

NORTH CAROLINA LEGISLATIVE SUMMARY – 2021 LONG SESSION

Prepared by: Duke State Relations

INTRODUCTION

The 2021 legislative session will go down in history as the second longest uninterrupted session in North Carolina since at least 1965. The North Carolina General Assembly convened for the 2021-2022 legislative biennium on January 13, 2021 and will officially adjourn on December 10th, with plans to return on December 30th to address any veto overrides, appointment confirmations, or redistricting issues. The legislature is unlikely to adjourn *sine die* on December 30th, meaning that they can convene before the beginning of the legislative short session in late April or early May 2022. Republicans hold a majority in both the North Carolina House of Representatives (69-51) and Senate (28-22), although they lack supermajorities in either chamber needed to override a veto from Democratic Governor Roy Cooper.

LEGISLATIVE PRIORITIES

Each year Duke State Relations (DSR) identifies several issues that are priorities for Duke University, Duke University Health System and Duke LifePoint Healthcare. The issues generally reoccur every legislative session and have the potential to significantly alter Duke's ability to fulfill our core missions of providing higher education and delivering quality health care. As such, the topics and bills in this section are generally the focus of advocacy efforts at the General Assembly in Raleigh.

State Budget

Governor Roy Cooper signed the [state budget bill](#) into law on November 18, 2021 after months of delays and negotiations with Republican leaders, marking the first time the state has enacted a new budget in three years. Governor Cooper vetoed the state budget in 2019 due to an impasse with Republican leaders over Medicaid expansion, and because Republicans no longer held a supermajority, they were unable to override the veto. The State has since been operating on the last certified budget from 2018 along with a series of "mini budgets" to fund certain fiscal priorities. In an effort to avoid another budget stalemate, Governor Cooper and Republican leaders expressed their intent to work together with hopes of passing a state budget this year.

While there were fears about a recession caused by COVID-19, the financial outlook for the state was much better given an unexpected increase in tax collections combined with flat state spending over the last two years. The state's [consensus revenue forecast](#) in June estimated an additional \$6.5 billion in state revenues over the next two years. The Governor's initial budget proposal in March included plans to invest the revenue surplus in the state budget, while Republican leaders pushed back and sought to use the extra funds to increase tax cuts and revert the surplus to the state's rainy-day fund. With the surplus of state funds, budget writers in the House and Senate eventually settled on a spending cap of \$25.72 billion for FY 2021-22 and \$26.7 billion for FY 2022-23, along with over \$5 billion in pandemic relief from the federal government's American Rescue Plan Act.

The [Senate](#) passed their version of the budget in June while the [House](#) passed their version in August. Republican leaders spent several weeks negotiating a compromise budget bill which they sent to

Governor Cooper for his initial review in September. Republican leaders and the Governor exchanged a number of budget counteroffers over a two-month period, with sticking points on several major provisions including Medicaid expansion, tax cuts, and teacher and state employee pay raises. Negotiations eventually came to a halt in early November and the legislature moved forward with introducing a final state budget for votes in the House and Senate. The budget passed both chambers with overwhelming bipartisan support and the Governor announced he would sign it into law despite lacking some of his administration's top priorities. Highlights of the state budget are below (see [here](#) for the bill text and [here](#) for the money report).

Health Care:

- Allocates funding to Duke University Hospital for a Hospital-Based Violence Intervention Program to identify and link patients at risk of repeat violent injury with hospital- and community-based resources to address underlying risk factors.
- Requires NCDHHS to develop a clinical coverage policy for Medicaid coverage of behavioral health services provided to beneficiaries in a hospital setting after 30 hours if the beneficiaries are awaiting discharge for a more appropriate care setting.
- Creates a competitive grant program in the Office of Rural Health to award grants to hospitals to fund expanded telepsychiatry capabilities to respond to the COVID-19 public health emergency.
- Allows for the parents of children temporarily placed in the child welfare system to retain Medicaid eligibility.
- Provides Medicaid coverage for postpartum women for up to twelve months following the delivery of a Medicaid eligible dependent.
- Adds components to hospital assessments to include a Medicare Economic Index as an inflation factor in assessment calculations, and to cover the state's share for postpartum Medicaid expansion and Home and Community Based Services expansion.
- Creates a 2022 joint legislative study committee on health care access and Medicaid expansion.

