GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2019

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SENATE BILL 361 PROPOSED COMMITTEE SUBSTITUTE S361-PCS45303-BCf-41

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Short Title: Health Care Expansion Act of 2019. (Public) Sponsors: Referred to: March 27, 2019 A BILL TO BE ENTITLED AN ACT TO MAKE VARIOUS REFORMS THAT WILL INCREASE ACCESS TO HEALTH CARE IN NORTH CAROLINA. The General Assembly of North Carolina enacts: PART I. REFORM NORTH CAROLINA'S CERTIFICATE OF NEED LAWS **SECTION 1.(a)** G.S. 131E-176 reads as rewritten: **"§ 131E-176. Definitions.** As used in this Article, unless the context clearly requires otherwise, the following terms have the meanings specified: (2) "Bed capacity" means space used exclusively for inpatient eare, care at a health service facility, including space designed or remodeled for licensed inpatient beds even though temporarily not used for such purposes. The number of beds to be counted in any patient room shall be the maximum number for which adequate square footage is provided as established by rules of the Department except that single beds in single rooms are counted even if the room contains inadequate square footage. The term "bed capacity" also refers to the number of dialysis stations in kidney disease treatment centers, including freestanding dialysis units. (5) "Change in bed capacity" means (i) any relocation of health service facility beds, or dialysis stations beds from one licensed facility or campus to another, or (ii) any redistribution of health service facility bed capacity among the categories of health service facility bed as defined in G.S. 131E-176(9c), or (iii) any increase in the number of health service facility beds, or dialysis stations in kidney disease treatment centers, including freestanding dialysis units.beds. (9a) "Health service" means an organized, interrelated medical, diagnostic, therapeutic, and/or or rehabilitative activity activity, or any combination of these, that is integral to the prevention of disease or the clinical management of a sick, injured, or disabled person. "Health service" does not include administrative and other activities that are not integral to clinical management, or any activities performed at a facility that does not meet the definition of a health service facility.



1	(9b)	"Health service facility" means a hospital; long-term care hospital; psychiatric
2		facility; rehabilitation facility; nursing home facility; adult care home; kidney
3		disease treatment center, including freestanding hemodialysis units;
4		intermediate care facility for the mentally retarded; home health agency
5		office; ehemical dependency treatment facility; diagnostic center; hospice
6		office, hospice inpatient facility, or hospice residential care facility; and
7		ambulatory surgical facility. The term "health service facility" does not
8		include a licensable facility, as defined in G.S. 122C-3(14)b.
9	(9c)	"Health service facility bed" means a bed licensed for use in a health service
10	(/	facility in the categories of (i) acute care beds; (ii) psychiatric beds; (iii)
11		rehabilitation beds; (iv) (iii) nursing home beds; (v) intermediate care beds for
12		the mentally retarded; (vi) chemical dependency treatment beds; (vii) (iv)
13		hospice inpatient facility beds; (viii) (v) hospice residential care facility beds;
14		(ix) (vi) adult care home beds; and (x) (vii) long-term care hospital beds.
15		(ix) (vi) adult care nome beds, and (x) (vii) long-term care hospital beds.
16	 (14a)	"Intermediate care facility for the mentally retarded" "Intermediate care
17	(1 4 a)	facility for individuals with intellectual disabilities" means facilities licensed
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		pursuant to Article 2 of Chapter 122C of the General Statutes for the purpose
19		of providing health and habilitative services based on the developmental
20		model and principles of normalization for persons with mental retardation,
21		<u>intellectual disabilities</u> , autism, cerebral palsy, epilepsy or related conditions.
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23	(16)	"New institutional health services" means any of the following:
24		•••
25		d. The offering of dialysis services or home health services by or on
26		behalf of a health service facility if those services were not offered
27		within the previous 12 months by or on behalf of the facility.
28		•••
29		r. The conversion of a specialty ambulatory surgical program to a
30		multispecialty ambulatory surgical program or the addition of a
31		specialty to a specialty ambulatory surgical program.
32		•••
33		u. The construction, development, establishment, increase in the number,
34		or relocation of an operating room or gastrointestinal endoscopy room
35		in a licensed health service facility, other than the relocation of an
36		operating room or gastrointestinal endoscopy room within the same
37		building or on the same grounds or to grounds not separated by more
38		than a public right of way adjacent to the grounds where the operating
39		room or gastrointestinal endoscopy room is currently located.
40		v. The change in designation, in a licensed health service facility, of an
41		operating room to a gastrointestinal endoscopy room or change in
42		designation of a gastrointestinal endoscopy room to an operating room
43		that results in a different number of each type of room than is reflected
44		on the health service facility's license in effect as of January 1, 2005.
45	"	on the health service facility s needs in effect as of fandary 1, 2005.
46	CECT	TION 1.(b) G.S. 131E-177 reads as rewritten:
1 U	SECI	ION I.(U) O.S. ISIL-I// ICAUS AS ICWIIIICII.

"§ 131E-177. Department of Health and Human Services is designated State Health Planning and Development Agency; powers and duties.

The Department of Health and Human Services is designated as the State Health Planning and Development Agency for the State of North Carolina, and is empowered to exercise the following powers and duties:

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- (1) To establish standards and criteria or plans required to carry out the provisions and purposes of this Article and to adopt rules pursuant to Chapter 150B of the General Statutes, to carry out the purposes and provisions of this Article; Article.
 - (2) Adopt, amend, and repeal such rules and regulations, consistent with the laws of this State, as may be required by the federal government for grants-in-aid for health service facilities and health planning which may be made available by the federal government. This section shall be liberally construed in order that the State and its citizens may benefit from such grants-in-aid; grants-in-aid.
 - (3) Define, by rule, procedures for submission of periodic reports by persons or health service facilities subject to agency review under this <u>Article; Article.</u>
 - (4) Develop With respect to health service facilities planning, all of the following:

 a. Develop policy, criteria, and standards for health service facilities planning; shall conduct planning.
 - <u>b.</u> <u>Conduct</u> statewide registration and inventories of and make determinations of need for health service facilities, health services as specified in G.S. 131E-176(16)f., and equipment as specified in G.S. 131E-176(16)f1., which shall include consideration of adequate geographic location of equipment and services; and develop services.
 - c. <u>Develop</u> a State Medical Facilities Plan; Plan, provided, however, that the State Medical Facilities Plan shall not include policies or need determinations that limit the number of operating rooms or gastrointestinal endoscopy rooms.
 - (5) Implement, by rule, criteria for project review;review.
 - (6) Have the power to grant, deny, or withdraw a certificate of need and to impose such sanctions as are provided for by this Article; Article.
 - (7) Solicit, accept, hold and administer on behalf of the State any grants or devises of money, securities or property to the Department for use by the Department in the administration of this Article; and Article.
 - (8) Repealed by Session Laws 1987, c. 511, s. 1.
 - (9) Collect fees for submitting applications for certificates of need.
 - (10) The authority to review all records in any recording medium of any person or health service facility subject to agency review under this Article which pertain to construction and acquisition activities, staffing or costs and charges for patient care, including but not limited to, construction contracts, architectural contracts, consultant contracts, purchase orders, cancelled checks, accounting and financial records, debt instruments, loan and security agreements, staffing records, utilization statistics and any other records the Department deems to be reasonably necessary to determine compliance with this Article.

