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SESSION 2025

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SENATE BILL 528
Health Care Committee Substitute Adopted 4/9/25
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Short Title: Health and Human Services Revisions.

(Public)

Sponsors:

Referred to:

March 26, 2025

1 A BILL TO BE ENTITLED
2 AN ACT REVISING AND MODERNIZING THE HEALTH AND HUMAN SERVICES
3 STATUTES.

4 The General Assembly of North Carolina enacts:

5
6 **PART I. INCREASED ACCESS TO BIRTH CERTIFICATES**

7 **SECTION 1.(a)** G.S. 130A-93 reads as rewritten:

8 "**§ 130A-93. Access to vital records; copies.**

9 (a) Only the State Registrar shall have access to original vital records and to indices to
10 the original vital records. County offices authorized to issue certificates and the North Carolina
11 State Archives also shall have access to indices to these original vital records, when specifically
12 authorized by the State Registrar.

13 (b) The following birth data, in any form and on any medium, in the possession of the
14 Department, local health departments, or local register of deeds offices shall not be public records
15 pursuant to Chapter 132 of the General Statutes: the names of children and parents, the addresses
16 of parents (other than county of residence and postal code), and the social security numbers of
17 parents. Access to copies and abstracts of these data shall be provided in accordance with
18 G.S. 130A-99, Chapter 161 of the General Statutes, and this section. All other birth data shall be
19 public records pursuant to Chapter 132 of the General Statutes. All birth records and data are
20 State property and shall be managed only in accordance with official disposition instructions
21 prepared by the Department of Natural and Cultural Resources. The application of this Chapter
22 is subject to the provisions of Article 1 of Chapter 121 of the General Statutes, the North Carolina
23 Archives and History Act. The State Registrar and other officials authorized to issue certified
24 copies of vital records shall provide copies or abstracts of vital records, except those described
25 in subsections (d), ~~(e)~~, ~~(e1)~~, (f) and (g) of this section, to any person upon request.

26 (c) The State Registrar and other officials authorized to issue certified copies of vital
27 records shall provide certified copies of vital records, except those described in subsections (d),
28 ~~(e)~~, ~~(e1)~~, (f), and (g) of this section, only to the following:

- 29 (1) A person requesting a copy of the person's own vital records or that of the
30 person's spouse, sibling, direct ancestor or descendant, or stepparent or
31 stepchild;
- 32 (2) A person seeking information for a legal determination of personal or property
33 rights; or



1 (3) An authorized agent, attorney or legal representative of a person described
2 above.

3 (c1) A funeral director or funeral service licensee shall be entitled upon request to a
4 certified copy of a death certificate.

5 (c2) An agency acting as a confidential intermediary in accordance with G.S. 48-9-104
6 shall be entitled to a certified copy of a death certificate upon request.

7 (d) Copies, certified copies or abstracts of birth certificates of adopted persons shall be
8 provided in accordance with G.S. 48-9-107.

9 (e) Copies or abstracts of the health and medical information contained on birth
10 certificates shall be provided only to a person requesting a copy of the health and medical
11 information contained on the person's own birth certificate, a person authorized by that person,
12 or a person who will use the information for ~~medical~~-research purposes. Copies of or abstracts
13 from any computer or microform database which contains individual-specific health or medical
14 birth data, whether the database is maintained by the Department, a local health department, or
15 any other public official, shall be provided only to an individual requesting his or her own data,
16 a person authorized by that individual, ~~or~~ a person who will use the information for ~~medical~~
17 research ~~purposes.~~ ~~purposes.~~ or as permitted by subsection (e1) of this section. The State
18 Registrar shall adopt rules providing for the use of this information for ~~medical~~-research
19 purposes. The rules shall, at a minimum, require a written description of the proposed use of the
20 data, including protocols for protecting confidentiality of the data.

21 (e1) The State Registrar shall share copies or abstracts of information, including health
22 and medical information, contained on birth certificates with the following:

23 (1) The vital records jurisdiction of the county where the individual resides within
24 the State.