Higher Education:

- Increases the NC Need-Based Scholarship for students attending private postsecondary institutions by \$2.2 million each year of the biennium.
- Allocates funds to NC's private colleges and universities to offset expenditures incurred to directly respond to the COVID-19 pandemic. A provision was added that excludes colleges from receiving the federal pandemic relief funding if less than 10 percent of the degree-seeking undergraduate student population receives the NC Need-Based Scholarship, preventing Duke University (and others) from receiving funds.
- Allocates over \$7 million to the National College Advising Corps to support a temporary expansion of the placement of college advisers in public schools through CAC's program.
- Directs the NC Collaboratory to identify faculty expertise, technology, and instrumentation located within institutions of higher education in the state, including Duke University, for PFAS analysis.

Taxes:

- Cuts personal income tax from 5.25% to 3.99% over six years, including cutting to 4.99% beginning January 1, 2022.
- Increases zero-tax bracket to \$12,750 or \$25,500 for married couples, up from \$10,750 and \$21,500.
- Increases child tax deduction by \$500 per child.
- Eliminates state income tax on military pensions.
- Phases out the corporate income tax beginning in 2025, reaching zero by the end of the decade.

Miscellaneous:

- Requires the Governor to have agreement from a majority of the Council of State in order to exercise certain executive powers, and sets expiration dates for executive orders issued under the Emergency Management Act.
- Prohibits state agencies and the attorney general's office from settling lawsuits in certain cases and gives that power to the legislature instead.
- Eliminates the ability of the attorney general and state elections officials to settle lawsuits related to the Voting Rights Act of 1965.
- Limits the quarantine powers granted to NCDHHS and restricts NCDEQ's ability to respond to any "imminent hazards" identified in the state.
- Provides \$1 billion for broadband expansion.
- Sets the state's Savings Reserve at \$4.25 billion at the end of the 2022-2023 fiscal year.

A major provision of concern to hospitals is the increase in the hospital assessment tax by nearly \$250 million annually to cover the cost of Medicaid coverage for postpartum mothers for up to 12 months and expanding home and community-based services. Although there was support for repealing the hospital tax increases in the [budget technical corrections bill](#) that passed the legislature on November 29th, the legislature ultimately did not include this fix in the final bill. The North Carolina Healthcare Association and DSR plans to work with legislators over the coming months to offer alternative options to support these programs.

COVID-19 Relief

The state legislature allocated billions of dollars in federal pandemic relief funding over the last year and a half, passing numerous COVID-19 recovery packages. In January, legislators began the long session by unanimously passing two COVID-19 relief bills ([S.L. 2021-1](#) and [S.L. 2021-3](#)) that the Governor signed into law. Neither included any opportunity for direct relief for hospitals or providers given most of the funds appropriated had specific limits on the purposes for which the funds could be used. As mentioned above, the legislature also allocated nearly \$5.1 billion from the federal government's American Rescue Plan Act in the state budget this year, much of which was used for large-scale infrastructure and redevelopment projects across the state.

Medicaid Expansion

Although Governor Cooper continued to push Medicaid expansion as a top priority throughout his negotiations with Republican leaders, expansion was not included in the final version of the budget. Senate Republicans were willing to include Medicaid expansion as part of the broader compromise budget, but House Republicans opposed adding the provision to the bill. Many thought this would be

the year North Carolina expanded Medicaid due to incentives included in the federal government's American Rescue Plan Act. The bill incentivizes non-expansion states to close their coverage gap with a two-year, 5% increase in the federal match rate for Medicaid. For North Carolina, that would mean an influx of between \$1.7 and \$2.4 billion over the next two years. The federal government's Build Back Better Plan Act that recently passed the U.S. House of Representatives also places additional pressure on non-expansion states by extending ARPA incentives and by permanently reducing Disproportionate Share Hospital (DSH) payments to hospitals serving a large population of Medicaid and uninsured patients.

