2016

Substantive Enacted Legislation Pertaining to Health and Human Services

September 2016

Legislative Analysis Division, North Carolina General Assembly

2016 Substantive Enacted Legislation
Pertaining to Health and Human Services

This document provides summaries of substantive legislation pertaining to health and human services enacted during the 2016 Session of the 2015 General Assembly. In an effort to facilitate use, the summaries of enacted legislation have been categorized under subheadings, and then arranged in numerical order by Session Law under each subheading.

The brief summaries contained in this document represent work products from the following Legislative Analysis Division staff members: Susan Barham, Jennifer Hillman, Theresa Matula, Jason Moran-Bates, Jennifer Mundt, and Gus Willis. A more thorough summary of most bills may be found on the NCGA website: http://www.ncleg.net/Legislation/Legislation.html

Subheadings:

To facilitate use, each subheading below is hyperlinked to that section of the document.

SUMMARIES

DEPARTMENT OF HEALTH AND HUMAN SERVICES – GENERALLY

Elimination of North Carolina TRACKS ICD-10 Implementation Report (SL 2016-94. Sec. 12A.2/ H1030 - 2016 Appropriations Act)

Sec. 12A.2 of S.L. 2016-94 repeals Sec. 12A.6(b) of S.L. 2015-241 that required the Department of Health and Human Services to submit a monthly report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on the status of the implementation of the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10).

This section became effective July 1, 2016.

Final Report on Community Paramedicine Pilot Program (SL 2016-94, Sec. 12A.3/ H1030 - 2016 Appropriations Act)

Sec. 12A.3 of S.L. 2016-94 amends Sec. 12A.12(e) of S.L. 2015-241 to extend the final reporting date on the implementation a community paramedicine pilot program from November 1, 2016, to March 1, 2017. The Division of Central Management and Support, Department of Health and Human Services, is required to report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division.

This section became effective July 1, 2016.

Contracting Specialist Training Program (SL 2016-94, Sec. 12A.4/ H1030 - 2016 Appropriations)

Sec. 12A.4 of S.L. 2016-94 directs the School of Government, University of North Carolina at Chapel Hill (SOG), and the Director of Procurement, Contracts, and Grants for the Department of Health and Human Services (DHHS) to prepare two proposals for:

- The design of a contracting specialist training program for management level personnel within DHHS that must be submitted by August 1, 2016, to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division. The design must be based on both the Certified Local Government Purchasing Officer Program and national standards.
- The implementation and administration of the program within DHHS including budget estimates based on program design requirements. The SOG and DHHS must submit the proposal for consideration during the 2017 Regular Session to the House and Senate Appropriations Committees on Health and Human Services and the Fiscal Research Division.

This section became effective July 14, 2016.

Revisions of Competitive Grants for Nonprofit Organizations (SL 2016-94, Sec. 12A.5/ H1030 - 2016 Appropriations Act)

Sec. 12A.5 of S.L. 2016-94, as amended by Sec. 5.9 of S.L. 2016-123, amends Sec. 12A.8(b) of S.L. 2015-241 and adds to the list of health and wellness initiatives, to require the inclusion of a program that provides year-round sports training and athletic competition

for children and adults with disabilities, effective at the beginning the 2017-18 fiscal year. The competitive grants process for nonprofits is also amended to require that initial disbursement of the grants be awarded no later than 30 days after certification of the State budget for the respective fiscal year. These changes became effective July 1, 2016.

Effective June 30, 2016, funds awarded pursuant to this section but not disbursed or encumbered at the end of each fiscal year, must remain available for expenditure and will not revert.

The effective dates for this section are specified above.

Qualifications of Director of Office of Program Evaluation, Reporting, and Accountability (SL 2016-94, Sec. 12A.9/ H1030 - 2016 Appropriations Act)

Sec. 12A.9 of S.L. 2016-94 amends the statute pertaining to the Office of Program Evaluation Reporting and Accountability in the Department of Health and Human Services, to remove the requirement that the Director have a minimum of ten years of experience in program evaluation and to specify that the required three years of experience at the management level must demonstrate increasing levels of responsibility within the field of program evaluation.

This section became effective July 1, 2016.

Data Analytics and Performance Enhancement (SL 2016-94, Sec. 12A.10/ H1030 - 2016 Appropriations Act)

Sec. 12A.10 of S.L. 2016-94 requires any enhancement of the State's Data Analytics capabilities to be subject to laws requiring those analytics be developed and implemented in collaboration with the Government Data Analytics Center.

This section became effective July 1, 2016.

CHILD DEVELOPMENT & EARLY EDUCATION

Exclude Year-Round Track-Out Program/Child Care (SL 2016-7/ H474)

S.L. 2016-7 adds track-out programs provided to school-age children on a year-round school calendar to the listed exceptions in the statutory definition of "child care."

This act became effective June 1, 2016.

NC Pre-K Conforming Change/Taylor's Law (SL 2016-30/ H1014)

S.L. 2016-30 makes technical and conforming changes to replace references to "More at Four" with "NC Pre-K" in the General Statutes and renames Part 6 of Article 1B of Chapter 130A of the General Statutes to "Taylor's Law Establishing the Advisory Council on Rare Diseases."

This act became effective June 22, 2016.

NC Pre-K/Clarify Building Standards (SL 2016-94, Sec. 12B.1/ H1030 - 2016 Appropriations Act)

Sec. 12B.1 of S.L. 2016-94 amends Sec. 12B.1 of S.L. 2015-241 and directs the Division of Child Development and Early Education in the Department of Health and Human Services to continue implementation of the NC Pre-K program to serve four year olds. This section clarifies that private child care centers and public schools operating prekindergarten classrooms must meet the building standards for preschool students rather than building standards for licensed child care facilities.

This section became effective July 1, 2016.

Study Child Care Subsidy Rate Setting (SL 2016-94, Sec. 12B.2/ H1030 - 2016 Appropriations Act)

Sec. 12B.2 of S.L. 2016-94 directs the Division of Child Development and Early Education (DCDEE) in the Department of Health and Human Services to study how rates are set for child care subsidy. In its study, DCDEE must review market rate studies and other methodologies for establishing rates and report any recommendations, including suggested methodologies and timeframes for setting and implementing rates, to the House and Senate Appropriations Committees on Health and Human Services and the Fiscal Research Division by March 1, 2017.

