

2021

LEGISLATIVE SUMMARY

North Carolina



Medical Society

Leadership in Medicine

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Introduction

On January 13, 2021, the North Carolina General Assembly ceremoniously held its opening day of the 2021-2022 biennium session. During the opening session, the Senate unanimously re-elected Sen. Phil Berger (R-Rockingham) to his sixth term as the Senate President Pro Tem, and the House of Representatives unanimously re-elected Rep. Tim Moore (R-Cleveland) to his fourth term as the Speaker of the House.

Out of the 170 legislators who were sworn into the NC 2021-22 legislature, Dr. Kristin Baker was the only physician sworn into the legislature this biennium as a member of the House of Representatives. Rep. Baker (R-Cabarrus), a child psychiatrist, is serving in her first term in the General Assembly and was appointed to serve as Chair of the House Health and the House Appropriations, Health and Human Services committees.



Rep. Kristin Baker, MD

During this legislative session, as a result of the COVID-19 pandemic, the General Assembly was responsible for allocating an unprecedented amount of COVID-relief federal funds including Coronavirus Aid, Relief, and Economic Security (CARES) Act funding 1 and 2 and the American Rescue Plan funds. Given the deleterious

impact that COVID has had on the health of NC residents and the health care system, health care was a priority and subsequently was the primary focus of target of COVID-relief legislation passed during the 2021 session.

The NC Medical Society government relations and policy team members stayed engaged and watchful as a flurry of bills were introduced during the 2021 legislative session.

Our team tracked more than 450 health care-related bills and identified 75 of those bills considered a high priority for our membership.

Included is a summary of the 75 bills that the Medical Society prioritized. A complete listing of all the bills that were introduced and had some action, whether it was being assigned to committee, passing in both chambers and signed into law, or vetoed by the Governor can be found at <https://ncleg.gov/Legislation>.

For sake of brevity this report provides a summary of the 75 bills prioritized by the NC Medical Society.



Pandemic Response

The North Carolina General Assembly began this session, picking up where they left off in 2020 – addressing the COVID-19 pandemic. As you may recall, the Medical Society had great success in 2020, advocating for and achieving \$25 million for independent physician practice relief, \$10 million for personal protective equipment (PPE), and the passage of one of the most significant liability protections for physicians in the country during the declared state of emergency through [Senate Bill 36/Session Law 2021-1 – 2020 COVID Relief Bill Modifications](#).

This year, legislators modified some of the provisions provided by Session Law 2021-1 by further appropriating funds and adjusting deadlines for which funds must be used. In addition, the NCMS worked to ensure the liability protections established by the COVID 19 Recovery Act will remain in place throughout the duration of declared state of emergency. Additional details about this key legislation—HB196/Ch. SL 2021-3--can be found [here](#).

Medicaid Transformation

In 2015, the NC General Assembly passed legislation directing the NC Department of Health and Human Services to transition its Medicaid and NC Health Choice programs from a fee-for-service system to managed care. Under managed care, the state was approved to contract with prepaid health plans (PHPs), which are paid a predetermined set rate per enrolled person, to provide all integrated health services to the state’s Medicaid beneficiaries.

The approved PHPs who now are central players in the state’s Medicaid system include:

1. [AmeriHealth Caritas North Carolina, Inc.](#) (statewide);
2. [Healthy Blue of North Carolina](#) (statewide);
3. [UnitedHealthcare of North Carolina, Inc.](#) (statewide);
4. [WellCare of North Carolina, Inc.](#) (statewide);
5. [Carolina Complete Health, Inc.](#) – Prepaid Health Plan (Regions 3, 4 and 5).

In July 2020, legislation authorized NC Medicaid Managed Care to begin with the PHPs on July 1, 2021.

On Dec. 1, 2022, what is referred to as the Behavioral Health I/DD Tailored Plans will begin. These plans are designed to serve the highest and most complex needs individuals with serious mental illness, chronic substance use disorders, and intellectual and developmental disabilities. A carve out has been made to meet the needs of children in foster care and the unique needs and solemn authority of the Eastern Band of Cherokee Indians.

