



- 1 d. The update of electronic examination forms, affidavits, and petitions  
2 to capture consistent, high-quality data statewide.
- 3 e. Strategies to increase data sharing between DHHS and the eCourts  
4 system regarding IVC exams and court proceedings, including the  
5 feasibility of a public-facing dashboard and necessary State statutory  
6 changes.
- 7 f. The feasibility and potential benefits of granting law enforcement  
8 access to IVC court records for the purpose of better informing law  
9 enforcement procedures and operations.
- 10 (2) Any additional information deemed relevant by DHHS, DIT, and AOC to  
11 ensure high-quality data collection and data-driven decision making across the  
12 involuntary commitment system.

13 **SECTION 1.(b)** This section is effective when it becomes law.

14  
15 **PLAN TO USE TELEHEALTH IN JAILS TO COMPLETE IVC FIRST EXAMINATION**

16 **SECTION 2.(a)** The Department of Health and Human Services (DHHS) and the  
17 North Carolina Sheriffs' Association are directed to develop a plan to use telehealth to complete  
18 the first examinations of individuals in custody of county jails. In developing this plan, DHHS  
19 and the Sheriffs' Association shall consult with relevant stakeholders. The plan shall include at  
20 least all of the following:

- 21 (1) A funding amount necessary to support the provision of telehealth services in  
22 all county jails within the State.
- 23 (2) A recommended model for jail-based telehealth services, including required  
24 technical components, equipment needs, and staffing considerations.
- 25 (3) Development of a request for proposal to contract with approved third-party  
26 organizations to examine opportunities to improve the efficiency and  
27 cost-effectiveness of using telehealth to conduct first examinations of  
28 individuals in custody of county jails.
- 29 (4) A time line for the statewide implementation of the telehealth service plan.
- 30 (5) Any additional information that DHHS or the Sheriffs' Association determines  
31 to be relevant to the study and its recommendations.

32 **SECTION 2.(b)** No later than October 1, 2026, DHHS and the Sheriffs' Association  
33 shall submit a report on the plan as required in subsection (a) of this section to the Joint  
34 Legislative Oversight Committee on Health and Human Services and the Fiscal Research  
35 Division.

36  
37 **PLAN TO UTILIZE MOBILE CRISIS UNITS TO COMPLETE IVC FIRST**  
38 **EXAMINATIONS**

39 **SECTION 3.(a)** The Local Management Entities/Managed Care Organizations  
40 (LME/MCOs) and the Department of Health and Human Services (DHHS) are directed to  
41 develop a plan to use mobile crisis units to enhance the efficiency of the involuntary commitment  
42 process. In developing this plan, the LME/MCOs and DHHS shall consult with relevant  
43 stakeholders. The plan shall include at least all of the following:

- 44 (1) The development of a statewide coverage model that uses in-person clinicians  
45 or on-call licensed clinicians in mobile crisis units to complete the first  
46 examination for involuntary commitment.
- 47 (2) Recommendations to improve mobile crisis response.
- 48 (3) An analysis of the funding necessary to implement the plan, including costs  
49 associated with training and technology.
- 50 (4) Any additional information that the LME/MCOs and DHHS deem relevant to  
51 improving mobile crisis units.

1           **SECTION 3.(b)** No later than October 1, 2026, the LME/MCOs and DHHS shall  
2 submit a report on the plan as required in subsection (a) of this section to the Joint Legislative  
3 Oversight Committee on Health and Human Services and the Fiscal Research Division.  
4

#### 5 **INCREASED TRAINING FOR INVOLUNTARY COMMITMENT EXAMINERS**

6           **SECTION 4.(a)** The Department of Health and Human Services (DHHS) is directed  
7 to evaluate the standardized training program for involuntary commitment examiners for  
8 necessary improvements, and to incorporate additional training into the standardized training  
9 program for providers who conduct first examinations of individuals in custody of county jails.

10           **SECTION 4.(b)** No later than December 1, 2026, DHHS shall submit a report on  
11 the standardized training program as required in subsection (a) of this section to the Joint  
12 Legislative Oversight Committee on Health and Human Services and the Fiscal Research  
13 Division.  
14

#### 15 **PLAN TO ADDRESS STAFFING AND BED SHORTAGES IN STATE-OPERATED** 16 **FACILITIES**

17           **SECTION 5.(a)** The Department of Health and Human Services (DHHS) is directed  
18 to develop a plan to address (i) the ongoing shortage of staffed and available behavioral health  
19 beds in State-operated facilities for individuals in crisis, (ii) the staffing deficiencies that limit  
20 the use of existing behavioral health bed capacity, (iii) potential use of non-State-operated entities  
21 or facilities to provide staffing for or leasing to State-operated facilities, and (iv) contracting for  
22 behavioral health beds or staffing as supplementary or alternative to State-operated or staffed  
23 beds. In developing this plan, DHHS shall consult with interested parties. The plan shall include  
24 at least all of the following:

- 25           (1) An evaluation of current staffing models, hiring and recruitment practices,  
26           employee retention strategies, and the use of incentive pools.
- 27           (2) A review of staffing requirements required by State statute and Joint  
28           Commission standards.
- 29           (3) Any grant opportunities and other funding mechanisms to support behavioral  
30           health bed capacity.
- 31           (4) An assessment of opportunities to utilize nongovernmental facilities or  
32           entities, whether nonprofit or for-profit.
- 33           (5) Any additional information, suggestion, or initiative, DHHS deems relevant  
34           to address staffing shortages and the ongoing shortage of available behavioral  
35           health beds.

36           **SECTION 5.(b)** No later than December 1, 2026, DHHS shall submit a report on  
37 the plan as required in subsection (a) of this section to the Joint Legislative Oversight Committee  
38 on Health and Human Services and the Fiscal Research Division.  
39

#### 40 **STUDY LACK OF USE OF OUTPATIENT COMMITMENT**

41           **SECTION 6.(a)** The North Carolina Collaboratory (Collaboratory) shall conduct a  
42 study on how outpatient commitment may be more effectively used and implemented in the State.  
43 In developing this study, the Collaboratory shall consult with relevant stakeholders. The study  
44 shall include at least all of the following:

- 45           (1) A review of State statutes governing outpatient commitment and the  
46           identification of any statutory revisions needed to align the State with best  
47           practices in other states.
- 48           (2) An examination of barriers that limit the use or effectiveness of outpatient  
49           commitment, including the availability of outpatient commitment services  
50           statewide.

- 1 (3) An assessment of mechanisms currently available to track adherence and  
2 monitor compliance, along with proposed methods to strengthen and enhance  
3 tracking and monitoring processes.
- 4 (4) Any additional issues the Collaboratory determines to be relevant to  
5 improving the use and effectiveness of outpatient commitment.

