

- 1 c. Collaborating with the University of North Carolina School of
2 Government to develop clinical workflows, transport guidance, and
3 bench cards that ensure successful referrals across all agencies.
4 d. The update of electronic examination forms, affidavits, and petitions
5 to capture consistent, high-quality data statewide.
6 e. Strategies to increase data sharing between DHHS and the eCourts
7 system regarding IVC exams and court proceedings, including the
8 feasibility of a public-facing dashboard and necessary State statutory
9 changes.
10 f. The feasibility and potential benefits of granting law enforcement
11 access to IVC court records for the purpose of better informing law
12 enforcement procedures and operations.
13 (2) Any additional information deemed relevant by DHHS, DIT, and AOC to
14 ensure high-quality data collection and data-driven decision making across the
15 involuntary commitment system.

16 **SECTION 1.(b)** This section is effective when it becomes law.
17

18 **PLAN TO USE TELEHEALTH IN JAILS TO COMPLETE IVC FIRST EXAMINATION**

19 **SECTION 2.(a)** The Department of Health and Human Services (DHHS) and the
20 North Carolina Sheriffs' Association are directed to develop a plan to use telehealth to complete
21 the first examinations of individuals in custody of county jails. In developing this plan, DHHS
22 and the Sheriffs' Association shall consult with relevant stakeholders. The plan shall include at
23 least all of the following:

- 24 (1) A funding amount necessary to support the provision of telehealth services in
25 all county jails within the State.
26 (2) A recommended model for jail-based telehealth services, including required
27 technical components, equipment needs, and staffing considerations.
28 (3) Development of a request for proposal to contract with approved third-party
29 organizations to examine opportunities to improve the efficiency and
30 cost-effectiveness of using telehealth to conduct first examinations of
31 individuals in custody of county jails.
32 (4) A timeline for the statewide implementation of the telehealth service plan.
33 (5) Any additional information that DHHS or the Sheriffs' Association determines
34 to be relevant to the study and its recommendations.

35 **SECTION 2.(b)** No later than October 1, 2026, DHHS and the Sheriffs' Association
36 shall submit a report on the plan as required in subsection (a) of this section to the Joint
37 Legislative Oversight Committee on Health and Human Services and the Fiscal Research
38 Division.
39

40 **PLAN TO UTILIZE MOBILE CRISIS UNITS TO COMPLETE IVC FIRST** 41 **EXAMINATIONS**

42 **SECTION 3.(a)** The Local Management Entities/Managed Care Organizations
43 (LME/MCOs) and the Department of Health and Human Services (DHHS) are directed to
44 develop a plan to use mobile crisis units to enhance the efficiency of the involuntary commitment
45 process. In developing this plan, the LME/MCOs and DHHS shall consult with relevant
46 stakeholders. The plan shall include at least all of the following:

- 47 (1) The development of a statewide coverage model that uses in-person clinicians
48 or on-call licensed clinicians in mobile crisis units to complete the first
49 examination for involuntary commitment.
50 (2) Recommendations to improve mobile crisis response.

- 1 (3) An analysis of the funding necessary to implement the plan, including costs
2 associated with training and technology.
- 3 (4) Any additional information that the LME/MCOs and DHHS deem relevant to
4 improving mobile crisis units.

5 **SECTION 3.(b)** No later than October 1, 2026, the LME/MCOs and DHHS shall
6 submit a report on the plan as required in subsection (a) of this section to the Joint Legislative
7 Oversight Committee on Health and Human Services and the Fiscal Research Division.

8 9 **INCREASED TRAINING FOR INVOLUNTARY COMMITMENT EXAMINERS**

10 **SECTION 4.(a)** The Department of Health and Human Services (DHHS) is directed
11 to evaluate the standardized training program for involuntary commitment examiners for
12 necessary improvements, and to incorporate additional training into the standardized training
13 program for providers who conduct first examinations of individuals in custody of county jails.

14 **SECTION 4.(b)** No later than December 1, 2026, DHHS shall submit a report on the
15 standardized training program as required in subsection (a) of this section to the Joint Legislative
16 Oversight Committee on Health and Human Services and the Fiscal Research Division.

17 18 **PLAN TO ADDRESS STAFFING AND BED SHORTAGES IN STATE-OPERATED** 19 **FACILITIES**

20 **SECTION 5.(a)** The Department of Health and Human Services (DHHS) is directed
21 to develop a plan to address (i) the ongoing shortage of staffed and available behavioral health
22 beds in State-Operated Facilities for individuals in crisis, (ii) the staffing deficiencies that limit
23 the use of existing behavioral health bed capacity, (iii) potential use of non-state-operated entities
24 or facilities to provide staffing for or leasing to state-operated facilities, and (iv) contracting for
25 behavioral health beds or staffing as supplementary or alternative to state-operated or staffed
26 beds. In developing this plan, DHHS shall consult with interested parties. The plan shall include
27 at least all of the following:

- 28 (1) An evaluation of current staffing models, hiring and recruitment practices,
29 employee retention strategies, and the use of incentive pools.
- 30 (2) A review of staffing requirements required by State statute and Joint
31 Commission standards.
- 32 (3) Any grant opportunities and other funding mechanisms to support behavioral
33 health bed capacity.
- 34 (4) An assessment of opportunities to utilize non-governmental facilities or
35 entities, whether non-profit or for-profit.
- 36 (5) Any additional information, suggestion or initiative, DHHS deems relevant to
37 address staffing shortages and the ongoing shortage of available behavioral
38 health beds.

39 **SECTION 5.(b)** No later than December 1, 2026, DHHS shall submit a report on the
40 plan as required in subsection (a) of this section to the Joint Legislative Oversight Committee on
41 Health and Human Services and the Fiscal Research Division.

42 43 **STUDY LACK OF USE OF OUTPATIENT COMMITMENT**

44 **SECTION 6.(a)** The North Carolina Collaboratory (Collaboratory) shall conduct a
45 study on how outpatient commitment may be more effectively used and implemented in the State.
46 In developing this study, the Collaboratory shall consult with relevant stakeholders. The study
47 shall include at least all of the following:

- 48 (1) A review of State statutes governing outpatient commitment and the
49 identification of any statutory revisions needed to align the State with best
50 practices in other states.

- 1 (2) An examination of barriers that limit the use or effectiveness of outpatient
2 commitment, including the availability of outpatient commitment services
3 statewide.
- 4 (3) An assessment of mechanisms currently available to track adherence and
5 monitor compliance, along with proposed methods to strengthen and enhance
6 tracking and monitoring processes.
- 7 (4) Any additional issues the Collaboratory determines to be relevant to
8 improving the use and effectiveness of outpatient commitment.