Despite pushback from House Republicans this year, there's increasing optimism that Medicaid expansion could be addressed next legislative session as evidenced by the creation of an 18-member joint legislative study committee to consider various ways in which access to health care and health insurance can be improved for North Carolinians. The committee will begin meeting in January and will make recommendations for legislation that can be considered during the 2022 session that will start in late April or early May. A key in any Medicaid expansion bill will be how to pay for the state's share of the overall expense to provide coverage to the expansion population. DUHS supports expansion and engages directly at the legislature in support of legislation that expands Medicaid, but will continue to work with legislators, Governor Cooper and NCDHHS to stress that hospitals should not shoulder the entire amount with increased assessments.

Medicaid Transformation

The state's transition from a fee-for-service to a managed care system of Medicaid went live in North Carolina on July 1, 2021. The NC Department of Health and Human Services was originally scheduled to move forward with Medicaid transformation on February 1, 2020; however, new funding and program authority were required from the General Assembly to meet this timeline and Governor Cooper and legislators were unable to reach a compromise agreement. Medicaid transformation was suspended indefinitely in November 2019, but the House and Senate reached a final agreement during the 2020 session that directed Medicaid transformation to begin on July 1, 2021 for Standard Plans and July 1, 2022 for Behavioral Health I/DD Tailored Plans.

NCDHHS [recently announced](#) a delay of the Behavioral Health I/DD Tailored Plans to December 1, 2022. With Medicaid transformation going live on July 1, a top priority for hospitals this session was [updating the hospital assessment](#) to support continued funding for Medicaid payments to hospitals under the new managed care system. The bill passed the House and Senate with bipartisan support and Governor Cooper signed it into law in June.

Certificate of Need

A handful of bills were filed again this year to reform or repeal the state's Certificate of Need (CON) law, but only one bill was signed into law by Governor Cooper. Although the NC Senate has pushed CON reform for years, Duke has typically been opposed to any changes and supports the existing law as a way to regulate the growth of health services and facilities, control costs, and manage distribution. However, DSR worked with the NC Healthcare Association and legislators this session to negotiate parts of the bill that became law. The new [CON law](#) increases the price threshold for when new equipment or facilities would require a CON and indexes price increases to inflation each year. The law also ensures that providers use a CON within a certain amount of time after receiving it, known as a "shot-clock"

provision. Projects costing more than \$50 million would have to begin within four years, and projects costing \$50 million or less would have to start within two years. At the request of hospitals, a provision was added to clarify that a timeline for a project can be extended if there are extenuating circumstances that delay the initiation of a project.

In addition to the stand alone bills this session, two CON provision were included in the budget bill signed by the Governor. The first was modification of the current Certificate of Need Exemption for Legacy Medical Care Facilities so that a person seeking to operate a legacy medical facility in a tier one or tier two county may request an additional 36-month extension of time to open the facility provided that there is a contract for the acquisition or reopening of a legacy medical facility. The other change temporarily removes Certificate of Need requirements for acute care hospitals in counties that have a total population between 40,000 and 50,000, is under 460 square miles, contains a portion of a city that is located in more than one county and is located along the state's border with another state.

Telehealth

Ensuring that providers are incentivized to maintain telehealth services as a means to increase access to care was a top priority for DUHS at the legislature this session. The House passed a bill with bipartisan support that would [increase access to telehealth](#) in North Carolina by requiring private insurance companies to reimburse providers for these services. North Carolina is one of the few states that does not currently require insurers to cover and reimburse for telehealth services consistently. Despite overwhelming support in the House, the bill was never considered in the Senate due to strong pushback from insurance companies and advocacy groups that oppose the legislation by characterizing it as an "insurance mandate". The House included the telehealth bill in their version of the budget, but it was not included in the final compromise budget.