6 **SECTION 6.(b)** No later than December 1, 2026, the North Carolina Collaboratory  
7 shall submit a report on the study as required in subsection (a) of this section to the Joint  
8 Legislative Oversight Committee on Health and Human Services.

9

10 **BEHAVIORAL HEALTH STATEWIDE CENTRAL AVAILABILITY NAVIGATOR**  
11 **UPDATES (BH SCAN)**

12 **SECTION 7.(a)** The Department of Health and Human Services (DHHS), in  
13 consultation with the Sheriffs' Association, is directed to provide law enforcement access to BH  
14 SCAN. DHHS shall report to the Joint Legislative Oversight Committee on Health and Human  
15 Services when access is complete.

16 **SECTION 7.(b)** DHHS is directed to develop and implement real-time data  
17 availability within BH SCAN. DHHS shall ensure that BH SCAN provides timely, accurate, and  
18 continuously updated information on available behavioral health beds to authorized users.

19 **SECTION 7.(c)** DHHS shall develop and implement functionality within BH SCAN  
20 that allows authorized users to reserve an available behavioral health bed in real time.

21 **SECTION 7.(d)** Subsection (a) of this section is effective August 1, 2026.  
22 Subsections (b) and (c) of this section are effective August 1, 2027. The remainder of this section  
23 is effective when it becomes law.

24

25 **STUDY LEGAL STANDARDS FOR INVOLUNTARY COMMITMENT AND**  
26 **INCAPACITY TO PROCEED**

27 **SECTION 8.(a)** The North Carolina Collaboratory (Collaboratory) shall conduct a  
28 comprehensive study of the differing legal standards governing involuntary commitment and  
29 incapacity to proceed to identify statutory revisions that would enhance each system's  
30 effectiveness and advance public safety for all individuals involved. In developing this study, the  
31 Collaboratory shall consult with relevant stakeholders. This study shall include recommendations  
32 for statutory changes to address inconsistent terminology in the governing statutes and clarify  
33 procedures for the transition of individuals between systems.

34 **SECTION 8.(b)** No later than December 1, 2026, the North Carolina Collaboratory  
35 shall submit a report on the study as required in subsection (a) of this section to the Joint  
36 Legislative Oversight Committee on Health and Human Services.

37

38 **WORKING GROUP TO ADDRESS MENTAL HEALTH AND CRIMINAL JUSTICE**  
39 **SYSTEMS OPERATING AS A "REVOLVING DOOR"**

40 **SECTION 9.(a)** The North Carolina Department of Health and Human Services  
41 (DHHS) shall establish a working group composed of representatives from the Administrative  
42 Office of the Courts (AOC), and other stakeholders, to examine the systemic factors contributing  
43 to the prevalent "revolving door" pattern in which individuals cycle repeatedly through arrest,  
44 detention, or involuntary commitment, only to be released back into the community without  
45 sustained stabilization or support. The purpose of the working group is to identify gaps, evaluate  
46 current practices, and recommend strategies to interrupt repeated crises and reduce avoidable  
47 recidivism.

48 **SECTION 9.(b)** Beginning on January 1, 2027, and quarterly thereafter, DHHS shall  
49 report on the findings and recommendations of the working group to the Joint Legislative  
50 Oversight Committee on Health and Human Services and the Fiscal Research Division.

**STUDY THE PROVISION OF MEDICAL AND BEHAVIORAL HEALTH CARE IN JAILS**

**SECTION 10.(a)** The North Carolina Department of Adult Correction (DAC) and the North Carolina Sheriffs' Association shall study the provision of medical and behavioral health care delivered in county jails in the State and make recommendations to improve the health care provided to individuals in custody. DAC and the Sheriffs' Association shall consult with relevant stakeholders, including local partners and the Department of Health and Human Services. The study shall include at least all of the following:

- (1) A review of intake screening procedures used in county jails for identifying medical and behavioral health conditions.
- (2) An examination of current health care provider arrangements, including in-house services, contracted services, hybrid models, or other recommended approaches for delivering care in county jails.
- (3) An assessment of policies and practices for responding to behavioral health crises within jail settings.
- (4) An evaluation of existing staffing models for medical and behavioral health services in county jails.
- (5) The development of recommendations for potential expansion of the North Carolina Safekeeper Program.
- (6) Any other information deemed relevant by DAC and the Sheriffs' Association to improve the provision of medical and behavioral health care in jails.

**SECTION 10.(b)** No later than December 1, 2026, DAC and the Sheriffs' Association shall submit a report on the study and recommendations as required in subsection (a) of this section to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division.

**UNC HEALTH TO STUDY FEASIBILITY OF UNC HEALTH OPERATION OR ADMINISTRATION OF STATE-OPERATED PSYCHIATRIC HOSPITALS**

**SECTION 11.(a)** The University of North Carolina Health Care System (UNC Health) is directed to explore the feasibility of improving the provision of services at Broughton Hospital, Central Regional Hospital, and Cherry Hospital (collectively, the Hospitals). UNC Health is directed to study and offer recommendations about the following:

- (1) The feasibility of transferring full operation of the Hospitals from DHHS to UNC Health.
- (2) The feasibility of transferring certain operations of the Hospitals from DHHS to UNC Health.
- (3) Any services that UNC Health could provide to DHHS to assist DHHS in the provision of services at the Hospitals.
- (4) Any other operational or administrative initiatives relating to the provision of services at the Hospitals.
- (5) Reviewing and updating any previous studies or recommendations that may be relevant or informative.
- (6) Any financial impact (savings or additional costs), any impact on patient outcomes, and any improvement in staffing, to result from the implementation of the recommendations provided according to this section.

**SECTION 11.(b)** The Department of Health and Human Services shall cooperate fully with UNC Health in providing any data or assistance necessary for UNC Health to complete the research required by subsection (a) of this section.

**SECTION 11.(c)** No later than December 1, 2026, UNC Health shall submit a report on the plan as required in subsection (a) of this section to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division.

1  
2 **THE NORTH CAROLINA COLLABORATORY TO STUDY FEASIBILITY OF THE**  
3 **CHANGE OF OPERATION OR ADMINISTRATION OF STATE-OPERATED**  
4 **PSYCHIATRIC HOSPITALS**

5 **SECTION 12.(a)** The North Carolina Collaboratory (Collaboratory) is directed to  
6 explore the feasibility of improving the provision of services at Broughton Hospital, Central  
7 Regional Hospital, and Cherry Hospital (collectively, the Hospitals). The Collaboratory is  
8 directed to study and offer recommendations about the following:

- 9 (1) The feasibility of transferring full operation of the Hospitals from DHHS to  
10 another entity.  
11 (2) The feasibility of transferring certain operations of the Hospitals from DHHS  
12 to another entity.  
13 (3) Any services that another entity could provide to DHHS to assist DHHS in the  
14 provision of services at the Hospitals.  
15 (4) Any other operational or administrative initiatives relating to the provision of  
16 services at the Hospitals.  
17 (5) Reviewing and updating any previous studies or recommendations that may  
18 be relevant or informative.  
19 (6) Any financial impact (savings or additional costs), any impact on patient  
20 outcomes, and any improvement in staffing to result from the implementation  
21 of the recommendations provided according to this section.