9 **SECTION 6.(b)** No later than December 1, 2026, the North Carolina Collaboratory
10 shall submit a report on the study as required in subsection (a) of this section to the Joint
11 Legislative Oversight Committee on Health and Human Services.

12 13 **BEHAVIORAL HEALTH STATEWIDE CENTRAL AVAILABILITY NAVIGATOR** 14 **UPDATES (BH SCAN)**

15 **SECTION 7.(a)** The Department of Health and Human Services (DHHS), in
16 consultation with the Sheriffs' Association, is directed to provide law enforcement access to BH
17 SCAN. DHHS shall report to the Joint Legislative Oversight Committee on Health and Human
18 Services when access is complete.

19 **SECTION 7.(b)** DHHS is directed to develop and implement real-time data
20 availability within BH SCAN. DHHS shall ensure that BH SCAN provides timely, accurate, and
21 continuously updated information on available behavioral health beds to authorized users.

22 **SECTION 7.(c)** DHHS shall develop and implement functionality within BH SCAN
23 that allows authorized users to reserve an available behavioral health bed in real time.

24 **SECTION 7.(d)** Subsection (a) of this section is effective August 1, 2026.
25 Subsections (b) and (c) of this section are effective August 1, 2027. The remainder of this section
26 is effective when it becomes law.

27 28 **STUDY LEGAL STANDARDS FOR INVOLUNTARY COMMITMENT AND** 29 **INCAPACITY TO PROCEED**

30 **SECTION 8.(a)** The North Carolina Collaboratory (Collaboratory) shall conduct a
31 comprehensive study of the differing legal standards governing involuntary commitment and
32 incapacity to proceed to identify statutory revisions that would enhance each system's
33 effectiveness and advance public safety for all individuals involved. In developing this study, the
34 Collaboratory shall consult with relevant stakeholders. This study shall include recommendations
35 for statutory changes to address inconsistent terminology in the governing statutes and clarify
36 procedures for the transition of individuals between systems.

37 **SECTION 8.(b)** No later than December 1, 2026, the North Carolina Collaboratory
38 shall submit a report on the study as required in subsection (a) of this section to the Joint
39 Legislative Oversight Committee on Health and Human Services.

40 41 **WORKING GROUP TO ADDRESS MENTAL HEALTH AND CRIMINAL JUSTICE** 42 **SYSTEMS OPERATING AS A 'REVOLVING DOOR'**

43 **SECTION 9.(a)** The North Carolina Department of Health and Human Services
44 (DHHS) shall establish a working group composed of representatives from the Administrative
45 Office of the Courts (AOC), and other stakeholders, to examine the systemic factors contributing
46 to the prevalent "revolving door" pattern in which individuals cycle repeatedly through arrest,
47 detention, or involuntary commitment, only to be released back into the community without
48 sustained stabilization or support. The purpose of the working group is to identify gaps, evaluate
49 current practices, and recommend strategies to interrupt repeated crises and reduce avoidable
50 recidivism.

1 **SECTION 9.(b)** Beginning on January 1, 2027, and quarterly thereafter, DHHS shall
2 report on the findings and recommendations of the working group to the Joint Legislative
3 Oversight Committee on Health and Human Services and the Fiscal Research Division.
4

5 **STUDY THE PROVISION OF MEDICAL AND BEHAVIORAL HEALTH CARE IN**
6 **JAILS**

7 **SECTION 10.(a)** The North Carolina Department of Adult Correction (DAC) and
8 the North Carolina Sheriffs' Association shall study the provision of medical and behavioral
9 health care delivered in county jails in the State and make recommendations to improve the
10 healthcare provided to individuals in custody. DAC and the Sheriffs' Association shall consult
11 with relevant stakeholders, including local partners and the Department of Health and Human
12 Services. The study shall include at least all of the following:

- 13 (1) A review of intake screening procedures used in county jails for identifying
14 medical and behavioral health conditions.
- 15 (2) An examination of current health care provider arrangements, including
16 in-house services, contracted services, hybrid models, or other recommended
17 approaches for delivering care in county jails.
- 18 (3) An assessment of policies and practices for responding to behavioral health
19 crises within jail settings.
- 20 (4) An evaluation of existing staffing models for medical and behavioral health
21 services in county jails.
- 22 (5) The development of recommendations for potential expansion of the North
23 Carolina Safekeeper Program.
- 24 (6) Any other information deemed relevant by DAC and the Sheriffs' Association
25 to improve the provision of medical and behavioral health care in jails.

26 **SECTION 10.(b)** No later than December 1, 2026, DAC and the Sheriffs' Association
27 shall submit a report on the study and recommendations as required in subsection (a) of this
28 section to the Joint Legislative Oversight Committee on Health and Human Services and the
29 Fiscal Research Division.
30

31 **UNC HEALTH TO STUDY FEASIBILITY OF UNC HEALTH OPERATION OR**
32 **ADMINISTRATION OF STATE-OPERATED PSYCHIATRIC HOSPITALS**

33 **SECTION 11.(a)** The University of North Carolina Health Care System (UNC
34 Health) is directed to explore the feasibility of improving the provision of services at Broughton
35 Hospital, Central Regional Hospital, and Cherry Hospital (collectively, the Hospitals). UNC
36 Health is directed to study and offer recommendations about the following:

- 37 (1) The feasibility of transferring full operation of the Hospitals from DHHS to
38 UNC Health.
- 39 (2) The feasibility of transferring certain operations of the Hospitals from DHHS
40 to UNC Health.
- 41 (3) Any services that UNC Health could provide to DHHS to assist DHHS in the
42 provision of services at the Hospitals.
- 43 (4) Any other operational or administrative initiatives relating to the provision of
44 services at the hospitals.
- 45 (5) Reviewing and updating any previous studies or recommendations that may
46 be relevant or informative.
- 47 (6) Any financial impact (savings or additional costs), any impact on patient
48 outcomes, and any improvement in staffing, to result from the implementation
49 of the recommendations provided according to this section.

1 **SECTION 11.(b)** The Department of Health and Human Services shall cooperate
2 fully with UNC Health in providing any data or assistance necessary for UNC Health to complete
3 the research required by subsection (a) of this section.

4 **SECTION 11.(c)** No later than December 1, 2026, UNC Health shall submit a report
5 on the plan as required in subsection (a) of this section to the Joint Legislative Oversight
6 Committee on Health and Human Services and the Fiscal Research Division.