Patient Visitation Policies

A handful of patient visitation policy bills were introduced at the legislature again this session in response to healthcare facilities limiting visitation during the height of the COVID-19 pandemic. [The No Patient Left Alone Act](#) was signed into law in October, creating mandatory visitation rights for patients in hospitals, nursing homes, combination homes, hospice care facilities, adult care homes, special care units, and residential treatment facilities. The new law requires hospitals to allow compassionate care visits in certain situations, and any facility in violation of the visitation requirements will be issued a \$500 civil penalty from the NC Department of Health and Human Services. A [technical fix](#) was later made to correct an error that would have resulted in facilities requiring compassionate care visits even when a facility imposes visitation restrictions that are compliant with federal regulations.

Governor Cooper signed another bill in September that would require hospitals to allow [clergy members](#) to visit admitted patients, despite any disaster declarations or the use of the hospital as a temporary emergency shelter. Clergy members are subject to health screenings and must adhere to infection control procedures, and hospitals are able to restrict visitation by clergy members who do not pass the health screening. Another bill signed by Governor Cooper provides [visitation rights](#) for patients in nursing homes, combination homes and adult care homes, and allows each resident to receive a visit at least twice per month from one preapproved visitor or alternate visitor. Although hospitals and healthcare facilities were opposed to mandatory visitation policies and proposed alternative solutions, the bills received widespread bipartisan support in both chambers.

Behavioral Health

Addressing the behavioral health crisis was another priority issue for Duke at the legislature this session. In June, the North Carolina Healthcare Association, North Carolina Chamber, North Carolina Medical Society and a coalition of other statewide organizations wrote a [letter](#) to legislative leaders and Governor Cooper stating that the current behavioral health crisis has reached a state of emergency in North Carolina. The letter called on lawmakers to act by using the recent influx of federal resources to address the behavioral health inequities that were exacerbated by the pandemic, and encouraged legislators and the Governor to work together with public and private partners to create a sustainable system of care. In response, the Governor's Office urged the coalition to redouble their efforts to pass Medicaid expansion to combat this issue.

Although House and Senate leadership never issued a formal response, the House did include some behavioral health provisions in their budget. One major behavioral health provision that was included in the final budget requires NCDHHS to develop a clinical coverage policy for Medicaid coverage of behavioral health services provided to beneficiaries in a hospital setting after 30 hours if the beneficiaries are awaiting discharge for a more appropriate care setting. This was a top priority for Duke and other hospitals this session given that current law only covers the first 30 hours. Moving forward, hospitals and behavioral health providers will continue to advocate for increased behavioral health funding to provide a more comprehensive solution for treating these patients.

Independent Practice Authority for APRNs (SAVE Act)

A group of bipartisan legislators in the House and Senate filed a bill this session to reduce barriers and modernize regulations for advanced practice registered nurses (APRNs) in North Carolina, including nurse practitioners, certified nurse midwives, clinical nurse specialists, and certified registered nurse anesthetists. [The SAVE Act](#) would allow APRNs to have independent practice authority without a supervising physician, removing the requirement that APRNs have a collaborative practice agreement to treat patients. A similar version of this bill has been introduced in past legislative sessions and is a top priority for the NC Association Nurses Association, but has been defeated every year due to overwhelming opposition from the physician community. The SAVE Act failed to advance in either chamber again this session.

Energy Reform

Governor Cooper signed a major [energy reform bill](#) into law this session that lays out a decade or more of energy policy in North Carolina. A controversial 49-page version of the bill passed the House in July, and the Senate then worked with Governor Cooper's office for months to negotiate compromise language. At the beginning of October, Governor Cooper and Senate Leader Phil Berger announced an agreement on the energy legislation and it was fast-tracked through the legislature. The shortened 10-page bill requires the North Carolina Utilities Commission to develop a cost-efficient plan to reduce carbon emissions in the state by 70% by 2030 and achieve carbon neutrality by 2050, putting one of Governor Cooper's biggest climate change goals into statute.

