

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2023

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D

HOUSE BILL 190
PROPOSED COMMITTEE SUBSTITUTE H190-PCS40201-SH-3

Short Title: Dept. of Health and Human Services Revisions.-AB

(Public)

Sponsors:

Referred to:

February 27, 2023

1 A BILL TO BE ENTITLED
2 AN ACT MAKING TECHNICAL, CONFORMING, AND OTHER MODIFICATIONS TO
3 LAWS PERTAINING TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.
4 The General Assembly of North Carolina enacts:

5
6 **PART I. LAWS PERTAINING TO THE DIVISION OF AGING AND ADULT**
7 **SERVICES**

8
9 **AUTHORIZATION FOR SECRETARY OF HEALTH AND HUMAN SERVICES TO**
10 **ADOPT AND ENFORCE RULES TO IMPLEMENT EMERGENCY SOLUTIONS**
11 **GRANT PROGRAM**

12 **SECTION 1.1.** Article 3 of Chapter 143B of the General Statutes is amended by
13 adding a new section to read:

14 **"§ 143B-139.1A. Secretary of Health and Human Services; rules to implement the**
15 **Emergency Solutions Grant Program.**

16 The Secretary of Health and Human Services may adopt rules to implement the Emergency
17 Solutions Grant Program. The Department of Health and Human Services shall enforce any rules
18 adopted under this section."

19
20 **ALIGNMENT OF STATE-COUNTY SPECIAL ASSISTANCE PROGRAM WITH**
21 **FEDERAL REGULATIONS/REMOVAL OF PROPERTY TAX THRESHOLD WHEN**
22 **DETERMINING ELIGIBILITY**

23 **SECTION 1.2.** G.S. 108A-41 reads as rewritten:

24 **"§ 108A-41. Eligibility.**

25 ...

26 (c) When determining whether a person has insufficient resources to provide a reasonable
27 subsistence compatible with decency and health, there shall be excluded from consideration the
28 person's primary place of residence and the land on which it is situated, and in addition there
29 shall be excluded real property contiguous with the person's primary place of ~~residence in which~~
30 ~~the property tax value is less than twelve thousand dollars (\$12,000).~~residence.

31"

32
33 **EQUALIZATION OF STATE-COUNTY SPECIAL ASSISTANCE PAYMENTS FOR**
34 **RECIPIENTS RESIDING IN LICENSED FACILITIES APPROVED TO ACCEPT**
35 **STATE-COUNTY SPECIAL ASSISTANCE AND RECIPIENTS RESIDING IN**
36 **IN-HOME LIVING ARRANGEMENTS**



* H 1 9 0 - P C S 4 0 2 0 1 - S H - 3 *

1 **SECTION 1.3.** G.S. 108A-47.1(a) reads as rewritten:

2 "(a) The Department of Health and Human Services may use funds from the existing
3 State-County Special Assistance budget to provide Special Assistance payments to eligible
4 individuals 18 years of age or older in in-home living arrangements. The standard monthly
5 payment to individuals enrolled in the Special Assistance in-home program shall be one hundred
6 percent (100%) of the monthly payment the individual would receive if the individual resided in
7 an adult care home and qualified for Special Assistance, ~~except if a lesser payment amount is~~
8 ~~appropriate for the individual as determined by the local case manager.~~ Assistance. The
9 Department shall implement Special Assistance in-home eligibility policies and procedures to
10 assure that in-home program participants are those individuals who need and, but for the in-home
11 program, would seek placement in an adult care home facility. The Department's policies and
12 procedures shall include the use of ~~a functional~~ an assessment."

13
14 **PART II. LAWS PERTAINING TO THE DIVISION OF CENTRAL MANAGEMENT**
15 **AND SUPPORT**

16
17 **CONTRACTING REFORM**

18 **SECTION 2.1.** Section 2 of S.L. 2022-52 reads as rewritten:

19 "**SECTION 2.(a)** Contract Time and Continuity. – In efforts to support the continuity of
20 services provided by ~~nonprofit grantees receiving state and federal funds, a nonprofit grantee~~
21 ~~receiving State or federal funds or any combination of State and federal funds through a financial~~
22 ~~assistance contract,~~ the Department of Health and Human Services (Department) shall enter into
23 a contract agreement for a minimum of a two-year contract agreement two years with such
24 nonprofit grantees/recipients grantee if all of the following requirements are met:

- 25 (1) The nonprofit ~~grantee/recipient grantee~~ is receiving nonrecurring ~~funding~~
26 ~~funds~~ for each year of a fiscal biennium.
27 (2) The nonprofit ~~grantee/recipient grantee~~ is receiving recurring ~~funding funds~~
28 ~~for each year of a fiscal biennium.~~
29 (3) The nonprofit grantee is receiving any combination of recurring and
30 nonrecurring funds for each year of a fiscal biennium.
31 ~~(3)(4)~~ (4) Multiyear contracts are not otherwise prohibited by the funding source.

32 "**SECTION 2.(a1)** ~~Nonprofit grantees/recipients Option for Contract Extension. – A~~
33 ~~nonprofit grantee receiving recurring federal grant funding shall have funds through a financial~~
34 ~~assistance contract has the option to extend the contract for up to one additional year at the end~~
35 ~~of the contract's initial term of the contract if all of the following requirements are met:~~

- 36 (1) The extension is mutually agreed upon by the Department and the nonprofit
37 grantee, through a written amendment as provided for in the ~~General Terms~~
38 ~~and Conditions.~~ terms and conditions of the contract.
39 (2) Funding for the contract remains available.

40 "**SECTION 2.(a2)** Automatic Contract Extension. – The Department shall allow any
41 nonprofit ~~grantee/recipient grantee~~ receiving recurring or nonrecurring ~~state and/or State or~~
42 ~~federal funding funds, or any combination of State and federal funds, through a financial~~
43 ~~assistance contract for each year of a fiscal biennium to automatically activate a limited-time~~
44 ~~extensions contract extension for a period of up to three months for to preserve continuity of~~
45 services when a formal contract extension or renewal process has not been completed within 10
46 business days of after the subsequent contract start date if all of expiration of the original contract;
47 provided, however, that all of the following requirements are met:

- 48 (1) The nonprofit ~~grantee/recipient grantee~~ is receiving recurring ~~funding funds,~~
49 or nonrecurring ~~state and/or federal funding State or federal funds, or any~~
50 ~~combination of nonrecurring State and federal funds, for each year of a fiscal~~
51 biennium.

