

**STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**MEDICAL CARE COMMISSION EMERGENCY TELECONFERENCE MEETING
DIVISION OF HEALTH SERVICE REGULATION
809 RUGGLES DRIVE, RALEIGH NC 27603
EDGERTON BUILDING
CONFERENCE ROOM - 026A**

Via Microsoft TEAMS video-conference or Dial-in: 1-984-204-1487 (ID# 321896459#)

Thursday, October 15, 2020

11:00 A.M.

AGENDA

I. Meeting Opens – Roll Call

II. Chairman’s Comments..... Dr. John Meier

III. Public Meeting StatementDr. John Meier

This meeting of the Medical Care Commission is open to the public but is not a public hearing. Therefore, any discussion will be limited to members of the Commission and staff unless questions are specifically directed by the Commission to someone in the audience.

IV. Ethics Statement.....Dr. John Meier

The State Government Ethics Act requires members to act in the best interest of the public and adhere to the ethical standards and rules of conduct in the State Government Ethics Act, including the duty to continually monitor, evaluate, and manage personal, financial, and professional affairs to ensure the absence of conflicts of interest.

V. Old Business

None

VI. New Business

A. Rules for Adoption (Discuss Rule)

1. Adult Care Home & Family Care Homes Rules.....N. Pfeiffer & M. Lamphere

Emergency rulemaking for infection prevention policies and procedures, communicable disease reporting due to COVID-19. (Four Rules)

- Rules: 10A NCAC 13F .1801 & .1802 (See Exhibits A & A/1)
- Rules: 10A NCAC 13G .1701 & .1702 (See Exhibits A & A/1)

B. Rules for Initiating Rulemaking Approval (Discuss Rule)

2. Adult Care Home & Family Care Home Rules.....N. Pfeiffer & M. Lamphere

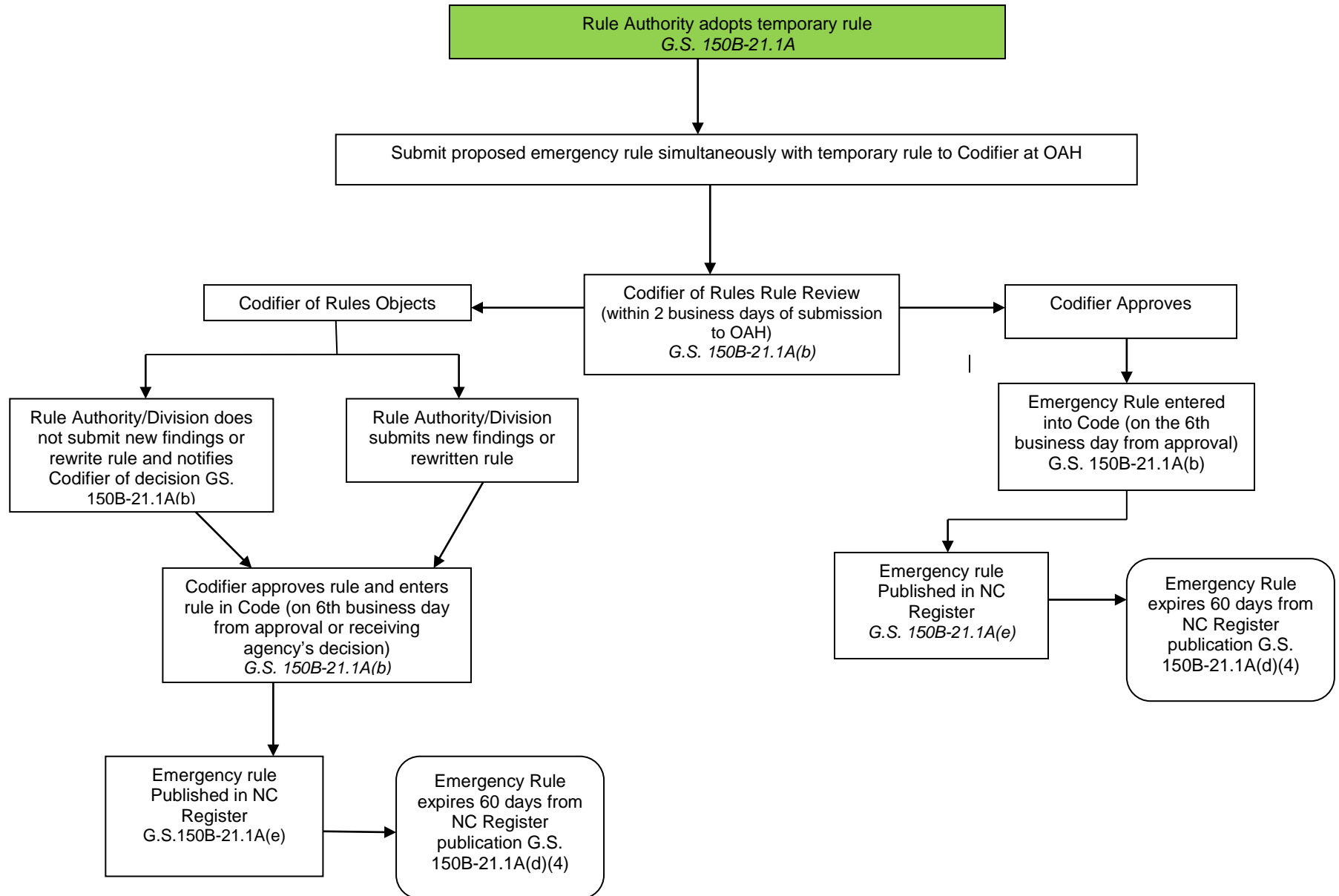
Temporary rulemaking for infection prevention policies and procedures, communicable disease reporting due to COVID-19. (Four Rules)