The Secretary of Health and Human Services shall have final decision-making authority with regard to all functions described in this section."

SECTION 1.(c) G.S. 131E-178(a) reads as rewritten:

"(a) No person shall offer or develop a new institutional health service without first obtaining a certificate of need from the Department; provided, however, no person who provides gastrointestinal endoscopy procedures in one or more gastrointestinal endoscopy rooms located in a nonlicensed setting, shall be required to obtain a certificate of need to license that setting as an ambulatory surgical facility with the existing number of gastrointestinal endoscopy rooms, provided that:

- 1 (1)2 3 (2)4 5 6 7 8 (3)9 10 11 12 13 14 (4) 15 16 17 18 19 20 21 22 23 (d) 24 25 26 27 28 29 30 need application. 31 (e) 32 33 than one year." 34 35 "(1)36 37 38 39 40 41 ''(c)42 43 (1)44
 - The license application is postmarked for delivery to the Division of Health Service Regulation by December 31, 2006;
 - The applicant verifies, by affidavit submitted to the Division of Health Service Regulation within 60 days of the effective date of this act, that the facility is in operation as of the effective date of this act or that the completed application for the building permit for the facility was submitted by the effective date of this act;
 - The facility has been accredited by The Accreditation Association for Ambulatory Health Care, The Joint Commission on Accreditation of Healthcare Organizations, or The American Association for Accreditation of Ambulatory Surgical Facilities by the time the license application is postmarked for delivery to the Division of Health Service Regulation of the Department; and
 - The license application includes a commitment and plan for serving indigent and medically underserved populations.

All other persons proposing to obtain a license to establish an ambulatory surgical facility for the provision of gastrointestinal endoscopy procedures shall be required to obtain a certificate of need. The annual State Medical Facilities Plan shall not include policies or need determinations that limit the number of gastrointestinal endoscopy rooms that may be approved. Department."

SECTION 1.(d) G.S. 131E-181 reads as rewritten:

"§ 131E-181. Nature of certificate of need.

- A recipient of a certificate of need shall complete the project authorized by the certificate of need within two years after the decision to issue the certificate of need becomes final. If the recipient does not complete the project authorized by the certificate of need within this two-year time period, the certificate of need for the authorized project expires the day after the two-year time period ends. A project authorized by a certificate of need is complete when the health service or the health service facility for which the certificate of need was issued is licensed and certified and is in material compliance with the representations made in the certificate of
- The Department shall withdraw a certificate of need issued to any recipient that ceases operating the health service or health service facility included in that certificate of need for more

SECTION 1.(e) G.S. 131E-183(a)(1) reads as rewritten:

The proposed project shall be consistent with applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on the provision of any health service, health service facility, health service facility beds, dialysis stations, operating rooms, or home health offices that may be approved."

SECTION 1.(f) G.S. 131E-184(c) reads as rewritten:

- The Department shall exempt from certificate of need review any conversion of existing acute care beds to psychiatric beds provided:beds.
 - The hospital proposing the conversion has executed a contract with the Department's Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and/or one or more of the Area Mental Health, Developmental Disabilities, and Substance Abuse Authorities to provide psychiatric beds to patients referred by the contracting agency or agencies; and
 - The total number of beds to be converted shall not be more than twice the (2) number of beds for which the contract pursuant to subdivision (1) of this subsection shall provide."

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SECTION 1.(g) G.S. 131E-184(e)(1) reads as rewritten:

- "(1) The proposed capital expenditure would:
 - a. Be used solely for the purpose of renovating, replacing on the same site, or expanding an existing:
 - 1. Nursing home facility, or
 - 2. Adult care home facility, or facility; and
 - 3. Intermediate care facility for the mentally retarded; and
 - b. Not result in a change in bed capacity, as defined in G.S. 131E-176(5), or the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b."

SECTION 1.(h) G.S. 131E-184 is amended by adding new subsections to read:

- "(i) The Department shall exempt from certificate of need review the development, acquisition, construction, expansion, or replacement of a health service facility or health service that obtained certificate of need approval prior to October 1, 2019, as an ambulatory surgical facility, including an ambulatory surgical facility with one or more operating rooms or gastrointestinal endoscopy procedure rooms; a diagnostic center; kidney disease treatment center, including freestanding dialysis units; chemical dependency treatment facility; intermediate care facility for individuals with intellectual disabilities; psychiatric hospital; or any other licensable facility, as defined in G.S. 122C-3(14)b.
- (j) The Department shall exempt from certificate of need review the establishment of a home health agency by a continuing care retirement community licensed under Article 64 of Chapter 58 of the General Statutes to provide home health services to one or more residents of a continuing care retirement community who have entered into a contract with the continuing care retirement community to receive continuing care services with lodging. A continuing care retirement community that seeks to provide home health services to individuals who do not reside at the continuing care retirement community pursuant to a contract to receive continuing care services with lodging shall be required to obtain a certificate of need as a home health agency prior to developing or offering home health services to any individual not a resident of the continuing care retirement community under a contract to receive continuing care services with lodging. As used in this subsection, the terms "continuing care" and "lodging" are as defined in G.S. 58-64-1. Nothing in this subsection shall be construed to exempt from the State's home health agency licensure and certification requirements a continuing care retirement community that has been exempted from certificate of need review for the provision of home health services to one or more residents pursuant to this subsection."

SECTION 1.(i) G.S. 131E-184(j), as enacted by this section, applies to continuing care retirement communities engaged in the direct provision of home health services on or after October 1, 2019.

SECTION 1.(j) G.S. 131E-186(a) reads as rewritten:

"(a) Within the prescribed time limits in G.S. 131E-185, the Department shall issue a decision to "approve," "approve with conditions," or "deny," an application for a new institutional health service. Approvals involving new or expanded nursing care or intermediate care for the mentally retarded bed capacity shall include a condition that specifies the earliest possible date the new institutional health service may be certified for participation in the Medicaid program. The date shall be set far enough in advance to allow the Department to identify funds to pay for care in the new or expanded facility in its existing Medicaid budget or to include these funds in its State Medicaid budget request for the year in which Medicaid certification is expected."

SECTION 1.(k) G.S. 131E-188 reads as rewritten:

"§ 131E-188. Administrative and judicial review.

(a) After a decision of the Department to issue, deny or withdraw a certificate of need or exemption or to issue a certificate of need pursuant to a settlement agreement with an applicant to the extent permitted by law, any affected person, as defined in subsection (c) of this section,

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49 50 51 shall be proponent of an application that was reviewed with the application for that certificate of need is entitled to a contested case hearing under Article 3 of Chapter 150B of the General Statutes. A petition for a contested case shall be filed within 30 days after the Department makes its decision. When a petition is filed, the Department shall send notification of the petition to the proponent of each application that was reviewed with the application for a certificate of need that is the subject of the petition. Any affected person shall be entitled to intervene in a contested case.

