

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2023

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HOUSE BILL 287  
Committee Substitute Favorable 3/21/23  
Committee Substitute #2 Favorable 4/4/23  
PROPOSED SENATE COMMITTEE SUBSTITUTE H287-PCS30497-BP-26

Short Title: Health Care Omnibus.

(Public)

Sponsors:

Referred to:

March 8, 2023

A BILL TO BE ENTITLED

AN ACT REQUIRING HEALTH CARE PRACTITIONERS AND PHARMACISTS TO EDUCATE PATIENTS WITH PRESCRIPTIONS FOR OPIOID PAIN MEDICATIONS AND MEDICATIONS TO TREAT OPIOID USE DISORDER ABOUT THE POTENTIAL DANGERS OF OPIOIDS, OVERDOSE PREVENTION, AND THE AVAILABILITY AND USE OF OPIOID ANTAGONISTS TO PREVENT OVERDOSE DEATHS; CLARIFYING MEDICAID BENEFITS FOR INMATES; ALLOWING RECIPROCAL LICENSING FOR MARRIAGE AND FAMILY THERAPISTS; REDUCING THE UNNECESSARY REGULATORY BURDEN ON MASTER'S LEVEL PSYCHOLOGISTS; INCREASING ACCESS TO QUALITY MENTAL HEALTH CARE SERVICES; ELIMINATING CERTIFICATE OF NEED REVIEW FOR INPATIENT REHABILITATION SERVICES, REHABILITATION FACILITIES, AND REHABILITATION BEDS; AND INCREASING THE NUMBER OF EDUCATION HOURS REQUIRED FOR LICENSURE AS A MASSAGE THERAPIST.

The General Assembly of North Carolina enacts:

**SECTION 1.(a)** Article 1 of Chapter 90 of the General Statutes is amended by adding a new section to read:

**"§ 90-12.8. Requirement to provide opioid antagonist education.**

(a) Consistent with the federal Food and Drug Administration's labeling requirements for opioid pain medication and medication to treat opioid use disorder announced in its Drug Safety Communication dated July 23, 2020, a practitioner as defined in G.S. 90-87(22) shall do all of the following when issuing a prescription for a Schedule II controlled substance described in G.S. 90-90(1):

- (1) Provide information regarding all of the following to each patient receiving the prescription:
  - a. The potential dangers of opioids.
  - b. Overdose prevention.
  - c. The availability and use of a drug approved by the federal Food and Drug Administration as an opioid antagonist for the complete or partial reversal of opioid-induced respiratory depression.
- (2) Provide the information described in sub-subdivisions (1)a. through (1)c. of this subsection to one or more persons if designated by the patient receiving the prescription or, for a patient who is a minor, to the minor's parent, guardian, or person standing in loco parentis.



\* H 2 8 7 - P C S 3 0 4 9 7 - B P - 2 6 \*

1 (b) When dispensing a Schedule II controlled substance described in G.S. 90-90(1), a  
 2 pharmacy, through a pharmacist or pharmacy personnel, shall do one of the following:

3 (1) Make available in electronic or paper form the information described in  
 4 sub-subdivisions (a)(1)a. through (a)(1)c. of this section that is consistent with  
 5 the federal Food and Drug Administration's labeling requirements for opioid  
 6 pain medication and medication to treat opioid use disorder announced in its  
 7 Drug Safety Communication dated July 23, 2020.

8 (2) Post signage in a conspicuous place containing the information described in  
 9 sub-subdivisions (a)(1)a. through (a)(1)c. of this section. The information  
 10 required to be on the signage may be provided through a Quick Response code  
 11 or similar technology.

12 (c) Nothing in this section shall be construed to do any of the following:

13 (1) Limit a practitioner's liability for negligent diagnosis or treatment of a patient,  
 14 as allowed under applicable State or federal law.

15 (2) Constitute negligence per se or create a private right of action against any  
 16 practitioner, including a pharmacy, a pharmacist, or pharmacy personnel, who  
 17 fails to follow the requirements of this section.

18 (d) This section shall not apply to the following:

19 (1) A practitioner providing hospice services as defined in G.S. 131E-201(5b) to  
 20 a hospice patient as defined in G.S. 131E-201(4).

21 (2) A veterinarian acting in the practice of veterinary medicine, as defined in  
 22 G.S. 90-181, at an animal health center, emergency facility, mobile facility,  
 23 veterinary clinic, or veterinary hospital, as defined in G.S. 90-181.1."

24 **SECTION 1.(b)** This section becomes effective December 1, 2025.