25 (2) Upon its request, a local, State, federal, or tribal public health agency for
26 public health purposes. As used in this subdivision, "local public health
27 agency" means the public health agency for the county in which the individual
28 resides within the State.

29 (f) Copies, certified copies or abstracts of new birth certificates issued to persons in the
30 federal witness protection program shall be provided only to a person requesting a copy of the
31 person's own birth certificate and that person's supervising federal ~~marshall~~-marshal.

32 (g) No copies, certified copies or abstracts of vital records shall be provided to a person
33 purporting to request copies, certified copies or abstracts of that person's own vital records upon
34 determination that the person whose vital records are being requested is deceased.

35 (h) A certified copy issued under the provisions of this section shall have the same
36 evidentiary value as the original and shall be prima facie evidence of the facts stated in the
37 document. The State Registrar may appoint agents who shall have the authority to issue certified
38 copies under a facsimile signature of the State Registrar. These copies shall have the same
39 evidentiary value as those issued by the State Registrar.

40 (i) Fees for issuing any copy of a vital record or for conducting a search of the files when
41 no copy is made shall be as established in G.S. 130A-93.1 and G.S. 161-10.

42 (j) No person shall prepare or issue any certificate which purports to be an official
43 certified copy of a vital record except as authorized in this Article or the rules."

44 **SECTION 1.(b)** G.S. 130A-103 reads as rewritten:

45 **"§ 130A-103. Registration of birth certificates more than five-10 days and less than one**
46 **year after birth.**

47 Any birth may be registered more than five-10 days and less than one year after birth in the
48 same manner as births are registered under this Article within five-10 days of birth. The
49 registration shall have the effect as if the registration had occurred within five-10 days of birth.
50 The registration however, shall not relieve any person of criminal liability for the failure to
51 register the birth within five-10 days of birth as required by G.S. 130A-101."

1 **SECTION 1.(c)** G.S. 130A-104(d) reads as rewritten:
2 "(d) Delayed certificates shall have the same evidentiary value as those registered within
3 ~~five~~ 10 days."

4 **SECTION 1.(d)** This section becomes effective October 1, 2026.
5

6 **PART II. JOEL H. CRISP SUDEP AWARENESS LAW**

7 **SECTION 2.(a)** The University of North Carolina School of Medicine's Area Health
8 Education Centers (NC AHEC) shall consult with the North Carolina Medical Board, North
9 Carolina Department of Health and Human Services, North Carolina Medical Society, North
10 Carolina Pediatric Society, North Carolina Academy of Family Physicians, North Carolina Board
11 of Nursing, North Carolina Board of Pharmacy, and North Carolina Nurses Association to gather
12 evidence-based information on sudden unexpected death in epilepsy from publications and
13 nonprofit organizations to create standard information to provide to all health care practitioners
14 in this State. The information shall include, at a minimum, current and evidence-based
15 information about sudden unexpected death in epilepsy risk factors and conditions and contact
16 information for nonprofit organizations that provide support services for epilepsy conditions. The
17 information shall be made available on NC AHEC's website and readily accessible to health care
18 practitioners in this State. No later than September 1, 2026, NC AHEC shall report to the Joint
19 Legislative Oversight Committee on Health and Human Services a completed summary or
20 booklet of information provided to health care practitioners in the report.

21 **SECTION 2.(b)** This section is effective when it becomes law.
22

23 **PART III. VETERANS AND ELECTROENCEPHALOGRAM COMBINED** 24 **TRANSCRANIAL MAGNETIC STIMULATION TREATMENT PILOT PROGRAM**

25 **SECTION 3.(a)** The Department of Military and Veterans Affairs shall select a
26 provider to establish a statewide pilot program to make eTMS available for veterans, first
27 responders, and immediate family members of veterans and first responders experiencing one or
28 more of the conditions listed in subsection (b) of this section. For purposes of this act, the
29 following definitions shall apply:

- 30 (1) Electroencephalogram combined Transcranial Magnetic Stimulation
31 Treatment (eTMS). – Treatment in which transcranial magnetic stimulation
32 frequency pulses are tuned to the patient's physiology and biometric data.
33 (2) Immediate family. – A spouse, child, stepchild, parent, or stepparent.
34 (3) Veteran. – A person who (i) served in the Armed Forces of the United States
35 on active duty, for reasons other than training, and has been discharged under
36 other than dishonorable conditions, (ii) served in a reserve component as
37 defined in 38 U.S.C. § 101(27), and (iii) served in the National Guard of any
38 state.

