GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2023

SESSION LAW 2024-34
SENATE BILL 425

AN ACT MAKING MODIFICATIONS TO LAWS PERTAINING TO HEALTH AND HUMAN SERVICES.

The General Assembly of North Carolina enacts:

PART I. CLARIFY MANNER OF SERVICE OF PETITION AND NOTICE OF HEARING FOR DISABLED ADULTS

SECTION 1.(a) G.S. 108A-105 reads as rewritten:

"**§ 108A-105. Provision of protective services to disabled adults who lack the capacity to consent; hearing, findings, etc.**

(a) If the director reasonably determines that a disabled adult is being abused, neglected, or exploited and lacks capacity to consent to protective services, then the director may petition the district court for an order authorizing the provision of protective services. The petition must allege specific facts sufficient to show that the disabled adult is in need of protective services and lacks capacity to consent to them.

(b) The court shall set the case for hearing within 14 days after the filing of the petition. The disabled adult must receive at least five days' notice of the hearing. ~~He~~ The petition and notice of hearing shall be served upon the disabled adult in accordance with G.S. 1A-1, Rule 4(j). The disabled adult has the right to be present and represented by counsel at the hearing. If the person, in the determination of the judge, lacks the capacity to waive the right to counsel, then a guardian ad litem shall be appointed pursuant to G.S. 1A-1, Rule 17, and rules adopted by the Office of Indigent Defense Services. If the person is indigent, the cost of representation shall be borne by the State.

(c) If, at the hearing, the judge finds by clear, cogent, and convincing evidence that the disabled adult is in need of protective services and lacks capacity to consent to protective services, ~~he~~ the judge may issue an order authorizing the provision of protective services. This order may include the designation of an individual or organization to be responsible for the performing or obtaining of essential services on behalf of the disabled adult or otherwise consenting to protective services ~~in his~~ on the disabled adult's behalf. Within 60 days from the appointment of such an individual or organization, the court will conduct a review to determine if a petition should be initiated in accordance with Chapter 35A; for good cause shown, the court may extend the 60 day period for an additional 60 days, at the end of which it shall conduct a review to determine if a petition should be initiated in accordance with Chapter 35A. No disabled adult may be committed to a mental health facility under this Article.

(d) A determination by the court that a person lacks the capacity to consent to protective services under the provisions of this Chapter shall in no way affect incompetency proceedings as set forth in Chapters 33, 35 or 122 of the General Statutes of North Carolina, or any other proceedings, and incompetency proceedings as set forth in Chapters 33, 35, or 122 shall have no conclusive effect upon the question of capacity to consent to protective services as set forth in this Chapter."

SECTION 1.(b) This Part is effective August 1, 2024, and applies to petitions filed on or after that date.

PART II. AMEND DEFINITION OF FAMILY CHILD CARE HOME

SECTION 2. G.S. 110-86 reads as rewritten:

"**§ 110-86. Definitions.**

Unless the context or subject matter otherwise requires, the terms or phrases used in this Article shall be defined as follows:

…

(3) Child care facility. – Includes child care centers, family child care homes, and any other child care arrangement not excluded by G.S. 110-86(2), that provides child care, regardless of the time of day, wherever operated, and whether or not operated for profit.

a. A child care center is an arrangement where, at any one time, there are three or more preschool-age children or nine or more school-age children receiving child care.

b. A family child care home is a child care arrangement located in a residence where, at any one time, more than two children, but less than ~~10~~ 11 children, receive child care, provided the arrangement is in accordance with G.S. 110-91(7)b.

…."

PART III. MODERNIZE LOCAL HEALTH DIRECTOR QUALIFICATIONS

SECTION 3.(a) G.S. 130A-40 reads as rewritten:

"**§ 130A-40. Appointment of local health director.**

(a) A local board of health, after consulting with the appropriate county board or boards of commissioners, shall appoint a local health director. All persons who are appointed to the position of local health director on or after January 1, 1992, must possess minimum education and experience requirements for that position, as follows:

(1) A medical doctorate; or

(2) A masters degree in Public Health Administration, and at least one year of employment experience in health programs or health services; or

(3) A masters degree in a public health discipline other than public health administration, and at least three years of employment experience in health programs or health services; or

(4) A masters degree in public administration, and at least two years of experience in health programs or health services; or

(5) A masters degree in a field related to public health, and at least three years of experience in health programs or health services; or

(6) A bachelors degree in a field related to public health ~~administration or public administration~~ and at least ~~three~~ seven years of experience in health programs or health ~~services.~~services, which must include at least three years of supervisory experience.

(b) Before appointing a person to the position of local health director under subsection (a)(5) or (a)(6) of this section, the local board of health shall forward the application and other pertinent materials of such candidate to the State Health Director. If the State Health Director determines that the candidate's ~~masters~~ degree is in a field not related to public health, the State Health Director shall so notify the local board of health in writing within 15 days of the State Health Director's receipt of the application and materials, and such candidate shall be deemed not to meet the education requirements of subsection (a)(5) or (a)(6) of this section. If the State Health Director fails to act upon the application within 15 days of receipt of the application and materials from the local board of health, the application shall be deemed approved with respect

to the education requirements of subsection (a)(5) or (a)(6) of this section, and the local board of health may proceed with appointment process.