A contested case shall be conducted in accordance with the following timetable:

- An administrative law judge or a hearing officer, as appropriate, shall be assigned within 15 days after a petition is filed.
- (2) The parties shall complete discovery within 90 days after the assignment of the administrative law judge or hearing officer.
- The hearing at which sworn testimony is taken and evidence is presented shall (3) be held within 45 days after the end of the discovery period.
- The administrative law judge or hearing officer shall make a final decision (4) within 75 days after the hearing.
- Repealed by Session Laws 2011-398, s. 46, as amended by Session Laws (5) 2011-326, s. 23, effective January 1, 2012, and applicable to contested cases commenced on or after that date.

The administrative law judge or hearing officer assigned to a case may extend the deadlines in subdivisions (2) through (4) so long as the administrative law judge or hearing officer makes a final decision in the case within 270 days after the petition is filed.

- (b) Any affected person who was a party in a contested case hearing shall be entitled to judicial review of all or any portion of any final decision in the following manner. The appeal shall be to the Court of Appeals as provided in G.S. 7A-29(a). The procedure for the appeal shall be as provided by the rules of appellate procedure. The appeal of the final decision shall be taken within 30 days of the receipt of the written notice of final decision, and notice of appeal shall be filed with the Office of Administrative Hearings and served on the Department and all other affected persons who were parties to the contested hearing. The Court of Appeals, in an action for judicial review brought under this section, shall award all costs of such action, including reasonable attorney's fees to the prevailing party. For the purpose of this subsection, reasonable attorney's fees include attorney's fees incurred during the administrative review portion of the contested case arising under Article 3 of Chapter 150B of the General Statutes.
- Before filing an appeal of a final decision granting a certificate of need, the affected person appellant shall deposit a bond with the Clerk of the Court of Appeals. The bond requirements of this subsection shall not apply to any appeal filed by the Department.
 - The bond shall be secured by cash or its equivalent in an amount equal to five (1) percent (5%) of the cost of the proposed new institutional health service that is the subject of the appeal, but may not be less than five thousand dollars (\$5,000) and may not exceed fifty thousand dollars (\$50,000); provided that the applicant who received approval of the certificate of need may petition the Court of Appeals for a higher bond amount for the payment of such costs and damages as may be awarded pursuant to subdivision (2) of this subsection. This amount shall be determined by the Court in its discretion, not to exceed three hundred thousand dollars (\$300,000). five hundred thousand dollars (\$500,000). A holder of a certificate of need who is appealing only a condition in the certificate is not required to file a bond under this subsection.
- The term "affected persons" includes: the applicant; any individual residing within (c) the service area or the geographic area served or to be served by the applicant; any individual

 who regularly uses health service facilities within that geographic area or the service area; any person who provides services, similar to the services under review, to individuals residing within the service area or the geographic area proposed to be served by the applicant; any person who, prior to receipt by the agency of the proposal being reviewed, has provided written notice to the agency of an intention to provide similar services in the future to individuals residing within the service area or the geographic area to be served by the applicant; third party payers who reimburse health service facilities for services in the service area in which the project is proposed to be located; and any agency which establishes rates for health service facilities or HMOs located in the service area in which the project is proposed to be located."

SECTION 1.(1) G.S. 131E-147 is amended by adding a new subsection to read:

- "(f) The Department shall not issue or renew a license to operate an ambulatory surgical facility developed, acquired, or replaced on or after October 1, 2019, unless the application includes all of the following:
 - (1) A commitment that the Medicare allowable amount for self-pay and Medicaid surgical cases minus all revenue collected from self-pay and Medicaid surgical cases shall be at least four percent (4%) of the total revenue collected for all surgical cases performed in the facility or proposed facility.
 - (2) For each year of operation, a commitment to report to the Department the total number of cases by each of the following payer categories:
 - a. Self-pay surgical cases.
 - b. Medicaid surgical cases.
 - <u>c.</u> <u>Medicare surgical cases.</u>
 - d. Commercial insurance surgical cases.
 - <u>e.</u> <u>Managed care surgical cases.</u>
 - <u>f.</u> Other surgical cases.
 - (3) A commitment to report utilization and payment data for services provided by the ambulatory surgical facility to the statewide data processor, as required by G.S. 131E-214.2."

SECTION 1.(m) G.S. 131E-175(11) and (12) are repealed.

SECTION 1.(n) This section becomes effective October 1, 2019.

PART II. PSYCHOLOGY INTERJURISDICTIONAL LICENSURE COMPACT

SECTION 2.(a) Article 18A of Chapter 90 of the General Statutes, G.S. 90-270.1 through G.S. 90-270.22, is recodified as Article 18G of Chapter 90 of the General Statutes, G.S. 90-270.135 through G.S. 90-270.159.

SECTION 2.(b) Chapter 90 of the General Statutes is amended by adding a new Article to read:

"Article 18H.

"Psychology Interjurisdictional Licensure Compact.

"<u>§ 90-270.160. Purpose.</u>

This Compact is designed to achieve the following purposes and objectives:

- (1) Increase public access to professional psychological services by allowing for telepsychological practice across state lines as well as temporary in-person, face-to-face services into a state which the psychologist is not licensed to practice psychology.
- (2) Enhance the states' ability to protect the public's health and safety, especially client/patient safety.
- (3) Encourage the cooperation of Compact States in the areas of psychology licensure and regulation.
- (4) Facilitate the exchange of information between Compact States regarding psychologist licensure, adverse actions, and disciplinary history.

1 Promote compliance with the laws governing psychological practice in each (5) 2 Compact State. 3 Invest all Compact States with the authority to hold licensed psychologists (6) 4 accountable through the mutual recognition of Compact State licenses. 5 "§ 90-270.161. Definitions. 6 Adverse action. – Any action taken by a State Psychology Regulatory (1) 7 Authority which finds a violation of a statute or regulation that is identified 8 by the State Psychology Regulatory Authority as discipline and is a matter of 9 public record. 10 Association of State and Provincial Psychology Boards (ASPPB). – The (2) 11 recognized membership organization composed of State and Provincial Psychology Regulatory Authorities responsible for the licensure and 12 13 registration of psychologists throughout the United States and Canada. 14 Authority to Practice Interjurisdictional Telepsychology. – A licensed <u>(3)</u> 15 psychologist's authority to practice telepsychology, within the limits authorized under this Compact, in another Compact State. 16 17 Bylaws. – Those Bylaws established by the Psychology Interjurisdictional (4) Compact Commission pursuant to G.S. 90-270.169 for its governance or for 18 19 directing and controlling its actions and conduct. 20 <u>(5)</u> Client/patient. – The recipient of psychological services, whether 21 psychological services are delivered in the context of health care, corporate, 22 supervision, and/or consulting services. 23 Commissioner. - The voting representative appointed by each State (6) 24 Psychology Regulatory Authority pursuant to G.S. 90-270.169. 25 Compact State. – A state, the District of Columbia, or United States territory <u>(7)</u> 26 that has enacted this Compact legislation and which has not withdrawn 27 pursuant to G.S. 90-270.172(c) or been terminated pursuant to 28 G.S. 90-270.171(b). 29 Confidentiality. – The principle that data or information is not made available **(8)** 30 or disclosed to unauthorized persons and/or processes. 31 Coordinated Licensure Information System or Coordinated Database. – An <u>(9)</u> 32 integrated process for collecting, storing, and sharing information on 33 psychologists' licensure and enforcement activities related to psychology 34 licensure laws, which is administered by the recognized membership 35 organization composed of State and Provincial Psychology Regulatory 36 Authorities. 37 Day. – Any part of a day in which psychological work is performed. (10)38 Distant State. – The Compact State where a psychologist is physically present <u>(11)</u> 39 (not through the use of telecommunications technologies) to provide 40 temporary in-person, face-to-face psychological services. 41 E.Passport. – A certificate issued by the Association of State and Provincial (12)42 Psychology Boards (ASPPB) that promotes the standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for 43 44 licensed psychologists to provide telepsychological services across state lines. Executive Board. – A group of directors elected or appointed to act on behalf 45 <u>(13)</u> 46 of, and within the powers granted to them by, the Commission. 47 Home State. – A Compact State where a psychologist is licensed to practice <u>(14)</u> 48 psychology. If the psychologist is licensed in more than one Compact State 49 and is practicing under the Authority to Practice Interjurisdictional 50 Telepsychology, the Home State is the Compact State where the psychologist

