

Health and Human Services

See full summary documents for additional detail

H95 - Wholesale Prescription Drugs Distribution Licensee Change. (SL 2021-135)

H96 - Allow Pharmacists to Admin. Injectable Drugs. (SL 2021-110)

S.L. 2021-110 expands the number of vaccines and medications that immunizing pharmacists are allowed to administer, requires the State Health Director to issue a standing order prescribing those medications, authorizes the Board of Pharmacy to adopt rules, and requires parents to provide written consent before a vaccine approved under an Emergency Use Authorization is administered to a minor.

The provisions of the act allowing the administration of testosterone and B12 injections and directing the Boards to adopt rules became effective October 1, 2021. Most of the remaining provisions relating to the ability of immunizing pharmacists to administer medications became effective February 1, 2022, but the provisions allowing them to administer the COVID-19 or influenza vaccine to minors became effective September 1, 2021. The remainder of the act, including the parental consent for vaccines authorized under an Emergency Use Authorization (EUA), became effective August 20, 2021.

H196 - 2021 COVID-19 Response & Relief. (SL 2021-3)

S.L. 2021-3 (i) makes modifications to the State COVID-19 relief legislation and (ii) appropriates and provides additional guidance for expenditure of COVID-19 pandemic relief funds from the federal Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA).

Except as otherwise provided, this act became effective, March 11, 2021.

H224 - Occupational Therapy Interstate Compact. (SL 2021-31)

S.L. 2021-31 makes North Carolina part of the Occupational Therapy Interstate Compact. The act will be effective when the tenth member state enacts the Compact. The North Carolina Board of Occupational Therapy must report to the Revisor of Statutes when ten member states have enacted the Compact. As of August 18, 2021, eight other states had enacted the Compact.

H243 - Budget Technical Corrections.

Sec. 3.6: Redirect Veterans Health Care Pilot Program Funding to Health-Related Job Training and Substance Use Disorder Treatment Services. (SL 2022-6)

Section 3.6(a) of S.L. 2022-6 provides that notwithstanding any provision of law to the contrary, the amounts of \$400,000 in the 2021-2022 fiscal year and \$350,000 in the 2022-2023 fiscal year appropriated to the Office of Rural Health, Division of Central Management and Support, Department of Health and

Human Services (DHHS), are required to be used to develop and implement a two-year pilot program to provide health care services to veterans in Cumberland County pursuant to Section 9B.5 of S.L. 2021-180, must instead be used for job training and substance use disorder treatment services as follows:

- The sum of \$25,000 for the 2021-22 fiscal year must be allocated as a directed grant to Dominion Health Care Foundation, a nonprofit organization, and used to cover the cost of job training programs and internships for individuals seeking careers as phlebotomy technicians, medical assistants, clinical laboratory assistants, or certified nursing assistants. The job training programs and internships must target historically marginalized populations residing in Cumberland County who (i) are veterans, (ii) are unemployed due to COVID-19, or (iii) were formerly incarcerated.
- The sum of \$375,000 for the 2021-22 fiscal year, and \$350,000 for the 2022-23 fiscal year, must be transferred to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, DHHS, and allocated as a directed grant to Community-Based Developmental Services, Inc., a nonprofit organization, to increase the organization's capacity to provide certified clinical assessment case management, and medication-assisted treatment services for uninsured individuals with substance use disorders. The services must target, but are not exclusively for, uninsured individuals who are members of North Carolina's Hispanic/LatinX or American Indian populations.

Section 3.6(b) repeals Section 9B.5 of S.L. 2021-180.

This section became effective July 1, 2021.

H272 - Revise Health Standard for Lead. (SL 2021-69)

S.L. 2021-69 amends the definition of "lead poisoning hazard" under the statutes governing lead poisoning in children and pregnant women to decrease the amount of lead in drinking water that constitutes a "lead poisoning hazard" from 15 parts per billion (ppb) to 10 ppb.

This act became effective December 1, 2021.

H351 - Clifford's Law. (SL 2021-145)

S.L. 2021-145 requires the Secretary of the Department of Health and Human Services (DHHS) to establish visitation protocols that would be in effect during declared disasters and emergencies and when a facility suspends or restricts normal visitation. The protocols must provide visitation rights for patients in nursing homes, combination homes, and adult care homes, including family care homes, and allow each resident to receive a visit at least twice per month from one preapproved visitor or preapproved alternate visitor. The protocols must be in place by June 15, 2022.

The provisions of the act establishing the standards for visitation become effective April 1, 2022. The provisions of the act requiring the DHHS Secretary to implement visitation protocols became effective September 10, 2021.

H366 - Regulatory Reform Act of 2021.

Sec. 2: North Carolina Pre-K School Options. (SL 2021-117)

Section 2 of S.L. 2017-117 requires NC Pre-K operators to provide parents with information pertaining to public and private school options in the county.

This section became effective January 1, 2022.

H383 - Medicaid Modernized Hospital Assessments. (SL 2021-61)

S.L. 2021-61 enacts two modernized hospital assessments that support continued funding for Medicaid payments to hospitals under the new Medicaid managed care system that began July 1, 2021. The modernized assessments replace two hospital assessments that historically provided funding for Medicaid payments to hospitals but that could not continue to be operated in the same manner upon the transition of the Medicaid program to managed care.

The repeal of the 2020 Revised Hospital Assessments became effective July 1, 2020. The remainder of the act became effective July 1, 2021.

H395 - HIE Deadline Extension & Patient Protection. (SL 2021-26)

S.L. 2021-26 does the following relative to the Health Information Exchange (HIE) Network known as NC HealthConnex: exempts ambulatory surgical centers but requires a physician who performs procedures there to be connected and to submit demographic and clinical data; extends the mandatory deadlines for certain entities to connect; allows the Department of Health and Human Services (DHHS) to submit data on behalf of specified entities; prohibits balance billing by in-network providers and entities under the State Health Plan that have not connected; requires the HIE Authority to provide educational materials on how to access electronic health information; requires the HIE Advisory Board to submit a report by March 1, 2022 to the Joint Legislative Oversight Committee on Health and Human Services containing recommendations regarding appropriate features or actions to support the Statewide Health Information Exchange Act; and requires the HIE Authority to work with the Department of State Treasurer and the DHHS to identify and contact providers and entities who have not connected to the HIE in accordance with G.S. 90-414.4 and to report on the status of these by March 1, 2022.

This act became effective May 27, 2021.

H404 - Ltd. Immunity for PSAP/TC for S.L. 2021-171. (SL 2021-181)

S.L. 2021-181 does the following:

- Provides that public safety answering points (PSAPs), regional PSAPs, and their employees and agents, and employees of law enforcement agencies, who are certified by the North Carolina Sheriffs' Education and Training Standards Commission, are liable for damages in a civil action for gross negligence, wanton or willful misconduct, or when there is applicable insurance coverage.

- Provides that communication service providers, 911 system providers, next generation 911 system providers, and their employees are liable for damages in a civil action for wanton or willful misconduct.
- Makes technical corrections to S.L. 2021-171, The No Patient Left Alone Act.

The section of the act pertaining to PSAPs and communication service providers became law November 18, 2021, and applies to causes of action filed on or after that date. The section of the act pertaining to The No Patient Left Alone Act became effective November 1, 2021.

H415 - Update Chiropractic Laws. (SL 2021-120)

Session Law 2021-120 allows the Board of Chiropractic Examiners to adopt, amend, and repeal rules to administer Article 8 of Chapter 90 (Chiropractic). It also repeals several portions of Article 8 and made technical and clarifying changes. This act became effective October 1, 2021.

H436 - Support Law Enforcement Mental Health. (SL 2021-136)

S.L. 2021-136 requires psychological screening examinations for law enforcement officers prior to employment; educates officers on maintaining good mental health; makes officers statewide aware of mental health resources; and creates a study on the benefits of physical fitness testing to officers.

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

H447 - The Jeff Rieg Law/Patients Religious Rights. (SL 2021-156)

S.L. 2021-156 requires hospitals to allow clergy members to visit admitted patients.

This act became effective October 1, 2021.

H453 - Human Life Nondiscrimination Act/No Eugenics. (Ratified)

House Bill 453 would have prohibited individuals from performing an abortion unless a physician has confirmed the abortion is not being sought because of the actual or presumed race or sex of the unborn child or the presence or presumed presence of Down syndrome. Physicians would have been required to report whether the race or sex of the unborn child or the presence of Down syndrome had been detected and to affirm that the report was accurate.

House Bill 453 was ratified by the General Assembly on June 14, 2021, and vetoed by the Governor on June 25, 2021.

H608 - Dignity for Women Who are Incarcerated. (SL 2021-143)

Session Law 2021-143 establishes certain requirements for the housing and treatment of incarcerated females.

This act includes the following changes:

- Limits the use of restraints and body cavity searches on pregnant females and during the postpartum recovery period.
- Requires proper nutrition for pregnant females and during the postpartum recovery period.
- Prohibits restrictive housing for pregnant females and during the postpartum recovery period.
- Requires lower bed assignments for pregnant females and during the postpartum recovery period.
- Requires a bonding period between a newborn and a new mother.
- Requires visitation twice a week between children under one and a new mother.
- Prohibits inspections by male employees while a female is in a state of undress.

This act became effective December 1, 2021, and applies to individuals in custody on or after that date.

H629 - Physician Asst/Nurse Practit./STOP Act Clar. (SL 2021-70)

S.L. 2021-70 amends the conditions when a physician assistant or a nurse practitioner must consult with the supervising physician prior to prescribing a targeted controlled substance.

This act became effective October 1, 2021.

H642 - Down Syndrome Organ Trans. Nondiscrim. Act. (SL 2021-64)

S.L. 2021-64 creates a new Part 4A, Nondiscrimination in Organ Transplantation, in Article 16 of Chapter 130A of the General Statutes, which specifies that it is unlawful for a covered entity, on the basis of an individual's disability, to do the following:

- Consider an individual ineligible to receive an anatomical gift or organ transplant.
- Deny medical services or other services related to organ transplantation.
- Refuse to refer the individual to a transplant center or other related specialist for the purpose of being evaluated for or receiving an organ transplant.
- Refuse to place a qualified recipient on an organ transplant waiting list.
- Place a qualified recipient on an organ transplant list at a lower priority position than if the individual did not have a disability.
- Refuse insurance coverage for any procedure associated with being evaluated for or receiving an anatomical gift or organ transplant.

A covered entity would be permitted to take an individual's disability into account when making treatment or coverage recommendations or decisions only to the extent the disability has been found by a physician or surgeon to be medically significant to the provision of the anatomical gift. An individual affected by a covered entity's alleged violation would be allowed to bring an action for injunctive and other equitable

relief against the covered entity. A covered entity would not be required to make a referral for, or perform, a medically inappropriate organ transplant.

S.L. 2021-64 prohibits insurers that offer a health benefit plan that provides coverage for anatomical gifts, organ transplants, or treatment and services related to anatomical gifts or transplants, from doing the following:

- Denying coverage to an insured solely on the basis of that individual's disability.
- Denying to an individual eligibility, or continued eligibility, to enroll or to renew coverage under the terms of a health benefit plan solely for the purpose of avoiding the requirements of the statute.
- Attempting to induce a health care provider to provide care to an insured in a manner inconsistent with the statute in specified ways.
- Reducing or limiting health benefit plan coverage benefits to an insured for any necessary services related to organ transplantation.

An insurer would not be required to provide coverage for a medically inappropriate organ transplant

This act became effective October 1, 2021.

H734 - Dept. of Health & Human Services Revisions. (SL 2021-77)

S.L. 2021-77 makes the following changes to the laws pertaining to programs and services under the authority of the Department of Health and Human Services (DHHS):

- Amends the definition of developmental disability (G.S. 122C-3).
- Amends the law (G.S. 122C-23) providing that decisions on the waiver of any of the rules on the licensure of facilities for patients with mental health disorders, developmental disabilities, or substance use disorders may be appealed by filing a contested case (under Article 3 of GS Chapter 150B).
- Requires the Secretary of DHHS to adopt a copayment schedule for behavioral health services, intellectual and developmental disabilities services, and substance use disorder services based on the Medicaid copayments for those services be used by LMEs and by contractual provider agencies (G.S. 122C-112.1(a)(34)).
- Amends the membership of the State Consumer and Family Advisory Committee (G.S. 122C-171).
- Adds various requirements to the involuntary commitment report to require transportation data (G.S. 122C-255).
- Amends the law (G.S. 122C-263) governing the first exam for involuntary commitment due to mental health or substance abuse to allow the use of "telehealth," previously referred to as "telemedicine" and makes conforming changes to other statutes.
- Allows the second examination for involuntary commitment due to mental illness or substance abuse to be conducted using telehealth equipment and procedures (G.S. 122C-266).
- Makes technical changes to the law governing transitional permits for food establishments (G.S. 130A-248).

The act also makes the following changes to the laws (Article 2 of Chapter 122C) governing the licensure of facilities for the mentally ill, the developmentally disabled, and substance abusers:

- Requires DHHS to conduct follow-up visits to ensure compliance with specified criteria following the issuance of a cease and desist order to facilities providing services without a required license.

- Prohibits the Secretary of DHHS from enrolling a new provider in the NC Medicaid or NC Health Choice programs or revalidating an enrolled provider in the Medicaid or NC Health Choice programs for any applicant meeting specified criteria.
- Gives the Secretary of DHHS the power to issue orders directing facilities not licensed under Article 2 that are providing services requiring a license to cease and desist.
- Increases the penalty for operating a licensable facility without a license to a Class H felony, including a fine of \$1,000 per day that the facility is in violation.
- Directs DHHS to establish a database with specified, publicly available information on the status of any ongoing investigations of reported operation of a program or facility in violation.
- Retitles Article 2 of Chapter 122C of the General Statutes as "Licensure of Facilities for Individuals with Mental Health, Developmental Disabilities, and Substance Use Disorders" and makes various conforming changes, including conforming changes to the Local Consumer and Family Advisory Committee.

Additionally, the act adds spas operating for display at temporary events to the definition of "public swimming pool" for purposes of regulation. This provision became effective July 1, 2020.

The remainder of this act became effective July 2, 2021.

S36 - 2020 COVID Relief Bill Modifications. (SL 2021-1)

Session Law (S.L.) 2021-1 makes modifications to the State COVID-19 relief legislation in light of the additional federal legislation and guidance.

This act has various effective dates. Except as otherwise provided, this act became effective February 10, 2021.

S103 - Reduce Reg. To Help Children with Autism. (SL 2021-22)

S.L. 2021-22 establishes a licensure process for behavior analysts and creates criminal penalties for practicing without a license.

The portion of the act creating a criminal penalty for unlicensed practice of behavioral analysis became effective January 1, 2022, and applies to acts committed on or after that date. The remainder of the act became effective May 17, 2021.

S105 - 2021 Appropriations Act.

Sec. 5.13: Joint Legislative Committee on Access to Healthcare and Medicaid Expansion . (SL 2021-180)

Section 5.13 of S.L. 2021-180 creates the Joint Legislative Committee on Access to Healthcare and Medicaid Expansion (Committee) to consider ways to improve access to health care and health insurance. The Committee can submit proposed legislation to the members of the General Assembly before the final adjournment of the 2021 Regular Session, at which time the Committee terminates.

