GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2023

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HOUSE BILL 287

Committee Substitute Favorable 3/21/23 Committee Substitute #2 Favorable 4/4/23 PROPOSED SENATE COMMITTEE SUBSTITUTE H287-CSBP-26 [v.9]

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Short Title:	Health Care Omnibus.	(Public)	
Sponsors:			
Referred to:			
March 8, 2023			
EDUCATE AND MED DANGERS AND USE CLARIFYI LICENSING UNNECES PSYCHOL SERVICES REHABILI REHABILI HOURS RE The General Ass	A BILL TO BE ENTITLED QUIRING HEALTH CARE PRACTITIONERS PATIENTS WITH PRESCRIPTIONS FOR OPI ICATIONS TO TREAT OPIOID USE DISORDER OF OPIOIDS, OVERDOSE PREVENTION, A OF OPIOID ANTAGONISTS TO PREVEN NG MEDICAID BENEFITS FOR INMATES; A G FOR MARRIAGE AND FAMILY THERA SARY REGULATORY BURDEN ON OGISTS, INCREASING ACCESS TO QUALITY HELIMINATING CERTIFICATE OF NEED F TATION SERVICES, REHABILITATION TATION BEDS, AND INCREASING THE N EQUIRED FOR LICENSURE AS A MASSAGE T ESSEMBLY OF NORTH CAROLINA ERECTION OF NO	OID PAIN MEDICATIONS A ABOUT THE POTENTIAL AND THE AVAILABILITY IT OVERDOSE DEATHS; ALLOWING RECIPROCAL APISTS, REDUCING THE MASTER'S LEVEL MENTAL HEALTH CARE REVIEW FOR INPATIENT N FACILITIES AND UMBER OF EDUCATION HERAPIST.	
a new section to		, ,	
(a) Con opioid pain med Communication the following v	equirement to provide opioid antagonist education is sistent with the federal Food and Drug Administration and medication to treat opioid use disorder in dated July 23, 2020, a practitioner as defined in when issuing a prescription for a Schedule II continuous.	on's labeling requirements for announced in its Drug Safety G.S. 90-87(22) shall do all of	
G.S. 90-90(1): (1)	Provide information regarding all of the follow the prescription: a. The potential dangers of opioids.	ving to each patient receiving	
<u>(2)</u>	a. The potential dangers of opioids. b. Overdose prevention. c. The availability and use of a drug appropriate Drug Administration as an opioid antago reversal of opioid-induced respiratory described the information described in sub-subdithis subsection to one or more persons if design	nist for the complete or partial epression. visions (1)a. through (1)c. of	
	the prescription or, for a patient who is a n	ninor, to the minor's parent,	



guardian, or person standing in loco parentis.

When dispensing a Schedule II controlled substance described in G.S. 90-90(1), a 1 (b) 2 pharmacy, through a pharmacist or pharmacy personnel, shall do one of the following: 3 Make available in electronic or paper form the information described in (1) 4 sub-subdivisions (a)(1)a. through (a)(1)c. of this section that is consistent with 5 the federal Food and Drug Administration's labeling requirements for opioid 6 pain medication and medication to treat opioid use disorder announced in its 7 Drug Safety Communication dated July 23, 2020. 8 Post signage in a conspicuous place containing the information described in <u>(2)</u> 9 sub-subdivisions (a)(1)a. through (a)(1)c. of this section. The information required to be on the signage may be provided through a Quick Response code 10 11 or similar technology. Nothing in this section shall be construed to do any of the following: 12 (c) Limit a practitioner's liability for negligent diagnosis or treatment of a patient, 13 (1) 14 as allowed under applicable State or federal law. Constitute negligence per se or create a private right of action against any 15 (2) practitioner, including a pharmacy, a pharmacist, or pharmacy personnel, who 16 fails to follow the requirements of this section. 17 This section shall not apply to the following: 18 (d) 19 A practitioner providing hospice services as defined in G.S. 131E-201(5b) to (1) a hospice patient as defined in G.S. 131E-201(4). 20 A veterinarian acting in the practice of veterinary medicine, as defined in 21 (2) G.S. 90-181, at an animal health center, emergency facility, mobile facility, 22 veterinary clinic, or veterinary hospital, as defined in G.S. 90-181.1." 23 24 **SECTION 1.(b)** This section becomes effective December 1, 2025. 25 **SECTION 2.(a)** G.S. 108D-40 reads as rewritten: 26 "§ 108D-40. Populations covered by PHPs. 27 Capitated PHP contracts shall cover all Medicaid program aid categories except for 28 the following categories: 29 30 (9) Recipients who are inmates of prisons. Upon the recipient's release from prison, the exception under this subdivision shall continue to apply for a 31 32 period that is the shorter of the following: 33 a. The recipient's initial Medicaid eligibility certification period post-release. 34 b. 365 days. 35 Recipients residing in carceral settings other than prisons and whose Medicaid (9a) 36 eligibility has been suspended. Upon the recipient's release from incarceration, the exception under this subdivision shall continue to apply for 37 a period that is the shorter of the following: 38 39 a. The recipient's initial Medicaid eligibility certification period post-release. 40 <u>b.</u> 365 days. 41 42" 43 **SECTION 2.(b)** This section is effective January 1, 2025. 44 **SECTION 3.(a)** G.S. 90-270.56 reads as rewritten: 45 "§ 90-270.56. Reciprocal licenses. 46 Reciprocal license for marriage and family therapist. – The Board may shall issue a license as a marriage and family therapist or a marriage and family therapy associate by 47 reciprocity to any person who applies for the license as prescribed by the Board and who at all 48 times during the application process: 49 Has Meets one of the following: 50 (1)

