State who were not diagnosed with COVID-19, but as a result of hospital visitation policies have
19 been prohibited from having any visitors, including a spouse, parent, close family member,
20 guardian, health care agent, or caregiver; and

21 Whereas, as a result, many patients not diagnosed with COVID-19 have been forced
22 to be alone during their treatment for serious conditions, traumas, illnesses, heart attacks, and
23 routine and emergency surgeries; and

24 Whereas, some of these patients have been forced to be alone for the entire course of
25 their treatment and in some cases have died alone; and

26 Whereas, many families have been unable to be physically present with their loved
27 ones while in the hospital setting and have been limited to electronic video communications, if
28 any, with the patient; and

29 Whereas, the patients who have been affected in the above-described manner have
30 included adults, minors, and individuals with intellectual or developmental disabilities; and

31 Whereas, the General Assembly finds that it is in the interest of the State and its
32 residents that hospital patients be allowed at least one immediate family member, designated



1 health care agent, guardian, or person standing in loco parentis physically present at reasonable
2 times throughout the hospitalization; Now, therefore,
3 The General Assembly of North Carolina enacts:

4 **SECTION 1.** This act shall be known as "The No Patient Left Alone Act."

5 **SECTION 2.** Article 5 of Chapter 131E of the General Statutes is amended by adding
6 a new section to read:

7 **"§ 131E-79.3. Visitation rights of hospital patients.**

8 (a) A hospital shall allow a support person of the patient's choice to be present during the
9 patient's stay, unless the individual's presence infringes on others' rights or safety or is medically
10 or therapeutically contraindicated. The individual support person may or may not be the patient's
11 surrogate decision-maker or legally authorized representative.

12 (b) A hospital must have written policies and procedures regarding the visitation rights
13 of patients, including those setting forth any clinically necessary or reasonable restriction or
14 limitation that the hospital may need to place on such rights and the reasons for the clinical
15 restriction or limitation. A hospital must inform each patient, or support person where
16 appropriate, of his or her visitation rights, including any clinical restriction or limitation on such
17 rights, and shall ensure that all visitors enjoy full and equal visitation privileges consistent with
18 patient preferences."

19 **SECTION 3.** The Department of Health and Human Services, Division of Health
20 Service Regulation, shall develop and disseminate to hospitals licensed under Article 5 of
21 Chapter 131E of the General Statutes free informational materials explaining the rights specified
22 in G.S. 131E-79.3, as enacted by Section 2 of this act.

23 **SECTION 4.** There is appropriated from the General Fund to the Department of
24 Health and Human Services, Division of Health Service Regulation, the sum of five thousand
25 dollars (\$5,000) in nonrecurring funds for the 2020-2021 fiscal year, to develop and disseminate
26 to hospitals licensed under Article 5 of Chapter 131E of the General Statutes free informational
27 materials about the patient rights specified in G.S. 131E-79.3, as enacted by Section 2 of this act.

28 **SECTION 4.1.(a)** The provisions of the State Budget Act, Chapter 143C of the
29 General Statutes, are reenacted and shall remain in full force and effect and are incorporated in
30 this act by reference.

31 **SECTION 4.1.(b)** Except where expressly repealed or amended by this act, the
32 provisions of any other legislation enacted during the 2019 Regular Session of the General
33 Assembly expressly appropriating funds to an agency, a department, or an institution covered
34 under this act shall remain in effect.

35 **SECTION 5.** Transfer of Funds from Reserves to Relief Fund. – The State Controller
36 shall transfer ten million dollars (\$10,000,000) for the 2020-2021 fiscal year from the
37 Coronavirus Relief Reserve established in Section 2.1 of S.L. 2020-4 to the Coronavirus Relief
38 Fund established in Section 2.2 of S.L. 2020-4.

39 **SECTION 6.** Appropriation of Funds from Relief Fund. – There is appropriated from
40 the Coronavirus Relief Fund to the Office of State Budget and Management the sum of ten
41 million dollars (\$10,000,000) in nonrecurring funds for the 2020-2021 fiscal year to be allocated
42 to the University of North Carolina at Chapel Hill for the North Carolina Policy Collaboratory
43 (Collaboratory) at the University of North Carolina at Chapel Hill to carry out a statewide testing,
44 tracking, and tracing initiative for the coronavirus disease 2019 (COVID-19) to provide the
45 necessary data for businesses across North Carolina to safely reopen and remain open in a manner
46 that facilitates economic activity while, at the same time, protecting the public health of the
47 employees and customers of businesses in the State.

48 **SECTION 7.** Use of Funds. – The funds shall be used for (i) creating an
49 Internet-based portal for businesses based in North Carolina with an interest in utilizing testing,
50 tracking, and tracing initiatives to sign up as candidates for participation in the program, (ii)
51 selecting a geographically balanced representation of businesses based on the economic tier of

1 the county in which they operate and the State's economic opportunity zones, (iii) selecting a
2 diverse sampling of businesses based on their sector, including agriculture, manufacturing,
3 restaurants, lodging, retail, and entertainment, (iv) selecting technologies to be deployed in
4 businesses to carry out an effective testing, tracking, and tracing program, (v) collecting,
5 synthesizing, analyzing, visualizing, and reporting data to show the efficacy of public health best
6 practices in conjunction with businesses remaining open, and (vi) any other research or activity
7 related to monitoring, assessing, or addressing the public health and economic impacts of
8 COVID-19.

9 **SECTION 8.** Reporting Requirements. – The Collaboratory shall report on the
10 progress of the use of the appropriated funds received pursuant to this act to the Joint Legislative
11 Oversight Committee on Health and Human Services by no later than September 1, 2020.

12 **SECTION 9.** Exemptions. – The provisions of Article 3 of Chapter 143 of the
13 General Statutes, G.S. 143-129, and G.S. 116-31.10 shall not apply to the purchase of apparatus,
14 supplies, material, or equipment with any of the funds appropriated under this act.

15 **SECTION 10.** Limitations. – Of the funds appropriated from the Coronavirus Relief
16 Fund by this act, funds shall only be used for necessary eligible expenditures incurred during the
17 period that begins on March 1, 2020, and ends on December 30, 2020. The funds appropriated
18 by this act shall not revert at the end of the 2019-2020 fiscal year but shall remain available to
19 expend until December 30, 2020. If the Coronavirus Aid, Relief, and Economic Security
20 (CARES) Act, P.L. 116-136, is amended to allow the use of federal funds beyond December 30,
21 2020, the funds appropriated by this act shall not revert until the later date authorized by that act
22 or until June 30, 2022, whichever occurs first.

23 **SECTION 11.** Section 4 of this act becomes effective July 1, 2020. The remainder
24 of this act is effective when it becomes law.