7
8 **THE NORTH CAROLINA COLLABORATORY TO STUDY FEASIBILITY OF THE**
9 **CHANGE OF OPERATION OR ADMINISTRATION OF STATE-OPERATED**
10 **PSYCHIATRIC HOSPITALS**

11 **SECTION 12.(a)** The North Carolina Collaboratory (Collaboratory) is directed to
12 explore the feasibility of improving the provision of services at Broughton Hospital, Central
13 Regional Hospital, and Cherry Hospital (collectively, the Hospitals). The Collaboratory is
14 directed to study and offer recommendations about the following:

- 15 (1) The feasibility of transferring full operation of the Hospitals from DHHS to
16 another entity.
- 17 (2) The feasibility of transferring certain operations of the Hospitals from DHHS
18 to another entity.
- 19 (3) Any services that another entity could provide to DHHS to assist DHHS in the
20 provision of services at the Hospitals.
- 21 (4) Any other operational or administrative initiatives relating to the provision of
22 services at the hospitals.
- 23 (5) Reviewing and updating any previous studies or recommendations that may
24 be relevant or informative.
- 25 (6) Any financial impact (savings or additional costs), any impact on patient
26 outcomes, and any improvement in staffing to result from the implementation
27 of the recommendations provided according to this section.

28 **SECTION 12.(b)** The Department of Health and Human Services shall cooperate
29 fully with the Collaboratory in providing any data or assistance necessary for the Collaboratory
30 to complete the research required by subsection (a) of this section.

31 **SECTION 12.(c)** No later than December 1, 2026, the Collaboratory shall submit a
32 report on the plan as required in subsection (a) of this section to the Joint Legislative Oversight
33 Committee on Health and Human Services and the Fiscal Research Division.

34
35 **MODIFY OUTPATIENT COMMITMENT**

36 **SECTION 13.(a)** G.S. 122C-261(d) reads as rewritten:

37 "(d) If the affiant is a commitment examiner, who is filing a petition and affidavit for an
38 involuntary commitment in a county that has not implemented an electronic filing system
39 approved by the Director of the Administrative Office of the Courts, all of the following apply:

- 40 ...
- 41 (3) If the commitment examiner recommends outpatient commitment according
42 to the criteria for outpatient commitment set forth in G.S. 122C-263(d)(1) and
43 the clerk or magistrate finds probable cause to believe that the respondent
44 meets the criteria for outpatient commitment, the clerk or magistrate shall
45 issue an order that a hearing before a district court judge be held to determine
46 whether the respondent will be involuntarily committed. The commitment
47 examiner shall contact the LME/MCO that serves the county where the
48 respondent resides or the LME/MCO that coordinated services for the
49 respondent to inform the LME/MCO that the respondent has been scheduled
50 for an appointment with an outpatient treatment ~~physician or center provider.~~
51 The commitment examiner shall provide the respondent with written notice of

1 any scheduled appointment and the name, address, and telephone number of
 2 the proposed outpatient treatment ~~physician or center provider.~~

3"

4 **SECTION 13.(b)** G.S. 122C-263 reads as rewritten:

5 **"§ 122C-263. Duties of law enforcement officer; first examination.**

6 ...

7 (d) After the conclusion of the examination the commitment examiner shall make the
 8 following determinations:

9 (1) If the commitment examiner finds all of the following, the commitment
 10 examiner shall so show on the examination report and shall recommend
 11 outpatient commitment:

12 a. The respondent has a mental illness.

13 b. The respondent is reasonably determined to be capable of surviving
 14 safely in the community with available supervision from family,
 15 friends, or others, community, without posing a danger to others, when
 16 engaged in treatment for the respondent's mental illness.

17 c. Based on the respondent's psychiatric history, the respondent is in need
 18 of treatment in order to prevent further disability or deterioration that
 19 would predictably result in dangerousness as defined by
 20 G.S. 122C-3(11).

21 d. The respondent's current mental status or the nature of the respondent's
 22 illness limits or negates the respondent's ability to make an informed
 23 decision to seek voluntarily or comply with recommended treatment.

24 e. The respondent has a history of declining or nonadherence to
 25 prescribed treatment by a licensed treatment provider, which may be
 26 evidenced by one or more of the following, occurring within the
 27 relevant past:

28 1. A prior conviction for a violent offense, as defined in
 29 G.S. 15A-531(9).

30 2. A violation of a civil protective order.

31 3. An incarceration for any offense.

32 4. An involuntary inpatient psychiatric hospitalization.

33 f. The respondent is scheduled to be discharged from an inpatient
 34 hospital setting or released from a county jail or state prison. An
 35 individual residing in a non-institutional setting that meets all other
 36 criteria set forth in sub-subdivisions a through e of this subdivision
 37 may be subject to outpatient commitment within the court's discretion.

38 In addition, the commitment examiner shall show the name, address, and
 39 telephone number of the proposed outpatient treatment ~~physician or~~
 40 ~~center provider~~ in accordance with subsection (f) of this section. The person
 41 designated in the order to provide transportation shall return the respondent to
 42 the respondent's regular residence or, with the respondent's consent, to the
 43 home of a consenting individual located in the originating county, and the
 44 respondent shall be released from custody.

45 ...

46 (e) The findings of the commitment examiner and the facts on which they are based shall
 47 be in writing in all cases. The commitment examiner shall send a copy of the findings to the clerk
 48 of superior court by the most reliable and expeditious means. If it cannot be reasonably
 49 anticipated that the clerk will receive the copy within 48 hours of the time that it was signed, the
 50 physician or eligible psychologist shall also communicate his findings to the clerk by telephone.

1 (f) When outpatient commitment is recommended, the commitment examiner, if
2 different from the proposed outpatient treatment ~~physician or center~~provider, shall contact the
3 LME/MCO that serves the county where the respondent resides or the LME/MCO that
4 coordinated services for the respondent to inform the LME/MCO that the respondent is being
5 recommended for outpatient commitment. The commitment examiner shall give the respondent
6 a written notice listing the name, address, and telephone number of the proposed outpatient
7 treatment ~~physician or center~~provider.

8 (g) The commitment examiner, at the completion of the examination, shall provide the
9 respondent with specific information regarding the next steps that will occur."

10 **SECTION 13.(c)** G.S. 122C-265 reads as rewritten:

11 **"§ 122C-265. Outpatient commitment; examination and treatment pending hearing.**

12 (a) If a respondent, who has been recommended for outpatient commitment by [a]
13 commitment examiner different from the proposed outpatient treatment physician or center, fails
14 to appear for examination by the proposed outpatient treatment physician or center at the
15 designated time, the physician or center shall notify the clerk of superior court who shall issue
16 an order to a law enforcement officer to take the respondent into custody and take him
17 immediately to the outpatient treatment physician or center for evaluation. The custody order is
18 valid throughout the State. The law-enforcement officer may wait during the examination and
19 return the respondent to his home after the examination.