- 1 (2) The nonprofit ~~grantee/recipient~~ grantee has received an unqualified audit
 2 report on its most recent financial audit when an audit is required by
 3 G.S. 159-34 or 09 NCAC 03M.
- 4 (3) The nonprofit ~~grantee/recipient~~ grantee has a track record of timely
 5 performance and financial reporting to the Department as required by the
 6 contract.
- 7 (4) The nonprofit ~~grantee/recipient~~ grantee has not been identified by the
 8 Department as having a record of noncompliance with requirements of any
 9 funding source used to support the contract and has not received an undisputed
 10 notice of such noncompliance from the Department. For purposes of this
 11 requirement, noncompliance does not include issues stemming from late
 12 execution of a contract or mutually agreed upon changes to scope of work or
 13 deliverables, and undisputed notice of noncompliance does not include notice
 14 of noncompliance where the nonprofit grantee has provided written evidence
 15 of actual compliance to the Department within 30 days ~~of~~ after receipt of a
 16 notice of noncompliance.
- 17 (5) The nonprofit ~~grantee/recipient~~ grantee has been in operation for at least five
 18 years.

19 In the event of an automatic contract extension pursuant to this subsection, the terms of the
 20 expired contract shall govern the relationship and obligations of the party until the end of the
 21 three-month contract extension period or until the execution of a formal contract extension or
 22 renewal, whichever occurs first.

23 "**SECTION 2.(b)** Directed Grant Contacts. – Within 15 days after the date the Current
 24 Operations Appropriations Act of 2022 (the "Act") becomes law, the Fiscal Research Division
 25 shall provide the Department of Health and Human Services, Division of Budget and Analysis,
 26 with a list of preliminary information for all non-State entities receiving directed grants through
 27 the Act. At a minimum, this list shall include all of the following information:

- 28 (1) The legal name of the non-State entity.
 29 (2) The mailing address of the non-State entity.
 30 (3) The name, email address, and phone number for each of the non-State entity's
 31 points of contact for communications related to the directed grant contracting
 32 and funds disbursement process.

33 "**SECTION 2.(c)** Negotiated Overhead Rates. – The negotiation, determination, or
 34 settlement of the reimbursable amount of overhead under cost-reimbursement type contracts is
 35 accomplished on an individual contract basis and is based upon the federally approved indirect
 36 cost rate. For ~~vendors who~~ grantees, including nonprofit grantees, that (i) are receiving financial
 37 assistance and do not have a federally approved indirect cost rate, rate from a federal agency or
 38 (ii) have a previously negotiated but expired rate, the Department may allow the grantee, in
 39 accordance with 2 C.F.R. § 200.332(a)(4) or 2 C.F.R. § 200.414(f), the de minimis rate of ten
 40 percent (10%) of modified total direct costs shall apply. to use the de minimis rate or ten percent
 41 (10%) of modified total direct costs. Alternatively, the grantee may negotiate or waive an indirect
 42 cost rate with the Department. If State or federal law or regulations establish a limitation on the
 43 amount of funds the grantee may use for administrative purposes, then that limitation controls,
 44 in accordance with 2 C.F.R. § 200.414(c)(3)."

46 **PART III. LAWS PERTAINING TO THE DIVISION OF CHILD AND FAMILY** 47 **WELL-BEING**

49 **CONFORMING CHANGES RELATED TO ESTABLISHMENT OF NEW DIVISION**

50 **SECTION 3.1.** G.S. 7B-1402 reads as rewritten:

51 "**§ 7B-1402. Task Force – creation; membership; vacancies.**

1 (a) There is created the North Carolina Child Fatality Task Force within the Department
2 of Health and Human Services for budgetary purposes only.

3 (b) The Task Force shall be composed of 36 members, 12 of whom shall be ex officio
4 members, four of whom shall be appointed by the Governor, 10 of whom shall be appointed by
5 the Speaker of the House of Representatives, and 10 of whom shall be appointed by the President
6 Pro Tempore of the Senate. The ex officio members other than the Chief Medical Examiner may
7 designate representatives from their particular departments, divisions, or offices to represent
8 them on the Task Force. In making appointments or designating representatives, appointing
9 authorities and ex officio members shall use best efforts to select members or representatives
10 with sufficient knowledge and experience to effectively contribute to the issues examined by the
11 Task Force and, to the extent possible, to reflect the geographical, political, gender, and racial
12 diversity of this State. The members shall be as follows:

13 (1) The Chief Medical Examiner.

14 (2) The Attorney General.

15 (3) The Director of the Division of Social ~~Services~~Services, Department of
16 Health and Human Services.

17 (4) The Director of the State Bureau of Investigation.

18 (5) The Director of the ~~Maternal and Child Health Section of the~~Division of
19 Public Health, Department of Health and Human Services.

20 (6) The chair of the Council for Women and Youth Involvement.

21 (7) The Superintendent of Public Instruction.

22 (8) The Chairman of the State Board of Education.

23 (9) The Director of the ~~Division of Mental Health, Developmental Disabilities,~~
24 ~~and Substance Abuse Services.~~Division of Child and Family Well-Being,
25 Department of Health and Human Services.

26"

27 **SECTION 3.2.** G.S. 7B-1404(b) reads as rewritten:

28 "(b) The State Team shall be composed of the following 11 members of whom nine
29 members are ex officio and two are appointed:

30 (1) The Chief Medical Examiner, who shall chair the State ~~Team;~~Team.

31 (2) The Attorney ~~General;~~General.

32 (3) The Director of the Division of Social Services, Department of Health and
33 Human ~~Services;~~Services.

34 (4) The Director of the State Bureau of ~~Investigation;~~Investigation.

35 (5) The Director of the Division of ~~Maternal and Child Health of the~~Public
36 Health, Department of Health and Human Services;Services.

37 (6) The Superintendent of Public ~~Instruction;~~Instruction.

38 (7) The Director of the Division of ~~Mental Health, Developmental Disabilities,~~
39 ~~and Substance Abuse Services,~~of Child and Family Well-Being, Department
40 of Health and Human ~~Services;~~Services.

41 (8) The Director of the Administrative Office of the ~~Courts;~~Courts.

42 (9) The pediatrician appointed pursuant to G.S. 7B-1402(b) to the Task
43 ~~Force;~~Force.

44 (10) A public member, appointed by the ~~Governor;~~and Governor.

45 (11) The Team Coordinator.

46 The ex officio members other than the Chief Medical Examiner may designate a
47 representative from their departments, divisions, or offices to represent them on the State Team."

