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Health

This year the General Assembly enacted significant changes to North Carolina's health care laws in two different bills: the annual budget bill and the landmark bioterrorism bill. In response to the state's severe financial crisis, the budget bill eliminates or reduces a number of public health programs, services, and contracts. The bioterrorism bill, enacted in the final days of the legislative session, expands the authority of the State Health Director to take action when faced with a public health threat that may have been caused by a terrorist incident involving nuclear, biological, or chemical agents. The law also makes several other important changes in the state's public health and health-related laws.

Budget

Public Health

The budget bill, S.L. 2002-126 (S 1115), makes significant budget cuts throughout the Department of Health and Human Services (DHHS). It entirely eliminates several programs and contracts within the Division of Public Health (DPH) and significantly reduces others. Some of the most significant cutbacks affecting the public health system include:

- Elimination of \$1 million in recurring aid-to-county funds.
- Reduction of over \$2 million in recurring funds for the Developmental Evaluation Centers (DEC). The budget bill includes instructions to DHHS regarding how the reduction should be implemented. Specifically, DHHS must not close any individual DEC and must first try to accommodate the reductions through administrative expenses.
- Elimination of more than 12 positions within DPH, including 5 public health consultant positions, 3 Oral Health Section positions, and 3.45 positions in the Women's and Children's Health Section.
- Elimination of funding for the Prescription Drug Access Program and the Prescription Drug Assistance Program (*but see* the discussion below under the heading "Health and Wellness Trust Fund Commission" regarding new authority for a prescription assistance program).

- Reduction or elimination of funding for a number of contracts with outside entities that provide various types of public health services, including contracts for T-cell testing of HIV patients, contracts with dysplasia clinics, and contracts with hospital systems across the state for pediatric and prenatal services.
- Reduction of funding for several DPH offices and sections, including the Office of Minority Health, the Oral Health Section, and the Women's and Children's Health Section.

While the budget bill includes millions of dollars in cuts, it also includes almost \$3.5 million in new or additional funding for several public health activities and programs. Among other things, the legislation provides

- \$750,000 in nonrecurring funds for Healthy Carolinians,
- \$600,000 in nonrecurring funds for an initiative intended to prevent blindness,
- \$615,000 in nonrecurring funds to support an initiative intended to reduce out-of-wedlock births,
- \$570,000 in nonrecurring funds for the Adolescent Pregnancy Prevention program,
- \$300,000 in nonrecurring funds to promote the use of folic acid to prevent birth defects,
- \$250,000 in nonrecurring funds for the Healthy Start Foundation, and
- additional nonrecurring funds for several other DPH projects including the Osteoporosis Task Force, the Asthma Education Program, and the "Strike Out Stroke" initiative.

The budget bill also includes a number of substantive requirements affecting public health laws and programs. For example, last year the budget bill (S.L. 2001-424) authorized the AIDS Drug Assistance Program (ADAP) to expand eligibility for the program under certain circumstances. This year the budget bill eliminates this expansion authority and directs DHHS to develop a plan for managing costs and expanding participation in the program. Among other things, the 2002 budget bill also

- directs the Legislative Services Office to contract with an independent consultant to conduct a cost analysis of the services provided by the State Laboratory,
- requires DHHS to conduct an assessment of the current DEC's and make recommendations for their future operations,
- revises the requirements governing the Heart Disease and Stroke Prevention Task Force in order to continue the work of the task force indefinitely, and
- revises certain requirements for reports related to the Newborn Hearing Screening Program, the Early Intervention Program, the intensive home visiting program, and other programs within DPH.

Environmental Health

Under current law, the Department of Environment and Natural Resources (DENR) is authorized to regulate the sanitation of certain types of establishments, including most restaurants, hotels, and motels. DENR is also authorized to collect certain annual fees from the establishments it regulates. A special provision in the budget bill amends the current fee structure to permit fees to be charged for the review of plans for food establishments. The law specifically authorizes DENR to charge a fee to review plans for any prototype franchised or chain food establishments and authorizes local health departments to charge a fee to review plans already reviewed by DENR for other types of food establishments. Fees collected by the state may be used to support state sanitation programs, and fees collected by local health departments may be used to support local sanitation programs.