Rules: 10A NCAC 13F .1801 & .1802 (See Exhibits B & B/1)

Rules: 10A NCAC 13G .1701 & .1702 (See Exhibits B & B/1)

VII. Meeting Adjournment

Emergency Rulemaking Process



1 10A NCAC 13F .1801 is proposed for adoption under emergency procedures as follows:
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3 **SECTION .1800 - INFECTION PREVENTION AND CONTROL**
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5 **10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL PROGRAM**

6 (a) In accordance with Rule 13F .1211 of this Subchapter and G.S. 131D-4.4A(b)(1), the facility shall establish and
7 implement a comprehensive infection prevention and control program (IPCP) consistent with the federal Centers for
8 Disease Control and Prevention (CDC) guidelines on infection prevention and control.

9 (b) The facility shall ensure implementation of the facility’s IPCP, related policies and procedures, and guidance or
10 directives issued by the CDC, the local health department, and/or the North Carolina Department of Health and Human
11 Services.

12 (c) The facility shall assure the following policies and procedures are established and implemented consistent with
13 the federal CDC guidelines on infection control and addresses at least the following:

14 (1) Standard and transmission-based precautions, for which guidance can be found on the CDC website
15 at <https://www.cdc.gov/infectioncontrol/basics>, including:

16 (A) respiratory hygiene and cough etiquette;

17 (B) environmental cleaning and disinfection;

18 (C) reprocessing and disinfection of reusable resident medical equipment;

19 (D) hand hygiene;

20 (E) accessibility and proper use of personal protective equipment (PPE);

21 (F) types of transmission-based precautions and when each type is indicated, including contact
22 precautions, droplet precautions, and airborne precautions;

23 (2) When and how to report to the local health department when there is a suspected or confirmed
24 reportable communicable disease case or condition, or communicable disease outbreak in
25 accordance with Rule 13F .1802 of this Section;

26 (3) Resident care when there is suspected or confirmed communicable disease in the facility, including,
27 when indicated, isolation of infected residents, limiting or stopping group activities and communal
28 dining, and based on the mode of transmission, use of source control by the residents. Source control
29 includes the use of face coverings for residents when the mode of transmission is through a
30 respiratory pathogen;

31 (4) Procedures for screening visitors to the facility and criteria for restricting visitors who exhibit signs
32 of illness, as well as posting signage for visitors regarding screening and restriction procedures;

33 (5) Procedures for screening facility staff and criteria for restricting staff who exhibit signs of illness
34 from working;

35 (6) Procedures and strategies for addressing staffing issues and ensuring staffing to meet the needs of
36 the residents during a communicable disease outbreak;

37 (7) The annual review of the facility’s IPCP and update of the IPCP as necessary; and

1 (8) a process for updating policies and procedures to reflect guidelines and recommendations by the
2 CDC, local health department, and North Carolina Department of Health and Human Services
3 during a public health emergency as declared by the United States and that applies to North Carolina
4 or a public health emergency declared by the State of North Carolina.