This section became effective November 18, 2021.

S105 - 2021 Appropriations Act.

Sec. 7.16: Medicaid Reimbursement Contract for Residential Schools. (SL 2021-180)

Section 7.16 of S.L. 2021-180 requires the Department of Public Instruction (DPI) to contract with a third-party for administrative services necessary to receive maximum reimbursement for medically necessary health care services for which payment is available under the North Carolina Medicaid Program provided to eligible students attending any of the following schools:

- Governor Morehead School for the Blind
- Eastern North Carolina School for the Deaf
- North Carolina School for the Deaf

By March 15, 2022, DPI must report to the Joint Legislative Education Oversight Committee on the contracting process and the award of the contract, including the cost of the contract and the estimated recoupment of expenditures.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 7.19: School Safety Grants Program. (SL 2021-180)

Section 7.19 of S.L. 2021-180 provides funding for the School Safety Grant Program (Program) to improve safety in public school units by providing grants for services for students in crisis, school safety training, and safety equipment in schools through an application process administered by the Superintendent of Public Instruction (Superintendent) in accordance with certain criteria. The grants will be awarded in the following categories:

- Students in Crisis Grants – In consultation with the Department of Health and Human Services (DHHS), funds to contract with community partners to provide the following crisis services:
 - Crisis respite services for parents or guardians of an individual student to prevent more intensive or costly levels of care.
 - Training and expanded services for therapeutic foster care families and licensed child placement agencies that provide services to students who need support to manage their health, welfare, and safety and have cognitive or behavioral problems, developmental delays, or aggressive behavior.
 - Evidence-based therapy services aligned with targeted training for students and their parents or guardians.
 - Other crisis services, including peer-to-peer mentoring, likely to increase school safety.
- Training to Increase School Safety Grants – In consultation with DHHS, funds to contract with community partners to address school safety by providing training to help students develop healthy responses to trauma and stress. The training must be targeted and evidence-based and can include any of the following:
 - Counseling on Access to Lethal Means training for school mental health support personnel, local first responders, and teachers on the topics of suicide prevention and reducing access by students to lethal means.
 - Training for school mental health support personnel on comprehensive and evidence-based clinical treatments for students and their parents or guardians.

- Training for students and school employees on community resilience models to improve understanding and responses to trauma and significant stress.
- Training for school mental health support personnel on Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct problems.
- Other training, including training on the facilitation of peer-to-peer mentoring, that is likely to increase school safety.
- Safety Equipment Grants – In consultation with DHHS, funds for the purchase of safety equipment for school buildings, including charter schools, and training associated with the use of that safety equipment.

By April 1 of each year funds are awarded, the Superintendent must report on the Program to the Joint Legislative Education Oversight Committee, the Joint Legislative Oversight Committee on Health and Human Services, the Joint Legislative Oversight Committee on Justice and Public Safety, the Joint Legislative Commission on Governmental Operations, the Senate Appropriations/Base Budget Committee, the House Committee on Appropriations, and the Fiscal Research Division. The report must include the identity of each entity that received a grant, the amount of funding provided, the use of funds, and recommendations for the implementation of additional effective school safety measures.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9A.1: State-County Special Assistance Rates. (SL 2021-180)

Section 9A.1 of S.L. 2021-180 provides that for the 2021-2023 fiscal biennium, the maximum monthly State-County Special Assistance rate for residents in adult care homes is \$1,182 per resident per month and the maximum monthly rate for residents in Alzheimer’s Dementia special care units is \$1,515 per resident per month.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9A.2: Increase in State-County Special Assistance Personal Needs Allowance. (SL 2021-180)

Section 9A.2 of S.L. 2021-180 provides that effective January 1, 2022, the Division of Aging and Adult Services, Department of Health and Human Services, must increase the personal needs allowance under the State-County Special Assistance program from \$46 to \$70 per month per resident.

Effective January 1, 2022, the income limits for determining financial eligibility for State-County Special Assistance are as follows:

- The total countable monthly income for individuals residing in adult care homes must not exceed \$1,228 per month per resident.
- The total countable monthly income for individuals residing in Alzheimer’s/Dementia special care units must not exceed \$1,515 per month per resident.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9A.3: Removal of the Cap on the Number of Allowable State-County Special Assistance In-Home Payments. (SL 2021-180)

Section 9A.3 of S.L. 2021-180 amends the law (G.S. 108A-47.1) to remove the cap on the use of existing State-County Special Assistance funds for Special Assistance payments to eligible individuals 18 years of age or older in in-home living arrangements. Previously the in-home payments were limited to 15% of the caseload for all State County Special Assistance.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9A.3A: State-County Special Assistance Program Changes . (SL 2021-180)

Section 9A.3A of S.L. 2021-180 directs changes to the State-County Special Assistance (SA) program to bring the SA In-Home program into parity with the SA Adult Care Home program, effectively merging the two programs and allowing individuals to qualify for the SA program and receive Medicaid coverage, regardless of the individual's residential setting, based upon the criteria historically used for the SA Adult Care Home program. The provision also codifies the maximum SA monthly payment rate set in Section 9A.1 of the act and adds an annual cost-of-living adjustment (COLA) beginning January 1, 2024, that is equal to the annual Social Security COLA. The SA program changes are contingent upon federal approval, as follows:

- The Department of Health and Human Services (DHHS) must apply for federal approval of the SA program changes by December 18, 2021.
- DHHS must use savings deposited in the HCBS Fund, established in Section 9D.8A of the act, to fund the Medicaid costs and the SA program costs associated with the SA program changes, for as long as funds remain in the HCBS Fund.
- The SA program changes become effective on the later of July 1, 2022, or 30 days after the date when all federal approvals have been received for the SA program changes and for the use of the savings in the HCBS Fund to fund the SA program changes. If all of these approvals have not been received by June 30, 2023, the SA program changes required by the provision will not take effect and the applicable portions of the provision will expire.

The remainder of the section became effective November 18, 2021.

S105 - 2021 Appropriations Act.

Sec. 9A.3B: Authorization for Local Entities to Set Reimbursement Rates for Adult Day Care, Adult Day Health, and Associated Transportation Services Funded by the Home and Community Care Block Grant and the State Adult Day Care Fund. (SL 2021-180)

Section 9A.3B of S.L. 2021-180 amends G.S. 143B-181.1 and G.S. 143B-153 to remove the maximum statewide reimbursement rates and to provide that reimbursement rates for adult day care services, adult day health services, and associated transportation services paid under the Home and Community Care Block Grant (HCCBG) and the State Adult Day Care Fund will be established at the local level. The locally

established rates must reflect geographical differences, the availability of services, the cost to provide services and other local variables.

The section became effective November 18, 2021.

S105 - 2021 Appropriations Act.

Sec. 9A.4: Rapid Rehousing for Individuals and Families at Risk of Homelessness . (SL 2021-180)

Section 9A.4 of S.L. 2021-180 allocates \$15 million in nonrecurring funds for the 2021-2022 fiscal year to the Division of Aging and Adult Services, Department of Health and Human Services, for rapid rehousing services to assist families and individuals at risk of homelessness due to the COVID-19 pandemic. The funds must supplement existing funding for homelessness prevention services and may be used to cover the cost of acute financial assistance needs for eligible families and individuals.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9A.5: Nutrition Services for Older Adults. (SL 2021-180)

Section 9A.5 of S.L. 2021-180 provides \$3,585,000 in nonrecurring funds for the 2021-22 fiscal year from the State Fiscal Recovery Fund to the Division of Aging and Adult Services, Department of Health and Human Services, to be used to address food insecurity among older adults due to the COVID-19 pandemic.

Allowable activities include:

- Providing two meals per week or \$20 per week in groceries to eligible older adults who are frail or functionally impaired.
- Providing two weeks of meals to eligible high-risk older adults after a hospital discharge.
- Expanding the North Carolina Senior Farmers' Market Nutrition Program across the State to eligible low-income older adults.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9B.1: Reports by Non-State Entities on the Use of Directed Grant Funds. (SL 2021-180)

Section 9B.1 of S.L. 2021-180 provides that any non-State entity (defined by G.S. 143C-1-1) that receives nonrecurring funds as a directed grant under Part IX of S.L. 2021-180 must report on the use of directed grant funds to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division.

- Non-State entities receiving directed grant funds for the 2021-2022 fiscal year must report by July 1, 2022.

- Non-State entities receiving directed grant funds in the 2022-2023 fiscal year must report by July 1, 2023.

The section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9B.2: Funds for the North Carolina Families Accessing Services Through Technology System . (SL 2021-180)

Section 9B.2 of S.L. 2021-180 directs funding to be transferred from the Medicaid Transformation Reserve to the Division of Central Management and Support (Division), Department of Health and Human Services (DHHS), to be used for: (i) the deployment and maintenance of the child welfare case management component of the North Carolina Families Accessing Services through Technology (NC FAST) system; (ii) updates and changes to the system with respect to Medicaid Transformation, document management, and independent verification and validation support; and (iii) infrastructure modernization. The Division must report any change in approved federal funding or federal match rates within 30 days after the change to the Joint Legislative Oversight Committee on Health and Human Services, the Joint Legislative Committee on Information Technology, and the Fiscal Research Division.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9B.2A: Medicaid Transformation Reserve Funds for Information Technology Division Support of Medicaid Applications . (SL 2021-180)

Section 9B.2A of S.L. 2021-180 specifies funding to be transferred from the Medicaid Transformation Reserve to the Information Technology Division, Department of Health and Human Services, for information technology support of Medicaid applications.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9B.3: Community Health Grant Program. (SL 2021-180)

Section 9B.3 of S.L. 2021-180 directs the Office of Rural Health to use funds appropriated to it to continue the Community Health Grant Program as modified by Section 11A.8 of S.L. 2017-57. The Office of Rural Health may use up to \$200,000 of the appropriated funds for administrative purposes. No single grant may exceed \$150,000, and recipients may not use the funds to increase employee compensation, supplant existing funds, or finance debt. The Office of Rural Health must report to the Joint Legislative Oversight Committee on Health and Human Services by September 1 of each year on the grantees and amounts issued. It must also report by February 1, 2022, to the Joint Legislative Oversight Committee on Health and Human Services on the establishment of a Primary Care Advisory Committee and the development of a standardized method for grant recipients to report objective, measurable quality health outcomes, as required by Section 11A.8 of S.L. 2017-57.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9B.5: Veterans Health Care Pilot Program-Repealed & Funding Redirected. (SL 2021-180)

Section 9B.5 of S.L. 2021-180 was repealed by Section 3.6(b) of S.L. 2022-6, and the funding was redirected in Section 3.6(a) of S.L. 2022-6.

See the summary of Section 3.6 of S.L. 2022-6 for further details.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9B.6: Funds for NC Dental Society Foundation's Mission of Mercy Dental Clinics . (SL 2021-180)

Section 9B.6 of S.L. 2021-180 clarifies that funds appropriated to the Office of Rural Health for allocation to the NC Dental Society Foundation for its Missions of Mercy dental clinics must not be used for any purpose other than patient care and purchasing necessary dental supplies.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9B.7: Funds for Local Start Dental, Inc.. (SL 2021-180)

Section 9B.7 of S.L. 2021-180 clarifies that funds appropriated to the Office of Rural Health for allocation to Local Dental Start, Inc. must not be used for any purpose other than patient care and purchasing necessary dental supplies.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9B.8: Funds for the Statewide Telepsychiatry Program. (SL 2021-180)

Section 9B.8 of S.L. 2021-180 provides that of funds appropriated from the State Fiscal Recovery Fund to the Office of Rural Health, Division of Central Management and Support, Department of Health and Human Services, \$1.5 million in nonrecurring funds for the 2021-2022 fiscal year must be allocated as a grant to the East Carolina University Center for Telepsychiatry and e-Behavioral Health for the statewide telepsychiatry program, known as NC-Step. The grant funds must be used to respond to COVID-19 public health emergency by providing virtual psychiatric assessments and consultations to patients utilizing telepsychiatry (as defined in G.S. 143B-139.4B).

The ECU Center for Telepsychiatry and e-Behavioral Health must report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on the use of grant funds by July 1, 2022

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9B.8A: Virtual Behavioral Health Services Grant Program. (SL 2021-180)

Section 9B.8A.(a) of S.L. 2021-180 directs \$10,000,000 in nonrecurring funds for the 2021-2022 fiscal year of the funds appropriated in the 2021 Appropriations Act from the State Fiscal Recovery Fund to the Office of Rural Health, Division of Central Management and Support, Department of Health and Human Services (DHHS), to award competitive grants to hospitals to fund expanded telepsychiatry capabilities to respond to the COVID-19 public health emergency. The expanded telepsychiatry capabilities must facilitate patient access to hospital-based virtual telepsychiatry services from a primary care provider's office, from home, or from another nonhospital setting. The Office of Rural Health must establish the procedures and criteria for awarding the grants, subject to certain limitations.

Section 9B.8A.(b) of S.L. 2021-180 requires DHHS to announce the recipients of the competitive grants and to report to the Joint Legislative Oversight Committee on Health and Human Services with the amount awarded to each grantee, the anticipated number of persons to be served, and the geographic area to be served as a result of expanded telepsychiatry services by May 1, 2022.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9B.8B: School-Based Virtual Care Pilot Program to Address Health Disparities in Historically Underserved Areas Disproportionately Impacted By The COVID-19 Public Health Emergency. (SL 2021-180)

Section 9B.8B of S.L. 2021-180 requires that of the funds appropriated from the State Fiscal Recovery Fund to the Office of Rural Health, Division of Central Management and Support, Department of Health and Human Services (DHHS), \$1 million in the 2021-2022 fiscal year must be allocated as a directed grant to Atrium Health, Inc., a nonprofit corporation, to support the development and implementation of a school-based virtual care pilot program to address health disparities in historically underserved areas disproportionately impacted by the COVID-19 public health emergency. The pilot program must utilize telehealth to facilitate access to health care services and resources that improve health outcomes through the care coordination efforts of local providers. The funds must be allocated equally among 10 pilot program sites located in four elementary schools in Anson County and six elementary schools in Forsyth County where at least 90% of the students are eligible for free or reduced lunch.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9B.8C: Funds for the Creation of a Continuing Medical Education Program on PANS/PANDAS. (SL 2021-180)

Section 9B.8C of S.L. 2021-180 requires that of the funds appropriated to the Division of Central Management and Support, Department of Health and Human Services, \$1,500,000 in nonrecurring funds must be allocated as a direct grant to the North Carolina Medical Society. The Medical Society must use those funds to award a grant to the Foundation for Children with Neuroimmune Disorders. The Foundation is required to use the funds to create a continuing medical education program for North Carolina physicians on Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS) and Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS).

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9B.9: Competitive Grant/Nonprofit Organizations. (SL 2021-180)

Section 9B.9.(a) of S.L. 2021-180, as amended by Section 3.1 of S.L. 2022-6, provides that of the funds appropriated in the 2021 Appropriations Act to the Division of Central Management and Support, Department of Health and Human Services (DHHS), for each year of the 2021-2023 fiscal biennium, specified amounts must be allocated to nonprofit organizations.