Medicaid

Medicaid is a state and federally funded entitlement program that provides payment for health care services for people with low incomes. A detailed discussion of the provisions of S.L. 2002-126 affecting the Medicaid program is included in Chapter 22, "Social Services."

One particularly interesting provision of the budget bill relates to the Medicaid prescription drug benefit. In May 2002, DHHS announced that it planned to implement a preferred drug list for the Medicaid program. The agency (working in consultation with other experts) would have determined a benchmark price for each approved drug. For all drugs that cost more than the benchmark price, the agency would have negotiated with the pharmaceutical manufacturers to receive a supplemental rebate to bring the cost of the drug down to the benchmark price. The budget bill, however, specifically prohibits DHHS from requiring supplemental rebates from manufacturers. The technical corrections bill [S.L. 2002-159 (S 1217)], passed later in the session, provides that DHHS can neither require nor request these supplemental rebates.

Health Choice (State Children's Health Insurance Program)

North Carolina Health Choice is the state program that provides health insurance for children who would otherwise be uninsured because their family incomes are too high for the children to qualify for Medicaid but too low for the family to afford private insurance. To obtain federal funding to pay part of the program's costs, DHHS was required several years ago to submit a program plan to the U.S. Department of Health and Human Services (U.S. DHHS). This year the budget bill authorizes DHHS to revise the plan initially submitted to U.S. DHHS to reflect legislative and other changes to the Health Choice program. The bill also makes one technical change to the program requirements. Subject to certain limitations, prescription drug providers (such as pharmacists) had been permitted to set their own dispensing fees for prescriptions provided to Health Choice enrollees. The budget bill removes this authority by establishing specific dispensing fees for both generic and brand-name drugs.

Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that—among other things—requires health plans, health information clearinghouses, and health care providers to standardize their electronic transactions of health care information and to protect the privacy and security of that information. In the budget bill, the legislature established the Reserve for HIPAA Compliance and appropriated \$2 million to it for the 2002-2003 fiscal year. In a special provision of the bill, the legislature provided that any of these funds that are unexpended and unencumbered at the end of the fiscal year should remain in the reserve rather than reverting to the General Fund.

To implement HIPAA, last year's budget bill authorized the creation of several time-limited positions in the DHHS Division of Information Research Management (DIRM). This year the budget bill still permits the creation of these time-limited positions but does not require them to be located in DIRM. A separate provision in the act requires the Governor or the Governor's designee to coordinate the state's HIPAA implementation efforts. The University of North Carolina System and the Teachers' and State Employees' Comprehensive Major Medical Plan are both authorized to initiate HIPAA implementation efforts and to report on such efforts bimonthly to the Governor.

Health and Wellness Trust Fund Commission

The Health and Wellness Trust Fund Commission was created during the 2000 legislative session to oversee the distribution of a portion of the funds that North Carolina received in the tobacco settlement (S.L. 2000-147). A special provision in this year's budget authorizes the commission to spend up to \$3 million to develop and implement a Senior Prescription Drug Access Program. The program would be available to senior (sixty-five and older) and low-income citizens. It would offer assistance in accessing public and private prescription drug assistance programs and in understanding drug coverage options and make available pharmacist evaluators to review prescriptions and provide prescription drug counseling (seniors only). In a separate budget bill provision, the legislature eliminated the DHHS Prescription Drug Assistance Program and expressed its intent that the program developed by the Health and Wellness Trust Fund

Commission would include funding to provide for the transition of benefits from the former DHHS program to the new commission program.

Credentialing

The budget bill includes a special provision that amends existing law relating to insurers' credentialing of network providers. The provision specifies that when a new health care practitioner joins a practice that participates in a network, that practitioner shall be included in the network on the date that the insurer approves his or her credentialing application.