is physically present when the telepsychological services are delivered. If the

1 psychologist is licensed in more than one Compact State and is practicing 2 under the Temporary Authorization to Practice, the Home State is any 3 Compact State where the psychologist is licensed. 4 Identity History Summary. – A summary of information retained by the FBI. (15)5 or other designee with similar authority, in connection with arrests and, in 6 some instances, federal employment, naturalization, or military service. 7 In-person, face-to-face. – Interactions in which the psychologist and the (16)8 client/patient are in the same physical space and which does not include interactions that may occur through the use of telecommunication 9 10 technologies. 11 (17)Interjurisdictional Practice Certificate (IPC). – A certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that grants 12 13 temporary authority to practice based on notification to the State Psychology 14 Regulatory Authority of intention to practice temporarily and verification of 15 one's qualifications for such practice. License. – Authorization by a State Psychology Regulatory Authority to 16 (18)17 engage in the independent practice of psychology, which would be unlawful 18 without the authorization. 19 Non-Compact State. – Any State which is not at the time a Compact State. (19)20 (20)Psychologist. – An individual licensed for the independent practice of 21 psychology. 22 **(21)** Psychology Interjurisdictional Compact Commission (Commission). – The 23 national administration of which all Compact States are members. 24 (22)Receiving State. – A Compact State where the client/patient is physically 25 located when the telepsychological services are delivered. 26 (23) Rule. – A written statement by the Psychology Interjurisdictional Compact 27 Commission promulgated pursuant to G.S. 90-270.170 of the Compact that is 28 of general applicability, implements, interprets, or prescribes a policy or 29 provision of the Compact, or an organizational, procedural, or practice 30 requirement of the Commission and has the force and effect of statutory law 31 in a Compact State, and includes the amendment, repeal, or suspension of an 32 existing rule. 33 (24) Significant investigatory information. – 34 Investigative information that a State Psychology Regulatory <u>a.</u> 35 Authority, after a preliminary inquiry that includes notification and an 36 opportunity to respond if required by state law, has reason to believe, 37 if proven true, would indicate more than a violation of state statute or 38 ethics code that would be considered more substantial than minor 39 infraction; or 40 Investigative information that indicates that the psychologist <u>b.</u> 41 represents an immediate threat to public health and safety regardless 42 of whether the psychologist has been notified and/or had an 43 opportunity to respond. 44 State. – A state, commonwealth, territory, or possession of the United States (25)45 or the District of Columbia. 46 (26)State Psychology Regulatory Authority. – The Board, office, or other agency 47 with the legislative mandate to license and regulate the practice of psychology. 48 Telepsychology. – The provision of psychological services using (27)49 telecommunication technologies.

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1	<u>(28)</u>	Temporary Authorization to Practice A licensed psychologist's authority to
2		conduct temporary in-person, face-to-face practice, within the limits
3		authorized under this Compact, in another Compact State.
4	<u>(29)</u>	Temporary in-person, face-to-face practice. – Where a psychologist is
5		physically present (not through the use of telecommunications technologies)
6		in the Distant State to provide for the practice of psychology for 30 days within
7		a calendar year and based on notification to the Distant State.
8		Home State licensure.
9		Home State shall be a Compact State where a psychologist is licensed to practice
10	psychology.	
11		ychologist may hold one or more Compact State licenses at a time. If the
12		icensed in more than one Compact State, the Home State is the Compact State
13		plogist is physically present when the services are delivered as authorized by the
14	•	ctice Interjurisdictional Telepsychology under the terms of this Compact.
15		Compact State may require a psychologist not previously licensed in a Compact
16		and retain a license to be authorized to practice in the Compact State under
17		ot authorized by the Authority to Practice Interjurisdictional Telepsychology
18	under the terms of	*
19		Compact State may require a psychologist to obtain and retain a license to be
20	-	actice in a Compact State under circumstances not authorized by Temporary
21		Practice under the terms of this Compact.
22		ome State's license authorizes a psychologist to practice in a Receiving State
23	<u> </u>	rity to Practice Interjurisdictional Telepsychology only if the Compact State:
24	<u>(1)</u>	Currently requires the psychologist to hold an active E.Passport;
25	<u>(2)</u>	Has a mechanism in place for receiving and investigating complaints about
26	(2)	licensed individuals;
27	<u>(3)</u>	Notifies the Commission, in compliance with the terms herein, of any adverse
28	4.0	action or significant investigatory information regarding a licensed individual
29	<u>(4)</u>	Requires an Identity History Summary of all applicants at initial licensure
30		including the use of the results of fingerprints or other biometric data checks
31		compliant with the requirements of the Federal Bureau of Investigation (FBI)
32		or other designee with similar authority, no later than 10 years after activation
33	(- -)	of the Compact; and
34	<u>(5)</u>	Complies with the Bylaws and Rules of the Commission.
35		me State's license grants Temporary Authorization to Practice to a psychologist
36	•	e only if the Compact State:
37	<u>(1)</u>	Currently requires the psychologist to hold an active IPC;
38	<u>(2)</u>	Has a mechanism in place for receiving and investigating complaints about
39	(2)	licensed individuals;
40	<u>(3)</u>	Notifies the Commission, in compliance with the terms herein, of any adverse
41	(4)	action or significant investigatory information regarding a licensed individual
42	<u>(4)</u>	Requires an Identity History Summary of all applicants at initial licensure
43		including the use of the results of fingerprints or other biometric data checks
44		compliant with the requirements of the Federal Bureau of Investigation (FBI).
45		or other designee with similar authority, no later than 10 years after activation
46		of the Compact; and

(5) Complies with the Bylaws and Rules of the Commission.

"§ 90-270.163. Compact privilege to practice telepsychology.