48 **SECTION 3.3.** G.S. 122C-113(b1) reads as rewritten:

49 "(b1) The Secretary shall cooperate with the State Board of Education and the Division of
50 Juvenile Justice of the Department of Public Safety in coordinating the responsibilities of the
51 Department of Health and Human Services, the State Board of Education, the Division of

1 Juvenile Justice of the Department of Public Safety, and the Department of Public Instruction for
2 adolescent substance abuse programs. The Department of Health and Human Services, through
3 its Division of Mental Health, Developmental Disabilities, and Substance Abuse ~~Services,~~
4 Services and its Division of Child and Family Well-Being, in cooperation with the Division of
5 Juvenile Justice of the Department of Public Safety, shall be responsible for intervention and
6 treatment in non-school based programs. The State Board of Education and the Department of
7 Public Instruction, in consultation with the Division of Juvenile Justice of the Department of
8 Public Safety, shall have primary responsibility for in-school education, identification, and
9 intervention services, including student assistance programs."

10 **SECTION 3.4.** G.S. 122C-142.2(g) reads as rewritten:

11 "(g) The Rapid Response Team shall be comprised of representatives of the Department
12 of Health and Human Services from the Division of Social Services; the Division of Mental
13 Health, Developmental Disabilities, and Substance Abuse Services; the Division of Child and
14 Family Well-Being; and the Division of Health Benefits. Upon receipt of a notification from a
15 director, the Rapid Response Team shall evaluate the information provided and coordinate a
16 response to address the immediate needs of the juvenile, which may include any of the following:

- 17 (1) Identifying an appropriate level of care for the juvenile.
- 18 (2) Identifying appropriate providers or other placement for the juvenile.
- 19 (3) Making a referral to qualified services providers.
- 20 (4) Developing an action plan to ensure the needs of the juvenile are met.
- 21 (5) Developing a plan to ensure that relevant parties carry out any responsibilities
22 to the juvenile."

23 24 **PART IV. LAWS PERTAINING TO THE DIVISION OF HEALTH SERVICE** 25 **REGULATION**

26 27 **AUTHORIZATION FOR TRIENNIAL INSPECTION OF HIGH PERFORMING** 28 **ADULT CARE HOME FACILITIES**

29 **SECTION 4.1.(a)** G.S. 131D-2.11 reads as rewritten:

30 **"§ 131D-2.11. Inspections, monitoring, and review by State agency and county departments**
31 **of social services.**

32 (a) State Inspection and Monitoring. – The Department shall ensure that adult care homes
33 required to be licensed by this Article are monitored for licensure compliance on a regular basis.
34 All facilities licensed under this Article and adult care units in nursing homes are subject to
35 inspections at all times by the Secretary. Except as provided in subsection (a1) of this section,
36 the Division of Health Service Regulation shall inspect all adult care homes and adult care units
37 in nursing homes on an annual basis. ~~Beginning July 1, 2012, the~~ The Division of Health Service
38 Regulation shall include as part of its inspection of all adult care homes a review of the facility's
39 compliance with G.S. 131D-4.4A(b) and safe practices for injections and any other procedures
40 during which bleeding typically occurs. In addition, the Department shall ensure that adult care
41 homes are inspected every two years to determine compliance with physical plant and life-safety
42 requirements.

43 If the ~~annual or biennial~~ annual, biennial, or triennial licensure inspection of an adult care
44 home is conducted separately from the inspection required every two years to determine
45 compliance with physical plant and life-safety requirements, then the Division of Health Service
46 Regulation shall not cite, as part of the ~~annual or biennial~~ annual, biennial, or triennial licensure
47 inspection, any noncompliance with any law or regulation that was cited during a physical plant
48 and life-safety inspection, unless, in consultation with the section within the Division of Health
49 Service Regulation that conducts physical plant and life-safety inspections, any of the following
50 conditions are met:

- 1 (1) The noncompliance with the law or regulation continues and the
2 noncompliance constitutes a Type A1 Violation, a Type A2 Violation, or a
3 Type B Violation, as defined in G.S. 131D-34.
- 4 (2) The facility has not submitted a plan of correction for the physical plant or
5 life-safety citation that has been accepted by the section within the Division
6 of Health Service Regulation that conducts physical plant and life-safety
7 inspections.
- 8 (3) The noncompliance with the physical plant or life-safety law and regulation
9 cited by the section within the Division of Health Service Regulation that
10 conducts physical plant and life-safety inspections has not been corrected
11 within the time frame allowed for correction or has increased in severity.

12 Nothing in this subsection prevents a licensing inspector from referring a concern about
13 physical plant and life-safety requirements to the section within the Division of Health Service
14 Regulation that conducts physical plant and life-safety inspections.

15 (a1) Waiver of Annual State Inspection. – The Division of Health Service Regulation may
16 waive the annual inspection requirement under subsection (a) of this section for one year for any
17 adult care home that has achieved the highest rating in accordance with rules adopted by the
18 North Carolina Medical Care Commission pursuant to G.S. 131D-10. ~~However, at least once~~
19 ~~every two years the Division of Health Service Regulation shall inspect any adult care home for~~
20 ~~which the annual inspection requirement was waived.~~

21 The Division of Health Service Regulation may waive the annual inspection requirement
22 under subsection (a) of this section for two years for any adult care home that has, for five
23 consecutive years, achieved the highest rating in accordance with rules adopted by the North
24 Carolina Medical Care Commission pursuant to G.S. 131D-10.

25"

26 **SECTION 4.1.(b)** This section becomes effective October 1, 2023.

27
28 **MEDICAL CARE COMMISSION CLARIFICATION OF POWERS AND DUTIES**

29 **SECTION 4.2.** G.S. 143B-165 reads as rewritten:

30 **"§ 143B-165. North Carolina Medical Care Commission – creation, powers and duties.**

31 There is hereby created the North Carolina Medical Care Commission of the Department of
32 Health and Human Services with the power and duty to ~~promulgate~~ adopt rules and regulations
33 to be followed in the construction and maintenance of public and private hospitals, medical
34 centers, and ~~related facilities with the power and duty regulated under Chapters 131D and 131E~~
35 of the General Statutes; to adopt, amend and rescind rules and regulations under and not
36 inconsistent with the laws of the State as necessary to carry out the provisions and purposes of
37 this Article. ~~Article; and to protect the health, safety, and welfare of the individuals served by~~
38 these facilities.