39 **SECTION 3.(b)** The conditions that shall be the subject of the pilot program are the
40 following:

- 41 (1) Substance use disorders.
42 (2) Mental illness.
43 (3) Sleep disorders.
44 (4) Traumatic brain injuries.
45 (5) Sexual trauma.
46 (6) Posttraumatic stress disorder and accompanying comorbidities.
47 (7) Concussions.
48 (8) Other brain trauma.
49 (9) Quality of life issues affecting human performance, including issues related
50 to or resulting from problems with cognition and problems maintaining
51 attention, concentration, or focus.

1 **SECTION 3.(c)** The provider selected by the Department to conduct the pilot
2 program must display a history of serving veteran and first responder populations at a statewide
3 level. The provider shall establish a network for in-person and off-site care with the goal of
4 providing statewide access. Consideration shall be provided to locations with a large population
5 of first responders and veterans. In addition to traditional eTMS devices, the provider may utilize
6 nonmedical portable magnetic stimulation devices to improve access to underserved populations
7 in remote areas or to be used to serve as a pre-post treatment or a stand-alone device. The provider
8 shall be required to establish and operate a clinical practice and to evaluate outcomes of such
9 clinical practice.

10 **SECTION 3.(d)** At a minimum, the pilot program shall include all of the following:

- 11 (1) The establishment of a peer-to-peer support network by the provider made
12 available to all individuals receiving treatment under the program.
- 13 (2) The requirement that each individual who receives treatment under the
14 program also must receive neurophysiological monitoring, monitoring for
15 symptoms of substance use and other mental health disorders, and access to
16 counseling and wellness programming. Each individual who receives
17 treatment must also participate in the peer-to-peer support network established
18 by the provider.
- 19 (3) The establishment of protocols which include the use of adopted stimulation
20 frequency and intensity modulation based on EEGs done on days 0, 10, and
21 20 and motor threshold testing, as well as clinical symptoms, signs, and
22 biometrics.
- 23 (4) The requirement that protocols and outcomes of any treatment provided by
24 the clinical practice shall be collected and reported by the provider not later
25 than September 15, 2027, to the Department, the Joint Legislative Oversight
26 Committee on General Government, and the Fiscal Research Division. The
27 report shall include the biometrics data and all expenditures made using State
28 funds.

29 **SECTION 3.(e)** The Department may adopt rules to implement the provisions of this
30 section.

31 **SECTION 3.(f)** This section is effective when it becomes law.

32 **PART IV. UPDATE OPIOID ABATEMENT TREATMENT PROGRAM RULES**

33 **SECTION 4.(a)** The Commission for Mental Health, Developmental Disabilities,
34 and Substance Use Services (Commission) shall amend the rules applicable to outpatient opioid
35 treatment programs (OTPs) in 10A NCAC 27G .3600 through 10A NCAC 27G .3605 to be more
36 consistent with 42 C.F.R. Part 8 governing medications for the treatment of opioid use disorder.
37 In amending these rules, the Commission shall make at least all of the following changes:
38

- 39 (1) Remove stability of a patient's home environment and social relationships as
40 an eligibility criterion for take-home medication.
- 41 (2) Require the State Opioid Treatment Authority (SOTA) to review patient
42 discharge policies related to continued substance use, missed doses, and
43 nonparticipation in ancillary services such as counseling.
- 44 (3) Remove structured counseling schedules to better align with federal
45 regulations that promote individualized care that is more patient-centered and
46 flexible.
- 47 (4) Reduce the number of required drug tests to align with the frequency required
48 by federal regulations.
- 49 (5) Explicitly permit OTPs to administer methadone to patients who are not
50 enrolled with the OTPs as their patients but can be verified as a patient in

1 another OTP through contacting the patient's home OTP, checking the central
2 registry, or other means established by the Commission.