This section became effective July 1, 2016.

Additional Child Care Subsidy Market Rate Increase/Certain Age Groups and Counties (SL 2016-94, Sec. 12B.3/ H1030 - 2016 Appropriations Act)

Sec. 12B.3 of S.L. 2016-94 directs the Division of Child Development and Early Education (DCDEE) in the Department of Health and Human Services, beginning on October 1, 2016, to increase the child care subsidy market rates to the rates recommended by the 2015 Child Care Market Rate Study from age 3 to 5 years in 3-, 4-, and 5-star rated child care facilities in tier 1 and tier 2 counties. Section 12B.2A of S.L. 2015-241 directed DCDEE, beginning on January 1, 2016, to increase the child care subsidy market rates to the rates recommended by the 2015 Child Care Market Rate Study for birth through 2 years of age in 3-, 4-, and 5-star rated child care facilities in tier 1 and tier 2 counties.

This section became effective July 1, 2016.

Study Costs and Effectiveness Associated with NC Pre-K Slots (SL 2016-94, Sec. 12B.4/ H1030 - 2016 Appropriations Act)

Sec. 12B.4 of S.L. 2016-94, as amended by Sec. 5.4 of S.L. 2016-123, directs the Division of Child Development and Early Education (DCDEE) in the Department of Health and Human Services, in consultation with the Department of Public Instruction, to study the costs and effectiveness associated with funding slots for the NC Pre-K program (Program) and to review and determine the following:

- The total cost to fund a NC Pre-K slot, including administration and local costs.
- The Program's anticipated effectiveness in preparing eligible four year olds in the five developmental domains outlined in the North Carolina Foundations for Early Learning and Development.

- Whether the Program's effectiveness justifies the costs associated with funding NC Pre-K slots or whether alternatives may achieve the same objectives.
- The State share needed to fund a NC Pre-K slot by each setting.
- The amount of funds needed to maintain the current number of NC Pre-K slots if the cost per slot was increased to the amount recommended in the study.
- Recommendations on how often NC Pre-K slots should be evaluated and reported to the General Assembly.

DCDEE must report its findings and recommendations, including legislative proposals, to the chairs of the House and Senate Appropriations Committees on Health and Human Services, and the Fiscal Research Division by February 1, 2017.

This section became effective July 1, 2016.

State Agency Collaboration on Early Childhood Education/Transition from Preschool to Kindergarten (SL 2016-94, Sec. 12B.5/ H1030 - 2016 Appropriations Act)

Sec. 12B.5 of S.L. 2016-94 directs three initiatives pertaining to a child's transition from preschool to kindergarten as follows:

1. Directs the Department of Health and Human Services (DHHS), in consultation with the Department of Public Instruction (DPI) and other agencies or organizations that administer, support, or study early childhood education, to collaborate on an ongoing basis, to develop and implement a statewide vision for early childhood education. The agencies must develop a comprehensive approach to early childhood education, birth through 3rd grade, create cross agency accountability, and consider the NC Pathways to Grade-Level Reading to monitor and measure success of early childhood education systems. The agencies and organizations must report their findings and recommendations, including any legislative proposals resulting from the initiative, to the Joint Legislative Oversight Committee on Health and Human Services (HHS Oversight) and the Joint Legislative Education Oversight Committee (Ed Oversight) as follows: an initial report must be made by January 1, 2017; a follow up report must be made by January 1, 2018; and subsequent reports may be made annually, on or before January 1, as needed.
2. Directs DHHS, in consultation with DPI, to recommend that both NC Pre-K teachers and preschool teachers in 4- and 5-star rated facility classrooms prepare a preschool-to-kindergarten transition plan for each child who receives assistance through the NC Pre-K program or the Child Care Subsidy Assistance Program transitioning to kindergarten. The transition plan must document the child's strengths and needs based on the Five Goals and Developmental Indicator domains for children's developmental and learning progress. DHHS must report on the implementation of the transition plan, including findings, recommendations, and any legislative proposals, to the HHS Oversight and Ed Oversight committees by December 15, 2016. It is the intent of the General Assembly that this plan be utilized until such time as the standardized program to transition children from preschool to kindergarten is developed and implemented.
3. Directs DHHS, in consultation with DPI, to develop a standardized program to

transition children from preschool to kindergarten that incorporates criteria set out in the section. DHHS must report on its development of the standardized transition program to the HHS Oversight and Ed Oversight committees on or before January 1, 2017.

This section became effective July 1, 2016.

Healthy Out of School Time (HOST) Recognition Program (SL 2016-94, Sec. 12E.2/ H1030 - 2016 Appropriations Act)

See the Public Health section of this document for a summary of this item.

Amend Secretary's Responsibility to Refer Parents to Early Intervention Services (SL 2016-123, Sec. 5.8/ H805 - Measurability Assessments/Budget Technical Corrections.)

Sec. 5.8 of S.L. 2016-123 amends the statute to require the Secretary of the Department of Health and Human Services to include the Governor Morehead School for the Blind, the Eastern North Carolina School for the Deaf, and the North Carolina School for the Deaf, when referring parents to services under the early intervention system for eligible infants and toddlers.

This section became effective July 1, 2016.

CHILD WELFARE

Child Welfare System Changes (SL 2016-94, Sec. 12C.1/ H1030 - 2016 Appropriations Act)

Sec. 12C.1 of S.L. 2016-94 directs the Division of Social Services (Division), Department of Health and Human Services (DHHS), to implement the requirements of the federal Program Improvement Plan (Plan) to bring North Carolina into compliance with national standards for child welfare policy and practices and to report on the implementation and outcomes of the Plan to the Joint Legislative Oversight Committee on Health and Human Services (HHS Oversight Committee), beginning on August 1, 2016, and semiannually thereafter until February 1, 2019. The Division is required to develop a statewide strategic plan for child welfare services that complements the required federal Plan and addresses the findings of the North Carolina Statewide Child Protective Services Evaluation in the areas of county performance, caseload sizes, administrative structure, adequacy of funding, social worker turnover, and monitoring and oversight. The State plan must also address measures for ensuring Native American children are served in a culturally appropriate manner, including in placements for adoption and foster care. The Division must submit the plan to the HHS Oversight Committee by December 1, 2016, for consideration by the 2017 General Assembly.

