

**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2025**

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**HOUSE BILL 1104  
Committee Substitute Favorable 6/2/26  
Senate Health Care Committee Substitute Adopted 6/17/26**

Short Title: Improve IVC Process and Enhance Public Safety.

(Public)

Sponsors:

Referred to:

April 30, 2026

A BILL TO BE ENTITLED  
AN ACT TO IMPROVE THE INVOLUNTARY COMMITMENT PROCESS AND  
INCREASE PUBLIC SAFETY.

Whereas, the House Select Committee on Involuntary Commitment and Public Safety met six times during the 2025 to 2026 biennium, conducted meaningful work and engaged in productive discussion; and

Whereas, the House Select Committee on Involuntary Commitment and Public Safety identified several areas needing further study and has made recommendations; Now, therefore, The General Assembly of North Carolina enacts:

**IMPROVE DATA COLLECTION AND FURTHER STUDY**

**SECTION 1.(a)** The North Carolina Department of Health and Human Services (DHHS), the North Carolina Department of Information Technology (DIT), and the Administrative Office of the Courts (AOC) shall study relevant statutes, judicial and clinical practices, and available technological resources to identify areas for systemic improvement in the involuntary commitment (IVC) process in the State. This study shall identify existing gaps in the State's current IVC process and shall provide specific recommendations to address or eliminate those gaps and ensure that individuals subject to involuntary commitment receive timely, data-driven, and accessible support. On or before February 1, 2027, DHHS, DIT, and AOC shall report to the Joint Legislative Committee on Health and Human Services on the results of the study, which shall include, at a minimum, all of the following:

- (1) A comprehensive evaluation of the legal and operational frameworks governing involuntary commitment in the State to provide formal recommendations for systemic improvement. This evaluation shall focus on the following:
  - a. Ensuring that judicial officers receive timely clinical data from examiners to make informed, legally sound decisions regarding an individual's safety and treatment needs.
  - b. Parameters for training judges and magistrates on community-based services, such as Treatment Accountability for Safer Communities (TASC), "Community Treatment" teams, and Forensic Assertive Community Treatment (FACT) teams, to bolster treatment compliance and reduce recidivism.



- 1 c. Collaborating with the University of North Carolina School of  
2 Government to develop clinical workflows, transport guidance, and  
3 bench cards that ensure successful referrals across all agencies.  
4 d. The update of electronic examination forms, affidavits, and petitions  
5 to capture consistent, high-quality data statewide.  
6 e. Strategies to increase data sharing between DHHS and the eCourts  
7 system regarding IVC exams and court proceedings, including the  
8 feasibility of a public-facing dashboard and necessary State statutory  
9 changes.  
10 f. The feasibility and potential benefits of granting law enforcement  
11 access to IVC court records for the purpose of better informing law  
12 enforcement procedures and operations.  
13 (2) Any additional information deemed relevant by DHHS, DIT, and AOC to  
14 ensure high-quality data collection and data-driven decision making across the  
15 involuntary commitment system.

16 **SECTION 1.(b)** This section is effective when it becomes law.  
17

## 18 **PLAN TO USE TELEHEALTH IN JAILS TO COMPLETE IVC FIRST EXAMINATION**

19 **SECTION 2.(a)** The Department of Health and Human Services (DHHS) and the  
20 North Carolina Sheriffs' Association are directed to develop a plan to use telehealth to complete  
21 the first examinations of individuals in custody of county jails. In developing this plan, DHHS  
22 and the Sheriffs' Association shall consult with relevant stakeholders. The plan shall include at  
23 least all of the following:

- 24 (1) A funding amount necessary to support the provision of telehealth services in  
25 all county jails within the State.  
26 (2) A recommended model for jail-based telehealth services, including required  
27 technical components, equipment needs, and staffing considerations.  
28 (3) Development of a request for proposal to contract with approved third-party  
29 organizations to examine opportunities to improve the efficiency and  
30 cost-effectiveness of using telehealth to conduct first examinations of  
31 individuals in custody of county jails.  
32 (4) A time line for the statewide implementation of the telehealth service plan.  
33 (5) Any additional information that DHHS or the Sheriffs' Association determines  
34 to be relevant to the study and its recommendations.

35 **SECTION 2.(b)** No later than October 1, 2026, DHHS and the Sheriffs' Association  
36 shall submit a report on the plan as required in subsection (a) of this section to the Joint  
37 Legislative Oversight Committee on Health and Human Services and the Fiscal Research  
38 Division.  
39

## 40 **PLAN TO UTILIZE MOBILE CRISIS UNITS TO COMPLETE IVC FIRST** 41 **EXAMINATIONS**

42 **SECTION 3.(a)** The Local Management Entities/Managed Care Organizations  
43 (LME/MCOs) and the Department of Health and Human Services (DHHS) are directed to  
44 develop a plan to use mobile crisis units to enhance the efficiency of the involuntary commitment  
45 process. In developing this plan, the LME/MCOs and DHHS shall consult with relevant  
46 stakeholders. The plan shall include at least all of the following:

- 47 (1) The development of a statewide coverage model that uses in-person clinicians  
48 or on-call licensed clinicians in mobile crisis units to complete the first  
49 examination for involuntary commitment.  
50 (2) Recommendations to improve mobile crisis response.

- 1 (3) An analysis of the funding necessary to implement the plan, including costs  
2 associated with training and technology.
- 3 (4) Any additional information that the LME/MCOs and DHHS deem relevant to  
4 improving mobile crisis units.

5 **SECTION 3.(b)** No later than October 1, 2026, the LME/MCOs and DHHS shall  
6 submit a report on the plan as required in subsection (a) of this section to the Joint Legislative  
7 Oversight Committee on Health and Human Services and the Fiscal Research Division.

#### 9 **INCREASED TRAINING FOR INVOLUNTARY COMMITMENT EXAMINERS**

10 **SECTION 4.(a)** The Department of Health and Human Services (DHHS) is directed  
11 to evaluate the standardized training program for involuntary commitment examiners for  
12 necessary improvements, and to incorporate additional training into the standardized training  
13 program for providers who conduct first examinations of individuals in custody of county jails.

14 **SECTION 4.(b)** No later than December 1, 2026, DHHS shall submit a report on  
15 the standardized training program as required in subsection (a) of this section to the Joint  
16 Legislative Oversight Committee on Health and Human Services and the Fiscal Research  
17 Division.