3 **SECTION 4.(b)** In determining whether to include any additional changes to the
4 rules applicable to OTPs to achieve greater consistency with 42 C.F.R. Part 8, the Commission
5 shall engage with current and former OTP clients and OTP providers for input on other changes
6 that would serve the goal of improving access to patient-centered care and achieving better
7 alignment with federal regulations. However, the Commission shall not amend the rules to
8 include any input that is inconsistent with State or federal law.

9 **SECTION 4.(c)** The Commission shall publish the proposed text of the amended
10 rules applicable to OTPs by January 1, 2027.

11 **SECTION 4.(d)** This section is effective when it becomes law.
12

13 **PART V. REQUIRE SCHOOLS TO SHARE THE SUICIDE AND CRISIS LIFELINE** 14 **PHONE NUMBER AND NC PEER WARMLINE PHONE NUMBER**

15 **SECTION 5.(a)** G.S. 115C-47 is amended by adding the following new subdivision
16 to read:

17 "(73) To Provide Students the Suicide and Crisis Lifeline Phone Number and the
18 NC Peer Warmline Phone Number. – A local board of education shall adopt
19 a policy to ensure all schools in the local school administrative unit provide
20 students the phone numbers for the Suicide and Crisis Lifeline and the NC
21 Peer Warmline. The board shall verify that the phone numbers for the Lifeline
22 and the Warmline are current and accurate annually. If either phone number
23 has changed, schools shall use the updated phone number. Unless an updated
24 phone number exists, the schools shall have the phrases "To reach the Suicide
25 and Crisis Lifeline, call 988 or text HOME to 741741" and "To reach the NC
26 Peer Warmline, call 855-733-7762" in the following places:

- 27 a. On any new student identification (student ID) issued to a student in
28 grades six through 12. The text shall be in a conspicuous location on
29 the student ID. The text may be printed on the ID or affixed by sticker.
30 Nothing in this sub-subdivision requires a school to issue a student ID.
31 b. On the school website.
32 c. On the home screen of any electronic device issued to students.
33 d. On any school agenda or calendar, whether digital or printed.
34 e. On a document during any suicide awareness activity.
35 f. On a document when the student registers to attend the school."

36 **SECTION 5.(b)** G.S. 115C-150.12C is amended by adding a new subdivision to
37 read:

38 "(39) To provide students the Suicide and Crisis Lifeline phone number and the NC
39 Peer Warmline phone number. – The board of trustees shall provide students
40 the phone numbers for the Suicide and Crisis Lifeline and the NC Peer
41 Warmline. The board shall verify that the phone numbers for the Lifeline and
42 the Warmline are current and accurate annually. If either phone number has
43 changed, the board shall use the updated phone number. Unless an updated
44 phone number exists, the board shall have the phrases "To reach the Suicide
45 and Crisis Lifeline, call 988 or text HOME to 741741" and "To reach the NC
46 Peer Warmline, call 855-733-7762" in the following places:

- 47 a. On any new student identification (student ID) issued to a student in
48 grades six through 12. The text shall be in a conspicuous location on
49 the student ID. The text may be printed on the ID or affixed by sticker.
50 Nothing in this sub-subdivision requires a school to issue a student ID.
51 b. On the school website.

- c. On the home screen of any electronic device issued to students.
- d. On any school agenda or calendar, whether digital or printed.
- e. On a document during any suicide awareness activity.
- f. On a document when the student registers to attend the school."