Included in the final bill is a provision that will overhaul the way the Commission approves electricity rates. The new law allows Duke Energy to request multi-year rate plans for utility rate increase approvals several years in advance instead of filing rate cases nearly every year with the North Carolina Utilities Commission as they do now. Duke University and DUHS, and many other large power

consumers in the state, opposed the multi-year rate plan provision citing concerns over the potential for significant utility rate increases for customers. DSR and Duke Facilities Management worked with the state's other large power consumers and some of the energy consumer advocacy organizations to oppose the bill and offer new language to Senate leaders and the Governor's office, but the new version ultimately received bipartisan support in both chambers and was quickly signed into law.

COVID-19 Vaccine Legislation

Several bills were filed this session to prohibit employers, state health care facilities, schools, and the government from requiring COVID-19 vaccination. Only one bill passed the House that would [prohibit the Governor from creating an executive order or rule to mandate COVID-19 vaccination](#). Numerous statewide organizations that Duke is a member of expressed opposition to bills that prohibited vaccination requirements, and legislation of this nature never gained enough support to pass both chambers. The Governor did sign one bill into law that would, among other things, require health care providers to obtain [written consent](#) from a parent or legal guardian before administering a vaccine to a minor if it's under Emergency Use Authorization. The written consent requirement will not apply to COVID-19 vaccines once full FDA approval is granted for all age groups.

REDISTRICTING

The North Carolina House and Senate approved new state and congressional district maps in early November as part of the decennial redistricting process. The state legislature is statutorily required to redraw legislative district maps every ten years following the release of updated census data in order to account for population changes and to maintain equal representation in districts. North Carolina has an infamous history of racial and partisan gerrymandering. Although gerrymandering has become a tool used by both political parties holding majorities in many states across the country, courts have struck down maps in the past that were considered to be extremely partisan. The Republican-controlled state legislature faced a number of legal challenges during the last redistricting cycle in 2011, with congressional maps declared unconstitutional in both 2016 and 2019. The most recent court ruling in 2019 required the General Assembly to redraw maps with an unprecedented level of transparency and fairness, and lawmakers adopted a similar set of criteria this year. Since Democratic Governor Roy Cooper lacks veto authority over redistricting matters, Republican leaders were ultimately in charge of redrawing and approving new legislative districts.

Despite guardrails in place and pushback from critics and members of the public, the final maps approved by the legislature give Republicans a significant advantage in the U.S. House of Representatives, the N.C. House of Representatives and the N.C. Senate. The approved [N.C. Congressional Map](#) includes a 14th seat in the U.S. House of Representatives due to population growth over the last decade. It's predicted that the new congressional map produces 8 safe Republican seats, 3 safe Democratic seats and 3 competitive seats, of which 2 lean Republican and 1 leans Democratic. This likely results in at least a 10-4 advantage for Republicans. The new [N.C. House of Representatives Map](#) is estimated to produce 55 safe Republican seats, 41 safe Democratic seats and 24 competitive seats, of which 13 lean Republican and 11 lean Democratic. Based on this estimation, Republicans would likely keep their majority, and could get to a supermajority by winning 17 of the 24 competitive seats. Democrats would have to win 20 of the 24 competitive districts to win a majority. Predictions show the [N.C. Senate Map](#) produces 24 safe Republican seats, 17 safe Democratic seats and 9

competitive seats, of which 5 lean Republican and 4 lean Democratic. Based on this estimation, Republicans would likely win a majority and could win a veto-proof supermajority by holding all of the right-leaning competitive districts and flipping one of the left-leaning ones. Democrats would have to win every competitive district to win the majority.

Given that North Carolina is considered a purple state and has a similar number of registered Republicans and Democrats, the maps received widespread criticism for having a predetermined and unfair outcome to favor Republicans. Several civil rights groups have already filed lawsuits against the U.S. House of Representatives map and others are expected in the coming weeks and months. With new legislative districts finalized for now, candidates are beginning to express their intent to run for office and have from December 6 through December 16 to file for candidacy.

