

1999-2000

**HOUSE
PUBLIC HEALTH
COMMITTEE**

MINUTES

1999-2000 Biennium

NORTH CAROLINA GENERAL ASSEMBLY
COMMITTEE SUMMARY REPORT
HOUSE: PUBLIC HEALTH

Valid Through 30-JUL-1999

BILL	INTRODUCER	SHORT TITLE	LATEST ACTION ON BILL	IN DATE	OUT DATE
H 96	EDWARDS	ADULT CARE HOME/LIC. EXEMPT	R -CH. SL 99-0193	04-13-99	04-21-99
H 313	BOYD-MCINTYRE	OSTEOPOROSIS PROGRAM	H -RE-ASSIGNED TO APP-HRES	03-04-99	04-14-99
H 329	TUCKER	UNIFORM RABIES VACCINATION STUDY	*H -RE-REF COM ON RULES	03-04-99	04-21-99
H 414	SETZER	VETERINARIAN RECIPROCITY	*R -CH. SL 99-0203	03-11-99	03-24-99
H 595	OWENS	RABIES VACCINE/DOG OWNER ADMIN	*H -RE-REF COM ON RULES	03-25-99	04-07-99
H 957	EDWARDS	ELECTRONIC MEDICAL RECORDS/FOOD REGS	*R -CH. SL 99-0247	04-08-99	04-21-99
H 958	EDWARDS	CONFID. MEDICAL INFO/CLARIFICATION	R -CH. SL 99-0272	04-15-99	04-21-99
H1061=	MCALLISTER	LOCAL HEALTH BOARD RULES	H -REF TO COM ON PUBHLTH	04-15-99	
H1105	GIBSON	CLARIFY REGULATED ESTABLISHMENTS	H -REF TO COM ON PUBHLTH	04-15-99	
H1168	MOORE R	MASS GATHERINGS	H -REF TO COM ON PUBHLTH	04-15-99	
H1398	WRIGHT	NEEDLE EXCHANGE PROGRAM	H -REF TO COM ON PUBHLTH	04-15-99	
S 273	ODOM	CANCER CONTROL REPORTING	*R -CH. SL 99-0033	04-05-99	04-21-99
S 560	HORTON	COUNTRY HAM PRESERVATION ACT	R -CH. SL 99-0013	03-30-99	03-31-99
S 614	PURCELL	IMMUNIZATION LAW CHANGES	*R -CH. SL 99-0110	04-28-99	05-12-99

NOTES- = AFTER BILL NUMBER SHOWS THAT BILL IS IDENTICAL, AS INTRODUCED, TO ANOTHER BILL.

* AFTER NUMBERS INDICATES THAT TEXT OF BILL WAS ALTERED BY ACTION ON THE BILL.

BOLDED LINE INDICATES BILL INDEXED AS AFFECTING APPROPRIATIONS.

PUBLIC HEALTH COMMITTEE

1999-2000 BIENNIUM

MEMBER

LEGISLATIVE ASST

Rep. Mary E. McAllister

Chair

Annecia Norwood, LA

OFFICE NUMBER

Rm. 638 LOB

TELEPHONE

733-5959

Rep. Zeno Edwards

Chair

Jo Hinton, LA

Rm. 637 LOB

733-5906

Rep. Dockham

Joanna Mills, LA

Rm. 1106 LB

733-5822

Rep. Esposito

Judy Lowe, LA

Rm. 418c LOB

715-3009

Rep. Howard

Gail Stewart, LA

Rm. 1023 LB

733-5904

Rep. Mosley

Gennie Thurlow, LA

Rm. 2221 LB

733-5781

Rep. Daniel Barefoot

Jackie Pittman, LA

Rm. 416B

715-3021

Rep. Stanley H. Fox

Mary Capps, LA

Rm 1217

733-5757

STAFF

John Young, Research

Rm. 545 LOB

733-2578

Linda Attarian

Rm 545 LOB

733-2578

PUBLIC HEALTH COMMITTEE



Rep. Mary E McAllister
Chair



Rep. Zeno Edwards
Chair



Rep. Dockham



Rep. Howard



Rep. Esposito



Rep. Mosley

PUBLIC HEALTH COMMITTEE MINUTES

MARCH 10, 1999

THIS WAS A JOINT MEETING OF PUBLIC HEALTH, MENTAL HEALTH, HEALTH CARE DELIVERY AND HEALTH.