The NCMS has worked with the Department and legislators as the state has made this monumental transition to Medicaid managed care and continues to serve as a key resource for physicians and PAs to address challenges and identify opportunities during the shift to Medicaid Managed Care. For more information visit:

- [NCMS Medicaid Transformation website](#)
- [NC DHHS Medicaid Managed Care website](#)



2021-2022 North Carolina Budget

SB 105 – 2021 Appropriations Act was signed into law by Governor Cooper on November 19, 2021. Highlights from the budget are included below, and additional information can also be found in the [budget conference report](#).

In addition to the specific provisions summarized below, it is also important to note many of the opposed by NCMS, such as the SAVE Act and erosion of existing tort reform measures, were not included. The budget's revisions to the Emergency Management Act also ensure the COVID-19 immunity provisions included in the COVID-19 Recovery Act remain in place.

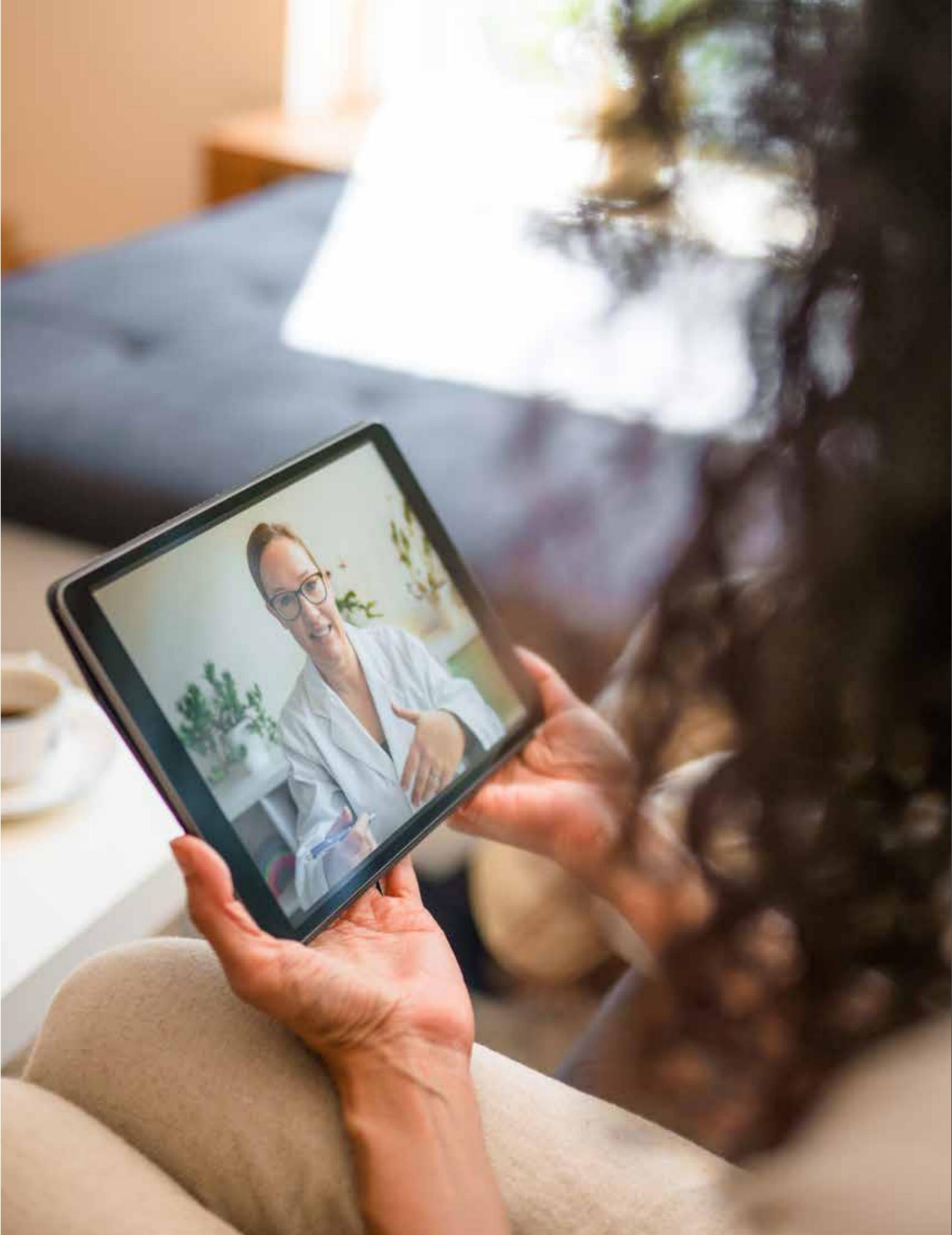
SB 105 – 2021 Appropriations Act

Primary Senate Sponsors: Sen. Brent Jackson (R – Duplin, Johnston, Sampson); Sen. Kathy Harrington (R-Gaston);

Status: Signed by the Governor - [Session Law 2021-108](#)

Summary: The 2021 Appropriations Act was signed into law on November 19, 2021. The Act included many provisions related to medicine and health care. However, the following are notably important for North Carolina physicians and PAs:

- **Joint Legislative Committee on Access to Healthcare and Medicaid Expansion**
 - » Creates a joint legislative committee tasked with considering ways access to health care and health insurance can be improved for North Carolinians.
- **Continue Medicaid Coverage for Pregnant Women for Twelve Months Postpartum**
 - » Allows pregnant women to remain eligible for coverage for 12 months postpartum effective April 1, 2022. This change will expire March 31, 2027.
- **Brody School of Medicine**
 - » Provides \$75.25M in nonrecurring funds for the construction of a new Brody School of Medicine.
- **Virtual Behavioral Health Services Grant Program**