5 (d) In accordance with Rule 13F .1211 of this Subchapter, the facility shall ensure all staff are trained within 30 days
6 of hire and annually on the policies and procedures listed in Subparagraphs (c)(1) through (5) of this Rule. Training
7 on Parts (c)(1)(D) and (E) of this Rule shall include hands-on demonstration by a trained instructor and return
8 demonstration by the staff person.

9 (e) The facility shall ensure that, prior to administration, all staff responsible for administering tests to residents for
10 the diagnosis of a communicable disease or condition shall be trained on the proper use of testing devices and materials
11 consistent with manufacturer’s specifications.

12 (f) The facility shall ensure staff employed in a management or supervisory role in the facility are trained within 30
13 days of hire and annually on the policies and procedures listed in Subparagraphs (c)(1) through (6) of this Rule.

14 (g) The policies and procedures listed in Paragraph (c) of this Rule shall be maintained in the facility and accessible
15 to staff working at the facility.

16 (h) The facility shall ensure that the IPCP is incorporated into the facility’s emergency preparedness disaster plan and
17 updated as needed to address any emerging infectious disease threats to protect the residents during a shelter-in-place
18 or emergency evacuation event.

19
20 *History Note: Authority G.S. 131D-2.16; G.S. 131D-4.4A; 131D-4.5; G.S. 143B-165;*
21 *Emergency Adoption Eff. October 26, 2020.*

1 10A NCAC 13F .1802 is proposed for adoption under emergency procedures as follows:

2

3 **10A NCAC 13F .1802 REPORTING AND NOTIFICATION OF A SUSPECTED OR CONFIRMED**
4 **COMMUNICABLE DISEASE OUTBREAK**

5 (a) The facility shall report suspected or confirmed communicable diseases and conditions within the time period and
6 in the manner determined by the Commission for Public Health as specified in Rules 10A NCAC 41A .0101 and 10A
7 NCAC 41A .0102(a)(1) through (a)(3), including subsequent amendments and editions.

8 (b) The facility shall implement recommendations to the greatest extent practicable provided by the local health
9 department in response to a suspected or confirmed communicable disease case or condition or communicable disease
10 outbreak.

11 (c) The facility shall inform the residents and their representative(s) within 24 hours following confirmation by the
12 local health department of a communicable disease outbreak, or one or more confirmed cases of COVID-19 among
13 any resident or staff person. The facility, in its notification to residents and their representative(s), shall:

14 (1) not disclose any personally identifiable information of the residents or staff;

15 (2) provide information on the measures the facility is taking to prevent or reduce the risk of
16 transmission, including whether normal operations of the facility will change;

17 (3) provide weekly updates until the communicable illness within the facility has resolved, as
18 determined by the local health department; and

19 (4) provide education to the resident(s) concerning measures they can take to reduce the risk of spread
20 or transmission of infection.

21

22 *History Note: Authority G.S. 131D-2.16; 131D-4.4B; G.S. 131D-4.5; G.S. 143B-165;*

23 *Emergency Adoption Eff. October 26, 2020.*

1 10A NCAC 13G .1701 is proposed for adoption under emergency procedures as follows:
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3 **SECTION .1700 - INFECTION PREVENTION AND CONTROL**
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5 **10A NCAC 13G .1701 INFECTION PREVENTION AND CONTROL PROGRAM**

6 (a) In accordance with Rule 13G .1211 of this Subchapter and G.S. 131D-4.4A(b)(1), the facility shall establish and
7 implement a comprehensive infection prevention and control program (IPCP) consistent with the federal Centers for
8 Disease Control and Prevention (CDC) guidelines on infection prevention and control.

9 (b) The facility shall ensure implementation of the facility's IPCP, related policies and procedures, and guidance or
10 directives issued by the CDC, the local health department, and/or the North Carolina Department of Health and Human
11 Services.

