

ADOPTED



NORTH CAROLINA GENERAL ASSEMBLY
AMENDMENT
Senate Bill 616

AMENDMENT NO. A1
(to be filled in by
Principal Clerk)

S616-ASH-37 [v.7]

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Amends Title [YES]
Fourth Edition

Date _____, 2018

Representative Murphy

1 moves to amend the bill on page 1, line 9, by rewriting the line to read:

2
3 "A SPECIAL AGENT POSITION WITHIN THE STATE BUREAU OF INVESTIGATION;
4 AND TO AMEND THE STATEWIDE TELEPSYCHIATRY PROGRAM THAT DELIVERS
5 MENTAL HEALTH AND SUBSTANCE ABUSE CARE.";

6
7 and to amend the bill in page 13, line 9, by inserting the following:

8
9 **"PART IV-A. TELEPSYCHIATRY**

10 **SECTION 15.1.** G.S. 143B-139.4B reads as rewritten:

11 **"§ 143B-139.4B. Office of Rural Health to oversee and monitor establishment and**
12 **administration of statewide telepsychiatry program.**

13 (a) The following definitions apply in this section:

14 (1) Community-Based Site. – Community-based health care setting to include but
15 not limited to public health department, rural health center, rural health clinic,
16 Federally-Qualified Health Center, school-based health center, free and
17 charitable clinic that accepts reimbursement.

18 (1) ~~Consultant site.~~ ~~The hospital or other site at which the consulting provider~~
19 ~~is physically located at the time the consulting provider delivers the acute~~
20 ~~mental health or substance abuse care by means of telepsychiatry.~~

21 (1a) Consultant site. – The hospital or other site at which the consulting provider
22 is physically located at the time the consulting provider delivers the mental
23 health or substance abuse care by means of telepsychiatry.

24 (1b) Consulting provider. – A physician or other health care provider licensed in
25 this State to provide mental health or substance abuse care.

26 (2) Hospital. – A facility licensed under Chapter 131E or Chapter 122C of the
27 General Statutes, or a State facility listed in G.S. 122C-181.

28 (3) Referring site. – The hospital or approved community-based site at which the
29 patient is physically located.

30 (4) Telepsychiatry. – The delivery of ~~acute~~ mental health or substance abuse care,
31 including diagnosis or treatment, by means of two-way real-time interactive
32 audio and video by a consulting provider at a consultant site to an individual



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1 patient at a referring site. The term does not include the standard use of
2 telephones, facsimile transmissions, unsecured electronic mail, or a
3 combination of these in the course of care.

4 (5) ~~Consulting provider.—A physician or other health care provider licensed in~~
5 ~~this State to provide acute mental health or substance abuse care.~~

6 (b) The North Carolina Office of Rural Health shall oversee the establishment and
7 administration of a statewide telepsychiatry program that allows referring sites to utilize
8 consulting providers at a consultant site to provide timely psychiatric assessment and rapid
9 initiation of treatment for patients at the referring emergency department site experiencing an
10 ~~acute mental health or substance abuse crisis—~~or for patients in need of mental health or substance
11 abuse care at an approved community-based site. Notwithstanding the provisions of Article 3 of
12 Chapter 143 of the General Statutes or any other provision of law, the Office of Rural Health
13 shall contract with East Carolina University Center for Telepsychiatry and e-Behavioral Health
14 to administer the telepsychiatry program. The contract shall include a provision requiring East
15 Carolina University Center for Telepsychiatry and e-Behavioral Health to work toward
16 implementing this program on a statewide basis by no later than January 1, 2014, and to report
17 annually to the Office of Rural Health on the following performance measures:

- 18 (1) Number of consultant sites and referring sites participating in the program.
19 (2) Number of psychiatric assessments conducted under the program, reported by
20 site or region.
21 (3) Length of stay of patients receiving telepsychiatry services in the emergency
22 departments of hospitals participating in the program, reported by disposition.
23 (4) Number of involuntary commitments recommended as a result of psychiatric
24 assessments conducted by consulting providers under the program, reported
25 by site or region and by year, and compared to the number of involuntary
26 commitments recommended prior to implementation of this program.

27 (c) The Office of Rural Health shall have all of the following powers and duties relative
28 to the statewide telepsychiatry program:

- 29 (1) Ongoing oversight and monitoring of the program.
30 (2) Ongoing monitoring of the performance of East Carolina University Center
31 for Telepsychiatry and e-Behavioral Health under its contract with the
32 Department, including all of the following:
33 a. Review of the performance measures described in subsection (b) of
34 this section.
35 b. Annual site visits to East Carolina University Center for
36 Telepsychiatry and e-Behavioral Health.
37 (3) Facilitation of program linkages with critical access hospitals and small rural
38 hospitals.
39 (4) Conducting visits to referring sites and consultant sites to monitor
40 implementation of the program; and upon implementation, conducting these
41 site visits at least once annually.
42 (5) Addressing barriers and concerns identified by consulting providers,
43 consultant sites, and referring sites participating in the program.

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- 1 (6) Encouraging participation in the program by all potential consultant sites,
2 consulting providers, and referring sites throughout the State and promoting
3 continued participation in the program by consultant sites, consulting
4 providers, and referring sites throughout the State.
5 (7) Compiling a list of recommendations for future tele-health initiatives, based
6 on operation of the statewide telepsychiatry program.
7 (8) Reviewing on a quarterly basis the financial statements of East Carolina
8 University Center for Telepsychiatry and e-Behavioral Health related to the
9 telepsychiatry program in order to compare and monitor projected and actual
10 program costs.
11 (9) Annually reporting to the Legislative Oversight Committee on Health and
12 Human Services and the Fiscal Research Division on or before November 1
13 on the operation and effectiveness of the program. The report shall include
14 information on each of the performance measures described in subsection (b)
15 of this section.
16 (d) The Department shall adopt rules necessary to ensure the health and safety of patients
17 who receive care, diagnosis, or treatment under the telepsychiatry program authorized by this
18 section."".

SIGNED _____
Amendment Sponsor

SIGNED _____
Committee Chair if Senate Committee Amendment

ADOPTED _____ FAILED _____ TABLED _____

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and vote information, is available in the
House Principal Clerk's Office**