- 39 (1) The North Carolina Medical Care Commission ~~has the duty to~~ shall adopt
40 statewide plans for the construction and maintenance of hospitals, medical
41 centers, and ~~related facilities,~~ facilities regulated under Chapters 131D and
42 131E of the General Statutes, or such other plans as may be found desirable
43 and necessary ~~in order~~ to meet the requirements and receive the benefits of
44 any applicable federal legislation with regard thereto. ~~legislation.~~
- 45 (2) The Commission ~~is authorized to~~ may adopt such rules ~~and regulations~~ as may
46 be necessary to carry out the intent and purposes of Article ~~13-4~~ of Chapter
47 ~~131-131E~~ 131E of the ~~General Statutes of North Carolina.~~ Statutes.
- 48 (3) ~~The Commission may adopt such reasonable and necessary standards with~~
49 ~~reference thereto as may be proper to cooperate fully with the Surgeon~~
50 ~~General or other agencies or departments of the United States and the use of~~

- 1 funds provided by the federal government as contained and referenced in
2 Article 13 of Chapter 131 of the General Statutes of North Carolina.
- 3 (4) The Commission ~~shall have~~ has the power and duty to approve projects in the
4 amounts of grants-in-aid from funds supplied by the federal and State
5 governments for the planning and construction of hospitals and other related
6 medical facilities ~~according to the provisions of Article 13 in accordance with~~
7 Articles 4 and 5 of Chapter 131-131E of the General Statutes of North
8 Carolina.Statutes.
- 9 (5) Repealed by Session Laws 1981 (Regular Session, 1982), c. 1388, s. 3.
- 10 (6) The Commission ~~has the duty to shall~~ adopt rules and regulations and
11 standards with respect to establishing standards for the licensure, inspection,
12 and operation of, and the provision of care and services by, the different types
13 of hospitals to be licensed under the provisions of Article 13A- Articles 2 and
14 5 of Chapter 131-131E of the General Statutes of North Carolina.Statutes.
- 15 (7) The Commission ~~is authorized and empowered to may~~ adopt such rules and
16 regulations, rules, not inconsistent with the laws of this State, as may be
17 required by the federal government ~~for to secure federal grants-in-aid for~~
18 medical facility services and licensure which may be made available to the
19 State by the federal government. licensure. This section ~~is to shall~~ be liberally
20 construed in order that the State and its citizens may benefit from such
21 grants-in-aid.
- 22 (8) The Commission shall adopt such ~~rules and regulations, rules,~~ consistent with
23 the provisions of this Chapter. All rules ~~and regulations not inconsistent with~~
24 ~~the provisions of this Chapter heretofore~~ adopted by the North Carolina
25 Medical Care Commission since the enactment of Chapter 131E of the
26 General Statutes that are not inconsistent with the provisions of this Chapter
27 shall remain in full force and effect unless and until repealed or superseded by
28 action of the North Carolina Medical Care Commission. All rules and
29 regulations adopted by the Commission shall be enforced by the Department
30 of Health and Human Services.
- 31 (9) The Commission ~~shall have the power and duty to may~~ adopt rules and
32 regulations with regard to concerning emergency medical services in
33 accordance with the provisions of Article ~~26-7~~ of Chapter 130-131E and
34 Article 56 of Chapter 143 of the General Statutes of North Carolina.Statutes.
- 35 (10) The Commission ~~shall have the power and duty to shall~~ adopt rules for the
36 operation of nursing homes, as defined by Article 6 of Chapter 131E of the
37 General Statutes.
- 38 (11) The Commission ~~is authorized to may~~ adopt such rules as may be necessary
39 to carry out the provisions of Part C of Article 6, and Article 10, establish
40 standards for the licensure, inspection, and operation of, and the provision of
41 care and services by, facilities licensed under Articles 6 and 10 of Chapter
42 131E of the General Statutes of North Carolina.Statutes.
- 43 (12) The Commission shall adopt ~~rules, including temporary rules pursuant to G.S.~~
44 ~~150B-13, rules~~ providing for the accreditation of facilities that perform
45 mammography procedures and for laboratories evaluating screening pap
46 smears. Mammography accreditation standards shall address, but are not
47 limited to, the quality of mammography equipment used and the skill levels
48 and other qualifications of personnel who administer mammographies and
49 personnel who interpret mammogram results. The Commission's standards
50 shall be no less stringent than those established by the United States
51 Department of Health and Human Services for Medicare/Medicaid coverage

of screening mammography. These rules shall also specify procedures for waiver of these accreditation standards on an individual basis for any facility providing screening mammography to a significant number of patients, but only if there is no accredited facility located nearby. The Commission may grant a waiver subject to any conditions it deems necessary to protect the health and safety of patients, including requiring the facility to submit a plan to meet accreditation standards.

(13) ~~The Commission shall have the power and duty to~~ shall adopt rules establishing standards for the inspection and licensure of licensure, inspection, and operation of, and the provision of care and services by, adult care homes and operation of adult care homes, as defined by Article 1 of Chapter 131D of the General Statutes, and for personnel requirements of staff employed in adult care homes, ~~except where~~ when rule-making authority is assigned by law to the Secretary.

(14) The Commission shall adopt rules establishing standards for the following with respect to facilities used as multiunit assisted housing with services, as defined by Article 1 of Chapter 131D of the General Statutes:

- a. Registration and deregistration.
- b. Disclosure statements.
- c. Agreements for services.
- d. Personnel requirements.
- e. Resident admissions and discharges."

PART V. LAWS PERTAINING TO THE DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES

TECHNICAL CHANGES/POPULATIONS COVERED BY LME/MCOS

SECTION 5.1.(a) G.S. 122C-115 reads as rewritten:

"§ 122C-115. Duties of counties; appropriation and allocation of funds by counties and cities.

...

(e) ~~Beginning on the date that capitated contracts under Article 4 of Chapter 108D of the General Statutes begin, July 1, 2021, LME/MCOs shall cease managing Medicaid services for all Medicaid recipients other than recipients described in G.S. 108D-40(a)(1), (4), (5), (6), (7), (10), (11), (12), and (13), who are enrolled in a standard benefit plan.~~

(e1) Until BH IDD tailored plans become operational, all of the following shall occur:

- (1) LME/MCOs shall continue to manage the Medicaid services that are covered by the LME/MCOs under the combined 1915(b) and (c) waivers for Medicaid recipients ~~described in G.S. 108D-40(a)(1), (4), (5), (6), (7), (10), (11), (12), and (13), who are covered by the those waivers and who are not enrolled in a standard benefit plan.~~
- (2) The Division of Health Benefits shall negotiate actuarially sound capitation rates directly with the LME/MCOs based on the change in composition of the population being served by the LME/MCOs.
- (3) Capitation payments under contracts between the Division of Health Benefits and the LME/MCOs shall be made directly to the LME/MCO by the Division of Health Benefits.

