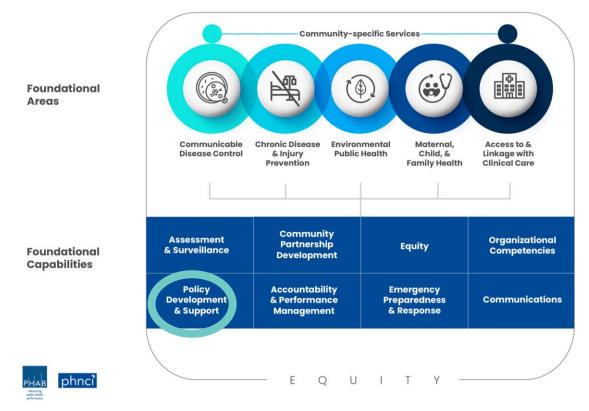
Legislative and Regulatory Update

Virginia Niehaus, Director of Regulatory and Legal Affairs, NCDHHS, Division of Public Health

Shane Smith, Food Protection and Facilities Branch Head, NCDHHS, Division of Public Health

NC Health Directors' Legal Conference April 2023

Foundational Public Health Services



Policy Development & Support

- Ability to serve as a primary and expert resource for establishing, maintaining, and developing basic public health policy
 recommendations that are evidence-based and grounded in law. This includes researching, analyzing, costing out, and
 articulating the impact of such policies and rules where appropriate, as well as the ability to organize support for these
 policies and rules and place them before an entity with the legal authority to adopt them.
- Ability to effectively inform and influence policies being considered by other governmental and non-governmental
 agencies that can improve the physical, environmental, social, and economic conditions affecting health but are beyond
 the immediate scope or authority of the governmental public health department.
- Ability to effectively advocate for policies that address social determinants of health, health disparities and equity.
- Ability to issue, promote compliance with or, as mandated, enforce compliance with public health regulations.

2023 Legislative Session

- Biennium two-year term of legislative activity
 - Long Session (odd numbered years)
 - Short Session (even numbered years)
- Bill Filing Deadlines
 - Senate: April 4
 - House: April 18
- Crossover Deadline May 4



SFY 2023-25 Budget

Governor Cooper's Budget Recommendations

- 32.9B in 2023-2024
- 34.2B in 2024-2025

https://www.osbm.nc.gov/budget/governors-budget-recommendations

Appropriations Act

- Governor's Budget (H430)
- House Budget (H259)
- Senate Budget
- Conference Budget



- LHD Communicable Disease (9H.5)
 - \$14,721,006 R in each year of the biennium
 - Division among LHDs:
 - 50% divided equally
 - 50% based on % of population served

- Annual DPH report to JLOC on HHS, including:

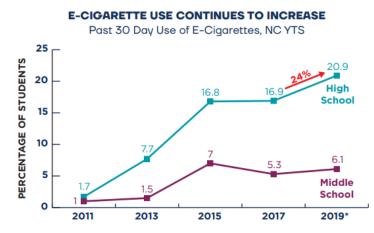
- Information on how LHDs plan to use/used the funds to address surveillance, detection, control, and prevention of communicable diseases
- Funds other than those distributed under this section that were received by each county to address surveillance, detection, control, and prevention of communicable disease



Use of JUUL Settlement Funds (9H.4)

\$11.25M NR appropriated in each year of the biennium

- \$4M NR in each year for e-cigarette / nicotine dependence prevention and cessation activities targeting grades 4-8
- \$1.5M NR in each year to mitigate e-cigarette use by youth
- \$0.25M NR in each year for lung cancer screenings and surveillance on adults exposed as youth
- \$5.5M NR in each year to continue tobacco and nicotine prevention activities from SL 2021-180



^{*}The 2019 NC YTS response rates were 57% and 59% among middle and high school students, respectively. Response rates lower than 60% can increase the potential for non-response bias.

https://tobaccopreventionandcontrol.dph.ncdhhs.gov/youth/Documents/E-cigEpidemic_Factsheet-WEB.pdf