SECTION 5.(c) G.S. 115C-218.75 is amended by adding a new subsection to read:

"(p) To Provide Students the Suicide and Crisis Lifeline Phone Number and the NC Peer Warmline Phone Number. – A charter school shall provide students the phone numbers for the Suicide and Crisis Lifeline and the NC Peer Warmline. The school shall verify that the phone numbers for the Lifeline and the Warmline are current and accurate annually. If either phone number has changed, the school shall use the updated phone number. Unless an updated phone number exists, the school shall have the phrases "To reach the Suicide and Crisis Lifeline, call 988 or text HOME to 741741" and "To reach the NC Peer Warmline, call 855-733-7762" in the following places:

- (1) On any new student identification (student ID) issued to a student in grades six through 12. The text shall be in a conspicuous location on the student ID. The text may be printed on the ID or affixed by sticker. Nothing in this subdivision requires a school to issue a student ID.
- (2) On the school website.
- (3) On the home screen of any electronic device issued to students.
- (4) On any school agenda or calendar, whether digital or printed.
- (5) On a document during any suicide awareness activity.
- (6) On a document when the student registers to attend the school."

SECTION 5.(d) G.S. 115C-238.66 is amended by adding a new subdivision to read:

"(23) To provide students the Suicide and Crisis Lifeline phone number and the NC Peer Warmline phone number. – A regional school shall provide students the phone numbers for the Suicide and Crisis Lifeline and the NC Peer Warmline. The school shall verify that the phone numbers for the Lifeline and the Warmline are current and accurate annually. If either phone number has changed, the school shall use the updated phone number. Unless an updated phone number exists, the school shall have the phrases "To reach the Suicide and Crisis Lifeline, call 988 or text HOME to 741741" and "To reach the NC Peer Warmline, call 855-733-7762" in the following places:

- a. On any new student identification (student ID) issued to a student in grades six through 12. The text shall be in a conspicuous location on the student ID. The text may be printed on the ID or affixed by sticker. Nothing in this sub-subdivision requires a school to issue a student ID.
- b. On the school website.
- c. On the home screen of any electronic device issued to students.
- d. On any school agenda or calendar, whether digital or printed.
- e. On a document during any suicide awareness activity.
- f. On a document when the student registers to attend the school."

SECTION 5.(e) G.S. 116-239.8(b) is amended by adding a new subdivision to read:

"(26) To provide students the Suicide and Crisis Lifeline phone number and the NC Peer Warmline phone number. – A laboratory school shall provide students the phone numbers for the Suicide and Crisis Lifeline and the NC Peer Warmline. The school shall verify that the phone numbers for the Lifeline and the Warmline are current and accurate annually. If either phone number has changed, the school shall use the updated phone number. Unless an updated phone number exists, the school shall have the phrases "To reach the Suicide and Crisis Lifeline, call 988 or text HOME to 741741" and "To reach the NC Peer Warmline, call 855-733-7762" in the following places:

- a. On any new student identification (student ID) issued to a student in grades six through 12. The text shall be in a conspicuous location on the student ID. The text may be printed on the ID or affixed by sticker. Nothing in this sub-subdivision requires a school to issue a student ID.
- b. On the school website.
- c. On the home screen of any electronic device issued to students.
- d. On any school agenda or calendar, whether digital or printed.
- e. On a document during any suicide awareness activity.
- f. On a document when the student registers to attend the school."

SECTION 5.(f) Part 1 of Article 39 of Chapter 115C of the General Statutes is amended by adding a new section to read:

"§ 115C-550.2. Provide students the Suicide and Crisis Lifeline phone number and the NC Peer Warmline phone number.

Each private church school or school of religious charter shall provide students the phone numbers for the Suicide and Crisis Lifeline and the NC Peer Warmline. The school shall verify that the phone numbers for the Lifeline and the Warmline are current and accurate annually. If either phone number has changed, the school shall use the updated phone number. Unless an updated phone number exists, the school shall have the phrases "To reach the Suicide and Crisis Lifeline, call 988 or text HOME to 741741" and "To reach the NC Peer Warmline, call 855-733-7762" in the following places:

- (1) On any new student identification (student ID) issued to a student in grades six through 12. The text shall be in a conspicuous location on the student ID. The text may be printed on the ID or affixed by sticker. Nothing in this subdivision requires a school to issue a student ID.
- (2) On the school website.
- (3) On the home screen of any electronic device issued to students.
- (4) On any school agenda or calendar, whether digital or printed.
- (5) On a document during any suicide awareness activity.
- (6) On a document when the student registers to attend the school."