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(a) Compact States shall recognize the right of a psychologist, licensed in a Compact State in conformance with G.S. 90-270.162, to practice telepsychology in other Compact States

1 (Receiving States) in which the psychologist is not licensed, under the Authority to Practice 2 Interjurisdictional Telepsychology as provided in the Compact. 3 To exercise the Authority to Practice Interjurisdictional Telepsychology under the 4 terms and provisions of this Compact, a psychologist licensed to practice in a Compact State 5 must: 6 Hold a graduate degree in psychology from an institute of higher education (1) 7 that was, at the time the degree was awarded: 8 Regionally accredited by an accrediting body recognized by the U.S. <u>a.</u> 9 Department of Education to grant graduate degrees, or authorized by Provincial Statute or Royal Charter to grant doctoral degrees; or 10 11 A foreign college or university deemed to be equivalent to b. sub-subdivision a. of this subdivision by a foreign credential 12 13 evaluation service that is a member of the National Association of 14 Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service; and 15 Hold a graduate degree in psychology that meets the following criteria: 16 (2) 17 The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a 18 19 program must specify in pertinent institutional catalogues and 20 brochures its intent to educate and train professional psychologists; 21 The psychology program must stand as a recognizable, coherent, <u>b.</u> 22 organizational entity within the institution; 23 There must be a clear authority and primary responsibility for the core <u>c.</u> 24 and specialty areas whether or not the program cuts across 25 administrative lines; 26 The program must consist of an integrated, organized sequence of <u>d.</u> 27 study: 28 There must be an identifiable psychology faculty sufficient in size and <u>e.</u> 29 breadth to carry out its responsibilities; The designated director of the program must be a psychologist and a 30 <u>f.</u> 31 member of the core faculty; 32 The program must have an identifiable body of students who are g. 33 matriculated in that program for a degree; 34 The program must include supervised practicum, internship, or field <u>h.</u> 35 training appropriate to the practice of psychology; 36 The curriculum shall encompass a minimum of three academic years <u>i.</u> of full-time graduate study for doctoral degree and a minimum of one 37 38 academic year of full-time graduate study for master's degree; 39 The program includes an acceptable residency as defined by the Rules <u>i.</u> 40 of the Commission. Possess a current, full, and unrestricted license to practice psychology in a 41 (3) 42 Home State that is a Compact State; 43 Have no history of adverse action that violate the Rules of the Commission; (4) Have no criminal record history reported on an Identity History Summary that 44 (5) 45 violates the Rules of the Commission; 46 Possess a current, active E.Passport; (6) 47 Provide attestations in regard to areas of intended practice, conformity with (7) 48 standards of practice, competence in telepsychology technology, criminal 49 background, and knowledge and adherence to legal requirements in the home 50 and receiving states, and provide a release of information to allow for primary source verification in a manner specified by the Commission; and 51

training appropriate to the practice of psychology;

The program must include supervised practicum, internship, or field

matriculated in that program for a degree;

<u>g.</u>

<u>h.</u>

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- 1 <u>i.</u> The curriculum shall encompass a minimum of three academic years
 2 <u>of full-time graduate study for doctoral degrees and a minimum of one</u>
 3 <u>academic year of full-time graduate study for master's degrees;</u>
 4 i. The program includes an acceptable residency as defined by the Rules
 - j. The program includes an acceptable residency as defined by the Rules of the Commission.
 - (3) Possess a current, full, and unrestricted license to practice psychology in a Home State that is a Compact State;
 - (4) No history of adverse action that violates the Rules of the Commission;
 - (5) No criminal record history that violates the Rules of the Commission;
 - (6) Possess a current, active IPC;
 - (7) Provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification in a manner specified by the Commission; and
 - (8) Meet other criteria as defined by the Rules of the Commission.
 - (c) A psychologist practicing into a Distant State under the Temporary Authorization to Practice shall practice within the scope of practice authorized by the Distant State.
 - (d) A psychologist practicing into a Distant State under the Temporary Authorization to Practice will be subject to the Distant State's authority and law. A Distant State may, in accordance with that state's due process law, limit or revoke a psychologist's Temporary Authorization to Practice in the Distant State and may take any other necessary actions under the Distant State's applicable law to protect the health and safety of the Distant State's citizens. If a Distant State takes action, the state shall promptly notify the Home State and the Commission.
 - (e) If a psychologist's license in any Home State, another Compact State, or any Temporary Authorization to Practice in any Distant State is restricted, suspended, or otherwise limited, the IPC shall be revoked and therefore the psychologist shall not be eligible to practice in a Compact State under the Temporary Authorization to Practice.

"§ 90-270.165. Conditions of telepsychology practice in a Receiving State.

A psychologist may practice in a Receiving State under the Authority to Practice Interjurisdictional Telepsychology only in the performance of the scope of practice for psychology as assigned by an appropriate State Psychology Regulatory Authority, as defined in the Rules of the Commission, and under the following circumstances:

- (1) The psychologist initiates a client/patient contact in a Home State via telecommunications technologies with a client/patient in a Receiving State.
- (2) Other conditions regarding telepsychology as determined by Rules promulgated by the Commission.

"§ 90-270.166. Adverse actions.

- (a) A Home State shall have the power to impose adverse action against a psychologist's license issued by the Home State. A Distant State shall have the power to take adverse action on a psychologist's Temporary Authorization to Practice within that Distant State.
- (b) A Receiving State may take adverse action on a psychologist's Authority to Practice Interjurisdictional Telepsychology within that Receiving State. A Home State may take adverse action against a psychologist based on an adverse action taken by a Distant State regarding temporary in-person, face-to-face practice.
- (c) <u>If a Home State takes adverse action against a psychologist's license, that psychologist's Authority to Practice Interjurisdictional Telepsychology is terminated and the E.Passport is revoked. Furthermore, that psychologist's Temporary Authorization to Practice is terminated and the IPC is revoked.</u>
 - (1) All Home State disciplinary orders which impose adverse action shall be reported to the Commission in accordance with the Rules promulgated by the Commission. A Compact State shall report adverse actions in accordance with the Rules of the Commission.

- (2) In the event discipline is reported on a psychologist, the psychologist will not be eligible for telepsychology or temporary in-person, face-to-face practice in accordance with the Rules of the Commission.
- (3) Other actions may be imposed as determined by the Rules promulgated by the Commission.
- (d) A Home State's Psychology Regulatory Authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a licensee which occurred in a Receiving State as it would if such conduct had occurred by a licensee within the Home State. In such cases, the Home State's law shall control in determining any adverse action against a psychologist's license.
- (e) A Distant State's Psychology Regulatory Authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a psychologist practicing under Temporary Authorization Practice which occurred in that Distant State as it would if such conduct had occurred by a licensee within the Home State. In such cases, Distant State's law shall control in determining any adverse action against a psychologist's Temporary Authorization to Practice.
- (f) Nothing in this Compact shall override a Compact State's decision that a psychologist's participation in an alternative program may be used in lieu of adverse action and that such participation shall remain nonpublic if required by the Compact State's law. Compact States must require psychologists who enter any alternative programs to not provide telepsychology services under the Authority to Practice Interjurisdictional Telepsychology or provide temporary psychological services under the Temporary Authorization to Practice in any other Compact State during the term of the alternative program.
- (g) No other judicial or administrative remedies shall be available to a psychologist in the event a Compact State imposes an adverse action pursuant to subsection (c) of this section.