Section 9B.9.(b) of the act requires DHHS to continue administering a competitive grants process for nonprofit funding and to administer a plan that includes the following specified minimum criteria:

- A request for application (RFA) process to allow nonprofits to apply for and receive State funds on a competitive basis.
- A requirement that nonprofits match a minimum of 15% of the total amount of the grant award.
- A requirement that the Secretary prioritize grant awards to those nonprofits that can leverage non-State funds in addition to the grant award.
- A process that awards grants to nonprofits that have the capacity to provide services on a statewide basis and that support specified State health and wellness initiative.
- A process that ensures that funds received do not supplant existing funds for health and wellness programs and initiatives.
- A process that allows grants to be awarded to nonprofits for up to two years.
- A requirement that the initial disbursement of the grants be awarded no later than 30 days after certification of the State budget for the respective fiscal year.
- A requirement that nonprofits awarded grants use no more than 15% of their total proposed expenditures for administrative costs.

Section 9B.9.(c) of the act instructs the Secretary of DHHS to announce the recipients of the competitive grants and to allocate funds to the grant recipients as specified in this section no later than July 1 of each year. The Secretary of DHHS must submit a report to the Joint Legislative Oversight Committee on Health and Human Services on the grant awards by September 1 of each year.

Section 9B.9.(d) of the act requires each nonprofit organization receiving funding under this section in the respective fiscal year to submit a written report of all activities funded by State appropriations no later than December 1 of each fiscal year to the Division of Central Management and Support.

Section 9B.9.(e) of the act allocates the following in each year of the 2021-2023 fiscal biennium: \$350,000 to Big Brothers Big Sisters; \$1,625,000 (and \$1,600,000 in Substance Abuse Prevention and Treatment Block Grant funds) to Triangle Residential Options for Substance Abusers, Inc.; \$2,750,000 to Boys and Girls Clubs; \$250,000 to Cross Trail Outfitters; \$250,000 to North Carolina Senior Games; and \$250,000 to Special Olympics North Carolina.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9C.1: NC Pre-K Programs/Standards for Four- and Five-Star-Rated Facilities. (SL 2021-180)

Section 9C.1.(a) of this act describes eligibility requirements for the NC Pre-K program to be established by the Division of Child Development and Early Education (DCDEE), Department of Health and Human Services (DHHS). The income eligibility requirements for the program cannot exceed 75% of the State median income. Up to 20% of children enrolled can have family incomes in excess of 75% of median income if those children have other designated risk factors. Any child who is 4 years of age on or before August 31 of the program year and is the child of an active duty member of the Armed Forces of the United States or a member of the Armed Forces of the United States is eligible for the NC Pre-K program.

Section 9C.1.(b) of the act directs DCDEE to require NC Pre-K contractors to issue multiyear contracts for licensed private child care centers providing NC Pre-K classrooms. Section 9C.1.(c) of the act requires private child care facilities and public schools operating NC Pre-K classrooms to meet the building standards for preschool students in G.S. 115C-521.1. Section 9C.1.(d) of the act requires entities operating NC Pre-K classrooms to adhere to programmatic standards and classroom requirements prescribed by DCDEE, except as noted in Section 9C.1.(c) of the act. Section 9C.1.(e) of the act instructs the local NC Pre-K committees to use the standard decision-making process developed by DCDEE in awarding NC Pre-K classroom slots and student selection.

Section 9C.1.(f) of the act requires the DCDEE to submit an annual report to the Joint Legislative Oversight Committee on Health and Human Services, the Office of State Budget and Management, and the Fiscal Research Division no later than March 15 of each year. The report must include specified data, including the number of children participating in the NC Pre-K program and expected NC Pre-K expenditures for the programs.

Section 9C.1.(g) of the act states the administration of the NC Pre-K program by local partnerships is subject to financial and compliance audits.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9C.3: Raise Base Reimbursement Rates for NC Pre-K Child Care Centers . (SL 2021-180)

Section 9C.3 of S.L. 2021-180 allocates funds to raise the base reimbursement rates for child care centers participating in the NC Pre-K program by 2% over 2020-2021 fiscal year rates for the 2021-2022 fiscal year and by an additional 2% over the 2021-2022 rates for the 2022-2023 fiscal year.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9C.4: Child Care Subsidy Rates . (SL 2021-180)

Section 9C.4.(a) of S.L. 2021-180 sets the maximum gross annual income for initial eligibility for subsidized child care services. The eligibility for a child aged zero to five is 200% of the federal poverty level and a child ages six to 12 is 133% of the federal poverty level. The eligibility for any child with special needs, including a child who is 13 years of age or older, is 200% of the federal poverty level.

Section 9C.4.(b) of the act specifies that fees for families required to share in the cost of care are established based on 10% of gross family income.

Section 9C.4.(c) of the act specifies certain requirements for the payments to purchase child care services for low-income children. Religious sponsored child care facilities and licensed child care centers and homes are paid the one-star county market rate or the rate they charge privately paying parents, whichever is lower. Licensed child care centers and homes with two or more stars receive the market rate for that rated license level for that age group or the rate they charge privately paying parents, whichever is lower. Transportation services are not payable. Payments for subsidized child care services for postsecondary education are limited to a maximum of 20 months of enrollment.

Section 9C.4.(d) of the act specifies the payment rates for child care providers in counties that do not have at least 50 children in each age group for center-based and home-based care.

Section 9C.4.(e) of the act directs the Division of Child Development and Early Education (DCDEE), Department of Health and Human Services (DHHS), to calculate a statewide rate, a regional market rate, and a county rate for each rated license level for each age category of enrollees.

Section 9C.4.(f) of the act instructs DCDEE to implement policies in which, to the extent possible, child care subsidies are paid for child care in the higher quality centers and homes only. This section outlines a transition period for facilities to receive funds while increasing star ratings and allows for exemptions in cases where there are an inadequate number of higher rated facilities.

Section 9C.4.(g) of the act allows licensed child care facilities and religious sponsored child care facilities to participate in the program that provides for the purchase of care in child care facilities for minor children of needy families. Except as noted in Section 9C.4.(f) of the act, no separate licensing requirements must be used to select facilities to participate. A provider's failure to comply with requirements cannot be used by county departments of social services as a condition to reduce the provider's subsidized child care rate.

Section 9C.4.(h) of the act states Temporary Assistance for Needy Families Block Grant funds used to pay for subsidized child care must comply with all regulations and policies issued by the DCDEE for the subsidized child care program.

Under Section 9C.4.(i) of the act, noncitizen families residing legally in the State are eligible for child care subsidies if all other eligibility conditions are met. Noncitizen families residing illegally in the State are eligible for child care subsidies if the child is receiving child protective services or foster care services, is developmentally delayed or at risk of being developmentally delayed, or is a citizen of the United States.

Section 9C.4.(j) of the act directs DCDEE to require all county departments of social services to include whether the family is receiving assistance through the NC Pre-K Program or Head Start on any forms used to determine eligibility for child care subsidy.

Section 9C.4.(k) of the act provides for Department of Defense-certified child care facilities to participate in the State-subsidized child care program as long as certain conditions are met.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9C.5: Child Care Allocation Formula . (SL 2021-180)

Section 9C.5.(a) of S.L. 2021-180 outlines the child care subsidy allocation formula. The base amount for each county's child care subsidy allocation is the mandatory 30% North Carolina Partnership for Children, Inc., subsidy allocation. In addition, the Department of Health and Human Services (DHHS) must allocate funds to a county based upon the projected cost of serving children under age 11 in families with all parents working who earn less than the applicable federal poverty level percentage.

Section 9C.5.(a) of the act allows DHHS to withhold up to 2% of available funds from the allocation formula for preventing termination of services throughout the fiscal year and repayment of any federal funds identified by counties as overpayments, including overpayments due to fraud. Any funds not needed for the purposes described in this section must be allocated to counties. DHHS must submit a report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division in each year of the 2021-2023 fiscal biennium 30 days after any funds withheld as allowed under this section are distributed, but no later than April 1 of each respective year. The report must include the following:

- The amount of funds used for preventing termination of services and the repayment of any federal funds.
- The date the remaining funds were distributed to counties.
- As a result of funds withheld under this section and after funds have been distributed, any counties that did not receive at least the amount the county received the previous year and the amount by which funds were decreased.

Section 9C.5.(a) of the act requires DHHS to set aside 4% of child care subsidy allocations for vulnerable populations.

Section 9C.5.(b) of the act allows DHHS to reallocated unused child care subsidy voucher funds. Section 9C.5.(c) of the act places certain requirements on DHHS when implementing the formula under this section.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9C.6: Smart Start Initiatives . (SL 2021-180)

Section 9C.6.(a) of S.L. 2021-180 directs the North Carolina Partnership for Children, Inc., and its Board to ensure policies focus on the mission of improving child care quality for children from birth to age 5. This section outlines the North Carolina Partnership for Children, Inc., funded activities including assisting child care facilities with improving quality and implementing prekindergarten programs. State funding for local partnerships is to be used for programs that increase children's literacy, increase the parents' ability to raise healthy, successful children, improve children's health and assist four- and five-star rated facilities in improving and maintaining quality.

Section 9C.6.(b) of the act directs administrative costs must be equivalent to, on an average statewide basis for all local partnerships, no more than 8% of the total statewide allocation to all local partnerships. The North Carolina Partnership for Children, Inc., is to continue using a single statewide contract management system that incorporates features of the required standard fiscal accountability plan. All local partnerships are required to participate in the contract management system and to collaborate with other local partnerships to increase efficiency and effectiveness.

Section 9C.6.(c) of the act outlines the salary schedule based on specified criteria to determine the maximum amount of State funds that can be used for the salary of the Executive Director and the directors of the local partnerships. Nothing in this subsection prohibits a local partnership from using non-State funds to supplement an individual's salary.

Section 9C.6.(d) of the act requires the North Carolina Partnership for Children, Inc., and all local partnerships, in the aggregate, to match 100% of the total amount budgeted for the program in each fiscal year of the 2021-2023 biennium. Of the funds that the North Carolina Partnership for Children, Inc., and the local partnerships are required to match, contributions of cash are to be equal to at least 13% and in-kind donated resources are to be equal to no more than 6%, for a total match requirement of 19% for each year of the 2021-2023 fiscal biennium. This section provides details on in-kind contributions, volunteer services and expenses. Failure to obtain a 19% match by June 30 of each year of the 2021-2023 fiscal biennium results in a dollar-for-dollar reduction in the appropriation for the program for a subsequent fiscal year.

Section 9C.6.(e) of the act requires the North Carolina Partnership for Children, Inc., and all local partnerships to use a specified competitive bidding practices in contracting for goods and services depending on contract amounts.

Section 9C.6.(f) of the act prohibits the North Carolina Partnership for Children, Inc., from reducing the allocation for counties with less than 35,000 in population below the 2012-2013 funding level.

Section 9C.6.(g) of the act requires the Department of Health and Human Services to continue implementing the performance-based evaluation system.

Section 9C.6.(h) of S.L. 2021-180 prohibits the use of funds allocated for Early Childhood Education and Development Initiatives for the 2021-2023 fiscal biennium from being administered or distributed for capital expenditures or for advertising and promotional activities.

Notwithstanding Section 9C.6.(h) of the act, Section 9C.6.(i) of the act allows up to 1% of State funds to be used for fundraising activities, and requires the North Carolina Partnership for Children, Inc., to include in its annual report required under G.S. 143B-168.12(d) a report on the use of State funds for fundraising.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9C.7: Smart Start Literacy Initiative/Dolly Parton's Imagination Library . (SL 2021-180)

Section 9C.7.(a) of S.L. 2021-180 directs that a portion of the funds allocated to the North Carolina Partnership for Children, Inc., are to continue being used to increase access to Dolly Parton's Imagination Library. Section 9C.7.(b) of the act allows the North Carolina Partnership for Children, Inc. to use up to 1% of the funds for statewide program management and up to 1% of the funds for program evaluation. The funds allocated under this section are not subject to child care services funding requirements, child care subsidy expansion requirements, or match requirements.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9C.8: Flexibility in the Use of Additional Smart Start Funds/Exemption from Certain Requirements . (SL 2021-180)

Section 9C.8 of S.L. 2021-180 allows additional recurring funds allocated to the North Carolina Partnership for Children, Inc., for each year of the 2021-2023 fiscal biennium to be used for any of Smart Start's programs and clarifies that these funds are not subject to administrative cost requirements, child care services funding requirements, child care subsidy expansion requirements, or match requirements.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9C.9: Grants for Child Care Facilities and NC Pre-K Classrooms/ARPA Funds . (SL 2021-180)

Section 9C.9 of S.L. 2021-180 allocates \$20 million in nonrecurring funds to the Division of Child Development and Early Education, Department of Health and Human Services, to provide grants for child care facilities and NC Pre-K classrooms in response to the COVID-19 pandemic. The grants are one-time awards to assist with start-up costs associated with establishing a new NC Pre-K classroom or child care facility, quality improvements for existing NC Pre-K classrooms or child care facilities that increase the classroom or facility's capacity or upgrade its star rating, and capital improvements or renovations.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9D.1: Continue Medicaid Annual Report . (SL 2021-180)

Section 9D.1 of S.L. 2021-180 requires the Division of Health Benefits, Department of Health and Human Services, to continue publishing the Medicaid Annual Report by December 31 of each year.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9D.3: Volume Purchase Plans and Single Source Procurement. (SL 2021-180)

Section 9D.3 of S.L. 2021-180 allows the Division of Health Benefits, Department of Health and Human Services, to utilize volume purchase plans and single source procurement for certain contracts to improve cost containment.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9D.4: Duration of Medicaid and NC Health Choice Program Modifications. (SL 2021-180)

Section 9D.4 of S.L. 2021-180 clarifies that, consistent with the authority of the Department of Health and Human Services (DHHS) over the Medicaid and NC Health Choice programs under G.S. 108A-54(e), DHHS is only required to maintain any modifications to these programs required by the act through June 30, 2023.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9D.5: Administrative Hearings Funding . (SL 2021-180)

Section 9D.5 of S.L. 2021-180 requires the Division of Health Benefits, Department of Health and Human Services, to transfer funds to the Office of Administrative Hearings for mediation services and other contracted services related to the Medicaid appeals process.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9D.7: LME/MCO Intergovernmental Transfers . (SL 2021-180)

Section 9D.7 of S.L. 2021-180 requires each local management entity/managed care organization (LME/MCO) to transfer a specified amount through intergovernmental transfer to the Division of Health Benefits (DHB), Department of Health and Human Services. If any county other than Cabarrus County or Union County disengages from an LME/MCO and realigns with another LME/MCO during the 2021-2023 fiscal biennium, then DHB is authorized to reallocate the amount of intergovernmental transfer required by each LME/MCO in consideration of the change in catchment areas and covered populations.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9D.8A: Creation of the HCBS Fund . (SL 2021-180)

Section 9D.8A of S.L. 2021-180 creates the HCBS Fund and directs the Division of Health Benefits (DHB), Department of Health and Human Services, to deposit into the HCBS Fund the savings associated with federal receipts from the enhanced federal medical assistance percentage for home and community-based services (HCBS) available to the State under the American Rescue Plan Act. Funds deposited in the HCBS Fund must be used for:

- Additional slots to serve individuals through the Innovations waiver and the Community Alternatives Program for Disabled Adults (CAP/DA) waiver as required by Section 9D.11 and 9D.12 of the act.
- Medicaid rate increases to HCBS providers to be used for wage increases for direct care workers required by Section 9D.15A of the act.
- The increase to the Medicaid rate paid for private duty nursing services required by Section 9D.15B of the act.
- The costs of the changes to the State-County Special Assistance program required by Section 9A.3A of the act.
- The cost of Medicaid services provided to individuals participating in the Transitions to Community Living Initiative.
- Other projects to enhance, expand, or strengthen HCBS services that neither requires recurring funds nor would become part of the Medicaid annual rebase.