The Division must continue toward completion of the child welfare component of the North Carolina Families Accessing Services through Technology (NC FAST) system. It is the intent of the General Assembly that the child welfare component of the NC FAST system be operational by December 31, 2017. The Division must report on the development, implementation, and outcomes of the child welfare component of the NC FAST system to the HHS Oversight Committee quarterly beginning October 1, 2016, and ending with a final

report on February 1, 2018. Each report must include the following:

- The current timeline for development and implementation of the child welfare component to NC FAST.
- Any adjustments and justifications for adjustments to the timeline.
- Progress on the development and implementation of the system.
- Any identified issues in developing or implementing the child welfare component of NC FAST and solutions to address those issues.
- The level of county participation and involvement in each phase of the project.
- Any budget and expenditure reports, including overall project budget and expenditures, and current fiscal year budget and expenditures.

This section also amends various laws governing the juvenile code (Chapter 7B of the General Statutes) as follows:

- The definition of "caretaker" is amended to include a potential adoptive parent during a visit or trial placement with a juvenile in the custody of DHHS.
- Adds any private child placing or adoption agency licensed by DHHS to the list of entities DHHS is required to disclose confidential information to in order to protect a juvenile from abuse or neglect.
- Removes caretakers as interested parties who may intervene in a proceeding on an abuse, neglect, or dependency action.
- Clarifies the requirement that the director of the county department of social services must receive authorization from a juvenile's parent, guardian, or custodian to consent to care.
- Authorizes a court to order reunification if there is compelling evidence warranting continued reunification efforts.
- Authorizes a court to consider a juvenile's health, in addition to the juvenile's safety, when reviewing custody.
- Provides that concurrent planning must continue until a permanent plan has been achieved.

This section became effective July 1, 2016.

MEDICAID & NC HEALTH CHOICE

Medicaid Waiver Protections/Military Families (SL 2016-71/ H842)

S.L. 2016-71 directs the Department of Health and Human Services (DHHS) to ensure that the eligibility criteria for Medicaid home and community-based waivers allow a dependent of a member of the Armed Forces to maintain the dependent's waiver status upon transfer of the service member to an assignment outside of North Carolina, so long as the member maintains North Carolina as the legal residence to which the member intends to return upon completion of military service. This section of the act becomes effective January 1, 2017.

DHHS is required to submit any Medicaid State Plan Amendments or waiver amendments necessary to accomplish the requirements of this act.

Except as otherwise specified, this act became effective June 30, 2016.

Funds for Continued Development of Health Analytics Pilot Program (SL 2016-94, Sec. 12A.7/ H1030 - 2016 Appropriations Act)

Sec. 12A.7 of S.L. 2016-94 amends Sec. 12A.17 of S.L. 2015-241 pertaining to the implementation of the pilot program for Medicaid claims analytics and population health management as follows:

- Appropriates $1.25 million in nonrecurring funds for the 2016-2017 fiscal year to be used for the phased development, implementation, and operation of the pilot program, in addition to recurring funds previously appropriated.
- Directs the Department of Health and Human Services (DHHS) to provide access to Medicaid beneficiary files and local management entity/managed care organization encounter data for the pilot program.
- Expands the scope of the pilot program to include:
  - The integration of new data sources, such as patient level Healthcare Effectiveness Data and Information Set (HEDIS) quality measures.
  - Customized reporting and analytics capabilities.
  - A tool to construct and analyze claims as clinical episodes of care.
  - Operationalization of the pilot program.
- Directs DHHS and the Government Data Analytics Center to submit a final report to the Joint Legislative Oversight Committee on Health and Human Services, the Joint Legislative Oversight Committee on Information Technology, and the Fiscal Research Division of the findings and recommendations on the pilot program by May 31, 2017.

  This section became effective July 1, 2016.

Revise Report Date/Eastern Band of Cherokee Indians Assumption of Services (SL 2016-94, Sec. 12C.2/ H1030 - 2016 Appropriations Act)

Sec. 12C.2 of S.L. 2016-94 amends Sec. 12C.10 of S.L. 2015-241 to delay from October 1, 2016, to April 1, 2017, the effective date of all Medicaid State Plan Amendments and waivers related to the Eastern Band of Cherokee Indians (EBCI)'s assumption of administration of the Medicaid program as permitted under Sec. 12C.10 of S.L. 2015-241. This section also clarifies the requirement for the Department of Health and Human Services to submit an Advanced Planning Document Update to the Centers for Medicare and Medicaid Services. Lastly, this section delays from October 1, 2016, to April 1, 2017, the date by which EBCI may assume responsibility for certain other social services programs described in statute.

This section became effective July 1, 2016.

Pilot Program/Increase Access to Public Benefits for Older Dual Eligible Seniors (SL 2016-94, Sec. 12C.3/ H1030 - 2016 Appropriations Act)

Sec. 12C.3 of S.L. 2016-94 directs the Division of Social Services (DSS), Department of Health and Human Services, to establish a pilot program to increase public benefits for individuals 65 years of age and older who are dually enrolled in Medicare and Medicaid in an effort to improve health and independence and reduce health care costs. On or before January 1, 2017, DSS must partner with a not-for-profit to accomplish the following:

- Identify individuals aged 65 and older who qualify for, but are not currently enrolled in, the Supplemental Nutrition and Assistance Program (SNAP).

- Conduct an outreach program to enroll those seniors in SNAP.
- Utilize outreach specialists to provide assistance with completing public benefits applications.
- Evaluate project effectiveness and explore how data can be utilized to achieve optimal outcomes.
- Make recommendations regarding policy options available to the State to streamline access to benefits.

DSS must to make a progress report to the Office of the Governor and to the Joint Legislative Oversight Committee on Health and Human Services by February 1 following each year the pilot program is in place. The report must include the following:

- The number of dual eligible seniors aged 65 and older who are not enrolled in SNAP.
- The number of those identified that would be included in the sample population.
- The methods of outreach directed toward the seniors in the sample population.
- The number of enrollments in SNAP as a direct result of the pilot program outreach.
- The SNAP participation rate of the seniors in the sample population.
- Other relevant findings.