- Medical Examiner System
 - 9H.7 Funds for OCME to Conduct Toxicology Screening in All Child Death Cases
 - Shall conduct "comprehensive toxicology screenings"
 - Funds 2 positions, supplies, equipment, training
 - 9H.8 Requirement for Autopsies or Other Reports in Suspected Death by Distribution Cases
 - Requires an autopsy or other study where the DA or LE asserts probable cause to suspect death by distribution

- 9H.9 – Increase in Autopsy Fee

- Increase from \$2800 to \$5800 (state portion only)
- 9H.10 South Piedmont Regional Autopsy Funds
 - \$2M R allocated to Union County for operating costs
 - \$15M NR FY 23-24; \$5M NR FY 24-25 to establish Regional Autopsy Center (RAC)

– Committee Report: \$35M over biennium for ECU RAC

- Vital Records
 - 9H.13 Timely
 Amendment of Birth and Death Certificates
 - Process requests amendment within 10 business days
 - Committee Report –
 \$1M NR in each year for digitization

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Medicaid Expansion (H76; SL 2023-7)

- Expands eligibility to individuals with an income of up to 133% of FPL
 - extending coverage to approximately 600,000
 North Carolinians
- Authorizes the Healthcare Access and Stabilization Program (HASP)
- Tied to budget passing by June 30, 2023



H190 – DHHS Agency Bill

- Sec. 6.1 Expansion of Uses for NBS Equipment Replacement and Acquisition Fund
- Sec. 6.2 Expansion of Qualified Professionals Eligible to Serve as Count Medical Examiners
- Sec. 9.1 Modification of Educational Requirements for REHS

Hot Topic: Firearms



State of North Carolina ROY COOPER

GOVERNOR

March 14, 2023

EXECUTIVE ORDER NO. 279

ESTABLISHING THE NORTH CAROLINA OFFICE OF VIOLENCE PREVENTION

WHEREAS, violence has resulted in the tragic loss of life in North Carolina; and

WHEREAS, an average of five (5) North Carolinians die per day from a firearm injury and rates of firearm violence and injury are increasing in North Carolina and nationally; and

WHEREAS, injuries from firearms have surpassed motor vehicle crashes as the leading cause of death for children; and

WHEREAS, rural communities and communities with higher social vulnerability, such as poverty, food insecurity, unemployment, and lower educational levels, have higher rates of firearm injuries and deaths; and

WHEREAS, communities of color are disproportionately impacted by firearm violence and Black North Carolinians are almost twice as likely as white North Carolinians to die by a firearm; and

WHEREAS, more than half of intimate partner homicides involve a firearm and the presence of a firearm in a domestic violence situation increases the risk of homicide by 500%; and

WHEREAS, more than half of firearm related deaths are suicides and American Indians, non-Hispanic white adults, and veterans have higher rates of firearm suicides than the general population; and

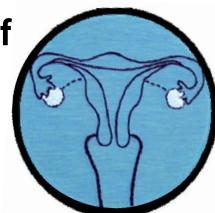
WHEREAS, violence is a significant public health issue, not only because of injury and death but also because of the fear and trauma caused to families and communities; and

• Executive Order 279

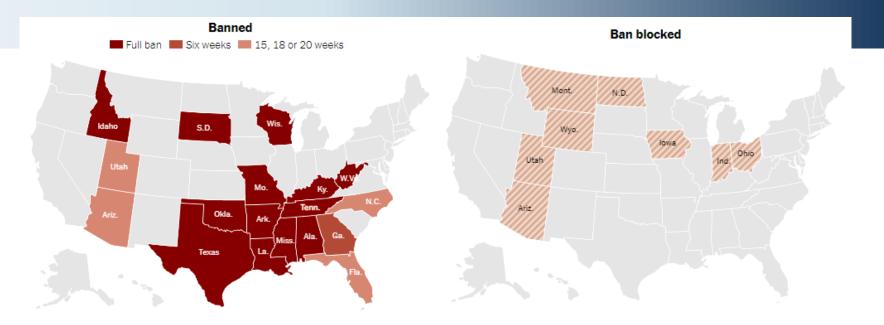
- Establishes NC Office of
 Violence Prevention in the
 NC Department of Safety
- Coordination with other state agencies, including DPH IVP Branch
- Establishes Community
 Violence Advisory Board
- S41/SL 2023-8 Guarantee 2nd Amendment Freedom and Protections (veto override)