DHB is authorized to use the funds in the HCBS Fund during the 2021-2022 fiscal biennium but must ensure that at least \$97,600,000 remains in the HCBS Fund for use in the next biennium.

This section became effective July 1, 2021, and expires June 30, 2025.

S105 - 2021 Appropriations Act.

Sec. 9D.9: Waive Medicaid Provider Enrollment and Revalidation Fees. (SL 2021-180)

Section 9D.9 of S.L. 2021-180 waives the State fee of \$100 paid by providers applying for enrollment or revalidation as a Medicaid provider, effective November 18, 2021, through June 30, 2023. This section directs the use of State funds for administrative costs for provider enrollment and revalidation.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9D.10: Copayments for Medicaid Services. (SL 2021-180)

Section 9D.10 of S.L. 2021-180 increases the copayments paid by Medicaid beneficiaries for certain services to \$4.00 (from \$2.00 or \$3.00, depending on the service), beginning July 1, 2022.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9D.11: Expand Community Alternatives Program for Disabled Adults (CAP/DA) Waiver Slots . (SL 2021-180)

Section 9D.11 of S.L. 2021-180 adds a minimum of 114 slots to the Community Alternatives Program for Disabled Adults (CAP/DA) no later than June 30, 2022. Under Section 9D.8A of the act, funds in the HCBS Fund must be used for the cost of these slots.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9D.12: Expand North Carolina Innovations Waiver Slots . (SL 2021-180)

Section 9D.12 of S.L. 2021-180 adds 1,000 slots to the Innovations waiver over the 2021-2023 fiscal biennium. The majority of the slots are to be distributed among counties using the same method that has historically been used, but a smaller portion of the slots are to be distributed among counties on a per capita basis, if allowed by the Centers for Medicare and Medicaid Services. This section authorizes the Division of Health Benefits, Department of Health and Human Services, to pursue a new waiver or change the current Innovations waiver, including pursuing a tiered waiver system, to serve the maximum possible number of people on the State's registry of unmet needs in the future. Under Section 9D.8A of the act, funds in the HCBS Fund must be used for the cost of additional Innovation waiver slots.

This section became effective November 18, 2021.

S105 - 2021 Appropriations Act.

Sec. 9D.12A: Plan for Adequate Provider Supply for Services Provided Through the Innovations Waiver . (SL 2021-180)

Section 9D.12A of S.L. 2021-180 directs the Division of Health Benefits (DHB), Department of Health and Human Services, to begin to plan for future additions of Innovations waiver slots. By March 1, 2022, DHB is required to submit to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice a plan for adding a minimum of 1,000 waiver slots in the 2023-2025 fiscal biennium and to include recommendations for ensuring the supply of health care providers is adequate to support the needs of the additional individuals served under the Innovations waiver.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9D.13: Continue Medicaid Coverage for Pregnant Women for Twelve Months Postpartum . (SL 2021-180)

Section 9D.13 of S.L. 2021-180 provides pregnant women with full, instead of limited, Medicaid benefits and extends those benefits to 12 months postpartum instead of 60 days. As authorized under the American Rescue Plan Act, this increase in Medicaid coverage will begin April 1, 2022, and end March 31, 2027. Funding for the costs of this increase in coverage will be collected through an increase in the modernized hospital assessments, under Section 9D.13A of the act.

This section becomes effective April 1, 2022.

S105 - 2021 Appropriations Act.

Sec. 9D.13A: Modernized Hospital Assessments Additional Components and Technical Corrections . (SL 2021-180)

Section 9D.13A of S.L. 2021-180 adds two new components to the modernized hospital assessments enacted in S.L. 2021-61. The new components increase the amount of the assessments collected from hospitals in order to fund other changes to the Medicaid program required by the act, as follows:

- The postpartum coverage component assesses hospitals for costs associated with the increase in postpartum Medicaid coverage required by Section 9D.13 of the act. The postpartum component is effective during the five-year period that the postpartum coverage is authorized by Section 9D.13 of the act and the American Rescue Plan Act.
- The home and community-based services (HCBS) component assesses hospitals, beginning April 1, 2024, for ongoing costs associated with the HCBS projects that are described in Section 9D.8 of the act and that are to be funded through March 30, 2024, with nonrecurring funds from the HCBS Fund.

The other changes to the modernized hospital assessments made in this section are technical.

This section became effective January 1, 2022.

S105 - 2021 Appropriations Act.

Sec. 9D.14: Allow a Parent to Retain Medicaid Eligibility While a Child is Temporarily Served by the Foster Care System . (SL 2021-180)

Section 9D.14 of S.L. 2021-180 directs the Department of Health and Human Services to seek federal approval to allow a parent to retain Medicaid coverage while the parent's child is being served temporarily by the foster care system, so long as the parent is making reasonable efforts to comply with a court-ordered reunification plan. This retention of coverage will be effective upon federal approval, but if approval is not granted by June 30, 2023, then the section expires on that date. The remainder of this section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9D.15: Increase Rates to Intermediate Care Facilities for Direct Care Worker Wage Increases . (SL 2021-180)

Section 9D.15 of S.L. 2021-180 expresses the General Assembly's intent to assist in increasing the hourly wage paid to direct care workers to \$15.00. To that end, this section directs the Division of Health Benefits (DHB), Department of Health and Human Services, to increase the Medicaid rate paid to intermediate care facilities (ICFs), and each ICF receiving the rate increase must use at least 80% of the rate increase to increase the wages it pays to its direct care workers above the wage paid on October 1, 2021. The section also specifies the following:

- DHB will determine the amount of the Medicaid rate increase paid to ICFs.
- DHB will determine the applicable definition of direct care worker.
- DHB will set the documentation standards that are necessary to verify that ICFs use 80% of the rate increase for wage increases.
- DHB may recoup funds related to rate increase from any ICF that DHB determines did not use at least 80% of the rate increase for wage increases.
- Capitation rates paid to local management entities/managed care organizations will be increased to provide funding for the Medicaid rate increase to the ICFs.

This section became effective November 18, 2021, and the rate increase to ICFs is effective upon federal approval.

S105 - 2021 Appropriations Act.

Sec. 9D.15A: Increase Rates to HCBS Providers to Increase Direct Care Worker Wages. (SL 2021-180)

Section 9D.15A of S.L. 2021-180, as amended by Section 3.3 of S.L. 2022-6, expresses the General Assembly's intent to assist in increasing the hourly wage paid to direct care workers to \$15.00. To that end, this section directs the Division of Health Benefits (DHB), Department of Health and Human Services, to increase the rate paid to Medicaid providers of home and community-based services (HCBS) for the purposes of increasing direct care worker wages. The section also specifies the following:

- DHB will determine the amount of the Medicaid rate increase paid to HCBS providers.

- DHB will determine the applicable definition of direct care worker.
- DHB will determine the manner in which each HCBS provider is required to utilize the rate increase and to demonstrate compliance with those requirements.
- DHB must use federal receipts available under the American Rescue Plan Act for HCBS to the fullest extent possible.
- Under Section 9D.8A of the act, funds in the HCBS Fund must be used for the cost of the rate increase to HCBS providers.

S105 - 2021 Appropriations Act.

Sec. 9D.15B: Increase Private Duty Nursing Rates . (SL 2021-180)

Section 9D.15B of S.L. 2021-180 requires an increase in the Medicaid rate paid for private duty nursing to \$11.25 per 15-minute unit (\$45.00 per hour) effective January 1, 2022. Under Section 9D.8A of the act, funds in the HCBS Fund must be used for the cost of this rate increase.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9D.15C: Study Direct Care Workers Serving Individuals in the Innovations Waiver Program and Develop a Plan for Any Recommended Increase in Those Workers' Wages . (SL 2021-180)

Section 9D.15C of S.L. 2021-180 requires the Division of Health Benefits (DHB), Department of Health and Human Services, to report to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice by March 1, 2022, on the following:

- Statewide data on the number of licensed and non-licensed direct care workers by worker classification, as well as the weekly average number of hours worked and the average and range of wages.
- Identification of providers that employ direct care workers and the average length of the worker's employment with the provider.
- An assessment of whether the wages of direct care workers need to be increased. If DHB determines such a need exists, then the report should include a plan for the increase.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9D.16: Use of Medicaid Transformation Fund for Medicaid Transformation Needs . (SL 2021-180)

Section 9D.16 of S.L. 2021-180 authorizes the use of funds from the Medicaid Transformation Fund for (i) claims runoff, which refers to the payment of claims for services provided under the fee-for-service system to beneficiaries who have transitioned to managed care and (ii) for other qualifying needs relating to Medicaid transformation. Funds for qualifying needs may be transferred to the Division of Health Benefits (DHB), Department of Health and Human Services (DHHS), upon DHB's request and after verification by

the Office of State Budget and Management (OSBM) that the request is for a qualifying need and that the amount requested will not result in total requirements that exceed a specified amount. Qualifying needs are defined as the following:

- Program design.
- Beneficiary and provider experience.
- Information technology upgrades, operations, and maintenance.
- Data management tools.
- Program integrity.
- Quality review.
- Actuarial rate setting functions.
- Technical and operational integration.
- Behavioral health and intellectual/developmental disabilities (BH IDD) tailored plan health homes.
- Legal fees.
- Expenses related to the Healthy Opportunities Pilots.

Any federal funds received in any fiscal year by DHHS that represent a return of the State share already expended on a qualifying need related to the transfer of these funds must be deposited into the Medicaid Transformation Fund.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9D.17: Choice in Accreditation for LME/MCOs Operating BH IDD Tailored Plans . (SL 2021-180)

Section 9D.17 of S.L. 2021-180 prohibits the Division of Health Benefits, Department of Health and Human Services (DHHS), from requiring any local management entity/managed care organization (LME/MCO) to be accredited by any one specific accreditation organization during the first four years that LME/MCOs operate behavioral health and intellectual/developmental disabilities (BH IDD) tailored plan contracts. LME/MCOs that are awarded a BH IDD tailored plan contract must be accredited by an accreditation organization that is selected by the LME/MCO and approved by DHHS based on specified criteria.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9D.18: Evaluate Division of Health Benefits Needs in a Managed Care Environment . (SL 2021-180)

Section 9D.18 of S.L. 2021-180 requires the Division of Health Benefits, Department of Health and Human Services (DHHS), to evaluate changes in DHHS's administrative and staffing needs due to the transition of the Medicaid program to a managed care delivery system. An initial report is due to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice on March 1, 2022, that identifies plans and a timeline for making staffing and administrative changes related to the implementation of standard benefit plans. A final report is due March 1, 2024, that includes: updated plans and a timeline for staffing and administrative changes related to the implementation of standard benefit plans as well as tailored plans, and the status and an assessment of the staffing and administrative changes identified in the in initial report.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9D.19: Reimburse Durable Medical Equipment Prescribed by Podiatrists . (SL 2021-180)

Section 9D.19 of S.L. 2021-180 requires the Division of Health Benefits, Department of Health and Human Services, to update the relevant Medicaid clinical coverage policies to allow for coverage of orthotics, prosthetics, and other durable medical equipment when prescribed by a podiatrist.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9D.19A: Prepaid Health Plans Reimbursement of Prescription Drugs at Pharmacist's Cost . (SL 2021-180)

Section 9D.19A of S.L. 2021-180 requires Medicaid prepaid health plans to reimburse prescription drug ingredient costs and dispensing fees at the same rate paid under fee-for-service through June 30, 2023. This effectively extends a term in the existing PHP contracts for one additional year.

This section became effective November 18, 2021, and expires June 30, 2023.

S105 - 2021 Appropriations Act.

Sec. 9D.21: Charter Schools Medicaid Reimbursement . (SL 2021-180)

Section 9D.21 of S.L. 2021-180 allows charter schools to receive federal Medicaid reimbursement for covered services in the same manner as other local education agencies by clarifying in statute that, despite the nonprofit status of charter schools under G.S. 115C-218.15(b), a charter school that is approved by the State as a public school is deemed to be a local governmental entity that will provide the State share of any Medicaid reimbursement for the Medicaid-covered services they can provide.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9D.22: Require LME/MCOs to Pay for Behavioral Health Services Provided to Beneficiaries Awaiting Hospital Discharge . (SL 2021-180)

Section 9D.22 of S.L. 2021-180 directs the Division of Health Benefits, Department of Health and Human Services, to develop Medicaid coverage for specified services provided to certain Medicaid beneficiaries in an acute hospital setting. The services must be covered as outpatient services after the beneficiary has been in the care of the hospital for at least 30 hours if the beneficiary is awaiting discharge to a more appropriate setting for the treatment of behavioral health needs. The services to be covered by Medicaid are:

- Treatment of psychiatric and behavioral health conditions and physical health conditions.
- Crisis stabilization and support.
- Monitoring of medical status and medical clearance.
- Nursing services and support.
- Reasonable and appropriate efforts to maintain patient safety.
- Provision of community resource information and psychoeducation.
- Development of a safety plan.
- Coordination to establish a safe discharge or transfer plan.

The services must be covered only for beneficiaries receiving NC Medicaid Direct (i.e., in fee-for-service) or enrolled with a local management entity/managed care organization (LME/MCO) or a tailored plan. For beneficiaries enrolled with an LME/MCO or tailored plan, the LME/MCO will negotiate the payment rate for these services with individual hospitals, but if no agreement is reached, then the rate is the most prevalent semiprivate room rate at the applicable hospital.

The new coverage will be implemented July 1, 2022, subject to federal approval, and it is the intent of the General Assembly that there will be no increase in the capitation rates paid to LME/MCOs for the addition of this coverage.

This section became effective November 18, 2021.

S105 - 2021 Appropriations Act.

Sec. 9E.3: Access to Patient Data Under the Medical Care Data Act. (SL 2021-180)

Section 9E.3 of S.L. 2021-180 adds a new section to the Medical Care Data Act (Article 11A of Chapter 131E) pertaining to the duty of the Department of Health and Human Services (DHHS) to provide limited access to patient data. The new law requires data to be provided at no charge and in a manner and format of DHHS's choosing to any person or organization under contract with DHHS to provide medical care quality improvement services. The data provided must be the minimum necessary data components of compiled patient data as determined by DHHS and prepared for release or dissemination by a statewide data processor to the State Health Director pursuant to the law. The term, "medical care quality improvement services" for purposes of this section means evaluation of medical quality of healthcare performance.

