

# Health and Human Services

See full summary documents for additional detail

## **H425 - Implement Conner's Law. (SL 2020-86)**

S.L. 2020-86 provides \$1,200,000 in nonrecurring funds to implement S.L. 2019-228, otherwise known as "Conner's Law", which provides a new death benefit of \$100,000 for public safety employees murdered in the line of duty. This act became effective July 1, 2020.

## **H471 - Exempt Direct Primary Care from DOI Regs. (SL 2020-85)**

S.L. 2020-85 clarifies that medical direct primary care agreements are not subject to the provisions of Chapter 58 (Insurance) and establishes standards for medical direct primary care agreements.

This act became effective July 1, 2020.

## **H612 - Department of Social Services Review of Procedures/Criminal History/Office of Administrative Hearings. (Ratified)**

House Bill 612 would have required the Department of Health and Human Services, Division of Social Services to identify any publications, policies, and procedures that might be considered rules under Chapter 150B of the General Statutes. Any publications, policies, and procedures identified as rules would have to have been adopted through the rule-making process, or they would have become void on July 1, 2022. Licensing Boards and state licensing agencies would not have been permitted to require certain criminal background information as a precondition of granting a license. Finally, the bill would have clarified the procedures for when rules that receive objections become effective. House Bill 612 was ratified on June 26, 2020, and vetoed on July 2, 2020.

## **H918 - Expedite Permanency/DHHS Report SNAP/TANF. (Ratified)**

House Bill 918 would have amended various abuse, neglect, and dependency laws to do the following:

- Ensured the safety of children in out-of-home placements.
- Expedited permanency planning hearings for children who have been removed from the home.
- Created a presumption that foster parents with whom a child has lived continuously for nine months are deemed nonrelative kin.
- Created an aggravating circumstance for the exposure of unlawful controlled substances in utero or controlled substances in violation of the law in utero.
- Required the Department of Health and Human Services (DHHS), Division of Social Services (DSS) to report annually on certain expenditures for the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) Program.

House Bill 918 was ratified on June 25, 2020, and was vetoed by the Governor on July 2, 2020.

## **H1023 - Coronavirus Relief Fund/Additions & Revisions.**

### **Sec. 1.1(d) Revisions to S.L. 2020-4. (SL 2020-80)**

Section 1.1(d) of S.L. 2020-80 amends and/or creates multiple subsections in Section 3.3. of S.L. 2020-4. Please see Section 3.3 of S.L. 2020-4 for these summaries.

## **H1023 - Coronavirus Relief Fund/Additions & Revisions.**

### **Sec. 2.5: Waive Match Requirement/Competitive Grants Process for Nonprofits.. (SL 2020-80)**

Sec. 2.5 of S.L. 2020-80 requires the Department of Health and Human Services, Division of Central Management and Support to waive the fifteen percent (15%) match requirement for the competitive grants process for nonprofit organizations for the 2020-21 fiscal year.

This section became effective July 1, 2020.

## **H1043 - 2020 COVID-19 Recovery Act.**

### **Sec. 3.3(22): Duke University Human Vaccine Institute. (SL 2020-4)**

Section 3.3(22) of S.L. 2020-4, requires the Office of State Budget and Management to allocate \$15 million of the funds appropriated from the Coronavirus Relief Fund to the Duke University Human Vaccine Institute (DHVI) of the Duke University School of Medicine to develop a safe and effective COVID-19 vaccine. This initial allocation became effective May 4, 2020.

Section 1.2 of S.L. 2020-97 amended Section 3.3(22) of S.L. 2020-4, to increase the allocation from \$15 million to \$17 million and to require the DHVI to develop both (i) a safe and effective COVID-19 vaccine and (ii) rapid, low-cost COVID-19 testing for active infections. This additional allocation and requirement became effective September 4, 2020.

## **H1043 - 2020 COVID-19 Recovery Act.**

### **Sec. 3.3(24): Brody School of Medicine Funds. (SL 2020-4)**

Section 3.3(24) of S.L. 2020-4 requires the Office of State Budget and Management to allocate \$15 million of the funds appropriated from the Coronavirus Relief Fund to the Brody School of Medicine at East Carolina University to be used for the following: (i) rapid development of a countermeasure of neutralizing antibodies for COVID-19, (ii) bringing a safe and effective COVID-19 vaccine to the public as soon as possible, (iii) community testing initiatives, and (iv) other research and activities related to monitoring, assessing, and addressing the public health and economic impacts of COVID-19.

No later than September 1, 2020, the Brody School of Medicine is required to report to the Joint Legislative Oversight Committee on Health and Human Services on the progress of the requirements of this subdivision and the use of appropriated funds.

This section became effective May 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(25): Campbell University School of Osteopathic Medicine Funds. (SL 2020-4)**

Section 3.3(25) of S.L. 2020-4 requires the Office of State Budget and Management to allocate \$6 million of the funds appropriated from the Coronavirus Relief Fund to the Campbell University School of Osteopathic Medicine for a community- and rural-focused primary care workforce response to COVID-19, including, but not limited to: i) supporting community testing initiatives, (ii) providing treatment in community-based health care settings, (iii) monitoring rural populations, (iv) educating health professionals on best practices for a pandemic response, and (v) supporting rural communities through primary care.

No later than September 1, 2020, the Campbell University School of Osteopathic Medicine is required to report to the Joint Legislative Oversight Committee on Health and Human Services on the progress of the requirements of this subdivision and the use of appropriated funds.

This section became effective May 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(26): Wake Forest University Health Services Funds for Syndromic Surveillance and Antibody Testing. (SL 2020-4)**

Section 3.3(26) of S.L. 2020-4 requires the Office of State Budget and Management to allocate \$20 million of the funds appropriated from the Coronavirus Relief Fund to Wake Forest University Health Services to be used to expand its COVID-19 study to include syndromic surveillance and representative sample antibody testing to provide policymakers and researchers with near real-time coronavirus prevalence, hospitalization, and facility data.

This section became effective May 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(27): DHHS Funds for Public Health, Rural Providers, Infection Control in Nursing and Adult Care Homes, Behavioral Health Emergencies. (SL 2020-4)**

Section 3.3(27) of S.L. 2020-4 requires the Office of State Budget and Management to allocate \$20 million of the funds appropriated from the Coronavirus Relief Fund to the Department of Health and Human Services to provide funds to support local health departments, rural health providers, the state Laboratory of Public Health, and behavioral health and crisis services. Allowable uses include, but are not limited to, the following: increasing nursing capacity, increasing the number of community health workers, expanding telehealth services, providing infection control support and training in nursing home and adult care homes, and diverting behavioral health emergencies from emergency departments.

This section became effective May 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(28): DHHS Funds for Food Banks. (SL 2020-4)**

Section 3.3(28) of S.L. 2020-4 requires the Office of State Budget and Management to allocate \$6,000,000 of the funds appropriated from the Coronavirus Relief Fund to the Department of Health and Human Services to be distributed equally among each of the six food banks in the State. The food banks are encouraged to use the funds allocated to purchase food from North Carolina-based farmers and vendors. This allocation became effective May 4, 2020.

Section 1.2 of S.L. 2020-97 amended Section 3.3(28) of S.L. 2020-4 to increase the allocation to DHHS for the food banks from \$6 million to \$12 million. This additional allocation became effective September 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(29): DHHS, DSS Funds for LINKS Foster Care Support Program. (SL 2020-4)**

Section 3.3(29) of S.L. 2020-4 requires the Office of State Budget and Management to allocate \$290,000 of the funds appropriated from the Coronavirus Relief Fund to the Department of Health and Human Services, Division of Social Services, to provide funds for the LINKS foster care support program for youth ages 13-21. The funds must be used to support youth in the LINKS program who are not receiving foster care assistance payments and need assistance with housing or transitional costs due to COVID-19. The funds must be allocated as follows: \$250,000 for LINKS Transitional Living Services, and \$40,000 for LINKS Transitional Housing.

This section became effective May 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(30): DHHS, DSS Funds for Facilities Receiving State-County Special Assistance. (SL 2020-4)**

Section 3.3(30) of S.L. 2020-4 requires the Office of State Budget and Management to allocate \$25,000,000 of the funds appropriated from the Coronavirus Relief Fund to the Department of Health and Human Services, Division of Social Services, to provide funds for facilities licensed to accept State-County Special Assistance. The funds must be used to provide a one-time payment to these facilities to offset the increased costs of service residents during the COVID-19 emergency. Each eligible facility must receive \$1,325 for each resident of the facility who is a recipient of State-County Special Assistance between March 10, 2020, through July 30, 2020. If a recipient who transfers from one facility to another during this time period, only the first eligible facility of residence will receive the payment. Nothing in this section must be construed as an obligation by the General Assembly to appropriate funds for the purpose of this section, or as an entitlement by any facility, resident of a facility, or other person to receive financial assistance under this section. The following definitions apply:

- Facility licensed to accept State-County Special Assistance payments. – Any residential care facility that is (i) licensed by the Department of Health and Human Services and (ii) authorized to accept State-County Special Assistance payments from its residents.

- State-County Special Assistance. – The program authorized by G.S. 108A-40.

This section became effective May 4, 2020.

Note: Also see summary of Section 3.3(30a) of S.L. 2020-4, as added by Section 1.2 of S.L. 2020-97 which pertains to State-County Special Assistance funds.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(31): DHHS Funds for Rural and Underserved Communities Hit Hard by COVID-19. (SL 2020-4)**

Section 3.3(31) of S.L. 2020-4 requires the Office of State Budget and Management to allocate \$50,000,000 of the funds appropriated from the Coronavirus Relief Fund to the Department of Health and Human Services to provide funds for rural and underserved communities hit especially hard by the COVID-19 pandemic. The emergency funds allocated in this subdivision must support health provider grants, targeted Medicaid assistance for rural hardship grants to nonhospital providers, enhanced Telehealth services, transportation for critical services, health care security for the uninsured, the Office of Minority Health, and related items.