Other Requirements for DHHS

Several other special provisions in the budget bill require DHHS to implement new programs or make changes in existing functions or programs:

- The budget bill provides \$1 million in nonrecurring funds to establish the Ruth M. Easterling Trust Fund for Children with Special Needs and directs DHHS to adopt rules to implement the trust fund. The fund is intended to provide respite services for children at risk for out-of-home placement (such as foster children), pay for services and equipment for children with special needs when there is no other payment source, and provide training to parents and caregivers of children with special needs.
- Last year the budget bill (S.L. 2001-424) established eligibility levels for state programs, other than Medicaid, that offer medical care to North Carolina citizens. This year's budget bill revises the eligibility level for adults fifty-five years of age or older who qualify for services through the Division of Services for the Blind, Independent Living Rehabilitation Program. The qualification level is now 200 percent of the federal poverty guidelines.
- The budget bill amends existing school nurse certification requirements to provide that school nurses employed in the public schools prior to July 1, 1998, are not required to be nationally certified. Nurses who are not certified by one of two national organizations will continue to be paid based on the noncertified nurse salary range.
- The budget bill requires DHHS to conduct an assessment of the Rural Health Loan Repayment Incentive Program.

Public Health

Bioterrorism

In the fall of 2001, the state's public health system faced a new challenge: the threat of bioterrorism. Last year the General Assembly enacted several bills related to bioterrorism that were fairly limited in scope—one bill, for example, established a biological agents registry. This year the legislature enacted a much more comprehensive bioterrorism bill, S.L. 2002-179 (H 1508), which expands the legal authority of the State Health Director in certain circumstances and makes several other significant changes to current law.

State Health Director authority. S.L. 2002-179 establishes new Article 22 in G.S. Chapter 130A authorizing the State Health Director to take several actions if he or she suspects that a public health threat may exist and that the threat may have been caused by a terrorist incident involving nuclear, biological, or chemical agents. The law defines a *public health threat* as any situation likely to cause an immediate risk to human life, an immediate risk of serious physical injury or illness, or an immediate risk of serious adverse health effects. If a public health threat may exist, all other reasonable means for correcting the problem have been exhausted, and no less restrictive alternatives are available, the State Health Director is authorized to take any or all of the following actions:

- require any person or animal to submit to examinations and tests to determine possible exposure to a nuclear, biological, or chemical agent;
- test real or personal property for the presence of any such agent;
- evacuate property or land to investigate suspected contamination;
- limit the freedom of movement or action of a person or animal that is contaminated with, or is reasonably suspected of being contaminated with, any such agent (but only if the agent may be conveyed to other persons or animals);
- limit access by any person or animal to an area or facility that is housing persons or animals whose movements or actions have been limited; or
- limit access by any person or animal to an area or facility that is contaminated with, or is reasonably suspected of being contaminated with, a nuclear, biological, or chemical agent.

With respect to livestock or poultry, before limiting freedom of movement or access the State Health Director is required to consult with the State Veterinarian in the Department of Agriculture and Consumer Services. In addition, both the State Health Director and the Secretary of Crime Control and Public Safety are subject by law to certain notification requirements if either reasonably suspects that a public health threat caused by a terrorist incident exists.

Inasmuch as S.L. 2002-179 significantly expands the authority of the State Health Director, it also includes several protections for individuals potentially affected by limits to the freedom of movement or access—specifically, several important new due process protections. For example, the State Health Director may limit the freedom of movement or access of a person or animal for only ten calendar days. Any person substantially affected by the limitation is permitted to bring an action in superior court in either Wake County or the county in which the limitation is imposed. Specific guidelines apply to the superior court action; for example, a hearing must be held within seventy-two hours of the action and the person bringing the action has the right to be represented by counsel. In order to extend the ten-day period for additional periods of thirty days each, the State Health Director must bring an action in superior court requesting an extension. It appears that the ten-day limit and the other due process protections do not apply when the director has imposed a limitation on the freedom of action, as the sections discussing the various protections specifically mention the curtailment of only the freedoms of movement and access.

In addition to the new authority described above, S.L. 2002-179 also authorizes the State Health Director to order any action to abate a public health threat that may exist because of the contamination of property caused by a terrorist incident. If the person in control of the property was not responsible for the creation of the threat, he or she will not be held liable for the abatement costs.

S.L. 2002-179 specifies that the state's tort claims protections and procedures (G.S. Ch. 143, Art. 31) apply to negligent acts committed by any officer, employee, involuntary servant, or agent of the state acting under the authority granted to the State Health Director in new Article 22 of G.S. Chapter 130A.