"§ 90-270.167. Additional authorities invested in a Compact State's Psychology Regulatory Authority.

<u>In addition to any other powers granted under state law, a Compact State's Psychology Regulatory Authority shall have the authority under this Compact to:</u>

- (1) Issue subpoenas, for both hearings and investigations, which require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a Compact State's Psychology Regulatory Authority for the attendance and testimony of witnesses and/or the production of evidence from another Compact State shall be enforced in the latter state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing State Psychology Regulatory Authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses and/or evidence are located.
- (2) <u>Issue cease and desist and/or injunctive relief orders to revoke a psychologist's</u>
 <u>Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice.</u>
- (3) During the course of any investigation, a psychologist may not change his/her Home State licensure. A Home State Psychology Regulatory Authority is authorized to complete any pending investigations of a psychologist and to take any actions appropriate under its law. The Home State Psychology Regulatory Authority shall promptly report the conclusions of such investigations to the Commission. Once an investigation has been completed, and pending the outcome of said investigation, the psychologist may change his/her Home State licensure. The Commission shall promptly notify the new Home State of any such decisions as provided in the Rules of the Commission.

1 All information provided to the Commission or distributed by Compact States 2 pursuant to the psychologist shall be confidential, filed under seal, and used 3 for investigatory or disciplinary matters. The Commission may create 4 additional rules for mandated or discretionary sharing of information by 5 Compact States. 6 "§ 90-270.168. Coordinated Licensure Information System. 7 The Commission shall provide for the development and maintenance of a Coordinated 8 Licensure Information System (Coordinated Database) and reporting system containing licensure 9 and disciplinary action information on all psychologists to whom this Compact is applicable in 10 all Compact States as defined by the Rules of the Commission. 11 Notwithstanding any other provision of state law to the contrary, a Compact State 12 shall submit a uniform data set to the Coordinated Database on all licensees as required by the 13 Rules of the Commission, including: 14 Identifying information; (1) 15 **(2)** Licensure data; Significant investigatory information; 16 (3) 17 Adverse actions against a psychologist's license; <u>(4)</u> 18 (5) An indicator that a psychologist's Authority to Practice Interjurisdictional 19 Telepsychology and/or Temporary Authorization to Practice is revoked; 20 **(6)** Nonconfidential information related to alternative program participation 21 information; 22 Any denial of application for licensure and the reasons for such denial; and <u>(7)</u> 23 Other information which may facilitate the administration of this Compact, as (8) 24 determined by the Rules of the Commission. 25 The Coordinated Database administrator shall promptly notify all Compact States of 26 any adverse action taken against, or significant investigative information on, any licensee in a 27 Compact State. 28 (d) Compact States reporting information to the Coordinated Database may designate 29 information that may not be shared with the public without the express permission of the 30 Compact State reporting the information. Any information submitted to the Coordinated Database that is subsequently required 31 (e) 32 to be expunged by the law of the Compact State reporting the information shall be removed from 33 the Coordinated Database. 34 "§ 90-270.169. Establishment of the Psychology Interjurisdictional Compact Commission. 35 The Compact States hereby create and establish a joint public agency known as the 36 Psychology Interjurisdictional Compact Commission. The Commission is a body politic and an instrumentality of the Compact 37 <u>(1)</u> 38 39 Venue is proper and judicial proceedings by or against the Commission shall <u>(2)</u> 40 be brought solely and exclusively in a court of competent jurisdiction where 41 the principal office of the Commission is located. The Commission may waive 42 venue and jurisdictional defenses to the extent it adopts or consents to 43 participate in alternative dispute resolution proceedings. 44 Nothing in this Compact shall be construed to be a waiver of sovereign (3) 45 immunity. 46 (b) Membership, Voting, and Meetings. – 47 The Commission shall consist of one voting representative appointed by each (1) 48 Compact State who shall serve as that state's Commissioner. The State

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be limited to:

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Psychology Regulatory Authority shall appoint its delegate. This delegate

shall be empowered to act on behalf of the Compact State. This delegate shall

1			actions taken, of any person participating in the meeting, and the reasons
2			therefore, including a description of the views expressed. All documents
3			considered in connection with an action shall be identified in such minutes.
4			All minutes and documents of a closed meeting shall remain under seal,
5			subject to release only by a majority vote of the Commission or order of a
6			court of competent jurisdiction.
7	(c)	The C	Commission shall, by a majority vote of the Commissioners, prescribe Bylaws
8			govern its conduct as may be necessary or appropriate to carry out the purposes
9			powers of the Compact, including, but not limited to:
10		(1)	Establishing the fiscal year of the Commission;
11		<u>(2)</u>	Providing reasonable standards and procedures:
12		(2)	a. For the establishment and meetings of other committees; and
13			 b. Governing any general or specific delegation of any authority or
14			function of the Commission;
15		(2)	Providing reasonable procedures for calling and conducting meetings of the
		<u>(3)</u>	
16			Commission, ensuring reasonable advance notice of all meetings and
17			providing an opportunity for attendance of such meetings by interested parties,
18			with enumerated exceptions designed to protect the public's interest, the
19			privacy of individuals of such proceedings, and proprietary information,
20			including trade secrets. The Commission may meet in closed session only
21			after a majority of the Commissioners vote to close a meeting to the public in
22			whole or in part. As soon as practicable, the Commission must make public a
23			copy of the vote to close the meeting revealing the vote of each Commissioner
24			with no proxy votes allowed;
25		<u>(4)</u>	Establishing the titles, duties, and authority and reasonable procedures for the
26			election of the officers of the Commission;
27		<u>(5)</u>	Providing reasonable standards and procedures for the establishment of the
28			personnel policies and programs of the Commission. Notwithstanding any
29			civil service or other similar law of any Compact State, the Bylaws shall
30			exclusively govern the personnel policies and programs of the Commission;
31		<u>(6)</u>	Promulgating a Code of Ethics to address permissible and prohibited activities
32			of Commission members and employees;
33		<u>(7)</u>	Providing a mechanism for concluding the operations of the Commission and
34			the equitable disposition of any surplus funds that may exist after the
35			termination of the Compact after the payment and/or reserving of all of its
36			debts and obligations;
37		(8)	The Commission shall publish its Bylaws in a convenient form and file a copy
38			thereof and a copy of any amendment thereto with the appropriate agency or
39			officer in each of the Compact States;
40		<u>(9)</u>	The Commission shall maintain its financial records in accordance with the
41		127	Bylaws; and
42		(10)	The Commission shall meet and take such actions as are consistent with the
43		(10)	provisions of this Compact and the Bylaws.
44	<u>(d)</u>	The C	Commission shall have the following powers:
45		(1)	The authority to promulgate uniform rules to facilitate and coordinate
46		(1)	implementation and administration of this Compact. The rules shall have the
40 47			force and effect of law and shall be binding in all Compact States;
48		(2)	
		<u>(2)</u>	To bring and prosecute legal proceedings or actions in the name of the
49 50			Commission, provided that the standing of any State Psychology Regulatory
50			Authority or other regulatory body responsible for psychology licensure to sue
51			or be sued under applicable law shall not be affected;

