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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

A BILL TO BE ENTITLED

AN ACT REVISING AND MODERNIZING THE HEALTH AND HUMAN SERVICES
STATUTES.

The General Assembly of North Carolina enacts:

PART II. JOEL H. CRISP SUDEP AWARENESS LAW

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

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

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

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

- (1) Electroencephalogram combined Transcranial Magnetic Stimulation Treatment (eTMS). – Treatment in which transcranial magnetic stimulation frequency pulses are tuned to the patient's physiology and biometric data.
- (2) Immediate family. – A spouse, child, stepchild, parent, or stepparent.



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- 1 (3) Veteran. – A person who (i) served in the Armed Forces of the United States
2 on active duty, for reasons other than training, and has been discharged under
3 other than dishonorable conditions, (ii) served in a reserve component as
4 defined in 38 U.S.C. § 101(27), and (iii) served in the National Guard of any
5 state.

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

- 8 (1) Substance use disorders.
9 (2) Mental illness.
10 (3) Sleep disorders.
11 (4) Traumatic brain injuries.
12 (5) Sexual trauma.
13 (6) Posttraumatic stress disorder and accompanying comorbidities.
14 (7) Concussions.
15 (8) Other brain trauma.
16 (9) Quality of life issues affecting human performance, including issues related
17 to or resulting from problems with cognition and problems maintaining
18 attention, concentration, or focus.

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

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

- 29 (1) The establishment of a peer-to-peer support network by the provider made
30 available to all individuals receiving treatment under the program.
31 (2) The requirement that each individual who receives treatment under the
32 program also must receive neurophysiological monitoring, monitoring for
33 symptoms of substance use and other mental health disorders, and access to
34 counseling and wellness programming. Each individual who receives
35 treatment must also participate in the peer-to-peer support network established
36 by the provider.
37 (3) The establishment of protocols which include the use of adopted stimulation
38 frequency and intensity modulation based on EEGs done on days 0, 10, and
39 20 and motor threshold testing, as well as clinical symptoms, signs, and
40 biometrics.
41 (4) The requirement that protocols and outcomes of any treatment provided by
42 the clinical practice shall be collected and reported by the provider not later
43 than September 15, 2027, to the Department, the Joint Legislative Oversight
44 Committee on General Government, and the Fiscal Research Division. The
45 report shall include the biometrics data and all expenditures made using State
46 funds.

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

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

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

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

- 6 (1) Remove stability of a patient's home environment and social relationships as
7 an eligibility criterion for take-home medication.
- 8 (2) Require the State Opioid Treatment Authority (SOTA) to review patient
9 discharge policies related to continued substance use, missed doses, and
10 nonparticipation in ancillary services such as counseling.
- 11 (3) Remove structured counseling schedules to better align with federal
12 regulations that promote individualized care that is more patient-centered and
13 flexible.
- 14 (4) Reduce the number of required drug tests to align with the frequency required
15 by federal regulations.
- 16 (5) Explicitly permit OTPs to administer methadone to patients who are not
17 enrolled with the OTPs as their patients but can be verified as a patient in
18 another OTP through contacting the patient's home OTP, checking the central
19 registry, or other means established by the Commission.

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

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

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

29 30 **PART V. REQUIRE SCHOOLS TO SHARE THE SUICIDE AND CRISIS LIFELINE** 31 **PHONE NUMBER AND NC PEER WARMLINE PHONE NUMBER**