 - » Requires the Office of Rural Health to use certain funds to award competitive grants to hospitals to fund expanded telepsychiatry capabilities to respond to the COVID-19 public health emergency by allowing patients begin served in primary care settings to access hospital-based virtual psychiatric assessments and consultations.
- **Use of Opioid Settlement Funds**
 - » Establishes the Opioid Abatement Reserve in the General Fund to maintain funds received by the State as a beneficiary of the final consent judgment resolving the lawsuit against McKinsey and Company, Inc. and specifies how the funds shall be used to respond to the negative impacts of the opioid epidemic.
- **Emergency Management**
 - » Revises the Emergency Management Act to require a vote by the Council of State to extend a statewide emergency beyond 30 days by the Governor effective January 1, 2023.



Access to Care

HB 149 – Improving Access to Care Through Telehealth

Primary House Sponsors: Rep. Donny Lambeth (R-Forsyth); Rep. Donna White (R-Johnston); Rep. Larry Potts (R-Davidson); Rep. Kristin Baker (R-Cabarrus)

Status: Passed the House on May 6, 2021 and was referred to the Committee on Rules and Operations of the Senate. This bill remains eligible for consideration in 2022.

Summary: Creates a new section in the Insurance Chapter of the General Statutes requiring coverage for health care services delivered through telehealth and would create a definition for telehealth. It would require private health insurance plans to provide reimbursement for provider-to-provider consultations conducted through telehealth if it would do so for face-to-face consultations. It would state telehealth may not be used for an abortion, except in the case of a medical emergency. The latest edition would also enumerate certain requirements and prohibitions.

Notes: The NCMS worked closely with specialty societies and other health care industry partners to successfully move this bill forward with one no vote in the House. The Senate remains opposed to taking up this bill in its current form.

SB 666 – Update Reqs./Advance Health Care Directives

Primary Senate Sponsors: Primary Senate Sponsors: Sen. Joyce Krawiec (R-Davie, Forsyth); Sen. Jim Burgin (R-Harnett, Johnston, Lee); Sen. Jim Perry (R-Lenoir, Wayne)

Status: Referred to Committee on Rules, Calendar, and Operations of the House on 5/6/2021.