12 (c) The facility shall assure the following policies and procedures are established and implemented consistent with
13 the federal CDC guidelines on infection control and addresses at least the following:

14 (1) Standard and transmission-based precautions, for which guidance can be found on the CDC website
15 at <https://www.cdc.gov/infectioncontrol/basics>, including:

16 (A) respiratory hygiene and cough etiquette;

17 (B) environmental cleaning and disinfection;

18 (C) reprocessing and disinfection of reusable resident medical equipment;

19 (D) hand hygiene;

20 (E) accessibility and proper use of personal protective equipment (PPE);

21 (F) types of transmission-based precautions and when each type is indicated, including contact
22 precautions, droplet precautions, and airborne precautions;

23 (2) When and how to report to the local health department when there is a suspected or confirmed
24 reportable communicable disease case or condition, or communicable disease outbreak in
25 accordance with Rule 13G .1702 of this Section:

26 (3) Resident care when there is suspected or confirmed communicable disease in the facility, including,
27 when indicated, isolation of infected residents, limiting or stopping group activities and communal
28 dining, and based on the mode of transmission, use of source control by the residents. Source control
29 includes the use of face coverings for residents when the mode of transmission is through a
30 respiratory pathogen;

31 (4) Procedures for screening visitors to the facility and criteria for restricting visitors who exhibit signs
32 of illness, as well as posting signage for visitors regarding screening and restriction procedures;

33 (5) Procedures for screening facility staff and criteria for restricting staff who exhibit signs of illness
34 from working;

35 (6) Procedures and strategies for addressing staffing issues and ensuring staffing to meet the needs of
36 the residents during a communicable disease outbreak;

37 (7) The annual review of the facility's IPCP and update of the IPCP as necessary; and

1 (8) a process for updating policies and procedures to reflect guidelines and recommendations by the
2 CDC, local health department, and North Carolina Department of Health and Human Services
3 during a public health emergency as declared by the United States and that applies to North Carolina
4 or a public health emergency declared by the State of North Carolina.

5 (d) In accordance with Rule 13G .1211 of this Subchapter, the facility shall ensure all staff are trained within 30 days
6 of hire and annually on the policies and procedures listed in Subparagraphs (c)(1) through (5) of this Rule. Training
7 on Parts (c)(1)(D) and (E) of this Rule shall include hands-on demonstration by a trained instructor and return
8 demonstration by the staff person.

9 (e) The facility shall ensure that, prior to administration, all staff responsible for administering tests to residents for
10 the diagnosis of a communicable disease or condition shall be trained on the proper use of testing devices and materials
11 consistent with manufacturer’s specifications.

12 (f) The facility shall ensure staff employed in a management or supervisory role in the facility are trained within 30
13 days of hire and annually on the policies and procedures listed in Subparagraphs (c)(1) through (6) of this Rule.

14 (g) The policies and procedures listed in Paragraph (c) of this Rule shall be maintained in the facility and accessible
15 to staff working at the facility.

16 (h) The facility shall ensure that the IPCP is incorporated into the facility’s emergency preparedness disaster plan and
17 updated as needed to address any emerging infectious disease threats to protect the residents during a shelter-in-place
18 or emergency evacuation event.

19
20 *History Note: Authority G.S. 131D-2.16; G.S. 131D-4.4A; 131D-4.5; G.S. 143B-165;*
21 *Emergency Adoption Eff. October 26, 2020.*

1 10A NCAC 13G .1702 is proposed for adoption under emergency procedures as follows:

2

3 **10A NCAC 13G .1702 REPORTING AND NOTIFICATION OF A SUSPECTED OR CONFIRMED**
4 **COMMUNICABLE DISEASE OUTBREAK**

5 (a) The facility shall report suspected or confirmed communicable diseases and conditions within the time period and
6 in the manner determined by the Commission for Public Health as specified in Rules 10A NCAC 41A .0101 and 10A
7 NCAC 41A .0102(a)(1) through (a)(3), including subsequent amendments and editions.

8 (b) The facility shall implement recommendations to the greatest extent practicable provided by the local health
9 department in response to a suspected or confirmed communicable disease case or condition or communicable disease
10 outbreak.