22 **SECTION 12.(b)** The Department of Health and Human Services shall cooperate  
23 fully with the Collaboratory in providing any data or assistance necessary for the Collaboratory  
24 to complete the research required by subsection (a) of this section.

25 **SECTION 12.(c)** No later than December 1, 2026, the Collaboratory shall submit a  
26 report on the plan as required in subsection (a) of this section to the Joint Legislative Oversight  
27 Committee on Health and Human Services and the Fiscal Research Division.

28  
29 **MODIFY OUTPATIENT COMMITMENT**

30 **SECTION 13.(a)** G.S. 122C-261(d) reads as rewritten:

31 "(d) If the affiant is a commitment examiner, who is filing a petition and affidavit for an  
32 involuntary commitment in a county that has not implemented an electronic filing system  
33 approved by the Director of the Administrative Office of the Courts, all of the following apply:

- 34 ...  
35 (3) If the commitment examiner recommends outpatient commitment according  
36 to the criteria for outpatient commitment set forth in G.S. 122C-263(d)(1) and  
37 the clerk or magistrate finds probable cause to believe that the respondent  
38 meets the criteria for outpatient commitment, the clerk or magistrate shall  
39 issue an order that a hearing before a district court judge be held to determine  
40 whether the respondent will be involuntarily committed. The commitment  
41 examiner shall contact the LME/MCO that serves the county where the  
42 respondent resides or the LME/MCO that coordinated services for the  
43 respondent to inform the LME/MCO that the respondent has been scheduled  
44 for an appointment with an outpatient treatment ~~physician or center~~ provider.  
45 The commitment examiner shall provide the respondent with written notice of  
46 any scheduled appointment and the name, address, and telephone number of  
47 the proposed outpatient treatment ~~physician or center~~ provider.

48 ...."

49 **SECTION 13.(b)** G.S. 122C-263 reads as rewritten:

50 "§ 122C-263. **Duties of law enforcement officer; first examination.**

51 ...

1 (d) After the conclusion of the examination the commitment examiner shall make the  
2 following determinations:

3 (1) If the commitment examiner finds all of the following, the commitment  
4 examiner shall so show on the examination report and shall recommend  
5 outpatient commitment:

- 6 a. The respondent has a mental illness.  
7 b. The respondent is reasonably determined to be capable of surviving  
8 safely in the community with available supervision from family,  
9 friends, or others, community, without posing a danger to others, when  
10 engaged in treatment for the respondent's mental illness.  
11 c. Based on the respondent's psychiatric history, the respondent is in need  
12 of treatment in order to prevent further disability or deterioration that  
13 would predictably result in dangerousness as defined by  
14 G.S. 122C-3(11).  
15 d. The respondent's current mental status or the nature of the respondent's  
16 illness limits or negates the respondent's ability to make an informed  
17 decision to seek voluntarily or comply with recommended treatment.  
18 e. The respondent has a history of declining or nonadherence to  
19 prescribed treatment by a licensed treatment provider, which may be  
20 evidenced by one or more of the following, occurring within the  
21 relevant past:  
22 1. A prior conviction for a violent offense, as defined in  
23 G.S. 15A-531(9).  
24 2. A violation of a civil protective order.  
25 3. An incarceration for any offense.  
26 4. An involuntary inpatient psychiatric hospitalization.  
27 f. The respondent is scheduled to be discharged from an inpatient  
28 hospital setting or released from a county jail or state prison. An  
29 individual residing in a noninstitutional setting that meets all other  
30 criteria set forth in sub-subdivisions a. through e. of this subdivision  
31 may be subject to outpatient commitment within the court's discretion.

32 In addition, the commitment examiner shall show the name, address, and  
33 telephone number of the proposed outpatient treatment ~~physician or center~~  
34 provider in accordance with subsection (f) of this section. The person  
35 designated in the order to provide transportation shall return the respondent to  
36 the respondent's regular residence or, with the respondent's consent, to the  
37 home of a consenting individual located in the originating county, and the  
38 respondent shall be released from custody.

39 ...

40 (e) The findings of the commitment examiner and the facts on which they are based shall  
41 be in writing in all cases. The commitment examiner shall send a copy of the findings to the clerk  
42 of superior court by the most reliable and expeditious means. If it cannot be reasonably  
43 anticipated that the clerk will receive the copy within 48 hours of the time that it was signed, the  
44 physician or eligible psychologist shall also communicate his findings to the clerk by telephone.

45 (f) When outpatient commitment is recommended, the commitment examiner, if  
46 different from the proposed outpatient treatment ~~physician or center, provider,~~ shall contact the  
47 LME/MCO that serves the county where the respondent resides or the LME/MCO that  
48 coordinated services for the respondent to inform the LME/MCO that the respondent is being  
49 recommended for outpatient commitment. The commitment examiner shall give the respondent  
50 a written notice listing the name, address, and telephone number of the proposed outpatient  
51 treatment ~~physician or center, provider.~~

1 (g) The commitment examiner, at the completion of the examination, shall provide the  
2 respondent with specific information regarding the next steps that will occur."

3 **SECTION 13.(c)** G.S. 122C-265 reads as rewritten:

4 "**§ 122C-265. Outpatient commitment; examination and treatment pending hearing.**

5 (a) If a respondent, who has been recommended for outpatient commitment by [a]  
6 commitment examiner different from the proposed outpatient treatment physician or center, fails  
7 to appear for examination by the proposed outpatient treatment physician or center at the  
8 designated time, the physician or center shall notify the clerk of superior court who shall issue  
9 an order to a law enforcement officer to take the respondent into custody and take him  
10 immediately to the outpatient treatment physician or center for evaluation. The custody order is  
11 valid throughout the State. The law-enforcement officer may wait during the examination and  
12 return the respondent to his home after the examination.

13 (b) The examining commitment examiner or the proposed outpatient treatment ~~physician or~~  
14 ~~center-provider~~ may prescribe to the respondent reasonable and appropriate medication and  
15 treatment that are consistent with accepted medical standards pending the district court hearing.

16 (c) In no event may a respondent released on a recommendation that he or she meets the  
17 outpatient commitment criteria be physically forced to take medication or forcibly detained for  
18 treatment pending a district court hearing.