Summary: In North Carolina, advance directives have historically required two witness signatures and notarization. SB 666 reduces the burden of executing advance directives and health care power of attorneys by requiring either two witness signatures or notarization.

Professional Regulation

Patient Safety / Scope of Practice

SB 345 – PA Team Based Practice

Primary Senate Sponsors: Sen. Jim Perry (R-Lenoir, Wayne); Sen. Michael Lee (R-New Hanover); Sen. Todd Johnson (R-Union)

Status: Passed the Senate on May 5, 2021 and has been referred to the House Committee on Health. This bill remains eligible for consideration in 2022.

Summary: This bill makes various adjustments to the licensure and supervision arrangement of physician assistants, allowing a practice option in a “team-based setting.” Notably, the legislation includes provisions that sets experience thresholds.

Notes: The NCMS Medical Team Task Force, originally convened back in 2017, recommended the practice model reflected in this bill.

SB 380 – Interstate Medical Licensure Compact

Primary Senate Sponsors: Sen. Jim Perry (R-Lenoir, Wayne); Sen. Kirk deViere (D-Cumberland); Sen. Joyce Krawiec (R-Davie, Forsyth)

Status: Referred to the Committee on Rules and Operations of the Senate.

Summary: This bill enacts new Article 1M, Interstate Medical Licensure Compact, which would strengthen access to health care, develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards, and provide a streamlined process to allow physicians to become licensed in multiple states.

Notes: NCMS led the initiative for SB 380 and will continue to work for passage. The bill is also supported by the Medical Board.

SB 462 – CON/Threshold Amendments & Certificate Expirations

Primary Senate Sponsors: Sen. Joyce Krawiec (R-Davie, Forsyth); Sen. Jim Burgin (R-Harnett, Johnston, Lee); Sen. Jim Perry (R-Lenoir, Wayne)

Status: Signed by the Governor – Session Law 2021-129

Summary: This bill increases the capital expenditure threshold for medical



diagnostic equipment, major medical equipment and new institutional health services. It also imposes a time limit on certificates of need to prevent CON hoarding.

Notes: Specialty societies took the lead on this legislation.

HB 72 – Audiology Modifications

Primary House Sponsors: Rep. Donny Lambeth (R-Forsyth); Rep. Kristin Baker (R-Cabarrus); Rep. Donna White (R-Johnston); Rep. Carla Cunningham (D-Mecklenburg)

Status: Referred to the House Committee on Health

Summary: This legislation was represented its proponents to the bill sponsors as a technical corrections bill. An in-depth review of the bill and its implications by the Medical Society and otolaryngology specialists revealed that the bill, as proposed, had significant scope of practice implications. Extensive work was done to amend the bill to include appropriate updates to the state’s audiology statute and to eliminate any provisions that posed patient safety concerns. The bill did not advance.

HB 93 – Require Naloxone with Opioid Scripts

Primary House Sponsors: Rep. Wayne Sasser (R-Cabarrus, Rowan, Stanly); Rep. Chris Humphrey (R-Lenoir, Pitt); Rep. Timothy Moffitt (R-Henderson); Rep. Gale Adcock (D-Wake)

Status: Passed the House on April 28, 2021 and was referred to the Committee on Rules and Operations of the Senate. This bill remains eligible for consideration in 2022.

Summary: Edition 3 requires practitioners who prescribe Schedule II controlled substances to provide patients with education on overdose prevention and opioid antagonists approved by the Food and Drug Administration if certain conditions apply. After providing the education, practitioners must offer the patient a prescription for an opioid antagonist.

Notes: The bill as filed was successfully stopped by the Medical Society as a result of leading opposition in coordination with specialty societies and county medical societies. An opposition letter was created by NCMS and utilized to halt the bill from moving forward. The NCMS worked to improve the bill in the House and impressed upon the Senate the need to further consider the bill's intent and implications.