#### 18 **PLAN TO ADDRESS STAFFING AND BED SHORTAGES IN STATE-OPERATED** 19 **FACILITIES**

20 **SECTION 5.(a)** The Department of Health and Human Services (DHHS) is directed  
21 to develop a plan to address (i) the ongoing shortage of staffed and available behavioral health  
22 beds in State-operated facilities for individuals in crisis, (ii) the staffing deficiencies that limit  
23 the use of existing behavioral health bed capacity, (iii) potential use of non-State-operated entities  
24 or facilities to provide staffing for or leasing to State-operated facilities, and (iv) contracting for  
25 behavioral health beds or staffing as supplementary or alternative to State-operated or staffed  
26 beds. In developing this plan, DHHS shall consult with interested parties. The plan shall include  
27 at least all of the following:

- 28
- 29 (1) An evaluation of current staffing models, hiring and recruitment practices,  
30 employee retention strategies, and the use of incentive pools.
- 31 (2) A review of staffing requirements required by State statute and Joint  
32 Commission standards.
- 33 (3) Any grant opportunities and other funding mechanisms to support behavioral  
34 health bed capacity.
- 35 (4) An assessment of opportunities to utilize nongovernmental facilities or  
36 entities, whether nonprofit or for-profit.
- 37 (5) Any additional information, suggestion, or initiative, DHHS deems relevant  
38 to address staffing shortages and the ongoing shortage of available behavioral  
39 health beds.

40 **SECTION 5.(b)** No later than December 1, 2026, DHHS shall submit a report on  
41 the plan as required in subsection (a) of this section to the Joint Legislative Oversight Committee  
42 on Health and Human Services and the Fiscal Research Division.

#### 43 **STUDY LACK OF USE OF OUTPATIENT COMMITMENT**

44 **SECTION 6.(a)** The North Carolina Collaboratory (Collaboratory) shall conduct a  
45 study on how outpatient commitment may be more effectively used and implemented in the State.  
46 In developing this study, the Collaboratory shall consult with relevant stakeholders. The study  
47 shall include at least all of the following:

- 48
- 49 (1) A review of State statutes governing outpatient commitment and the  
50 identification of any statutory revisions needed to align the State with best  
51 practices in other states.

- 1 (2) An examination of barriers that limit the use or effectiveness of outpatient  
2 commitment, including the availability of outpatient commitment services  
3 statewide.
- 4 (3) An assessment of mechanisms currently available to track adherence and  
5 monitor compliance, along with proposed methods to strengthen and enhance  
6 tracking and monitoring processes.
- 7 (4) Any additional issues the Collaboratory determines to be relevant to  
8 improving the use and effectiveness of outpatient commitment.

9 **SECTION 6.(b)** No later than December 1, 2026, the North Carolina Collaboratory  
10 shall submit a report on the study as required in subsection (a) of this section to the Joint  
11 Legislative Oversight Committee on Health and Human Services.

### 12 13 **BEHAVIORAL HEALTH STATEWIDE CENTRAL AVAILABILITY NAVIGATOR** 14 **UPDATES (BH SCAN)**

15 **SECTION 7.(a)** The Department of Health and Human Services (DHHS), in  
16 consultation with the Sheriffs' Association, is directed to provide law enforcement access to BH  
17 SCAN. DHHS shall report to the Joint Legislative Oversight Committee on Health and Human  
18 Services when access is complete.

19 **SECTION 7.(b)** DHHS is directed to develop and implement real-time data  
20 availability within BH SCAN. DHHS shall ensure that BH SCAN provides timely, accurate, and  
21 continuously updated information on available behavioral health beds to authorized users.

22 **SECTION 7.(c)** DHHS shall develop and implement functionality within BH SCAN  
23 that allows authorized users to reserve an available behavioral health bed in real time.

24 **SECTION 7.(d)** Subsection (a) of this section is effective August 1, 2026.  
25 Subsections (b) and (c) of this section are effective August 1, 2027. The remainder of this section  
26 is effective when it becomes law.

### 27 28 **STUDY LEGAL STANDARDS FOR INVOLUNTARY COMMITMENT AND** 29 **INCAPACITY TO PROCEED**

30 **SECTION 8.(a)** The North Carolina Collaboratory (Collaboratory) shall conduct a  
31 comprehensive study of the differing legal standards governing involuntary commitment and  
32 incapacity to proceed to identify statutory revisions that would enhance each system's  
33 effectiveness and advance public safety for all individuals involved. In developing this study, the  
34 Collaboratory shall consult with relevant stakeholders. This study shall include recommendations  
35 for statutory changes to address inconsistent terminology in the governing statutes and clarify  
36 procedures for the transition of individuals between systems.

37 **SECTION 8.(b)** No later than December 1, 2026, the North Carolina Collaboratory  
38 shall submit a report on the study as required in subsection (a) of this section to the Joint  
39 Legislative Oversight Committee on Health and Human Services.

### 40 41 **WORKING GROUP TO ADDRESS MENTAL HEALTH AND CRIMINAL JUSTICE** 42 **SYSTEMS OPERATING AS A "REVOLVING DOOR"**

43 **SECTION 9.(a)** The North Carolina Department of Health and Human Services  
44 (DHHS) shall establish a working group composed of representatives from the Administrative  
45 Office of the Courts (AOC), and other stakeholders, to examine the systemic factors contributing  
46 to the prevalent "revolving door" pattern in which individuals cycle repeatedly through arrest,  
47 detention, or involuntary commitment, only to be released back into the community without  
48 sustained stabilization or support. The purpose of the working group is to identify gaps, evaluate  
49 current practices, and recommend strategies to interrupt repeated crises and reduce avoidable  
50 recidivism.

1           **SECTION 9.(b)** Beginning on January 1, 2027, and quarterly thereafter, DHHS shall  
2 report on the findings and recommendations of the working group to the Joint Legislative  
3 Oversight Committee on Health and Human Services and the Fiscal Research Division.  
4

5 **STUDY THE PROVISION OF MEDICAL AND BEHAVIORAL HEALTH CARE IN**  
6 **JAILS**

7           **SECTION 10.(a)** The North Carolina Department of Adult Correction (DAC) and  
8 the North Carolina Sheriffs' Association shall study the provision of medical and behavioral  
9 health care delivered in county jails in the State and make recommendations to improve the health  
10 care provided to individuals in custody. DAC and the Sheriffs' Association shall consult with  
11 relevant stakeholders, including local partners and the Department of Health and Human  
12 Services. The study shall include at least all of the following:

- 13           (1) A review of intake screening procedures used in county jails for identifying  
14 medical and behavioral health conditions.
- 15           (2) An examination of current health care provider arrangements, including  
16 in-house services, contracted services, hybrid models, or other recommended  
17 approaches for delivering care in county jails.
- 18           (3) An assessment of policies and practices for responding to behavioral health  
19 crises within jail settings.
- 20           (4) An evaluation of existing staffing models for medical and behavioral health  
21 services in county jails.
- 22           (5) The development of recommendations for potential expansion of the North  
23 Carolina Safekeeper Program.
- 24           (6) Any other information deemed relevant by DAC and the Sheriffs' Association  
25 to improve the provision of medical and behavioral health care in jails.