Detention authority. S.L. 2002-179 includes two provisions regarding the detention of an individual arrested for violating an order issued under one of the circumstances described above or for violating a quarantine or isolation order under G.S. 130A-145. One provision authorizes law enforcement officers to detain an arrested individual in an area designated by the state or local health director until the individual's initial judicial appearance. This new authority is significant because it may not be appropriate to detain an individual in a jail if he or she could transmit an illness to another person. Another provision authorizes a judicial official to deny the person pretrial release if the official determines by clear and convincing evidence that the individual poses a threat to the health and safety of others. In such a circumstance, the judicial official must designate the location for the pretrial detention (after receiving recommendations from the state or local health director).

Reporting requirements and access to health information. Under existing law, health care providers and others are required to report certain types of health information, such as regards communicable diseases and conditions, to public health officials (G.S. 130A-135 through 130A-139)

and the state and local health directors have the authority to review patient records under certain circumstances (G.S. 130A-144). S.L. 2002-179 expands the legal authority for health care providers and others to voluntarily share health information with state and local authorities and also expands the authority of the State Health Director to require various types of reporting.

The new law permits, but does not require, any health care provider, person in charge of a health care facility (such as a hospital, home health agency, or ambulatory surgical facility), or unit of state or local government to report any events to the State Health Director or a local health director that may indicate the existence of a case or outbreak of an illness, condition, or health hazard that may have been caused by a terrorist incident involving nuclear, biological, or chemical agents. For example, if a hospital emergency room treats several patients with symptoms that could be related to the use of a biological agent (such as anthrax) in a short period of time, the person in charge of the hospital may report this unusual trend to the state or local health director. A person making such a report must, to the extent practicable, avoid disclosing personally identifiable health information. Upon receiving such a report, however, the State Health Director and the local health director are authorized to access any records containing confidential health information that relate to the report (including identifiable health information). Persons disclosing or failing to disclose information under this new authority are immune from civil or criminal liability as long as they were acting in good faith, without malice, and without actual knowledge that a condition or illness was caused by a weapon of mass destruction.

S.L. 2002-179 also authorizes the State Health Director to issue a temporary order requiring health care providers to report health-related information when necessary to aid in the investigation or surveillance of an illness, condition, or health hazard that may have been caused by a terrorist incident. The temporary order may be effective for up to ninety days. If a longer reporting period is necessary to protect the public health, the Commission for Health Services is authorized to adopt rules to require reporting for a longer period of time. Upon receiving the described report, the state and local health directors may access any records containing confidential health information that relate to the report. Any person who makes a report required by such a temporary order (or by Commission for Health Services rules) or provides access to confidential information as required by the new law is immune from civil and criminal liability for such disclosures.

The law specifically provides that the state and local health directors are required to protect all confidential health information received under this new grant of authority. They may only disclose the information in limited circumstances, such as when the disclosure is made pursuant to another provision of law or is made to another public health agency or to a court or law enforcement official for the purposes of enforcing this new law. Additional confidentiality protections apply to the information after it is disclosed to a court or law enforcement official.

Emergency Department Data Pilot Program. S.L. 2002-179 directs the State Health Director to develop a voluntary pilot program to provide for the reporting of emergency department data to assist in public health surveillance. Hospitals and urgent care centers have the option of participating in the pilot program. If a facility elects to participate, it must provide any emergency department data required by the program. Once the State Health Director receives the emergency department data, he or she must remove a specific list of direct identifiers from it, including names, addresses, telephone numbers, and account numbers.

Quarantine and isolation authority. Previously, the terms *communicable condition*, *communicable disease*, *outbreak*, *isolation authority*, and *quarantine authority* were defined in G.S. 130A-133. The new law deletes this section and moves the definitions to G.S. 130A-2. With one exception, the definitions of the terms remain unchanged. Notably, the definition of *quarantine authority* now includes the authority to issue orders limiting access by a person or animal to an area or facility that may be contaminated.