HB 96 – Pharmacists Administer Injectable Drugs

Primary House Sponsors: Rep. Wayne Sasser (R-Cabarrus, Rowan, Stanly); Rep. Mitchell Setzer (R-Catawba); Rep. Donna White (R-Johnston); Rep. Gale Adcock (D-Wake)

Status: Signed into law on August 20, 2021 – Session Law 2021-110.

Summary: Expands the number of vaccines and medications that immunizing pharmacists are allowed to administer. It authorizes immunizing pharmacists to provide certain drugs that are subject to standing order issued by the state health director. It requires the pharmacy board and medical board to generate rules to govern administration of this act. It also requires parents to provide written consent before a vaccine approved under an Emergency Use Authorization is administered to a minor.

Notes: The NCMS Legislative Cabinet spent much time addressing this legislation, and the Society led the coordinated effort to ensure all specialty voices were heard.



HB 512/SB 575 – Pharmacists Improve Public Health Needs

Primary House Sponsors: Rep. Wayne Sasser (R-Cabarrus, Rowan, Stanly)

Primary Senate Sponsors: Sen. Jim Burgin (R-Harnett, Johnston, Lee); Sen. Joyce Krawiec (R-Davie, Forsyth); Sen. Jim Perry (R-Lenoir, Wayne)

SB 575 Status: Passed the Senate on May 11, 2021 and has been referred to the Committee on Rules, Calendar, and Operations of the House. This bill remains eligible for consideration in 2022.

HB 512 Status: Referred to the House Committee on Health.

Summary: In addition to other provisions, this bill adds immunizing pharmacists and clinical pharmacist practitioners to the categories of individuals who can prescribe an opioid antagonist in certain situations.

Notes: There have been no subsequent iterations since filing; however, SB 575 and HB 96 were addressed together in HB 96 – Allow Pharmacists to Administer Injectable Drugs, which became law.

HB 277/SB 249 – The SAVE Act

Primary Senate Sponsors: Sen. Ralph Hise (R-Madison, McDowell, Mitchell, Polk, Rutherford, Yancey); Rep. Joyce Krawiec (R-Davie, Forsyth); Rep. Jim Burgin (R-Harnett, Johnston, Lee)

Primary House Sponsors: Rep. Donna White (R-Johnston); Rep. Gale Adcock (D-Wake); Rep. Carla Cunningham (D-Mecklenburg); Rep. Diane Wheatley (R-Cumberland)

SB 249 Status: Referred to the Committee on Rules and Operations of the Senate.

HB 277 Status: Referred to the House Committee on Health.

Summary: This bill includes nurse practitioners, certified nurse midwives, clinical nurse specialists, and certified registered nurse anesthetists within the definition of “advanced practice registered nurse.”

- **Defines the population focus with respect to APRN practice as including one of the following areas of focus:** (1) the family or individual across the life span; (2) adult/gerontology; (3) neonatal; (4) pediatrics; (5) women’s health or gender-related issues; (6) psychiatric mental health.
- **Defines the practice of nursing as an APRN to include the following:** (1) conducting an advanced assessment; (2) delegating and assigning therapeutic measures to assistive personnel; (3) performing other acts that require education and training consistent with professional standards and commensurate with the APRN’s education, certification, demonstrated competencies, and experience; (4) complying with statutory requirements and rendering quality advanced nursing care; (5) recognizing limits of knowledge and experience; (6) planning for the management of situations beyond the APRN’s expertise.
- **Defines the practice of nursing as a certified nurse midwife to include the following:** (1) the management, diagnosis, and treatment of primary sexual and reproductive health care, including primary, preconception, gynecologic/reproductive/sexual health, antepartum, intrapartum, neonatal, and post-pregnancy care; (2) ordering, performing, supervising, and interpreting diagnostic studies; (3) prescribing pharmacologic and nonpharmacologic therapies; and (4) consulting with or referring to other providers as warranted by patient needs.