SECTION 5.(g) Part 2 of Article 39 of Chapter 115C of the General Statutes is amended by adding a new section to read:

"§ 115C-558.2. Provide students the Suicide and Crisis Lifeline phone number and the NC Peer Warmline phone number.

Each qualified nonpublic school shall provide students the phone numbers for the Suicide and Crisis Lifeline and the NC Peer Warmline. The school shall verify that the phone numbers for the Lifeline and the Warmline are current and accurate annually. If either phone number has changed, the school shall use the updated phone number. Unless an updated phone number exists, the school shall have the phrases "To reach the Suicide and Crisis Lifeline, call 988 or text HOME to 741741" and "To reach the NC Peer Warmline, call 855-733-7762" in the following places:

- (1) On any new student identification (student ID) issued to a student in grades six through 12. The text shall be in a conspicuous location on the student ID. The text may be printed on the ID or affixed by sticker. Nothing in this subdivision requires a school to issue a student ID.
- (2) On the school website.
- (3) On the home screen of any electronic device issued to students.
- (4) On any school agenda or calendar, whether digital or printed.
- (5) On a document during any suicide awareness activity.
- (6) On a document when the student registers to attend the school."

SECTION 5.(h) This section is effective when it becomes law and applies beginning with the 2026-2027 school year.

PART VI. REAGAN'S LAW

SECTION 6.(a) Article 3 of Chapter 58 of the General Statutes is amended by adding a new section to read:

"§ 58-3-286. Prosthetic and orthotic devices and care.

(a) This section shall apply to all health benefit plans offered in this State other than those regulated under Part 5 of Article 50 of this Chapter, Small Employer Group Health Insurance Reform, or Article 50A of this Chapter, Multiple Employer Welfare Arrangements.

(b) Health benefit plan coverage shall include coverage for all prosthetic and orthotic devices required to be covered by federal law or regulation under Medicare Part B, as detailed under Part B of Subchapter XVIII of Chapter 7 of Title 42 of the U.S. Code and Subpart D of Part 414 of Subchapter B of Chapter IX of Title 42 of the Code of Federal Regulations. Coverage under this section shall include:

(1) All materials and components necessary to use a prosthetic or orthotic device.

(2) Instruction relating to the use of a prosthetic or orthotic device.

(3) Repair or replacement of a prosthetic or orthotic device meeting the requirements of subsection (g) of this section.

(c) Coverage consistent with this section shall be required for all prosthetic or orthotic devices, including custom devices, determined by the insured's healthcare provider to be the most appropriate model to adequately meet the medical needs of the insured for completing activities of daily living or essential job-related activities.

(d) Coverage under this section shall not be limited to one prosthetic or orthotic device. In addition to coverage required under subsection (c) of this section, a health benefit plan shall provide coverage for additional prosthetic or orthotic devices, including custom devices, determined by the insured's healthcare provider to be the most appropriate model to adequately meet the medical needs of the insured for either or both of the following:

(1) Performing physical activities, such as running, biking, swimming, and strength training.

(2) Maximizing the insured's whole-body health and function of one or more lower or upper limb.

(e) Coverage for prosthetic and orthotic devices, including custom devices, is considered a habilitative or rehabilitative benefit, including for the purposes of any federal requirement for the coverage of essential health benefits.

(f) An insurer shall not deny any health benefit claim for a prosthetic or orthotic device for an insured with limb loss or absence that would otherwise be covered for any insured without a disability seeking medical or surgical intervention to restore or maintain the ability to perform the same physical activity.

(g) A health benefit plan shall provide coverage for the replacement of a prosthetic or orthotic device, or part of a prosthetic or orthotic device, and all of the following shall apply to that coverage:

(1) The coverage shall be provided without regard to continuous use or useful lifetime restrictions so long as the prescribing healthcare provider determines that the provision of a replacement prosthetic or orthotic device, or a replacement part of a prosthetic or orthotic device, is necessary for any of the following reasons:

a. A change in the physiological condition of the insured.

b. An irreparable change in the condition of the device or part of the device.

c. The condition of the device, or part of the device, requires one or more repairs and the cost of the repair or repairs would be more than sixty percent (60%) of replacement cost of the device or the parts requiring replacement.