- a. been licensed for five continuous years and is Is currently licensed as a marriage and family therapist or marriage and family therapy associate in another state.state and has passed the Board's examination on jurisprudence required by G.S. 90-270.55.
 b. Is currently licensed as a marriage and family therapist in another state
 - <u>b.</u> <u>Is currently licensed as a marriage and family therapist in another state and has been licensed for two continuous years.</u>
 - (2) HasHolds an unrestricted license in good standing in the other state.
 - (3) Has no unresolved complaints in any jurisdiction.
 - (4) Has passed the National Marriage and Family Therapy examination.examination or has passed the clinical examination required by the licensing board that regulates marriage and family therapy in the State of California.
 - (b) Applicant reporting requirement. An applicant applying for license as a marriage and family therapist by reciprocity under subsection (a) of this section shall submit a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank to the Board.
 - (c) <u>Licensure provisions. Any license issued pursuant to this section shall designate the license as a reciprocal license. The holder of a license to engage in the practice of marriage and family therapy issued pursuant to this section shall be entitled to the same rights and subject to the same obligations, including continuing education, as required of any person holding a license issued pursuant to G.S. 90-270.54</u>
 - (d) Reciprocal license for marriage and family associate. The Board shall issue a license as a marriage and family therapy associate by reciprocity to any person who applies for the license as prescribed by the Board and who at all times during the application process:
 - (1) Has been licensed for five continuous years and is currently licensed as a marriage and family therapy associate in another state.
 - (2) Has an unrestricted license in good standing in the other state.
 - (3) Has no unresolved complaints in any jurisdiction.
 - (4) Has passed the National Marriage and Family Therapy examination."

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

"§ 90-270.55. Examinations.

- (a) Each applicant for licensure as a licensed marriage and family therapist shall pass an examination as determined by the Board.
- (b) All applicants for reciprocal licensure shall pass an examination described in G.S. 90-270.56(a)(4). Applicants for reciprocal licensure under G.S. 90-270.56(a)(1)a. shall also pass a jurisprudence examination that is limited to testing of the knowledge of the laws and rules of the State.
- (c) The Board shall set the passing score for examinations. Any request by an applicant for reasonable accommodations in taking the examination shall be submitted in writing to the Board and shall be supported by documentation as may be required by the Board in assessing the request."

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

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

- (a) Definitions. The following definitions shall apply in this section:
 - (1) Applicant. A person applying for licensure as a licensed marriage and family therapy associate pursuant to G.S. 90-270.54A or G.S. 90-270.56(d) or a licensed marriage and family therapist pursuant to G.S. 90-270.54.G.S. 90-270.54 or G.S. 90-270.56(a).

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

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

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

. . .

- (e) Except as provided in subsection (e1) of this section:
 - (1) A licensed psychological associate shall be supervised by a qualified licensed psychologist, or other qualified professionals, licensed psychological associate in accordance with Board rules specifying the format, setting, content, time frame, amounts of supervision, qualifications of supervisors, disclosure of supervisory relationships, the organization of the supervised experience, and the nature of the responsibility assumed by the supervisor.
 - (2) A licensed psychological associate who provides health services shall be supervised, for those activities requiring supervision, supervised by a qualified licensed psychologist holding health services provider certification or by other a qualified professionals—licensed psychological associate under the overall direction of a qualified licensed psychologist holding health services provider certification, in accordance with Board rules.
 - (3) Except as provided below, supervision, Supervision, including the supervision of health services, is required only—when a licensed psychological associate engages in: assessment of personality functioning; neuropsychological evaluation; psychotherapy, counseling, and other interventions with clinical populations for the purpose of preventing or eliminating symptomatic, maladaptive, or undesired behavior; and, the use of intrusive, punitive, or experimental procedures, techniques, or measures. The Board shall adopt rules implementing and defining this provision, and as the practice of psychology evolves, may identify additional activities requiring supervision in order to maintain acceptable standards of practice in the practice of psychology in accordance with Board rules.
- (e1) The Board shall approval any licensed psychological associate to engage in independent practice, without supervision by a qualified licensed psychologist or qualified licensed psychological associate, if the licensed psychological associate meets all of the following requirements:
 - (1) Has 4,000 hours of post-licensure experience in the delivery of psychological services under the supervision of one or more qualified licensed psychologists or qualified licensed psychological associates within a time period of at least twenty-four consecutive months and less than sixty consecutive months.
 - (2) Documents that all performance ratings for the 4,000 hours of post-licensure experience required by subdivision (1) of this subsection have been average or above average.
 - (3) Submits an application for independent practice with proof of the 4,000 hours of post-licensure experience required by subdivision (1) of this subsection.