20 (b) The examining commitment examiner or the proposed outpatient treatment ~~physician~~
21 ~~or center~~provider may prescribe to the respondent reasonable and appropriate medication and
22 treatment that are consistent with accepted medical standards pending the district court hearing.

23 (c) In no event may a respondent released on a recommendation that he or she meets the
24 outpatient commitment criteria be physically forced to take medication or forcibly detained for
25 treatment pending a district court hearing.

26 (c1) The outpatient treatment provider shall examine the respondent and develop an initial
27 outpatient treatment plan. The plan shall include, at a minimum, the specific services to be
28 provided, including medications as indicated, the recommended frequency of participation in
29 services, the name of the provider who has agreed to provide the services, the arrangements made
30 for the initial contact with each service provider, and any other relevant information.

31 (d) If at any time pending the district court hearing the outpatient treatment ~~physician or~~
32 ~~center~~provider determines that the respondent does not meet the criteria of G.S. 122C-263(d)(1),
33 the physician shall release the respondent and notify the clerk of court and the proceedings shall
34 be terminated.

35 "...."

36 **SECTION 13.(d)** G.S. 122C-267 reads as rewritten:

37 **"§ 122C-267. Outpatient commitment; district court hearing.**

38 (a) A hearing shall be held in district court within 10 days of the day the respondent is
39 taken into custody pursuant to G.S. 122C-261(e). Upon its own motion or upon motion of the
40 proposed outpatient treatment physician or the respondent, the court may grant a continuance of
41 not more than five days.

42 (b) The respondent shall be present at the hearing. A subpoena may be issued to compel
43 the respondent's presence at a hearing. The petitioner and the proposed outpatient treatment
44 physician or his designee may be present and may provide testimony.

45 (c) Certified copies of reports and findings of commitment examiners and medical
46 records of previous and current treatment are admissible in evidence. The initial treatment plan
47 required by G.S. 122C-265(c1) shall be admitted into evidence and incorporated into the order.

48 (d) At the hearing to determine the necessity and appropriateness of outpatient
49 commitment, the respondent need not, but may, be represented by counsel. However, if the court
50 determines that the legal or factual issues raised are of such complexity that the assistance of
51 counsel is necessary for an adequate presentation of the merits or that the respondent is unable

1 to speak for himself, the court may continue the case for not more than five days and order the
 2 appointment of counsel for an indigent respondent. Appointment of counsel shall be in
 3 accordance with rules adopted by the Office of Indigent Defense Services.

4 (e) Hearings may be held at the area facility in which the respondent is being treated, if
 5 it is located within the judge's district court district as defined in G.S. 7A-133, or in the judge's
 6 chambers. A hearing may not be held in a regular courtroom, over objection of the respondent,
 7 if in the discretion of a judge a more suitable place is available.

8 (f) The hearing shall be closed to the public unless the respondent requests otherwise.

9 (g) A copy of all documents admitted into evidence and a transcript of the proceedings
 10 shall be furnished to the respondent on request by the clerk upon the direction of a district court
 11 judge. If the client is indigent, the copies shall be provided at State expense.

12 (h) To support an outpatient commitment order, the court is required to find by clear,
 13 cogent, and convincing evidence that the respondent meets the criteria specified in
 14 G.S. 122C-263(d)(1). The court shall record the facts which support its findings and shall show
 15 on the order the ~~center or physician~~ outpatient treatment provider who is responsible for the care
 16 and treatment of the respondent as well as the LME/MCO, or an alternative as determined by the
 17 Department, responsible for the management and supervision of the respondent's outpatient
 18 commitment."

19 **SECTION 13.(e)** G.S. 122C-271 reads as rewritten:

20 "**§ 122C-271. Disposition.**

21 (a) If a commitment examiner has recommended outpatient commitment and the
 22 respondent has been released pending the district court hearing, the court may make one of the
 23 following dispositions:

24 (1) If the court finds by clear, cogent, and convincing evidence that the respondent
 25 ~~has a mental illness; that the respondent is capable of surviving safely in the~~
 26 ~~community with available supervision from family, friends, or others; that~~
 27 ~~based on respondent's treatment history, the respondent is in need of treatment~~
 28 ~~in order to prevent further disability or deterioration that would predictably~~
 29 ~~result in dangerousness as defined in G.S. 122C-3(11); and that the~~
 30 ~~respondent's current mental status or the nature of the respondent's illness~~
 31 ~~limits or negates the respondent's ability to make an informed decision to seek~~
 32 ~~voluntarily or comply with recommended treatment,~~ meets the criteria set
 33 forth in G.S. 122C-263(d)(1), it may order outpatient commitment for a period
 34 not in excess of 90-180 days. The initial treatment plan shall be incorporated
 35 into the court's order. The order shall state that the respondent must comply
 36 with the treatment plan, including any subsequent updates made to the plan
 37 by the outpatient provider in consultation with the patient, family members or
 38 other natural supports with client consent, and any other relevant treatment
 39 providers. The order shall include instructions to the responsible outpatient
 40 treatment provider and the LME/MCO, or an alternative as determined by the
 41 Department, regarding their monitoring and supervision duties under
 42 G.S. 122C-273.

43 (2) If the court does not find that the respondent meets the criteria of commitment
 44 set out in subdivision (1) of this subsection, the respondent shall be discharged
 45 and the proposed outpatient ~~physician-center~~ treatment provider shall be so
 46 notified.

47 (3) Before ordering any outpatient commitment under this subsection, the court
 48 shall make findings of fact as to the availability of outpatient treatment from
 49 an outpatient treatment ~~physician or center~~ provider that has agreed to accept
 50 the respondent as a client of outpatient treatment ~~services.~~ services, and the
 51 availability and consent to accept the respondent as a client by all providers

1 of the services listed in the initial treatment plan. The court shall show on the
2 order the outpatient treatment ~~physician or center~~provider and the LME/MCO,
3 or an alternative as determined by the Department, that is to be responsible for
4 the management and supervision of the respondent's outpatient
5 ~~commitment.~~commitment, and provide instructions regarding their duties for
6 such monitoring and supervision under G.S. 122C-273. If the designated
7 outpatient treatment ~~physician or center~~provider will be ~~monitoring and~~
8 ~~supervising the respondent's outpatient commitment~~working pursuant to a
9 contract for services with an LME/MCO, the court shall show on the order the
10 identity of the LME/MCO. The clerk of court shall send a copy of the
11 outpatient commitment order to the designated outpatient treatment ~~physician~~
12 ~~or center~~provider and to the respondent client or the legally responsible
13 person. The clerk of court shall also send a copy of the order to that
14 LME/MCO. Copies of outpatient commitment orders sent by the clerk of court
15 to an outpatient treatment ~~center or physician~~provider under this section,
16 including orders sent to an LME/MCO, shall be sent by the most reliable and
17 expeditious means, within 48 hours of the hearing.