25 **SECTION 2.(a)** G.S. 108D-40 reads as rewritten:

26 **"§ 108D-40. Populations covered by PHPs.**

27 (a) Capitated PHP contracts shall cover all Medicaid program aid categories except for  
 28 the following categories:

29 ...  
 30 (9) Recipients who are inmates of prisons. Upon the recipient's release from  
 31 prison, the exception under this subdivision shall continue to apply for a  
 32 period that is the shorter of the following:

33 a. The recipient's initial Medicaid eligibility certification period  
 34 post-release.

35 b. 365 days.

36 (9a) Recipients residing in carceral settings other than prisons and whose Medicaid  
 37 eligibility has been suspended. Upon the recipient's release from  
 38 incarceration, the exception under this subdivision shall continue to apply for  
 39 a period that is the shorter of the following:

40 a. The recipient's initial Medicaid eligibility certification period  
 41 post-release.

42 b. 365 days.

43 ...."

44 **SECTION 2.(b)** This section is effective January 1, 2025.

45 **SECTION 3.(a)** G.S. 90-270.56 reads as rewritten:

46 **"§ 90-270.56. Reciprocal licenses.**

47 (a) Reciprocal License for Marriage and Family Therapist. – The Board ~~may~~ shall issue  
 48 a license as a marriage and family therapist ~~or a marriage and family therapy associate~~ by  
 49 reciprocity to any person who applies for the license as prescribed by the Board and who at all  
 50 times during the application process:

51 (1) ~~Has been licensed for five continuous years and is~~ Meets one of the following:

1           a.     ~~Is currently licensed as a marriage and family therapist or marriage~~  
 2                 ~~and family therapy associate in another state.~~ state and has passed the  
 3                 Board's examination on jurisprudence required by G.S. 90-270.55.

4           b.     Is currently licensed as a marriage and family therapist in another state  
 5                 and has been licensed for two continuous years.

6           (2)   ~~Has~~  Holds an unrestricted license in good standing in the other state.

7           (3)   Has no unresolved complaints in any jurisdiction.

8           (4)   Has passed the National Marriage and Family Therapy  
 9                 ~~examination.~~ examination or has passed the clinical examination required by  
 10                the licensing board that regulates marriage and family therapy in the State of  
 11                California.

12        (b)   Applicant Reporting Requirement. – An applicant applying for license as a marriage  
 13        and family therapist by reciprocity under subsection (a) of this section shall submit a current  
 14        report from the U.S. Department of Health and Human Services National Practitioner Data Bank  
 15        to the Board.

16        (c)   Licensure Provisions. – Any license issued pursuant to this section shall designate the  
 17        license as a reciprocal license. The holder of a license to engage in the practice of marriage and  
 18        family therapy issued pursuant to this section shall be entitled to the same rights and subject to  
 19        the same obligations, including continuing education, as required of any person holding a license  
 20        issued pursuant to G.S. 90-270.54.

21        (d)   Reciprocal License for Marriage and Family Associate. – The Board shall issue a  
 22        license as a marriage and family therapy associate by reciprocity to any person who applies for  
 23        the license as prescribed by the Board and who at all times during the application process:

24           (1)   Has been licensed for five continuous years and is currently licensed as a  
 25                 marriage and family therapy associate in another state.

26           (2)   Has an unrestricted license in good standing in the other state.

27           (3)   Has no unresolved complaints in any jurisdiction.

28           (4)   Has passed the National Marriage and Family Therapy examination."

29        **SECTION 3.(b)** G.S. 90-270.55 reads as rewritten:

30        **"§ 90-270.55. Examinations.**

31        (a)   Each applicant for licensure as a licensed marriage and family therapist shall pass an  
 32        examination as determined by the Board.

33        (b)   All applicants for reciprocal licensure shall pass an examination described in  
 34        G.S. 90-270.56(a)(4). Applicants for reciprocal licensure under G.S. 90-270.56(a)(1)a. shall also  
 35        pass a jurisprudence examination that is limited to testing of the knowledge of the laws and rules  
 36        of the State.

37        (c)   The Board shall set the passing score for examinations. Any request by an applicant  
 38        for reasonable accommodations in taking the examination shall be submitted in writing to the  
 39        Board and shall be supported by documentation as may be required by the Board in assessing the  
 40        request."

41        **SECTION 3.(c)** G.S. 90-270.63(a) reads as rewritten:

42        **"§ 90-270.63. Criminal history record checks of applicants for licensure as a marriage and**  
 43        **family therapist and a marriage and family therapy associate.**

44        (a)   Definitions. – The following definitions shall apply in this section:

45           (1)   Applicant. – A person applying for licensure as a licensed marriage and family  
 46                 therapy associate pursuant to G.S. 90-270.54A or G.S. 90-270.56(d) or a  
 47                 licensed marriage and family therapist pursuant to  
 48                 G.S. 90-270.54.G.S. 90-270.54 or G.S. 90-270.56(a).

49           ...."

50        **SECTION 3.(d)** This section becomes effective October 1, 2024, and applies to  
 51        applications for licensure received on or after that date.