Those in attendance were: Rep. McAllister, Rep. Edwards, Rep. Dockham, Rep. Insko, Rep. Goodwin, Rep. Horne, Rep. Walend, Rep. Womble, Rep. Nye, Rep. Bowie, Rep. Warwicke, Rep. Cansler, Rep. Allred, Rep. Preston, and Rep. Hiatt. All guests were asked to stand and introduce themselves. Ms Anne Wolf a long time advocate for public health was introduced as the new head of the Division of Public Health. Staff members in attendance were John Young and Linda Attarian.

Rep. McAllister, chair, opened the meeting by calling all to order. Rep. Edwards was called upon to give his comments to the members and guests.

Rep. McAllister introduced Dr. Andrew McBride, North Carolina Public Health Director. Dr. McBride addressed many public health concerns, long term care for the elderly; adults care homes and nursing homes. He also spoke of the effects of tobacco use by teens in the state. He was thankful for the recent tobacco settlement and felt North Carolina would be able to address many things with the projected funds. He stated cigarettes caused more premature deaths than AIDS, alcohol, traffic deaths combined.

Dr. McBride went on to outline the devastating effects of cigarette smoking on the African American community. This population have earlier, more severe illnesses from smoking than other groups, due to higher tar, nicotine and menthol in the brands of cigarettes they smoke.

Dr. McBride discussed many issues, but put emphasis on prevention and the need of North Carolina to invest in prevention. Presently, less than one percent of healthcare dollars are spent on prevention. The establishment of a Health Foundation is support by Dr. McBride to meet the needs of the under privilege of the state.

Also listed under Dr. McBride's preventive services:

- Expand the school nurse program in North Carolina's public schools, presently there is only one school nurse for every 2,400 students.
- Support school based clinics.
- HIV needle exchange programs in more populated areas of the state, to reduce the spread of AIDS.
- Childhood lead screening in the rural and minority communities of the state. (Rep. Insko asked question on the effectiveness of the present way of detecting lead poisoning in children. Dr. McBride informed her of the change in lead in children's blood levels, but lead does not leave the soft tissue or bone marrow.

- Using existing programs to do lead screening in children, i.e. WIC, community based clinics.

Several questions were presented to Dr. McBride, one from Rep. Goodwin concerning school staff dealing with children with mental health problems. Dr. McBride stated these children put an added burden on school nursing staff. There are existing interdisciplinary teams that work for these children.

Rep. Cansler asked about cigarette usage amongst teenagers. Dr. McBride stated most children are actually smoking on school grounds. There is presently a federally funded program in North Carolina schools; "Project assist Program" is the only preventive program in our schools.

Rep. Warwicke asked what solutions could be used for lead poisoning. Dr. McBride suggested focusing resources on environmental hazards. Medicaid waivers were used to help remedy situations in other states, this needs to be looked at in North Carolina. Also communities must be sensitized to this issue of lead poisoning.

Rep. McAllister closed the meeting by thanking Dr. McBride for his time and then adjourned.