18 (b) If the respondent has been held in a 24-hour facility pending the district court hearing
19 pursuant to G.S. 122C-268, the court may make one of the following dispositions:

20 (1) If the court finds by clear, cogent, and convincing evidence that the respondent
21 ~~has a mental illness; that the respondent is capable of surviving safely in the~~
22 ~~community with available supervision from family, friends, or others; that~~
23 ~~based on respondent's psychiatric history, the respondent is in need of~~
24 ~~treatment in order to prevent further disability or deterioration that would~~
25 ~~predictably result in dangerousness as defined by G.S. 122C-3(11); and that~~
26 ~~the respondent's current mental status or the nature of the respondent's illness~~
27 ~~limits or negates the respondent's ability to make an informed decision~~
28 ~~voluntarily to seek or comply with recommended treatment,~~meets the criteria
29 set forth in G.S. 122C-263(d)(1), it may order outpatient commitment for a
30 period not in excess of ~~90~~180 days. If the commitment proceedings were
31 initiated as the result of the respondent's being charged with a violent crime,
32 including a crime involving an assault with a deadly weapon, and the
33 respondent was found incapable of proceeding, the commitment order shall so
34 show. The initial treatment plan required by G.S. 122C-265(c1) shall be
35 prepared by staff at the 24-hour facility in cooperation with the outpatient
36 treatment providers who will serve the respondent. The initial treatment plan
37 shall be admitted into evidence and shall be incorporated into the court's order.
38 The order shall state that the respondent is required to cooperate and comply
39 with the treatment plan including any subsequent updates made to the plan by
40 the outpatient provider in consultation with the patient, family members or
41 other natural supports with client consent, and any other relevant treatment
42 providers. The order shall include instructions to the responsible outpatient
43 treatment provider and the LME/MCO, or an alternative as determined by the
44 Department, regarding their monitoring and supervision duties under
45 G.S. 122C-273.

46 (2) If the court finds by clear, cogent, and convincing evidence that the respondent
47 has a mental illness and is dangerous to self, as defined in G.S. 122C-3(11)a.,
48 or others, as defined in G.S. 122C-3(11)b., it may order inpatient commitment
49 at a 24-hour facility described in G.S. 122C-252 for a period not in excess of
50 90 days. However, no respondent found to have both an intellectual disability
51 and a mental illness may be committed to a State, area, or private facility for

1 individuals with intellectual disabilities. An individual who has a mental
2 illness and is dangerous to self, as defined in G.S. 122C-3(11)a., or others, as
3 defined in G.S. 122C-3(11)b., may also be committed to a combination of
4 inpatient and outpatient commitment at both a 24-hour facility and an
5 outpatient treatment ~~physician or center~~provider for a period not in excess of
6 ~~90 days. 180 days, however the inpatient stay cannot exceed 90 days.~~ If the
7 commitment proceedings were initiated as the result of the respondent's being
8 charged with a violent crime, including a crime involving an assault with a
9 deadly weapon, and the respondent was found incapable of proceeding, the
10 commitment order shall so show. If the court orders inpatient commitment for
11 a respondent who is under an outpatient commitment order, the outpatient
12 commitment is terminated; and the clerk of the superior court of the county
13 where the district court hearing is held shall send a notice of the inpatient
14 commitment to the clerk of superior court where the outpatient commitment
15 was being supervised. The clerk of court shall send a copy of the inpatient
16 commitment order to the designated inpatient treatment physician or center
17 and to the respondent client or the legally responsible person. The clerk of
18 court shall also send a copy of the order to that LME/MCO. Copies of inpatient
19 commitment orders sent by the clerk of court to an inpatient treatment center
20 or physician under this section, including orders sent to an LME/MCO, shall
21 be sent by the most reliable and expeditious means, within 48 hours of the
22 hearing.

23 (3) If the court does not find that the respondent meets either of the commitment
24 criteria set out in subdivisions (1) and (2) of this subsection, the respondent
25 shall be discharged, and the facility in which the respondent was last a client
26 shall be so notified.

27 (4) Before ordering any outpatient commitment, the court shall make findings of
28 fact as to the availability of outpatient treatment from an outpatient treatment
29 ~~physician or center~~provider that has agreed to accept the respondent as a client
30 of outpatient treatment services. The court shall also show on the order the
31 outpatient treatment ~~physician or center~~provider who is to be responsible for
32 the care of the respondent and the LME/MCO, or an alternative as determined
33 by the Department, responsible for the management and supervision of the
34 respondent's outpatient ~~commitment.~~ commitment, and provide instructions
35 regarding duties for such monitoring and supervision under G.S. 122C-273.
36 When an outpatient commitment order is issued for a respondent held in a
37 24-hour facility, the court may order the respondent held at the facility for no
38 more than 72 hours in order for the facility to notify the designated outpatient
39 treatment ~~physician or center~~provider of the treatment needs of the
40 respondent. The clerk of court in the county where the facility is located shall
41 send a copy of the outpatient commitment order to the designated outpatient
42 treatment ~~physician or center~~provider and to the respondent or the legally
43 responsible person. ~~If the designated outpatient treatment physician or center~~
44 ~~shall be monitoring and supervising the respondent's outpatient commitment~~
45 ~~pursuant to a contract for services with an LME/MCO, the clerk of court shall~~
46 ~~show on the order the identity of the LME/MCO.~~ The clerk of court shall show
47 on the order the identity of the LME/MCO, or an alternative as determined by
48 the Department, responsible for the monitoring and supervising the
49 respondent's outpatient commitment and send a copy of the order to the
50 LME/MCO. Copies of outpatient commitment orders sent by the clerk of court
51 to an outpatient treatment ~~center or physician~~provider pursuant to this

subdivision, including orders sent to an LME/MCO, shall be sent by the most reliable and expeditious means, within 48 hours of the hearing. If the outpatient commitment will be supervised in a county other than the county where the commitment originated, the court shall order venue for further court proceedings to be transferred to the county where the outpatient commitment will be supervised. Upon an order changing venue, the clerk of superior court in the county where the commitment originated shall transfer the file to the clerk of superior court in the county where the outpatient commitment is to be supervised.