STAND ALONE LEGISLATION

DSR identifies legislation that Duke supports, opposes, or amends and is regularly approached by faculty or staff from within Duke about advancing specific legislation. The result is that our office engages on dozens of bills each session. In addition, there are also several bills each session that we independently monitor even though we have not received a specific request from within Duke to do so. We also monitor, but do not directly engage in advocacy efforts either for or against, any legislation on which Duke has constituencies or interests on both sides of the issue.

In addition to the priorities discussed above, legislation enacted during the 2021 long session that DSR either directly lobbied or monitored is listed below (organized by bill number and chamber of origin). A comprehensive list of bills we monitored this session can be found [here](#). Bills that met the crossover deadline - the date by which a bill must have passed through one chamber to be heard in the other chamber - are still eligible for consideration during the 2022 short session. Some bills are not subject to crossover, such as bills with appropriations or revenue, adjournment resolutions, or redistricting issues, and may also be considered during the short session.

Legislation Originating in the NC Senate

The hyperlink provided for the session law is to the text of the enacted legislation, while the hyperlink for the bill title is to the official bill summary.

- [Session Law 2021-1](#)
 - [Senate Bill 36: 2020 COVID Relief Bill Modifications](#)
 - Duke's Position: Support
- [Session Law 2021-4](#)
 - [Senate Bill 220: The Reopen our Schools Act of 2021](#)
 - Duke's Position: Neutral (see [Duke's ABC Science Collaborative](#))
- [Session Law 2021-22](#)
 - [Senate Bill 103: Reduce Reg. to Help Children with Autism](#)
 - Duke's Position: Support
- [Session Law 2021-25](#)
 - [Senate Bill 172: Additional COVID-19 Response & Relief](#)

- Duke's Position: Neutral
- [Session Law 2021-30](#)
 - [Senate Bill 248: Additional Info on Health Ins. Cards](#)
 - Duke's Position: Neutral
- [Session Law 2021-62](#)
 - [Senate Bill 594: Medicaid Admin. Changes & Tech. Corrections.-AB](#)
 - Duke's Position: Amend
- [Session Law 2021-78](#)
 - [Senate Bill 605: NC Farm Act of 2021](#)
 - Duke's Position: Neutral
- [Session Law 2021-82](#)
 - [Senate Bill 208: Labor Law Changes](#)
 - Duke's Position: Neutral
- [Session Law 2021-95](#)
 - [Senate Bill 146: Teledentistry/RDH Admin. Local Anesthetic](#)
 - Duke's Position: Neutral
- [Session Law 2021-118](#)
 - [Senate Bill 308: Expand Expunction Eligibility](#)
 - Duke's Position: Neutral
- [Session Law 2021-125](#)
 - [Senate Bill 159: State Health Plan Administrative Changes.-AB](#)
 - Duke's Position: Neutral
- [Session Law 2021-129](#)
 - [Senate Bill 426: CON/Threshold Amds. & Certificate Expirations](#)
 - Duke's Position: Amend
- [Session Law 2021-132](#)
 - [Senate Bill 693: Expedite Child Safety and Permanency](#)
 - Duke's Position: Support
- [Session Law 2021-151](#)
 - [Senate Bill 228: Allow Employers to Offer EPO Benefit Plans](#)
 - Duke's Position: Neutral
- [Session Law 2021-155](#)
 - [Senate Bill 321: Amend NC Controlled Substances Act](#)
 - Duke's Position: Neutral
- [Session Law 2021-161](#)
 - [Senate Bill 257: Medication Cost Transparency Act](#)
 - Duke's Position: Amend
- [Session Law 2021-169](#)
 - [Senate Bill 85: Allow Vision Service Plans](#)
 - Duke's Position: Neutral
- [Session Law 2021-171](#)
 - [Senate Bill 191: The No Patient Left Alone Act](#)
 - Duke's Position: Amend