1 Prepare and recommend the budget; <u>c.</u> 2 Maintain financial records on behalf of the Commission; d. 3 Monitor Compact compliance of member states and provide <u>e.</u> 4 compliance reports to the Commission; 5 <u>f.</u> Establish additional committees as necessary; and 6 Other duties as provided in Rules or Bylaws. g. 7 (f) Financing of the Commission. – 8 The Commission shall pay or provide for the payment of the reasonable (1) 9 expenses of its establishment, organization, and ongoing activities. The Commission may accept any and all appropriate revenue sources, 10 (2) 11 donations, and grants of money, equipment, supplies, materials, and services. The Commission may levy on and collect an annual assessment from each 12 <u>(3)</u> 13 Compact State or impose fees on other parties to cover the cost of the 14 operations and activities of the Commission and its staff which must be in a 15 total amount sufficient to cover its annual budget as approved each year for 16 which revenue is not provided by other sources. The aggregate annual 17 assessment amount shall be allocated based upon a formula to be determined 18 by the Commission which shall promulgate a rule binding upon all Compact 19 States. 20 <u>(4)</u> The Commission shall not incur obligations of any kind prior to securing the 21 funds adequate to meet the same, nor shall the Commission pledge the credit 22 of any of the Compact States, except by and with the authority of the Compact 23 State. 24 <u>(5)</u> The Commission shall keep accurate accounts of all receipts and 25 disbursements. The receipts and disbursements of the Commission shall be 26 subject to the audit and accounting procedures established under its Bylaws. 27 However, all receipts and disbursements of funds handled by the Commission 28 shall be audited yearly by a certified or licensed public accountant and the 29 report of the audit shall be included in and become part of the annual report 30 of the Commission. 31 Oualified Immunity, Defense, and Indemnification. – (g) 32 The members, officers, Executive Director, employees, and representatives of **(1)** 33 the Commission shall be immune from suit and liability, either personally or 34 in their official capacity, for any claim for damage to or loss of property or 35 personal injury or other civil liability caused by or arising out of any actual or 36 alleged act, error, or omission that occurred, or that the person against whom 37 the claim is made had a reasonable basis for believing occurred within the 38 scope of Commission employment, duties, or responsibilities, provided that 39 nothing in this subdivision shall be construed to protect any such person from 40 suit and/or liability for any damage, loss, injury, or liability caused by the 41 intentional or willful or wanton misconduct of that person. 42 The Commission shall defend any member, officer, Executive Director, **(2)** 43 employee, or representative of the Commission in any civil action seeking to 44 impose liability arising out of any actual or alleged act, error, or omission that 45 occurred within the scope of Commission employment, duties, or 46 responsibilities, or that the person against whom the claim is made had a 47 reasonable basis for believing occurred within the scope of Commission 48 employment, duties, or responsibilities, provided that nothing herein shall be 49 construed to prohibit that person from retaining his or her own counsel, and

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from that person's intentional or willful or wanton misconduct.

provided further that the actual or alleged act, error, or omission did not result

1 The Commission shall indemnify and hold harmless any member, officer, (3) 2 Executive Director, employee, or representative of the Commission for the 3 amount of any settlement or judgment obtained against that person arising out 4 of any actual or alleged act, error, or omission that occurred within the scope 5 of employment, duties, or responsibilities, or that such person had a 6 reasonable basis for believing occurred within the scope of Commission 7 employment, duties, or responsibilities, provided that the actual or alleged act, 8 error, or omission did not result from the intentional or willful or wanton 9 misconduct of that person. 10 "§ 90-270.170. Rule making. 11 The Commission shall exercise its rule-making powers pursuant to the criteria set forth in this section and the Rules adopted thereunder. Rules and amendments shall become 12 13 binding as of the date specified in each rule or amendment. 14 If a majority of the legislatures of the Compact States rejects a rule, by enactment of 15 a statute or resolution in the same manner used to adopt the Compact, then such rule shall have 16 no further force and effect in any Compact State. 17 Rules or amendments to the rules shall be adopted at a regular or special meeting of 18 the Commission. 19 Prior to promulgation and adoption of a final rule or Rules by the Commission, and (d) 20 at least 60 days in advance of the meeting at which the rule will be considered and voted upon, 21 the Commission shall file a Notice of Proposed Rule Making: 22 On the Web site of the Commission; and (1) 23 On the Web site of each Compact States' Psychology Regulatory Authority or **(2)** 24 the publication in which each state would otherwise publish proposed rules. 25 The Notice of Proposed Rule Making shall include: (e) The proposed time, date, and <u>location of the meeting in which the rule will be</u> 26 (1) 27 considered and voted upon; The text of the proposed rule or amendment and the reason for the proposed 28 <u>(2)</u> 29 30 A request for comments on the proposed rule from any interested person; and (3) 31 The manner in which interested persons may submit notice to the Commission (4) 32 of their intention to attend the public hearing and any written comments. 33 Prior to adoption of a proposed rule, the Commission shall allow persons to submit (f) 34 written data, facts, opinions, and arguments, which shall be made available to the public. 35 The Commission shall grant an opportunity for a public hearing before it adopts a rule 36 or amendment if a hearing is requested by: 37 At least 25 persons who submit comments independently of each other; (1) 38 **(2)** A governmental subdivision or agency; or 39 A duly appointed person in an association that has at least 25 members. (3) 40 If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing. 41 42 All persons wishing to be heard at the hearing shall notify the Executive (1) 43 Director of the Commission or other designated member in writing of their 44 desire to appear and testify at the hearing not less than five business days 45 before the scheduled date of the hearing. 46 (2) Hearings shall be conducted in a manner providing each person who wishes

of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection shall not

to comment a fair and reasonable opportunity to comment orally or in writing.

No transcript of the hearing is required, unless a written request for a transcript

is made, in which case the person requesting the transcript shall bear the cost

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preclude the Commission from making a transcript or recording of the hearing if it so chooses.

- (4) Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.
- (i) Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.
- (j) The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rule-making record and the full text of the rule.
- (k) If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.
- (I) Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rule-making procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:
 - (1) Meet an imminent threat to public health, safety, or welfare;
 - (2) Prevent a loss of Commission or Compact State funds;
 - (3) Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
 - (4) Protect public health and safety.
- (m) The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the Web site of the Commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing and delivered to the Chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

"§ 90-270.171. Oversight, dispute resolution, and enforcement.