The pilot program may be expanded to include other public benefit programs if funding and capacity exist.

This section became effective July 1, 2016.

Medicaid Recovery and Achieving a Better Life Experience (ABLE) Accounts (SL 2016-94, Sec. 12H.2/ H1030 - 2016 Appropriations Act)

Sec. 12H.2 of S.L. 2016-94 repeals the statutory notice requirement related to Medicaid recovery from Achieving a Better Life Experience (ABLE) Act accounts, and establishes a more technically correct notice requirement, which requires that notice of Medicaid recovery provisions be given at the time of application for the ABLE account.

This section became effective July 14, 2016.

Medicaid and NC Health Choice Provider Screening (SL 2016-94, Sec. 12H.3/ H1030 - 2016 Appropriations Act)

Sec. 12H.3 of S.L. 2016-94 amends the statute governing Medicaid and NC Health Choice Provider Screening (G.S. 108C-3) to add to the list of designated high risk Medicaid providers those providers who have been excluded by the Medicare program and other states' Children's Health Insurance Programs within the past ten years.

This section became effective July 14, 2016.

Contract to Recover Certain Overpayments and Reporting on Prepayment Fraud (SL 2016-94, Sec. 12H.3A/ H1030 - 2016 Appropriations Act)

Sec. 12H.3A of S.L. 2016-94, as amended by Sec. 5.5 of S.L. 2016-123, requires the Department of Health and Human Services, Division of Medical Assistance (DMA), to issue a request for proposals by December 31, 2016, to recover overpayments to providers of less than $150 and to pay for the contract on a contingent fee that is a percentage of the State share of the final overpayment that is recovered. This section also requires DMA to report to

the Joint Legislative Oversight Committee on Medicaid and NC Health Choice by October 1, 2016, on a strategy for identifying and addressing prepayment fraud.

This section became effective July 1, 2016.

Expand Support for Patients With Alzheimer's Disease and Their Families Through Community Alternatives Program for Disabled Adults Waiver Slots (SL 2016-94, Sec. 12H.5/ H1030 - 2016 Appropriations Act)

Sec. 12H.5 of S.L. 2016-94 requires the Department of Health and Human Services, Division of Medical Assistance, to amend the Community Alternatives Program for Disabled Adults (CAP/DA) waiver to increase the number of slots available under the waiver by a maximum of 320 slots. The additional slots must be made available on January 1, 2017.

This section became effective July 1, 2016.

Remove Sunset on Medicaid Eligibility/COLA Disregard (SL 2016-94, Sec. 12H.7/ H1030 - 2016 Appropriations Act)

Sec. 12H.7 of S.L. 2016-94 repeals the sunset provision on the statute governing income disregard for federal cost-of-living adjustments (G.S. 108A-54.4), which provides that additional income resulting from a Social Security cost-of-living adjustment will be disregarded for purposes of determining Medicaid eligibility, thereby allowing Medicaid beneficiaries to retain Medicaid eligibility despite the additional Social Security income. The statute was enacted in 2012 and was scheduled to sunset on December 31, 2017.

This section became effective July 1, 2016.

Studies to be Conducted by the Division of Medical Assistance (SL 2016-94, Sec. 12H.8/H1030 - 2016 Appropriations Act)

Sec. 12H.8 of S.L. 2016-94 directs the Department of Health and Human Services (DHHS), Division of Medical Assistance (DMA), to conduct two studies as described below.

- The Division of Medical Assistance, DHHS, must study the impact of covering certain adult preventative services in order to qualify for a one percentage point increase in the State's federal Medicaid match rate, including what additional services would have to be added, whether any cost-sharing would have to be eliminated, the cost of any changes that would be needed, the benefit to receiving the enhanced match rate, and whether or not DHHS plans to implement the changes that would be needed. If DHHS adjusts any rates, makes any changes to services provided or cost-sharing requirements, or submits any State Plan Amendments as a result of this study, then DHHS must submit a report to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice and the Fiscal Research Division within 30 days after implementation.
- The Division of Medical Assistance, DHHS, must study the adequacy of existing Medicaid rates paid for residential treatment services, considering data collected in concert with residential treatment providers and other sources of information available to DHHS, including rates paid for certain services described in rule, certain services currently covered by Medicaid, rates paid for other publicly-funded services that compliment residential treatment services, and increased costs due to recent

changes to home and community-based waiver requirements.

This section became effective July 1, 2016.

Study Medicaid Coverage for School-Based Health Services (SL 2016-94, Sec. 12H.9/H1030 - 2016 Appropriations Act)

Sec. 12H.9 of S.L. 2016-94 directs the Department of Health and Human Services (DHHS), Division of Medical Assistance (DMA), to conduct a study to identify all school-based health services that are eligible for Medicaid federal matching funds which are not reimbursable under the current Medicaid State Plan. DMA must report to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice by November 1, 2016, and identify the school-based health services for which Medicaid coverage could be added, the fiscal impact to both DHHS and local education agencies of adding coverage, and whether DHHS plans to add any coverage that has been studied.

This section became effective July 1, 2016.

Study Innovations Waiver to Address the Waitlist and Federal Changes (SL 2016-94, Sec. 12H.11/H1030 - 2016 Appropriations Act)

Sec. 12H.11 of S.L. 2016-94 directs the Joint Legislative Oversight Committee on Medicaid and NC Health Choice to study policy issues pertaining to the delivery of services for people with intellectual and developmental disabilities, including causes and potential solutions for the growing waitlist for services provided through the NC Innovations waiver, issues surrounding single-stream funding, federal mandates that are expected to impact services to this population, and coverage of services for the treatment of autism. The Committee must report its findings and any proposals to the 2017 General Assembly.

This section became effective July 1, 2016.

Medicaid Graduate Medical Education Payments (SL 2016-94, Sec. 12H.12/ H1030 - 2016 Appropriations Act)

Sec. 12H.12 of S.L. 2016-94 provides that it the intent of the General Assembly to explore all funding options to maintain or expand reimbursement for Graduate Medical Education.

This section became effective July 1, 2016.