(c) If the respondent was found not guilty by reason of insanity and has been held in a 24-hour facility pending the court hearing held pursuant to G.S. 122C-268.1, the court may make one of the following dispositions:

- (1) If the court finds that the respondent has not proved by a preponderance of the evidence that the respondent no longer has a mental illness or that the respondent is no longer dangerous to others, it shall order inpatient treatment at a 24-hour facility for a period not to exceed 90 days.
- (2) If the court finds that the respondent has proven by a preponderance of the evidence that the respondent no longer has a mental illness or that the respondent is no longer dangerous to others, the court shall order the respondent discharged and released."

SECTION 13.(f) G.S. 122C-273 reads as rewritten:

"§ 122C-273. Duties for follow-up on commitment order.

(a) Unless prohibited by Chapter 90 of the General Statutes, if the commitment order directs outpatient treatment, the outpatient treatment ~~physician provider~~ may prescribe or administer, or the center may administer, administer to the respondent reasonable and appropriate medication and treatment that are consistent with accepted medical standards.

- (1) If the respondent fails to comply or clearly refuses to comply with all or part of the ~~prescribed treatment, treatment plan~~, the physician, the physician's designee, or the center outpatient treatment provider shall make all reasonable effort to solicit the respondent's compliance. These efforts shall be documented and reported to the LME/MCO, or an alternative as determined by the Department, responsible for the monitoring and supervising the respondent's outpatient commitment. The LME/MCO, or an alternative as determined by the Department, shall then report to the court with a request for a supplemental hearing.

(1a) The LME/MCO shall maintain a list of all individuals on outpatient commitment and ensure the individual's care manager, as applicable, is aware of the treatment plan. The Department shall have access to the lists of individuals subject to outpatient commitment orders. The Department shall keep all information pursuant to this subsection privileged, in accordance with applicable State law and federal guidelines, and the information shall be confidential and shall not be a public record under Chapter 132 of the General Statutes.

- (2) If the respondent fails to comply, but does not clearly refuse to comply, with all or part of the prescribed treatment after reasonable effort to solicit the respondent's compliance, ~~the physician, the physician's designee, or the center~~ the outpatient treatment provider or its designee or the LME/MCO, or an alternative as determined by the Department, responsible for the monitoring and supervising the respondent's outpatient commitment may request the court to order the respondent taken into custody for the purpose of examination. Upon receipt of this request, the clerk shall issue an order to a

1 law-enforcement officer to take the respondent into custody and to take him
2 immediately to the designated outpatient treatment ~~physician or~~
3 ~~center~~provider for examination. The custody order is valid throughout the
4 State. The law-enforcement officer shall turn the respondent over to the
5 custody of the ~~physician or center~~provider who shall conduct the examination
6 and then release the respondent. The law-enforcement officer may wait during
7 the examination and return the respondent to his home after the examination.
8 An examination conducted under this subsection in which a physician or
9 eligible psychologist determines that the respondent meets the criteria for
10 inpatient commitment may be substituted for the first examination required by
11 G.S. 122C-263 if the clerk or magistrate issues a custody order within six
12 hours after the examination was performed.

13 (3) In no case may the respondent be physically forced to take medication or
14 forcibly detained for treatment unless he poses an immediate danger to himself
15 or others. In such cases inpatient commitment proceedings shall be initiated.

16 (4) At any time that the outpatient treatment ~~physician or center~~provider finds that
17 the respondent no longer meets the criteria set out in G.S. 122C-263(d)(1), the
18 ~~physician or center~~provider shall so notify the court and the case shall be
19 terminated; provided, however, if the respondent was initially committed as a
20 result of conduct resulting in his being charged with a violent crime, including
21 a crime involving an assault with a deadly weapon, and the respondent was
22 found incapable of proceeding, the designated outpatient treatment ~~physician~~
23 ~~or center~~provider shall notify the clerk that discharge is recommended. The
24 clerk shall calendar a supplemental hearing as provided in G.S. 122C-274 to
25 determine whether the respondent meets the criteria for outpatient
26 commitment.

27 (5) Any individual who has knowledge that a respondent on outpatient
28 commitment has become dangerous to himself, as defined by
29 G.S. 122C-3(11)a., and others, as defined in G.S. 122C-3(11)b., may initiate
30 a new petition for inpatient commitment as provided in this Part. If the
31 respondent is committed as an inpatient, the outpatient commitment shall be
32 terminated and notice sent by the clerk of court in the county where the
33 respondent is committed as an inpatient to the clerk of court of the county
34 where the outpatient commitment is being supervised.

35 (b) If the respondent on outpatient commitment intends to move or moves to another
36 county within the State, the designated outpatient treatment ~~physician or center~~LME/MCO shall
37 request that the clerk of court in the county where the outpatient commitment is being supervised
38 calendar a supplemental hearing.

39 (c) If the respondent moves to another state or to an unknown location, the designated
40 outpatient treatment ~~physician or center~~provider or the LME/MCO, or an alternative as
41 determined by the Department, shall notify the clerk of superior court of the county where the
42 outpatient commitment is supervised and the outpatient commitment shall be terminated.

43 (d) If the commitment order directs inpatient treatment, the physician attending the
44 respondent may administer to the respondent reasonable and appropriate medication and
45 treatment that are consistent with accepted medical standards. The attending physician shall
46 release or discharge the respondent in accordance with G.S. 122C-277."

47 **SECTION 13.(g)** G.S. 122C-274 reads as rewritten:

48 "**§ 122C-274. Supplemental hearings.**

49 (a) Upon receipt of a request for a supplemental hearing, the clerk shall calendar a hearing
50 to be held within 14 days and notify, at least 72 hours before the hearing, the petitioner, the
51 respondent, ~~his~~the respondent's attorney, if any, and the designated outpatient treatment

1 ~~physician or center provider~~ and LME/MCO. The respondent shall be notified at least 72 hours
2 before the hearing by personally serving on him an order to appear. Other persons shall be
3 notified as provided in G.S. 122C-264(c).

4 (b) The procedures for the hearing shall follow G.S. 122C-267.

5 (c) In supplemental hearings for alleged noncompliance, the court shall determine
6 whether the respondent has failed to comply and, if so, the causes for noncompliance. If the court
7 determines that the respondent has failed or refused to comply it may:

8 (1) Upon finding probable cause to believe that the respondent is mentally ill and
9 dangerous to himself, as defined in G.S. 122C-3(11)a., or others, as defined
10 in G.S. 122C-3(11)b., order an examination by the same or different ~~physician~~
11 ~~or eligible psychologist~~ commitment examiner as provided in
12 G.S. 122C-263(c) in order to determine the necessity for continued outpatient
13 or inpatient commitment;

14 (2) Reissue or change the outpatient commitment order in accordance with ~~G.S.~~
15 ~~122C-271;~~ or G.S. 122C-271.