- **Defines the practice of nursing as a certified registered nurse anesthetist to include the following:** (1) selecting, ordering, procuring, prescribing, and administering drugs and therapeutic devices to facilitate diagnostic, therapeutic, and surgical procedures; (2) ordering, prescribing, performing, supervising, and interpreting diagnostic studies, procedures, and interventions; and (3) consulting with or referring to other health care providers as warranted by patient needs.
- **Defines the practice of nursing as a clinical nurse specialist as including the following:** (1) the diagnosis and treatment of health and illness states; (2) disease management; (3) prescribing pharmacologic and nonpharmacologic therapies; (3) ordering, performing, supervising, and interpreting diagnostic studies; (4) preventing of illness and risk behaviors; (5) nursing care for individuals, families, and communities; (6) integrating care to improve patient outcomes; and (7) consulting with or referring to other health care providers as warranted by the needs of the patient.
- **Defines the practice of nursing as a nurse practitioner to include the following:** (1) health promotion, disease prevention, health education, and counseling; (2) providing health assessment and screening activities; (3) diagnosis, treating, and facilitating patients’ management of their acute and chronic illnesses and diseases; (4) ordering, performing, supervising, and interpreting diagnostic studies; (5) prescribing pharmacologic and nonpharmacologic therapies; and (6) consulting with or referring to other health care providers as warranted by patient needs.
- **Removes the limitation against prescribing a medical treatment or making a medical diagnosis except under physician supervision from the definition of the practice of nursing by a registered nurse.**

Notes: The NCMS led the effort and testified at a SAVE Act “stakeholder” meeting, emphasizing the stark contrast between physician education and training and the hours of training required for APRNs. NCMS also led an opposition letter co-signed by specialty societies and county medical societies to share with legislators.



Civil Liability Protections

Several bills filed this session would have negatively impacted tort reform. However, NCMS was a leader in ensuring that none of bills summarized below received a committee hearing during this session. Specialty societies were also instrumental in the collaborative response to bills.

HB 538/SB 475 – Transparency in Evidence Standards

Primary House Sponsors: Rep. Sarah Stevens (R-Alleghany, Surry, Wilkes)

Primary Senate Sponsors: Sen. Danny Britt, Jr. (R-Columbus, Robeson); Sen. Jim Perry (R-Lenoir, Wayne); Sen. Amy Galey (R-Alamance, Guilford)

SB 475 Status: Referred to the Committee on Rules and Operations of the Senate.

HB 538 Status: Referred to the House Committee on Judiciary 2.

Summary: This bill states that the term “insurance” as used in Rule 411 of the NC Rules of Evidence prohibits parties from introducing evidence of any payments made by insurance under the collateral source rule, but that the rule should not be construed to infer that evidence of health insurance, disability insurance, or other forms of benefits that may be characterized as insurance is prohibited by the rule.

This bill also revises Rule 411 of the NC Rules of Evidence to state that the rule does not require the exclusion of evidence of insurance against liability or coverage limits when offered for a purpose for a purpose other than the issue of whether a person acted negligently.

SB 476/HB 539 – Protecting Properly Insured Individuals

Primary House Sponsors: Rep. Sarah Stevens (R-Alleghany, Surry, Wilkes)

Primary Senate Sponsors: Sen. Danny Britt, Jr. (R-Columbus, Robeson); Sen. Jim Perry (R-Lenoir, Wayne); Sen. Amy Galey (R-Alamance, Guilford)

SB 476 Status: Referred to the Committee on Rules and Operations of the Senate.

HB 539 Status: Referred to the House Committee on Health.