26           **SECTION 10.(b)** No later than December 1, 2026, DAC and the Sheriffs'  
27 Association shall submit a report on the study and recommendations as required in subsection  
28 (a) of this section to the Joint Legislative Oversight Committee on Health and Human Services  
29 and the Fiscal Research Division.  
30

31 **THE NORTH CAROLINA COLLABORATORY TO STUDY FEASIBILITY OF THE**  
32 **CHANGE OF OPERATION OR ADMINISTRATION OF STATE-OPERATED**  
33 **PSYCHIATRIC HOSPITALS**

34           **SECTION 11.(a)** The North Carolina Collaboratory (Collaboratory) is directed to  
35 explore the feasibility of improving the provision of services at Broughton Hospital, Central  
36 Regional Hospital, and Cherry Hospital (collectively, the Hospitals). The Collaboratory is  
37 directed to study and offer recommendations about the following:

- 38           (1) The feasibility of transferring full operation of the Hospitals from DHHS to  
39 another entity.
- 40           (2) The feasibility of transferring certain operations of the Hospitals from DHHS  
41 to another entity.
- 42           (3) Any services that another entity could provide to DHHS to assist DHHS in the  
43 provision of services at the Hospitals.
- 44           (4) Any other operational or administrative initiatives relating to the provision of  
45 services at the Hospitals.
- 46           (5) Reviewing and updating any previous studies or recommendations that may  
47 be relevant or informative.
- 48           (6) Any financial impact (savings or additional costs), any impact on patient  
49 outcomes, and any improvement in staffing to result from the implementation  
50 of the recommendations provided according to this section.

1           **SECTION 11.(b)** The Department of Health and Human Services shall cooperate  
 2 fully with the Collaboratory in providing any data or assistance necessary for the Collaboratory  
 3 to complete the research required by subsection (a) of this section.

4           **SECTION 11.(c)** No later than December 1, 2026, the Collaboratory shall submit a  
 5 report on the plan as required in subsection (a) of this section to the Joint Legislative Oversight  
 6 Committee on Health and Human Services and the Fiscal Research Division.

7  
 8 **MODIFY OUTPATIENT COMMITMENT**

9           **SECTION 12.(a)** G.S. 122C-261(d) reads as rewritten:

10        "(d) If the affiant is a commitment examiner, who is filing a petition and affidavit for an  
 11 involuntary commitment in a county that has not implemented an electronic filing system  
 12 approved by the Director of the Administrative Office of the Courts, all of the following apply:

- 13            ...  
 14            (3) If the commitment examiner recommends outpatient commitment according  
 15 to the criteria for outpatient commitment set forth in G.S. 122C-263(d)(1) and  
 16 the clerk or magistrate finds probable cause to believe that the respondent  
 17 meets the criteria for outpatient commitment, the clerk or magistrate shall  
 18 issue an order that a hearing before a district court judge be held to determine  
 19 whether the respondent will be involuntarily committed. The commitment  
 20 examiner shall contact the LME/MCO that serves the county where the  
 21 respondent resides or the LME/MCO that coordinated services for the  
 22 respondent to inform the LME/MCO that the respondent has been scheduled  
 23 for an appointment with an outpatient treatment ~~physician or center~~ provider.  
 24 The commitment examiner shall provide the respondent with written notice of  
 25 any scheduled appointment and the name, address, and telephone number of  
 26 the proposed outpatient treatment ~~physician or center~~ provider.

27            ...."

28           **SECTION 12.(b)** G.S. 122C-263 reads as rewritten:

29 **"§ 122C-263. Duties of law enforcement officer; first examination.**

30            ...  
 31            (d) After the conclusion of the examination the commitment examiner shall make the  
 32 following determinations:

- 33            (1) If the commitment examiner finds all of the following, the commitment  
 34 examiner shall so show on the examination report and shall recommend  
 35 outpatient commitment:  
 36            a. The respondent has a mental illness.  
 37            b. The respondent is reasonably determined to be capable of surviving  
 38 safely in the ~~community with available supervision from family,~~  
 39 ~~friends, or others~~ community, without posing a danger to others, when  
 40 engaged in treatment for the respondent's mental illness.  
 41            c. Based on the respondent's psychiatric history, the respondent is in need  
 42 of treatment in order to prevent further disability or deterioration that  
 43 would predictably result in dangerousness as defined by  
 44 G.S. 122C-3(11).  
 45            d. The respondent's current mental status or the nature of the respondent's  
 46 illness limits or negates the respondent's ability to make an informed  
 47 decision to seek voluntarily or comply with recommended treatment.  
 48            e. The respondent has a history of declining or nonadherence to  
 49 prescribed treatment by a licensed treatment provider, which may be  
 50 evidenced by one or more of the following, occurring within the  
 51 relevant past:

1. A prior conviction for a violent offense, as defined in G.S. 15A-531(9).
2. A violation of a civil protective order.
3. An incarceration for any offense.
4. An involuntary inpatient psychiatric hospitalization.

f. The respondent is scheduled to be discharged from an inpatient hospital setting or released from a county jail or state prison. An individual residing in a noninstitutional setting that meets all other criteria set forth in sub-subdivisions a. through e. of this subdivision may be subject to outpatient commitment within the court's discretion.

In addition, the commitment examiner shall show the name, address, and telephone number of the proposed outpatient treatment ~~physician or center~~ provider in accordance with subsection (f) of this section. The person designated in the order to provide transportation shall return the respondent to the respondent's regular residence or, with the respondent's consent, to the home of a consenting individual located in the originating county, and the respondent shall be released from custody.

...

(e) The findings of the commitment examiner and the facts on which they are based shall be in writing in all cases. The commitment examiner shall send a copy of the findings to the clerk of superior court by the most reliable and expeditious means. If it cannot be reasonably anticipated that the clerk will receive the copy within 48 hours of the time that it was signed, the physician or eligible psychologist shall also communicate his findings to the clerk by telephone.

(f) When outpatient commitment is recommended, the commitment examiner, if different from the proposed outpatient treatment ~~physician or center, provider,~~ shall contact the LME/MCO that serves the county where the respondent resides or the LME/MCO that coordinated services for the respondent to inform the LME/MCO that the respondent is being recommended for outpatient commitment. The commitment examiner shall give the respondent a written notice listing the name, address, and telephone number of the proposed outpatient treatment ~~physician or center provider.~~

(g) The commitment examiner, at the completion of the examination, shall provide the respondent with specific information regarding the next steps that will occur."

**SECTION 12.(c)** G.S. 122C-265 reads as rewritten:

**"§ 122C-265. Outpatient commitment; examination and treatment pending hearing.**

(a) If a respondent, who has been recommended for outpatient commitment by [a] commitment examiner different from the proposed outpatient treatment physician or center, fails to appear for examination by the proposed outpatient treatment physician or center at the designated time, the physician or center shall notify the clerk of superior court who shall issue an order to a law enforcement officer to take the respondent into custody and take him immediately to the outpatient treatment physician or center for evaluation. The custody order is valid throughout the State. The law-enforcement officer may wait during the examination and return the respondent to his home after the examination.