(f) ~~Entities~~ LME/MCOs operating the BH IDD tailored plans under G.S. 108D-60 may continue to manage the behavioral health, intellectual and developmental disability, and traumatic brain injury services for any Medicaid recipients ~~described in G.S. 108D-40(a)(4), (5),~~

1 ~~(7), (10), (11), (12), and (13) under any contract with the Department in accordance with~~
 2 ~~G.S. 108D-60(b), who are not enrolled in a BH IDD tailored plan."~~

3 **SECTION 5.1.(b)** G.S. 108D-60(b) reads as rewritten:

4 "(b) The Department may contract with entities operating BH IDD tailored plans under a
 5 capitated or other arrangement for the management of behavioral health, intellectual and
 6 developmental disability, and traumatic brain injury services for any recipients ~~excluded from~~
 7 ~~PHP coverage under G.S. 108D-40(a)(4), (5), (7), (10), (11), (12), and (13), who are not enrolled~~
 8 ~~in a BH IDD tailored plan."~~

9 **SECTION 5.1.(c)** G.S. 122C-3 reads as rewritten:

10 **"§ 122C-3. Definitions.**

11 The following definitions apply in this Chapter:

12 ...

13 (2b) ~~"Behavioral~~ Behavioral health and intellectual/developmental disabilities
 14 ~~tailored plan" plan or "BH-BH IDD tailored plan" has the same meaning as~~
 15 ~~plan. – As defined in G.S. 108D-1.~~

16 ...

17 (29b) ~~"Prepaid-Prepaid health plan" has the same meaning as plan. – As defined in~~
 18 ~~G.S. 108D-1.~~

19 ...

20 (35b) Specialty services. – Services that are provided to consumers from
 21 low-incidence populations.

22 (35e) ~~State or Local Consumer Advocate. — The individual carrying out the duties~~
 23 ~~of the State or Local Consumer Advocacy Program Office in accordance with~~
 24 ~~Article 1A of this Chapter.~~

25 (35d) Standard benefit plan. – As defined in G.S. 108D-1.

26 (35e) State Plan. – The State Plan for Mental Health, Developmental Disabilities,
 27 and Substance Abuse Services.

28 ~~(35e)~~(35f) State resources. – State and federal funds and other receipts administered
 29 by the Division.

30"

31 **CHANGES TO EFFECTUATE RENAMING OF DIVISION**

32 **SECTION 5.2.(a)** G.S. 143B-138.1(a)(4) reads as rewritten:

33 "(4) Division of Mental Health, Developmental Disabilities, and Substance Abuse
 34 Use Services."

35 **SECTION 5.2.(b)** Throughout the General Statutes, the Revisor of Statutes shall
 36 replace the phrase "Division of Mental Health, Developmental Disabilities, and Substance Abuse
 37 Services" with the phrase "Division of Mental Health, Developmental Disabilities, and Substance
 38 Use Services."
 39

40 **SECTION 5.2.(c)** Throughout the General Statutes, the Revisor of Statutes shall
 41 replace the phrase "MH/DD/SAS" with the phrase "MH/DD/SUS."
 42

43 **PART VI. LAWS PERTAINING TO THE DIVISION OF PUBLIC HEALTH**

44 **EXPANSION OF PERMISSIBLE USES FOR NEWBORN SCREENING EQUIPMENT** 45 **REPLACEMENT AND ACQUISITION FUND**

46 **SECTION 6.1.** G.S. 130A-125(d) reads as rewritten:

47 "(d) The Newborn Screening Equipment Replacement and Acquisition Fund (Fund) is
 48 established as a nonreverting fund within the Department. Thirty-one dollars (\$31.00) of each
 49 fee collected pursuant to subsection (c) of this section shall be credited to this Fund and applied
 50 to the Newborn Screening Program to be used as directed in this subsection. The Department
 51

1 shall not use monies in this Fund for any purpose other than to ~~purchase or replace~~ purchase,
2 replace, maintain, or support laboratory instruments, equipment, and information technology
3 systems used in the Newborn Screening Program. The Department shall notify and consult with
4 the Joint Legislative Commission on Governmental Operations whenever the balance in the Fund
5 exceeds the following threshold: the sum of (i) the actual cost of new equipment necessary to
6 incorporate conditions listed on the RUSP into the Newborn Screening Program and (ii) one
7 hundred percent (100%) of the replacement value of existing equipment used in the Newborn
8 Screening Program. Any monies in the Fund in excess of this threshold shall be available for
9 expenditure only upon an act of appropriation by the General Assembly."

10 11 **EXPANSION OF QUALIFIED PROFESSIONALS ELIGIBLE TO SERVE AS COUNTY** 12 **MEDICAL EXAMINERS**

13 **SECTION 6.2.** G.S. 130A-382 reads as rewritten:

14 "**§ 130A-382. County medical examiners; appointment; term of office; vacancies; training**
15 **requirements; revocation for cause.**

16 (a) The Chief Medical Examiner shall appoint two or more county medical examiners for
17 each county for a three-year term. In appointing medical examiners for each county, the Chief
18 Medical Examiner shall give preference to physicians licensed to practice medicine in this State
19 but may also appoint ~~licensed~~ the following professionals:

- 20 (1) Dentists, physician assistants, nurse practitioners, nurses, or emergency
21 physical therapists as long as the appointee is licensed to practice in this State.
- 22 (2) Emergency medical technician-technicians or paramedics credentialed under
23 G.S. 131E-159.
- 24 (3) Pathologists' assistants certified by the American Society for Clinical
25 Pathology.
- 26 (4) Pathologists' assistants or medicolegal death investigators certified by a
27 nationally recognized certifying body determined by the Chief Medical
28 Examiner to have an appropriate certification process for pathologists'
29 assistants or medicolegal death investigators to demonstrate readiness to serve
30 as a county medical examiner.

31 A medical examiner may serve more than one county. The Chief Medical Examiner may take
32 jurisdiction in any case or appoint another medical examiner to do so.

33 (a1) During a state of emergency declared by the Governor or by a resolution of the
34 General Assembly pursuant to G.S. 166A-19.20, or by the governing body of a municipality or
35 county pursuant to G.S. 166A-19.22, the Chief Medical Examiner may appoint temporary county
36 medical examiners to serve until the expiration of the declared state of emergency. In appointing
37 temporary county medical examiners pursuant to this subsection, the Chief Medical Examiner
38 may appoint any individual determined by the Chief Medical Examiner to have the appropriate
39 training, education, and experience to serve as a county medical examiner during a declared state
40 of emergency.