A person or organization that receives patient data in accordance with this section is subject to the following requirements and limitations:

- Is prohibited from using the patient data for any purpose other than to fulfill its performance under the terms of the contract with DHHS.
- Must maintain confidentiality of the data.
- Must not retain the data beyond the term of its contract with DHHS.

This section became effective November 18, 2021, when the act became law.

S105 - 2021 Appropriations Act.

Sec. 9E.4: Modification of Certificate of Need Exemption for Legacy Medical Care Facilities . (SL 2021-180)

Section 9E.4 of S.L. 2021-180 amends the law (G.S. 131E-184(h)) to allow an individual seeking to operate a Legacy Medical Care Facility in a tier one or tier two area to request an additional extension of the deadline by which the facility must be operating from the Department of Health and Human Services. The request must be made prior to the expiration of the original 36-month extension and affirm a contract to begin operating the facility has been executed.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9E.4A: Temporary Certificate of Need Exemption . (SL 2021-180)

Section 9E.4A of S.L. 2021-180 requires the Department of Health and Human Services to exempt new acute care hospitals from Certificate of Need review provided the requestor explains why the hospital is required, and the hospital will be in a county meeting all of the following criteria: (i) the county has a population between 40,000 and 50,000 and a land area under 460 square miles; (ii) the county contains a portion of a city that is in more than one county; and (iii) the county is along the State's border with another state.

This section became effective December 18, 2021, and will expire December 31, 2024.

S105 - 2021 Appropriations Act.

Sec. 9E.6: Adult Care Home Accreditation Pilot Program. (SL 2021-180)

Section 9E.6 of S.L. 2021-180, as amended by Section 3.1 of S.L. 2021-189, allows the Cecil G. Sheps Center for Health Services Research (the Sheps Center) to oversee the administration of a two-year pilot program to be conducted by the Pilot Program Accrediting Body and the Sheps Center to evaluate the effectiveness of an accreditation process for adult care homes (ACHs). The Pilot Program Accrediting Body is defined as the Accreditation Commission for Healthcare, a nonprofit accreditation organization. In conducting the pilot, the Sheps Center must collaborate with the Department of Health and Human Services (DHHS), the Stakeholder Advisory Group, the NC Senior Living Association (NCSLA), the NC Assisted Living Association (NCALA), as well as the Pilot Program Accrediting Body. The Stakeholder Advisory Group must be appointed by DHHS, represent other interested parties not already involved in the pilot program, and be composed of at least one member representing Friends of Residents in Long Term Care, the North Carolina Ombudsman Association, AARP North Carolina, Disability Rights North Carolina, directors of county departments of social services, and DHHS. NCSLA and NCALA must develop a grant program that provides grant awards to up to 150 pilot adult care homes (ACHs) to cover the cost of 75 control group ACHs and 75 pilot ACHs. Criteria must be developed to select participants in the pilot and the criteria must ensure a diverse group of ACHs are selected.

Not later than 150 days after the section is effective, the Sheps Center, NCALA, and NCSLA must develop a standardized methodology for the collection of defined categories of information from program

participants and control group members. Using quality outcome measures, the Sheps Center must provide an interim report on or before April 30, 2023, and a final report on or before July 31, 2024, to the Joint Legislative Oversight Committee on Health and Human Services, DHHS, and the Stakeholder Advisory Group. The pilot program must terminate by August 1, 2024. No later than 90 days following submission of the final report, the Sheps Center must (i) conduct an evaluation of the effectiveness of the pilot program for a licensure accreditation process for adult care homes that could inform future changes to the licensure process and requirements and (ii) submit the evaluation to the Joint Legislative Oversight Committee on Health and Human Services and DHHS.

Of the funds appropriated to DHHS, \$1.5 million must be allocated to NCALA and NCSLA to jointly administer the grant program and \$1.5 million must be transferred to the Board of Governors of The University of North Carolina System to be allocated to the University of North Carolina at Chapel Hill for the Program on Aging, Disability, and Long-Term Care within the Sheps Center to operate the pilot program.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9E.7: Adult Care Home Infection Prevention Requirements. (SL 2021-180)

Section 9E.7 of S.L. 2021-180, as amended by Section 3.2(a) of S.L. 2021-189, amends the law (G.S. 131D-4.4A) providing adult care home infection prevention requirements. The definition of “adult care home staff” is amended to mean any employee of an adult care home, whether or not they are involved in direct resident care.

To prevent transmission of infectious diseases, each adult care home is required to do the following:

- Implement written infection prevention and control policies and procedures based on accepted national standards consistent with the federal Centers for Disease Control and Prevention guidelines on infection control. These policies and procedures must be maintained in the facility and accessible to adult care home staff. A list of detailed items that must be addressed in the policies and procedures is provided
- Require and monitor compliance with the facility's infection prevention and control policies and procedures.
- Update the infection prevention and control policies and procedures to maintain consistency with accepted national standards.
- Designate one on-site staff member for each noncontiguous facility who is knowledgeable about the federal Centers for Disease Control and Prevention guidelines on infection control to direct the facility's infection control activities and ensure that all adult care home staff is trained in the facility's written infection prevention and control policies and procedures. Any nonsupervisory staff member designated to direct the facility's infection control activities must complete the infection control course developed by the Department of Health and Human Services (DHHS) (G.S. 131D-4.5C).
- When a communicable disease outbreak has been identified at a facility or there is an emerging infectious disease threat, the facility must ensure implementation of the facility's infection control and prevention policies and procedures, or specific guidance or directives if issued by DHHS or the local health department.

This section became effective January 1, 2022.

S105 - 2021 Appropriations Act.

Sec. 9F.1: Use of Opioid Settlement Funds . (SL 2021-180)

Section 9F.1.(a) of S.L. 2021-180 establishes the Opioid Abatement Reserve (Reserve) in the General Fund to maintain funds received by the State as a beneficiary of the final consent judgment resolving the case, State of North Carolina, ex rel. Joshua H. Stein, Plaintiff v. McKinsey and Company, Inc., and any other funds received by the State resulting from a settlement related to claims regarding opioids. Section 9F.1.(a) of S.L. 2021-180 directs funds in the Reserve must (i) cover the costs incurred by the State in investigating and pursuing these claims and (ii) abate and remediate the harms caused to North Carolina and its citizens by the opioid epidemic. This section also establishes the Opioid Abatement Fund (Fund) within the Department of Health and Human Services consisting of all interest and investment earnings received on monies in the Fund. It directs the transfer of \$15,735,496 for the 2021-2022 fiscal year and \$812,250 for the 2022-2023 fiscal year from the Reserve to the Fund.

Section 9F.1.(b) of S.L. 2021-180 directs how the funds in Section 9F.1.(a) must be used to respond the negative impacts of the opioid epidemic within the State as follows:

- To expand employment and transportation supports through innovative pilot programs in industries in the State that suffered the greatest job losses during the COVID-19 pandemic and are most relied upon by individuals recovering from opioid use disorders to reenter the workforce, such as the food service industry, the hotel and lodging industry, and the entertainment industry.
- To support individuals with opioid use disorder who are involved in the criminal justice system through programs and initiatives designed to establish or expand the following: existing prearrest and postarrest diversion programs, medication-assisted treatment programs, and reentry programs to connect individuals exiting incarceration with harm reduction, treatment, and recovery supports.
- To expand evidence-based treatment supports and to improve connections to care, especially for individuals hospitalized for overdose who are uninsured or underinsured, through evidence-based addiction treatment, expanded access to cost-effective, low-cost, or no-cost medication-assisted treatment in community-based settings, and expanded care management services.
- To develop evidence-based supportive housing services, such as Housing First, that are inclusive of individuals with substance use disorders. Funding may be provided for the following: (i) a move-in deposit, rental, or utility assistance; (ii) community training sessions on tenancy rights and responsibilities; (iii) establishing relationships with landlords; (iv) providing other housing-related supports such as tents, sleeping bags, or other supplies for outdoor living; and (v) funding or otherwise supporting recovery supported housing that accepts individuals who are utilizing any medication approved for the treatment of opioid use disorder.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9F.2: Contract to Implement Electronic Health Records at State Psychiatric Hospitals . (SL 2021-180)

Section 9F.2 of S.L. 2021-180 requires the Department of Health and Human Services in coordination with Department of Information Technology, to execute a contract within 6 months of the effective date of the section that provides:

- Within 18 months of contract execution, full implementation of standard, uniform platform for electronic health records that most closely resembles the electronic health records platform utilized by The University of North Carolina System within each of the State psychiatric hospitals.
- Training of the State's psychiatric hospitals' staff on the use of the electronic health records system.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9F.3: Single-Stream Funding for the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services Community Services . (SL 2021-180)

Section 9F.3 of S.L. 2021-180 requires local management entities/managed care organizations (LME/MCOs) to fund, in total, during each year of the 2021-2023 fiscal biennium, at least 90% of the level of single-stream services provided across the State during the 2014-2015 fiscal year. LME/MCOs cannot reduce funding for home and community-based services or services that support the 2012 settlement with the U.S. Department of Justice.

This section also requires the Division of Health Benefits, Department of Health and Human Services (DHHS), to transfer certain funds to the LME/MCOs, if the Office of State Budget and Management certifies a Medicaid and NC Health Choice annual budget surplus in any of the following fiscal years: 2020-2021, 2021-2022, and 2022-2023. The amount to be transferred in each fiscal year is the amount of the certified surplus or \$30 million, whichever is less.

This section became effective July 1, 2021, and the language pertaining to the 2020-2021 fiscal year became retroactively effective June 30, 2021.

S105 - 2021 Appropriations Act.

Sec. 9F.3A: Addiction Treatment Funds. (SL 2021-180)

Section 9F.3A of S.L. 2021-180 provides \$500,000 in nonrecurring funds for the 2021-2022 fiscal year to Partners Health Management, local management entity/ managed care organization (LME/MCO), to address the needs of individuals in Surry County that have a substance use disorder or are otherwise struggling with addiction.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9F.3B: Substance Use Disorder Prevention, Treatment, and Recovery Funds. (SL 2021-180)

Section 9F.3B of S.L. 2021-180, as added by Section 3.2 of S.L. 2022-6, provides that of the funds appropriated to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, Department of Health and Human Services, the sum of \$5 million in nonrecurring funds for the 2021-22 fiscal year and \$5 million in nonrecurring funds for the 2022-23 fiscal year must be allocated as a directed grant to Hope Alive, Inc. a nonprofit corporation, and the Robeson Rural Communities Opioid Response

Program (RCORP) consortium to use for the prevention of, treatment of, and recovery from substance use disorder.

In addition to the reporting requirements in this act and statutory requirements (G.S. 143C-6-23), the Division must include the following information in the two reports required by Section 9B.1 of the act:

- Specific, detailed information on how the grant funds were expended.
- The program or services developed as a result of the grant funds.
- The number of individuals served by the programs or services developed as a result of the grant funds.
- An analysis of the efficacy of the programs of services developed as a result of the grand funds.
- A plan for how these programs of services will continue beyond the 2021-2023 fiscal biennium.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9F.4: Local Inpatient Psychiatric Beds or Bed Days . (SL 2021-180)

Section 9F.4(a) of S.L. 2021-180 states that funds appropriated to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), Department of Health and Human Services (DHHS), must continue to be used for the purchase of local inpatient psychiatric beds or bed days. This section instructs DHHS to continue implementing a two-tiered system of payment for purchasing these local inpatient psychiatric beds or bed days based on acuity level, with an enhanced rate of payment for inpatient psychiatric beds or bed days for individuals with higher acuity levels.

Section 9F.4.(b) of the act directs DHHS to work to ensure that any local inpatient psychiatric beds or bed days purchased in accordance with this section are utilized solely for individuals who are medically indigent, except that DHHS can use up to 10% of the funds for the purchase of local inpatient psychiatric beds or bed days to pay for facility-based crisis services and nonhospital detoxification services for individuals in need of these services, regardless of whether the individuals are medically indigent.

Section 9F.4.(b) of the act requires DHHS to work to ensure that local inpatient psychiatric beds or bed days purchased are distributed across the State and according to need, and that beds or bed days for individuals with higher acuity levels are distributed across the State and according to greatest need based on hospital bed utilization data. This section directs DHHS to enter into contracts awarded equitably around all regions of the State with (local management entity/ managed care organization (LME/MCOs) and local hospitals for the management of these beds or bed days. The LME/MCOs are to manage and control these local inpatient psychiatric beds or bed days.

Section 9F.4.(c) of the act directs that funding appropriated to DHHS for the purchase of local inpatient psychiatric beds or bed days must not be allocated to LME/MCOs but held in a statewide reserve at DMH/DD/SAS to pay for services authorized by the LME/MCOs and billed by the hospitals through the LME/MCOs. Under this section, LME/MCOs are to remit claims for payment to DHHS within 15 working days after receipt of a clean claim from the hospital and pay the hospital within 30 working days after receipt of payment from DHHS.

Section 9F.4.(d) of the act permits DHHS to contract with another LME/MCO to manage the beds or bed days upon a determination by DHHS that an LME/MCO is not effectively managing the beds or bed days or has failed to comply with the payment provisions of this section.

Section 9F.4.(e) of the act requires LME/MCOs to report to DHHS on the utilization of beds or bed days.

Section 9F.4.(f) of the act requires DHHS to report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division by no later than December 1, 2022, and by no later than December 1, 2023, on the following:

- A uniform system for beds or bed days purchased during the preceding fiscal year.
- An explanation of the process to ensure that, except as otherwise noted, local inpatient psychiatric beds or bed days purchased are utilized solely for medically indigent individuals and the number of medically indigent individuals served.
- The amount of funds used to pay for facility-based crisis services, the number of individuals who received these services, and the outcomes for each individual.
- The amount of funds used to pay for nonhospital detoxification services, along with the number of individuals who received these services, and the outcomes for each individual.
- Other DHHS initiatives funded by State appropriations to reduce State psychiatric hospital use.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9F.5: Funds for Overdose Medications. (SL 2021-180)

Section 9F.5 of S.L. 2021-180 provides \$100,000 in recurring funds for each fiscal year of the 2021-2023 fiscal biennium to purchase opioid antagonists to reverse opioid-related drug overdoses. This section allocates \$75,000 to purchase opioid antagonists to be distributed at no charge to the North Carolina Harm Reduction Coalition and \$25,000 to purchase opioid antagonists to be distributed at no charge to North Carolina law enforcement agencies.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9F.6: Youth Tobacco Enforcement Funding. (SL 2021-180)

Section 9F.6 of S.L. 2021-180 directs the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, Department of Health and Human Services, to transfer \$300,000 in recurring funds to the Alcohol Law Enforcement Division of the Department of Public Safety for each year of the 2021-2023 fiscal biennium to be used for compliance checks to enforce the State's youth tobacco access law.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9F.7: Resume Funding for the Adult and Pediatric Traumatic Brain Injury Pilot Program. (SL 2021-180)

Section 9F.7 of S.L. 2021-180 directs the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), Department of Health and Human Services (DHHS), to resume the adult and pediatric traumatic brain injury pilot program (TBI pilot program). This section allocates \$600,000 in nonrecurring funds to pay for unfunded costs accrued during the 2019-2021 biennium and provides an additional \$600,000 in nonrecurring funds to DMH/DD/SAS for the continuation of the TBI pilot program through the 2022-2023 fiscal year.