Summary: Senate Bill 476 would potentially inflate the amount of charges recoupable by injured parties by modifying the rules governing the evidence that may be submitted when certain medical charges are at issue in civil actions, effectively resulting in the potential for phantom damages to be awarded to these parties. This bill specifically:

- Limits the evidence offered to prove past medical expenses to the amount paid by health insurance, amounts paid by Medicare or Medicaid, amounts paid by any source, lien amounts, and amounts remaining unpaid.
- Requires providers to timely submit a claim to an injured party’s health insurer or health plan within the allotted time requirements of the insurer or plan to assert a valid lien.
- States that calculating an injured party’s provider/medical charges by using any method other than described by statute amounts to an unfair claim settlement practice.

SB 477 – Victims’ Fair Treatment Act

Primary Senate Sponsors: Sen. Danny Britt, Jr. (R-Columbus, Robeson); Sen. Jim Perry (R-Lenoir, Wayne); Sen. Amy Galey (R-Alamance, Guilford)

Status: Referred to Committee on Rules and Operations of the Senate on 4/5/2021.

Summary: This bill sought to repeal contributory negligence and establish comparative negligence, which would permit plaintiffs to recover even when the plaintiff contributes to his or her own injury.

Health Insurance Coverage

SB 505 – Medical Billing Transparency

Primary Senate Sponsors: Sen. Joyce Krawiec (R-Davie, Forsyth); Sen. Jim Burgin (R-Harnett, Johnston, Lee); Sen. Jim Perry (R-Lenoir, Wayne)

Status: Passed the Senate on May 5, 2021 and has been referred to the Committee on Rules, Calendar, and Operations of the House. This bill remains eligible for consideration in 2022.

Summary as filed: Addressing an issue commonly known as “surprise billing,” this bill requires all contracts for participation as an in-network health services facility between an insurer offering health benefit plans and a health services facility at which there are out-of-network providers who may be part of the provision of services to an insured to require the facility to provide at least 72 hours’ advanced written notification to an insured that has scheduled an appointment at the facility of any out-of-network provider who will provide health care services to the insured.

Most recent edition: Modifies new GS 58-3-295 to eliminate the proposed procedure under which an insurer may recover overpayments made to the health care provider or facility under the new statute. Makes conforming organizational changes.

Notes: NCMS worked with specialty societies to stop this issue from advancing in the House. An opposition letter was signed by various groups and used to inhibit this bill from moving forward.

SB 228 – Allow Insurers to Offer EPO Plans

Primary Senate Sponsors: Sen. Chuck Edwards (R-Buncombe, Henderson, Transylvania); Sen. Joyce Krawiec (R-Davie, Forsyth); Sen. Jim Burgin (R-Harnett, Johnston, Lee)

Primary House Sponsors: Rep. Dana Bumgardner (R-Gaston); Rep. Kyle Hall (R-Rockingham, Stokes, Surry); Rep. Jason Saine (R-Lincoln)

Status: Signed into law on September 20, 2021 – Session Law 2021-151.

Summary: This bill allows insurers to offer exclusive provider benefit plans and establishes continuity of care provisions for those plans.



SB 530 – Medicaid for Twelve Months Postpartum

Primary Senate Sponsors: Sen. Joyce Krawiec (R-Davie, Forsyth); Sen. Jim Burgin (R-Harnett, Johnston, Lee); Sen. Kevin Corbin (R-Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain)

Status: Referred to Committee on Rules and Operations of the Senate on 4/6/2021.

Summary: This bill directs DHHS to implement the continued Medicaid eligibility of pregnant women for 12 months postpartum as allowed by the American Rescue Plan Act of 2021 and also stated the General Assembly’s intent to provide a tuition and registration fee waiver for women eligible for Medicaid under this law under a future program.

Notes: Although this bill did not move after filing, the NCMS helped lead the effort in collaboration with the NC Ob/Gyn Society and worked to ensure similar language was included in the final Budget.

Public Health

SB 711 – NC Compassionate Care Act

Primary Senate Sponsors: Sen. Bill Rabon (R-Bladen, Brunswick, New Hanover, Pender); Sen. Michael Lee (R-New Hanover); Sen. Paul Lowe, Jr. (D-Forsyth)

Status: This bill passed favorably out of Senate Judiciary and Health and has been referred to the Committee on Rules and Operations of the Senate.