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

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

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- (b) Licensed Psychological Associate.
 - (3) No licensed psychological associate shall engage in the practice of neuropsychology or forensic psychology without first demonstrating specialized education and training to practice in those areas as the Board may

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determine by rule. In considering whether the licensed psychological associate has sufficient specialized education and training to engage in the practice of neuropsychology or forensic psychology, the Board may consider the licensed psychological associate's graduate level course work, continuing education, supervised training experience, or any other factors the board deems appropriate. For purposed of this subdivision, "neuropsychology" is defined as "the branch of science that studies the physiological processes of the nervous system and relates them to behavior and cognition" and "forensic psychology" is defined as "the application of psychological principles and techniques to situations that are involved in the civil and criminal legal systems, including, but not limited to, psychological assessments and expert testimony.

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

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

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

. . .

- (h) A licensed psychological associate who possesses a certification as a health services provider psychological associate in accordance with subsection (c) of this section may provide health services without supervision upon meeting the requirements in G.S. 90-270.139(e1).
- (i) Notwithstanding the provisions of subsection (h) of this section, a licensed psychological associate who was licensed before June 30, 2013, who can demonstrate, in accordance with Board rules, that he or she has been engaged in the provision of health services psychology under supervision for 4,000 hours within a time period of at least 24 consecutive months and less than 60 consecutive months, shall meet the requirements for certification as a health services provider psychological associate."

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

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

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

1 **SECTION 4.(e)** This section is effective October 1, 2024. 2 **SECTION 5.(a)** G.S. 131E-176 reads as rewritten: 3 **"§ 131E-176. Definitions.** 4 The following definitions apply in this Article: 5 6 (9a) Health service. – An organized, interrelated activity that is medical, 7 diagnostic, therapeutic, rehabilitative, or a combination thereof and that is 8 integral to the prevention of disease or the clinical management of an 9 individual who is sick or injured or who has a disability. "Health service" does 10 not include administrative and other activities that are not integral to clinical 11 management. 12 (9b) Health service facility. – A hospital; long-term care hospital; rehabilitation facility; nursing home facility; adult care home; kidney disease treatment 13 center, including freestanding hemodialysis units; intermediate care facility 14 for individuals with intellectual disabilities; home health agency office; 15 diagnostic center; hospice office, hospice inpatient facility, hospice residential 16 care facility; and ambulatory surgical facility. 17 18 (9c) Health service facility bed. – A bed licensed for use in a health service facility in the categories of (i) acute care beds; (iii) rehabilitation beds; (iv) nursing 19 20 home beds; (v)(iv) intermediate care beds for individuals with intellectual 21 disabilities; (vii)(v) hospice inpatient facility beds; (viii)(vi) hospice residential care facility beds; (ix)(vii) adult care home beds; and (x)(viii) 22 long-term care hospital beds. 23 24 25 (13)Hospital. – A public or private institution which is primarily engaged in 26 providing to inpatients, by or under supervision of physicians, diagnostic 27 services and therapeutic services for medical diagnosis, treatment, and care of 28 injured, disabled, or sick persons, or rehabilitation services for the rehabilitation of injured, disabled, or sick persons. The term includes all 29 30 facilities licensed pursuant to G.S. 131E-77, except rehabilitation facilities and long-term care hospitals. 31 32 33 Nursing care. – Any of the following: (17a)34 Skilled nursing care and related services services, other than those 35 provided at an inpatient rehabilitation facility, for residents who 36 require medical or nursing care. Rehabilitation services for the rehabilitation of individuals who are 37 b. 38 injured or sick or who have disabilities. 39 Health-related care and services provided on a regular basis to c. 40 individuals who because of their mental or physical condition require care and services above the level of room and board, which can be 41 42 made available to them only through institutional facilities. 43 These are services which are not primarily for the care and treatment of 44 mental diseases. 45

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

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

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

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

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

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