Hot Topic: Reproductive Health

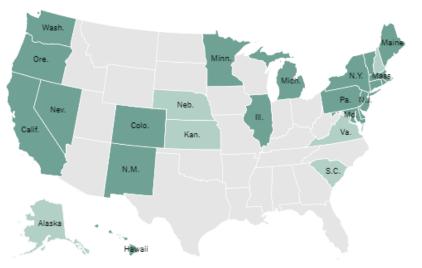
- H533 Human Life Protection Act of 2023
 - Prohibits abortion except
 - when there is "a life-threatening physical condition aggravated by, caused by, or arising from a pregnancy that places the female at risk of death or poses a serious risk of substantial impairment of a major bodily function unless the abortion is performed or induced"



H259, Sec 9H.3 - Limitation on Use of State Funds for Abortions



Legal
Legal with new protections



https://www.nytimes.com/interactive/2022/us/abortion-laws-roe-v-wade.html Last updated April 14, 2023

Hot Topic: Executive-Branch Authority

- S512 Greater Accountability for Boards and Commissions
 - The Commission for Public Health (CPH) is the public health rulemaking body for North Carolina, authorized and directed to adopt rules to protect and promote the public health and implement public health programs.
 - Moves appointment authority for 4 members of the CPH from the Governor to the legislature
 - Removes the requirement for 1 CPH member to be a registered engineer experienced in sanitary engineering or a soil scientist



https://cph.dph.ncdhhs.gov/

Hot Topic: Executive-Branch Authority

• H117 – Modify Admin. Law Provisions

- Removes authority for CPH to incorporate material by reference with subsequent amendments and editions
- Requires incorporated material to be available at no cost
- Expands RRC authority to object to rules

S693 – APA Amendments

- Increases limitations on temporary and permanent rulemaking
- Increases the time period to request legislative review of an approved rule
- Expands RRC authority to object to rules
- Requires RRC to return the rule to the agency if the objection is not satisfied within a certain timeframe

Office of Administrative Hearings								
н	DME HEARINGS	RULES	CIVIL RIGHTS	STA				
		NCAC Tab	le of Contents					
			Look-Up					
NCAC								
Title 01	ADMINISTRATION			li li				
Title 02	AGRICULTURE AND CONSUMER SERVICES							
Title 03	AUDITOR			(
Title 04	COMMERCE							
Title 05	CORRECTIONS(TRANSFERRED TO TI	TLE 14B)		(
Title 06	COUNCIL OF STATE							
Title 07	NATURAL AND CULTURAL RESOURCE	ES						
Title 08	ELECTIONS							
Title 09	GOVERNOR AND LT. GOVERNOR							
Title 10A	HEALTH AND HUMAN SERVICES							
Title 11	INSURANCE							
Title 12	JUSTICE							
Title 13	LABOR							
Title 14B	PUBLIC SAFETY							
Title 15A	ENVIRONMENTAL QUALITY							
Title 16	EDUCATION							
Title 17	REVENUE							
Title 18	SECRETARY OF STATE							
Title 19A	TRANSPORTATION							
Title 20	STATE TREASURER							
Title 21								
Title 22	ADMINISTRATIVE PROCEDURES (REPEALED)							
	COMMUNITY COLLEGES							
Title 24	INDEPENDENT AGENCIES							
Title 25	STATE HUMAN RESOURCES							
Title 26	ADMINISTRATIVE HEARINGS							
Title 27	STATE BAR							
Title 28	JUVENILE JUSTICE AND DELINQUEN	CY PREVENTION(TR	ANSFERRED TO TITLE 14B)					
Title 29	RESERVED FOR FUTURE CODIFICATI	ION						
Title 30	STATE ETHICS COMMISSION							