Evaluate Medicaid and NC Health Choice Behavioral Health Provider Classification (SL 2016-94, Sec. 12H.15/ H1030 - 2016 Appropriations Act)

Sec. 12H.15 of S.L. 2016-94 directs the Department of Health and Human Services, Division of Medical Assistance (DMA), in collaboration with statewide behavioral health stakeholders, to evaluate the classification of behavioral health providers, other than critical access behavioral health providers, as high categorical risk for purposes of provider enrollment. This section further requires DMA to propose an evaluation tool to be used to classify the categorical risk of different categories of behavioral health providers and to

propose any recommended legislative changes in a report to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice by December 1, 2016.

This section became effective July 1, 2016.

Completion of Performance Audit of County Departments of Social Services' Administration of Medicaid Program (SL 2016-94, Sec. 12H.16/ H1030 - 2016 Appropriations Act)

Sec. 12H.16 of S.L. 2016-94 amends Sec 11.5(c) of S.L. 2015-7 to extend the completion date for the State Auditor's performance audit of county Medicaid eligibility determinations from February 1, 2016, to December 31, 2016.

This section became effective July 1, 2016.

Medicaid Eligibility Determination Timeliness (SL 2016-94, Sec. 12H.17/ H1030 - 2016 Appropriations Act)

Sec. 12H.17 of S.L. 2016-94 directs the Division of Medical Assistance, Department of Health and Human Services (DHHS), to report annually for the 2015-2016 and 2016-2017 fiscal year to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division on the timeliness of Medicaid eligibility determinations performed by county departments of social services (DSS). The report must be submitted by November 1, 2016 and November 1, 2017.

The section also adds a new Part 10 to Article 2 of Chapter 108A pertaining to Medicaid eligibility decision processing timeliness. The new statutes require a county department of social services to render a decision on an individual's application for Medicaid within 45 calendar days from the date of application, except for applications in which a disability determination has already been made or is needed. The statutes also establish a framework for DHHS to temporarily assume Medicaid eligibility administration when a county DSS is not meeting timely processing standards and corrective action efforts have been unsuccessful.

The statutes created by this section become effective January 1, 2017, and apply to monthly timely processing standards beginning on that date. The remainder of this section pertaining to the report and the adoption of rules to implement the statutory changes became effective July 1, 2016.

Medicaid Transformation Modifications (SL 2016-121/ S838)

S.L. 2016-121 requires the Department of Health and Human Services to provide additional reporting on the status of Medicaid transformation planning and implementation and modifies certain provisions of the 2015 Medicaid transformation legislation.

The act is effective retroactively to June 1, 2016, except the provision allowing DHHS to establish, maintain, or adjust program components, notwithstanding any reductions required by the 2015 budget, if certain circumstances are met, became effective July 28, 2016.

MENTAL HEALTH/DEVELOPMENTAL DISABILITIES/ SUBSTANCE ABUSE SERVICES

Statewide Standing Order/Opioid Antagonist (SL 2016-17/ S734)

S.L. 2016-17 increases accessibility to opioid overdose treatment by authorizing the State Health Director to prescribe the opioid antagonist naloxone hydrochloride by means of a statewide standing order. The act also specifically lists the State Health Director among those individuals who are statutorily granted immunity from civil or criminal liability for authorized actions.

This act became effective June 20, 2016.

Identification Card Fee Waiver/Disability (SL 2016-80/ H1033)

S.L. 2016-80 adds persons with developmental disabilities to the list of individuals for whom the $13 application fee to obtain a special identification card is waived.

This act becomes effective October 1, 2016, and applies to special identification cards issued on or after that date.

Law Enforcement Recordings/No Public Record – Needle Exchange Programs (SL 2016-88, Sec. 4 / H972)

Sec. 4 of S.L. 2016-88 authorizes governmental and nongovernmental organizations to establish and operate hypodermic syringe and needle exchange programs and provides limited immunity from criminal prosecution to employees, volunteers, and participants of authorized hypodermic syringe and needle exchange programs.

This section became effective June 30, 2016.

Medication-Assisted Opioid Use Disorder Treatment Pilot Program (SL 2016-94, Sec. 12F.1/H1030 - 2016 Appropriations Act)

Sec. 12F.1 of S.L. 2016-94 creates a three-year pilot program conducted by designated federally qualified health centers (FQHC) located in North Carolina and overseen by the Department of Health and Human Services (DHHS). The section outlines the selection of participating FQHCs, the selection of program participants, treatment standards and reports. The purpose of the pilot is to study the effectiveness of combining behavioral therapy with the utilization of a nonnarcotic, nonaddictive, extended-release injectable formulation of opioid antagonist approved by the United States Food and Drug Administration for the prevention of relapse to opioid dependence. The pilot program at each FQHC will expire no later than three years after the date of its commencement.

By November 1, 2020, DHHS must submit a comprehensive evaluation of the effectiveness of the pilot in addressing NC's growing opioid addiction and overdose crises to the Joint Legislative Oversight Committee on Health and Human Services.

The subsection pertaining to funding for the pilot became effective July 1, 2016, the remainder of the section became effective July 14, 2016.

Reserve Fund for Governor's Mental Health and Substance Abuse Task Force Recommendations (SL 2016-94, Sec. 12F.3/ H1030 - 2016 Appropriations Act)

Sec. 12F.3 of S.L. 2016-94 creates a reserve fund for the funds appropriated in the budget to the Department of Health and Human Services (DHHS), Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to implement the recommendations of the Governor's Task Force on Mental Health and Substance Use.

Monies in this reserve fund do not revert at the end of the fiscal year and remain available until expended. Expenditures may only be made to implement recommendations of the Governor's Task Force, provided that DHHS (i) obtains the prior approval of the Office of State Budget and Management on a detailed implementation plan with key milestone and due dates, and (ii) reports to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division within 10 days of obtaining the approval providing an explanation of the specific amounts and uses of the funds and a detailed implementation plan with key milestones, due dates, and expected outcomes.

This section became effective July 1, 2016.

Use of Dorothea Dix Hospital Property Funds (SL 2016-94, Sec. 12F.4/ H1030 - 2016 Appropriations Act)

Sec. 12F.4 of S.L. 2016-94 allocates funds from the Dorothea Dix Hospital Property Fund to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to be used in rural areas of the State to renovate or construct new licensed short-term inpatient behavioral health beds, or to convert existing inpatient acute care beds into licensed short-term inpatient behavioral health beds, and also to award grants for the establishment of up to two new facility-based crisis centers for children and adolescents.