This section became effective May 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(32): NC Association of Free and Charitable Clinics Funds. (SL 2020-4)**

Section 3.3(32) of S.L. 2020-4, as amended by Section 1.1(d) of S.L. 2020-80, requires the Office of State Budget and Management to allocate \$7,425,000 of the funds appropriated from the Coronavirus Relief Fund to the North Carolina Association of Free and Charitable Clinics (NCAFCC), a nonprofit organization, to be used for distribution to its member clinics to cover the cost of eligible health services provided during the COVID-19 emergency and other costs allowed pursuant to federal guidance. The NCAFCC is required by August 1, 2020, to report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on a plan for allocating the funds received under this section, and by February 1, 2021, on the use of these funds by recipients.

This section, as amended, became effective July 1, 2020.

Section 1.2 of S.L. 2020-97 amended Section 3.3(32) of S.L. 2020-4, as amended by Sec.1.1(d) of S.L. 2020-80, to increase the amount of the allocation from \$7,425,000 to \$12,425,000 and in addition to August 1, 2020, a reporting date of November 1, 2020, was added.

The increased allocation and additional reporting date became effective September 4, 2020.

## **H1043 - 2020 COVID-19 Recovery Act.**

### **Sec. 3.3(33): DHHS Funds for MedAssist. (SL 2020-4)**

Section 3.3(33) of S.L. 2020-4 requires the Office of State Budget and Management allocate \$1,500,000 of the funds appropriated from the Coronavirus Relief Fund to the Department of Health and Human Services to provide a grant to NC MedAssist, a nonprofit corporation, to offset increased costs for providing prescription assistance service during the COVID-19 pandemic to individuals who are indigent or uninsured. This allocation became effective May 4, 2020.

Section 4B.2 of S.L. 2020-78 amended Section 3.3(33) of S.L. 2020-4 to clarify that the funds provided to NC MedAssist can be used for other costs allowed pursuant to federal guidance. This clarification became effective July 1, 2020.

Section 1.2 of S.L. 2020-97 amended Section 3.3(33) of S.L. 2020-4, as amended by Section 4B.2 of S.L. 2020-78, to increase the allocation to NC MedAssist from \$1,500,000 to \$6,500,000. This additional allocation became effective September 4, 2020.

## **H1043 - 2020 COVID-19 Recovery Act.**

### **Sec. 3.3(34): North Carolina Community Health Centers Association Funds. (SL 2020-4)**

Section 3.3(34) of S.L. 2020-4, as amended by Section 1.1(d) of S.L. 2020-80, requires the Office of State Budget and Management to allocate \$7,425,000 of the funds appropriated from the Coronavirus Relief Fund to the North Carolina Community Health Center Association (NCCHCA), a nonprofit organization, to be used for distribution to its member health centers to cover the cost of eligible health services provided during the COVID-19 emergency and other costs allowed pursuant to federal guidance. By August 1, 2020, the NCCHCA is required to report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on a plan for allocating the funds received under this section, and by February 1, 2021, on the use of these funds by recipients.

This section, as amended, became effective July 1, 2020.

Section 1.2 of S.L. 2020-97 further amended Section 3.3(34) of S.L. 2020-4, as amended by Section 1.1(d) of S.L. 2020-80, to increase the allocation to NCCHCA from \$7,425,000 to \$12,425,000 and to require that \$600,000 be equally distributed to the following federally qualified health center look-alikes, that are nonprofit corporations, to cover the cost of eligible health services provided during the COVID-19 emergency and other costs as federal guidance allows: Black River Health Services, Inc., Hot Springs Health Program, NeighborHealth Center, Inc.. The remaining funds must be used for distribution to member health centers. This amendment also added a November 1, 2020, reporting requirement in addition to the August 1, 2020, reporting requirement.

These amendments became effective September 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(35): DHHS Funds to Expand Testing, Contact tracing, and Trends Tracking. (SL 2020-4)**

Section 3.3(35) of S.L. 2020-4 allocates \$25 million to the Department of Health and Human Services to expand COVID-19 testing, contact tracing, and trends tracking by (1) building capacity for widespread COVID-19 diagnostic testing to enable rapid case-based interventions; (2) building capacity for widespread COVID-19 antibody testing to enable rapid deployment when such testing becomes available, (3) expanding contact tracing workforce and infrastructure to routinely identify potentially exposed persons and take appropriate public health actions; and (4) increasing research and data tools and analysis infrastructure to support better predictive models, surveillance, and response strategies

This section became effective May 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(36): DHHS Funds to Support Behavioral Health and Crisis Services. (SL 2020-4)**

Section 3.3(36) of S.L. 2020-4 allocates \$20 million to the Department of Health and Human Services to support behavioral health and crisis services through the COVID-19 pandemic. The funds must be used (1) to divert individuals experiencing behavioral health emergencies from emergency departments; (2) to allocate \$12.6 million to be distributed as a one-time payment to each local management entity/managed care organization for the purposes of providing temporary additional funding assistance for Intermediate Care Facilities for Individuals with Intellectual Disabilities services on a per diem basis; and (3) to allocate \$400,000 in nonrecurring funds to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, for the purchase of units of opioid antagonist.

This section became effective May 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(37): Department of Health and Human Services Funds to Support Residential Settings . (SL 2020-4)**

Section 3.3(37) of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to allocate \$20 million to the Department of Health and Human Services to provide funding for food banks, residential settings that are incurring additional costs to mitigate spread or isolate positive cases, adult and child protective services response, homeless and domestic violence shelters and housing security, child care response, costs to expand NCCARE360, a Statewide coordinated care network that will connect individuals impacted by COVID-19 to local services such as food, housing, child care and other resources, and technology modifications to support COVID-19 emergency relief to beneficiaries. \$3.5 million of this sum is allocated to Reinvestment Partners for its Produce Prescription Program.

The section containing the initial \$19 million appropriation became effective May 4, 2020. The full appropriation became effective September 4, 2020.

**H1043 - 2020 COVID-19 Recovery Act.**

**Sec. 3.3(38): Funds for Old North State Medical Society, Inc.. (SL 2020-4)**

Section 3.3(38) of S.L. 2020-4 allocates \$1.8 million to the Old North State Medical Society, Inc. to address the COVID-19 disparities in underserved areas of the State.

This section became effective May 4, 2020.

**H1043 - 2020 COVID-19 Recovery Act.**

**Sec. 3.3(39): Rural Hospitals Relief Fund. (SL 2020-4)**

Section 3.3(39) of S.L. 2020-4 allocates \$65 million to establish the COVID-19 Rural Hospitals Relief Fund. This section became effective May 4, 2020.

**H1043 - 2020 COVID-19 Recovery Act.**

**Sec. 3.3(40): Teaching Hospitals Relief fund. (SL 2020-4)**

Section 3.3(40) of S.L. 2020-4 allocates \$15 million to establish the COVID-19 Teaching Hospitals Relief Fund. This section became effective May 4, 2020.

**H1043 - 2020 COVID-19 Recovery Act.**

**Sec. 3.3(41): General Hospitals Relief Fund. (SL 2020-4)**

Section 3.3(41) of S.L. 2020-4 allocates \$15 million to establish the COVID-19 General Hospitals Relief Fund. This section became effective May 4, 2020.

**H1043 - 2020 COVID-19 Recovery Act.**

**Sec. 3.3(42): Department of Health and Human Services Funds for Foster Care . (SL 2020-4)**

Section 3.3(42) of S.L. 2020-4, as amended by Section 1.1(d) of S.L. 2020-80, and as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to allocate \$4,350,000 to the Department of Health and Human Services, Division of Social Services, to assist in serving children in foster care during the COVID-19 emergency. The funds must be used for monthly supplemental payments in the amount of \$100 for each child receiving foster care assistance payments beginning in April 2020 and continuing until the funds are exhausted.



The section containing the initial \$3,550,000 appropriation became effective May 4, 2020. The full appropriation became effective September 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(50): UNC School of Medicine Asheville Campus Funds. (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.1(d) of S.L. 2020-80 to add a new subsection (50) that requires the Office of State Budget and Management to allocate \$4.8 million of the funds appropriated from the Coronavirus Relief Fund to the University of North Carolina at Chapel Hill for the UNC School of Medicine's Asheville Campus for COVID-19 related response activities, including outreach and education.

This section became effective July 1, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(53): NC HealthConnex Funds. (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.1(d) of S.L. 2020-80 to add a new subsection (53) allocating \$2.6 million to the Office of State Budget and Management to provide additional funding for the statewide health information exchange network known as NC HealthConnex, for the implementation of specified COVID-19 related operations and improvements.

This section became effective July 1, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(54): Caitlyn's Courage, Inc. Funds. (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.1(d) of S.L. 2020-80 to add a new subsection (54) allocating \$3.5 million to the Administrative Office of the Courts to be used as a grant for Caitlyn's Courage, Inc.

This section became effective July 1, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(63): Department of Public Instruction Funds for PPE. (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.1(d) of S.L. 2020-80 to add a new subsection (63) allocating \$7 million to the

Department of Public Instruction to provide personal protective equipment (PPE) for public schools in response to the COVID-19 pandemic. The PPE is to facilitate in-person instruction for the 2020-2021 school year.

This section became effective July 1, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(65): UNC at Pembroke Funds for COVID-19 Project. (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.1(d) of S.L. 2020-80 to add a new subsection (65) allocating \$3 million to the University of North Carolina at Pembroke for an advanced analytics project to focus on providing a better understanding of the nature and impact of the COVID-19 pandemic, particularly in rural and at-risk communities.

This section became effective July 1, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(66): UNC at Pembroke Department of Nursing Funds. (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.1(d) of S.L. 2020-80 to add a new subsection (66) requiring the Office of State Budget and Management to allocate \$2 million of the funds appropriated from the Coronavirus Relief Fund to the University of North Carolina at Pembroke for the Department of Nursing in the College of Health Sciences for training necessary when caring for COVID 19 patients in a variety of facility settings.

This section became effective July 1, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(67): DHHS Funds for IDD Group Homes. (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.1(d) of S.L. 2020-80 to add a new subsection (67) requiring the Office of State Budget and Management to allocate \$5 million of the funds appropriated from the Coronavirus Relief Fund to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, to be allocated to group homes for individuals with intellectual or developmental disabilities, or both, to support the implementation of guidance for preventive measures to address the introduction and spread of COVID-19 among residents and staff of these facilities.