11 (c) The facility shall inform the residents and their representative(s) within 24 hours following confirmation by the
12 local health department of a communicable disease outbreak, or one or more confirmed cases of COVID-19 among
13 any resident or staff person. The facility, in its notification to residents and their representative(s), shall:

14 (1) not disclose any personally identifiable information of the residents or staff;

15 (2) provide information on the measures the facility is taking to prevent or reduce the risk of
16 transmission, including whether normal operations of the facility will change;

17 (3) provide weekly updates until the communicable illness within the facility has resolved, as
18 determined by the local health department; and

19 (4) provide education to the resident(s) concerning measures they can take to reduce the risk of spread
20 or transmission of infection.

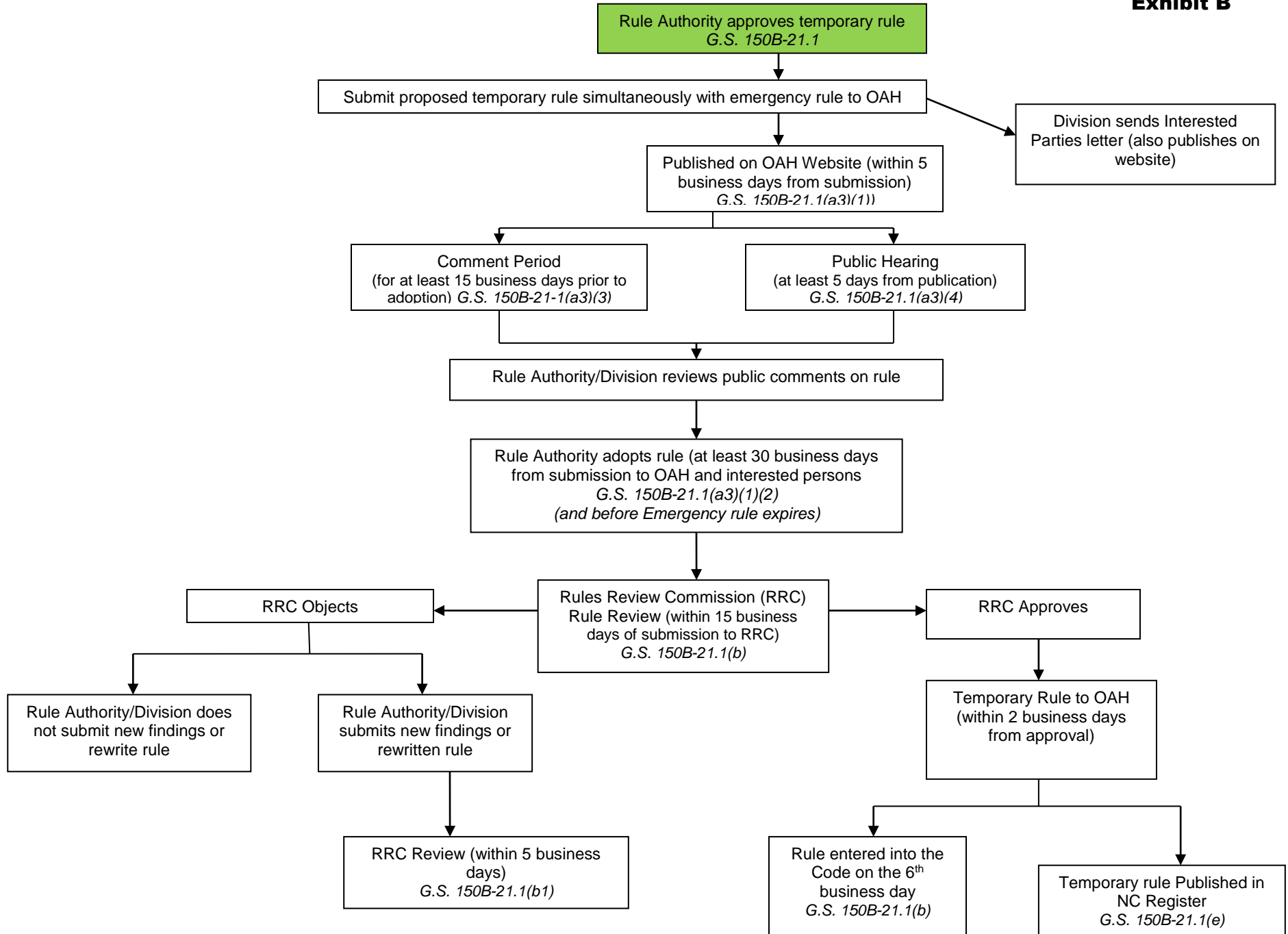
21

22 *History Note: Authority G.S. 131D-2.16; 131D-4.4B; G.S. 131D-4.5; G.S. 143B-165;*

