GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2011

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SENATE BILL 437*

Health Care Committee Substitute Adopted 4/14/11 Third Edition Engrossed 4/19/11 PROPOSED HOUSE COMMITTEE SUBSTITUTE S437-PCS55329-SQ-54

(Public)

Enact First Evaluation Program.

Short Title:

	Sponsors:			
	Referred to:			
	March 29, 2011			
1	A BILL TO BE ENTITLED			
2	AN ACT TO AUTHORIZE THE SECRETARY OF HEALTH AND HUMAN SERVICES TO			
3	ALLOW CERTAIN CERTIFIED PROVIDERS TO CONDUCT INITIAL			
4	(FIRST-LEVEL) EXAMINATIONS FOR INVOLUNTARY COMMITMENT OF			
5	INDIVIDUALS WITH MENTAL ILLNESS, IN A MANNER CONSISTENT WITH THE			
6	FIRST EVALUATION PILOT PROGRAM.			
7	The General Assembly of North Carolina enacts:			
8	SECTION 1. Part 7 of Article 5 of Chapter 122C of the General Statutes is			
9	amended by adding a new section to read:			
10	"§ 122C-263.1 Secretary's authority to waive requirement of first examination by			
11	physician or eligible psychologist; training of certified providers performing			
12	first examinations.			
13	(a) The Secretary of Health and Human Services may, upon request of an LME, waive			
14	the requirements of G.S. 122C-261 through G.S. 122C-263 and G.S. 122C-281 through			
15	G.S. 122C-283 pertaining to initial (first-level) examinations by a physician or eligible			
16	psychologist of individuals meeting the criteria of G.S. 122C-261(a) or G.S. 122C-281(a), as			
17	applicable, as follows:			
18	(1) The Secretary has received a request from an LME to substitute for a			
19	physician or eligible psychologist, a licensed clinical social worker, a			
20	master's level psychiatric nurse, or a master's level certified clinical			
21	addictions specialist in accordance with subdivision (8) of this subsection to			
21 22 23 24 25 26	conduct the initial (first-level) examinations of individuals meeting the			
23 24	criteria of G.S. 122C-261(a) or G.S. 122C-281(a). In making this type of			
24 25	request, the LME shall specifically describe all of the following:			
23 26	<u>a.</u> How the purpose of the statutory requirement would be better served by waiving the requirement and substituting the proposed change			
20 27	under the waiver.			
28	b. How the waiver will enable the LME to improve the delivery or			
20 29	management of mental health, developmental disabilities, and			
30	substance abuse services.			
	<u>Substance abase services.</u>			



- How the health, safety, and welfare of individuals will continue to be 1 <u>c.</u> 2 at least as well protected under the waiver as under the statutory 3 requirement. 4 The Secretary shall review the request and may approve it upon finding all (2) 5 of the following: 6 a. The request meets the requirements of this section. 7 The request furthers the purposes of State policy under G.S. 122C-2 b. and mental health, developmental disabilities, and substance abuse 8 9 services reform. 10 The request improves the delivery of mental health, developmental <u>c.</u> 11 disabilities, and substance abuse services in the counties affected by the waiver and also protects the health, safety, and welfare of 12 13 individuals receiving these services. 14 The Secretary shall evaluate the effectiveness, quality, and efficiency of (3) mental health, developmental disabilities, and substance abuse services and 15 protection of health, safety, and welfare under the waiver. 16 17 A waiver granted by the Secretary under this section shall be in effect for a (4) period of up to three years and may be rescinded at any time within this 18 19 period if the Secretary finds the LME has failed to meet the requirements of 20 this section. 21 <u>(5)</u> In no event shall the substitution of a licensed clinical social worker, 22 master's level psychiatric nurse, or master's level certified clinical addictions 23 specialist under a waiver granted under this section be construed as 24 authorization to expand the scope of practice of the licensed clinical social 25 worker, the master's level psychiatric nurse, or the master's level certified 26 clinical addictions specialist. 27 The Department shall require that individuals performing initial (6) examinations under the waiver have successfully completed 28 29 Department's standardized training program and examination. 30 Department shall maintain a list of these individuals on its Web site. As part of its waiver request, the LME shall document the availability of a 31 (7) physician to provide backup support. 32 33 A master's level certified clinical addiction specialist shall only be (8) 34 authorized to conduct the initial examination of individuals meeting the 35 criteria of G.S. 122C-281(a). 36 The Division of Mental Health, Developmental Disabilities, and Substance Abuse (b) 37 Services shall expand its standardized certification training program to include refresher 38 training for all certified providers performing initial examinations pursuant to subsection (a) of 39 this section." 40 **SECTION 2.** Beginning January 1, 2012, each 24-hour residential facility that (i) 41 42
 - falls under the category of nonhospital medical detoxification, facility-based crisis service, or inpatient hospital treatment, (ii) is not a State facility under the jurisdiction of the Secretary of Health and Human Services, and (iii) is designated by the Secretary of Health and Human Services as a facility for the custody and treatment of individuals under a petition of involuntary commitment pursuant to G.S. 122C-252 and 10A NCAC 26C .0101 shall submit a written report on involuntary commitments each January 1 and each July 1 to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. The report shall include all of the following:
 - (1) The number and primary presenting conditions of individuals receiving treatment from the facility under a petition of involuntary commitment.

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	(2)	The number of individuals for whom an involuntary co	mmitment proceeding
2	,	was initiated at the facility, who were referred to a	1 0
}		program.	·
	(3)	The reason for referring the individuals described in s	ubdivision (2) of this
i	, ,	section to a different facility or program, including	` '
)		intensive medical supervision.	
,	SFC'	TION 3 This act becomes effective October 1 2011	