This section became effective July 1, 2020.

## **H1043 - 2020 COVID-19 Recovery Act.**

### **Sec. 3.3(68): Hospital Grants to Offset COVID-19 Patient Care Expenses . (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.1(d) of S.L. 2020-80 to add a new subsection (68) requiring the Office of State Budget and Management to allocate \$7 million of the funds appropriated from the Coronavirus Relief Fund to be allocated as grants in equal amounts to the following hospitals: (i) Good Hope Hospital, Inc., (ii) Lake Norman Regional Medical Center, (iii) Cape Fear Valley Health Hoke Hospital, (iv) Catawba Valley Medical Center, (v) Davis Regional Medical Center, (vi) Carolinas Healthcare System Blue Ridge, and (vii) AdventHealth Hendersonville. These funds shall only be used to offset specified expenses incurred for providing patient care in response to the COVID-19 pandemic.

No later than December 1, 2020, each grant recipient shall submit a report to the House Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Joint Legislative Oversight Committee on Health and Human Services, that contains a breakdown of all expenditures from the funds received and the total amount of funds received from the Provider Relief Fund provided for in P.L. 116-136 and any other COVID-19 recovery legislation or other legislation enacted by Congress during calendar year 2020 to support the national response to COVID-19.

This section became effective July 1, 2020.

## **H1043 - 2020 COVID-19 Recovery Act.**

### **Sec. 3.3(69): Funds to Tier Two Counties. (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.1(d) of S.L. 2020-80 to add a new subsection (69) requiring the Office of State Budget and Management to allocate \$2.5 million of the funds appropriated from the Coronavirus Relief Fund to any county designated as a development tier two area, as defined in G.S. 143B-437.08, with a population of less than 150,000, that has a hospital located within its borders meeting specified criteria. These funds must only be used to offset specified expenses incurred for providing patient care in response to the COVID-19 pandemic.

No later than December 1, 2020, each grant recipient must submit a report to the House Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Joint Legislative Oversight Committee on Health and Human Services, that contains a breakdown of all expenditures from the funds received and the total amount of funds received from the Provider Relief Fund provided for in P.L. 116-136 and any other COVID-19 recovery legislation or other legislation enacted by Congress during calendar year 2020 to support the national response to COVID-19.

This section became effective July 1, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(70):Funds to the Children's Advocacy Center of NC. (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.1(d) of S.L. 2020-80 to add a new subsection (70) requiring the Office of State Budget and Management to allocate \$4.3 million of the funds appropriated from the Coronavirus Relief Fund to the Children's Advocacy Centers (CACNC) of North Carolina, Inc., a nonprofit corporation, to be distributed to child advocacy centers in the State that are in good standing with CACNC to cover the cost of increased child caseloads and the statewide provision of more effective and available virtual counseling due to the COVID-19 pandemic.

This section became effective July 1, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(71): Funds to the Crossnore School and Children's Home . (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.1(d) of S.L. 2020-80 to add a new subsection (71) requiring the Office of State Budget and Management to allocate \$375,000 of the funds appropriated from the Coronavirus Relief Fund to the Crossnore School and Children's Home, a nonprofit child welfare organization, for COVID-19 related preventative measures to protect staff and children in a close congregate living facility.

This section became effective July 1, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(82): Funds to OSMB for Virtual Learning Support . (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subsection (82) that allocates \$150,000 to OSMB to be allocated to the Steve Smith Family Foundation to be used for its virtual learning support program that assists homeless students during the COVID-19 pandemic. Funds must be used for COVID-19 eligible expenses, including the cost of tutors, meals, personal protective equipment, cleaning, rental of work space for students, and on-site support of information technology and counseling.

This subsection became effective September 4, 2020.

**H1043 - 2020 COVID-19 Recovery Act.**

**Sec. 3.3(83): Funds to the Community Colleges System Office to Purchase Personal Protective Equipment . (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subsection (83) that allocates \$5 million to the Community Colleges System Office to Purchase Personal Protective Equipment.

This subsection became effective September 4, 2020.

**H1043 - 2020 COVID-19 Recovery Act.**

**Sec. 3.3(84): Funds to the University of North Carolina at Charlotte Bioinformatics Research Center . (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subsection (84) that allocates \$9 million to University of North Carolina at Charlotte Bioinformatics Research Center. \$4 million must be used for the development and analysis of viral and epidemiological data to address viral spread, assess treatments and therapeutics, and combat the COVID-19 pandemic and future viruses. \$5 million must be used for the development of a novel COVID-19 monitoring program based on the presence of the virus in wastewater and public transportation systems.

This subsection became effective September 4, 2020.

**H1043 - 2020 COVID-19 Recovery Act.**

**Sec. 3.3(85): Funds to the Board of Governors of the University of North Carolina System for Personal Protective Equipment . (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subsection (85) that allocates \$13 million to the Board of Governors of the University of North Carolina System to be allocated to constituent institutions for purchase of Personal Protective Equipment.

This subsection became effective September 4, 2020.

**H1043 - 2020 COVID-19 Recovery Act.**

**Sec. 3.3(93): Funds for Equipment for Health Care Workforce and First Responder Programs . (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subdivision (93) that provides \$5 million to the Community Colleges System Office to allocate to community college campuses for equipment costs for health care workforce and first responder programs necessary for the State's response to the COVID-19 pandemic.

This subdivision became effective September 4, 2020.

**H1043 - 2020 COVID-19 Recovery Act.**

**Sec. 3.3(97): Funds for Southern Regional Area Health Education Center. (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subdivision (97) that provides \$500,000 to the University of North Carolina at Chapel Hill to be used for the Southern Regional Area Health Education Center (AHEC) for COVID-19 related response activities, including outreach and education.

This subdivision became effective September 4, 2020.

**H1043 - 2020 COVID-19 Recovery Act.**

**Sec. 3.3(98): Funds for East Carolina University to Conduct Research with Dartmouth Atlas Project on COVID-19 Impacts . (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subdivision (98) that provides \$500,000 to East Carolina University to conduct research in partnership with the Dartmouth Atlas Project at the Dartmouth Institute for Health Policy and Clinical Practice on the key impacts of COVID-19, including studying patient clinical outcomes, health impacts, resulting economic hardships, and other long-term economic outcomes, such as unemployment, bankruptcy, and recovery.

This subdivision became effective September 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(99): Funds for Fayetteville State University to Complete Physical and Virtual Technology Laboratories on COVID-19 Impact . (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subdivision (99) that provides \$5 million to Fayetteville State University for physical and virtual technology laboratories to continue existing research on COVID-19 impacts with \$2 million used for build-out of existing structure and \$3 million for developing virtual infrastructure.

This subdivision became effective September 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(23): NC Policy Collaboratory Funds. (SL 2020-4)**

Section 3.3(23) of S.L. 2020-4, requires the Office of State Budget and Management to allocate \$29,000,000 of the funds appropriated from the Coronavirus Relief Fund to the University of North Carolina at Chapel Hill for the North Carolina Policy Collaboratory to be used for the following: (i) rapid development of a countermeasure of neutralizing antibodies for COVID-19, (ii) bringing a safe and effective COVID-19 vaccine to the public as soon as possible, (iii) community testing initiatives, and (iv) other research and activities related to monitoring, assessing, and addressing the public health and economic impacts of COVID-19. The following statutes do not apply to the purchase of apparatus, supplies, material, or equipment with the funds allocated under this subdivision: purchase and contract requirements in Article 3 of Chapter 143 of the General Statutes, the procedure for letting of public contracts contained in G.S. 143-129, and the powers of the Board of Governors of the University of North Carolina regarding certain purchasing contract contained in G.S. 116-31.10

No later than September 1, 2020, the Collaboratory is required to report to the Joint Legislative Oversight Committee on Health and Human Services on the progress of the requirements of this subdivision and the use of appropriated funds.

This section became effective May 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(102): Funds for the Council for Women for Domestic Violence and Sexual Assault . (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subdivision (102) that provides a total of \$12 million to the Department of Administration, Council for Women, with \$6 million provided for domestic violence centers and \$6 million for sexual assault programs to mitigate increased incidents as a result of the COVID-19 pandemic.

This subdivision became effective September 4, 2020.

**H1043 - 2020 COVID-19 Recovery Act.**

**Sec. 3.3(107): Funds for the Children's Home Society of North Carolina . (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subdivision (107) that allocates \$300,000 to the Department of Health and Human Services, Division of Social Services, for the Children's Home Society of North Carolina, Inc., to provide virtual foster care and adoption services for families and children experiencing hardship as a result of the COVID-19 pandemic.

This subdivision became effective September 4, 2020.

**H1043 - 2020 COVID-19 Recovery Act.**

**Sec. 3.3(108): Funds for a Grant to Backpack Ministry, Inc. . (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subdivision (108) that allocates to the Office of State Budget and Management \$100,000 to provide a grant to Backpack Ministry, Inc., d/b/a Food for Families, a nonprofit that provides food to students who would otherwise not receive a meal at home, to address increased food service demands due to the impact of COVID-19.

This subdivision became effective September 4, 2020.

**H1043 - 2020 COVID-19 Recovery Act.**

**Sec. 3.3(109): Funds for a Student Health Collaborative Pilot Program . (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subdivision (109) that allocates \$300,000 to the Department of Health and Human Services, Division of Social Services, to establish a student health collaborative pilot program in accordance with Section 4.18 of S.L. 2020-97.

This subdivision became effective September 4, 2020.

**H1043 - 2020 COVID-19 Recovery Act.**

**Sec. 3.3(110): Bridge to Recovery, Inc. Funds. (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subsection (110) that allocates \$400,000 to the



Office of State Budget and Management to provide a grant to Bridge to Recovery, Inc to offset the costs of increased demand for substance use disorder services related to the impacts of COVID-19 and to fund the development of innovative substance use disorder programs in Union County, Stanly County, and surrounding areas as a result of COVID-19.