Currently under GS 130A-145 the state and local health directors can exercise quarantine and isolation authority. S.L. 2002-179 revises this authority in several respects. First, the statute prohibits any person from entering quarantine or isolation premises unless authorized by the state or local health director (but the law does not restrict access of health care, law enforcement, or emergency medical services personnel to these areas as necessary to carry out their duties).

Second, the statute requires the state or local health director to consult with the State Veterinarian before applying quarantine or isolation authority to livestock or poultry. Finally, the law provides individuals with new due process protections in quarantine and isolation situations. These protections are similar to those included in the new authority granted to the State Health Director with respect to suspected terrorist incidents (*see* discussion under “State Health Director authority,” above).

Revised imminent hazard authority. The term *imminent hazard* is defined in G.S. 130A-2 as a situation that, if no immediate action is taken, is likely to cause

- an immediate threat to human life,
- an immediate threat of serious physical injury,
- an immediate threat of serious adverse health effects, or
- a serious risk of irreparable damage to the environment.

Under current law, DHHS or a local health director has the authority to enter onto any property to take action necessary to abate an imminent hazard and to impose a lien on the property for any costs incurred in abating the hazard. S.L. 2002-179 amends this authority to provide DHHS personnel or local health directors with the option of either entering onto the property to abate the hazard themselves or ordering the person in control of the property to do so. DHHS or the local health director retains the authority to impose a lien on the property for the costs of the abatement. The person subject to the lien, however, is now permitted to defeat it by showing that he or she was not responsible for the creation of the hazard.

Confidentiality of records related to communicable diseases and conditions. G.S. 130A-143 provides substantial confidentiality protections for information that identifies a person with a communicable disease or condition. S.L. 2002-179 amends this section to allow the release of information about a person with a communicable disease or condition to certain public officials (such as public health and law enforcement officials) who are investigating a terrorist incident. The new law imposes restrictions on any further disclosure of the communicable disease or condition information by these officials.

Waiver of licensing requirements. Current law (G.S. Ch. 90, Art. 1) imposes certain licensing requirements on physicians and authorizes the North Carolina Medical Board to regulate licensing activities. S.L. 2002-179 authorizes the board to waive the statutory licensing requirements in certain emergency circumstances. This would permit, for example, physicians from other states or retired physicians to make their services available in an emergency.

Regional response teams. Under existing law, North Carolina’s regional response teams are charged with establishing systems for responding to emergencies involving hazardous materials (G.S. Ch. 166A, Art. 2). S.L. 2002-179 includes several provisions revising the authority of the regional response teams to include emergencies resulting from terrorist incidents.

Emergency Operations Plan. S.L. 2002-179 amends G.S. 166A-5 to direct the State Emergency Management Program, in coordination with the State Health Director, to amend the North Carolina Emergency Operations Plan to address certain public health matters such as immunization procedures.

Dental Health

S.L. 2002-37 (S 861) includes several provisions related to the licensure of dentists and dental hygienists (*see* discussion below under “Health Care Providers”). The law also adds a new section to the public health statutes (G.S. Ch. 130A) related to the state’s dental public health program. The new section directs the dental public health program to

- Encourage the expansion of educational and training programs for dental professionals. These training programs are targeted toward underserved populations throughout the state, focusing particularly on rural and low-income areas.
- Promote and encourage the recruitment of private dental professionals to work in these rural and low-income areas.

Environmental Health

Several administrative regulations relating to sanitation standards in hospitals, nursing homes, rest homes, and other institutions were expected to become effective in the fall of 2002. In S.L. 2002-160 (H 1777), the legislature delayed the effective date of these rules until March 1, 2003, and directed the Division of Environmental Health (DEH) of DENR to field-test the rules by conducting trial inspections in a sample of the regulated facilities over a five-month period. Based on the results of the field test, DEH is expected to review the regulations to determine if any revisions are necessary and make recommendations to the Commission for Health Services. The law authorizes the commission to further delay the effective date of the sanitation rules if necessary. The law also requires DEH to provide training to staff of facilities regulated by the sanitation rules.

The legislature also enacted S.L. 2002-70 (S 1251), which directs DENR to make an organizational change by transferring the functions of the DENR Division of Radiation Protection to a new section within DEH.