23 *Emergency Adoption Eff. October 26, 2020.*

Temporary Rulemaking Process

Exhibit B



1 10A NCAC 13F .1801 is proposed for adoption under temporary procedures as follows:
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3 **SECTION .1800 - INFECTION PREVENTION AND CONTROL**
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5 **10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL PROGRAM**

6 (a) In accordance with Rule 13F .1211 of this Subchapter and G.S. 131D-4.4A(b)(1), the facility shall establish and
7 implement a comprehensive infection prevention and control program (IPCP) consistent with the federal Centers for
8 Disease Control and Prevention (CDC) guidelines on infection prevention and control.

9 (b) The facility shall ensure implementation of the facility’s IPCP, related policies and procedures, and guidance or
10 directives issued by the CDC, the local health department, and/or the North Carolina Department of Health and Human
11 Services.

12 (c) The facility shall assure the following policies and procedures are established and implemented consistent with
13 the federal CDC guidelines on infection control and addresses at least the following:

14 (1) Standard and transmission-based precautions, for which guidance can be found on the CDC website
15 at <https://www.cdc.gov/infectioncontrol/basics>, including:

16 (A) respiratory hygiene and cough etiquette;

17 (B) environmental cleaning and disinfection;

18 (C) reprocessing and disinfection of reusable resident medical equipment;

19 (D) hand hygiene;

20 (E) accessibility and proper use of personal protective equipment (PPE);

21 (F) types of transmission-based precautions and when each type is indicated, including contact
22 precautions, droplet precautions, and airborne precautions:

23 (2) When and how to report to the local health department when there is a suspected or confirmed
24 reportable communicable disease case or condition, or communicable disease outbreak in
25 accordance with Rule 13F .1802 of this Section:

26 (3) Resident care when there is suspected or confirmed communicable disease in the facility, including,
27 when indicated, isolation of infected residents, limiting or stopping group activities and communal
28 dining, and based on the mode of transmission, use of source control by the residents. Source control
29 includes the use of face coverings for residents when the mode of transmission is through a
30 respiratory pathogen:

31 (4) Procedures for screening visitors to the facility and criteria for restricting visitors who exhibit signs
32 of illness, as well as posting signage for visitors regarding screening and restriction procedures;

33 (5) Procedures for screening facility staff and criteria for restricting staff who exhibit signs of illness
34 from working;

35 (6) Procedures and strategies for addressing staffing issues and ensuring staffing to meet the needs of
36 the residents during a communicable disease outbreak;

37 (7) The annual review of the facility’s IPCP and update of the IPCP as necessary; and

1 (8) a process for updating policies and procedures to reflect guidelines and recommendations by the
2 CDC, local health department, and North Carolina Department of Health and Human Services
3 during a public health emergency as declared by the United States and that applies to North Carolina
4 or a public health emergency declared by the State of North Carolina.

5 (d) In accordance with Rule 13F .1211 of this Subchapter, the facility shall ensure all staff are trained within 30 days
6 of hire and annually on the policies and procedures listed in Subparagraphs (c)(1) through (5) of this Rule. Training
7 on Parts (c)(1)(D) and (E) of this Rule shall include hands-on demonstration by a trained instructor and return
8 demonstration by the staff person.

9 (e) The facility shall ensure that, prior to administration, all staff responsible for administering tests to residents for
10 the diagnosis of a communicable disease or condition shall be trained on the proper use of testing devices and materials
11 consistent with manufacturer’s specifications.

12 (f) The facility shall ensure staff employed in a management or supervisory role in the facility are trained within 30
13 days of hire and annually on the policies and procedures listed in Subparagraphs (c)(1) through (6) of this Rule.