This subsection became effective September 4, 2020.

#### **H1043 - 2020 COVID-19 Recovery Act.**

##### **Sec. 3.3(111): Funds to Triangle Residential Options for Substance Abusers, Inc.. (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subsection (111) that provides \$500,000 to the Office of State Budget and Management to provide a grant to Triangle Residential Options for Substance Abusers, Inc., a nonprofit corporation, to be used for (i) offsetting increased operational expenses incurred for providing comprehensive residential substance use disorder treatment associated with the COVID-19 pandemic, for the period beginning March 1, 2020, and ending December 30, 2020, and (ii) any other COVID-19 related losses or expenses incurred during that time period, as allowed under the Coronavirus Aid, Relief, and Economic Security Act.

This subsection became effective September 4, 2020.

#### **H1043 - 2020 COVID-19 Recovery Act.**

##### **Sec. 3.3(112): Funds to Nurse Family Partnership. (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subsection (112) that provides \$1 million to the Office of State Budget and Management to be allocated to Nurse Family Partnership, a nonprofit corporation located in North Carolina, to help offset COVID-19 related expenses incurred for specified services provided and supplies, such as personal protective equipment, used within the State between March 1, 2020, and December 30, 2020.

This subsection became effective September 4, 2020.

#### **H1043 - 2020 COVID-19 Recovery Act.**

##### **Sec. 3.3(114): Funds to North Carolina Assisted Living Association . (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subsection (114) that provides \$750,000 to the Office of State Budget and Management to be allocated to North Carolina Assisted Living Association (NCALA), a nonprofit organization, to facilitate safe visitation and communication between residents and

family members and to maintain Centers for Disease Control and Prevention infection control guidance and safety standards.

NCALA shall distribute the following equally among its member facilities: \$500,000 to be distributed for the purchase of communications equipment and technology, such as smart devices for residents, and \$250,000 for the purchase of environmental supplies and the development of plans to redesign visitation or common areas to address resident isolation.

This subsection became effective September 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(30a): Funds for State-County Special Assistance . (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subsection (30a) that provides \$20 million to the Department of Health and Human Services, Division of Social Services, for facilities licensed to accept State-County Special Assistance. The funds must be used to provide temporary monthly payments to the facilities to offset increased costs during the COVID-19 emergency. From August 1, 2020, through December 30, 2020, the payment will be \$250 per individual. The payments will be terminated December 30, 2020, or when the funds run out, whichever is earlier.

This subsection became effective September 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(30a): DHHS, DSS Funds for Facilities Receiving State-County Special Assistance (Aug-Dec 2020). (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subdivision (30a) that provides \$20 million to the Department of Health and Human Services, Division of Social Services, for facilities licensed to accept State-County Special Assistance.

The funds must be used to provide a temporary financial assistance in the form of a monthly payment to these facilities to offset the increased costs of service residents who are recipients of State-County Special Assistance during the COVID-19 emergency. For the period August 1, 2020 and ending December 30, 2020, the amount of the monthly payment authorized must be equal to \$250.00 per month for each resident who is a recipient of State-County Special Assistance. The DSS must terminate all monthly payments pursuant to this subdivision on the earlier of December 30, 2020, or when funds are depleted.

Nothing in this subdivision can be construed as an obligation by the General Assembly to appropriate funds for the purpose of this subdivision, or as an entitlement by any facility, resident of a facility, or other person to receive financial assistance under this subdivision. The following definitions apply:

- Facility licensed to accept State-County Special Assistance payments. – Any residential care facility that is (i) licensed by the Department of Health and Human Services and (ii) authorized to accept State-County Special Assistance payments from its residents.
- State-County Special Assistance. – The program authorized by G.S. 108A-40.

This subdivision became effective September 4, 2020.

Note: Also see summary of Section 3.3(30) of S.L. 2020-4, which pertains to State-County Special Assistance funds.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(35a): Funds to OSMB for COVID-19 Testing . (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subsection (35a) that allocates \$34,002,617 to OSMB for COVID-19 testing to be allocated as follows. \$29,002,617 in equal amounts to NC Senior Living Association (NCSLA), NC Health Care Facilities Association (NHCFA), and NC Assisted Living Association (NCALA). The organizations must distribute the funds equally to their member facilities. \$5,000,000 to the Board of Governors of The University of North Carolina (UNC), to be used to effectively mitigate the spread of COVID-19 on UNC campuses.

This subsection became effective September 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(106a): Funds for Licensed Child Care Providers . (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subdivision (106a) that allocates a total of \$35 million to the Department of Health and Human Services, Division of Child Development and Early Education, to provide operational grants to licensed child care providers to be used for various costs incurred in providing child care in response to the COVID-19 pandemic.

This subdivision became effective September 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(106b): Funds for Assistance Payments to Parents Using Remote Learning Opportunities . (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subdivision (106b) that allocates a total of \$8 million to the Department of Health and Human Services, Division of Child Development and Early Education, to provide assistance payments to parents using remote learning opportunities for the care of

their children with preference given to applicants who reside in a household with an income level not in excess of 150% of the amount required for a child in the home to qualify for the federal free or reduced-price lunch program.

This subdivision became effective September 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(106c): Funds to Establish the North Carolina COVID-19 Provider Relief Fund . (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subdivision (106c) that allocates \$20 million to the Department of Health and Human Services to establish the North Carolina COVID-19 Provider Relief Fund to reimburse providers enrolled in the NC Medicaid program for costs incurred in providing COVID-19 related treatment to uninsured patients during the COVID-19 pandemic. The program shall be modeled after the federal Provider Relief Program established under the CARES Act.

This subdivision became effective September 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(114a): Funds to the Iredell County Health Department. (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subsection (114a) that provides \$34,000 to the Office of State Budget and Management to provide a grant to the Iredell County Health Department, to be used to purchase a cargo trailer, temporary fencing, and a canopy to support a mobile mass-testing site for COVID-19.

This subsection became effective September 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(114b): Funds to the North Carolina Medical Society Foundation. (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subsection (114b) that provides \$25 million to the Office of State Budget and Management to allocate to the North Carolina Medical Society Foundation to ensure access to medical care for the citizens of this State by distributing these funds to independent medical practices in this State with demonstrable financial needs related to COVID-19.

This subsection became effective September 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(114c): Funds to Watauga County. (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subsection (114c) that provides \$10,000 to the Office of State Budget and Management to be allocated to Watauga County to be used to purchase a portable broadband kit for the local health department to facilitate the real-time transmission of testing data from COVID-19 mobile testing sites located in rural areas served by the local health department. These funds shall not be used for any purpose other than to purchase the equipment described in this subdivision or to purchase subscription services.

This subsection became effective September 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(114d): Funds for Personal Protective Equipment in Child Care Settings. (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subsection (114d) that provides \$6 million to be allocated to the Department of Health and Human Services to purchase personal protective equipment and sanitizing supplies for prevention efforts to combat COVID-19 in child care settings regulated by the State.

This subsection became effective September 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(114e): Funds to the NCHCFA, the NCSLA and the NCALA. (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subsection (114e) that provides \$23 million to the Office of State Budget and Management, one-half to be allocated to North Carolina Health Care Facilities Association (NCHCFA) and one-quarter each to be allocated to North Carolina Senior Living Association (NCSLA) and North Carolina Assisted Living Association (NCALA). NCHCFA, NCSLA and NCALA shall use the allocated funds to purchase and distribute, free of charge, to licensed skilled nursing facilities, adult care homes and family care homes, COVID-19 related supplies and equipment necessary for life safety, health, and sanitation, and personal protective equipment. NCSLA and NCALA shall collaborate to assure equitable distribution of the materials described in this subdivision to adult care homes and family care homes.

By February 1, 2021, NCSLA, NCHCFA, and NCALA shall each submit a report on their use of these allocated funds to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division.

This subsection became effective September 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(114f): Funds to LME/MCOs. (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subsection (114f) that provides \$38,000,000 to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), to be distributed to local management entities/managed care organizations (LME/MCOs) as additional lump sum single-stream allocations. LME/MCOs must not use these funds for any purpose other than to provide eligible individuals direct services associated with the COVID-19 pandemic.

The DMH/DD/SAS must distribute these funds among the LME/MCOs as follows: \$5,899,330 to Alliance Behavioral Healthcare, \$9,166,016 to Cardinal Innovations Healthcare, \$4,027,152 to Eastpointe, \$4,375,407 to Partners Behavioral Health Management, \$4,631,095 to Sandhills Center, \$5,292,267 to Trillium Health Resources and \$4,608,733 to Vaya Health.

This subsection became effective September 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(35a): COVID-19 Testing Funds. (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subdivision (35a) that provides \$34,002,617 to the Office of State Budget and Management to be allocated for COVID-19 testing as provided below.

- \$29,002,617 to be distributed in equal amounts to the NC Senior Living Association, NC Health Care Facilities Association, and the NC Assisted Living Association to purchase COVID-19 tests with 50% of the funds used to purchase rapid COVID-19 tests. The tests must be distributed equally among member facilities, free of charge, for testing facility staff, residents, and visitors. Additionally, member facilities must reserve COVID-19 rapid tests received under this subdivision for testing visitors who are family members or legal guardians of residents.
- \$5 million to the Board of Governors of The University of North Carolina to be used to mitigate the spread of COVID-19 on UNC campuses through testing, tracing, enforcing required on-campus isolation and quarantine and providing COVID-19 related health care services.

This subdivision became effective September 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 4.2C: Domestic Violence Prevention Pilot Program . (SL 2020-4)**

Section 4.2C of S.L. 2020-4, as enacted by Section 1.1(e) of S.L. 2020-80, creates the Domestic Violence Prevention Pilot Program and appropriates \$3.5 million from the Coronavirus Relief Fund to the Administrative Office of the Courts to provide a grant to Caitlyn's Courage, Inc. to establish domestic violence prevention pilot programs in at least 9 judicial districts of varying caseloads. The domestic violence pilot programs shall provide judges the option to use global positioning system (GPS) electronic monitoring devices, establish local implementation teams, operate a 24-hour monitoring center, and train all participants about the GPS tracking devices.