(b) The examining commitment examiner or the proposed outpatient treatment ~~physician or center provider~~ may prescribe to the respondent reasonable and appropriate medication and treatment that are consistent with accepted medical standards pending the district court hearing.

(c) In no event may a respondent released on a recommendation that he or she meets the outpatient commitment criteria be physically forced to take medication or forcibly detained for treatment pending a district court hearing.

(c1) The outpatient treatment provider shall examine the respondent and develop an initial outpatient treatment plan. The plan shall include, at a minimum, the specific services to be provided, including medications as indicated, the recommended frequency of participation in

1 services, the name of the provider who has agreed to provide the services, the arrangements made  
2 for the initial contact with each service provider, and any other relevant information.

3 (d) If at any time pending the district court hearing the outpatient treatment ~~physician or~~  
4 ~~center-provider~~ determines that the respondent does not meet the criteria of G.S. 122C-263(d)(1),  
5 the physician shall release the respondent and notify the clerk of court and the proceedings shall  
6 be terminated.

7 ...."

8 **SECTION 12.(d)** G.S. 122C-267 reads as rewritten:

9 **"§ 122C-267. Outpatient commitment; district court hearing.**

10 (a) A hearing shall be held in district court within 10 days of the day the respondent is  
11 taken into custody pursuant to G.S. 122C-261(e). Upon its own motion or upon motion of the  
12 proposed outpatient treatment physician or the respondent, the court may grant a continuance of  
13 not more than five days.

14 (b) The respondent shall be present at the hearing. A subpoena may be issued to compel  
15 the respondent's presence at a hearing. The petitioner and the proposed outpatient treatment  
16 physician or his designee may be present and may provide testimony.

17 (c) Certified copies of reports and findings of commitment examiners and medical  
18 records of previous and current treatment are admissible in evidence. The initial treatment plan  
19 required by G.S. 122C-265(c1) shall be admitted into evidence and incorporated into the order.

20 (d) At the hearing to determine the necessity and appropriateness of outpatient  
21 commitment, the respondent need not, but may, be represented by counsel. However, if the court  
22 determines that the legal or factual issues raised are of such complexity that the assistance of  
23 counsel is necessary for an adequate presentation of the merits or that the respondent is unable  
24 to speak for himself, the court may continue the case for not more than five days and order the  
25 appointment of counsel for an indigent respondent. Appointment of counsel shall be in  
26 accordance with rules adopted by the Office of Indigent Defense Services.

27 (e) Hearings may be held at the area facility in which the respondent is being treated, if  
28 it is located within the judge's district court district as defined in G.S. 7A-133, or in the judge's  
29 chambers. A hearing may not be held in a regular courtroom, over objection of the respondent,  
30 if in the discretion of a judge a more suitable place is available.

31 (f) The hearing shall be closed to the public unless the respondent requests otherwise.

32 (g) A copy of all documents admitted into evidence and a transcript of the proceedings  
33 shall be furnished to the respondent on request by the clerk upon the direction of a district court  
34 judge. If the client is indigent, the copies shall be provided at State expense.

35 (h) To support an outpatient commitment order, the court is required to find by clear,  
36 cogent, and convincing evidence that the respondent meets the criteria specified in  
37 G.S. 122C-263(d)(1). The court shall record the facts which support its findings and shall show  
38 on the order the ~~center or physician~~ outpatient treatment provider who is responsible for the care  
39 and treatment of the respondent as well as the LME/MCO, or an alternative as determined by the  
40 Department, responsible for the management and supervision of the respondent's outpatient  
41 commitment."

42 **SECTION 12.(e)** G.S. 122C-271 reads as rewritten:

43 **"§ 122C-271. Disposition.**

44 (a) If a commitment examiner has recommended outpatient commitment and the  
45 respondent has been released pending the district court hearing, the court may make one of the  
46 following dispositions:

47 (1) If the court finds by clear, cogent, and convincing evidence that the respondent  
48 ~~has a mental illness; that the respondent is capable of surviving safely in the~~  
49 ~~community with available supervision from family, friends, or others; that~~  
50 ~~based on respondent's treatment history, the respondent is in need of treatment~~  
51 ~~in order to prevent further disability or deterioration that would predictably~~

1 ~~result in dangerousness as defined in G.S. 122C-3(11); and that the~~  
2 ~~respondent's current mental status or the nature of the respondent's illness~~  
3 ~~limits or negates the respondent's ability to make an informed decision to seek~~  
4 ~~voluntarily or comply with recommended treatment, meets the criteria set~~  
5 ~~forth in G.S. 122C-263(d)(1), it may order outpatient commitment for a period~~  
6 ~~not in excess of 90-180 days. The initial treatment plan shall be incorporated~~  
7 ~~into the court's order. The order shall state that the respondent must comply~~  
8 ~~with the treatment plan, including any subsequent updates made to the plan~~  
9 ~~by the outpatient provider in consultation with the patient, family members or~~  
10 ~~other natural supports with client consent, and any other relevant treatment~~  
11 ~~providers. The order shall include instructions to the responsible outpatient~~  
12 ~~treatment provider and the LME/MCO, or an alternative as determined by the~~  
13 ~~Department, regarding their monitoring and supervision duties under~~  
14 ~~G.S. 122C-273.~~

15 (2) If the court does not find that the respondent meets the criteria of commitment  
16 set out in subdivision (1) of this subsection, the respondent shall be discharged  
17 and the proposed outpatient ~~physician-center~~ treatment provider shall be so  
18 notified.

19 (3) Before ordering any outpatient commitment under this subsection, the court  
20 shall make findings of fact as to the availability of outpatient treatment from  
21 an outpatient treatment ~~physician or center~~ provider that has agreed to accept  
22 the respondent as a client of outpatient treatment ~~services.~~ services, and the  
23 availability and consent to accept the respondent as a client by all providers  
24 of the services listed in the initial treatment plan. The court shall show on the  
25 order the outpatient treatment ~~physician or center~~ provider and the  
26 LME/MCO, or an alternative as determined by the Department, that is to be  
27 responsible for the management and supervision of the respondent's outpatient  
28 commitment. commitment, and provide instructions regarding their duties for  
29 such monitoring and supervision under G.S. 122C-273. If the designated  
30 outpatient treatment ~~physician or center~~ provider will be ~~monitoring and~~  
31 supervising the respondent's outpatient commitment working pursuant to a  
32 contract for services with an LME/MCO, the court shall show on the order the  
33 identity of the LME/MCO. The clerk of court shall send a copy of the  
34 outpatient commitment order to the designated outpatient treatment ~~physician~~  
35 or ~~center~~ provider and to the respondent client or the legally responsible  
36 person. The clerk of court shall also send a copy of the order to that  
37 LME/MCO. Copies of outpatient commitment orders sent by the clerk of court  
38 to an outpatient treatment ~~center or physician~~ provider under this section,  
39 including orders sent to an LME/MCO, shall be sent by the most reliable and  
40 expeditious means, within 48 hours of the hearing.