DMH/DD/SAS must report by April 1, 2022, to the Joint Legislative Oversight Committee on Health and Human Services on: (i) the number and outcome of patients served at each program site, (ii) expenditures by type of service at each program site, (iii) estimates of expansion costs, (iv) any potential savings in State funds associated with expansion, and (v) a timeline and plan for expansion if expansion of the TBI pilot program is recommended.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9F.7A: Increase Funding for Traumatic Brain Injury Services . (SL 2021-180)

Section 9F.7A of S.L. 2021-180 allocates \$3,973,086 in recurring funds for each year of the 2021-2023 fiscal biennium to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), Department of Health and Human Services (DHHS), for traumatic brain injury (TBI) services. The funds must be used in each year of the 2021-2023 fiscal biennium as follows: (i) \$559,218 in recurring funds for DMH/DD/SAS to contract with service providers that assist families with access to care and educational programs and (ii) \$3,413,868 in recurring funds for the provision of services and supports established by DMH/DD/SAS for individuals with TBI.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9F.8: Funds for Student Athlete Concussion and Traumatic Brain Injury Prevention and Care. (SL 2021-180)

Section 9F.8 of S.L. 2021-180 allocates \$100,000 in nonrecurring funds for each year of the 2021-2023 fiscal biennium to Mt. Olive Family Medicine Center, Inc. for support of its Concussion Clinic and to provide concussion education, testing, assessment, and care to schools and adolescent athletes in eastern North Carolina.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9F.9: Use of Dorothea Dix Hospital Property Funds for New Licensed Inpatient Behavioral Health Beds. (SL 2021-180)

Section 9F.9 of S.L. 2021-180, as amended by Section 3.4 of S.L. 2022-6, provides \$4,261,444 in nonrecurring funds from the Dorothea Dix Hospital Property Fund to the Division on Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), Department of Health and Human Services, for the 2021-2022 fiscal year for any renovation or building costs related to the construction of new licensed inpatient behavioral health beds, the conversion of existing inpatient acute care beds into licensed inpatient behavioral health beds, or a combination of these options. The nonrecurring funds must be allocated as follows:

- \$1,420,481 for new licensed inpatient behavioral health beds at Good Hope Hospital in Harnett County.
- \$1,420,481 to create a new behavioral health unit by Harnett Health System, Inc., a nonprofit corporation, in which a minimum of 12 of the beds must be reserved for children under the age of 18.
- \$1,420,482 for new licensed inpatient behavioral health beds by Johnston Health Enterprises, Inc., in Johnston County.

Each facility that receives funds as allocated above is exempt from certificate of need review for the establishment or expansion of behavioral health services at the facility where the constructed or converted beds will be brought into operation. The establishment or expansion of behavioral health services remain subject to existing licensure requirements.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9F.10: Dorothea Dix Hospital Property Funds Remain Available for Projects. (SL 2021-180)

Section 9F.10 of S.L. 2021-180 requires Dorothea Dix Hospital Property funds which are not expended or encumbered as of June 30, 2022, to remain in the Dorothea Dix Hospital Property Fund.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9F.11: Behavioral Health Urgent Care Pilot Program. (SL 2021-180)

Section 9F.11 of S.L. 2021-180 provides funding for a two-year behavioral health urgent care pilot program at the Dix Crisis Intervention Center (the Dix Crisis Center) in Onslow County. The purpose of the pilot program is to serve individuals experiencing a mental health crisis episode anticipated to require a stay of up to 23 hours. The pilot must ensure continuity of care for individuals who ultimately require a longer stay.

Trillium Health Resources (Trillium) must develop and obtain approval of a Medicaid service definition to ensure Medicaid coverage for these behavioral health urgent care services. The new services will be covered by standard benefit plans under Medicaid managed care, effective upon the approval of the service definition. Trillium and the Dix Crisis Center must act in good faith to continue their contractual relationship, and the Dix Crisis Center must make good faith efforts to contract with commercial insurers, Tri-Care, and any other health benefit plan to the extent the plan covers behavioral health urgent care services.

By August 1, 2023, the Dix Crisis Center must report to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), Department of Health and Human Services, on the services provided under the pilot, including information regarding utilization, outcomes, and expenditures. By October 1, 2023, DMH/DD/SAS must report to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Medicaid and NC Health Choice, and the Fiscal Research Division, on the pilot, including the information received in the report from the Dix Crisis Center.

Except with regard to standard benefit plan coverage, as specified above, this section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9F.12: Supplemental Short-Term Assistance for Group Homes . (SL 2021-180)

Section 9F.12 of S.L. 2021-180 provides short-term State funding for group home residents who were eligible for Medicaid personal care services prior to January 1, 2013, who lost their eligibility for the services after that date, and who have continuously resided in a group home since December 31, 2012. The funding provides a monthly payment of \$464 per resident, which the group home must use to provide necessary supervision and medication management for the resident. This short-term funding was originally established in the 2013 budget bill, and this section authorizes funding to continue through June 30, 2022.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9F.13: Temporary Additional Funding Assistance for Intermediate Care Facilities for Individuals with Intellectual Disabilities . (SL 2021-180)

Section 9F.13 of S.L. 2021-180 appropriates funds from the State Fiscal Recovery Fund to be used for a one-time payment to each local management entity/managed care organization for the purpose of providing temporary additional COVID-related funding assistance for intermediate care facilities for individuals with intellectual disabilities (ICF/IID) services on a per diem basis.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9F.14: Group Home Stabilization and Transition Initiative . (SL 2021-180)

Section 9F.14 of S.L. 2021-180 provides \$10 million in recurring funds to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, Department of Health and Human Services (DHHS), and includes a directive to develop and implement a more sustainable model for the provision of services by group homes that serve individuals with intellectual or developmental disabilities (IDD) or with mental illness who are not on the Innovations waiver. The new model must be implemented by July 1, 2022, in accordance with the following:

- DHHS must use the \$10 million to (i) incentivize local management entities/managed care organizations (LME/MCOs) to develop and implement new "in lieu of" services or other Medicaid services to meet the residential support needs of Medicaid recipients in group homes, (ii) establish new rate models and methodologies to replace current State-funded rates for residents of group homes that allow vacant beds to be filled by eligible individuals, (iii) increase capitation rates to LME/MCOs, to be allocated to group homes for individuals with IDD in per-person amounts, and (iv) continue the existing rate structure to offset the loss of bridge funds and maintain the current financial condition of group homes.
- In cooperation with stakeholders and local management entities/managed care organizations (LME/MCOs), DHHS must develop rate models and methodologies for the new Medicaid services that are (i) needs-based, (ii) actuarially sound, (iii) comparable to the rates for similar services provided under the Innovations waiver, and (iv) include wage and hour increases for direct support personnel working in group homes.
- DHHS must develop new model service definitions to meet the residential support needs of Medicaid recipients with mental health needs. The service definitions must require the delivery of new habilitation or rehabilitation support services.
- Group home residents who do not qualify to receive the new Medicaid services must continue to be served using State funds at a needs-based rate comparable to the Innovations waiver rate and must not be displaced.
- DHHS must plan to direct LME/MCOs to implement the new Medicaid services.
- By March 1, 2022, DHHS must report to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Medicaid and NC Health Choice on this new model.
- Any savings in the State funding that has been historically used to support group homes must be used to pay for the new funding model, including the new Medicaid services and increased rates to support and equalize wages of the direct support personnel.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9F.15: Support County Crisis Behavioral Health Program Joint Partnerships . (SL 2021-180)

Section 9F.15 of S.L. 2021-180 provides funds from the State Fiscal Recovery Fund to Forsyth and Mecklenburg counties for the 2021-2022 fiscal year to support each county's crisis behavioral health program partnerships with local hospitals, behavioral health crisis centers, emergency services providers, and local management entities/managed care organizations (LME/MCOs).

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9F.19: Exempt Certain Employees of the Division of State Operated Healthcare Facilities from Most Provisions of the NC Human Resources Act. (SL 2021-180)

Section 9F.19 of S.L. 2021-180 amends the statute (G.S. 126-5(c1)) outlining employees that are exempt from certain provisions of the State Human Resources Act. This section provides that the following employees of the Division of State Operated Healthcare Facilities, Department of Health and Human Services (DHHS), are exempt from the provisions contained in the State Human Resources Act, except Articles 6 and 7, if they are (i) healthcare professionals licensed under Chapter 90 or Chapter 90B, or (ii) engineers responsible for maintenance or building operations at one of the health care facilities operated by the DHHS Secretary.

This act became law November 18, 2021, and this section became effective 30 days after it became law.

S105 - 2021 Appropriations Act.

Sec. 9G.1: Local Health Departments/Competitive Grant Process to Improve Maternal and Child Health . (SL 2021-180)

Section 9G.1 of S.L. 2021-180 directs the Division of Public Health (DPH), Department of Health and Human Services (DHHS), to use funds to continue administering a competitive grant process for local health departments based on maternal and infant health indicators and the county's detailed proposal to invest in evidence-based programs to achieve the following goals: (i) improving the State's birth outcomes; (ii) improving the overall health status of children age five and younger; and (iii) lowering the State's infant mortality rate. The grant process must include (i) a request for application process to allow local health departments to apply for and receive the grants on a competitive basis, (ii) a prioritization of applications that are able to leverage non-State funds, (iii) a provision that grant funds do not supplant other existing sources of funds, and (iv) a provision allowing the grants to be awarded every two years.

The Secretary of DHHS must submit a report to the Joint Legislative Oversight Committee on Health and Human Services on the identity of each grantee, the amount awarded to each grantee, and the number of individuals served by each grantee.

No later than February 1 of each year, the grantees must provide DPH with a written report about all the activities funded by State appropriations.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9G.3: Report on Premium Assistance Program within AIDS Drug Assistance Program . (SL 2021-180)

Section 9G.3 of S.L. 2021-180 requires the Division of Public Health to notify the Joint Legislative Oversight Committee on Health and Human Services when it determines that it will no longer be feasible

to administer the health insurance premium assistance program implemented within the North Carolina AIDS Drug Assistance Program on a cost-neutral basis. The notification must include a proposed course of action.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9G.4: Carolina Pregnancy Care Fellowship Funds/Grants for Services. (SL 2021-180)

Section 9G.4 of S.L. 2021-180 provides \$500,000 in recurring funds and \$1,203,437 in nonrecurring funds for the 2021-2022 fiscal year and \$500,000 in recurring funds and \$2,479,904 in nonrecurring funds for the 2022-2023 fiscal year to the Division of Public Health, Department of Health and Human Services, for Carolina Pregnancy Care Fellowship (CPCF) be allocated to provide grants for services to pregnancy centers located in this State that apply to the CPCF. Only 10% of the funds can be used for administrative purposes, and CPCF must contact all pregnancy centers that are part of its network and advise them of the availability of the grants. CPCF must report to the Joint Legislative Oversight Committee on Health and Human Services, by July 1 of each year of the 2021-23 fiscal biennium with a list of the grantees and the amounts awarded.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9G.4A: Carolina Pregnancy Care Fellowship Funds/Grants for Durable Medical Equipment and Training . (SL 2021-180)

Section 9G.4A of S.L. 2021-180 provides \$750,000 in nonrecurring funds for the 2021-2022 fiscal year and \$750,000 in nonrecurring funds for the 2022-2023 fiscal year to the Division of Public Health, Department of Health and Human Services, for Carolina Pregnancy Care Fellowship (CPCF) to be allocated to provide grants to pregnancy centers located in this State to purchase and pay for training on the use of durable medical equipment. Only 10% of the funds can be used for administrative purposes, and CPCF must contact all pregnancy centers that are part of its network and advise them of the availability of the grants. CPCF must report to the Joint Legislative Oversight Committee on Health and Human Services, by July 1 of each year of the 2021-23 fiscal biennium with a list of the grantees and the amounts awarded.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9G.5: Mountain Area Pregnancy Centers. (SL 2021-180)

Section 9G.5 of S.L. 2021-180 clarifies that, of the funds appropriated to the Division of Public Health, Department of Health and Human Services, for Mountain Area Pregnancy Services, only 15% of the funds can be used for administrative purposes. The remainder of the funds must be used for direct services.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

**Sec. 9G.6: Expansion of the Continuum of Care Pilot Program into a Statewide Program.
(SL 2021-180)**

Section 9G.6 of S.L. 2021-180 provides \$3.2 million in nonrecurring funds in each year of the 2021-2023 fiscal biennium to be allocated to the Human Coalition to expand the continuum of care pilot program established by Section 11E-13(b) of S.L. 2017-57 into a statewide program. The program is designed to: (i) encourage healthy childbirth, (ii) support childbirth as an alternative to abortion, (iii) promote family formation, (iv) assist in establishing successful parenting techniques, and (v) increase the economic self-sufficiency of families. The program must include: (i) outreach to at-risk populations, (ii) the use of licensed nurses to assess pregnancy needs and provide accurate pregnancy-related information, and (iii) use of licensed social workers to develop appropriate care plans and make necessary referrals. Only 10% of the allocated funds can be used for administrative purposes. Beginning December 1, 2021, and every six months thereafter, the Human Coalition must report to the Department of Health and Human Services (DHHS) on the expenditures of the programs and the individuals served. By April 1, 2023, DHHS must report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on the status of the program.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9G.6A: Timely Updates to Newborn Screening Program. (SL 2021-180)

Section 9G.6A of S.L. 2021-180 makes changes to the newborn screening program to require that each condition listed on the federal Recommended Uniform Screening Panel (RUSP) is included in the Newborn Screening Program within three years after being added to the RUSP. The Department of Health and Human Services (DHHS) is required to provide a report to the Joint Legislative Oversight Committee on Health and Human Services 18 months after a condition is added to the RUSP. When a delay adding a condition exceeds three years, DHHS must provide a report on the status and reasons for the delay to the Joint Legislative Oversight Committee on Health and Human Services every six months following the three-year delay.

This section became effective January 1, 2022.

S105 - 2021 Appropriations Act.

**Sec. 9G.8: Lead and Asbestos Remediation in Public School Units and Child Care Facilities
. (SL 2021-180)**

Section 9G.8.(a) of S.L. 2021-180 provides \$150 million in nonrecurring funds for the 2021-2022 fiscal year for lead and asbestos remediation and abatement programs to benefit public school units and childcare facilities. This section allocates \$32,812,500 in nonrecurring funds to fund a program for the testing and remediation of lead levels in drinking water at public school units and child care facilities. It also allocates \$117,187,500 in nonrecurring funds to fund a program for lead paint abatement and asbestos abatement in public school units and child care facilities.