No later than April 1, 2021, Caitlyn's Courage, Inc., in consultation with participating judicial districts and the East Carolina University Department of Criminal Justice, must report on the effectiveness of the pilot programs to the Joint Legislative Oversight Committee on Justice and Public Safety, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division.

This section became effective July 1, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 4.5: Provide Medicaid Coverage for COVID-19 Testing to Uninsured Individuals in North Carolina During the Nationwide Public Health Emergency. (SL 2020-4)**

Section 4.5 of S.L. 2020-4 authorizes the Department of Health and Human Services to provide Medicaid coverage for COVID-19 testing for the uninsured during the nationwide coronavirus public health emergency as allowed under the Families First Coronavirus Response Act. The coverage may be retroactive to the extent allowed.

This section became effective May 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 4.6: Medicaid Provider Rate Increases. (SL 2020-4)**

Section 4.6 of S.L. 2020-4 requires the Department of Health and Human Services to provide a 5% increase in the Medicaid fee-for-service rates paid to all provider types by the Division of Health Benefits. The rate increase is effective from March 1, 2020, through either (i) the end of the nationwide coronavirus public health emergency, (ii) the end of the statewide public health emergency, or (iii) March 31, 2021, whichever occurs first.

This section became effective May 4, 2020.

## **H1043 - 2020 COVID-19 Recovery Act.**

### **Sec. 4.7: Implement Temporary Provider Enrollment Changes Authorized Under the Medicaid 1135 Waiver. (SL 2020-4)**

Section 4.7 of S.L. 2020-4 specifies that certain provisions of State law pertaining to provider enrollment must not apply to the Medicaid and Health Choice programs from March 1, 2020, through the duration of the nationwide coronavirus public health emergency, in order to implement the temporary provider enrollment authorized under the approved Medicaid 1135 waiver. The provisions of State law that do not apply are as follows:

- G.S. 108C-2.1, which requires a \$100 fee for provider enrollment applications and requires recertifying every five years.
- G.S. 108C-4(a), which imposes a State requirement to conduct criminal history record checks.
- G.S. 108C-9(a) and (c), which requires providers to complete certain trainings prior to initial enrollment as a Medicaid and Health Choice provider.

This section became effective May 4, 2020.

## **H1043 - 2020 COVID-19 Recovery Act.**

### **Sec. 4.8: Disabled Adult Child Passalong Eligibility/Medicaid. (SL 2020-4)**

Section 4.8 of S.L. 2020-4 eliminates, no later than June 1, 2020, the requirement that an individual must have received a Supplemental Security Income (SSI) payment to qualify for the Disabled Adult Child passalong in the Medicaid program.

This section became effective May 4, 2020.

## **H1043 - 2020 COVID-19 Recovery Act.**

### **Sec. 4.9: Child Care and Development Fund Block Grant Increased Availability to Address Immediate Child Care Needs . (SL 2020-4)**

Section 4.9 of S.L. 2020-4 amends Section 1.1(a) of Session Law 2019-192 to change the appropriations from federal block grants for child care and development during the 2019-20 fiscal year. The funding for Child Care Services is increased from \$232,109,943 to \$268,109,943, and the funding for the Quality and Availability Initiatives (TEACH Program) is increased from \$55,217,124 to \$67, 217,124.

This section became effective May 4, 2020.

## **H1043 - 2020 COVID-19 Recovery Act.**

### **Sec. 4.11: Funds for Overdose Medications. (SL 2020-4)**

Sec. 4.11 of S.L. 2020-4 directs the Department of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) to use \$400,000 allocated in sub-subdivision (36)c. of Section



3.3 of this act to purchase units of opioid antagonist at no charge to opioid treatment programs. Sec. 4.11 requires opioid treatment programs within two weeks of receiving the opioid antagonist to provide a prescription, at least one unit of opioid antagonist, and the opportunity to obtain prescription refills for opioid antagonist to participants who meet certain criteria.

This section became effective May 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 4.18: Establish Student Health Collaborative Pilot Program. (SL 2020-4)**

Sec. 4.18 of S.L. 2020-4, as enacted by Section 1.3 of S.L. 2020-97, directs the expenditure of \$300,000 appropriated to the Department of Health and Human Services, Division of Social Services, to establish a student health collaborative pilot program allowing a local education agency to collaborate with the county department of social services to assist students with their mental and physical well-being while in a public school setting in response to the COVID-19 pandemic.

The Division of Social Services must submit a progress report six months after implementing the pilot program to the Joint Legislative Oversight Committee on Health and Human Services, the Joint Legislative Education Oversight Committee, and the Fiscal Research Division.

This section became effective September 4, 2020.

### **H1043 - 2020 COVID-19 Recovery Act.**

#### **Sec. 3.3(94): Funds for PPE-NC Initiative. (SL 2020-4)**

Section 3.3 of S.L. 2020-4, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 1.2 of S.L. 2020-97 to add a new subdivision (94) that provides \$14.3 million to the Office of State Budget and Management for the PPE-NC Initiative. The PPE-NC Initiative is a partnership between the Manufacturing Solutions Center at Catawba Valley Community College, Gaston College's Textile Technology Center, the City of Conover, Gaston County, and the private sector to create a launch pad for prototyping and testing reusable personal protective equipment products for entrepreneurs and existing manufacturers. The funds are allocated as follows: \$9 million as a grant to the City of Conover for a facility to house testing labs, rapid prototyping, and textile sourcing; cleanroom upfit; and a rapid prototyping pilot line to create product and train a workforce; and \$5.3 million as a grant to Gaston County to construct an Incubator and Extrusion Center for Advanced Fibers for Gaston College's Textile Technology Center.

This subdivision became effective September 4, 2020.

### **H1053 - PED/Military OL & Audiology Interstate Compct. (SL 2020-87)**

S.L. 2020-87 implements recommendations from the Program Evaluation Division regarding ways to improve the occupational licensing process for military-trained applicants and military spouses; and makes North Carolina a member of the Interstate Compact for Audiology and Speech-Language Pathology.

Part I of this act becomes effective December 1, 2020, and applies to applications for licensure received on or after that date. Part II of this act becomes effective when at least 10 states have enacted the Interstate Compact for Audiology and Speech Pathology. Part III of this act became effective July 2, 2020.

### **H1105 - Coronavirus Relief Act 3.0.**

#### **Sec. 1.2 Use of Coronavirus Relief Funds. (SL 2020-97)**

Section 1.2 of S.L. 2020-97 amends and/or creates multiple subsections in Section 3.3 of S.L. 2020-4. Please see Section 3.3 of S.L. 2020-4 for these summaries.

### **H1105 - Coronavirus Relief Act 3.0.**

#### **Sec. 1.3: Extra Credit Grant Program. (SL 2020-97)**

This provision allocates \$440,541,000 of the federal funds in the Coronavirus Relief Fund to provide a grant of \$335 to eligible families to assist with virtual schooling and child-care costs during the COVID-19 pandemic. The grant is available to families that resided in the State for all of 2019 and reported they had at least one child eligible for the federal child tax credit in 2019. 1.2 million families, with almost 2 million children, are expected to qualify for the grant. The provision also provides a State income tax deduction for the 2020 taxable year equal to the grant amount received.

Section 1.1(c) and Section 1.3 of this act became effective when the act was signed into law on September 4, 2020. Section 1.4 of this act is effective for taxable years beginning on or after January 1, 2020, and expires for taxable years beginning on or after January 1, 2021.

### **H1105 - Coronavirus Relief Act 3.0.**

#### **Sec. 3.7: Medicaid Nontax Revenue/Clarification of Amount to be Transferred. (SL 2020-97)**

Section 3.7 of S.L. 2020-97 clarifies the amount of funds to be transferred by the Department of Health and Human Services (DHHS) as nontax revenue for the 2020-2021 fiscal year under Section 2.3(b) of S.L. 2019-242. If funds returned to DHHS exceed \$130,000,000, then DHHS shall transfer as nontax revenue the full amount returned.

This section became effective July 1, 2020 and applies only to the 2020-2021 fiscal year.

### **H1105 - Coronavirus Relief Act 3.0.**

#### **Sec. 3.7A: Flexibility for Certain Child Care Licensing Requirements . (SL 2020-97)**

Section 3.7A(a) of S.L. 2020-97 creates a new section, G.S. 110-98.5, in Article 7 of Chapter 110 of the General Statutes regarding care for school-age children during a state of emergency. A community-based organization is authorized to provide care for school-age children at a remote learning facility when remote or virtual learning is required due to a declared state of emergency. The community-based organization must be registered with the Department of Health and Human Services (Department) through a process

consistent with the registration process the Department uses for licensed child care facilities. Care provided to school-age children pursuant to this section is not considered child care as defined under G.S. 110-86.

Sec. 3.7A(b) of S.L. 2020-97 amends the exemption for cooperative arrangements from the definition of child care found in G.S. 110-86(2)(i). It clarifies cooperative arrangements among parents to provide care for their own children as a convenience rather than for employment includes arrangements between a group of parents, regardless of whether the parents are working, to provide for the instructional needs of their children.

Sec. 3.7A(c) of S.L. 2020-97 requires any community-based organization operating pursuant to subsection (a) of this section during the COVID-19 pandemic to comply with the same COVID-19 related sanitation requirements as required of licensed child care facilities.

This section became effective September 4, 2020.

### **H1105 - Coronavirus Relief Act 3.0.**

#### **Sec. 3.11: Funds for the Community Living House Fund and the North Carolina Housing Finance Agency. (SL 2020-97)**

Section 3.11(a) transfers \$1,948,121 from the Transitions to Community Living Fund to the Community Living Housing Fund within the North Carolina Housing Finance Agency.

Section 3.11.(b) appropriates \$10,472,993 in nonrecurring funds for the 2020-2021 fiscal year from the Community Living Housing Fund to the North Carolina Housing Finance Agency to be used as provided in G.S. 122E-3.1(c).

This section became effective September 4, 2020.

