

March 3, 2009

H 382. AUTHORIZE VOLUNTARY MEDICAL REGISTRY PROGRAM. Filed 3/3/09. *TO AUTHORIZE THE DIVISION OF EMERGENCY MANAGEMENT TO ESTABLISH A VOLUNTARY MODEL REGISTRY FOR USE BY COUNTIES AND MUNICIPALITIES IN IDENTIFYING FUNCTIONALLY AND MEDICALLY FRAGILE PERSONS IN NEED OF ASSISTANCE DURING A DISASTER; AND TO AUTHORIZE COUNTIES AND MUNICIPALITIES TO OPERATE SIMILAR REGISTRIES, AS RECOMMENDED BY THE JOINT SELECT COMMITTEE ON EMERGENCY PREPAREDNESS AND DISASTER MANAGEMENT RECOVERY.* Identical to S 258, filed 2/19/09.

Intro. by Martin, Wainwright.

GS 166A

March 10, 2009

H 382. AUTHORIZE VOLUNTARY MEDICAL REGISTRY PROGRAM. Filed 3/3/09. House committee substitute makes the following changes to 1st edition. Makes technical changes only.

March 25, 2009

H 382. AUTHORIZE VOLUNTARY MEDICAL REGISTRY PROGRAM. Filed 3/3/09. House committee substitute makes the following changes to 1st edition. Clarifies that information collected relating to the registration of persons with special needs or those who are functionally and medically persons, although confidential and not a public record, may be made available to emergency response agencies, as determined by the local emergency management director.

June 10, 2010

H 382. HEALTH CHOICE PROGRAM REVIEW PROCESS (NEW). Filed 3/3/09. Senate committee substitute deletes all provisions of 3rd edition and replaces with *AN ACT TO CREATE THE HEALTH CHOICE PROGRAM REVIEW PROCESS TO CONTINUE THE CURRENT REVIEW PROCESS FOR PROGRAM APPLICANTS AND RECIPIENTS APPEALING ENROLLMENT AND ELIGIBILITY DECISIONS, AND CREATE A REVIEW PROCESS FOR PROGRAM RECIPIENTS TO APPEAL HEALTH SERVICES DECISIONS, AND TO ADD THE HEALTH SERVICES REVIEW PROCESS TO THE AGENCIES AND PROCEEDINGS CURRENTLY EXEMPTED FROM THE CONTESTED CASE PROVISIONS OF THE ADMINISTRATIVE PROCEDURE ACT.*

Enacts new GS 108A-70.29, creating a review process for the Health Choice Program (Program). Provides that eligibility and enrollment decisions for Program applicants or recipients will be reviewable pursuant to GS 108A-79 (appeals process for social services), and that recipients remain enrolled during the review. Allows a Program recipient to seek review of any delay, denial, reduction, suspension, or termination of health services, in whole or in part, including a determination about the type or level of services, through a two-level review process: (1) Internal review allows a recipient to request, within 30 days from the date of the decision subject to review, a first level internal review, conducted by the Division of Medical Assistance's Clinical Medical Director or designee and (2) External review allows the recipient, if dissatisfied with the first level review decision, to request a second level independent external review by the DHHS Hearing Office, within 15 days after the first level decision is rendered. Requires the external review process to comply with the provisions of 42 CFR Section 457.1140 (federal review process) and follow other guidelines specified in the bill. Provides time frames for the hearing officer's decision and an expedited decision process. Describes the status of coverage during the review period. States that the Program review process in this section does not apply when the sole basis for the decision is a programmatic change. Requires that a recipient receive timely written notice, including specified components, of any decision subject to review under the section. Authorizes DHHS to adopt rules to comply with the Program review process.

Amends GS 150B-1(e) to exempt Program reviews from the contested case provisions in the Administrative Procedure Act.

Effective July 1, 2010, and applies to reviews of Health Choice Program enrollment, eligibility, or health services decisions requested on or after that date.

July 8, 2010

SL 2010-70 (H 382). HEALTH CHOICE PROGRAM REVIEW PROCESS. *AN ACT TO CREATE THE HEALTH CHOICE PROGRAM REVIEW PROCESS TO CONTINUE THE CURRENT REVIEW PROCESS FOR PROGRAM APPLICANTS AND RECIPIENTS APPEALING ENROLLMENT AND ELIGIBILITY DECISIONS, AND CREATE A REVIEW PROCESS FOR PROGRAM RECIPIENTS TO APPEAL HEALTH SERVICES DECISIONS, AND TO ADD THE HEALTH SERVICES REVIEW PROCESS TO THE AGENCIES AND PROCEEDINGS CURRENTLY EXEMPTED FROM THE CONTESTED CASE PROVISIONS OF THE ADMINISTRATIVE PROCEDURE ACT.* Summarized in *Daily Bulletin* 6/10/10. Enacted July 8, 2010. Effective July 1, 2010.