41"

42 43 **PART VII. LAWS PERTAINING TO THE DIVISION OF SOCIAL SERVICES**

44 45 **ALIGNMENT OF TIME LINE FOR COUNTY TANF PLAN SUBMISSIONS**

46 **SECTION 7.1.(a)** G.S. 108A-24(1e) reads as rewritten:

47 "(1e) "County Plan" is the ~~biennial-triennial~~ Work First Program plan prepared by
48 each Electing County pursuant to this Article and submitted to the Department
49 for incorporation into the State Plan that also includes the Standard Work First
50 Program."

51 **SECTION 7.1.(b)** G.S. 108A-27.3(a)(12) reads as rewritten:

1 "(a) In addition to other powers and duties conferred upon the Department of Health and
2 Human Services, Child Support Enforcement Program, by this Chapter or other State law, the
3 Department shall have the following powers and duties:

4 ...

5 (10) Certify obligors to the federal Office of Child Support Enforcement for the
6 Passport Denial Program under G.S. 110-143.

7 (11) Certify to the federal Office of Child Support Enforcement determinations that
8 an obligor in a IV-D case owes support arrears in an amount equal to or greater
9 than the federally mandated thresholds for offset of federal income tax refunds
10 under 42 U.S.C. § 664(b)(2) if the arrears are assigned to the State and 45
11 C.F.R. § 303.72(a)(2) if the arrears are not assigned to the State.

12 (12) Certify obligors to the federal Office of Child Support Enforcement for the
13 Administrative Offset Program under G.S. 110-144."

14 **SECTION 7.3.(c)** Article 9 of Chapter 110 of the General Statutes is amended by
15 adding the following new sections to read:

16 **"§ 110-143. Passport Denial Program.**

17 (a) Participation. – The Department of Health and Human Services shall participate in
18 the federal Passport Denial Program for the denial, revocation, or limitation of an obligor's
19 passports under 42 U.S.C. § 654(31) and 42 U.S.C. § 652(k).

20 (b) Certification. – The Department shall annually certify to the federal Office of Child
21 Support Enforcement (OCSE) an obligor in a IV-D case whose support arrears exceed the
22 federally mandated threshold in 42 U.S.C. § 654(31). The OCSE shall transmit the certification
23 to the U.S. Department of State pursuant to the federal Passport Denial Program.

24 (c) Notice. – The Department shall send written notice of the certification to the obligor
25 at the obligor's last known address. The notice shall advise the obligor of all of the following:

26 (1) The amount of the arrears as of the date of the notice.

27 (2) The possibility that the obligor's passport may be denied, revoked, or
28 restricted by the U.S. Department of State.

29 (3) The procedure to contest the certification.

30 (d) Appeal. – Within 60 days of the date the notice is placed in the mail to the obligor,
31 the obligor may file a contested case petition with the North Carolina Office of Administrative
32 Hearings to contest the certification. The contested case shall be conducted in accordance with
33 Article 3 of Chapter 150B of the General Statutes. The obligor may contest the certification only
34 if one of the following applies:

35 (1) An arrearage does not exist.

36 (2) An arrearage does exist, but never exceeded the federally mandated threshold.

37 (3) There is a claim of mistaken identity.

38 (e) Withdrawal of Certification. – The Department shall notify the OCSE if the obligor's
39 support arrears are paid in full.

40 **"§ 110-144. Administrative Offset Program.**

41 (a) Participation. – The Department of Health and Human Services shall participate in
42 the federal Administrative Offset Program for the offset of certain federal payments under 31
43 C.F.R. § 285.1.

44 (b) Certification. – The Department shall annually certify to the federal Office of Child
45 Support Enforcement (OCSE) an obligor in a IV-D case whose support arrears are (i) equal to or
46 greater than one hundred fifty dollars (\$150.00) if the arrears are assigned to the State and (ii)
47 equal to or greater than five hundred dollars (\$500.00) if the arrears are not assigned to the State.

48 (c) Notice. – At least 30 days before certification, the Department shall send written
49 notice of the certification to the obligor at the obligor's last known address. The notice shall
50 advise the obligor of all of the following:

51 (1) The amount of the arrears as of the date of the notice.

1 (2) The possibility that the obligor may have certain federal payments offset by
2 FMS.

3 (3) The procedures to contest the certification.

4 Without further notice to the obligor, the Department shall provide OCSE with updates to
5 adjust the amount of arrears to reflect any payments or additional arrears that accrue after the
6 date of certification.

7 (d) Appeal. – Within 60 days of the date the notice is placed in the mail to the obligor,
8 the obligor may file a contested case petition with the North Carolina Office of Administrative
9 Hearings to contest the certification. The contested case shall be conducted in accordance with
10 Article 3 of Chapter 150B of the General Statutes. The obligor may contest the certification only
11 if either of the following applies:

12 (1) The amount of arrears stated in the notice is incorrect.

13 (2) There is a claim of mistaken identity."

14
15 **AUTHORIZATION FOR DSS TO GRANT EXCEPTIONS FOR EQUIVALENT CHILD**
16 **WELFARE TRAINING COMPLETED IN ANOTHER STATE**

17 **SECTION 7.4. G.S. 131D-10.6A reads as rewritten:**

18 **"§ 131D-10.6A. Training by the Division of Social Services required.**

19 ...

20 (b) The Division of Social Services shall establish minimum training requirements for
21 child welfare services staff. The minimum training requirements established by the Division are
22 as follows:

23 (1) Child welfare services workers shall complete a minimum of 72 hours of
24 preservice training before assuming direct client contact responsibilities. In
25 completing this requirement, the Division of Social Services shall ensure that
26 each child welfare worker receives training on family centered practices and
27 State and federal law regarding the basic rights of individuals relevant to the
28 provision of child welfare services, including the right to privacy, freedom
29 from duress and coercion to induce cooperation, and the right to parent.

30 (2) Child protective services workers shall complete a minimum of 18 hours of
31 additional training that the Division of Social Services determines is necessary
32 to adequately meet training needs.

33 (3) Foster care and adoption workers shall complete a minimum of 39 hours of
34 additional training that the Division of Social Services determines is necessary
35 to adequately meet training needs.

36 (4) Child welfare services supervisors shall complete a minimum of 72 hours of
37 preservice training before assuming supervisory responsibilities and a
38 minimum of 54 hours of additional training that the Division of Social
39 Services determines is necessary to adequately meet training needs.

40 (5) Child welfare services staff shall complete 24 hours of continuing education
41 annually. In completing this requirement, the Division of Social Services shall
42 provide each child welfare services staff member with annual update
43 information on family centered practices and State and federal law regarding
44 the basic rights of individuals relevant to the provision of child welfare
45 services, including the right to privacy, freedom from duress and coercion to
46 induce cooperation, and the right to parent.