(c) The State Health Director shall review requests of educational institutions to determine whether a particular ~~masters~~ degree offered by the requesting institution is related to public health for the purposes of subsection (a)(5) or (a)(6) of this section. The State Health Director shall act upon such requests within 90 days of receipt of the request and pertinent materials from the institution, and shall notify the institution of its determination in writing within the 90-day review period. If the State Health Director determines that an institution's particular ~~masters~~ degree is not related to public health, the State Health Director shall include the reasons therefor in his or her written determination to the institution.

(d) When a local board of health fails to appoint a local health director within 60 days of the creation of a vacancy, the State Health Director may appoint a local health director to serve until the local board of health appoints a local health director in accordance with this section."

SECTION 3.(b) G.S. 153A-77 reads as rewritten:

"**§ 153A-77. Authority of boards of commissioners over commissions, boards, agencies, etc.**

…

(e) The human services director of a consolidated county human services agency shall be appointed and dismissed by the county manager with the advice and consent of the consolidated human services board. The human services director shall report directly to the county manager. The human services director shall:

(1) Appoint staff of the consolidated human services agency with the county manager's approval.
(2) Administer State human services programs.
(3) Administer human services programs of the local board of county commissioners.
(4) Act as secretary and staff to the consolidated human services board under the direction of the county manager.
(5) Plan the budget of the consolidated human services agency.
(6) Advise the board of county commissioners through the county manager.
(7) Perform regulatory functions of investigation and enforcement of State and local health regulations, as required by State law.
(8) Act as an agent of and liaison to the State, to the extent required by law.
(9) Appoint, with the county manager's approval, an individual that meets the requirements of ~~G.S. 130A-40(a).~~G.S. 130A-40(a) to serve as the local health director.

…."

SECTION 3.(c) This Part is effective August 1, 2024, and applies to appointments made on or after that date.

PART IV. EXTEND UNLICENSED KINSHIP CARE TO HALF SIBLINGS OF RELATIVE CHILDREN

SECTION 4. Section 6.6(a) of S.L. 2023-14 reads as rewritten:

"**SECTION 6.6.(a)** Effective six months after this bill becomes law, and notwithstanding any other provision of law or rule to the contrary, the Department of Health and Human Services, Division of Social Services (Division), shall develop and implement a policy that allows an individual who is related by blood, marriage, or adoption to a child and providing foster care, as defined under G.S. 131D-10.2(9), to ~~a child~~ the child and, if applicable, to any half sibling or half siblings of the child, in a family foster home to be reimbursed for the provision of care without having to meet the requirements for licensure under G.S. 131D-10.3 pursuant to rates set forth in subsection (b) of this section. For purposes of this section, "family foster home" means the private residence of one or more individuals who permanently reside as members of the household and

who provide continuing full-time foster care for a child or children who are related to the adult members of the household by blood, marriage, or ~~adoption.~~adoption and, if applicable, any half siblings, regardless of their relationship to the kinship caregiver."

PART V. CLARIFY FIRST RESPONDER TO WHOM INFANT MAY BE SURRENDERED IS ON DUTY

SECTION 5.(a) G.S. 7B-521 reads as rewritten:

"**§ 7B-521. Persons to whom infant may be surrendered.**

The following individuals shall, without a court order, take into temporary custody an infant reasonably believed to be not more than 30 days of age that is voluntarily delivered to the individual by the infant's parent who does not express an intent to return for the infant:

(1) A health care provider, as defined under G.S. 90-21.11, who is on duty or at a hospital or at a local or district health department or at a nonprofit community health center.

(2) A first ~~responder,~~ responder who is on duty, including a law enforcement officer, a certified emergency medical services worker, or a firefighter.

(3) A social services worker who is on duty or at a local department of social services."

SECTION 5.(b) This Part becomes effective August 1, 2024, and applies to infants surrendered on or after that date.

PART VI. ALLOW APPLICATION TO COURT FOR LIMITED CUSTODY OF SURRENDERED INFANT UPON INITIATION OF NOTICE BY PUBLICATION

SECTION 6.(a) G.S. 7B-525 reads as rewritten:

"**§ 7B-525. Social services response.**

(a) A director of a department of social services who receives a safely surrendered infant pursuant to this Article has, by virtue of the surrender, the surrendering parent's rights to legal and physical custody of the infant without obtaining a court order. A county department of social services to whom an infant has been safely surrendered may, after the notice by publication set forth in G.S. 7B-526 has been ~~completed,~~ initiated, apply ex parte to the district court for an order finding that the infant has been safely surrendered and confirming that the county department of social services has legal custody of the minor for the purposes of obtaining a certified copy of the child's birth certificate, a social security number, or federal and State benefits for the minor.

…."