Finally, as part of the technical corrections bill (S.L. 2002-159), the legislature made a minor change to the law governing sanitary districts. Under current law the Commission for Health Services is authorized to establish sanitary districts empowered to—among other things—acquire and operate sewage collection, treatment, and disposal systems. Under G.S. 130A-48, specific procedures must be followed in order for a sanitary district to be incorporated. S.L. 2002-159 amends these procedures to provide the county tax office with specific responsibilities relative to incorporating a new district, such as confirming the location of property held by each person petitioning for incorporation.

Public Health Studies

The Studies Act of 2002, S.L. 2002-180 (S 98), requires DHHS to study potential means for the state to coordinate and facilitate public access to free and discount senior citizen prescription drug programs. The budget bill (S.L. 2002-126) authorizes the Legislative Research Commission to study whether the annual fees charged to food service and lodging facilities and state-regulated institutions are sufficient or whether these fees should be increased in order to improve the state and local food, lodging, and institution sanitation programs and activities.

Emergency Medical Services

Last year the legislature enacted S.L. 2001-220, which included stringent new confidentiality provisions applicable to certain medical records and patient-identifiable information maintained by DHHS or emergency medical services (EMS) providers. The law included a relatively restrictive list of circumstances in which DHHS and EMS providers could release medical records. This year, in S.L. 2002-179, the legislature significantly relaxed the EMS confidentiality law by amending it to permit DHHS and EMS providers to release such medical records when the release is made pursuant to any other law.

Health Insurance

Patients' Bill of Rights

Last year the legislature enacted landmark managed care reform legislation, S.L. 2001-446, commonly referred to as the Patients' Bill of Rights. Among other things, the bill established a binding procedure for independent external review of coverage decisions that are adverse to insured persons. This year the legislature enacted S.L. 2002-187 (H 760), which makes a few technical changes to the external review provisions. One of the original provisions requires the

Department of Insurance, upon receipt of a request for external review, to notify the insured person and the health care provider as to whether the request is complete and whether it has been accepted for review. After such notification the insured person has seven days to submit additional documentation to be considered in the review. S.L. 2002-187 revises this requirement to provide that the insured person has seven days from the receipt of the notice rather than seven days from the date of the notice. An accompanying revision provides that an insured person is presumed to have received a notice two days after it is mailed.

Another section of the Patients' Bill of Rights established the Managed Care Patient Assistance Program, which offers information and assistance to individuals enrolled in managed care plans. S.L. 2002-159 adds a new subsection to G.S. 143-730 providing that health information in the program's possession is confidential and not public record.

Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that—among other things—requires most health plans to extend certain protections to insured persons. For example, the law restricts the circumstances in which most health plans can place limitations or exclusions on insurance coverage of preexisting conditions. Not all health plans or benefits are subject to HIPAA; the law specifically excludes a category of plans that provide what it terms “excepted benefits.” Over the last several years, North Carolina has enacted state laws that parallel the HIPAA requirements (G.S. Ch. 58, Art. 68). This year the legislature made a few technical amendments to the state law requirements in S.L. 2002-187. One such amendment revises the list of excepted benefits under state law to include short-term limited-duration health insurance policies, which are also excepted benefits under federal law.

Health Care Facilities

Certificates of Need

In many instances, if a person plans to offer or develop a new institutional health service, such as a new long-term care facility, that person must obtain a certificate of need from DHHS (G. S. Ch. 131E, Art. 9). The law specifically exempts certain types of institutional health services from the certificate of need requirements. One of the exemptions is for persons contracting to provide inpatient chemical dependency or substance abuse services to inmates of the Department of Correction. S.L. 2002-159 revises this exemption to provide that it is only applicable to the construction and operation of a new facility providing chemical dependency or substance abuse services solely to inmates. The revisions also stipulate that if the facility provides services to both inmates and the general public, the exemption only applies to the portion of the facility providing services to inmates.