14 (g) The policies and procedures listed in Paragraph (c) of this Rule shall be maintained in the facility and accessible
15 to staff working at the facility.

16 (h) The facility shall ensure that the IPCP is incorporated into the facility’s emergency preparedness disaster plan and
17 updated as needed to address any emerging infectious disease threats to protect the residents during a shelter-in-place
18 or emergency evacuation event.

19
20 *History Note: Authority G.S. 131D-2.16; G.S. 131D-4.4A; 131D-4.5; G.S. 143B-165;*
21 *Emergency Adoption Eff. October 26, ~~2020~~ 2020;*
22 *Temporary Adoption Eff. December 30, 2020.*

1 10A NCAC 13F .1802 is proposed for adoption under temporary procedures as follows:

2

3 **10A NCAC 13F .1802 REPORTING AND NOTIFICATION OF A SUSPECTED OR CONFIRMED**
4 **COMMUNICABLE DISEASE OUTBREAK**

5 (a) The facility shall report suspected or confirmed communicable diseases and conditions within the time period and
6 in the manner determined by the Commission for Public Health as specified in Rules 10A NCAC 41A .0101 and 10A
7 NCAC 41A .0102(a)(1) through (a)(3), including subsequent amendments and editions.

8 (b) The facility shall implement recommendations to the greatest extent practicable provided by the local health
9 department in response to a suspected or confirmed communicable disease case or condition or communicable disease
10 outbreak.

11 (c) The facility shall inform the residents and their representative(s) within 24 hours following confirmation by the
12 local health department of a communicable disease outbreak, or one or more confirmed cases of COVID-19 among
13 any resident or staff person. The facility, in its notification to residents and their representative(s), shall:

14 (1) not disclose any personally identifiable information of the residents or staff;

15 (2) provide information on the measures the facility is taking to prevent or reduce the risk of
16 transmission, including whether normal operations of the facility will change;

17 (3) provide weekly updates until the communicable illness within the facility has resolved, as
18 determined by the local health department; and

19 (4) provide education to the resident(s) concerning measures they can take to reduce the risk of spread
20 or transmission of infection.

21

22 *History Note: Authority G.S. 131D-2.16; 131D-4.4B; G.S. 131D-4.5; G.S. 143B-165;*

23 *Emergency Adoption Eff. October 26, ~~2020~~, 2020;*

24 *Temporary Adoption Eff. December 30, 2020.*

1 10A NCAC 13G .1701 is proposed for adoption under temporary procedures as follows:
2

3 **SECTION .1700 - INFECTION PREVENTION AND CONTROL**
4

5 **10A NCAC 13G .1701 INFECTION PREVENTION AND CONTROL PROGRAM**

6 (a) In accordance with Rule 13G .1211 of this Subchapter and G.S. 131D-4.4A(b)(1), the facility shall establish and
7 implement a comprehensive infection prevention and control program (IPCP) consistent with the federal Centers for
8 Disease Control and Prevention (CDC) guidelines on infection prevention and control.

9 (b) The facility shall ensure implementation of the facility's IPCP, related policies and procedures, and guidance or
10 directives issued by the CDC, the local health department, and/or the North Carolina Department of Health and Human
11 Services.

12 (c) The facility shall assure the following policies and procedures are established and implemented consistent with
13 the federal CDC guidelines on infection control and addresses at least the following:

14 (1) Standard and transmission-based precautions, for which guidance can be found on the CDC website
15 at <https://www.cdc.gov/infectioncontrol/basics>, including:

16 (A) respiratory hygiene and cough etiquette;

17 (B) environmental cleaning and disinfection;

18 (C) reprocessing and disinfection of reusable resident medical equipment;

19 (D) hand hygiene;

20 (E) accessibility and proper use of personal protective equipment (PPE);

21 (F) types of transmission-based precautions and when each type is indicated, including contact
22 precautions, droplet precautions, and airborne precautions;

23 (2) When and how to report to the local health department when there is a suspected or confirmed
24 reportable communicable disease case or condition, or communicable disease outbreak in
25 accordance with Rule 13G .1702 of this Section:

26 (3) Resident care when there is suspected or confirmed communicable disease in the facility, including,
27 when indicated, isolation of infected residents, limiting or stopping group activities and communal
28 dining, and based on the mode of transmission, use of source control by the residents. Source control
29 includes the use of face coverings for residents when the mode of transmission is through a
30 respiratory pathogen;

31 (4) Procedures for screening visitors to the facility and criteria for restricting visitors who exhibit signs
32 of illness, as well as posting signage for visitors regarding screening and restriction procedures;

33 (5) Procedures for screening facility staff and criteria for restricting staff who exhibit signs of illness
34 from working;

35 (6) Procedures and strategies for addressing staffing issues and ensuring staffing to meet the needs of
36 the residents during a communicable disease outbreak;

37 (7) The annual review of the facility's IPCP and update of the IPCP as necessary; and

1 (8) a process for updating policies and procedures to reflect guidelines and recommendations by the
2 CDC, local health department, and North Carolina Department of Health and Human Services
3 during a public health emergency as declared by the United States and that applies to North Carolina
4 or a public health emergency declared by the State of North Carolina.

5 (d) In accordance with Rule 13G .1211 of this Subchapter, the facility shall ensure all staff are trained within 30 days
6 of hire and annually on the policies and procedures listed in Subparagraphs (c)(1) through (5) of this Rule. Training
7 on Parts (c)(1)(D) and (E) of this Rule shall include hands-on demonstration by a trained instructor and return
8 demonstration by the staff person.

9 (e) The facility shall ensure that, prior to administration, all staff responsible for administering tests to residents for
10 the diagnosis of a communicable disease or condition shall be trained on the proper use of testing devices and materials
11 consistent with manufacturer’s specifications.

12 (f) The facility shall ensure staff employed in a management or supervisory role in the facility are trained within 30
13 days of hire and annually on the policies and procedures listed in Subparagraphs (c)(1) through (6) of this Rule.

14 (g) The policies and procedures listed in Paragraph (c) of this Rule shall be maintained in the facility and accessible
15 to staff working at the facility.

16 (h) The facility shall ensure that the IPCP is incorporated into the facility’s emergency preparedness disaster plan and
17 updated as needed to address any emerging infectious disease threats to protect the residents during a shelter-in-place
18 or emergency evacuation event.

19
20 *History Note: Authority G.S. 131D-2.16; G.S. 131D-4.4A; 131D-4.5; G.S. 143B-165;*
21 *Emergency Adoption Eff. October 26, ~~2020~~ 2020;*
22 *Temporary Adoption Eff. December 30, 2020.*

1 10A NCAC 13G .1702 is proposed for adoption under temporary procedures as follows:

2

3 **10A NCAC 13G .1702 REPORTING AND NOTIFICATION OF A SUSPECTED OR CONFIRMED**
4 **COMMUNICABLE DISEASE OUTBREAK**

5 (a) The facility shall report suspected or confirmed communicable diseases and conditions within the time period and
6 in the manner determined by the Commission for Public Health as specified in Rules 10A NCAC 41A .0101 and 10A
7 NCAC 41A .0102(a)(1) through (a)(3), including subsequent amendments and editions.

8 (b) The facility shall implement recommendations to the greatest extent practicable provided by the local health
9 department in response to a suspected or confirmed communicable disease case or condition or communicable disease
10 outbreak.

11 (c) The facility shall inform the residents and their representative(s) within 24 hours following confirmation by the
12 local health department of a communicable disease outbreak, or one or more confirmed cases of COVID-19 among
13 any resident or staff person. The facility, in its notification to residents and their representative(s), shall:

14 (1) not disclose any personally identifiable information of the residents or staff;

15 (2) provide information on the measures the facility is taking to prevent or reduce the risk of
16 transmission, including whether normal operations of the facility will change;

17 (3) provide weekly updates until the communicable illness within the facility has resolved, as
18 determined by the local health department; and

19 (4) provide education to the resident(s) concerning measures they can take to reduce the risk of spread
20 or transmission of infection.

21

22 *History Note: Authority G.S. 131D-2.16; 131D-4.4B; G.S. 131D-4.5; G.S. 143B-165;*

23 *Emergency Adoption Eff. October 26, ~~2020~~, 2020;*

24 *Temporary Adoption Eff. December 30, 2020.*