SECTION 6.(b) This Part becomes effective October 1, 2024, and applies to infants surrendered on or after that date.

PART VII. UPDATE GUIDELINES FOR TRAUMA-INFORMED STANDARDIZED ASSESSMENT

SECTION 7. Section 9J.12(d) of S.L. 2023-134 reads as rewritten:

"**SECTION 9J.12.(d)** Guidelines. – In developing the trauma-informed, standardized assessment and the rollout plan, the Department of Health and Human Services shall ensure the trauma-informed, standardized assessment does, at a minimum, all of the following:

(1) That juveniles between the ages of 4 and 17 being placed into foster care receive a trauma-informed, standardized assessment within 10 working days of their referral.

(2) That each juvenile who is included in any Medicaid children and families specialty plan, regardless of their type of placement, receives a trauma-informed, standardized ~~assessment.~~assessment, provided that parental consent has been obtained when required.

(3) That each trauma-informed, standardized assessment may be administered in a face-to-face or telehealth encounter.

(4) That the county department of social services makes the referral for a trauma-informed, standardized assessment within five working days of a determination of abuse or neglect of the juvenile in accordance with ~~G.S. 7B-302.~~G.S. 7B-302 for children in foster care or within five working days of obtaining parental consent for children who are at risk for entry into foster care.

~~(5) After obtaining parental consent, that a juvenile is able to receive a trauma-informed, standardized assessment if the county department of social services makes the determination that the juvenile is at imminent risk for entry into foster care.~~

(6) Allows for individuals between the ages of 18 and 21 to receive an assessment, if necessary.

(7) Provides an evidence-informed and standardized template and content for the assessment.

(8) In the event the juvenile has an assigned care manager under the Medicaid program, that the responsible care management entity is notified of the referral for the assessment and to whom."

PART VIII. QUALITY RATING IMPROVEMENT SYSTEM MODIFICATIONS

SECTION 8.(a) The Department of Health and Human Services, Division of Child Development and Early Education (Division), shall update and revise the quality rating improvement system (QRIS) to include alternative pathways for licensed child care facilities to earn a license of two to five stars based on program standards and education levels of staff as follows:

(1) A pathway focused on program assessment.

(2) A pathway focused on classroom and instructional quality.

(3) A pathway focused on accreditation.

(4) Any other pathway regarding updating the QRIS designated by the North Carolina Child Care Commission, in its discretion.

SECTION 8.(b) Upon request, a child care facility may be awarded a star-rated license based on an accreditation from a national childhood education accreditation organization provided the facility maintains its accreditation and remains in good standing. Star-rated licenses based on accreditation shall be issued as follows:

(1) A three-star-rated license for a facility with an accreditation from any of the following:

a. National Early Childhood Program Accreditation (NECPA).

b. National Association for Family Child Care (NAFCC).

c. American Montessori Society (AMS).

d. International Montessori Council (IMC).

(2) A five-star-rated license for a facility that meets the criteria of or has an accreditation from any of the following:

a. National Association for the Education of Young Children (NAEYC).

b. National Accreditation Commission for Early Care and Education Programs (NAC).

c. Cognia (formerly AdvanceED) that includes early learning standards.

SECTION 8.(c) For accreditations earning less than five stars, there shall be additional opportunities to allow a facility to increase its star rating. The Commission may, in its discretion, reassess an accreditation's star-rating equivalency or increase or decrease the accreditation's star rating if the standard for earning the accreditation is revised. The Commission

may approve additional accreditations from national childhood education accreditation organizations and determine their star-rating equivalency upon request.

SECTION 8.(d) Notwithstanding any other provision of law to the contrary, the Division of Child Development and Early Education (Division) shall not require a child care facility with a two- to five-star-rated license to undergo a QRIS reassessment until rules implementing QRIS reform become effective. However, nothing in this section shall prevent a child care facility with a star-rated license from electing to undergo a QRIS assessment, upon request of the Division, before rules implementing QRIS reform become effective.

SECTION 8.(e) Effective February 1, 2025, if the Division of Child Development and Early Education issues any new license with a rating of two to five stars to a child care facility or any facility that elects to undergo a QRIS assessment based on a program assessment before rules implementing QRIS reform become effective, the facility shall be evaluated using "Infant/Toddler Environment Rating Scale, Third Edition," "Early Childhood Environment Rating Scale, Third Edition," "School-Age Care Environment Rating Scale, Updated Edition," or "Family Child Care Environment Rating Scale, Third Edition," as applicable.

SECTION 8.(f) Notwithstanding any other provision of law to the contrary, when the Division of Child Development and Early Education (Division) issues any new license with a rating of two to five stars to a child care facility or any facility that elects to undergo a QRIS assessment before rules implementing QRIS reform become effective, if the percentage of lead teachers in the facility required to meet the "rated licensed education requirements" criteria is set at seventy-five percent (75%) for the facility to earn those "education points" toward the facility's star rating, the Division shall lower the seventy-five percent (75%) threshold to fifty percent (50%) of lead teachers.