### **H1157 - Abolish Coroner in Various Counties. (SL 2020-21)**

S.L. 2020-21 abolishes the office of coroner in Montgomery County effective June 17, 2020. It also abolishes the office of coroner in Avery, Bladen, Hoke, Counties and makes various changes to coroner terms effective January 1, 2021.

### **S168 - DHHS & Other Revisions. (Ratified)**

Senate Bill 168 made a number of changes in the health and human services area. The bill made primarily technical and conforming changes to laws pertaining to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and the Division of Public Health in the Department of Health and Human Services (DHHS). The bill included changes to allow the Chief Medical Examiner to appoint emergency medical examiners during a state of emergency and to specify that all information and records provided by a city, county, or other public entity to the Office of the Chief Medical Examiner concerning a death investigation will retain the same degree of confidentiality it had while in the possession of the city, county or other public entity. The bill made technical, conforming, and other changes to DHHS Block

Grants. Finally, the bill contained a privilege exception to the reporting requirement for crimes against juveniles for psychiatric physicians.

Senate Bill 168 was ratified by the General Assembly on June 26, 2020, and vetoed by the Governor on July 6, 2020.

### **S232 - Repeal Death Invest Conf/Masks/Health&Safety. (SL 2020-93)**

Section 1 of S.L. 2020-93 would have repealed language in another bill (Sec. 2.5 of SB 168) pertaining to the establishment of confidentiality for certain death investigation information but the language was not enacted so no repeal was necessary. Sections 2 and 3 of the act amend language pertaining to masks and hoods for the protection of health. Section 2 of the act amends Section 4.3(b) of S.L. 2020-3 by removing the August 1, 2020 expiration date on language pertaining to masks and hoods worn for the protection of health. Section 3 of the act amends G.S. 14-12.11, as amended by Section 4.3 of S.L. 2020-3, to clarify language pertaining to wearing masks and hoods for the protection of health.

This act became effective July 10, 2020.

### **S361 - Healthy NC. (SL 2020-82)**

Session Law 2020-82 (1) enacts the Psychology Interjurisdictional Licensure Compact (PSYPACT), (2) allows marriage and family therapists to conduct the first-level exam for involuntary commitment, (3) eliminates redundancy in adult care home inspections, (4) modifies step therapy protocols, and (5) clarifies the use of coronavirus relief funds allocated to the North Carolina community Health Center Association. This act has various effective dates. Please see the full summary for details.

### **S476 - School-Based Mental Health. (SL 2020-7)**

Session Law 2020-7 directs the State Board of Education (SBE) to adopt a school-based mental health policy and directs K-12 school units to adopt and implement a school-based mental health plan that includes a mental health training program and a suicide risk referral protocol.

This act became effective June 8, 2020. School personnel who are required to complete the training and are employed in a K-12 school unit as of that date must complete initial mental health training by the end of the 2021-2022 school year.

### **S681 - Agency Policy Directives/2019-2020.**

#### **Sec. 4A.1: Authorization for Secretary of DHHS to Raise the Maximum Number of State-County Special Assistance In-Home Payments. (SL 2020-78)**

Sec. 4A.1 of S.L. 2020-78 allows the Secretary of the Department of Health and Human Services to waive the fifteen percent (15%) cap on the number of Special Assistance in-home payments, as the Secretary deems necessary and within existing appropriations for State-County Special Assistance.

This section became effective on July 1, 2020 and expires on June 30, 2021.

**S681 - Agency Policy Directives/2019-2020.**

**Sec. 4B.1: Elimination of Unnecessary and Redundant Reports. (SL 2020-78)**

Section 4B.1 of S.L. 2020-78 eliminates the following reports: Expansion of Controlled Substances Reporting System Monitoring Capacity, Coordination of Diabetes Programs and Department's Coordination of Chronic Care Initiatives.

This section became effective July 1, 2020.

**S681 - Agency Policy Directives/2019-2020.**

**Sec. 4B.2: NC MedAssist/Expand Allowable Uses of Coronavirus Relief Funds. (SL 2020-78)**

Section 4B.2 of S.L. 2020-78 amends Section 1.1(d) of S.L. 2020-4 to expand the allowable uses of \$1,500,000 in grant funding to NC MedAssist. NC MedAssist may use the grant funding for other costs allowed pursuant to federal guidance.

This section became effective July 1, 2020.

**S681 - Agency Policy Directives/2019-2020.**

**Sec. 4C.1: Smart Start Initiatives. (SL 2020-78)**

Section 4C.1 of S.L. 2020-78 requires the North Carolina Partnership for Children, Inc. to report on program initiatives, services, progress, and recommendations no later than December 1 of each year to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division of the General Assembly, instead of the General Assembly.

This section is effective July 1, 2020.

**S681 - Agency Policy Directives/2019-2020.**

**Sec. 4D.1: Medicaid Eligibility . (SL 2020-78)**

Section 4D.1 of S.L. 2020-78 codifies the Medicaid eligibility groups and income thresholds that have been established for the Medicaid program.

This section became effective July 1, 2020.

**S681 - Agency Policy Directives/2019-2020.**

**Sec. 4D.2: Annual Issuance of Medicaid Identification Cards. (SL 2020-78)**

Section 4D.2 of S.L. 2020-78 requires the Department of Health and Human Services (DHHS) to issue Medicaid identification cards on an annual basis, and to adopt or amend current rules related to Medicaid identification cards as necessary to implement this section. DHHS must submit a report confirming the amendment or adoption of rules as required to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice by February 1, 2021.

This section became effective July 1, 2020.

**S681 - Agency Policy Directives/2019-2020.**

**Sec. 4D.3: Volume Purchase Plans and Single Source Procurement. (SL 2020-78)**

Section 4D.3 of S.L. 2020-78 allows the Department of Health and Human Services, Division of Health Benefits to use volume purchase plans, single source procurement or other contracting processes to contract for services, medical equipment, supplies, and appliances in order to improve cost containment.

This section became effective July 1, 2020.

**S681 - Agency Policy Directives/2019-2020.**

**Sec. 4D.4: LME/MCO Out-of-Network Agreements. (SL 2020-78)**

Section 4D.4 of S.L. 2020-78 requires local management entities/managed care organizations (LME/MCOs) to utilize out-of-network agreements between a single provider of behavioral health or intellectual and developmental disability (IDD) services and the LME/MCO to ensure access to care. LME/MCOs must use an out-of-network agreement instead of a comprehensive provider contract to allow their enrollees to receive services outside of the LME/MCO's catchment area when certain conditions are met.

LME/MCOs may not restrict the number of out-of-network agreements to provide inpatient hospitalization services except in limited circumstances or restrict the number of out-of-network agreements for other behavioral health and IDD services to foster children or independent foster care adolescents who are already receiving services from the provider.

Any provider enrolled in the North Carolina Medicaid program that provides services pursuant to an out-of-network agreement must be considered a network provider for purposes of Chapter 108D of the General Statutes only as it relates to enrollee grievances and appeals for those services.

This section became effective July 1, 2020.

**S681 - Agency Policy Directives/2019-2020.**

**Sec. 4D.5: LME/MCO Intergovernmental Transfer. (SL 2020-78)**

Section 4D.5 of S.L. 2020-78 directs each local management entity/managed care organization (LME/MCO) to contribute a specified amount through intergovernmental transfer in the aggregate amount of \$18,028,217 to the Division of Health Benefits (DHB).

DHB shall have the authority to reallocate the amount of the intergovernmental transfer that each affected LME/MCO is required to make in the event any county disengages from an LME/MCO and realigns with another LME/MCO during the 2019-2021 fiscal biennium, provided the aggregate amount received from all LME/MCOs in each year of the fiscal biennium is achieved.

If, in any given month, DHB does not make the additional capitated payment associated with the Medicaid risk reserve to an LME/MCO, then the LME/MCO's intergovernmental transfer shall be reduced on a pro rate basis and the aggregate amount to be collected adjusted for the corresponding fiscal year.

This section became effective July 1, 2020.

**S681 - Agency Policy Directives/2019-2020.**

**Sec. 4E.1: Funds for Local Inpatient Psychiatric Beds or Bed Days. (SL 2020-78)**

Section 4E.1 requires the Department of Health and Human Services to report by no later than December 1, 2020 and by no later than December 1, 2021, to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on the following:

- A uniform system for beds or bed days purchased during the preceding fiscal year from specified funds.
- An explanation of the process used by the Department to ensure that, local inpatient psychiatric beds or bed days purchased in accordance with this section are utilized solely for individuals who are medically indigent and the number of medically indigent served by these beds or bed days.
- The amount of funds used to pay for facility-based crisis services and to pay for nonhospital detoxification services, along with the number of individuals who received these services and the outcomes for each individual.
- Other Department initiatives funded by State appropriations to reduce State psychiatric hospital use.

This section became effective July 1, 2020.

**S681 - Agency Policy Directives/2019-2020.**

**Sec. 4E.2: Report on Use of Funds to Purchase Inpatient Alcohol and Substance Use Disorder Treatment Services. (SL 2020-78)**

Section 4E.2 requires the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to report on the implementation of the use of

funds to purchase inpatient alcohol and substance use disorder treatment services. The report must include specified information for each Alcohol and Drug Abuse Treatment Center for the prior fiscal year and the two preceding fiscal years. The report is due annually beginning September 1, 2020, and ending on September 1, 2026, to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division.

This section became effective July 1, 2020.

#### **S681 - Agency Policy Directives/2019-2020.**

##### **Sec. 4F.1: Expand Composition of Child Fatality Task Force . (SL 2020-78)**

Section 4F.1 of S.L. 2020-78 increases the membership of the Child Fatality Task Force to include the Director of the Juvenile Justice Section, Division of Adult Correction and Juvenile Justice, Department of Public Safety. It directs ex officio members and appointing authorities to use best efforts when making appointments or designating representatives to select individuals with sufficient knowledge, experience and to reflect the geographical, political, gender, and racial diversity of this State to the extent possible.

This section became effective August 1, 2020.