Hot Topic: Executive-Branch Authority

- H259, Section 5.8 Medical Freedom / COVID-19 Vaccinations (prev. H98)
 - No state/local public health agency or official, county, or city may require COVID-19 vaccination (for employees or others)
 - Limited exceptions:
 - Required by CMS
 - Would result in loss of federal funding
 - Employees of DSOHF
 - No authority for CPH, public schools, community colleges, or UNC to require COVID-19 vaccine for school entry with limited exceptions

H222 – No CV19 Vaccine Mandates for NC Schools

Hot Topic: Minors

S49 Parental Bill of Rights

- Bans instruction on gender identity, sexual activity, and sexuality in K-4
- Requires parental notification of any changes in the name or pronoun of a student prior to implementation
- Requires parental consent for certain student information surveys (YRBS), health care services, well-being questionnaires or health screening forms
- Allows broad parental access to information
- Requires written parental consent for treatment (except "as otherwise provided in this Article or by court order")

S639 Youth Health Protection Act

- Prohibits providing certain health care services to a minor "for the purpose of attempting to alter the appearance of or affirm the minor's perception of his or her gender or sex, if...inconsistent with the minor's sex"
- Requires disclosure of certain information regarding a minor's physical/mental health to parents, guardians, or custodians.
- Prohibits state funds to be used for gender transition procedures
- Eliminates the minor consent law



Hot Topic: Minors

• H43 Prohibition of Certain Hormone/ Surgery/Minors.

 Creates a "Youth Health Protection Act" similar to S639 (but does not eliminate minor's consent)

S560 Medical Treatment for Minors Act

- Creates the "Minor Protection Act"
- Unlawful for any health care provider to provider gender transition procedures to an individual under 18, unless certain criteria are met
 - 2 certifying physicians, including a pediatric psychiatrist
 - Written consent of both parents and patient (on standardized consent form)
 - 6 months of counseling with a pediatric psychiatrist and ongoing care until the patient attains the age of majority
- Public funds shall not be used for gender transition procedures
- Language provided for standardized consent form

S631/H574 Fairness in Women's Sports Act

 Interscholastic or intramural athletic teams to be designated by biological sex (based solely on reproductive biology and genetics at birth)



NCPHA

April 11, 2023

The North Carolina Public Health Association (NCPHA) is an association of individuals and organizations working to improve the public's health through political advocacy, public awareness, professional development, and the interface between research and practice.

NCPHA, in line with its current advocacy priorities, has concerns with potential consequences that could arise should SB49, titled the Parents' Bill of Rights, be passed into law. NCPHA has outlined three areas of concern relative to SB 49 in this position statement. We stand ready for further conversation and collaboration on how to address these concerns within the current legislation:

1. Mental Health Impacts:

Youth suicide is one of the biggest public health challenges faced by our society today. For LGBTQ+ young people, school can become a challenging environment to explore who they are and how they identify, especially if they face harassment, discrimination, or a lack of resources. Data suggests that LGTBQ+ youth are at a four to five times more likely to contemplate suicide, three to five times more likely to attempt suicide, and experience twice as high rates of reporting poor mental health when compared to heterosexual students. Increased feelings of stigma and the fear of being "outed" through provisions in this legislation could further worsen mental health in this at-risk youth population. SB49 removes safety and trust by forcing teachers and staff to report to parents if a child is identifying as transgender or gender nonconforming or choosing to use different names or pronouns at school. SB49 would prohibit teachers from discussing LGBTQ+ topics in K through 4th grade classrooms, essentially telling many young people that their families are not valid, while also stigmatizing queer and trans LGBTQ+ identifies and families.