19 (c1) The outpatient treatment provider shall examine the respondent and develop an initial  
20 outpatient treatment plan. The plan shall include, at a minimum, the specific services to be  
21 provided, including medications as indicated, the recommended frequency of participation in  
22 services, the name of the provider who has agreed to provide the services, the arrangements made  
23 for the initial contact with each service provider, and any other relevant information.

24 (d) If at any time pending the district court hearing the outpatient treatment ~~physician or~~  
25 ~~center-provider~~ determines that the respondent does not meet the criteria of G.S. 122C-263(d)(1),  
26 the physician shall release the respondent and notify the clerk of court and the proceedings shall  
27 be terminated.

28 ...."

29 **SECTION 13.(d)** G.S. 122C-267 reads as rewritten:

30 "**§ 122C-267. Outpatient commitment; district court hearing.**

31 (a) A hearing shall be held in district court within 10 days of the day the respondent is  
32 taken into custody pursuant to G.S. 122C-261(e). Upon its own motion or upon motion of the  
33 proposed outpatient treatment physician or the respondent, the court may grant a continuance of  
34 not more than five days.

35 (b) The respondent shall be present at the hearing. A subpoena may be issued to compel  
36 the respondent's presence at a hearing. The petitioner and the proposed outpatient treatment  
37 physician or his designee may be present and may provide testimony.

38 (c) Certified copies of reports and findings of commitment examiners and medical  
39 records of previous and current treatment are admissible in evidence. The initial treatment plan  
40 required by G.S. 122C-265(c1) shall be admitted into evidence and incorporated into the order.

41 (d) At the hearing to determine the necessity and appropriateness of outpatient  
42 commitment, the respondent need not, but may, be represented by counsel. However, if the court  
43 determines that the legal or factual issues raised are of such complexity that the assistance of  
44 counsel is necessary for an adequate presentation of the merits or that the respondent is unable  
45 to speak for himself, the court may continue the case for not more than five days and order the  
46 appointment of counsel for an indigent respondent. Appointment of counsel shall be in  
47 accordance with rules adopted by the Office of Indigent Defense Services.

48 (e) Hearings may be held at the area facility in which the respondent is being treated, if  
49 it is located within the judge's district court district as defined in G.S. 7A-133, or in the judge's  
50 chambers. A hearing may not be held in a regular courtroom, over objection of the respondent,  
51 if in the discretion of a judge a more suitable place is available.

1 (f) The hearing shall be closed to the public unless the respondent requests otherwise.

2 (g) A copy of all documents admitted into evidence and a transcript of the proceedings  
3 shall be furnished to the respondent on request by the clerk upon the direction of a district court  
4 judge. If the client is indigent, the copies shall be provided at State expense.

5 (h) To support an outpatient commitment order, the court is required to find by clear,  
6 cogent, and convincing evidence that the respondent meets the criteria specified in  
7 G.S. 122C-263(d)(1). The court shall record the facts which support its findings and shall show  
8 on the order the ~~center or physician~~ outpatient treatment provider who is responsible for the care  
9 and treatment of the respondent as well as the LME/MCO, or an alternative as determined by the  
10 Department, responsible for the management and supervision of the respondent's outpatient  
11 commitment."

12 **SECTION 13.(e)** G.S. 122C-271 reads as rewritten:

13 **"§ 122C-271. Disposition.**

14 (a) If a commitment examiner has recommended outpatient commitment and the  
15 respondent has been released pending the district court hearing, the court may make one of the  
16 following dispositions:

17 (1) If the court finds by clear, cogent, and convincing evidence that the respondent  
18 ~~has a mental illness; that the respondent is capable of surviving safely in the~~  
19 ~~community with available supervision from family, friends, or others; that~~  
20 ~~based on respondent's treatment history, the respondent is in need of treatment~~  
21 ~~in order to prevent further disability or deterioration that would predictably~~  
22 ~~result in dangerousness as defined in G.S. 122C 3(11); and that the~~  
23 ~~respondent's current mental status or the nature of the respondent's illness~~  
24 ~~limits or negates the respondent's ability to make an informed decision to seek~~  
25 ~~voluntarily or comply with recommended treatment,~~ meets the criteria set  
26 forth in G.S. 122C-263(d)(1), it may order outpatient commitment for a period  
27 not in excess of 90-180 days. The initial treatment plan shall be incorporated  
28 into the court's order. The order shall state that the respondent must comply  
29 with the treatment plan, including any subsequent updates made to the plan  
30 by the outpatient provider in consultation with the patient, family members or  
31 other natural supports with client consent, and any other relevant treatment  
32 providers. The order shall include instructions to the responsible outpatient  
33 treatment provider and the LME/MCO, or an alternative as determined by the  
34 Department, regarding their monitoring and supervision duties under  
35 G.S. 122C-273.

36 (2) If the court does not find that the respondent meets the criteria of commitment  
37 set out in subdivision (1) of this subsection, the respondent shall be discharged  
38 and the proposed outpatient ~~physician-center~~ treatment provider shall be so  
39 notified.

40 (3) Before ordering any outpatient commitment under this subsection, the court  
41 shall make findings of fact as to the availability of outpatient treatment from  
42 an outpatient treatment ~~physician-or-center~~ provider that has agreed to accept  
43 the respondent as a client of outpatient treatment ~~services--services,~~ and the  
44 availability and consent to accept the respondent as a client by all providers  
45 of the services listed in the initial treatment plan. The court shall show on the  
46 order the outpatient treatment ~~physician-or-center~~ provider and the  
47 LME/MCO, or an alternative as determined by the Department, that is to be  
48 responsible for the management and supervision of the respondent's outpatient  
49 ~~commitment--commitment,~~ and provide instructions regarding their duties for  
50 such monitoring and supervision under G.S. 122C-273. If the designated  
51 outpatient treatment ~~physician-or-center~~ provider will be ~~monitoring and~~

1 ~~supervising the respondent's outpatient commitment working~~ pursuant to a  
2 contract for services with an LME/MCO, the court shall show on the order the  
3 identity of the LME/MCO. The clerk of court shall send a copy of the  
4 outpatient commitment order to the designated outpatient treatment ~~physician~~  
5 ~~or center provider~~ and to the respondent client or the legally responsible  
6 person. The clerk of court shall also send a copy of the order to that  
7 LME/MCO. Copies of outpatient commitment orders sent by the clerk of court  
8 to an outpatient treatment ~~center or physician provider~~ under this section,  
9 including orders sent to an LME/MCO, shall be sent by the most reliable and  
10 expeditious means, within 48 hours of the hearing.