#### **S681 - Agency Policy Directives/2019-2020.**

##### **Sec. 4G.1: Enhance Performance innovation Initiative. (SL 2020-78)**

Sec. 4G.1 of S.L. 2020-78 adds additional guidance to the description of Permanency Training Services used by the Permanency Innovation Initiative Fund to implement its goals. It specifies Permanency Training Services shall advance permanency-focused services for children in the legal custody of county departments of social services, and provide training and support services to caregivers and family members who are supporting the permanency goal of children in the legal custody of county departments of social services.

This section became effective July 1, 2020.

#### **S681 - Agency Policy Directives/2019-2020.**

##### **Sec. 4G.2: Successful Transition/Foster Care Youth. (SL 2020-78)**

Section 4G.2 of S.L. 2020-78 directs the Foster Care Transitional Living Initiative Fund to continue to fund and support transitional living services that demonstrate positive outcomes for youth, attract significant private sector funding, and lead to the development of evidence-based programs to serve the at-risk population. The Fund shall continue to support a demonstration project with services provided by Youth Villages to reach specified goals.

Section 4G.2 requires the Fund to support transitional living services, public-private partnership, impact measurement and evaluation, and advance of evidence-based process while continuing to implement its goals.

This section became effective July 1, 2020.



## **S681 - Agency Policy Directives/2019-2020.**

### **Sec. 14.1: Plan for Results First Benefit-Cost Analysis of DHHS Programs. (SL 2020-78)**

Sec. 14.1 of S.L. 2020-78 requires the Office of State Budget and Management (OSBM) to submit a plan to conduct, as part of North Carolina's Results First project, a benefit-cost analysis of all Department of Health and Human Services (DHHS) programs funded by State appropriations. The plan shall include (i) an inventory of all Department programs funded by State appropriations and (ii) an estimate of the cost to conduct the Results First benefit-cost analysis for each DHHS program funded by State appropriations.

OSBM must submit the plan by January 15, 2021 to the Joint Legislative Oversight Committee on General Government, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division.

This section is effective July 1, 2020.

## **S704 - COVID-19 Recovery Act.**

### **Sec. 3B.1: Affirmations of Actions Taken in Response to COVID-19. (SL 2020-3)**

Section 3B.1 of S.L. 2020-3 expresses the General Assembly's support for the actions taken by the North Carolina Medical Board, the North Carolina Board of Nursing, other health care provider licensing boards, and the State's teaching institutions for health care providers in response to the COVID-19 emergency. The General Assembly also affirms its support for:

- Encouraging front line health care workers, law enforcement officers, and child care workers to have priority access to a COVID-19 vaccine when it is introduced.
- Pursuing all available federal waivers for child welfare.
- Providing flexibility to the State's teaching institutions for health care providers to ensure their students complete the necessary clinical hours.

The affirmations of support became effective May 4, 2020.

## **S704 - COVID-19 Recovery Act.**

### **Sec. 3C.1: Establishment of a State Stockpile for Personal Protective Equipment. (SL 2020-3)**

Section 3C.1 of S.L. 2020-3 directs the Division of Public Health (DPH) and the Division of Health Service Regulation (DHSR) within the Department of Health and Human Services (DHHS), in conjunction with the North Carolina Division of Emergency Management within the Department of Public Safety to develop a plan for creating and maintaining a strategic state stockpile of personal protective equipment (PPE) and testing supplies. This plan must be submitted to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Justice and Public Safety. The plan must include:

- Recommendations about which agency should lead the stockpile effort.
- Improvements to the state procurement process for PPE.

- Recommendations on who should have access to the stockpile.
- Ways to increase production of PPE within the state.
- Recommendations about procuring testing supplies.
- Potential locations for the stockpile.
- Recommendations about the source, type, quality, and quantity of PPE and testing supplies the State should maintain.
- An inventory mechanism.
- A five year budget.
- Any other items deemed necessary.

This section of the act became effective May 4, 2020.

#### **S704 - COVID-19 Recovery Act.**

##### **Sec. 3C.2: Priority Consideration of North Carolina-Based Companies. (SL 2020-3)**

Section 3C.2 of S.L. 2020-3 directs the Department of Health and Human Services and the North Carolina Division of Emergency Management within the Department of Public Safety to first consider North Carolina-based companies that can provide mobile response units with capabilities to reach rural areas of the State during public health emergencies. This section of the act became effective May 4, 2020.

#### **S704 - COVID-19 Recovery Act.**

##### **Sec. 3D.1: Dental Board Flexibility. (SL 2020-3)**

Section 3D.1 of S.L. 2020-3 amends the Dental Practice Act to give the Board of Dental Examiners the authority to waive requirements of the Act and the Dental Hygiene Act during a declared state of emergency in order to permit the provision of dental care during the emergency.

This section became effective May 4, 2020.

#### **S704 - COVID-19 Recovery Act.**

##### **Sec. 3D.2: Authorization for Dentists to Administer COVID-19 Tests. (SL 2020-3)**

Section 3D.2 of S.L. 2020-3 amends the definition of the practice of dentistry in G.S. 90-29(b) to include the administration of COVID-19 diagnostic and antibody tests.

This section became effective May 4, 2020.

#### **S704 - COVID-19 Recovery Act.**

##### **Sec. 3D.3: Authorization Process for Immunizing Pharmacists to Administer COVID-19 Vaccinations/Immunizations. (SL 2020-3)**

Section 3D.3 of S.L. 2020-3 allows any individual to petition the State Health Director to authorize immunizing pharmacists to administer a COVID-19 vaccine by means of a statewide order if one is

approved by the CDC at a time when the General Assembly is not in session. The Director must consult with stakeholders before issuing a decision on the petition. The Director can issue a statewide standing order allowing immunizing pharmacists to administer a COVID-19 vaccine and makes any statewide standing order issued by the Director expire upon the adjournment of the next regular session of the General Assembly. The Director must develop and submit a minimum standard screening questionnaire and safety procedures for written protocols for the vaccine to the Joint Legislative Oversight Committee on Health and Human Services, the North Carolina Medical Board, the North Carolina Board of Nursing, and the North Carolina Board of Pharmacy within 10 days of approving the petition. If the Director does not do so, those protocols must be developed by the Immunization Branch of the Division of Public Health. The Director and any pharmacists administering COVID-19 vaccinations pursuant to the Director's order immune from civil and criminal liability.

This section became effective May 4, 2020.

### **S704 - COVID-19 Recovery Act.**

#### **Sec. 3D.4: Prescription Identification Requirements. (SL 2020-3)**

Section 3D.4 of S.L. 2020-3 allows pharmacists to use the visual inspection of any government issued photo I.D. to identify patients picking up prescriptions. Pharmacists are also permitted to identify known customers by examining existing records. They must review a patient's history on the controlled substances reporting system before filling an initial prescription for a Schedule II controlled substance only if it were already required under existing law.

This section became effective May 4, 2020, and expires 60 days after Executive Order 116 is rescinded or December 31, 2020, whichever is earlier.

### **S704 - COVID-19 Recovery Act.**

#### **Sec. 3D.5: Temporary Flexibility for Quality Improvement Plans . (SL 2020-3)**

Section 3D.5 of S.L. 2020-3 prohibits the Medical Board and the Board of Nursing from enforcing any administrative rule that requires any of the following:

- Quality improvement meetings between a physician and a physician assistant or nurse practitioner who had been practicing prior to February 1, 2020, and was continuing to practice when the section is enacted.
- Monthly quality improvement meetings between a physician and a physician assistant or nurse practitioner during the first six months of the practice arrangement.
- Any quality improvement meetings or payment of a license fee by a physician assistant or nurse practitioner who is providing volunteer services in response to the COVID-19 pandemic.
- The annual renewal or review of any practice arrangement between a physician and a physician assistant or nurse practitioner.

This section became effective May 4, 2020, and expires December 31, 2021.

## **S704 - COVID-19 Recovery Act.**

### **Sec. 3D.7: Health Care Liability Protection for Emergency or Disaster Treatment. (SL 2020-3)**

Section 3D.7 of S.L. 2020-3 grants health care facilities and providers immunity from civil or criminal liability for acts and omissions in the course of arranging health care services if all of the following apply:

- The services are provided pursuant to a COVID-19 emergency.
- The health care services are impacted by (1) a provider or facility's decisions in response to the COVID-19 epidemic, or (2) by the decisions or activities, in response to or as a result of the COVID-19 epidemic, of a health care facility or entity where a health care provider provides health care services.
- The health care facility or provider is arranging the services in good faith.

Immunity does not apply if the damages were caused by willful or intentional misconduct, gross negligence, reckless misconduct, or intentional infliction of harm on the part of the health care facility or provider. Volunteer organizations are immune from liability for damages that occur at their facility unless there was willful or intentional misconduct, gross negligence, reckless misconduct, or intentional infliction of harm on the part of the volunteer organization.

This section became effective May 4, 2020, and applies to acts or omissions occurring during the time of Executive Order No. 116 issued on March 10, 2020, by Governor Roy A. Cooper, and any subsequent time period during which a state of emergency is declared to be in effect during calendar year 2020.

## **S704 - COVID-19 Recovery Act.**

### **Sec. 3D.8: Temporarily Dispense and Use Controlled Substances at Additional Places of Business. (SL 2020-3)**

Section 3D.8 of S.L. 2020-33 allows licensed hospitals, nursing homes, and clinics to dispense controlled substances at additional business locations, provided they followed a registration process developed by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services of the North Carolina Department of Health and Human Services.

This section became effective May 4, 2020, and expires 60 days after Executive Order No. 116 is rescinded, or December 31, 2020, whichever is earlier.

## **S704 - COVID-19 Recovery Act.**

### **Sec. 3D.9: Pre-Procedure COVID-19 Test Result Reporting. (SL 2020-3)**

Section 3D.9 of S.L. 2020-3 requires healthcare providers to report the results of COVID-19 testing performed prior to non emergency surgery to the Commission for Public Health.

This section became effective May 4, 2020.

