

- (20) For annual registration as a dispensing optometrist under G.S. 90-127.4, seventy-five dollars (\$75.00);
- (21) For reinstatement of registration as a dispensing optometrist under G.S. 90-127.4, seventy-five dollars (\$75.00).

...."

SECTION 5.4. The North Carolina State Board of Examiners in Optometry and the North Carolina Board of Pharmacy shall adopt rules to implement the provisions of this Part.

SECTION 5.5. Section 5.1 of this act becomes effective October 1, 2023. Section 5.2 and Section 5.3 of this act become effective March 1, 2024.

PART VII. EVALUATE FEDERAL REQUIREMENTS AND, IF APPROPRIATE, DEVELOP PLAN TO TRANSITION THE NURSE AIDE I EDUCATION AND TRAINING PROGRAM TO THE BOARD OF NURSING

SECTION 7.1.(a) The North Carolina Board of Nursing and the North Carolina Department of Health and Human Services, Division of Health Service Regulation, shall evaluate the federal requirements applicable to the Nurse Aide I education and training program and, to the extent consistent with the applicable federal requirements, develop a plan for the Board of Nursing to assume responsibility for and provide oversight of all nurse aide programs, regardless of nurse aide title, as individuals in these positions collaborate with nurses and other health care providers to deliver care across all health care settings.

SECTION 7.1.(b) The Department of Health and Human Services shall continue to maintain the registries as required by Article 15 of Chapter 131E of the General Statutes.

SECTION 7.1.(c) On or before September 1, 2024, the Department of Health and Human Services and the Board of Nursing shall provide a report to the Joint Legislative Oversight Committee on Health and Human Services that shall contain the evaluation of the federal requirements applicable to the Nurse Aide I education and training program and, to the extent consistent with the applicable federal requirements, a plan for the Board of Nursing to assume responsibility for it, a transition time line, and recommendations for statutory changes necessary to transition the Nurse Aide I education and training program from the Department to the Board of Nursing, if appropriate.

PART VIII. PROTECT HEALTH CARE WORKERS FROM VIOLENCE

SECTION 8.1.(a) Article 5 of Chapter 131E of the General Statutes is amended by adding a new Part to read:

"Part 3A. Hospital Violence Protection Act.

"§ 131E-88. Law enforcement officers required in emergency departments.

(a) As used in this Part, "law enforcement officer" means (i) a sworn law enforcement officer, (ii) a special police officer, as defined in subsection (b) of G.S. 74E-6, or (iii) a campus police officer, in accordance with Chapter 74G of the General Statutes, who is duly authorized to carry a concealed weapon.

(b) Each hospital licensed under this Article that has an emergency department shall conduct a security risk assessment and develop and implement a security plan with protocols to ensure that at least one law enforcement officer is present at all times, except when temporarily required to leave in connection with the discharge of their duties, in the emergency department or on the same campus as the emergency department, unless subsection (c) of this section applies. The security plan required by this section shall include all of the following components:

- (1) Training for law enforcement officers employed or contracted by the hospital that is appropriate for the populations served by the emergency department.
- (2) Training for law enforcement officers employed or contracted by the hospital that is based on a trauma-informed approach to identifying and safely addressing situations involving patients, family members, or other persons

who pose a risk of harm to themselves or others due to mental illness or substance use disorder or who are experiencing a mental health crisis.

(3) Safety protocols based on all of the following:

a. Standards established by a nationally recognized organization that has experience educating and certifying professionals involved in managing and directing security and safety programs in healthcare facilities. The Department of Health and Human Services shall solicit names of nationally recognized organizations from the North Carolina Sheriffs' Association, the North Carolina Association of Chiefs of Police, the North Carolina Emergency Management Association, and the North Carolina Healthcare Association.

b. The results of a security risk assessment of the emergency department.

c. Risks for the emergency department identified in consultation with the emergency department's medical director and nurse leadership, law enforcement officers employed or contracted by the hospital, and a local law enforcement representative. These identified risks shall take into consideration the hospital's trauma level designation, overall patient volume, volume of psychiatric and forensic patients, incidents of violence against staff and level of injuries sustained from such violence, and prevalence of crime in the community.

(4) Safety protocols that include the presence of at least one law enforcement officer in the emergency department, or on the same campus as the emergency department, at all times, unless an exemption is approved under subsection (c) of this section.

(5) Training requirements for law enforcement officers employed or contracted by the hospital in the potential use of and response to weapons, defensive tactics, de-escalation techniques, appropriate patient intervention activities, crisis intervention, and trauma-informed approaches.