11 (b) If the respondent has been held in a 24-hour facility pending the district court hearing  
12 pursuant to G.S. 122C-268, the court may make one of the following dispositions:

13 (1) ~~If the court finds by clear, cogent, and convincing evidence that the respondent~~  
14 ~~has a mental illness; that the respondent is capable of surviving safely in the~~  
15 ~~community with available supervision from family, friends, or others; that~~  
16 ~~based on respondent's psychiatric history, the respondent is in need of~~  
17 ~~treatment in order to prevent further disability or deterioration that would~~  
18 ~~predictably result in dangerousness as defined by G.S. 122C-3(11); and that~~  
19 ~~the respondent's current mental status or the nature of the respondent's illness~~  
20 ~~limits or negates the respondent's ability to make an informed decision~~  
21 ~~voluntarily to seek or comply with recommended treatment, meets the criteria~~  
22 set forth in G.S. 122C-263(d)(1), it may order outpatient commitment for a  
23 period not in excess of 90-180 days. If the commitment proceedings were  
24 initiated as the result of the respondent's being charged with a violent crime,  
25 including a crime involving an assault with a deadly weapon, and the  
26 respondent was found incapable of proceeding, the commitment order shall so  
27 show. The initial treatment plan required by G.S. 122C-265(c1) shall be  
28 prepared by staff at the 24-hour facility in cooperation with the outpatient  
29 treatment providers who will serve the respondent. The initial treatment plan  
30 shall be admitted into evidence and shall be incorporated into the court's order.  
31 The order shall state that the respondent is required to cooperate and comply  
32 with the treatment plan including any subsequent updates made to the plan by  
33 the outpatient provider in consultation with the patient, family members or  
34 other natural supports with client consent, and any other relevant treatment  
35 providers. The order shall include instructions to the responsible outpatient  
36 treatment provider and the LME/MCO, or an alternative as determined by the  
37 Department, regarding their monitoring and supervision duties under  
38 G.S. 122C-273.

39 (2) If the court finds by clear, cogent, and convincing evidence that the respondent  
40 has a mental illness and is dangerous to self, as defined in G.S. 122C-3(11)a.,  
41 or others, as defined in G.S. 122C-3(11)b., it may order inpatient commitment  
42 at a 24-hour facility described in G.S. 122C-252 for a period not in excess of  
43 90 days. However, no respondent found to have both an intellectual disability  
44 and a mental illness may be committed to a State, area, or private facility for  
45 individuals with intellectual disabilities. An individual who has a mental  
46 illness and is dangerous to self, as defined in G.S. 122C-3(11)a., or others, as  
47 defined in G.S. 122C-3(11)b., may also be committed to a combination of  
48 inpatient and outpatient commitment at both a 24-hour facility and an  
49 outpatient treatment ~~physician or center provider~~ for a period not in excess of  
50 ~~90 days.~~ 180 days, however the inpatient stay cannot exceed 90 days. If the  
51 commitment proceedings were initiated as the result of the respondent's being

1 charged with a violent crime, including a crime involving an assault with a  
2 deadly weapon, and the respondent was found incapable of proceeding, the  
3 commitment order shall so show. If the court orders inpatient commitment for  
4 a respondent who is under an outpatient commitment order, the outpatient  
5 commitment is terminated; and the clerk of the superior court of the county  
6 where the district court hearing is held shall send a notice of the inpatient  
7 commitment to the clerk of superior court where the outpatient commitment  
8 was being supervised. The clerk of court shall send a copy of the inpatient  
9 commitment order to the designated inpatient treatment physician or center  
10 and to the respondent client or the legally responsible person. The clerk of  
11 court shall also send a copy of the order to that LME/MCO. Copies of inpatient  
12 commitment orders sent by the clerk of court to an inpatient treatment center  
13 or physician under this section, including orders sent to an LME/MCO, shall  
14 be sent by the most reliable and expeditious means, within 48 hours of the  
15 hearing.

16 (3) If the court does not find that the respondent meets either of the commitment  
17 criteria set out in subdivisions (1) and (2) of this subsection, the respondent  
18 shall be discharged, and the facility in which the respondent was last a client  
19 shall be so notified.

20 (4) Before ordering any outpatient commitment, the court shall make findings of  
21 fact as to the availability of outpatient treatment from an outpatient treatment  
22 ~~physician or center provider~~ that has agreed to accept the respondent as a client  
23 of outpatient treatment services. The court shall also show on the order the  
24 outpatient treatment ~~physician or center provider~~ who is to be responsible for  
25 the care of the respondent and the LME/MCO, or an alternative as determined  
26 by the Department, responsible for the management and supervision of the  
27 respondent's outpatient ~~commitment.~~ commitment, and provide instructions  
28 regarding duties for such monitoring and supervision under G.S. 122C-273.  
29 When an outpatient commitment order is issued for a respondent held in a  
30 24-hour facility, the court may order the respondent held at the facility for no  
31 more than 72 hours in order for the facility to notify the designated outpatient  
32 treatment ~~physician or center provider~~ of the treatment needs of the  
33 respondent. The clerk of court in the county where the facility is located shall  
34 send a copy of the outpatient commitment order to the designated outpatient  
35 treatment ~~physician or center provider~~ and to the respondent or the legally  
36 responsible person. ~~If the designated outpatient treatment physician or center~~  
37 ~~shall be monitoring and supervising the respondent's outpatient commitment~~  
38 ~~pursuant to a contract for services with an LME/MCO, the clerk of court shall~~  
39 ~~show on the order the identity of the LME/MCO.~~ The clerk of court shall show  
40 on the order the identity of the LME/MCO, or an alternative as determined by  
41 the Department, responsible for the monitoring and supervising of the  
42 respondent's outpatient commitment and send a copy of the order to the  
43 LME/MCO. Copies of outpatient commitment orders sent by the clerk of court  
44 to an outpatient treatment ~~center or physician provider~~ pursuant to this  
45 subdivision, including orders sent to an LME/MCO, shall be sent by the most  
46 reliable and expeditious means, within 48 hours of the hearing. If the  
47 outpatient commitment will be supervised in a county other than the county  
48 where the commitment originated, the court shall order venue for further court  
49 proceedings to be transferred to the county where the outpatient commitment  
50 will be supervised. Upon an order changing venue, the clerk of superior court  
51 in the county where the commitment originated shall transfer the file to the

1 clerk of superior court in the county where the outpatient commitment is to be  
 2 supervised.  
 3 (c) If the respondent was found not guilty by reason of insanity and has been held in a  
 4 24-hour facility pending the court hearing held pursuant to G.S. 122C-268.1, the court may make  
 5 one of the following dispositions:

- 6 (1) If the court finds that the respondent has not proved by a preponderance of the  
 7 evidence that the respondent no longer has a mental illness or that the  
 8 respondent is no longer dangerous to others, it shall order inpatient treatment  
 9 at a 24-hour facility for a period not to exceed 90 days.  
 10 (2) If the court finds that the respondent has proven by a preponderance of the  
 11 evidence that the respondent no longer has a mental illness or that the  
 12 respondent is no longer dangerous to others, the court shall order the  
 13 respondent discharged and released."