SECTION 8.(g) G.S. 110-90 reads as rewritten:

"**§ 110-90. Powers and duties of Secretary of Health and Human Services.**

The Secretary shall have the following powers and duties under the policies and rules of the Commission:

…

(4) To issue a rated license to any child care facility which meets the standards established by this ~~Article. The rating shall be based on the following:~~Article as follows:

a. ~~Before January 1, 2008, for~~ For any child care facility currently holding a license of two to five ~~stars, the rating shall be based on program standards, education levels of staff, and compliance history of the child care facility. By January 1, 2008, the rating shall be based on program standards and education levels of staff.~~stars or any new license issued to a child care facility with a rating of two to five stars, the rating shall be based on (i) program standards and (ii) education levels of staff. When evaluating program standards, the Department shall consider the facility's staff/child ratios, space requirements, continuous quality improvement standards, family and community engagement practices, environmental rating scale evaluations, curriculum, child observation and assessment, staff coaching or mentoring, or accreditation by a national or regional accrediting agency with early childhood standards. When evaluating education levels of staff, the Department shall consider any early childhood and child development coursework, early childhood education certificates, Child Development Associate credentials, associate or bachelor's degrees, continuous quality improvement standards for staff, continuing education units, early childhood education competency

evaluations, work experience in child care, coaching or mentoring completed, and education standards within an accreditation award.

~~b. Effective January 1, 2006, for any new license issued to a child care facility with a rating of two to five stars, the rating shall be based on program standards and education levels of staff.~~

c. ~~By January 1, 2008, for~~ For any child care facility to maintain a license or Notice of Compliance, the child care facility shall have a compliance history of at least seventy-five percent (75%), as assessed by the Department. When a child care facility fails to maintain a compliance history of at least seventy-five percent (75%) for the past 18 months or during the length of time the facility has operated, whichever is less, as assessed by the Department, the Department may issue a provisional license or Notice of Compliance.

~~d. Effective January 1, 2006, for any new license or Notice of Compliance issued to a child care facility, the facility shall maintain a compliance history of at least seventy-five percent (75%), as assessed by the Department. When a child care facility fails to maintain a compliance history of at least seventy-five percent (75%) for the past 18 months or during the length of time the facility has operated, whichever is less, as assessed by the Department, the Department may issue a provisional license or Notice of Compliance.~~

e. The Department shall provide ~~additional opportunities for child care providers to earn points for program standards and education levels of staff.~~licensed facilities with a rating of two to five stars with an opportunity to earn recognition or acknowledgment for voluntary participation in other quality initiatives or specialties, including educational and programmatic options, that are implemented in addition to quality rating improvement system (QRIS) standards.

…."

SECTION 8.(h) Nothing in this act shall be construed as interfering with the requirements of G.S. 110-88.1 regarding the training or curriculum offered by religious-sponsored child care facilities.

SECTION 8.(i) The North Carolina Child Care Commission shall adopt, amend, or repeal any rules regarding star-rating system reform necessary to implement the provisions of this act, including any rule establishing the star rating to be automatically assessed for child care facilities designated as Head Start programs.

SECTION 8.(j) Sections 8(b), 8(c), 8(d), and 8(e) of this Part are effective when they become law and expire on the date rules implementing QRIS reform become effective. The remainder of this Part is effective when it becomes law.

PART IX. TEMPORARILY EXTEND OPTION TO DECREASE MEDICAID ENROLLMENT BURDEN ON COUNTY DEPARTMENTS OF SOCIAL SERVICES

SECTION 9.(a) Section 1.8(a) of S.L. 2023-7 reads as rewritten:

"**SECTION 1.8.(a)** Notwithstanding G.S. 108A-54(d) and in accordance with G.S. 143B-24(b), the Department of Health and Human Services (DHHS) is authorized, on a temporary basis to conclude ~~no later than 12 months after the date approved by the Centers for Medicare and Medicaid Services (CMS) for Medicaid coverage to begin in North Carolina for individuals described in section 1902(a)(10)(A)(i)(VIII) of the Social Security Act,~~ by June 30, 2025, to utilize the federally facilitated marketplace (Marketplace), also known as the federal health benefit exchange, to make Medicaid eligibility determinations. In accordance with

G.S. 108A-54(b), these eligibility determinations shall be in compliance with all eligibility categories, resource limits, and income thresholds set by the General Assembly."

SECTION 9.(b) Section 1.8(g) of S.L. 2023-7 reads as rewritten:

"**SECTION 1.8.(g)** Subsection (a) of this section expires ~~12 months after the date approved by the Centers for Medicare and Medicaid Services (CMS) for Medicaid coverage to begin in North Carolina for individuals described in section 1902(a)(10)(A)(i)(VIII) of the Social Security Act.~~June 30, 2025."

PART X. CREATE UNIFORM REFERENCE TO EAST CAROLINA UNIVERSITY REGIONAL BEHAVIORAL HEALTH FACILITY

SECTION 10.(a) Section 4.10(aa)(4) of S.L. 2023-134 reads as rewritten:

"(4) The sum of fifty million dollars ($50,000,000) for a regional behavioral health ~~hospital.~~facility."