This section became effective July 1, 2016.

Traumatic Brain Injury Funding (SL 2016-94, Sec. 12F.5/ H1030 - 2016 Appropriations Act)

Sec. 12F.5 of S.L. 2016-94 amends Section 12F.6 of S.L. 2015-241 to extend funding appropriated to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, Department of Health and Human Services, to support traumatic brain injury services. The funding was initially appropriated for the 2015-2016 fiscal year and this section extends it to each year of the 2015-2016 fiscal biennium.

This section became effective July 1, 2016.

Improve Controlled Substances Reporting System Access and Utilization (SL 2016-94, Sec. 12F.6/ H1030 - 2016 Appropriations Act)

Sec. 12F.6 of S.L. 2016-94 clarifies that the Department of Health and Human Services must conduct the purge of information older than six years from the Controlled Substances Reporting System (CSRS) every quarter as required by statute and requires DHHS to

maintain all information purged from CSRS in a separate database that may be released only as provided in statute.

This section became effective July 1, 2016.

Controlled Substances Reporting System Improvements (SL 2016-94, Sec. 12F.7/ H1030 - 2016 Appropriations Act)

Sec. 12F.7 of 2016-94 outlines the intent of the General Assembly to improve the security, functionality, and interface capabilities of the Controlled Substances Reporting System (CSRS) by appropriating funds to improve the CSRS, requiring certain accomplishments, and establishing a new section in the North Carolina Controlled Substances Reporting System Act (Article 5E of Chapter 90 of the General Statutes). The new statute requires recipients of an initial or renewal license conferring the authority to prescribe a controlled substance, for the purpose of providing medical care to a patient, to demonstrate to the satisfaction of the licensing board that he or she is registered for access to the controlled substances reporting system (CSRS) within 30 days of obtaining the initial or renewal license.

The new statutory language becomes effective on the date the State Chief Information Officer notifies the Revisor of Statutes that the upgrades to CSRS are completed and the database is fully operational, and the law applies to acts committed on or after that date. The remainder of this section became effective July 1, 2016.

Expanded Use of Funds for Inpatient Psychiatric Beds or Bed Days (SL 2016-94, Sec. 12F.9/ H1030 - 2016 Appropriations Act)

Sec. 12F.9 of S.L. 2016-94 expands the use of funds appropriated to the Department of Health and Human Services (DHHS) in Sec. 12F.1 of S.L. 2015-241 to purchase additional new or existing inpatient psychiatric beds or bed days not currently funded by or through LME/MCOs. This section authorizes DHHS to use up to 10% of the funds allocated for the 2016-2017 fiscal year for the State's three-way contracts to pay for facility-based crisis services and non-hospital detoxification services for individuals in need of those services regardless of whether the individuals are medically indigent.

This section became effective July 1, 2016.

Strategic Plan for Improvement of Behavioral Health Services (SL 2016-94, Sec. 12F.10/ H1030 - 2016 Appropriations Act)

Sec. 12F.10 of S.L. 2016-94 provides that the General Assembly finds that behavioral health services within the State are fragmented and a statewide comprehensive plan is necessary. The section requires the Department of Health and Human Services to develop and submit, no later than January 1, 2018, a strategic statewide plan to improve the efficiency and effectiveness of State-funded behavioral health services to the Joint Legislative Oversight Committee on Health and Human Services, the Joint Legislative Oversight Committee on Medicaid and NC Health Choice, and the Fiscal Research Division. The plan must include at least five specified elements.

The section also creates subcommittees on Behavioral Health Services. The Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative

Oversight Committee on Medicaid and NC Health Choice are each required to establish subcommittees on Behavioral Health Services that will meet jointly and make recommendations about areas of oversight and review. Each subcommittee must report findings to their respective Oversight Committee.

This section became effective July 14, 2016.

Study Innovations Waiver to Address the Waitlist and Federal Changes (SL 2016-94, Sec. 12H.11/H1030 - 2016 Appropriations Act)

Refer to the Medicaid & NC Health Choice heading in this document for a summary of this item.

Achieving a Better Life Experience (ABLE) Program Trust Report (SL 2016-94, Sec. 22.2/ H1030 - 2016 Appropriations Act)

Sec. 22.2 of S.L. 2016-94 requires that no later than December 1, 2016, the Department of State Treasurer must report to the Joint Legislative Oversight Committee on General Government on the status of the Achieving a Better Life Experience (ABLE) Program Trust. The report must include the following:

- A description of various organizational structures and approaches that may be utilized to implement the ABLE Program Trust.
- A comparison of the advantages and disadvantages of the various organizational structures.
- Information regarding implementation discussions and plans of the multistate ABLE consortium.
- Information about plan design and implementation in other states, including Virginia, South Carolina, and Tennessee.
- Detailed costs of implementing and operating the ABLE Program Trust as a single-state program operated within North Carolina as compared to entering into an agreement with another state or states for operation.
- A detailed plan for implementation in North Carolina and the status of that implementation. The cost of the detailed plan for implementation must be within the Department of State Treasurer's current appropriation for the ABLE Program Trust.

This section became effective July 1, 2016.

PUBLIC HEALTH

Use of AIDS Drug Assistance Program Funds to Purchase Health Insurance (SL 2016-94, Sec. 12E.1/ H1030 - 2016 Appropriations Act)

Sec. 12E.1 of S.L. 2016-94 creates a program within the NC AIDS Drug Assistance Program to provide eligible beneficiaries with premium and cost-sharing assistance for private health insurance coverage. The assistance program must comply with federal Health Resources and Services Administration guidelines. The Department of Health and Human Services must report to the House and Senate Appropriations Committee on Health and

Human Services and the Fiscal Research Division on the operation of this program by March 1, 2017.

This section became effective July 1, 2016.