(c) A hospital is not required to have at least one law enforcement officer present in the emergency department or on the hospital campus at all times if the hospital in good faith determines that a different level of security is necessary and appropriate for any of its emergency departments based upon findings in the security risk assessment required under sub-subdivision (b)(3)b. of this section. A hospital that determines that a different level of security is necessary and appropriate shall include the basis for that determination in its security risk assessment, and the security plan must include the following:

(1) The signature of the county sheriff.

(2) The signature of the municipal police chief, if applicable.

(3) The approval and signature of the county emergency management director.

(d) Every hospital with an emergency department shall provide appropriate hospital workplace violence prevention program training, education, and resources to staff, practitioners, and non-law enforcement officer security personnel.

(e) The Department of Health and Human Services shall have access to all security plans for hospitals with an emergency department and shall maintain a list of those hospitals with a security plan developed in accordance with this section.

(f) The following are not public records as defined by Chapter 132 of the General Statutes:

(1) A hospital security risk assessment, regardless of who has custody of the security risk assessment.

(2) A hospital security plan, regardless of who has custody of the security plan.

"§ 131E-88.2. Reports.

(a) Annually by October 1, the Department of Health and Human Services, Division of Health Service Regulation, shall collect the following data from hospitals for the preceding calendar year: (i) the number of assaults occurring in the hospital or on hospital grounds that required the involvement of law enforcement, whether the assaults involved hospital personnel, and how those assaults were pursued by the hospital and processed by the judicial system, (ii) the number and impact of incidences where patient behavioral health and substance use issues resulted in violence in the hospital and the number that occurred specifically in the emergency department, and (iii) the number of workplace violence incidences occurring at the hospital that were reported as required by accrediting agencies, the Occupational Safety and Health Administration, and other entities.

(b) The Department of Health and Human Services shall compile the information required by subsection (a) of this section and shall share that data with the North Carolina Sheriffs' Association, the North Carolina Association of Chiefs of Police, and the North Carolina Emergency Management Association. The Department shall request these organizations examine the data and make recommendations to the Department to decrease the incidences of violence in hospitals and to decrease assaults on hospital personnel.

(c) The Department shall compile the information required by subsections (a) and (b) of this section and report findings and recommendations to the Joint Legislative Oversight Committee on Health and Human Services annually by December 1."

SECTION 8.1.(b) Article 5 of Chapter 131E of the General Statutes, as amended by this section, is further amended to add the following section to read:

"§ 131E-88.3. Report by the Administrative Office of the Courts.

(a) Annually by September 1, the Administrative Office of the Courts shall report to the Department of Health and Human Services, Division of Health Service Regulation, the number of persons charged and convicted during the preceding calendar year of a crime under G.S. 14-34.6.

(b) The Department shall include the information provided in subsection (a) of this section in the report required by G.S. 131E-88.2(c)."

SECTION 8.1.(c) Section 8.1(b) of this act becomes effective October 1, 2024, and the first report is due October 1, 2025. Section 8.1(b) of this act expires October 30, 2030.

SECTION 8.1.(d) By October 1, 2023, the Department of Health and Human Services shall notify all hospitals licensed under Article 5 of Chapter 131E of the General Statutes about the requirements of Part 3A of Article 5 of Chapter 131E of the General Statutes, including the reporting requirements required by G.S. 131E-88.2(a), as enacted by this section.

SECTION 8.1.(e) The first data collection under G.S. 131E-88.2(a), as enacted by this section, shall occur on or before September 1, 2025. The first report required by G.S. 131E-88.2(c), as enacted by this section, is due on or before December 1, 2025.

SECTION 8.1.(f) Section 8.1(d) of this act is effective when it becomes law. The remainder of this section becomes effective October 1, 2024.

SECTION 8.2.(a) G.S. 14-34.6 reads as rewritten:

"§ 14-34.6. Assault or affray on a firefighter, an emergency medical technician, medical responder, and medical practice and hospital personnel.

(a) A person is guilty of a Class I felony if the person commits an assault or affray causing physical injury on any of the following persons who are discharging or attempting to discharge their official duties:

- (1) An emergency medical technician or other emergency health care provider.
- (2) A medical responder.
- (3) Hospital personnel and employee, medical practice employee, licensed healthcare providers who are providing or attempting to provide health care services to a patient, health care provider, or individual under contract to provide services at a hospital or medical practice.