SECTION 10.(b) Section 40.1(a) of S.L. 2023-134 reads as rewritten:

"**SECTION 40.1.(a)** The following agency capital improvement projects have been assigned a project code for reference to allocations in this Part, past allocations, and for intended project support by the General Assembly for future fiscal years:

Agency Capital Improvement Project	**Project Code**
…	
East Carolina University–	
Brody School of Medicine	UNC/ECU21-1
Howell Science Building North–Comprehensive Renovation	UNC/ECU23-1
Leo Jenkins Building/Health Sciences–Comprehensive Renovation	UNC/ECU23-2
Medical Examiner Office	UNC/ECU23-3
Regional ~~Children's~~ Behavioral Health Facility	UNC/ECU23-4
Dental School Planning	UNC/ECU23-5

…."

SECTION 10.(c) Notwithstanding the Committee Report described in Section 43.2 of S.L. 2023-134 or any other provision of law to the contrary, the funding allocated from the State Capital and Infrastructure Fund to East Carolina University in the sum of fifty million dollars ($50,000,000) shall be used to construct a Regional Behavioral Health facility in Greenville.

PART XI. UPDATE THE HOSPITAL VIOLENCE PROTECTION ACT

SECTION 11.(a) G.S. 131E-88 reads as rewritten:

"**§ 131E-88. Law enforcement officers required in emergency departments.**

(a) As used in this Part, "law enforcement officer" means (i) a sworn law enforcement officer, (ii) a special police officer, as defined in subsection (b) of G.S. 74E-6, or (iii) a campus police officer, in accordance with Chapter 74G of the General Statutes, who is duly authorized to carry a concealed weapon.

(b) Each hospital licensed under this Article that has an emergency department shall conduct a security risk assessment and develop and implement a security plan with protocols to ensure that at least one law enforcement officer is present at all times, except when temporarily required to leave in connection with the discharge of their duties, in the emergency department or on the same campus as the emergency department, unless subsection (c) of this section applies. The security plan required by this section shall include all of the following components:

(1) Training for law enforcement officers employed or contracted by the hospital that is appropriate for the populations served by the emergency department.

(2) Training for law enforcement officers employed or contracted by the hospital that is based on a trauma-informed approach to identifying and safely addressing situations involving patients, family members, or other persons

who pose a risk of harm to themselves or others due to mental illness or substance use disorder or who are experiencing a mental health crisis.

(3) Safety protocols based on all of the following:

a. Standards established by a nationally recognized organization that has experience educating and certifying professionals involved in managing and directing security and safety programs in healthcare facilities. The Department of Health and Human Services shall solicit names of nationally recognized organizations from the North Carolina Sheriffs' Association, the North Carolina Association of Chiefs of Police, the North Carolina Emergency Management Association, and the North Carolina Healthcare Association.

b. The results of a security risk assessment of the emergency department.

c. Risks for the emergency department identified in consultation with the emergency department's medical director and nurse leadership, law enforcement officers employed or contracted by the hospital, and a local law enforcement representative. These identified risks shall take into consideration the hospital's trauma level designation, overall patient volume, volume of psychiatric and forensic patients, incidents of violence against staff and level of injuries sustained from such violence, and prevalence of crime in the community.

(4) Safety protocols that include the presence of at least one law enforcement officer in the emergency department, or on the same campus as the emergency department, at all times, unless an exemption is approved under subsection (c) of this section.

(5) Training requirements for law enforcement officers employed or contracted by the hospital in the potential use of and response to weapons, defensive tactics, de-escalation techniques, appropriate patient intervention activities, crisis intervention, and trauma-informed approaches.

(b1) Each hospital licensed under this Article that has an emergency department may submit a summary report of its security risk assessment to the Department of Health and Human Services by October 1, 2024. The submitted report must include the following:

(1) The process for the development of the security risk assessment, including the types of professionals who participated in the development of the security risk assessment.

(2) The actions recommended by the security risk assessment.

(3) The physical modifications recommended by the security risk assessment.

(4) The proposed budget and time line for the implementation of the security plan required by subsection (b) of this section.

(5) Any barriers to fully implement the security risk assessment findings and, if applicable, any barriers to the required presence of a law enforcement officer, and the hospital's planned efforts to overcome these barriers by June 1, 2025.

Subsection (b) of this section shall not apply until June 1, 2025, to a hospital licensed under this Article that has an emergency department who acts in compliance with this subsection.

(c) A hospital is not required to have at least one law enforcement officer present in the emergency department or on the hospital campus at all times if the hospital in good faith determines that a different level of security is necessary and appropriate for any of its emergency departments based upon findings in the security risk assessment required under sub-subdivision (b)(3)b. of this section. A hospital that determines that a different level of security is necessary and appropriate shall include the basis for that determination in its security risk assessment, and the security plan must include the following:

(1) The signature of the county sheriff.