Healthy Out of School Time (HOST) Recognition Program (SL 2016-94, Sec. 12E.2/ H1030 - 2016 Appropriations Act)

Sec. 12E.2 of S.L. 2016-94, as amended by Sec. 5.10 S.L. 2016-123, established the "Healthy Out-of-School Time (HOST) Recognition Program" to be administered by the Division of Public Health (DPH), Department of Health and Human Services, and in collaboration with the North Carolina Center for After School Programs based in the Public School Forum. This section directs DPH to develop a process, through its Web site, for an out-of-school time program that meets the National Institute on Out-of-School Time Healthy Eating and Physical Activity Standards (HEPA Standards) and provides all resources and links that a program may employ to implement and provide verification of self-assessments for programs applying for recognition. DPH must review and, as necessary, update the program standards to reflect advancements in nutrition science, dietary data, and physical activity that are consistent with nationally recognized guidelines for out-of-school time programs.

DPH is authorized to certify out-of-school time programs that meet HEPA standards; certificates are valid for one calendar year. DPH must have information about the program available for review by a parent at both the physical location of the HOST program and on the program's Web site, if applicable. Any out-of-school time program must maintain records of documents signed by all parents acknowledging that they are aware of the HOST Recognition Program requirements.

This section directs DPH to maintain and update a list of qualified out-of-school time programs on the Division's Web site that includes the date of qualification for each program.

This section became effective July 1, 2016.

Vector Surveillance Program (SL 2016-94, Sec. 12E.4/ H1030 - 2016 Appropriations Act)

Sec. 12E.4 of S.L. 2016-94 does the following:

1. Defines the term "vector" to mean a living transporter and transmitter of the causative agent of a disease.
2. Directs the Division of Public Health, Department of Health and Human Services, to establish and administer a vector surveillance program to protect the public health that includes:
    - Conducting vector surveillance.
    - Characterizing vector-borne disease risk.
    - Recommending appropriate vector control measures.
    - Evaluating the effectiveness of vector control measures.
    - Providing comprehensive vector-borne disease consultation, communication, and education.

The Commission for Public Health is authorized to adopt rules necessary to implement the vector surveillance program.

This section became effective July 1, 2016.

Allocation of Funds for Shortfalls in Local Health Departments (SL 2016-94, Sec. 12E.6/ H1030 - 2016 Appropriations Act)

Sec. 12E.6 of S.L. 2016-94 directs the Division of Public Health, Department of Health and Human Services, to report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on its proposal for resolving the shortfall of funds in local health departments attributed to their adjustment to new Medicaid reimbursement rates by February 1, 2017.

This section became effective July 1, 2016.

Clarifying Changes/Telecommunications Relay Service (SL 2016-94, Sec.12J.2/ H1030 - 2016 Appropriations Act)

Sec. 12J.2 of S.L. 2016-94 updates terms used in the definition of "exchange access facility" to remove references to outdated telecommunications terms and replace them with terms currently used in the industry; and clarifies the timeframe by which the Department of Health and Human Services may use the surcharge collected for providing telecommunications devices for persons who are hearing, speech, and or visually impaired.

This section became effective July 1, 2016.

PROVIDERS, FACILITIES & LICENSURE

Disapprove Dental Examiners Rule (SL 2016-31/ H1145)

S.L. 2016-31 disapproves the General Anesthesia and Sedation Definitions Rule (21 NCAC 16Q .0101) as adopted by the North Carolina Board of Dental Examiners and approved by the Rules Review Commission, changes the effective dates of other related rules, and directs the Board not to enforce certain rules.

This act became effective June 22, 2016.

Mental Health, Developmental Disability, Substance Abuse, and Adult Care Facility Penalties and Remedies/Electronic Supervision Devices (SL 2016-50/ H667)

S.L. 2016-50 amends penalties and remedies for facilities that provide services to individuals with mental illness, developmental disabilities, or substance abuse disorders, as well as adult care home facilities; defines the term "substantial risk;" allows flexibility in assessing an administrative penalty when the facility has provided training and has corrected the violation and remains in compliance; eliminates the penalty review committee for adult care homes; and repeals the June 30, 2016 sunset on the Department of Health and Human Services pilot program for electronic supervision devices as an alternative means of supervision during sleep hours at facilities for children and adolescents who have a primary diagnosis of mental illness and/or emotional disturbance.

This act became effective June 30, 2016.

Graduate Medical Education Funding/Cape Fear Valley Medical Center (SL 2016-94, Sec. 12A.8/ H1030 - 2016 Appropriations Act)

Sec. 12A.8 of S.L. 2016-94, as amended by Sec. 5.1 of S.L. 2016-123, directs up to $7.7 million of the funds allocated to the Division of Central Management and Support, Department of Health and Human Services, for graduate medical education. The funds are allocated to Cape Fear Valley Medical Center (Center) to support the establishment of residency programs affiliated with Campbell University School of Medicine. The section requires that certain conditions be met prior to the payment of funds and outlines the calculation of initial payments. Prior to the payment of funds, the Office of State Budget and Management (OSBM) must certify that Center has met the following criteria by June 30, 2017:

- received private donations for residency programs in the amount of at least $3,000,000;
- obtained approval from the Centers for Medicare & Medicaid Services (CMS) for reclassification as a rural hospital; and
- obtained approval from the Accreditation Council for Graduate Medical Education or the American Osteopathic Association for residency program with at least 130 additional residency slots.

Once CMS approves the Center's reclassification to a rural hospital, the Center must provide documentation of its lost Medicare payments to OSBM.

The Center must report by April 1 of each year on its progress in establishing residency programs to the House and Senate Appropriations Committees on Health and Human Services, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division.

This section became effective July 1, 2016.

Temporary Financial Assistance for Facilities Licensed to Accept State-County Special Assistance Payments (SL 2016-94, Sec. 12C.7/ H1030 - 2016 Appropriations Act)

Sec. 12C.7 of S.L. 2016-94, as amended by Sec. 5.3 of S.L. 2016-123, provides temporary financial assistance on behalf of each resident who is a recipient of State-County Special Assistance (SA). It is issued in the form of a monthly payment to facilities licensed to accept State-County SA payments. Counties must pay to the State 50% of the cost to provide these monthly payments to these facilities. The payments are provided by the Division of Social Services (DSS), Department of Health and Human Services (DHHS), and are subject to the following requirements and limitations:

- The amount of the monthly payments is equal to $34 per month for each resident who is a recipient of State-County SA.
- A facility that receives the monthly payments must not, under any circumstances, use the payments for any purpose other than to offset the cost of serving residents who are recipients of State-County SA.
- DSS must to make monthly payments to a facility on behalf of a resident only for the period commencing October 1, 2016, and ending June 30, 2017.
- DSS must make monthly payments only to the extent sufficient State and county funds allocated to the DSS for the 2016-2017 fiscal year are available for this

purpose.