(a) Oversight. –

- (1) The executive, legislative, and judicial branches of state government in each Compact State shall enforce this Compact and take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of this Compact and the rules promulgated hereunder shall have standing as statutory law.
- All courts shall take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a Compact State pertaining to the subject matter of this Compact which may affect the powers, responsibilities, or actions of the Commission.
- (3) The Commission shall be entitled to receive service of process in any such proceeding and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact, or promulgated rules.
- (b) Default, Technical Assistance, and Termination. –

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- provisions and Rules of this Compact.
- By majority vote, the Commission may initiate legal action in the United **(2)** States District Court for the State of Georgia or the federal district where the Compact has its principal offices against a Compact State in default to enforce compliance with the provisions of the Compact and its promulgated Rules and Bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorneys' fees.
- (3) The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

"§ 90-270.172. Date of implementation of the Psychology Interjurisdictional Compact Commission and associated rules, withdrawal, and amendments.

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1 (a) The Compact shall come into effect on the date on which the Compact is enacted into
2 law in the seventh Compact State. The provisions which become effective at that time shall be
3 limited to the powers granted to the Commission relating to assembly and the promulgation of
4 rules. Thereafter, the Commission shall meet and exercise rule-making powers necessary to the
5 implementation and administration of the Compact.

- (b) Any state which joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any rule which has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.
- (c) Any Compact State may withdraw from this Compact by enacting a statute repealing the same.
 - (1) A Compact State's withdrawal shall not take effect until six months after enactment of the repealing statute.
 - Withdrawal shall not affect the continuing requirement of the withdrawing State's Psychology Regulatory Authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.
- (d) Nothing contained in this Compact shall be construed to invalidate or prevent any psychology licensure agreement or other cooperative arrangement between a Compact State and a Non-Compact State which does not conflict with the provisions of this Compact.
- (e) This Compact may be amended by the Compact States. No amendment to this Compact shall become effective and binding upon any Compact State until it is enacted into the law of all Compact States.

"§ 90-270.173. Construction and severability.

This Compact shall be liberally construed so as to effectuate the purposes thereof. If this Compact shall be held contrary to the constitution of any state member thereto, the Compact shall remain in full force and effect as to the remaining Compact States."

SECTION 2.(c) Subsections (a) and (b) of this section become effective when at least seven states have enacted the Psychology Interjurisdictional Compact (PSYPACT) set forth in subsection (b) of this section. The North Carolina Psychology Board shall report to the Revisor of Statutes when the PSYPACT set forth in subsection (b) of this section has been enacted by seven member states.

PART III. ALLOW LICENSED MARRIAGE AND FAMILY THERAPISTS TO CONDUCT FIRST-LEVEL EXAMINATIONS FOR INVOLUNTARY COMMITMENT AND CREATE FEES

SECTION 3.(a) G.S. 122C-263.1(a) reads as rewritten:

- "§ 122C-263.1. Secretary's authority to certify commitment examiners; training of certified commitment examiners performing first examinations; LME/MCO responsibilities.
- (a) Physicians and eligible psychologists are qualified to perform the commitment examinations required under G.S. 122C-263(c) and G.S. 122C-283(c). The Secretary of Health and Human Services may individually certify to perform the first commitment examinations required by G.S. 122C-261 through G.S. 122C-263 and G.S. 122C-281 through G.S. 122C-283 other health, mental health, and substance abuse professionals whose scope of practice includes diagnosing and documenting psychiatric or substance use disorders and conducting mental status examinations to determine capacity to give informed consent to treatment as follows:
 - (1) The Secretary has received a request:
 - a. To certify a licensed clinical social worker, a master's or higher level degree nurse practitioner, a licensed professional counsellor, <u>a</u> licensed marriage and family therapist, or a physician's assistant to

conduct the G.S. 122C-2

G.S. 122C-2

b. To certify a conduct the conduct the

conduct the first examinations described in G.S. 122C-263(c) and G.S. 122C-283(c).

To certify a master's level licensed clinical addictions specialist to conduct the first examination described in G.S. 122C-283(c).

In no event shall the certification of a licensed clinical social worker, master's or higher level degree nurse practitioner, licensed professional counsellor, a licensed marriage and family therapist, physician assistant, or master's level certified clinical addictions specialist under this section be construed as authorization to expand the scope of practice of the licensed clinical social worker, the master's level nurse practitioner, licensed professional counsellor, a licensed marriage and family therapist, physician assistant, or the master's level certified clinical addictions specialist.

SECTION 3.(b) G.S. 90-270.54 reads as rewritten:

"§ 90-270.54. Requirements for licensure as a marriage and family therapist.

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(a1) The Board shall issue a license to conduct first examinations pursuant to G.S. 122C-263.1 to applicants who meet the criteria for licensure in subsection (a) of this subsection and who pay a one-time, ten dollar (\$10.00) fee.

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SECTION 3.(c) G.S. 90-270.57 reads as rewritten:

"§ 90-270.57. Fees.

(a) In order to fund the Board's activities under this Article, the Board may charge and collect fees not exceeding the following:

(10) Application to perform first examinations pursuant to G.S. 122C-263.1

10.00.

In addition to the examination fee provided in subdivision (1) of this subsection, the Board may charge and collect from each applicant for license examination the cost of processing test results and the cost of test materials.

(b) The Board may establish fees for the actual cost of (i) document duplication services, (ii) materials, and (iii) returned bank items as allowed by law. All fees listed in subsection (a) of this section shall be nonrefundable."

SECTION 3.(d) This section is effective October 1, 2019. Sections 3(b) and 3(c) apply to applications submitted on or after that date.

PART IV. ELIMINATE REDUNDANCY IN ADULT CARE HOME INSPECTIONS SECTION 4. G.S. 131D-2.11(a) reads as rewritten:

"(a) State Inspection and Monitoring. – The Department shall ensure that adult care homes required to be licensed by this Article are monitored for licensure compliance on a regular basis. All facilities licensed under this Article and adult care units in nursing homes are subject to inspections at all times by the Secretary. Except as provided in subsection (a1) of this section, the Division of Health Service Regulation shall inspect all adult care homes and adult care units in nursing homes on an annual basis. Beginning July 1, 2012, the Division of Health Service Regulation shall include as part of its inspection of all adult care homes a review of the facility's compliance with G.S. 131D-4.4A(b) and safe practices for injections and any other procedures during which bleeding typically occurs. In addition, the Department shall ensure that adult care homes are inspected every two years to determine compliance with physical plant and life-safety requirements.

If the annual inspection of an adult care home is conducted separately from the inspection required every two years to determine compliance with physical plant and life-safety requirements, the Division of Health Service Regulation shall not cite, as part of the annual inspection, any violation of law that overlaps with an area addressed by the physical plant and life-safety inspection, unless failure to address the violation during the annual inspection would pose a risk to resident health or safety. Nothing in this section prevents a licensing inspector from referring a concern about physical plant and life-safety requirements to the section within the Division of Health Service Regulation that conducts physical plant and life-safety inspections."

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PART V. SEVERABILITY CLAUSE AND EFFECTIVE DATE

SECTION 5.(a) If any section or provision of this act is declared unconstitutional or invalid by the courts, it does not affect the validity of this act as a whole or any part other than the part declared to be unconstitutional or invalid.

SECTION 5.(b) Except as otherwise provided, this act is effective when it becomes

15 law.