(2) The signature of the municipal police chief, if applicable.

(3) The approval and signature of the county emergency management director.

(d) Every hospital with an emergency department shall provide appropriate hospital workplace violence prevention program training, education, and resources to staff, practitioners, and non-law enforcement officer security personnel.

(e) The Department of Health and Human Services shall have access to all security plans for hospitals with an emergency ~~department and shall maintain a list of those hospitals with a security plan developed in accordance with this section.~~department. The Department of Health and Human Services shall maintain a list of those hospitals with a security plan developed in accordance with this section and a list of those hospitals who submitted a security risk assessment in accordance with subsection (b1) of this section.

(f) The following are not public records as defined by Chapter 132 of the General Statutes:

(1) A hospital security risk assessment, regardless of who has custody of the security risk assessment.

(2) A hospital security plan, regardless of who has custody of the security plan."

SECTION 11.(b) This Part is effective October 1, 2024.

PART XII. CLARIFYING MEDICAID BENEFITS FOR INMATES

SECTION 12.1.(a) G.S. 108D-40 reads as rewritten:

"**§ 108D-40. Populations covered by PHPs.**

(a) Capitated PHP contracts shall cover all Medicaid program aid categories except for the following categories:

…

(9) Recipients who are inmates of prisons. Upon the recipient's release from prison, the exception under this subdivision shall continue to apply for a period that is the shorter of the following:

a. The recipient's initial Medicaid eligibility certification period post release.

b. Three hundred sixty-five days.

(9a) Recipients residing in carceral settings other than prisons and whose Medicaid eligibility has been suspended. Upon the recipient's release from incarceration, the exception under this subdivision shall continue to apply for a period that is the shorter of the following:

a. The recipient's initial Medicaid eligibility certification period post release.

b. Three hundred sixty-five days.

…."

SECTION 12.1.(b) This section is effective January 1, 2025.

SECTION 12.2. G.S. 122C-115(f) reads as rewritten:

"(f) LME/MCOs operating the BH IDD tailored plans under G.S. 108D-60 may contract with the Department to continue to manage the behavioral health, intellectual and developmental disability, and traumatic brain injury services for any Medicaid recipients who are not enrolled in a BH IDD tailored plan or the CAF specialty plan."

PART XIII. UNC HEALTH TECHNICAL CORRECTIONS

SECTION 13.(a) G.S. 116-40.5 reads as rewritten:

"**§ 116-40.5. Campus law enforcement agencies.**

(a) The Board of Trustees of any constituent institution of The University of North Carolina, ~~or of any teaching hospital affiliated with but not part of any constituent institution of The University of North Carolina,~~ the Board of Directors of the University of North Carolina

Health Care System, or the Board of Directors of the North Carolina Arboretum, may establish a campus law enforcement agency and employ campus police officers. Such officers shall meet the requirements of Article 1 of Chapter 17C of the General Statutes, shall take the oath of office prescribed by Article VI, Section 7 of the Constitution, and shall have all the powers of law enforcement officers generally. The territorial jurisdiction of a campus police officer shall include all property ~~owned or~~ owned, leased ~~to~~ to, managed, or controlled by the institution employing the campus police officer and that portion of any public road or highway passing through such property or immediately adjoining it, wherever located.

(a1) ~~Any teaching hospital~~ The Board of Directors of the University of North Carolina Health Care System, having established a campus law enforcement agency pursuant to subsection (a) of this ~~section~~ section, may assign its campus police officers to any other facility within the ~~teaching hospital's system~~ System's network. Campus police officers assigned to any other facility within the ~~teaching hospital's system~~ System's network pursuant to this subsection shall have the same authority and jurisdiction exclusively upon the premises of the assigned facility, but not upon any portion of any public road or highway passing through the property of the facility or immediately adjoining it, as a campus police officer assigned ~~to a teaching hospital~~ under subsection (a) of this section.

(b) The Board of Trustees of any constituent institution of The University of North Carolina, ~~or of any teaching hospital affiliated with but not part of any constituent institution of The University of North Carolina,~~ the Board of Directors of the University of North Carolina Health Care System, or the Board of Directors of the North Carolina Arboretum, having established a campus law enforcement agency pursuant to subsection (a) of this section, may enter into joint agreements with the governing board of any municipality to extend the law enforcement authority of campus police officers into any or all of the municipality's jurisdiction and to determine the circumstances in which this extension of authority may be granted.

(c) The Board of Trustees of any constituent institution of The University of North Carolina, ~~or of any teaching hospital affiliated with but not part of any constituent institution of The University of North Carolina,~~ the Board of Directors of the University of North Carolina Health Care System, or the Board of Directors of the North Carolina Arboretum, having established a campus law enforcement agency pursuant to subsection (a) of this section, may enter into joint agreements with the governing board of any county, and with the consent of the sheriff, to extend the law enforcement authority of campus police officers into any or all of the county's jurisdiction and to determine the circumstances in which this extension of authority may be granted.