41 (b) If the respondent has been held in a 24-hour facility pending the district court hearing  
42 pursuant to G.S. 122C-268, the court may make one of the following dispositions:

43 (1) If the court finds by clear, cogent, and convincing evidence that the respondent  
44 ~~has a mental illness; that the respondent is capable of surviving safely in the~~  
45 ~~community with available supervision from family, friends, or others; that~~  
46 ~~based on respondent's psychiatric history, the respondent is in need of~~  
47 ~~treatment in order to prevent further disability or deterioration that would~~  
48 ~~predictably result in dangerousness as defined by G.S. 122C-3(11); and that~~  
49 ~~the respondent's current mental status or the nature of the respondent's illness~~  
50 ~~limits or negates the respondent's ability to make an informed decision~~  
51 ~~voluntarily to seek or comply with recommended treatment, meets the criteria~~

1 set forth in G.S. 122C-263(d)(1), it may order outpatient commitment for a  
2 period not in excess of ~~90~~180 days. If the commitment proceedings were  
3 initiated as the result of the respondent's being charged with a violent crime,  
4 including a crime involving an assault with a deadly weapon, and the  
5 respondent was found incapable of proceeding, the commitment order shall so  
6 show. The initial treatment plan required by G.S. 122C-265(c1) shall be  
7 prepared by staff at the 24-hour facility in cooperation with the outpatient  
8 treatment providers who will serve the respondent. The initial treatment plan  
9 shall be admitted into evidence and shall be incorporated into the court's order.  
10 The order shall state that the respondent is required to cooperate and comply  
11 with the treatment plan including any subsequent updates made to the plan by  
12 the outpatient provider in consultation with the patient, family members or  
13 other natural supports with client consent, and any other relevant treatment  
14 providers. The order shall include instructions to the responsible outpatient  
15 treatment provider and the LME/MCO, or an alternative as determined by the  
16 Department, regarding their monitoring and supervision duties under  
17 G.S. 122C-273.

- 18 (2) If the court finds by clear, cogent, and convincing evidence that the respondent  
19 has a mental illness and is dangerous to self, as defined in G.S. 122C-3(11)a.,  
20 or others, as defined in G.S. 122C-3(11)b., it may order inpatient commitment  
21 at a 24-hour facility described in G.S. 122C-252 for a period not in excess of  
22 90 days. However, no respondent found to have both an intellectual disability  
23 and a mental illness may be committed to a State, area, or private facility for  
24 individuals with intellectual disabilities. An individual who has a mental  
25 illness and is dangerous to self, as defined in G.S. 122C-3(11)a., or others, as  
26 defined in G.S. 122C-3(11)b., may also be committed to a combination of  
27 inpatient and outpatient commitment at both a 24-hour facility and an  
28 outpatient treatment ~~physician or center provider~~ for a period not in excess of  
29 ~~90 days.~~180 days, however the inpatient stay cannot exceed 90 days. If the  
30 commitment proceedings were initiated as the result of the respondent's being  
31 charged with a violent crime, including a crime involving an assault with a  
32 deadly weapon, and the respondent was found incapable of proceeding, the  
33 commitment order shall so show. If the court orders inpatient commitment for  
34 a respondent who is under an outpatient commitment order, the outpatient  
35 commitment is terminated; and the clerk of the superior court of the county  
36 where the district court hearing is held shall send a notice of the inpatient  
37 commitment to the clerk of superior court where the outpatient commitment  
38 was being supervised. The clerk of court shall send a copy of the inpatient  
39 commitment order to the designated inpatient treatment physician or center  
40 and to the respondent client or the legally responsible person. The clerk of  
41 court shall also send a copy of the order to that LME/MCO. Copies of inpatient  
42 commitment orders sent by the clerk of court to an inpatient treatment center  
43 or physician under this section, including orders sent to an LME/MCO, shall  
44 be sent by the most reliable and expeditious means, within 48 hours of the  
45 hearing.
- 46 (3) If the court does not find that the respondent meets either of the commitment  
47 criteria set out in subdivisions (1) and (2) of this subsection, the respondent  
48 shall be discharged, and the facility in which the respondent was last a client  
49 shall be so notified.
- 50 (4) Before ordering any outpatient commitment, the court shall make findings of  
51 fact as to the availability of outpatient treatment from an outpatient treatment

1 ~~physician or center provider~~ that has agreed to accept the respondent as a client  
 2 of outpatient treatment services. The court shall also show on the order the  
 3 outpatient treatment ~~physician or center provider~~ who is to be responsible for  
 4 the care of the respondent and the LME/MCO, or an alternative as determined  
 5 by the Department, responsible for the management and supervision of the  
 6 respondent's outpatient ~~commitment~~, and provide instructions  
 7 regarding duties for such monitoring and supervision under G.S. 122C-273.  
 8 When an outpatient commitment order is issued for a respondent held in a  
 9 24-hour facility, the court may order the respondent held at the facility for no  
 10 more than 72 hours in order for the facility to notify the designated outpatient  
 11 treatment ~~physician or center provider~~ of the treatment needs of the  
 12 respondent. The clerk of court in the county where the facility is located shall  
 13 send a copy of the outpatient commitment order to the designated outpatient  
 14 treatment ~~physician or center provider~~ and to the respondent or the legally  
 15 responsible person. ~~If the designated outpatient treatment physician or center  
 16 shall be monitoring and supervising the respondent's outpatient commitment  
 17 pursuant to a contract for services with an LME/MCO, the clerk of court shall  
 18 show on the order the identity of the LME/MCO.~~ The clerk of court shall show  
 19 on the order the identity of the LME/MCO, or an alternative as determined by  
 20 the Department, responsible for the monitoring and supervising of the  
 21 respondent's outpatient commitment and send a copy of the order to the  
 22 LME/MCO. Copies of outpatient commitment orders sent by the clerk of court  
 23 to an outpatient treatment ~~center or physician provider~~ pursuant to this  
 24 subdivision, including orders sent to an LME/MCO, shall be sent by the most  
 25 reliable and expeditious means, within 48 hours of the hearing. If the  
 26 outpatient commitment will be supervised in a county other than the county  
 27 where the commitment originated, the court shall order venue for further court  
 28 proceedings to be transferred to the county where the outpatient commitment  
 29 will be supervised. Upon an order changing venue, the clerk of superior court  
 30 in the county where the commitment originated shall transfer the file to the  
 31 clerk of superior court in the county where the outpatient commitment is to be  
 32 supervised.