47 (c) The Division of Social Services may grant an exception in whole or in part to the
48 requirement under subdivision ~~(1) of this subsection~~ (b)(1) of this section to child welfare
49 workers who ~~satisfactorily meet either of the following:~~

50 (1) Satisfactorily complete or are enrolled in a masters or bachelors program after
51 July 1, 1999, from a North Carolina social work program accredited pursuant

1 to the Council on Social Work Education. The program's curricula must cover
 2 the specific preservice training requirements as established by the Division of
 3 Social Services.

4 (2) Have child welfare work experience in another state and have completed child
 5 welfare training equivalent to training in this State.

6 (d) The Division of Social Services shall ensure that training opportunities are available
 7 for county departments of social services and consolidated human service agencies to meet the
 8 training requirements of ~~this subsection.~~ subsection (b) of this section."

9
 10 **CLARIFICATION OF WHO SETS MAXIMUM DAILY RATE FOR ADULT DAY**
 11 **CARE SERVICES**

12 **SECTION 7.5.** G.S. 143B-153(2a)b.3. reads as rewritten:

13 "3. Maximum rates of payment for the provision of social services,
 14 except there shall be no maximum statewide reimbursement
 15 rate for adult day care services, adult day health services, and
 16 the associated transportation services, as these reimbursement
 17 rates shall be determined at the local level by the county
 18 department of social services or a designee of the board of
 19 county commissioners to allow flexibility in responding to
 20 local variables."

21
 22 **PART VIII. LAWS PERTAINING TO THE DIVISION OF VOCATIONAL**
 23 **REHABILITATION SERVICES**

24
 25 **CHANGES TO EFFECTUATE RENAMING OF DIVISION**

26 **SECTION 8.1.** G.S. 108A-26 reads as rewritten:

27 **"§ 108A-26. Certain financial assistance and in-kind goods not considered in determining**
 28 **assistance paid under Chapters 108A and 111.**

29 Financial assistance and in-kind goods or services received from a governmental agency, or
 30 from a civic or charitable organization, shall not be considered in determining the amount of
 31 assistance to be paid any person under Chapters 108A and 111 of the General Statutes provided
 32 that such financial assistance and in-kind goods and services are incorporated in the rehabilitation
 33 plan of such person being assisted by the Division of ~~Vocational Rehabilitation Services~~
 34 Inclusive Employment and Independence or the Division of Services for the Blind of the
 35 Department of Health and Human Services, except where such goods and services are required
 36 to be considered by federal law or regulations."

37 **SECTION 8.2.** G.S. 111-11.1 reads as rewritten:

38 **"§ 111-11.1. Jurisdiction of certain Divisions within the Department of Health and Human**
 39 **Services.**

40 For the purpose of providing rehabilitative services to people who are visually impaired, the
 41 Division of Services for the Blind and the Division of ~~Vocational Rehabilitation Services~~
 42 Inclusive Employment and Independence shall develop and enter into an agreement specifying
 43 which agency can most appropriately meet the specific needs of this client population. If the
 44 Divisions cannot reach an agreement, the Secretary of Health and Human Services shall
 45 determine which Division can most appropriately meet the specific needs of this client
 46 population."

47 **SECTION 8.3.** G.S. 122C-22(a)(7) reads as rewritten:

48 "(7) Persons subject to rules and regulations of the Division of ~~Vocational~~
 49 Rehabilitation Services-Inclusive Employment and Independence."

50 **SECTION 8.4.** G.S. 131D-2.3 reads as rewritten:

51 **"§ 131D-2.3. Exemptions from licensure.**

1 The following are excluded from this Article and are not required to be registered or obtain
 2 licensure under this Article:

- 3 (1) Facilities licensed under Chapter 122C or Chapter 131E of the General
 4 ~~Statutes; Statutes.~~
- 5 (2) Persons subject to rules of the Division of ~~Vocational Rehabilitation~~
 6 ~~Services; Inclusive Employment and Independence.~~
- 7 (3) Facilities that care for no more than four persons, all of whom are under the
 8 supervision of the United States Veterans ~~Administration; Administration.~~
- 9 (4) Facilities that make no charges for housing, amenities, or personal care
 10 service, either directly or ~~indirectly; and indirectly.~~
- 11 (5) Institutions that are maintained or operated by a unit of government and that
 12 were established, maintained, or operated by a unit of government and exempt
 13 from licensure by the Department on September 30, 1995."

14 **SECTION 8.5.** G.S. 143-545.1(a) reads as rewritten:

15 "(a) Policy. – Recognizing that disability is a natural part of human experience, the State
 16 establishes as its policy that individuals with physical and mental disabilities should be able to
 17 participate to the maximum extent of their abilities in the economic, educational, cultural, social,
 18 and political activities available to all citizens of the State. To implement this policy, the
 19 Department of Health and Human Services shall establish and operate comprehensive and
 20 accountable programs of vocational rehabilitation and independent living for persons with
 21 disabilities. These programs are to be administered by the Division of ~~Vocational Rehabilitation~~
 22 ~~Services; Inclusive Employment and Independence~~ in collaboration with the Division of Services
 23 for the Blind, which conducts vocational rehabilitation and independent living programs for
 24 individuals who are blind or visually impaired, pursuant to Chapter 111 of the General Statutes
 25 and the rules of the Commission for the Blind adopted pursuant to G.S. 143B-157. The programs
 26 so provided shall be administered according to the following principles:

27"

28 **SECTION 8.6.** G.S. 143-547 reads as rewritten:

29 **"§ 143-547. Subrogation rights; withholding of information a misdemeanor.**

30 ...

31 (b) In furnishing a person rehabilitation services, including medical case services under
 32 this Chapter, the Division of ~~Vocational Rehabilitation Services; Inclusive Employment and~~
 33 ~~Independence~~ is subrogated to the person's right of recovery from:

- 34 (1) Personal insurance;
- 35 (2) Worker's Compensation;
- 36 (3) Any other person or personal injury caused by the other person's negligence
 37 or wrongdoing; or
- 38 (4) Any other source.

39 (c) The Division of ~~Vocational Rehabilitation Services; Inclusive Employment and~~
 40 ~~Independence's~~ right to subrogation is limited to the cost of the rehabilitation services provided
 41 by or through the Division for which a financial needs test is a condition of the service provisions.
 42 Those services that are provided without a financial needs test are excluded from these
 43 subrogation rights.