SECTION 4.(a) G.S. 90-270.139 reads as rewritten:

"§ 90-270.139. Application; examination; supervision; provisional and temporary licenses.

(e) Except as provided in subsection (e1) of this section:

(1) A licensed psychological associate shall be supervised by a qualified licensed psychologist, or other qualified professionals, licensed psychological associate in accordance with Board rules specifying the format, setting, content, time frame, amounts of supervision, qualifications of supervisors, disclosure of supervisory relationships, the organization of the supervised experience, and the nature of the responsibility assumed by the supervisor.

(2) A licensed psychological associate who provides health services shall be supervised, for those activities requiring supervision, supervised by a qualified licensed psychologist holding health services provider certification or by other a qualified professionals licensed psychological associate under the overall direction of a qualified licensed psychologist holding health services provider certification, in accordance with Board rules.

(3) Except as provided below, supervision, Supervision, including the supervision of health services, is required only when a licensed psychological associate engages in: assessment of personality functioning; neuropsychological evaluation; psychotherapy, counseling, and other interventions with clinical populations for the purpose of preventing or eliminating symptomatic, maladaptive, or undesired behavior; and, the use of intrusive, punitive, or experimental procedures, techniques, or measures. The Board shall adopt rules implementing and defining this provision, and as the practice of psychology evolves, may identify additional activities requiring supervision in order to maintain acceptable standards of practice in the practice of psychology in accordance with Board rules.

(e1) The Board shall approve any licensed psychological associate to engage in independent practice, without supervision by a qualified licensed psychologist or qualified licensed psychological associate, if the licensed psychological associate meets all of the following requirements:

(1) Has 4,000 hours of post-licensure experience in the delivery of psychological services under the supervision of one or more qualified licensed psychologists or qualified licensed psychological associates within a time period of at least 24 consecutive months and less than 60 consecutive months.

(2) Documents that all performance ratings for the 4,000 hours of post-licensure experience required by subdivision (1) of this subsection have been average or above average.

(3) Submits an application for independent practice with proof of the 4,000 hours of post-licensure experience required by subdivision (1) of this subsection.

...."

SECTION 4.(b) G.S. 90-270.145 reads as rewritten:

"§ 90-270.145. Licensure; examination; foreign graduates.

(b) Licensed Psychological Associate. –

(3) No licensed psychological associate shall engage in the practice of neuropsychology or forensic psychology without first demonstrating specialized education and training to practice in those areas as the Board may determine by rule. In considering whether the licensed psychological associate has sufficient specialized education and training to engage in the practice of

1 neuropsychology or forensic psychology, the Board may consider the licensed  
2 psychological associate's graduate level course work, continuing education,  
3 supervised training experience, or any other factors the Board deems  
4 appropriate. For purposes of this subdivision, "neuropsychology" is defined  
5 as "the branch of science that studies the physiological processes of the  
6 nervous system and relates them to behavior and cognition" and "forensic  
7 psychology" is defined as "the application of psychological principles and  
8 techniques to situations that are involved in the civil and criminal legal  
9 systems, including, but not limited to, psychological assessments and expert  
10 testimony."

11 ...."

12 **SECTION 4.(c)** G.S. 90-270.153 reads as rewritten:

13 **"§ 90-270.153. Provision of health services; certification as health services provider.**

14 (a) Health services, as defined in G.S. 90-270.136(4) and G.S. 90-270.136(8), may be  
15 provided by qualified licensed psychological associates, qualified licensed psychologists holding  
16 provisional, temporary, or permanent licenses, or qualified applicants. ~~Qualified~~ Except as  
17 provided in subsection (h) of this section, qualified licensed psychological associates, qualified  
18 licensed psychologists holding provisional or temporary licenses, or qualified applicants may  
19 provide health services only under supervision as specified in the duly adopted rules of the Board.

20 ...

21 (h) A licensed psychological associate who possesses a certification as a health services  
22 provider psychological associate in accordance with subsection (c) of this section may provide  
23 health services without supervision upon meeting the requirements in G.S. 90-270.139(e1).

24 (i) Notwithstanding the provisions of subsection (h) of this section, a licensed  
25 psychological associate who was licensed before June 30, 2013, who can demonstrate, in  
26 accordance with Board rules, that he or she has been engaged in the provision of health services  
27 psychology under supervision for 4,000 hours within a time period of at least 24 consecutive  
28 months and less than 60 consecutive months, shall meet the requirements for certification as a  
29 health services provider psychological associate."