2. Youth Risk Behavior Survey:

One key tool in communities to identify and address concerns related to youth mental health and safety is the Youth Risk Behavior Survey (YBRS). The data from these anonymous surveys informs North Carolina's educational and public health systems as they work to address physical and mental health challenges for North Carolina's children. Should this legislation become law, opt-in requirements for completion of the

survey would be likely to reduce completion rates drastically, hindering local efforts to obtain necessary data to improve youth mental health.

3. Written consent to treatment:

Many non-parental caregivers are involved in the care of children. The written consent elements of this legislation create uncertainty about how caregivers without legal guardianship, such as a full time employed caregiver or grandparent, could be involved in supporting the medical care of a child. Lastly, the language in the legislation does not provide detail on the requirements for collecting and tracking written parental consent. Without additional detail we expect many providers of pediatric medical care would face confusion and operational challenges in implementing written consent policies and procedures without further guidance and clarification.

The North Carolina Public Health Association stands with young people and educators across the state in opposition to proposals that harm LGBTQ+ youth. We join NC Justice Center, Carrboro School District, Durham County Board of Commissioners, NC Social Workers Association, NC Citizens for Public Health, Equality NC, and NC School Based Health Alliance and call on our legislators to reject SB49 and other similarly harmful measures.

> 220 N Person St. Suite 208 Raleigh, NC 27601

> > 919-828-6205

A few other bills to watch....

- H567 HealthCare Freedom Act
- S641 Medical Ethics Defense (MED) Act
- S3 NC Compassionate Care Act

S157 – Limited Provisional License Modification





Regulatory Update

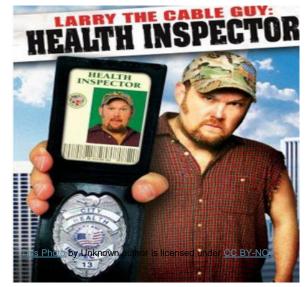
- Environmental Health Rule Readoption – Phase 3!
- Next Round of Periodic Review and Readoption
 - Anticipated to kick off in July 2024
- Reporting of COVID-19

- Anticipated repeal of 10A NCAC 41A .0107

Environmental Health Legislative and Regulatory Update

EH – Legislative Update

- S412 Restaurant inspections/reinspections
- S582 Sec. 16 and 17 (on-site)
- H627 and H628: 18E
- S602 Grants Law
- S616 EH Associate
- H190, Sec. 9.1 REHS



S412 – Modify Food Establishment Rules



- Bill makes several changes to restaurants inspections
- Reduces reinspection time allotted from 15 to 5 calendar days
- Ability to lower score if no priority items occur in the pendency of re-inspection
- Reduces inspection frequency on Category IV from 4/yr. to 3/yr. w/ educational visit
- Requires changes to funding formula

S582 Sec. 16 (OSWW)

- Section 16: allows for further reduction on Permeable Block Panel Systems(PPBPS)
 - Currently allows for 50% reduction in system area
 - Proposal would change the spacing (width and center of trench: 8 ft on center reduced to 6 ft)
 - Limited information available on the further reduction

S582, Sec. 17 (OSWW)

- Clarification of use of Native Backfill
 - Currently large diameter pipe(LDP) is restricted in rule to only be allowed in Soil Groups I,II, or III
 - Language in Bill adds Group IV Soils(clays) without research showing suitability
 - Concerns on liability of systems



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H627 OSWW Rules Implementation

- Just introduced: Bill makes changes to proposed 18 E rules and it's implementation
 - Department has been working with stakeholders on language of the Bill.
 - Clarifies applicability, best professional judgement, repairs etc.
 - Requires rule making on Improvement Permit rule
 - Alternative Wastewater Systems Rule
 - Filed 4/17

H628 OSWW Amendments

- Bill makes changes to General Statute NC GS 130A-335
- Filled 4/17/23
- Working with stakeholders
- Amends permitting, requires common form and form review, creates Advisory Wastewater Council Counsel, Fee calculations are highlights

S602 Grant's Law

- Requires Life Guards at Day Camps that offer aquatic activities
- 2 Life Guards for every 25 children
- Requires Department policies similar to rules



S616 Environmental Health Associates

- Registration by REHS Board
- Associates degree w/ minimum of 15 semester hours
- Training approved by Department(CIT)
- Limits scope of work
- Become REHS after 5 yrs.