VISITOR REGISTRATION SHEET

PUBLIC HEALTH

March 10, 1999

Name of Committee

Date _____

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK

[illegible]

PUBLIC HEALTH

DATES

3/10

Rep. McAllister
Rep. Edwards
Rep. Dockham
Rep. Esposito
Rep. Howard
Rep. Melton
Rep. Mosley

✓

Staff

John Young

Research

Benidattarain

Ex-Officios

Quest

Rep. Goodwin

✓

Rep. Torne

✓

Rep. Walend

✓

Rep. Womble

✓

Rep. Neze

✓

Rep. Baurie

✓

Rep. Ins/60

Rep. Warwicke



Rep. Cansler

✓

MINUTES

HOUSE COMMITTEE ON PUBLIC HEALTH

MARCH 17, 1999

The House Committee on Public Health met in Room 421 of the Legislative Office Building on March 17, 1999, at 11:15 a.m. Representative Zeno L. Edwards, Jr., Chairman, presided at the meeting; and the following members were present: Representatives Mary E. McAllister, Chairman; Jane Mosley; and Jerry C. Dockman.

Chairman Edwards introduced the members on the committee and John Young, staff counsel.

The following bill was discussed:

HB 329, A BILL TO BE ENTITLED AN ACT PERTAINING TO THE TIMING OF RABIES VACCINATIONS FOR DOGS AND CATS. John Young, staff counsel, offered a background of the bill (attachment 1). He reviewed the general statutes and also the State rules, which require that a veterinarian administer rabies vaccinations once every three years, but rabies vaccinations administered by certified rabies vaccinators must be administered annually. House Bill 329 amends G.S. 130A-185 to direct the Commission for Health Services to ensure that the same vaccination requirements apply whether the vaccination is administered by a certified rabies vaccinator or a veterinarian. Representative Russell Tucker, bill sponsor, was in attendance to explain the bill. He noted there is a need for the bill in his district because Jones County does not have a veterinarian or a health director. Mr. Larry Meadows, Jones County manager, also was in attendance and explained the reasons the bill is needed.

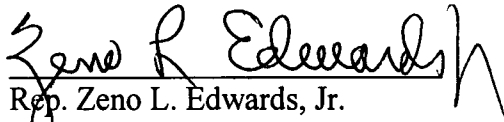
Dr. Dennis McBride, state health director, and Dr. Stephanie Kordick were in attendance to explain their opposition to the bill.

Henry Jones, representing the Veterinary Medical Assn., Inc., NC, noted that his organization did not like to oppose public health personnel and more time is needed for them to study the bill.

There was considerable discussion about why vaccinations administered by a veterinarian is administered every three years but those administered by certified rabies vaccinators must be done annually. Rep. McAllister asked if the vaccine is the same strength, and Dr. McBride noted that it is the same. Dr. Stephanie Kordick explained the training for the certified rabies vaccinators is approximately four hours.

The committee felt they needed more information before voting on the bill. Chairman Edwards noted he had received some written opposition to the bill (attachment 2). The bill will be discussed at a later meeting.

The meeting was adjourned at 11:45 a.m.



Rep. Zeno L. Edwards, Jr.
Chairman



Jo Hinton
Legislative Assistant

AGENDA

PUBLIC HEALTH COMMITTEE MARCH 17, 1999

**REPRESENTATIVE ZENO L. EDWARDS, JR. CHAIR
PUBLIC HEALTH**

**REPRESENTATIVE MARY E. MCALLISTER, CHAIR
PUBLIC HEALTH**

OPENING REMARKS

INTRODUCTIONS

BILLS

HB 329

SHORT TITLE: UNIFORM RABIES VACCINATION.

INTRODUCTION OF BILL SPONSOR: REP. RUSSELL E. TUCKER

REMARKS

ADJOURNMENT

A BILL TO BE ENTITLED

AN ACT PERTAINING TO THE TIMING OF RABIES VACCINATIONS FOR DOGS AND CATS.