- DSS is prohibited from making monthly payments to a facility on behalf of a resident whose eligibility determination for State-County SA is pending.
- DSS must terminate all monthly payments pursuant to this section on the earlier of the following: June 30, 201, or upon depletion of the State and county funds allocated to the DSS for the 2016-2017 fiscal year for this purpose.

No later than April 1, 2017, DHHS must submit to the House Appropriations Committee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division, a detailed plan for a long-term solution to ensure adequate reimbursement to facilities serving State-County SA recipients. The solution may not include increasing the Medicaid eligibility income limit for State-County SA recipients.

This section became effective July 1, 2016, and expires June 30, 2017.

Moratorium on Home Care Agency Licenses for In-Home Aide Services (SL 2016-94, Sec. 12G.1/ H1030 - 2016 Appropriations Act)

Sec. 12G.1 of S.L. 2016-94 amends a provision in Sec. 12G.4(a) of S.L. 2014-100 to extend until June 30, 2019, the moratorium on issuing licenses to home care agencies that intend to offer in-home aide services. The moratorium continues to not apply to companion, sitter, or respite services, or to other specified licensing situations.

This section became effective July 14, 2016.

Adult Care Home Cost Reporting (SL 2016-94, Sec. 12G.2/ H1030 - 2016 Appropriations Act)

Sec. 12G.2 of S.L. 2016-94 amends the statutes governing the inspection and licensing of adult care homes to require adult care homes with a licensed capacity of 21 beds or more to submit audited reports of actual costs at least every 2 years, instead of annually, to the Department of Health and Human Services (DHHS). The reports must be submitted in accordance with specific reporting deadlines established by DHHS for each type of facility. This section also makes a conforming change to provide that the report documentation will be used to adjust the adult care home rate at least every two years. The law continues to exempt from the reporting requirements, those facilities that do not receive funds for State-County Special Assistance or Medicaid personal care.

This section became effective July 1, 2016.

Facilities Included Under Single Hospital License (SL 2016-94, Sec. 12G.3/ H1030 - 2016 Appropriations Act)

Sec. 12G.3 of S.L. 2016-94 amends hospital licensure requirements by requiring hospital licenses granted by the Department of Health and Human Services to include only facilities, premises, buildings, outpatient clinics, and other locations operated by the licensee in a single county and adjoining counties, if certain conditions are met. Facilities, premises, buildings, outpatient clinics, and other locations operated by the licensee in an immediately adjoining county must be covered under the license only if the licensee demonstrates there was previously only one hospital in the immediately adjoining county and that hospital

stopped providing services no more than three years prior to the licensee requesting a license.

This section became effective July 1, 2016.

Repeal of Certificate of Public Advantage Laws (SL 2016-94, Sec. 12G.4/ H1030 - 2016 Appropriations Act)

Sec. 12G.4 of S.L. 2016-94, as amended by Sec. 5.7 of S.L. 2016-123, repeals North Carolina's Certificate of Public Advantage laws effective September 30, 2016, and requires any party issued a certificate of public advantage prior to September 30, 2016, to issue a final report on its activities to the Department of Health and Human Services (DHHS) and the Attorney General by December 30, 2017. The report must include a description of the activities conducted, price and cost information, the nature and scope of activities conducted, the likely effect of those activities, a summary of activities and market impact of those activities through September 30, 2017, and any additional information requested by DHHS or the Attorney General.

This section became effective July 1, 2016.

Study Establishment of Optometry School at Wingate University (SL 2016-94, Sec. 12I.1/ H1030 - 2016 Appropriations Act)

Sec. 12I.1 of S.L. 2016-94 encourages Wingate University to study and report on the feasibility of establishing an affiliated school of Optometry in North Carolina by May 1, 2017, to the House and Senate Appropriations Committee on Health and Human Services, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division. The report must include:

- A breakdown of any projected capital, operational, or other expenditures necessary for establishing and operating an affiliated school of optometry.
- A breakdown of all funds available to assist Wingate University with these expenses.
- A projected number of applicants for the affiliated school of optometry.
- A projection of how a State appropriation in the amount of $800,000 would impact tuition reimbursement for students.

This section became effective July 14, 2016.

Extend Reporting Deadline for Broughton Hospital Study (SL 2016-94, Sec. 15.5/ H1030 - 2016 Appropriations Act)

Sec. 15.5 of S.L. 2016-94 amends Section 15.20(c) of S.L. 2014-100 as follows:

- Extends the deadline for the final report of the Broughton Hospital Study from June 30, 2015, to June 30, 2016.
- Designates the Department of Commerce as the lead agency with respect to the study, as well as the site control and disposition strategies, working closely with the Department of Health and Human Services, the Department of Administration, the City of Morganton, and the County of Burke.
- Directs the Department of Commerce to submit a report detailing the expenditures associated with funds appropriated by the General Assembly for the Broughton Hospital campus economic development project, from the inception of the project.

This section became effective July 1, 2016.

FOSTER CARE

Reporting Requirements/Eckerd Kids and Caring for Children Angel Watch Program
(SL 2016-94, Sec. 12C.6/ H1030 - 2016 Appropriations Act)

Sec. 12C.6 of S.L. 2016-94 requires the Division of Social Services, Department of Health and Human Services, to report on the use of funds provided by the Appropriations Act to expand the Eckerd Kids and Caring for Children's Angel Watch program. This foster care program serves children ages 0 to 6, with siblings up to age 10, who are not in the custody of a county department of social services and whose families are temporarily unable to care for them due to a crisis. The report must include the following:

- The number of families and children served by the program, including the counties in which the services are provided.
- The number of children who enter foster care within six months after their family participates in the program.
- A comparison of children with similar needs that do not participate in the program and the number of those children who enter into foster care.
- Any other matters deemed relevant.

On or before March 1, 2017, the Division is required to make an interim report to the House and Senate Appropriations Committees on Health and Human Services and the Fiscal Research Division. By September 1, 2017, the Division must submit a final report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division.

This section became effective July 1, 2016.