44 (d) The Division of ~~Vocational Rehabilitation Services; Inclusive Employment and~~
 45 ~~Independence~~ may totally or partially waive subrogation rights when the Division finds that
 46 enforcement would tend to defeat the client's process of rehabilitation or when client assets can
 47 be used to offset additional Division costs.

48 (e) The Division of ~~Vocational Rehabilitation Services; Inclusive Employment and~~
 49 ~~Independence~~ may adopt rules for the enforcement of its rights of subrogation.

50 (f) It is a Class 1 misdemeanor for a person seeking or having obtained assistance under
 51 this Part for himself or another to willfully fail to disclose to the Division of ~~Vocational~~

1 ~~Rehabilitation Services-Inclusive Employment and Independence~~ or its attorney the identity of
 2 any person or organization against whom the recipient of assistance has a right of recovery,
 3 contractual or otherwise."

4 **SECTION 8.7.** G.S. 143-548 reads as rewritten:

5 "**§ 143-548. Vocational State Rehabilitation Council.**

6 (a) There is established the Vocational State Rehabilitation Council (Council) in support
 7 of the activities of the Division of ~~Vocational Rehabilitation Services-Inclusive Employment and~~
 8 ~~Independence~~ to be composed of not more than 18 appointed members. Appointed members shall
 9 be voting members except where prohibited by federal law or regulations. The Director of the
 10 Division of ~~Vocational Rehabilitation Services-Inclusive Employment and Independence~~ and one
 11 vocational rehabilitation counselor who is an employee of the Division shall serve ex officio as
 12 nonvoting members. The President Pro Tempore of the Senate shall appoint six members, the
 13 Speaker of the House of Representatives shall appoint six members, and the Governor shall
 14 appoint five or six members. The appointing authorities shall appoint members of the Council
 15 after soliciting recommendations from representatives of organizations representing a broad
 16 range of individuals with disabilities. Terms of appointment shall be as specified in subsection
 17 (d1) of this section. Appointments shall be made as follows:

18 ...

19 (b1) Additional Qualifications. – In addition to ensuring the qualifications for membership
 20 prescribed in subsection (a) of this section, the appointing authorities shall ensure that a majority
 21 of Council members are individuals with disabilities and are not employed by the Division of
 22 ~~Vocational Rehabilitation Services-Inclusive Employment and Independence.~~

23"

24 **PART IX. MISCELLANEOUS**

25 **MODIFICATION OF EDUCATIONAL REQUIREMENTS FOR REGISTERED** 26 **ENVIRONMENTAL HEALTH SPECIALISTS**

27 **SECTION 9.1.(a)** G.S. 90A-53 reads as rewritten:

28 "**§ 90A-53. Qualifications and examination for registration as an environmental health**
 29 **specialist or environmental health specialist intern.**

30 (a) The Board shall issue a certificate to a qualified person as a registered environmental
 31 health specialist or a registered environmental health specialist intern. A certificate as a registered
 32 environmental health specialist or a registered environmental health specialist intern shall be
 33 issued to any person upon the Board's determination that the ~~person;~~ person satisfies all of the
 34 following criteria:

- 35 (1) Has made application to the Board on a form prescribed by the Board and paid
 36 a fee not to exceed one hundred dollars ~~(\$100.00);~~ (\$100.00).
 37 (2) Is of good moral and ethical character and has signed an agreement to adhere
 38 to the Code of Ethics adopted by the ~~Board;~~ Board.
 39 (3) Meets any of the following combinations of education and practice experience
 40 standards:
 41 a. ~~Graduated from a baccalaureate with a bachelor's degree or~~
 42 ~~postgraduate degree from a program that is accredited by the National~~
 43 ~~Environmental Health Science and Protection Accreditation Council~~
 44 ~~(EHAC) and has one or more years of experience in the field of~~
 45 ~~environmental health practice; or~~ (EHAC).
 46 b. ~~Graduated from a baccalaureate or postgraduate degree program that~~
 47 ~~is accredited by an accrediting organization recognized by the United~~
 48 ~~States Department of Education, Council for Higher Education~~

- 1 ~~Accreditation (CHEA) with a bachelor's degree or postgraduate degree~~
 2 ~~and meets both of the following:~~
 3 1. ~~Earned—earned~~ a minimum of 30 semester hours or its
 4 ~~equivalent—45 quarter hours in the physical or biological~~
 5 ~~sciences; and physical, biological, natural, life, or health~~
 6 ~~sciences and has one~~
 7 2. ~~Has two~~ or more years of experience in the field of
 8 environmental health practice.
 9 c. ~~Graduated from a baccalaureate program rated as acceptable by the~~
 10 ~~Board and meets both of the following: with a bachelor's degree or~~
 11 ~~postgraduate degree in public health and has one or more years of~~
 12 ~~experience in the field of environmental health practice.~~
 13 1. ~~Earned a minimum of 30 semester hours or its equivalent in the~~
 14 ~~physical or biological sciences; and~~
 15 2. ~~Has two or more years of experience in the field of~~
 16 ~~environmental health practice.~~
 17 (4) Has satisfactorily completed a course in specialized instruction and training
 18 approved by the Board in the practice of environmental ~~health; health.~~
 19 (5) Repealed by Session Laws 2009-443, s. 4, effective August 7, 2009.
 20 (6) Has passed an examination administered by the Board designed to test for
 21 competence in the subject matters of environmental health sanitation. The
 22 examination shall be in a form prescribed by the Board and may be oral,
 23 written, or both. The examination for applicants shall be held annually or more
 24 frequently as the Board may by rule prescribe, at a time and place to be
 25 determined by the Board. A person shall not be registered if such person fails
 26 to meet the minimum grade requirements for examination specified by the
 27 Board. Failure to pass an examination shall not prohibit such person from
 28 being examined at subsequent times and places as specified by the ~~Board;~~
 29 ~~and Board.~~
 30 (7) Has paid a fee set by the Board not to exceed the cost of purchasing the
 31 examination and an administrative fee not to exceed one hundred fifty dollars
 32 (\$150.00).
 33 (b) The Board may issue a certificate to a person serving as a registered environmental
 34 health specialist intern without the person meeting the full requirements for experience of a
 35 registered environmental health specialist for a period not to exceed ~~three—two~~ years from the date
 36 of initial registration as a registered environmental health specialist intern, provided, the person
 37 meets the educational requirements in G.S. 90A-53 and is in the field of environmental health
 38 practice."

39 **SECTION 9.1.(b)** This section becomes effective October 1, 2023.

40
 41 **PART X. EFFECTIVE DATE**

42 **SECTION 10.1.** Except as otherwise provided, this act is effective when it becomes
 43 law.