Section 9G.8.(b) of the act declares the Division of Public Health (DPH), Department of Health and Human Services (DHHS), as the lead agency responsible for administering the programs authorized by this section. DPH is directed to collaborate with the Department of Public Instruction (DPI) and its Division of Child Development and Early Education while serving in this capacity.

Section 9G.8.(c) of the act requires DPH and DPI to report to the Joint Legislative Oversight Committee on Health and Human Services, the Joint Legislative Education Oversight Committee, and the Fiscal Research Division on specified lead and asbestos remediation and abatement activities authorized by this section, broken down by county. The report is due within six months after all funds appropriated for the purposes of this section have been expended.

Section 9G.8.(d) of the act specifies that funds allocated under this section must remain available until depleted or on the date federal law requires the funds to be fully expended, whichever is earlier.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9G.10: Use of Juul Settlement Funds . (SL 2021-180)

Section 9G.10.(a) of S.L. 2021-180 creates the Youth Electronic Nicotine Dependence Abatement Fund (Fund) within the Division of Public Health (DPH), Department of Health and Human Services (DHHS), as a nonreverting special fund. The Fund consists of monies received by the State as a beneficiary of the final consent judgment resolving the case, State of North Carolina, ex rel. Joshua H. Stein, Attorney General v. Juul Labs, Inc. (JLI Case), and all interest and investment earnings received on monies in the Fund.

Section 9G.10.(b) of the act appropriates from the Fund to DPH \$13 million in nonrecurring funds for the 2021-2022 fiscal year to be used and allocated as follows:

- \$2 million to the Department of Justice to cover the costs of litigation.
- \$4.4 million for tobacco cessation media campaigns, resources, and programs to help both youth and young adults who have become addicted to nicotine using e-cigarettes and other tobacco/nicotine products quit.
- \$3.3 million for evidence-based media and education campaigns to prevent the initiation of tobacco use.
- \$1.1 million for data monitoring to track tobacco/nicotine use and exposure among youth and young adults and populations at risk and for independent evaluation of the reach and effectiveness of the State's tobacco prevention and cessation programs.
- \$2.2 million for staff, projects, and systems to educate partners and stakeholders about evidence-based policy, systems, and environmental change to help youth quit tobacco/nicotine products and prevent initiation of tobacco/nicotine products; and to track compliance with the conduct provisions set forth in Part III of the final consent judgment resolving the JLI Case.

Section 9G.10.(c) of the act directs DHHS to report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on the expenditures made from the Fund during the preceding fiscal year annually on September 1.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9G.11: Funds to Expand Local Communicable Disease Programs to Address the Impacts of the COVID-19 Public Health Emergency. (SL 2021-180)

Section 9G.11 of S.L. 2021-180 provides that of the funds appropriated from the State Fiscal Recovery Fund to the Division of Public Health (DPH), Department of Health and Human Services (DHHS), \$36 million in nonrecurring funds for the 2021-2022 fiscal year must be allocated to local health departments to expand communicable disease surveillance, detection, control, and prevention activities to address the COVID-19 public health emergency and other communicable disease challenges impacted by the COVID-19 public health emergency.

DPH must expend up to \$18 million of the allocated funds during the 2021-2022 fiscal year and any remaining funds during the 2022-2023 fiscal year.

- In the distribution of these funds to local health departments, for each year of the 2021-2023 fiscal biennium, DPH must divide \$9 million equally among the local health departments based on the number of counties served by each local health department.
- DPH must distribute the remaining \$9 million to local health departments based upon the percentage of the State population served by each of the local health departments.
- DPH is required to begin distributing the funds no later than 60 days after the act becomes law.
- In utilizing these funds, local health departments must comply with applicable federal rules and guidance governing the State Fiscal Recovery Fund.

By February 1, 2022, DPH must report to the Joint Legislative Oversight Committee on Health and Human Services on the funding appropriated by this section and the report must include the following elements:

- The amount of funding that each county received for surveillance, detection, control, and prevention of communicable diseases.
- An explanation if the sum of the funding received by all counties under this section is not equivalent to the total funds appropriated each year.
- Information on how the local health departments plan to use and subsequently did use these funds to address surveillance, detection, control, and prevention of communicable diseases.
- Consistent with the supplement and not supplant intent of this section, the report must delineate funds other than those distributed in accordance with this section that were received by each county to address surveillance, detection, control, and prevention of communicable diseases.
- Additional information as can be requested by the Joint Legislative Oversight Committee on Health and Human Services.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9G.13: Reservation of CDC Cooperative Agreement for Emergency Response/Public Health Crisis Response/COVID-19 Public Health Workforce Supplemental Funding

Received Pursuant to the American Rescue Plan Act for School-Based Health Services Personnel. (SL 2021-180)

Section 9G.13 of S.L. 2021-180 provides that of the funds appropriated to the Division of Public Health, Department of Health and Human Services, from the Centers for Disease Control and Prevention Cooperative Agreement for Emergency Response: Public Health Crisis Response, COVID-19 Public Health Workforce Supplemental Funding received pursuant to ARPA, at least 25% of the funds must be reserved in accordance with federal guidance to provide funding for school-based health services personnel in response to the COVID-19 pandemic.

For purposes of the section, school-based health services personnel include school nurses, school psychologists, school counselors, and school social workers. These funds must be used to supplement and not supplant other State, local, or federal funds appropriated or allocated for this purpose.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9I.1: Temporary Financial Assistance for Facilities Licensed to Accept State-County Special Assistance. (SL 2021-180)

Section 9I.1 of S.L. 2021-180 provides \$48 million in nonrecurring funds for the 2021-2022 fiscal year from the State Fiscal Recovery Fund to the Division of Social Services, Department of Health and Human Services, to be allocated for facilities licensed to accept State-County Special Assistance. The Division of Social Services must expend up to \$24 million of these allocated funds during the 2021-2022 fiscal year, and any remaining funds during the 2022-2023 fiscal year, to provide temporary financial assistance in the form of a monthly payment to facilities to offset the increased costs of serving residents who are recipients of State-County Special Assistance during the public health emergency.

Between July 1, 2021, and the depletion of funds or the date federal law requires funds to be expended, whichever is earlier, the monthly payment authorized is \$125 per month for each facility resident who is a recipient of State-County Special Assistance. Monthly payments must not be made for residents whose eligibility determination is pending.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9I.3: Intensive Family Preservation Services Funding, Performance Enhancements, and Report . (SL 2021-180)

Section 9I.3 of S.L. 2021-180 notwithstanding the law (G.S. 143B-150.6), requires the Intensive Family Preservation Services (IFPS) Program to provide intensive services to children and families in cases of abuse, neglect, and dependency. The program must use standardized assessment criteria for determining imminent risk. The Department of Health and Human Services (DHHS) must require any entity that receives funding for the purpose of the IFPS to provide data that allows all of the following: (i) at least six months of follow-up services; (ii) detailed information on the interventions that were used; (iii) cost-benefit data; (iv) data on long-term benefits; (v) the number of families remaining intact after IFPS intervention, and (vi) the number and percentage by race of children who received services as compared to the general

population. Entities that do not share this data will not receive funding. DHHS must report annually on December 1 to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on the data provided.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9I.4: Child Caring Institutions. (SL 2021-180)

Section 9I.4 of S.L. 2021-180 provides that until the Social Services Commission adopts rules setting standardized rates for child caring institutions as authorized by G.S. 143B-153(8), the maximum reimbursement must not exceed the rate established for the specific child caring institution by the Office of the Controller, Department of Health and Human Services.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9I.5: Use of Foster Care Budget for Guardianship Assistance Program . (SL 2021-180)

Section 9I.5 of S.L. 2021-180 provides that the Division of Social Services, Department of Health and Human Services (DHHS), can continue providing, of the funds available for foster care services, for the financial support of children deemed to be (i) in a permanent family placement setting, (ii) eligible for legal guardianship, and (iii) otherwise unlikely to receive permanency. This section clarifies no additional expenses must be incurred beyond the funds budgeted for foster care for the Guardianship Assistance Program (GAP). GAP includes provisions for extending guardianship services for individuals and youth who exited foster care through GAP after 14 years of age or who have attained the age of 18 years and opt to continue to receive guardianship services until reaching 21 years of age if the individual meets specified criteria.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9I.6: Child Welfare Postsecondary Support Program - NC REACH. (SL 2021-180)

Section 9I.6 of S.L. 2021-180 directs the Department of Health and Human Services to continue providing assistance with the cost of higher education for:

- Children aging out of the foster care system.
- Children no longer in foster care due to a permanent placement through the Guardian Assistance Program.
- Children with special needs who were adopted out of the foster care system after age 12.

This section allocates \$50,000 to the North Carolina State Education Assistance Authority to manage and distribute scholarship funds. This section provides \$339,493 for each year of the 2021-2023 fiscal biennium

for the administration of the program and the provision of case management services. Lastly, this section requires that funds be awarded only to students attending public institutions of higher education in the State.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9I.7: Federal Child Support Incentive Payments. (SL 2021-180)

Section 9I.7 of S.L. 2021-180 directs the North Carolina Child Support Services Section (NCCSS), Division of Social Services, Department of Health and Human Services (DHHS), to retain up to 15% of annual federal incentive payments for the enhancement of centralized child support services and to allocate the remainder of the annual federal incentive payments to county child support services programs for the improvement of program effectiveness and efficiency. NCCSS must require county child support services programs to submit annual plans on how the federal incentive payments will be used and on the federal funds received. NCCSS must submit a report on federal child support incentive funding to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division by November 1 of each year.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9I.8: Successful Transition - Foster Care Youth. (SL 2021-180)

Section 9I.8 of S.L. 2021-180 directs the Foster Care Transitional Living Initiative Fund (Fund) to continue to support the Youth Villages Transitional Living Model, a demonstration project for youth 17-21 years of age transitioning out of foster care. The Fund must support the following strategies: transitional living services, public-private partnerships, impact measurement and evaluation, and the advancement of evidence-based processes.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9I.9: Permanency Innovation Initiative . (SL 2021-180)

Section 9I.9 of S.L. 2021-180 amends the law that creates the Permanency Innovation Initiative Fund (G.S. 131D-10.9B) to allow no more than 15% of the State funds appropriated for the Permanency Innovation Initiative to be used for administrative costs.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9I.10: Report on Certain Expenditures for the Supplemental Nutritional Assistance Program and Temporary Assistance for Needy Families. (SL 2021-180)

Section 9I.10 of S.L. 2021-180 requires the Division of Social Services (DSS), Department of Health and Human Services, to allocate funds for vendor costs incurred with the generation of data for reports on the Supplemental Nutritional Assistance (SNAP) and Temporary Assistance for Needy Families (TANF) expenditures. The data submitted by the vendor must include:

- The number and dollar amounts of out-of-state transactions accessed or expended for SNAP and TANF benefits.
- The amount of benefits expended out-of-state from active cases for both SNAP and TANF programs.
- The dollar amount and number of transactions and benefits accessed or expended in this State for both SNAP and TANF programs.

This section also directs DSS to evaluate the data provided by the vendor and to report by June 30 and December 31 of each year of the 2021-2022 fiscal biennium to the Joint Legislative Oversight Committee on Health and Human Services on how this data is used to detect fraud and abuse in the SNAP and TANF programs.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9I.11: Increase Foster Care and Adoption Assistance Rates. (SL 2021-180)

Section 9I.11 of S.L. 2021-180 amends G.S. 108A-49.1 to increase the maximum rates for State participation in the foster care and adoption assistance programs to the following amounts:

- \$514 per child per month for children from birth through five years of age.
- \$654 per child per month for children six through 12 years of age.
- \$698 per child per month for children at least 13 but less than 21 years of age.

The revised foster care assistance rates apply to family foster care homes, residential child care facilities, and Level 2 group homes. The Division of Social Services, Department of Health and Human Services, must use a portion of the funds allocated for rate increases to cover the county share of the cost of care for the rate increases under this section for the 2021-2022 fiscal year.

This section became effective January 1, 2022.

S105 - 2021 Appropriations Act.

Sec. 9I.12: Child Welfare-Behavioral Health Pilot Project. (SL 2021-180)

Section 9I.12 of S.L. 2021-180 directs the Division of Social Services (DSS) and the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) to collaborate and

establish a two-year child welfare and behavioral health pilot program to increase access to comprehensive health care services for children in foster care. Davie, Forsyth, Rockingham, and Stokes counties must participate in the pilot project. DSS and DMH/DD/SAS must establish a trauma-informed integrated health foster care model to facilitate partnerships between local county departments of social services and local management entities/managed care organizations. This section directs DSS and DMH/DD/SAS to submit a progress report on the pilot program by April 1, 2022, and a final report by October 1, 2023, to the Joint Legislative Oversight Committee on Health and Human Services.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9I.13: Regional Supervision and Support of Child Welfare Services/CPS Hotline. (SL 2021-180)

Section 9I.13 of S.L. 2021-180 provides that of the funds appropriated to the Department of Health and Human Services (DHHS), Division of Social Services (DSS), \$900,000 in recurring funds must be used to establish up to 15 positions for the (i) regional supervision support model directed by S.L. 2017-41 (Rylan's Law) and (ii) statewide child protective services (CPS) hotline.

This section also provides that, in accordance with the plan submitted by the Social Services Regional Supervision and Collaboration Working Group (SSWG) in its report on March 31, 2019, to the Joint Legislative Oversight Committee on Health and Human Services, DHHS must establish seven regions for regional supervision of child welfare and social services and begin providing oversight and support within those regions through State regional staff and the central office team by April 1, 2022. Additionally, DHHS must continue (i) redeploying positions identified in the report to support regionalization and all managerial staff needed to support regionalization in the central office and (ii) repurposing corresponding operating expenses. DHHS is required to pursue procurement of physical offices within each of the seven regions beginning in March 2023 and to prioritize staffing to improve the child welfare system. DHHS must move towards full implementation of a regional model, with offices, by March 1, 2024.

Further, DSS and the North Carolina Association of Regional Councils of Governments (Councils of Governments) are required to explore entering into a memorandum of agreement to (i) utilize Councils of Governments' physical office space and office-related needs for Division staff and (ii) facilitate cooperation between regions and evaluate the estimated costs by region for the office space and sample agreements between the Division and the Councils of Governments. DSS must submit a report to the chairs of the Senate Appropriations Committee on Health and Human Services and the House Appropriations Committee on Health and Human Services by February 1, 2022, on the estimated costs, by region, for office space and sample agreements as described in this subsection.

Finally, this section amends Section 3 of S.L. 2021-132 to conform with the content of this section and to require DHHS to submit a progress report on its development and implementation of the statewide CPS hotline to the Joint Legislative Oversight Committee on Health and Human Services no later than September 1, 2022.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9I.15: Deploy Child Welfare Component of NC FAST . (SL 2021-180)

Section 9I.15.(a) of S.L. 2021-180 directs the Division of Social Services (DSS), Department of Health and Human Services (DHHS), to use funds to resume deployment of the North Carolina Families Accessing Services through Technology (NC FAST) system as it relates to case management functionality for child welfare. This section directs DSS to deploy the child welfare case management component of the NC FAST system statewide before October 1, 2022.