14 **SECTION 13.(f)** G.S. 122C-273 reads as rewritten:

15 "**§ 122C-273. Duties for follow-up on commitment order.**

16 (a) Unless prohibited by Chapter 90 of the General Statutes, if the commitment order  
 17 directs outpatient treatment, the outpatient treatment ~~physician-provider~~ may prescribe or  
 18 ~~administer, or the center may administer,~~ administer to the respondent reasonable and appropriate  
 19 medication and treatment that are consistent with accepted medical standards.

- 20 (1) If the respondent fails to comply or clearly refuses to comply with all or part  
 21 of the ~~prescribed treatment,~~ treatment plan, the ~~physician,~~ the physician's  
 22 ~~designee, or the center-outpatient treatment provider~~ shall make all reasonable  
 23 effort to solicit the respondent's compliance. These efforts shall be  
 24 documented and reported to the LME/MCO, or an alternative as determined  
 25 by the Department, responsible for the monitoring and supervising of the  
 26 respondent's outpatient commitment. The LME/MCO, or an alternative as  
 27 determined by the Department, shall then report to the court with a request for  
 28 a supplemental hearing.

- 29 (1a) The LME/MCO shall maintain a list of all individuals on outpatient  
 30 commitment and ensure the individual's care manager, as applicable, is aware  
 31 of the treatment plan. The Department shall have access to the lists of  
 32 individuals subject to outpatient commitment orders. The Department shall  
 33 keep all information pursuant to this subsection privileged, in accordance with  
 34 applicable State law and federal guidelines, and the information shall be  
 35 confidential and shall not be a public record under Chapter 132 of the General  
 36 Statutes.

- 37 (2) If the respondent fails to comply, but does not clearly refuse to comply, with  
 38 all or part of the prescribed treatment after reasonable effort to solicit the  
 39 respondent's compliance, ~~the physician, the physician's designee, or the center~~  
 40 the outpatient treatment provider or its designee or the LME/MCO, or an  
 41 alternative as determined by the Department, responsible for the monitoring  
 42 and supervising of the respondent's outpatient commitment may request the  
 43 court to order the respondent taken into custody for the purpose of  
 44 examination. Upon receipt of this request, the clerk shall issue an order to a  
 45 law-enforcement officer to take the respondent into custody and to take him  
 46 immediately to the designated outpatient treatment ~~physician or center~~  
 47 provider for examination. The custody order is valid throughout the State. The  
 48 law-enforcement officer shall turn the respondent over to the custody of the  
 49 ~~physician or center provider~~ who shall conduct the examination and then  
 50 release the respondent. The law-enforcement officer may wait during the  
 51 examination and return the respondent to his home after the examination. An

1 examination conducted under this subsection in which a physician or eligible  
2 psychologist determines that the respondent meets the criteria for inpatient  
3 commitment may be substituted for the first examination required by  
4 G.S. 122C-263 if the clerk or magistrate issues a custody order within six  
5 hours after the examination was performed.

6 (3) In no case may the respondent be physically forced to take medication or  
7 forcibly detained for treatment unless he poses an immediate danger to himself  
8 or others. In such cases inpatient commitment proceedings shall be initiated.

9 (4) At any time that the outpatient treatment ~~physician or center provider~~ finds  
10 that the respondent no longer meets the criteria set out in G.S. 122C-263(d)(1),  
11 the ~~physician or center provider~~ shall so notify the court and the case shall be  
12 terminated; provided, however, if the respondent was initially committed as a  
13 result of conduct resulting in his being charged with a violent crime, including  
14 a crime involving an assault with a deadly weapon, and the respondent was  
15 found incapable of proceeding, the designated outpatient treatment ~~physician~~  
16 ~~or center provider~~ shall notify the clerk that discharge is recommended. The  
17 clerk shall calendar a supplemental hearing as provided in G.S. 122C-274 to  
18 determine whether the respondent meets the criteria for outpatient  
19 commitment.

20 (5) Any individual who has knowledge that a respondent on outpatient  
21 commitment has become dangerous to himself, as defined by  
22 G.S. 122C-3(11)a., and others, as defined in G.S. 122C-3(11)b., may initiate  
23 a new petition for inpatient commitment as provided in this Part. If the  
24 respondent is committed as an inpatient, the outpatient commitment shall be  
25 terminated and notice sent by the clerk of court in the county where the  
26 respondent is committed as an inpatient to the clerk of court of the county  
27 where the outpatient commitment is being supervised.

28 (b) If the respondent on outpatient commitment intends to move or moves to another  
29 county within the State, the designated ~~outpatient treatment physician or center~~ LME/MCO shall  
30 request that the clerk of court in the county where the outpatient commitment is being supervised  
31 calendar a supplemental hearing.

32 (c) If the respondent moves to another state or to an unknown location, the designated  
33 outpatient treatment ~~physician or center provider or the LME/MCO, or an alternative as~~  
34 determined by the Department, shall notify the clerk of superior court of the county where the  
35 outpatient commitment is supervised and the outpatient commitment shall be terminated.

36 (d) If the commitment order directs inpatient treatment, the physician attending the  
37 respondent may administer to the respondent reasonable and appropriate medication and  
38 treatment that are consistent with accepted medical standards. The attending physician shall  
39 release or discharge the respondent in accordance with G.S. 122C-277."

40 **SECTION 13.(g)** G.S. 122C-274 reads as rewritten:

41 "**§ 122C-274. Supplemental hearings.**

42 (a) Upon receipt of a request for a supplemental hearing, the clerk shall calendar a hearing  
43 to be held within 14 days and notify, at least 72 hours before the hearing, the petitioner, the  
44 respondent, ~~his~~ the respondent's attorney, if any, and the designated outpatient treatment  
45 ~~physician or center provider and LME/MCO~~. The respondent shall be notified at least 72 hours  
46 before the hearing by personally serving on him an order to appear. Other persons shall be  
47 notified as provided in G.S. 122C-264(c).

48 (b) The procedures for the hearing shall follow G.S. 122C-267.