(d) The Board of Trustees of any constituent institution of The University of North Carolina, the Board of Directors of the University of North Carolina Health Care System, or the Board of Directors of the North Carolina Arboretum, having established a campus law enforcement agency pursuant to subsection (a) of this section, may enter into joint agreements with the governing board of any other constituent institution of The University of North Carolina to extend the law enforcement authority of its campus police officers into any or all of the other institution's jurisdiction and to determine the circumstances in which this extension of authority may be granted."

SECTION 13.(b) G.S. 116-350.15, as amended by Section 1.7 of S.L. 2024-1, reads as rewritten:

"**§ 116-350.15. Powers and duties of the Board of Directors.**

…

(c) General Powers and Duties. – The Board is authorized to exercise such authority and responsibility and adopt such policies, rules, and regulations as it deems necessary or convenient, not inconsistent with the provisions of this Article, to carry out the patient care, education, research, and public service mission of the System, including, but not limited to, authority to do the following:

…

(14) Notwithstanding G.S. 114-2.3, G.S. 147-17, or any other provision of law, designate, employ, expend funds for, and otherwise engage legal counsel, including private counsel, in any matter as the Board deems necessary to represent the interests of the System and any of its component units, affiliates, officers, or employees.

…."

SECTION 13.(c) G.S. 116-350.105 reads as rewritten:

"**§ 116-350.105. Establishment and administration of self-insurance trust funds; rules and regulations; defense of actions against covered persons; application of G.S. 143-300.6.**

…

(d) Defense of all suits or actions against an individual health care practitioner who is covered by a self-insured program of liability insurance established by the Board under the provisions of this Article may be provided ~~by the Attorney General~~ in accordance with the provisions of G.S. 143-300.3 of Article 31A of Chapter 143; provided, that in the event it should be determined pursuant to G.S. 143-300.4 that defense of such a claim should not be provided by the State, or if it should be determined ~~pursuant to G.S. 143-300.5 and G.S. 147-17~~ that counsel other than the Attorney General should be employed or, if the individual health care practitioner is not an employee of the State as defined in G.S. 143-300.2, then private legal counsel may be employed by the UNC Health Liability Insurance Trust Fund ~~Council~~ and paid for from funds in the insurance trust accounts.

…."

SECTION 13.(d) Article 2 of Chapter 131E of the General Statutes is amended by adding a new section to read:

"**§ 131E-14.3. Lease or sale of hospital facilities to certain political subdivisions.**

Notwithstanding this Article or any other applicable State law, a municipality or hospital authority, or a nonprofit corporation controlled or established by a municipality or hospital authority, may enter into any transaction or agreement with a political subdivision of the State established under G.S. 116-350.5, or any of that political subdivision's component units or System affiliates, for the direct or indirect lease, sale, conveyance, assignment, or acquisition of, or acceptance of membership interest in, a hospital facility or any part of a hospital facility. No party to a transaction or agreement permitted by this section is required to comply with G.S. 131E-8, 131E-13, or 131E-14 in conjunction with entering into or effectuating any such transaction or agreement."

SECTION 13.(e) This Part is effective July 1, 2024.

PART XIV. FACILITATE USE OF TRIBAL HEALTH FACILITIES

SECTION 14.(a) The Secretary of the Department of Health and Human Services (DHHS) and the local management entity/managed care organizations (LME/MCOs) are encouraged to enter into any intergovernmental agreements allowable under federal and State law with the Eastern Band of Cherokee Indians to facilitate the use of tribal health facilities by any residents of the State seeking voluntary admission to those facilities or subject to involuntary commitment under State law. These agreements may address matters such as transportation of individuals under involuntary commitment and assurances of compliance with State and tribal court orders, and other matters, as necessary.

SECTION 14.(b) By February 1, 2025, DHHS, in consultation with the LME/MCOs, shall report to the Joint Legislative Oversight Committee on Medicaid on whether any intergovernmental agreements, as described in this section, have occurred. The report shall identify any proposed legislative changes that are necessary to further facilitate the use of tribal

health facilities by any residents of the State seeking voluntary admission to those facilities or subject to involuntary commitment under State law.

SECTION 14.(c) This Part shall be effective when it becomes law.

PART XV. TRI-SHARE CHILD CARE PILOT PROGRAM EXPANSION

SECTION 15. Section 9D.9 of S.L. 2023-134 reads as rewritten:

"**SECTION 9D.9.(a)** Of the funds appropriated in this act to the Department of Health and Human Services, Division of Child Development and Early Education, to be allocated to the North Carolina Partnership for Children, Inc., the sum of nine hundred thousand dollars ($900,000) in nonrecurring funds for each year of the 2023-2025 fiscal biennium shall be used to provide the State portion of funding for the Tri-Share Child Care pilot program established by this section. Funds provided under this section shall be divided evenly in each fiscal year among the regional facilitator hubs, as described in subsection (c) of this section, selected to participate in the pilot program. ~~Upon completion of the pilot program, any unexpended funds shall revert to the General Fund.~~Funds provided under this section shall not revert at the end of the 2023-2025 fiscal biennium but shall remain available for costs associated with the pilot program until expended.