33 (c) If the respondent was found not guilty by reason of insanity and has been held in a  
 34 24-hour facility pending the court hearing held pursuant to G.S. 122C-268.1, the court may make  
 35 one of the following dispositions:

- 36 (1) If the court finds that the respondent has not proved by a preponderance of the  
 37 evidence that the respondent no longer has a mental illness or that the  
 38 respondent is no longer dangerous to others, it shall order inpatient treatment  
 39 at a 24-hour facility for a period not to exceed 90 days.
- 40 (2) If the court finds that the respondent has proven by a preponderance of the  
 41 evidence that the respondent no longer has a mental illness or that the  
 42 respondent is no longer dangerous to others, the court shall order the  
 43 respondent discharged and released."

44 **SECTION 12.(f)** G.S. 122C-273 reads as rewritten:

45 "**§ 122C-273. Duties for follow-up on commitment order.**

46 (a) Unless prohibited by Chapter 90 of the General Statutes, if the commitment order  
 47 directs outpatient treatment, the outpatient treatment ~~physician provider may prescribe or  
 48 administer, or the center may administer, administer~~ to the respondent reasonable and appropriate  
 49 medication and treatment that are consistent with accepted medical standards.

- 50 (1) If the respondent fails to comply or clearly refuses to comply with all or part  
 51 of the ~~prescribed treatment, treatment plan, the physician, the physician's~~

1 ~~designee, or the center~~ outpatient treatment provider shall make all reasonable  
2 effort to solicit the respondent's compliance. These efforts shall be  
3 documented and reported to the LME/MCO, or an alternative as determined  
4 by the Department, responsible for the monitoring and supervising of the  
5 respondent's outpatient commitment. The LME/MCO, or an alternative as  
6 determined by the Department, shall then report to the court with a request for  
7 a supplemental hearing.

8 (1a) The LME/MCO shall maintain a list of all individuals on outpatient  
9 commitment and ensure the individual's care manager, as applicable, is aware  
10 of the treatment plan. The Department shall have access to the lists of  
11 individuals subject to outpatient commitment orders. The Department shall  
12 keep all information pursuant to this subsection privileged, in accordance with  
13 applicable State law and federal guidelines, and the information shall be  
14 confidential and shall not be a public record under Chapter 132 of the General  
15 Statutes.

16 (2) If the respondent fails to comply, but does not clearly refuse to comply, with  
17 all or part of the prescribed treatment after reasonable effort to solicit the  
18 respondent's compliance, ~~the physician, the physician's designee, or the center~~  
19 ~~the outpatient treatment provider or its designee or the LME/MCO, or an~~  
20 ~~alternative as determined by the Department, responsible for the monitoring~~  
21 ~~and supervising of the respondent's outpatient commitment~~ may request the  
22 court to order the respondent taken into custody for the purpose of  
23 examination. Upon receipt of this request, the clerk shall issue an order to a  
24 law-enforcement officer to take the respondent into custody and to take him  
25 immediately to the designated outpatient treatment ~~physician or center~~  
26 ~~provider~~ for examination. The custody order is valid throughout the State. The  
27 law-enforcement officer shall turn the respondent over to the custody of the  
28 ~~physician or center~~ provider who shall conduct the examination and then  
29 release the respondent. The law-enforcement officer may wait during the  
30 examination and return the respondent to his home after the examination. An  
31 examination conducted under this subsection in which a physician or eligible  
32 psychologist determines that the respondent meets the criteria for inpatient  
33 commitment may be substituted for the first examination required by  
34 G.S. 122C-263 if the clerk or magistrate issues a custody order within six  
35 hours after the examination was performed.

36 (3) In no case may the respondent be physically forced to take medication or  
37 forcibly detained for treatment unless he poses an immediate danger to himself  
38 or others. In such cases inpatient commitment proceedings shall be initiated.

39 (4) At any time that the outpatient treatment ~~physician or center~~ provider finds  
40 that the respondent no longer meets the criteria set out in G.S. 122C-263(d)(1),  
41 the ~~physician or center~~ provider shall so notify the court and the case shall be  
42 terminated; provided, however, if the respondent was initially committed as a  
43 result of conduct resulting in his being charged with a violent crime, including  
44 a crime involving an assault with a deadly weapon, and the respondent was  
45 found incapable of proceeding, the designated outpatient treatment ~~physician~~  
46 ~~or center~~ provider shall notify the clerk that discharge is recommended. The  
47 clerk shall calendar a supplemental hearing as provided in G.S. 122C-274 to  
48 determine whether the respondent meets the criteria for outpatient  
49 commitment.

50 (5) Any individual who has knowledge that a respondent on outpatient  
51 commitment has become dangerous to himself, as defined by

1 G.S. 122C-3(11)a., and others, as defined in G.S. 122C-3(11)b., may initiate  
2 a new petition for inpatient commitment as provided in this Part. If the  
3 respondent is committed as an inpatient, the outpatient commitment shall be  
4 terminated and notice sent by the clerk of court in the county where the  
5 respondent is committed as an inpatient to the clerk of court of the county  
6 where the outpatient commitment is being supervised.

7 (b) If the respondent on outpatient commitment intends to move or moves to another  
8 county within the State, the designated ~~outpatient treatment physician or center~~ LME/MCO shall  
9 request that the clerk of court in the county where the outpatient commitment is being supervised  
10 calendar a supplemental hearing.

11 (c) If the respondent moves to another state or to an unknown location, the designated  
12 outpatient treatment ~~physician or center~~ provider or the LME/MCO, or an alternative as  
13 determined by the Department, shall notify the clerk of superior court of the county where the  
14 outpatient commitment is supervised and the outpatient commitment shall be terminated.

15 (d) If the commitment order directs inpatient treatment, the physician attending the  
16 respondent may administer to the respondent reasonable and appropriate medication and  
17 treatment that are consistent with accepted medical standards. The attending physician shall  
18 release or discharge the respondent in accordance with G.S. 122C-277."

19 **SECTION 12.(g)** G.S. 122C-274 reads as rewritten:

20 "**§ 122C-274. Supplemental hearings.**

21 (a) Upon receipt of a request for a supplemental hearing, the clerk shall calendar a hearing  
22 to be held within 14 days and notify, at least 72 hours before the hearing, the petitioner, the  
23 respondent, ~~his~~ the respondent's attorney, if any, and the designated outpatient treatment  
24 ~~physician or center~~ provider and LME/MCO. The respondent shall be notified at least 72 hours  
25 before the hearing by personally serving on him an order to appear. Other persons shall be  
26 notified as provided in G.S. 122C-264(c).

27 (b) The procedures for the hearing shall follow G.S. 122C-267.