S616 continued

- EH associate may perform the following:
 - Permitting and inspection of private water wells
 - Inspections of Category I and II Food establishments
 - Inspection of lodging establishments
 - Permitting and inspection of Type II and II onsite wastewater systems
 - Inspection of migrant housing
 - Inspection of school buildings
 - Inspection of local confinements

H190, Section 9.1- Modification of Educational Requirements for REHS

- Changes the science requirements to match NEHA requirements
- A minimum of 30 semester hours or 45 quarter hours in the physical, biological, natural, life or health sciences
- Can become REHS after one year of experience and meeting the minimum science requirements and passing the REHS exam OR

H190, Sec. 9.1 continued

- Can become REHS with Public Health degree(bachelor's or post grad) and passing REHS after one of experience OR
- Can become an REHS after graduating from a program accredited by the National Environmental Health Science and Protection Accreditation Council and passing REHS
- Changes years of being an intern from 3 to 2 yrs.

EH – Regulatory Update

- Permanent Adoption of 10A NCAC 41C .1001-.1007 (Lead and Asbestos)
- Readoption of Child Care Sanitation Rules (15A NCAC Section .2800)
- Readoption of Institution Sanitation Rules (15A NCAC Section .1300)
- Readoption of Fee Distribution Rule
 (10A NCAC 18A .2901)

10A NCAC 41C .1001-.1007

- Highlights
 - Effective 4/1/23
 - Only applies to public schools and child care facilities
 - Requires one-time testing for lead in drinking/food preparation water in all NC Public Schools
 - Requires one-time inspection for lead-based paint hazards and asbestos-containing materials at all NC Public Schools and licensed child care
 - Inspection requirements can be met by providing documentation or attestation

10A NCAC 41C .1001-.1007

- Schools and facilities that complete testing and inspections by May 1, 2024 are eligible to participate in funding mechanisms established by Session Law
- Child Care centers that conduct water testing under 15A NCAC 18A .2816 are eligible for funding under .1002(testing/remediation)
- Funding is available to support mitigation of all expected water hazards and a portion of lead based paint hazards
- Public Schools are responsible for a 1/3 match on abatement of lead based pain hazards; not child care

Child Care Rules Readoption (15A NCAC Section .2800)

- Proposed technical changes:
 - Updated language of definitions
 - Clarified Sanitizer and Disinfectant requirements
 - Defined food prep area and diapering area
 - Reorganized rules for beverages from home
 - Added mechanical refrigeration as a requirement
 - Include guidelines for response to vomiting and diarrheal events
 - Clarified allowable bottle warming equipment and procedure

Child Care Rules Readoption (15A NCAC Section .2800)

- Proposed Food Code Related Changes
 - Updated cooking temperatures
 - No bare hand contact
 - Change re-heating utilizing microwaves
 - Updated hot holding temperatures
 - Mirror language for ground/comminuted meats
 - Require appropriate temperature measuring device

Institution Rules Readoption (15A NCAC Section .1300)

- Effective 12/1/22 Highlights
 - Defined new terms such as activity kitchen, rehabilitation kitchen and others
 - Aligns language with FDA Food Code
 - Vomit and diarrheal event plan requirements
 - Move to current language and standards by cross reference to pertinent rules
 - Handwashing signs required where all institution employees use restrooms
 - New requirement for exclusion from work due to illness policy

15A NCAC 18A .2901

- Fee distribution for food and lodging fees readoption
 - Effective July 1, 2022
 - Established a modified process for fee distribution to LHD impacted by disasters, emergencies, or events
 - No change to formula, adds a process so counties that are affected do not lose public funding
 - Provides uniformity regarding aid-to-county funding flexibility for future occurrences