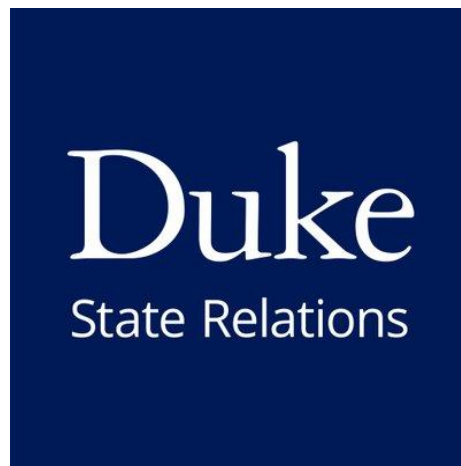
- [Session Law 2021-173](#)
 - [Senate Bill 739: Senate Redistricting Plan 2021/SBK-7](#)
 - Duke's Position: Neutral
- [Session Law 2021-174](#)
 - [Senate Bill 740: Congressional Redistricting Plan 2021/CST-13](#)
 - Duke's Position: Neutral
- [Session Law 2021-180](#)
 - [Senate Bill 105: 2021 Appropriations Act](#)
 - Duke's Position: Neutral

Legislation Originating in the NC House

The hyperlink provided for the session law is to the text of the enacted legislation, while the hyperlink for the bill title is to the official bill summary.

- [Session Law 2021-3](#)
 - [House Bill 196: 2021 COVID-19 Response & Relief](#)
 - Duke's Position: Neutral
- [Session Law 2021-23](#)
 - [House Bill 217: Utilities Comm'n Tech. and Add'l Changes](#)
 - Duke's Position: Neutral
- [Session Law 2021-26](#)
 - [House Bill 395: Extend Deadlines for Mandatory HIE Particip](#)
 - Duke's Position: Support
- [Session Law 2021-31](#)
 - [House Bill 224: Occupational Therapy Interstate Compact](#)
 - Duke's Position Neutral
- [Session Law 2021-61](#)
 - [House Bill 383: Medicaid Modernization Hospital Assessment](#)
 - Duke's Position: Support
- [Session Law 2021-64](#)
 - [House Bill 642: Down Syndrome Organ Trans. Nondiscrim. Act](#)
 - Duke's Position: Neutral
- [Session Law 2021-70](#)
 - [House Bill 629: Physician Asst/Nurse Practit./STOP Act Clar](#)
 - Duke's Position: Neutral
- [Session Law 2021-77](#)
 - [House Bill 734: Dept. of Health & Human Services Revisions](#)
 - Duke's Position: Neutral
- [Session Law 2021-110](#)
 - [House Bill 96: Allow Pharmacists to Admin. Injectable Drugs](#)
 - Duke's Position: Amend
- [Session Law 2021-134](#)
 - [House Bill 650: Omnibus DMV Bill](#)
 - Duke's Position: Neutral
- [Session Law 2021-145](#)

- [House Bill 351: Clifford's Law](#)
 - Duke's Position: Amend
- [Session Law 2021-143](#)
 - [House Bill 608: Dignity for Women Who Are Incarcerated](#)
 - Duke's Position: Support
- [Session Law 2021-156](#)
 - [House Bill 447: The Jeff Rieg Law/Patients Religious Rights](#)
 - Duke's Position: Amend
- [Session Law 2021-165](#)
 - [House Bill 951: Energy Solutions for North Carolina](#)
 - Duke's Position: Opposed
- [Session Law 2021-167](#)
 - [House Bill 761: Police Vehicle and Equipment Protection Act](#)
 - Duke's Position: Neutral
- [Session Law 2021-175](#)
 - [House Bill 976: House Redistricting Plan 2021/HSA-9](#)
 - Duke's Position: Neutral
- [Session Law 2021-181](#)
 - [House Bill 404: Ltd. Immunity for PSAP/TC for S.L. 2021-171](#)
 - Duke's Position: Support



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