16 (3) Discharge the respondent from the order and dismiss the case.

17 (4) Issue an order for inpatient commitment upon finding by clear, cogent, and
18 convincing evidence that there is a nexus between the respondent's past
19 conduct and the reasonable probability of the respondent's future
20 dangerousness to self or others, as defined in G.S. 122C-3. A finding of
21 noncompliance with an outpatient commitment order pursuant to this section
22 shall create a rebuttable presumption that there is a nexus between the
23 respondent's past conduct and the reasonable probability of the respondent's
24 future dangerousness to self or others.

25 (d) At the supplemental hearing for a respondent who has moved or intends to move to
26 another county, the court shall determine if the respondent meets the criteria for outpatient
27 commitment set out in G.S. 122C-263(d)(1). If the court determines that the respondent no longer
28 meets the criteria for outpatient commitment, it shall discharge the respondent from the order and
29 dismiss the case. If the court determines that the respondent continues to meet the criteria for
30 outpatient commitment, it shall continue the outpatient commitment but shall designate a
31 ~~physician or center~~ an outpatient treatment provider at the respondent's new residence to be
32 responsible for the ~~management or supervision~~ care and treatment of the respondent's outpatient
33 ~~commitment~~ commitment and shall also designate the LME/MCO, or an alternative as
34 determined by the Department, responsible for monitoring and supervision. The court shall order
35 the respondent to appear for treatment at the address of the newly designated outpatient treatment
36 ~~physician or center~~ provider and shall order venue for further court proceedings under the
37 outpatient commitment to be transferred to the new county of supervision. Upon an order
38 changing venue, the clerk of court in the county where the outpatient commitment has been
39 supervised shall transfer the records regarding the outpatient commitment to the clerk of court in
40 the county where the commitment will be supervised. Also, the clerk of court in the county where
41 the outpatient commitment has been supervised shall send a copy of the court's order directing
42 the continuation of outpatient treatment under new supervision to the newly designated outpatient
43 treatment ~~physician or center~~ provider and the LME/MCO, or an alternative as determined by the
44 Department.

45 (e) At any time during the term of an outpatient commitment order, a respondent may
46 apply to the court for a supplemental hearing for the purpose of discharge from the order. The
47 application shall be made in writing by the respondent to the clerk of superior court of the county
48 where the outpatient commitment is being supervised. At the supplemental hearing the court shall
49 determine whether the respondent continues to meet the criteria specified in
50 G.S. 122C-263(d)(1). The court may either reissue or change the commitment order or discharge
51 the respondent and dismiss the case.

1 (f) At supplemental hearings requested pursuant to G.S. 122C-277(a) for transfer from
2 inpatient to outpatient commitment, the court shall determine whether the respondent meets the
3 criteria for either inpatient or outpatient commitment. If the court determines that the respondent
4 continues to meet the criteria for inpatient commitment, it shall order the continuation of the
5 original commitment order. If the court determines that the respondent meets the criteria for
6 outpatient commitment, it shall order outpatient commitment for a period of time not in excess
7 of ~~90~~ 180 days. If the court finds that the respondent does not meet either criteria, the respondent
8 shall be discharged and the case dismissed."

9 SECTION 13.(h) G.S. 122C-275 reads as rewritten:

10 "§ 122C-275. **Outpatient commitment; rehearings.**

11 (a) Fifteen days before the end of the initial or subsequent periods of outpatient
12 commitment if the outpatient treatment ~~physician or center~~ provider determines that the
13 respondent continues to meet the criteria specified in G.S. 122C-263(d)(1), ~~he the outpatient~~
14 treatment provider shall so notify the clerk of superior court of the county where the outpatient
15 commitment is supervised. If the respondent no longer meets the criteria, the ~~physician-outpatient~~
16 treatment provider shall so notify the clerk who shall dismiss the case; provided, however, if the
17 respondent was initially committed as a result of conduct resulting in his being charged with a
18 violent crime, including a crime involving an assault with a deadly weapon, and the respondent
19 was found incapable of proceeding, the ~~physician or center~~ outpatient treatment provider shall
20 notify the clerk that discharge is recommended. The clerk, at least 10 days before the end of the
21 commitment period, on order of the district court, shall calendar the rehearing.

22 (b) Notice and procedures of rehearings are governed by the same procedures as initial
23 hearings, and the respondent has the same rights he had at the initial hearing including the right
24 to appeal.

25 (c) If the court finds that the respondent no longer meets the criteria of
26 G.S. 122C-263(d)(1), it shall unconditionally discharge ~~him the respondent~~. A copy of the
27 discharge order shall be furnished by the clerk to the designated outpatient treatment ~~physician~~
28 ~~or center~~ provider and the LME/MCO. If the respondent continues to meet the criteria of
29 G.S. 122C-263(d)(1), the court may order outpatient commitment for an additional period not in
30 excess of 180 days. The court order shall comply with the requirements of G.S. 122C-271."

31 SECTION 13.(i) G.S. 122C-276 reads as rewritten:

32 "§ 122C-276. **Inpatient commitment; rehearings for respondents other than insanity**
33 **acquittes.**

34 (a) Fifteen days before the end of the initial inpatient commitment period if the attending
35 physician determines that commitment of a respondent beyond the initial period will be
36 necessary, he shall so notify the clerk of superior court of the county in which the facility is
37 located. The clerk, at least 10 days before the end of the initial period, on order of a district court
38 judge of the district court district as defined in G.S. 7A-133 in which the facility is located, shall
39 calendar the rehearing. If the respondent was initially committed as the result of conduct resulting
40 in his being charged with a violent crime, including a crime involving an assault with a deadly
41 weapon, and respondent was found incapable of proceeding, the clerk shall also notify the chief
42 district court judge, the clerk of superior court, and the district attorney in the county in which
43 the respondent was found incapable of proceeding of the time and place of the hearing.

44 (b) Fifteen days before the end of the initial treatment period of a respondent who was
45 initially committed as a result of conduct resulting in his being charged with a violent crime,
46 including a crime involving an assault with a deadly weapon, having been found incapable of
47 proceeding, if the attending physician determines that commitment of the respondent beyond the
48 initial period will not be necessary, he shall so notify the clerk of superior court who shall
49 schedule a rehearing as provided in subsection (a) of this section.