Section 9I.15.(b) of the act requires DSS to release a request for proposal (RFP) for at least one significant augmentation to the child welfare component of the NC FAST system within 30 days from the date DSS receives federal approval of its procurement plan. DSS must enter into a contract to augment and enhance the child welfare case management component of the NC FAST system within 150 days of releasing the RFP.

Section 9I.15.(b1) of the act provides \$3,500,000 in nonrecurring funds for each fiscal year of the 2021-2023 fiscal biennium to ensure that the child welfare case management component of the NC FAST system includes the capability to automate licensing and placements.

Section 9I.15.(c) of S.L. 2021-180 repeals Part III-N of S.L. 2019-240, which postponed the deployment of NC FAST case-management functionality for the child welfare system and aging and adult services' programs.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9I.16: Funds for Cabarrus Cooperative Christian Ministry . (SL 2021-180)

Section 9I.16 of S.L. 2021-180 provides \$40,000 in nonrecurring funds for the 2021-2022 fiscal year as a directed grant to the Cabarrus Cooperative Christian Ministry to be used only in Cabarrus County. The Cabarrus Cooperative Christian Ministry provides immediate assistance and support to members of the community experiencing crisis in the areas of food, housing, or finances.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9I.17: Child Advocacy Center Funds. (SL 2021-180)

Section 9I.17 of S.L. 2021-180 allocates \$5,000,000 in recurring funds for each year of the 2021-2023 fiscal biennium and \$5,000,000 in nonrecurring funds for the 2021-2022 fiscal year to the Children's Advocacy Centers of North Carolina, Inc. At least 75% of these funds must be distributed to child advocacy centers in the State.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 9I.18: Funds for Temporary Assistance for Needy Families - Work First Families . (SL 2021-180)

Section 9I.18 of S.L. 2021-180 allocates a portion of funding from the Pandemic Emergency Assistance Fund to the Division of Social Services (DSS), Department of Health and Human Services, to ease the negative impacts of the COVID-19 public health emergency for families enrolled in the Temporary Assistance for Needy Families (TANF)/Work First Cash Assistance program with at least one child under 18 years of age. This section directs DSS to distribute payments via electronic benefit transfer (EBT) to families as follows:

- A first payment of \$500 per child in the fall/winter of 2021-2022.
- A second payment of \$500 per child, based on available funding, in the summer of 2022.

This section became effective July 1, 2022.

S105 - 2021 Appropriations Act.

Sec. 9J.2: Funds for National Multiple Sclerosis Society/Home Modification Program . (SL 2021-180)

Section 9J.2 of S.L. 2021-180 allocates \$300,000 in nonrecurring funds for the 2021-2022 fiscal year as a directed grant to the National Multiple Sclerosis Society for home modification services and home modification assistance grants to help residents in this State who have multiple sclerosis remain in their homes.

This section became effective July 1, 2021.

S105 - 2021 Appropriations Act.

Sec. 39.21: One-Time Bonus Payment Program for Eligible Direct Care Workers . (SL 2021-180)

Section 39.21 of S.L. 2021-180 provides that, of the funds appropriated from the State Fiscal Recovery Fund to the Department of Health and Human Services (DHHS), \$133 million must be used for a one-time payment to eligible Medicaid and NC Health Choice providers to be passed along as a one-time bonus of up to \$2,000 to eligible direct care workers. The provider types listed below are eligible for the one-time payment:

- Providers of services under the Community Alternatives Program for Children (CAP/C) waiver, the Community Alternatives Program for Disabled Adults (CAP/DA) waiver, the Innovations waiver, or the Traumatic Brain Injury (TBI) waiver.
- Personal care services (PCS) providers.
- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID), including ICF/IID group homes.
- Home health providers.
- Nursing homes.

- Behavioral health residential facilities.

To be eligible for the one-time bonus, an employee must meet all the following criteria:

- The employee is a direct care worker as determined by DHHS. The definition of direct care worker must include workers who interact directly with patients or clients or who provide direct care support services at a licensed health care facility.
- The employee has been employed by the same eligible provider since March 10, 2020, through August 1, 2021.
- The employee has worked at least 1,000 hours providing direct care services between March 10, 2020, and August 1, 2021.
- The employee is not an employee of the State or eligible for any other employment-related bonus under the act.

To participate in the bonus payment program, an eligible provider must submit to DHHS, by January 31, 2022, the number of direct care workers it has employed who are eligible for the bonus and a description of the positions held by those employees. Eligible providers must also attest that the funds received will be provided directly to eligible direct care workers. DHHS must review the information submitted by the providers against available data to determine the correct number of eligible employees. DHHS must notify a provider by March 1, 2022, of any determination that the provider or an employee is not eligible for the bonus payment program.

DHHS must calculate the amount of the bonus payment based on the number of eligible employees designated by eligible providers, up to the amount of \$2,000, and DHHS must issue the payments to eligible providers by March 1, 2022.

This section became effective July 1, 2021.

S135 - Improve Anatomical Gift Donation Process. (SL 2021-32)

S.L. 2021-32 amends the anatomical gifts process (organ, eye, and tissue donation) to clarify that a statement or symbol indicating the individual has made an anatomical gift remains on the donor's drivers license or identification card until the donor revokes consent by requesting removal in a manner prescribed by the Division of Motor Vehicles. The act also provides that an individual who became a donor in another state and applies for a drivers license or identification card in North Carolina is required to authorize that a statement or symbol be imprinted on the donor's license or card issued in this State in order for the anatomical gift to be valid.

The act became effective October 1, 2021.

S146 - Teledentistry/RDH Admin. Local Anesthetic. (SL 2021-95)

S.L. 2021-95 does the following: (i) establishes standards for teledentistry, (ii) allows dental hygienists to administer local anesthetics while under the direct supervision of a licensed dentist, (iii) allows certain dental hygienists to practice without a licensed dentist physically present, (iv) allows licensure by credentials for certain dental instructors, and (v) adds the East Carolina University School of Dental Medicine to the NC Caring Dental Professionals Board.

The modifications to the dental hygiene statutes became effective October 1, 2021, and apply to licenses granted on or after that date. The teledentistry portions became effective July 23, 2021. The remainder of this act became effective July 23, 2021.

S159 - State Health Plan Administrative Changes. (SL 2021-125)

S.L. 2021-125 makes technical and clarifying changes to the State Health Plan. This act became effective August 30, 2021.

S191 - The No Patient Left Alone Act. (SL 2021-171)

S.L. 2021-171 enacts the No Patient Left Alone Act to ensure visitation rights for patients in most healthcare facilities during a declared disaster or emergency and to the fullest extent permitted under any applicable rules, orders, regulations, guidelines, or federal laws. It also requires the Department of Health and Human Services to assess a civil penalty for violations of those visitation rights.

This act became effective November 1, 2021.

S228 - Allow Employers to Offer Exclusive Provider Option Benefit Plans. (SL 2021-151)

S.L. 2021-151 allows insurers to offer exclusive provider benefit health plans and establishes continuity of care provisions for those plans.

This act became effective October 1, 2021, and applies to contracts entered into, renewed, or amended on or after that date.

S248 - Additional Info on Health Insurance Cards. (SL 2021-30)

S.L. 2021-30 requires health insurers to note on their insurance cards whether the plan is fully insured or self-funded.

This act became effective January 1, 2022, and applies to contracts entered into, amended, or renewed on or after that date.

S257 - Medication Cost Transparency Act. (SL 2021-161)

S.L. 2021-161 requires pharmacy benefits managers (PBMs) to be licensed. It adds to the consumer protections in G.S. 58-56A-3, restricts PBMs from prohibiting pharmacies from taking certain actions, and establishes rules for claim overpayments and PBM networks. PBMs and health benefit plans are required to provide coverage for biosimilars and credit all amounts paid on behalf of insureds toward cost-sharing requirements for certain drugs. The act also increases the Commissioner's ability to take enforcement action against PBMs and creates a workgroup to study a single unified process to accredit specialty pharmacies.

The act became effective October 1, 2021, and applies to contracts entered into, renewed, or amended on or after that date.

S300 - Criminal Justice Reform. (SL 2021-138)

S.L. 2021-138, as amended by Part II of S.L. 2021-182, makes various changes to the Criminal Code, and increases law enforcement standardization and oversight, with varying effective dates. Please see the full summary for more details on the provisions of this act.

S321 - Amend NC Controlled Substances Act. (SL 2021-155)

Session Law 2021-155 amends the North Carolina Controlled Substances Act to reflect developments in forensic chemistry. The act also adds certain substances to the controlled substance schedules, including moving fentanyl and carfentanil to the list of controlled substances punished as a Class I felony.

This act became effective December 1, 2021, and applies to offenses committed on or after that date.

S462 - Certificate of Need/Threshold Amendments & Certificate Expirations. (SL 2021-129)

S.L. 2021-129 increases the dollar threshold that diagnostic center equipment, major medical equipment, and capital expenditures for new institutional health services must exceed before they are subject to certificate of need review. It also requires projects subject to a certificate of need to initiate construction within a specified timeframe.

The severability clause in the act became effective August 30, 2021, and the certificate of need threshold and construction deadline provisions became effective October 1, 2021.

S570 - Hold Harmless Star Ratings/ERS Assess. Resume. (SL 2021-127)

Section 1 of S.L. 2021-127 directs the Division of Child Development and Early Education (DCDEE), Department of Health and Human Services (DHHS), to not require a licensed child care facility to undergo an Environment Rating Scale (ERS) assessment if the assessment would result in the facility losing a star rating because of the facility's loss of educators and inability to replace those educators with comparably educated individuals. This section became effective August 30, 2021, and expires six months after the date Executive Order No. 116 is rescinded.

Section 2 of S.L. 2021-127 requires DCDEE to lower from 75% to 50% the threshold for the percentage of lead teachers in the program required to meet the "rated licensed education requirements" criteria to earn quality rating improvement system (QRIS) "education points" when the ERS assessments resume. This section became effective August 30, 2021, and expires June 30, 2023.

Section 2.5 of S.L. 2021-127 directs DCDEE to submit a report to the Joint Legislative Oversight Committee on Health and Human Services by March 30, 2023. The report must contain the following information from June 30, 2021, to January 31, 2023:

- Number of new high school Early Childhood Career and Technical Pathways programs across the State.
- New community college and university courses that award college credit towards a degree in early childhood based on work experience.
- New community college and university courses that allow college credits for taking online health, safety, and nutrition training modules.
- Information about the Early Childhood and Infant-Toddler Certificate Programs.
- Number of early childhood educators using T.E.A.C.H. Scholarships to pay for college tuition and the increase in the number of early childhood educators using T.E.A.C.H. scholarships to pay for college tuition.
- Information about the WAGE\$ salary supplement program.
- Number and percentage increase of early childhood educators with associate degrees in early childhood education.

The report must also include the number and percentage increase of early childhood educators with associate degrees between June 30, 2016, and June 30, 2021.

Except as otherwise provided, this act became effective August 30, 2021.

S586 - Study Lipedema. (SL 2021-29)

S.L. 2021-29 requires the Legislative Research Commission to study medical issues surrounding lipedema and to report findings and any proposed legislation to the 2022 Regular Session of the 2021 General Assembly.

This act became effective June 11, 2021.

S594 - Medicaid Admin. Changes & Tech. Corrections. (SL 2021-62)

S.L. 2021-62 makes various technical and other changes to laws related to the NC Medicaid program and local management entities/managed care organizations (LME/MCOs) as follows:

- Part I makes modifications to two Medicaid-related provisions of the 2020 COVID-19 Recovery Act, S.L. 2020-4.
- Part II makes modifications to the existing Medicaid beneficiary appeals statutes in Chapters 108A and 108D of the General Statutes to allow certain appeals to be filed by telephone and to provide an expedited hearing option for certain appeals.
- Part III makes various changes to laws related to the Medicaid program, including (i) allowing additional days of therapeutic leave from an intermediate care facility, (ii) specifying changes to the coverage of behavioral health services in the managed care environment, (iii) specifying procedures related to the dissolution of LME/MCOs and the transfer of assets by LME/MCOs, and (iv) establishing a fixed reimbursement rate for durable medical equipment for the first five years of standard benefit plan contracts.
- Part IV makes various technical corrections to laws related to the Medicaid program.

This act has various effective dates. See full summary for details.

S693 - Expedite Child Safety and Permanency. (SL 2021-132)

Part I of S.L. 2021-132 makes various child welfare reforms to the Juvenile Code (Chapter 7B of the General Statutes) regarding abuse, neglect, and dependency laws.

Part II of this act instructs the director of social services on how to provide notification to the responsible individual for a juvenile if the juvenile is the victim of human trafficking by someone other than the juvenile's parents or caretakers.

Part III of this act, as amended by Section 9I.13 of S.L. 2021-180, the 2021 Appropriations Act, directs the Department of Health and Human Services (DHHS) to implement a statewide child protective services (CPS) hotline. DHHS is required to submit a progress report on its development and implementation of the statewide CPS hotline to the Joint Legislative Oversight Committee on Health and Human Services by September 1, 2022.

Part IV of this act directs DHHS to develop a plan to increase the supply of appropriate treatment and residential settings for minors in need of behavioral and mental health services. The operation plan was to be submitted to the Joint Legislative Oversight Committee on Health and Human Services by October 1, 2021.

Part V of this act implements the following requirements for the DSS director, local management entity/managed care organization (LME/MCOs), and prepaid health plans when a juvenile in the custody of DSS presents at a hospital emergency department for mental health treatment:

- Requires the DSS director to request an assessment within 24 hours of the determination that the juvenile should not remain at the hospital and that no appropriate placement is available.
- Instructs the LME/MCO or prepaid health plan to arrange for a comprehensive clinical assessment within five business days.
- Outlines appropriate placements for the juvenile depending on the outcome of the assessment.
- Requires the DSS director to notify DHHS's Rapid Response Team if an appropriate placement or provider is not located for a juvenile after the assessment.

Part V of this act authorizes a hearing for judicial review if the requirements for the appropriate placement of the juvenile in the custody of DSS are not satisfied and specifies possible remedies the court may order.

Part VI of this act requires the State Board of Education to adopt a rule requiring public school units to provide students in grades six through 12 with age-appropriate information on child abuse, neglect, and sexual abuse. The information must be provided in the form of a document given to the students at the beginning of the school year and as a display posted in visible, high-traffic areas throughout the school. Both the document and display must contain specified information. Part VI of S.L. 2021-132 applies to schools in public school units and high schools under the control of The University of North Carolina.

The various changes to the Juvenile Code became effective October 1, 2021, and apply to actions filed or pending on or after that date. The provision regarding human trafficking notification became effective October 1, 2021. The new procedures for juveniles in DSS custody presenting at emergency department for mental health treatment became effective October 1, 2021. The authorization of a hearing on appropriate placement for juveniles in need of mental health services became effective January 1, 2022. The requirement to provide information on child abuse, neglect and sexual abuse to students would apply

beginning with the 2021-2022 school year. Except as otherwise provided, this act became effective September 1, 2021.