28 (c) In supplemental hearings for alleged noncompliance, the court shall determine  
29 whether the respondent has failed to comply and, if so, the causes for noncompliance. If the court  
30 determines that the respondent has failed or refused to comply it may:

31 (1) Upon finding probable cause to believe that the respondent is mentally ill and  
32 dangerous to himself, as defined in G.S. 122C-3(11)a., or others, as defined  
33 in G.S. 122C-3(11)b., order an examination by the same or different ~~physician~~  
34 ~~or eligible psychologist~~ commitment examiner as provided in  
35 G.S. 122C-263(c) in order to determine the necessity for continued outpatient  
36 or inpatient commitment;

37 (2) Reissue or change the outpatient commitment order in accordance with ~~G.S.~~  
38 ~~122C-271;~~ G.S. 122C-271.

39 (3) Discharge the respondent from the order and dismiss the case.

40 (4) Issue an order for inpatient commitment upon finding by clear, cogent, and  
41 convincing evidence that there is a nexus between the respondent's past  
42 conduct and the reasonable probability of the respondent's future  
43 dangerousness to self or others, as defined in G.S. 122C-3. A finding of  
44 noncompliance with an outpatient commitment order pursuant to this section  
45 shall create a rebuttable presumption that there is a nexus between the  
46 respondent's past conduct and the reasonable probability of the respondent's  
47 future dangerousness to self or others.

48 (d) At the supplemental hearing for a respondent who has moved or intends to move to  
49 another county, the court shall determine if the respondent meets the criteria for outpatient  
50 commitment set out in G.S. 122C-263(d)(1). If the court determines that the respondent no longer  
51 meets the criteria for outpatient commitment, it shall discharge the respondent from the order and

1 dismiss the case. If the court determines that the respondent continues to meet the criteria for  
2 outpatient commitment, it shall continue the outpatient commitment but shall designate a  
3 ~~physician or center an outpatient treatment provider~~ at the respondent's new residence to be  
4 responsible for the ~~management or supervision care and treatment~~ of the respondent's outpatient  
5 ~~commitment.~~ commitment and shall also designate the LME/MCO, or an alternative as  
6 determined by the Department, responsible for monitoring and supervision. The court shall order  
7 the respondent to appear for treatment at the address of the newly designated outpatient treatment  
8 ~~physician or center provider~~ and shall order venue for further court proceedings under the  
9 outpatient commitment to be transferred to the new county of supervision. Upon an order  
10 changing venue, the clerk of court in the county where the outpatient commitment has been  
11 supervised shall transfer the records regarding the outpatient commitment to the clerk of court in  
12 the county where the commitment will be supervised. Also, the clerk of court in the county where  
13 the outpatient commitment has been supervised shall send a copy of the court's order directing  
14 the continuation of outpatient treatment under new supervision to the newly designated outpatient  
15 treatment ~~physician or center provider~~ and the LME/MCO, or an alternative as determined by the  
16 Department.

17 (e) At any time during the term of an outpatient commitment order, a respondent may  
18 apply to the court for a supplemental hearing for the purpose of discharge from the order. The  
19 application shall be made in writing by the respondent to the clerk of superior court of the county  
20 where the outpatient commitment is being supervised. At the supplemental hearing the court shall  
21 determine whether the respondent continues to meet the criteria specified in  
22 G.S. 122C-263(d)(1). The court may either reissue or change the commitment order or discharge  
23 the respondent and dismiss the case.

24 (f) At supplemental hearings requested pursuant to G.S. 122C-277(a) for transfer from  
25 inpatient to outpatient commitment, the court shall determine whether the respondent meets the  
26 criteria for either inpatient or outpatient commitment. If the court determines that the respondent  
27 continues to meet the criteria for inpatient commitment, it shall order the continuation of the  
28 original commitment order. If the court determines that the respondent meets the criteria for  
29 outpatient commitment, it shall order outpatient commitment for a period of time not in excess  
30 of ~~90~~ 180 days. If the court finds that the respondent does not meet either criteria, the respondent  
31 shall be discharged and the case dismissed."

32 **SECTION 12.(h)** G.S. 122C-275 reads as rewritten:

33 **"§ 122C-275. Outpatient commitment; rehearings.**

34 (a) Fifteen days before the end of the initial or subsequent periods of outpatient  
35 commitment if the outpatient treatment ~~physician or center provider~~ determines that the  
36 respondent continues to meet the criteria specified in G.S. 122C-263(d)(1), ~~he~~ the outpatient  
37 treatment provider shall so notify the clerk of superior court of the county where the outpatient  
38 commitment is supervised. If the respondent no longer meets the criteria, the ~~physician outpatient~~  
39 treatment provider shall so notify the clerk who shall dismiss the case; provided, however, if the  
40 respondent was initially committed as a result of conduct resulting in his being charged with a  
41 violent crime, including a crime involving an assault with a deadly weapon, and the respondent  
42 was found incapable of proceeding, the ~~physician or center outpatient treatment provider~~ shall  
43 notify the clerk that discharge is recommended. The clerk, at least 10 days before the end of the  
44 commitment period, on order of the district court, shall calendar the rehearing.

45 (b) Notice and procedures of rehearings are governed by the same procedures as initial  
46 hearings, and the respondent has the same rights he had at the initial hearing including the right  
47 to appeal.

48 (c) If the court finds that the respondent no longer meets the criteria of  
49 G.S. 122C-263(d)(1), it shall unconditionally discharge ~~him.~~ the respondent. A copy of the  
50 discharge order shall be furnished by the clerk to the designated outpatient treatment ~~physician~~  
51 ~~or center provider~~ and the LME/MCO. If the respondent continues to meet the criteria of

1 G.S. 122C-263(d)(1), the court may order outpatient commitment for an additional period not in  
2 excess of 180 days. The court order shall comply with the requirements of G.S. 122C-271."

3 **SECTION 12.(i)** G.S. 122C-276 reads as rewritten:

4 "**§ 122C-276. Inpatient commitment; rehearings for respondents other than insanity**  
5 **acquittees.**

6 (a) Fifteen days before the end of the initial inpatient commitment period if the attending  
7 physician determines that commitment of a respondent beyond the initial period will be  
8 necessary, he shall so notify the clerk of superior court of the county in which the facility is  
9 located. The clerk, at least 10 days before the end of the initial period, on order of a district court  
10 judge of the district court district as defined in G.S. 7A-133 in which the facility is located, shall  
11 calendar the rehearing. If the respondent was initially committed as the result of conduct resulting  
12 in his being charged with a violent crime, including a crime involving an assault with a deadly  
13 weapon, and respondent was found incapable of proceeding, the clerk shall also notify the chief  
14 district court judge, the clerk of superior court, and the district attorney in the county in which  
15 the respondent was found incapable of proceeding of the time and place of the hearing.

16 (b) Fifteen days before the end of the initial treatment period of a respondent who was  
17 initially committed as a result of conduct resulting in his being charged with a violent crime,  
18 including a crime involving an assault with a deadly weapon, having been found incapable of  
19 proceeding, if the attending physician determines that commitment of the respondent beyond the  
20 initial period will not be necessary, he shall so notify the clerk of superior court who shall  
21 schedule a rehearing as provided in subsection (a) of this section.