Summary: This bill provides protections for the medical use of cannabis for registry identification cardholders, and establishes processes for the application for, and issuance of, registry identification cards. This bill also establishes the Medical Cannabis Production Commission and requires the Commission, in consultation with the NC Medical Care Commission, to adopt rules establishing qualifications and requirements for licensure of medical cannabis suppliers, for the production of medical cannabis by a medical cannabis supplier, and for the proper regulation of medical cannabis centers and cannabis products facilities operated by medical cannabis suppliers.

HB 608 – Dignity for Women are Incarcerated

Primary House Sponsors: Rep. Kristin Baker, MD (R-Cabarrus); Rep. Ashton Clemmons (D-Guilford); Rep. Donna White (R-Johnston); Rep. Kyle Hall (R-Rockingham, Stokes, Surry)

Status: Signed into law on September 10, 2021 – Session Law 2021-143.

Summary: The Dignity for Women Who are Incarcerated Act makes various changes to the requirements for the housing and treatment of incarcerated women to include care related to pregnancy and childbirth; postpartum recovery of female incarcerated persons; family considerations; access to menstrual products; and training and technical assistance.

Notes: Dr. Kerianne Crockett and the NC Ob/Gyn Society led this bipartisan initiative. Rep. Baker, MD championed this issue on behalf of her physician colleagues.



Kerianne Crockett, MD

HB 61 – Local Communicable Disease Funds

Primary House Sponsors: Rep. Donna White (R-Johnston); Rep. Larry Potts (R-Davidson); Rep. Donny Lambeth (R-Forsyth)

Status: Referred to the House Committee on Appropriations.

Summary: Requires that the money appropriated in the act be distributed to local health departments; requires that the \$18 million that is to be divided equally among the local health departments; and adds the requirement that the Division of Public Health begin distributing the total \$36 million to the local health departments no later than September 1 of each fiscal year.

Notes: NCMS coordinated with health departments to support this funding, which is the most money appropriated to local health departments in NC history. This is a win for Medical Society members.

HB 395 – HIE Deadline Extension & Patient Protection

Primary House Sponsors: Rep. Wayne Sasser (R-Cabarrus, Rowan, Stanly); Rep. Larry Potts (R-Davidson); Rep. Kristin Baker, MD (R-Cabarrus); Rep. Michael Wray (D-Halifax, Northampton)

Status: Signed into law on May 27, 2021 – Session Law 2021-26.

Summary: Extends the deadline for mandatory participation in the Health Information Exchange for most providers until January 1, 2023; requires the HIE to provide certain educational materials; and requires the HIE Board to report on or before March 1, 2022.

HB 272 – Revise Health Standard for Lead

Primary House Sponsors: Rep. Warren (R-Rowan); Rep. Donny Lambeth (R-Forsyth); Rep. Gale Adcock (D-Wake); Rep. Larry Potts (R-Davidson)

Status: Signed by the Governor on July 2, 2021 – Session Law 2021-69

Summary: This bill amends the definition of lead poisoning hazard to include any concentration of lead in drinking water equal to or greater than 10 (was 15) parts per billion and requires remediation plans to reduce lead poisoning hazards to fewer than 10 (was 15) parts per billion for lead in drinking water.

Notes: The NCMS coordinated with other stakeholders in support of this bill, including circulating a letter of support.



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in the General Assembly and beyond.**

Support the NCMS PAC today

Your NCMS PAC is the political education and action committee of the North Carolina Medical Society. It is the voice for thousands of physicians, physician assistants, residents and medical students. The NCMS PAC plays a vital role in establishing and maintaining relationships with state and federal office holders. These relationships are fundamental to our advocacy success!

Together, we can continue to achieve the legislative goals of the North Carolina Medical Society. An investment in the NCMS PAC is one of the most important you can make to further our progress. Your support truly makes the difference.

GIVE TODAY!