30 **SECTION 4.(d)** G.S. 90-270.140 reads as rewritten:

31 **"§ 90-270.140. Psychology Board; appointment; term of office; composition.**

32 For the purpose of carrying out the provisions of this Article, there is created a North Carolina  
33 Psychology Board, which shall consist of seven members appointed by the Governor. At all times  
34 three members shall be licensed psychologists, two members shall be licensed psychological  
35 associates, and two members shall be members of the public who are not licensed under this  
36 Article. The Governor shall give due consideration to the adequate representation of the various  
37 fields and areas of practice of psychology and to adequate representation from various geographic  
38 regions in the State. Terms of office shall be three years. All terms of service on the Board expire  
39 June 30 in appropriate years. As the term of a psychologist member expires, or as a vacancy of a  
40 psychologist member occurs for any other reason, the Board, the North Carolina Psychological  
41 Association, or its successor, shall, and the North Carolina Association of Professional  
42 Psychologists, or its successor, shall form a nominating committee and, having sought the advice  
43 of the chairs of the graduate departments of psychology in the State, nominees from licensee  
44 for each vacancy, shall submit to the Governor a list of the names of three eligible persons. From  
45 this list the Governor shall make the appointment for a full term, or for the remainder of the  
46 unexpired term, if any. Each Board member shall serve until his or her successor has been  
47 appointed. As the term of a member expires, or if one should become vacant for any reason, the  
48 Governor shall appoint a new member within 60 days of the vacancy's occurring. No member,  
49 either public or licensed under this Article, shall serve more than three complete consecutive  
50 terms."

51 **SECTION 4.(e)** This section is effective October 1, 2024.

SECTION 5.(a) G.S. 131E-176 reads as rewritten:

"§ 131E-176. Definitions.

The following definitions apply in this Article:

...

(9a) Health service. – An organized, interrelated activity that is medical, diagnostic, therapeutic, ~~rehabilitative~~, or a combination thereof and that is integral to the prevention of disease or the clinical management of an individual who is sick or injured or who has a disability. "Health service" does not include administrative and other activities that are not integral to clinical management.

(9b) Health service facility. – A hospital; long-term care hospital; ~~rehabilitation facility~~; nursing home facility; adult care home; kidney disease treatment center, including freestanding hemodialysis units; intermediate care facility for individuals with intellectual disabilities; home health agency office; diagnostic center; hospice office, hospice inpatient facility, hospice residential care facility; and ambulatory surgical facility.

(9c) Health service facility bed. – A bed licensed for use in a health service facility in the categories of (i) acute care beds; ~~(iii) rehabilitation beds~~; ~~(iv)~~ (ii) nursing home beds; ~~(v)~~ (iii) intermediate care beds for individuals with intellectual disabilities; ~~(vii)~~ (iv) hospice inpatient facility beds; ~~(viii)~~ (v) hospice residential care facility beds; ~~(ix)~~ (vi) adult care home beds; and ~~(x)~~ (vii) long-term care hospital beds.

...

(13) Hospital. – A public or private institution which is primarily engaged in providing to inpatients, by or under supervision of physicians, diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, ~~or rehabilitation services for the rehabilitation of injured, disabled, or sick persons~~. The term includes all facilities licensed pursuant to G.S. 131E-77, except rehabilitation facilities and long-term care hospitals.

...

(17a) Nursing care. – Any of the following:

- a. Skilled nursing care and related services for residents who require medical or nursing care.
- b. Rehabilitation services—services, other than those provided at an inpatient rehabilitation facility, for the rehabilitation of individuals who are injured or sick or who have disabilities.
- c. Health-related care and services provided on a regular basis to individuals who because of their mental or physical condition require care and services above the level of room and board, which can be made available to them only through institutional facilities.

These are services which are not primarily for the care and treatment of mental diseases.

...."

SECTION 5.(b) This section is effective when it becomes law.

SECTION 6.(a) G.S. 90-629 reads as rewritten:

"§ 90-629. Requirements for licensure to practice.

Upon application to the Board and the payment of the required fees, an applicant may be licensed as a massage and bodywork therapist if the applicant meets all of the following qualifications:

(1) Has obtained a high school diploma or equivalent.

- 1           (2)    Is 18 years of age or older.
- 2           (3)    Is of good moral character as determined by the Board.
- 3           (4)    Has successfully completed a training program consisting of a minimum of
- 4                ~~500~~ 650 in-class hours of supervised instruction at a Board-approved school.
- 5           (5)    Has passed a competency assessment examination that meets generally
- 6                accepted psychometric principles and standards and is approved by the Board.
- 7           (6)    Has submitted fingerprint cards in a form acceptable to the Board at the time
- 8                the license application is filed and consented to a criminal history record check
- 9                by the State Bureau of Investigation.
- 10          (7)    Demonstrates satisfactory proof of proficiency in the English language."
- 11          **SECTION 6.(b)** This section is effective July 1, 2024, and applies to applications
- 12   for licensure received on or after that date.
- 13          **SECTION 7.** Except as otherwise provided, this act is effective when it becomes
- 14   law.