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

- 34 "(73) To Provide Students the Suicide and Crisis Lifeline Phone Number and the
35 NC Peer Warmline Phone Number. – A local board of education shall adopt
36 a policy to ensure all schools in the local school administrative unit provide
37 students the phone numbers for the Suicide and Crisis Lifeline and the NC
38 Peer Warmline. The board shall verify that the phone numbers for the Lifeline
39 and the Warmline are current and accurate annually. If either phone number
40 has changed, schools shall use the updated phone number. Unless an updated
41 phone number exists, the schools shall have the phrases "To reach the Suicide
42 and Crisis Lifeline, call 988 or text HOME to 741741" and "To reach the NC
43 Peer Warmline, call 855-733-7762" in the following places:
- 44 a. On any new student identification (student ID) issued to a student in
45 grades six through 12. The text shall be in a conspicuous location on
46 the student ID. The text may be printed on the ID or affixed by sticker.
47 Nothing in this sub-subdivision requires a school to issue a student ID.
 - 48 b. On the school website.
 - 49 c. On the home screen of any electronic device issued to students.
 - 50 d. On any school agenda or calendar, whether digital or printed.
 - 51 e. On a document during any suicide awareness activity.

f. On a document when the student registers to attend the school."

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

read:

"(39) To provide students the Suicide and Crisis Lifeline phone number and the NC Peer Warmline phone number. – The board of trustees shall provide students the phone numbers for the Suicide and Crisis Lifeline and the NC Peer Warmline. The board shall verify that the phone numbers for the Lifeline and the Warmline are current and accurate annually. If either phone number has changed, the board shall use the updated phone number. Unless an updated phone number exists, the board 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.(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

- 1 the student ID. The text may be printed on the ID or affixed by sticker.
 2 Nothing in this sub-subdivision requires a school to issue a student ID.
 3 b. On the school website.
 4 c. On the home screen of any electronic device issued to students.
 5 d. On any school agenda or calendar, whether digital or printed.
 6 e. On a document during any suicide awareness activity.
 7 f. On a document when the student registers to attend the school."

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

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

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

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

29 **"§ 115C-550.2. Provide students the Suicide and Crisis Lifeline phone number and the NC**
 30 **Peer Warmline phone number.**

31 Each private church school or school of religious charter shall provide students the phone
 32 numbers for the Suicide and Crisis Lifeline and the NC Peer Warmline. The school shall verify
 33 that the phone numbers for the Lifeline and the Warmline are current and accurate annually. If
 34 either phone number has changed, the school shall use the updated phone number. Unless an
 35 updated phone number exists, the school shall have the phrases "To reach the Suicide and Crisis
 36 Lifeline, call 988 or text HOME to 741741" and "To reach the NC Peer Warmline, call
 37 855-733-7762" in the following places:

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

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

49 **"§ 115C-558.2. Provide students the Suicide and Crisis Lifeline phone number and the NC**
 50 **Peer Warmline phone number.**

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

7 (1) On any new student identification (student ID) issued to a student in grades
8 six through 12. The text shall be in a conspicuous location on the student ID.
9 The text may be printed on the ID or affixed by sticker. Nothing in this
10 subdivision requires a school to issue a student ID.

11 (2) On the school website.

12 (3) On the home screen of any electronic device issued to students.

13 (4) On any school agenda or calendar, whether digital or printed.

14 (5) On a document during any suicide awareness activity.

15 (6) On a document when the student registers to attend the school."

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

18 **PART VI. REAGAN'S LAW**

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

21 **"§ 58-3-286. Prosthetic and orthotic devices and care.**

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

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

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

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

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

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

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

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

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

47 (e) Coverage for prosthetic and orthotic devices, including custom devices, is considered
48 a habilitative or rehabilitative benefit, including for the purposes of any federal requirement for
49 the coverage of essential health benefits.
50

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

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

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

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

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

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

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

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

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

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

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

35 36 **PART VII. HOSPITAL AND AMBULATORY SURGICAL FACILITY STANDARDS** 37 **FOR SURGICAL SMOKE EVACUATION**

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

39 "**§ 131E-78.4. Hospital standards for surgical smoke evacuation.**

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

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

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

1 (b) Policy Requirement. – Each hospital licensed under this Part shall adopt and
2 implement policies that require the use of a smoke evacuation/filtering system during any
3 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 a hospital under G.S. 131E-78 for a violation of this section."

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

7 "**§ 131E-147.2. Ambulatory surgical facility standards for surgical smoke evacuation.**

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

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

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

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

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

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

25
26 **PART VIII. EFFECTIVE DATE**

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