22 (c) Subject to the provisions of G.S. 122C-269(c), rehearings shall be held as authorized  
23 in G.S. 122C-268(g). The judge is a ~~judge of the district court~~ district court judge of the district  
24 court district as defined in G.S. 7A-133 in which the facility is located or a district court judge  
25 temporarily assigned to that district.

26 (d) Notice and proceedings of rehearings are governed by the same procedures as initial  
27 hearings and the respondent has the same rights he had at the initial hearing including the right  
28 to appeal.

29 (e) At rehearings the court may make the same dispositions authorized in  
30 G.S. 122C-271(b) except a second commitment order may be for an additional period not in  
31 excess of 180 days.

32 (f) Fifteen days before the end of the second commitment period and annually thereafter,  
33 the attending physician shall review and evaluate the condition of each respondent; and if he  
34 determines that a respondent is in continued need of inpatient commitment or, in the alternative,  
35 in need of outpatient commitment, or a combination of both, he shall so notify the respondent,  
36 his counsel, and the clerk of superior court of the county, in which the facility is located. Unless  
37 the respondent through his counsel files with the clerk a written waiver of his right to a rehearing,  
38 the clerk, on order of a district court judge of the district in which the facility is located, shall  
39 calendar a rehearing for not later than the end of the current commitment period. The procedures  
40 and standards for the rehearing are the same as for the first rehearing. No third or subsequent  
41 inpatient recommitment order shall be for a period longer than one year.

42 (g) At any rehearings the court has the option to order outpatient commitment for a period  
43 not in excess of 180 days in accordance with the criteria specified in G.S. 122C-263(d)(1) and  
44 following the procedures as specified in this Article. The court order shall comply with the  
45 requirements of G.S. 122C-271."

46 **SECTION 12.(j)** G.S. 122C-54(d) reads as rewritten:

47 "(d) Except as otherwise provided in this section, any individual seeking confidential  
48 information contained in the court files or the court records of a proceeding made pursuant to  
49 Article 5 of this Chapter may file a written motion in the cause setting out why the information  
50 is needed. A district court judge may issue an order to disclose the confidential information  
51 sought if he finds the order is appropriate under the circumstances and if he finds that it is in the

1 best interest of the individual admitted or committed or of the public to have the information  
2 disclosed.

3 Counsel for the respondent and counsel for the State in the commitment hearing may receive  
4 access to the court file without filing a motion or obtaining a court order. A judge presiding over  
5 a criminal case that initiated the Article 5 proceeding may have access to the file without filing a  
6 motion.

7 The Department shall be granted access to all relevant data, court orders, records, or other  
8 relevant information, including any confidential information, related to its duties and  
9 responsibilities pursuant to Article 5 of this Chapter. The Department shall keep all information  
10 collected under this subsection privileged, in accordance with applicable State law and federal  
11 guidelines, and the information shall be confidential and shall not be a public record under  
12 Chapter 132 of the General Statutes.

13 Judicial officials determining whether a criminal defendant may be released before trial  
14 pursuant to G.S. 15A-533 may have access to the defendant's records of proceedings made  
15 pursuant to Article 5 of this Chapter for the purposes of determining whether a criminal defendant  
16 has been involuntarily committed within the previous three years."

17 **SECTION 12.(k)** This section becomes effective December 1, 2026, and applies to  
18 proceedings that occur on or after that date.

## 20 DEPARTMENT OF INFORMATION TECHNOLOGY

21 **SECTION 13.(a)** G.S. 90-414.4 reads as rewritten:

22 "**§ 90-414.4. Required participation in HIE Network for some providers.**

23 ...

24 (c) Exemption for Certain Records. – ~~Providers~~Until the Authority provides written  
25 notice as required by subsection (c2) of this section, providers with patient records that are subject  
26 to the disclosure restrictions of 42 C.F.R. § 2 are exempt from the requirements of subsection  
27 (b) of this section but only with respect to the patient records subject to these disclosure  
28 restrictions. Providers shall comply with the requirements of subsection (b) of this section with  
29 respect to all other patient records. A pharmacy shall only be required to submit claims data  
30 pertaining to services rendered to Medicaid and other State-funded health care program  
31 beneficiaries and paid for with Medicaid or other State-funded health care funds.

32 (c1) Exemption from Twice Daily Submission. – A pharmacy shall only be required to  
33 submit claims data once daily through the HIE Network using pharmacy industry standardized  
34 formats.

35 (c2) 42 C.F.R. Records. – Notwithstanding subsection (b) of this section, patient records  
36 protected by 42 C.F.R. § 2 shall be disclosed through the HIE Network when the Authority has  
37 provided written notice to participating entities that data protected by 42 C.F.R. § 2 can be  
38 disclosed consistent with the HIE's statutory authority.

39 ...

40 (f) Confidentiality of Data. – All data submitted to or through the HIE Network  
41 containing protected health information, personally identifying information, or a combination of  
42 these, that are in the possession of the Department of Information Technology or any other  
43 agency of the State are confidential and shall not be defined as public records under G.S. 132-1.  
44 This subsection shall not be construed to prohibit the disclosure of any such data as otherwise  
45 permitted under federal law."

46 **SECTION 13.(b)** G.S. 90-414.8 reads as rewritten:

47 "**§ 90-414.8. North Carolina Health Information Exchange Advisory Board.**

48 (a) Creation and Membership. – There is hereby established the North Carolina Health  
49 Information Exchange Advisory Board within the Department of Information Technology. The  
50 Advisory Board shall consist of the following ~~12~~13 members:

- 1           (1)    The following four members appointed by the President Pro Tempore of the
- 2                Senate:
- 3                a.     A licensed physician in good standing and actively practicing in this
- 4                State.
- 5                b.     A patient representative.
- 6                c.     An individual with technical expertise in health data analytics.
- 7                d.     A representative of a behavioral health provider.
- 8           (2)    The following four members appointed by the Speaker of the House of
- 9                Representatives:
- 10              a.     A representative of a critical access hospital.
- 11              b.     A representative of a federally qualified health center.
- 12              c.     An individual with technical expertise in health information
- 13              technology.
- 14              d.     A representative of a health system or integrated delivery network.
- 15           (3)    The following three ex officio, nonvoting members:
- 16              a.     The State Chief Information Officer or a designee.
- 17              b.     The Director of GDAC or a designee.
- 18              c.     The Secretary of Health and Human Services, or a designee.
- 19           (4)    The following two ex officio, voting ~~member~~members:
- 20              a.     The Executive Administrator of the State Health Plan for Teachers and
- 21              State Employees, or a designee.
- 22              b.     The Deputy Secretary for the State's Medicaid program, or a designee.

...."

**EFFECTIVE DATE**

**SECTION 14.** Except as otherwise provided, this act is effective when it becomes law.