…

"**SECTION 9D.9.(c)** The Division and NCPC shall select up to three local partnerships to serve as regional facilitator hubs to implement and administer the pilot program and act as regional intermediaries between employers, families, child care providers, and the State. ~~The Division and NCPC shall select local~~ Local partnerships shall be selected to participate in the pilot program from geographically diverse areas across the State, with one selected from a tier one county. For purposes of this section, a tier one county shall have the same designation as that established by the North Carolina Department of Commerce's 2023 County Tier Designations.

"**SECTION 9D.9.(c1)** NCPC shall be accountable for the programmatic and fiscal integrity of the Tri-Share Child Care program and services and shall implement standardized procedures to ensure the pilot program is operated consistently among all regional facilitator hubs. Within nine months from the date this act becomes effective, NCPC and the regional facilitator hubs shall design the pilot program, establish the program infrastructure, and recruit participating child care providers and employers. NCPC may contract with a third-party administrator to assist with centralized enrollment, payment processing, and other financial transactions. NCPC shall conduct financial and compliance monitoring of the regional facilitator hubs and the third-party administrator, if applicable.

"**SECTION 9D.9.(d)** ~~The~~ NCPC and the local partnerships selected to serve as regional facilitator hubs shall establish and determine program ~~eligibility.~~ eligibility based on standardized criteria. For purposes of this pilot program, an employee is eligible to participate in the program if the employee (i) is employed by a participating employer, (ii) has a household income between one hundred eighty-five percent (185%) and three hundred percent (300%) of the federal poverty level, and (iii) is not otherwise eligible for subsidized child care in this State. An eligible employee may reside outside of the designated region for the respective facilitator hub. Additionally, NCPC and the regional facilitator hubs shall develop and implement other criteria for the child care program, including, but not limited to, each of the following:

(1) Ensuring payment for the cost of child care is divided equally between an employer, an eligible employee, and the State.
(2) Soliciting participating employers.
(3) Ensuring participating employers agree to (i) identify and recruit eligible employees, (ii) provide the employer portion of each participating employee's child care costs, and (iii) maintain communication with the regional facilitator hub regarding each eligible employee's continued employment and eligibility.

(4) Verifying that child care providers seeking to participate in the program are licensed in this State.

(5) Upon determining an employee's eligibility, ensuring payment by the employee of the employee's portion of the cost of child care.

(6) Coordinating payments between employers and licensed child care providers.

…."

PART XVI. AREA AUTHORITY ALTERNATIVE BOARD STRUCTURE

SECTION 16.(a) No later than 14 days after this act becomes law, the area director of Trillium Health Resources shall submit for approval a new alternative board structure to the Secretary of the Department of Health and Human Services. With regard to this submission, the Secretary may approve the new alternative board structure and appoint the initial board members without each county in the catchment area adopting a resolution approving the board structure or appointing the board members, notwithstanding the requirement in G.S. 122C-118.1(a).

SECTION 16.(b) This Part is effective when this act becomes law.

PART XVII. MEDICAL BOARD REVIEW PANEL CHANGES

SECTION 17.(a) G.S. 90-3 reads as rewritten:

"**§ 90-3. Review Panel recommends certain Board members; criteria for recommendations.**

(a) There is created a Review Panel to review all applicants for the physician positions, the physician assistant position, and the nurse practitioner position on the Board. The Review Panel shall consist of nine members, including four from the Medical Society, one from the Old North State Medical Society, one from the North Carolina Osteopathic Medical Association, one from the North Carolina Academy of Physician Assistants, one from the North Carolina Nurses Association Council of Nurse Practitioners, and one public member currently serving or who has served on the Board. Each member shall serve for a term of three years, ending December 31 of the last year of the term. No member shall serve more than two terms. All physicians, physician assistants, and nurse practitioners serving on the Review Panel shall be actively practicing in North Carolina.

The Review Panel shall contract for the independent administrative services needed to complete its functions and duties. The Board shall provide funds to pay the reasonable cost for the administrative services of the Review Panel. The Board shall convene the initial meeting of the Review Panel. The Review Panel shall elect a chair, and all subsequent meetings shall be convened by the Review Panel.

The Governor shall appoint Board members as provided in G.S. 90-2. The Review Panel shall attempt to make its recommendations to the Governor reflect the composition of the State with regard to gender, ethnic, racial, ~~and age composition.~~medical specialty, and age.

The Review Panel and its members and staff shall not be held liable in any civil or criminal proceeding for exercising, in good faith, the powers and duties authorized by law.

…."

PART XVIII. EFFECTIVE DATE

SECTION 18. Except as otherwise provided, this act is effective when it becomes law.

In the General Assembly read three times and ratified this the 28th day of June, 2024.

s/ Phil Berger
President Pro Tempore of the Senate

s/ Tim Moore
Speaker of the House of Representatives

s/ Roy Cooper
Governor

Approved 4:50 p.m. this 8th day of July, 2024