Health Care Facilities Studies

The Studies Act of 2002, S.L. 2002-180, authorizes the Legislative Research Commission to study specific issues related to criminal history record checks of employees of nursing homes, home health care agencies, adult care homes, assisted living facilities, and mental health, developmental disabilities, and substance abuse authorities. The Studies Act also establishes a Statewide Emergency Preparedness Study Commission. The commission is to study the delivery of emergency medical services in the state, focusing particularly on the availability and delivery of trauma care. Finally, the Studies Act requires DHHS, in consultation with the Department of Insurance, to study ways to establish a group health insurance purchasing arrangement for employees of long-term care facilities.

Other Health Care Facilities Laws

S.L. 2002-160 authorizes the Medical Care Commission to adopt temporary and permanent rules to amend regulations governing licensing of family care homes and homes for the aged and infirm. The law requires the commission to take certain procedural steps prior to adopting any rules, such as consulting with persons who might be interested in the subject matter of any temporary rule and holding at least one public hearing related to the proposed rule.

Health Care Providers

Credentialing Information

S.L. 2002-187 provides that any information in the possession of the Commissioner of Insurance related to the credentialing of medical professionals is confidential and is not considered public record.

Occupational Licensing Boards

S.L. 2002-168 (S 1281) authorizes occupational licensing boards to purchase liability insurance and also specifies that the state's tort claims protections and procedures apply to board members.

Dentists

S.L. 2002-37 revises and clarifies the requirements that apply when a dentist licensed in another state or territory seeks either an instructor's license or a license by credentials in North Carolina. The law includes new provisions permitting the State Board of Dental Examiners to issue a license by credentials to a dental hygienist licensed in another state or territory as long as certain conditions are satisfied.

S.L. 2002-37 also includes new provisions permitting the board to issue a limited volunteer dental license as long as certain conditions are satisfied. This limited license would authorize a dentist without a current North Carolina license to practice dentistry on a volunteer basis in nonprofit health care facilities serving low-income populations. Finally, the law establishes new application fees for licenses by credentials for dentists and dental hygienists and for limited volunteer dental licenses.

Chiropractors

S.L. 2002-59 (H 1747) requires persons seeking to renew their certification by the Board of Chiropractic Examiners to pay a renewal fee established by the board.

Health Care Provider Studies

The Studies Act of 2002, S.L. 2002-180, authorizes the Joint Legislative Health Care Oversight Committee to study the feasibility of establishing an appointments process for licensing boards that regulate health care professionals to ensure that each board includes representatives of all professionals licensed by that board. The bill also authorizes the Legislative Research Commission to study naturopathy.

Other Laws

Diabetes Care Plans

S.L. 2002-103 (S 911) directs the State Board of Education, in consultation with the DHHS North Carolina Diabetes Advisory Council, to adopt guidelines for the development and implementation of diabetes care plans for individual schoolchildren. This law is discussed in detail in Chapter 8, “Elementary and Secondary Education.”

Address Confidentiality

S.L. 2002-171 (H 1702) establishes the Address Confidentiality Program in the Office of the Attorney General. The program allows victims of domestic violence, sexual offense, or stalking to prevent their actual addresses from being released by a public agency in response to a public records request. If a person is participating in the program, he or she will be issued a program authorization card. When a person presents a public agency, such as a local health department, with a program authorization card, the agency must use the substitute address listed on the card as the person’s address in all new public records. Public agencies may seek a waiver from the Attorney General in order to use the person’s actual address in certain circumstances. Chapter 5, “Courts and Civil Procedure,” describes this law in more detail.

Interpreter and Transliterater Licensing

S.L. 2002-182 (H 1313) establishes new licensing requirements for persons offering interpretation or transliteration services for a fee. These services are narrowly defined to include only interpretation and transliteration services for persons who are deaf or hard-of-hearing. Among other things, the law establishes a new licensing board and specifies detailed procedures and qualifications for obtaining a license or a provisional license.

Criminal Background Checks

S.L. 2002-147 (H 1638) authorizes the Department of Justice to provide criminal record checks to certain state and local agencies, divisions, boards, commissions, and units, including the State Medical Board, the State Board of Dental Examiners, and the State Board of Pharmacy.

Teachers’ and State Employees’ Health Plan

Legislation regarding the Teachers’ and State Employees’ Health Plan is summarized in Chapter 19, “Public Personnel.”

Aimee N. Wall