50 (c) Subject to the provisions of G.S. 122C-269(c), rehearings shall be held as authorized
51 in G.S. 122C-268(g). The judge is a ~~judge of the district court~~ district court judge of the district

1 court district as defined in G.S. 7A-133 in which the facility is located or a district court judge
2 temporarily assigned to that district.

3 (d) Notice and proceedings of rehearings are governed by the same procedures as initial
4 hearings and the respondent has the same rights he had at the initial hearing including the right
5 to appeal.

6 (e) At rehearings the court may make the same dispositions authorized in
7 G.S. 122C-271(b) except a second commitment order may be for an additional period not in
8 excess of 180 days.

9 (f) Fifteen days before the end of the second commitment period and annually thereafter,
10 the attending physician shall review and evaluate the condition of each respondent; and if he
11 determines that a respondent is in continued need of inpatient commitment or, in the alternative,
12 in need of outpatient commitment, or a combination of both, he shall so notify the respondent,
13 his counsel, and the clerk of superior court of the county, in which the facility is located. Unless
14 the respondent through his counsel files with the clerk a written waiver of his right to a rehearing,
15 the clerk, on order of a district court judge of the district in which the facility is located, shall
16 calendar a rehearing for not later than the end of the current commitment period. The procedures
17 and standards for the rehearing are the same as for the first rehearing. No third or subsequent
18 inpatient recommitment order shall be for a period longer than one year.

19 (g) At any rehearings the court has the option to order outpatient commitment for a period
20 not in excess of 180 days in accordance with the criteria specified in G.S. 122C-263(d)(1) and
21 following the procedures as specified in this Article. The court order shall comply with the
22 requirements of G.S. 122C-271."

23 **SECTION 13.(j)** G.S. 122C-54(d) reads as rewritten:

24 "(d) Except as otherwise provided in this section, any individual seeking confidential
25 information contained in the court files or the court records of a proceeding made pursuant to
26 Article 5 of this Chapter may file a written motion in the cause setting out why the information
27 is needed. A district court judge may issue an order to disclose the confidential information
28 sought if he finds the order is appropriate under the circumstances and if he finds that it is in the
29 best interest of the individual admitted or committed or of the public to have the information
30 disclosed.

31 Counsel for the respondent and counsel for the State in the commitment hearing may receive
32 access to the court file without filing a motion or obtaining a court order. A judge presiding over
33 a criminal case that initiated the Article 5 proceeding may have access to the file without filing a
34 motion.

35 The Department shall be granted access to all relevant data, court orders, records, or other
36 relevant information, including any confidential information, related to its duties and
37 responsibilities pursuant to Article 5 of this Chapter. The Department shall keep all information
38 collected under this subsection privileged, in accordance with applicable State law and federal
39 guidelines, and the information shall be confidential and shall not be a public record under
40 Chapter 132 of the General Statutes.

41 Judicial officials determining whether a criminal defendant may be released before trial
42 pursuant to G.S. 15A-533 may have access to the defendant's records of proceedings made
43 pursuant to Article 5 of this Chapter for the purposes of determining whether a criminal defendant
44 has been involuntarily committed within the previous three years."

45 **SECTION 13.(k)** This section becomes effective December 1, 2026, and applies to
46 proceedings that occur on or after that date.

48 DEPARTMENT OF INFORMATION TECHNOLOGY

49 **SECTION 14.(a)** G.S. 90-414.4 reads as rewritten:

50 **"§ 90-414.4. Required participation in HIE Network for some providers.**

51 ...

1 (c) Exemption for Certain Records. – ~~Providers~~ Until the Authority provides written
2 notice as required by subsection (c2) of this section, providers with patient records that are subject
3 to the disclosure restrictions of 42 C.F.R. § 2 are exempt from the requirements of subsection
4 (b) of this section but only with respect to the patient records subject to these disclosure
5 restrictions. Providers shall comply with the requirements of subsection (b) of this section with
6 respect to all other patient records. A pharmacy shall only be required to submit claims data
7 pertaining to services rendered to Medicaid and other State-funded health care program
8 beneficiaries and paid for with Medicaid or other State-funded health care funds.

9 (c1) Exemption from Twice Daily Submission. – A pharmacy shall only be required to
10 submit claims data once daily through the HIE Network using pharmacy industry standardized
11 formats.

12 (c2) 42 C.F. R. Records. – Notwithstanding subsection (b) of this section, patient records
13 protected by 42 C.F.R. § 2 shall be disclosed through the HIE Network when the Authority has
14 provided written notice to participating entities that data protected by 42 C.F.R. § 2 can be
15 disclosed consistent with the HIE's statutory authority.

16 ...

17 (f) Confidentiality of Data. – All data submitted to or through the HIE Network
18 containing protected health information, personally identifying information, or a combination of
19 these, that are in the possession of the Department of Information Technology or any other
20 agency of the State are confidential and shall not be defined as public records under G.S. 132-1.
21 This subsection shall not be construed to prohibit the disclosure of any such data as otherwise
22 permitted under federal law. "

23 **SECTION 14.(b)** G.S. 90-414.8 reads as rewritten:

24 **"§ 90-414.8. North Carolina Health Information Exchange Advisory Board.**

25 (a) Creation and Membership. – There is hereby established the North Carolina Health
26 Information Exchange Advisory Board within the Department of Information Technology. The
27 Advisory Board shall consist of the following ~~12~~13 members:

28 (1) The following four members appointed by the President Pro Tempore of the
29 Senate:

- 30 a. A licensed physician in good standing and actively practicing in this
31 State.
32 b. A patient representative.
33 c. An individual with technical expertise in health data analytics.
34 d. A representative of a behavioral health provider.

35 (2) The following four members appointed by the Speaker of the House of
36 Representatives:

- 37 a. A representative of a critical access hospital.
38 b. A representative of a federally qualified health center.
39 c. An individual with technical expertise in health information
40 technology.
41 d. A representative of a health system or integrated delivery network.

42 (3) The following three ex officio, nonvoting members:

- 43 a. The State Chief Information Officer or a designee.
44 b. The Director of GDAC or a designee.
45 c. The Secretary of Health and Human Services, or a designee.

46 (4) The following ex officio, voting member:

- 47 a. The Executive Administrator of the State Health Plan for Teachers and
48 State Employees, or a designee.
49 b. The Deputy Secretary for the State's Medicaid program, or a designee.

50 ..."

51

1 **EFFECTIVE DATE**

2 **SECTION 15.** Except as otherwise provided, this act is effective when it becomes
3 law.