49 (c) In supplemental hearings for alleged noncompliance, the court shall determine  
50 whether the respondent has failed to comply and, if so, the causes for noncompliance. If the court  
51 determines that the respondent has failed or refused to comply it may:

- 1 (1) Upon finding probable cause to believe that the respondent is mentally ill and  
2 dangerous to himself, as defined in G.S. 122C-3(11)a., or others, as defined  
3 in G.S. 122C-3(11)b., order an examination by the same or different ~~physician~~  
4 ~~or eligible psychologist~~ commitment examiner as provided in  
5 G.S. 122C-263(c) in order to determine the necessity for continued outpatient  
6 or inpatient commitment;
- 7 (2) Reissue or change the outpatient commitment order in accordance with ~~G.S.~~  
8 ~~122C-271;~~ G.S. 122C-271.
- 9 (3) Discharge the respondent from the order and dismiss the case.
- 10 (4) Issue an order for inpatient commitment upon finding by clear, cogent, and  
11 convincing evidence that there is a nexus between the respondent's past  
12 conduct and the reasonable probability of the respondent's future  
13 dangerousness to self or others, as defined in G.S. 122C-3. A finding of  
14 noncompliance with an outpatient commitment order pursuant to this section  
15 shall create a rebuttable presumption that there is a nexus between the  
16 respondent's past conduct and the reasonable probability of the respondent's  
17 future dangerousness to self or others.

18 (d) At the supplemental hearing for a respondent who has moved or intends to move to  
19 another county, the court shall determine if the respondent meets the criteria for outpatient  
20 commitment set out in G.S. 122C-263(d)(1). If the court determines that the respondent no longer  
21 meets the criteria for outpatient commitment, it shall discharge the respondent from the order and  
22 dismiss the case. If the court determines that the respondent continues to meet the criteria for  
23 outpatient commitment, it shall continue the outpatient commitment but shall designate a  
24 ~~physician or center~~ an outpatient treatment provider at the respondent's new residence to be  
25 responsible for the ~~management or supervision~~ care and treatment of the respondent's outpatient  
26 ~~commitment.~~ commitment and shall also designate the LME/MCO, or an alternative as  
27 determined by the Department, responsible for monitoring and supervision. The court shall order  
28 the respondent to appear for treatment at the address of the newly designated outpatient treatment  
29 ~~physician or center~~ provider and shall order venue for further court proceedings under the  
30 outpatient commitment to be transferred to the new county of supervision. Upon an order  
31 changing venue, the clerk of court in the county where the outpatient commitment has been  
32 supervised shall transfer the records regarding the outpatient commitment to the clerk of court in  
33 the county where the commitment will be supervised. Also, the clerk of court in the county where  
34 the outpatient commitment has been supervised shall send a copy of the court's order directing  
35 the continuation of outpatient treatment under new supervision to the newly designated outpatient  
36 treatment ~~physician or center~~ provider and the LME/MCO, or an alternative as determined by the  
37 Department.

38 (e) At any time during the term of an outpatient commitment order, a respondent may  
39 apply to the court for a supplemental hearing for the purpose of discharge from the order. The  
40 application shall be made in writing by the respondent to the clerk of superior court of the county  
41 where the outpatient commitment is being supervised. At the supplemental hearing the court shall  
42 determine whether the respondent continues to meet the criteria specified in  
43 G.S. 122C-263(d)(1). The court may either reissue or change the commitment order or discharge  
44 the respondent and dismiss the case.

45 (f) At supplemental hearings requested pursuant to G.S. 122C-277(a) for transfer from  
46 inpatient to outpatient commitment, the court shall determine whether the respondent meets the  
47 criteria for either inpatient or outpatient commitment. If the court determines that the respondent  
48 continues to meet the criteria for inpatient commitment, it shall order the continuation of the  
49 original commitment order. If the court determines that the respondent meets the criteria for  
50 outpatient commitment, it shall order outpatient commitment for a period of time not in excess

1 of ~~90-180~~ days. If the court finds that the respondent does not meet either criteria, the respondent  
2 shall be discharged and the case dismissed."

3 **SECTION 13.(h)** G.S. 122C-275 reads as rewritten:

4 "**§ 122C-275. Outpatient commitment; rehearings.**

5 (a) Fifteen days before the end of the initial or subsequent periods of outpatient  
6 commitment if the outpatient treatment ~~physician or center provider~~ determines that the  
7 respondent continues to meet the criteria specified in G.S. 122C-263(d)(1), ~~he the outpatient~~  
8 ~~treatment provider~~ shall so notify the clerk of superior court of the county where the outpatient  
9 commitment is supervised. If the respondent no longer meets the criteria, the ~~physician-outpatient~~  
10 ~~treatment provider~~ shall so notify the clerk who shall dismiss the case; provided, however, if the  
11 respondent was initially committed as a result of conduct resulting in his being charged with a  
12 violent crime, including a crime involving an assault with a deadly weapon, and the respondent  
13 was found incapable of proceeding, the ~~physician or center-outpatient treatment provider~~ shall  
14 notify the clerk that discharge is recommended. The clerk, at least 10 days before the end of the  
15 commitment period, on order of the district court, shall calendar the rehearing.

16 (b) Notice and procedures of rehearings are governed by the same procedures as initial  
17 hearings, and the respondent has the same rights he had at the initial hearing including the right  
18 to appeal.

19 (c) If the court finds that the respondent no longer meets the criteria of  
20 G.S. 122C-263(d)(1), it shall unconditionally discharge ~~him the respondent~~. A copy of the  
21 discharge order shall be furnished by the clerk to the designated outpatient treatment ~~physician~~  
22 ~~or center provider~~ and the LME/MCO. If the respondent continues to meet the criteria of  
23 G.S. 122C-263(d)(1), the court may order outpatient commitment for an additional period not in  
24 excess of 180 days. The court order shall comply with the requirements of G.S. 122C-271."

25 **SECTION 13.(i)** G.S. 122C-276 reads as rewritten:

26 "**§ 122C-276. Inpatient commitment; rehearings for respondents other than insanity**  
27 **acquittees.**

28 (a) Fifteen days before the end of the initial inpatient commitment period if the attending  
29 physician determines that commitment of a respondent beyond the initial period will be  
30 necessary, he shall so notify the clerk of superior court of the county in which the facility is  
31 located. The clerk, at least 10 days before the end of the initial period, on order of a district court  
32 judge of the district court district as defined in G.S. 7A-133 in which the facility is located, shall  
33 calendar the rehearing. If the respondent was initially committed as the result of conduct resulting  
34 in his being charged with a violent crime, including a crime involving an assault with a deadly  
35 weapon, and respondent was found incapable of proceeding, the clerk shall also notify the chief  
36 district court judge, the clerk of superior court, and the district attorney in the county in which  
37 the respondent was found incapable of proceeding of the time and place of the hearing.

38 (b) Fifteen days before the end of the initial treatment period of a respondent who was  
39 initially committed as a result of conduct resulting in his being charged with a violent crime,  
40 including a crime involving an assault with a deadly weapon, having been found incapable of  
41 proceeding, if the attending physician determines that commitment of the respondent beyond the  
42 initial period will not be necessary, he shall so notify the clerk of superior court who shall  
43 schedule a rehearing as provided in subsection (a) of this section.