## **S704 - COVID-19 Recovery Act.**

### **Sec. 3D.6: Pandemic Health Care Workforce Study. (SL 2020-3)**

Section 3D.6 of S.L. 2020-3 charges the North Carolina Area Health Education Center (NC AHEC) with studying the issues that impact health care delivery and the health care workforce during a pandemic, including issues that need to be addressed in the aftermath of this pandemic and plans that should be implemented in the event of a future health crisis. Input must be solicited from all relevant stakeholders. Issues to be examined include:

- Adequacy of the health care workforce supply to respond to a pandemic by setting.
- Adequacy of the health care workforce supply to address the COVID-19 surge.
- Adequacy of the health care workforce training, by setting.
- Impact of the COVID-19 pandemic on communities with preexisting workforce shortages.
- Impact of Personal Protective Equipment (PPE) availability on the health care workforce, by setting.
- Sufficiency of support mechanisms for the health care workforce.
- Impact of postponing or eliminating nonessential services and procedures on the health care workforce.
- Impact of postponing or eliminating nonessential services and procedures on hospitals, particularly rural hospitals.
- Interruptions on the delivery of routine health care during the COVID-19 pandemic.
- Impact of the COVID-19 pandemic on the delivery of behavioral health services.
- Ability of telehealth options to deliver routine and emergent health and behavioral health services to patients.
- Impact of telehealth on hospitals during the COVID-19 pandemic.
- Support necessary to resume health care delivery to pre pandemic levels.
- Ability of the health care workforce and health care delivery structure to respond to the needs of minority populations, individuals with health disparities, and individuals and communities with increased health risks during a pandemic.
- Impact of the COVID-19 pandemic, including concerns surrounding PPE availability, on current health sciences students and implications for future students contemplating a career in health sciences.

The NC AHEC must report findings and recommendations to the House Select Committee on COVID-19, Health Care Working Group, on or before November 15, 2020. The NC AHEC is also authorized to report subsequent study findings and recommendations, as appropriate, to the Joint House Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Joint Legislative Oversight Committee on Health and Human Services.

This section became effective May 4, 2020.

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### **Sec. 3E.1: Extension of Time for Establishing Connectivity to the State's Health Information Exchange. (SL 2020-3)**

Section 3E.1 of S.L. 2020-3 extends the deadline from June 1, 2020, to October 1, 2021, for most providers and entities to begin submitting demographic and clinical data to the Health Information Exchange Network and make other conforming changes.

This section became effective May 4, 2020.

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**Sec. 3E.2: Temporary Waiver of Three-Year Fingerprinting Requirement/Child Care Providers/Adoptions/Foster Care. (SL 2020-3)**

Section 3E.2 of S.L. 2020-3 temporarily waives the requirement that all child care providers complete a fingerprint based criminal history check every three years and clarifies that name based background checks must continue to be performed in accordance with Federal law. Fingerprint checks would be resumed 60 days after Executive Order 116 is rescinded. The Department of Health and Human Services is also required to temporarily waive fingerprint background checks for adoptions, foster care, or child care institutions. Name based background checks must continue to be performed in accordance with Federal law. Fingerprint checks would be resumed 60 days after Executive Order 116 is rescinded.

This section became effective May 4, 2020, and expires 60 days after Executive Order 116 is rescinded or December 31, 2020, whichever is earlier.

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**Sec. 3E.3: Modification of Facility Inspections and Training to Address Infection Control Measures for COVID-19. (SL 2020-3)**

Section 3E.3 of S.L. 2020-3 instructs the Division of Health Service Regulation (DHSR), the Department of Health and Human Services, and local departments of social services to suspend all annual inspections, regular monitoring requirements, and adopted rules for licensed facilities for persons with disabilities or substance use disorders, adult care homes, hospitals, health care facilities licensed under Article 6 of Chapter 131E, and hospices. Annual inspections, regular monitoring requirements, or adopted rules deemed necessary by DHSR to avoid serious injury or death, or as directed by CMS, are not suspended. DHSR must review the compliance history of facilities for persons with disabilities or substance use disorders and adult care homes found to be in violation, assessed penalties, or placed on probation within the six month period preceding the beginning of the COVID-19 emergency for noncompliance with rules or CDC guidelines regarding infection control or the proper use of personal protective equipment. Employees of these facilities must undergo immediate training, permissible by video conference, about infection control and the proper use of personal protective equipment.

This section became effective May 4, 2020, and expires 60 days after Executive Order 116 is rescinded or December 31, 2020, whichever is earlier.

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**Sec. 3E.4: Allow Temporary Waiver of 72-Hour Pre-Service Training Requirement/Child Welfare Staff. (SL 2020-3)**

Section 3E4 of S.L. 2020-3 allows the Department of Health and Human Services, Division of Social Services, to waive the 72-hour requirement of preservice training before child welfare services staff assumes direct client contact responsibilities. The Division is authorized to use web-based training in order to meet preservice training requirements.

This section became effective May 4, 2020, and expires 60 days after Executive Order 116 is rescinded or December 31, 2020, whichever is earlier.

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##### **Sec. 3E.1(b): Technical Correction to COVID-19 Recovery Act. (SL 2020-3)**

Section 3E.1(b) in S.L. 2020-3, as may have been amended by Section 3 of S.L. 2020-32, Section 4 of S.L. 2020-49, Section 1.1(d) of S.L. 2020-80, Section 3B(b) of S.L. 2020-88, and Section 4.9(a) of S.L. 2020-91, is amended by Section 3.7B(b) of S.L. 2020-97 to change the reference in the introductory language from G.S. 90-414(a2) to G.S. 90-414.4(a2).

This section became effective May 4, 2020.

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##### **Sec. 3F.1: Expanded Use of Telehealth to Conduct First and Second Involuntary Commitment Examinations. (SL 2020-3)**

Section 3F.1 of S.L. 2020-3 allows the first and second examinations, respectively, to be conducted via telehealth, provided that the commitment examiner is reasonably certain that a different result would not have been reached in a face to face examination.

This section became effective May 4, 2020, and expires 30 days after Executive Order 116 is rescinded.

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##### **Sec. 3F.2: Increased Access to Telehealth Under the Medicaid Program. (SL 2020-3)**

Section 3F.2 of S.L. 2020-3 states that the General Assembly urges the Centers for Medicaid and Medicare to provide coverage for health care provided through audio only communication.

This section became effective May 4, 2020.

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##### **Sec. 4.3: Masks & Hoods for the Protection of Health. (SL 2020-3)**

Section 4.3 of S.L. 2020-3, as amended by Section 2 and Section 3 of S.L. 2020-93, clarifies that masks may be worn on certain public and private premises to ensure the physical health or safety of the wearer or others, but requires the wearer to remove that mask upon the request of a law enforcement officer during a traffic stop or when the officer has reasonable suspicion or probable cause during a criminal investigation.

Section 4.3 of S.L. 2020-3 became effective May 4, 2020 and initially included an expiration date of August 1, 2020. However, Sections 2 and 3 of S.L. 2020-93, which became law July 10, 2020, clarified language regarding the wearing of mask and hoods for the protection of health and removed the August 1, 2020, expiration date initially included in Section 4.3 of S.L. 2020-3.

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### **Sec. 4.10: Witness Requirement During State of Emergency/Health Care Power of Attorney and Advanced Directive for Natural Death. (SL 2020-3)**

Sec. 4.10 of S.L. 2020-3 amends the statutes related to health care powers of attorney and advanced directives for a natural death declaration to waive the requirement that the principal's signature be executed in the presence of two qualified witnesses. This waiver applies if the document is signed by the principal, properly acknowledged before a notary, and contains a short and plain statement indicating that the instrument was executed in accordance with this section. The waiver applies to those documents executed on or after May 4, 2020, and it expired on August 1, 2020.

This section became effective May 4, 2020.

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### **Sec. 4.11: Adult Guardianship Service. (SL 2020-3)**

Section 4.11 of S.L. 2020-3 temporarily amended the law pertaining to service of the notice and petition for incompetency. This section of the act allowed a sheriff to serve process on a resident of a facility that restricts visitors during a public health emergency by leaving a copy of the notice of hearing and petition with the employee of the facility who appears to be in charge of the office or who has apparent authority to receive documents intended for residents. The employee is required to present the documents to the resident respondent as soon as possible. Proof of service would be filed with the clerk showing how the respondent was served.

This section became effective May 4, 2020, and expired August 1, 2020.

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### **Sec. 4.17: Communicable Disease Information Law Enforcement. (SL 2020-3)**

Sec. 4.17 of S.L. 2020-3 creates exceptions for the release of confidential communicable disease health information by the Department of Health and Human Services (DHHS) or a local health department to a law enforcement official in order to prevent or lessen a serious or imminent threat to the health or safety of a person or the public to the extent allowed under HIPPA, or to enforce the communicable disease and health laws of the State. This section became effective May 4, 2020.

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### **Sec. 4.22: Interim Determinations and Interim Certifications for Certain Disability Benefits. (SL 2020-3)**

Sec. 4.22 of S.L. 2020-3 allowed the Director of the Retirement Systems Division of the Department of State Treasurer, or designee, to make an interim determination or interim certification that a member or beneficiary is eligible for disability benefits. However, the Director or designee is not allowed to make an interim determination or interim certification that the member or beneficiary is not eligible. The medical



board is required to review any interim determinations or interim certifications as soon as practicable and to make a final determination or final certification. If, subsequent to the interim determination or interim certification, the medical board makes a determination or certification that the member or beneficiary is not eligible for disability benefits, then any payment to that member or beneficiary will cease and the determination will be applied prospectively so that the final determination will not require any refund by the member or beneficiary for benefits received during the interim determination period.

This section became effective May 4, 2020 and the language allowing interim determinations or interim certifications expired August 1, 2020. Any interim determination or interim certification made under the authorization of this section remains valid until a final determination is made in accordance with the section.

### **S808 - Medicaid Funding Act. (SL 2020-88)**

Session Law 2020-88 appropriates funds for the Dorothea Dix campus relocation project and NC FAST; appropriates Coronavirus Relief Funds for early childhood initiatives, behavioral health and crisis services, and COVID-19 testing, contract tracing, and trends tracking and analysis; appropriates funds for the Medicaid program and Medicaid transformation; and makes changes related to Medicaid transformation implementation.

Except where provided otherwise, this act is effective July 2, 2020. See full summary for details.