1 (2) An insurer may require confirmation from the prescribing healthcare provider
2 prior to replacement only if the device or the part of the device being replaced
3 is less than 3 years old.

4 (3) The coverage shall be provided for custom devices."

5 **SECTION 6.(b)** No later than February 1, 2029, each issuer that offers a health
6 benefit plan subject to G.S. 58-3-286 shall report to the Commissioner of the Department of
7 Insurance, in a form prescribed by the Commissioner, the number of claims and total amount of
8 claims paid for benefits required under G.S. 58-3-286.

9 **SECTION 6.(c)** No later than March 1, 2029, the Commissioner of the Department
10 of Insurance shall aggregate all data received under subsection (b) of this section by health benefit
11 plan year and provide this information in a report to the Joint Legislative Oversight Committee
12 on General Government and the Joint Legislative Oversight Committee on Health and Human
13 Services.

14 **SECTION 6.(d)** This act is effective October 1, 2026, and applies to insurance
15 contracts issued, renewed, or amended on or after that date.

17 **PART VII. HOSPITAL AND AMBULATORY SURGICAL FACILITY STANDARDS** 18 **FOR SURGICAL SMOKE EVACUATION**

19 **SECTION 7.(a)** G.S. 131E-78.4 reads as rewritten:

20 **"§ 131E-78.4. Hospital standards for surgical smoke evacuation.**

21 (a) Definitions. – The following definitions apply in this section:

22 (1) Smoke evacuation/filtering system. – Stand-alone, portable equipment
23 utilizing either an electrocautery device with a smoke removal collar or
24 assistant-held smoke evacuation device that effectively captures, filters, and
25 eliminates surgical smoke at the site of origin before the smoke makes contact
26 with the eyes or respiratory tracts of occupants in the room. This equipment is
27 not required to be interconnected to the hospital surgical ventilation or medical
28 gas system.

29 (2) Surgical smoke. – The gaseous by-product produced by energy-generating
30 devices, including surgical plume, smoke plume, bio-aerosols, laser-generated
31 airborne contaminants, or lung-damaging dust.

32 (b) Policy Requirement. – Each hospital licensed under this Part shall adopt and
33 implement policies that require the use of a smoke evacuation/filtering system during any
34 surgical procedure that is likely to generate surgical smoke.

35 (c) Adverse Action. – The Department of Health and Human Services may take adverse
36 action against a hospital under G.S. 131E-78 for a violation of this section."

37 **SECTION 7.(b)** G.S. 131E-147.2 reads as rewritten:

38 **"§ 131E-147.2. Ambulatory surgical facility standards for surgical smoke evacuation.**

39 (a) Definitions. – The following definitions apply in this section:

40 (1) Smoke evacuation/filtering system. – ~~Equipment~~ Stand-alone, portable
41 equipment utilizing either an electrocautery device with a smoke removal
42 collar or assistant-held smoke evacuation device that effectively captures,
43 filters, and eliminates surgical smoke at the site of origin before the smoke
44 makes contact with the eyes or the respiratory tracts of occupants in the room.
45 This equipment is not required to be interconnected to the ambulatory surgical
46 ventilation or medical gas system.

47 (2) Surgical smoke. – The gaseous by-product produced by energy-generating
48 devices, including surgical plume, smoke plume, bio-aerosols, laser-generated
49 airborne contaminants, or lung-damaging dust.

1 (b) Policy Requirement. – Each ambulatory surgical facility licensed under this Part shall
2 adopt and implement policies that require the use of a smoke evacuation/filtering system during
3 any surgical procedure that is likely to generate surgical smoke.

4 (c) Adverse Action. – The Department of Health and Human Services may take adverse
5 action against an ambulatory surgical facility under G.S. 131E-148 for a violation of this section."

6 **SECTION 7.(c)** This section is effective when it becomes law.
7

8 **PART VIII. EFFECTIVE DATE**

9 **SECTION 8.** Except as otherwise provided, this act is effective when it becomes
10 law.