44 (c) Subject to the provisions of G.S. 122C-269(c), rehearings shall be held as authorized  
45 in G.S. 122C-268(g). The judge is a ~~judge of the district court~~ district court judge of the district  
46 court district as defined in G.S. 7A-133 in which the facility is located or a district court judge  
47 temporarily assigned to that district.

48 (d) Notice and proceedings of rehearings are governed by the same procedures as initial  
49 hearings and the respondent has the same rights he had at the initial hearing including the right  
50 to appeal.

1 (e) At rehearings the court may make the same dispositions authorized in  
2 G.S. 122C-271(b) except a second commitment order may be for an additional period not in  
3 excess of 180 days.

4 (f) Fifteen days before the end of the second commitment period and annually thereafter,  
5 the attending physician shall review and evaluate the condition of each respondent; and if he  
6 determines that a respondent is in continued need of inpatient commitment or, in the alternative,  
7 in need of outpatient commitment, or a combination of both, he shall so notify the respondent,  
8 his counsel, and the clerk of superior court of the county, in which the facility is located. Unless  
9 the respondent through his counsel files with the clerk a written waiver of his right to a rehearing,  
10 the clerk, on order of a district court judge of the district in which the facility is located, shall  
11 calendar a rehearing for not later than the end of the current commitment period. The procedures  
12 and standards for the rehearing are the same as for the first rehearing. No third or subsequent  
13 inpatient recommitment order shall be for a period longer than one year.

14 (g) At any rehearings the court has the option to order outpatient commitment for a period  
15 not in excess of 180 days in accordance with the criteria specified in G.S. 122C-263(d)(1) and  
16 following the procedures as specified in this Article. The court order shall comply with the  
17 requirements of G.S. 122C-271."

18 **SECTION 13.(j)** G.S. 122C-54(d) reads as rewritten:

19 "(d) Except as otherwise provided in this section, any individual seeking confidential  
20 information contained in the court files or the court records of a proceeding made pursuant to  
21 Article 5 of this Chapter may file a written motion in the cause setting out why the information  
22 is needed. A district court judge may issue an order to disclose the confidential information  
23 sought if he finds the order is appropriate under the circumstances and if he finds that it is in the  
24 best interest of the individual admitted or committed or of the public to have the information  
25 disclosed.

26 Counsel for the respondent and counsel for the State in the commitment hearing may receive  
27 access to the court file without filing a motion or obtaining a court order. A judge presiding over  
28 a criminal case that initiated the Article 5 proceeding may have access to the file without filing a  
29 motion.

30 The Department shall be granted access to all relevant data, court orders, records, or other  
31 relevant information, including any confidential information, related to its duties and  
32 responsibilities pursuant to Article 5 of this Chapter. The Department shall keep all information  
33 collected under this subsection privileged, in accordance with applicable State law and federal  
34 guidelines, and the information shall be confidential and shall not be a public record under  
35 Chapter 132 of the General Statutes.

36 Judicial officials determining whether a criminal defendant may be released before trial  
37 pursuant to G.S. 15A-533 may have access to the defendant's records of proceedings made  
38 pursuant to Article 5 of this Chapter for the purposes of determining whether a criminal defendant  
39 has been involuntarily committed within the previous three years."

40 **SECTION 13.(k)** This section becomes effective December 1, 2026, and applies to  
41 proceedings that occur on or after that date.

## 42 43 DEPARTMENT OF INFORMATION TECHNOLOGY

44 **SECTION 14.(a)** G.S. 90-414.4 reads as rewritten:

45 **"§ 90-414.4. Required participation in HIE Network for some providers.**

46 ...

47 (c) Exemption for Certain Records. – ~~Providers~~ Until the Authority provides written  
48 notice as required by subsection (c2) of this section, providers with patient records that are subject  
49 to the disclosure restrictions of 42 C.F.R. § 2 are exempt from the requirements of subsection  
50 (b) of this section but only with respect to the patient records subject to these disclosure  
51 restrictions. Providers shall comply with the requirements of subsection (b) of this section with

1 respect to all other patient records. A pharmacy shall only be required to submit claims data  
2 pertaining to services rendered to Medicaid and other State-funded health care program  
3 beneficiaries and paid for with Medicaid or other State-funded health care funds.

4 (c1) Exemption from Twice Daily Submission. – A pharmacy shall only be required to  
5 submit claims data once daily through the HIE Network using pharmacy industry standardized  
6 formats.

7 (c2) 42 C.F.R. Records. – Notwithstanding subsection (b) of this section, patient records  
8 protected by 42 C.F.R. § 2 shall be disclosed through the HIE Network when the Authority has  
9 provided written notice to participating entities that data protected by 42 C.F.R. § 2 can be  
10 disclosed consistent with the HIE's statutory authority.

11 ...

12 (f) Confidentiality of Data. – All data submitted to or through the HIE Network  
13 containing protected health information, personally identifying information, or a combination of  
14 these, that are in the possession of the Department of Information Technology or any other  
15 agency of the State are confidential and shall not be defined as public records under G.S. 132-1.  
16 This subsection shall not be construed to prohibit the disclosure of any such data as otherwise  
17 permitted under federal law."

18 **SECTION 14.(b)** G.S. 90-414.8 reads as rewritten:

19 **"§ 90-414.8. North Carolina Health Information Exchange Advisory Board.**

20 (a) Creation and Membership. – There is hereby established the North Carolina Health  
21 Information Exchange Advisory Board within the Department of Information Technology. The  
22 Advisory Board shall consist of the following ~~12~~13 members:

23 (1) The following four members appointed by the President Pro Tempore of the  
24 Senate:

- 25 a. A licensed physician in good standing and actively practicing in this
- 26 State.
- 27 b. A patient representative.
- 28 c. An individual with technical expertise in health data analytics.
- 29 d. A representative of a behavioral health provider.

30 (2) The following four members appointed by the Speaker of the House of  
31 Representatives:

- 32 a. A representative of a critical access hospital.
- 33 b. A representative of a federally qualified health center.
- 34 c. An individual with technical expertise in health information
- 35 technology.
- 36 d. A representative of a health system or integrated delivery network.

37 (3) The following three ex officio, nonvoting members:

- 38 a. The State Chief Information Officer or a designee.
- 39 b. The Director of GDAC or a designee.
- 40 c. The Secretary of Health and Human Services, or a designee.

41 (4) The following two ex officio, voting ~~member~~:members:

- 42 a. The Executive Administrator of the State Health Plan for Teachers and
- 43 State Employees, or a designee.
- 44 b. The Deputy Secretary for the State's Medicaid program, or a designee.

45 ...."

46 **EFFECTIVE DATE**

47 **SECTION 15.** Except as otherwise provided, this act is effective when it becomes  
48 law.  
49