Introduced by Representative(s)

Tucker



Principal Clerk's Use Only

PASSED 1st READING
MAR 4 1999
AND REFERRED TO COMMITTEE
ON *Public Health*

**EXPLANATION OF House Bill 329
Uniform Rabies Vaccination**

To: Representatives Mary McAllister and Zeno Edwards
From: John Young, Committee Staff
Date: March 5, 1999
Sponsor: Representative Russell E. Tucker

Background on HB 329

G.S. 130A-185 requires that every cat and dog over 4 months of age be vaccinated against rabies. The frequency of vaccination is set by the Commission for Health Services and the vaccine shall be administered only by a licensed veterinarian or a certified rabies vaccinator.

Since there is a shortage of veterinarians in some counties, G.S. 130A-186 provides a process by which certain persons may be trained and allowed to vaccinate for rabies as a certified rabies vaccinator. In those counties where there is no veterinarian, the health director is required to appoint one or more persons for the purpose of administering the vaccine. If there is a veterinarian in the county, the health director may appoint such a person. The State Public Health Veterinarian shall provide at least 4 hours of training for those persons appointed by the local health director. The State Public Health Veterinarian shall certify in writing that the appointee has demonstrated a knowledge and procedure acceptable for the administration of rabies vaccine to animals.

The State rules promulgated to implement these statutes require that rabies vaccinations administered by a veterinarian may be administered once every three years (assuming a 3 year vaccine is used) but rabies vaccinations administered by a certified rabies vaccinators must be administered annually.

Summary of HB 329

House Bill 329 amends G.S. 130A-185 to direct the Commission for Health Services to ensure that the same vaccination requirements apply whether the vaccination is administered by a certified rabies vaccinator or a veterinarian.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

H

1

HOUSE BILL 329

Short Title: Uniform Rabies Vaccination.

(Public)

Sponsors: Representative Tucker.

Referred to: Public Health.

March 4, 1999

- 1 A BILL TO BE ENTITLED
2 AN ACT PERTAINING TO THE TIMING OF RABIES VACCINATIONS FOR
3 DOGS AND CATS.
4 The General Assembly of North Carolina enacts:
5 Section 1. G.S. 130A-185 reads as rewritten:
6 **"§ 130A-185. Vaccination of all dogs and cats.**
7 (a) The owner of every dog and cat over four months of age shall have the animal
8 vaccinated against rabies. The time or times of vaccination shall be established by the
9 Commission. In establishing requirements for the time of rabies vaccinations, the
10 Commission shall ensure that the same revaccination requirements apply to rabies
11 vaccinations administered to a dog or a cat by a certified rabies vaccinator as apply to
12 vaccinations administered to a dog or a cat by a licensed veterinarian. Rabies
13 vaccine shall be administered only by a licensed veterinarian or by a certified rabies
14 vaccinator.
15 (b) Only animal rabies vaccine licensed by the United States Department of
16 Agriculture and approved by the Commission shall be used on animals in this State."
17 Section 2. This act is effective when it becomes law and applies to rabies
18 vaccinations administered on or after that date.

**1999 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES**

The following report(s) from standing committee(s) is/are presented:

By Representative(s) **Edwards and McAllister** for the Committee on **Public Health**.

☐ Committee Substitute for

H.B. 329 A BILL TO BE ENTITLED AN ACT PERTAINING TO THE TIMING OF
RABIES VACCINATIONS FOR DOGS AND CATS.

☐ With a favorable report.

☐ With a favorable report and recommendation that the bill be re-referred to the Committee on
Appropriations ☐ Finance ☐ ☐.

☐ With a favorable report, as amended.

☐ With a favorable report, as amended, and recommendation that the bill be re-referred to the
Committee on Appropriations ☐ Finance ☐ ☐.

☒ With a favorable report as to committee substitute bill (#), ☒ which changes the title,
unfavorable as to (original bill) (~~Committee Substitute Bill #~~), (and recommendation
that the committee substitute bill #) be re-referred to the Committee on *Rules, Calendar, and*
operations of the House

☐ With a favorable report as to House committee substitute bill (#), ☐ which changes
the title, unfavorable as to Senate committee substitute bill.

☐ With an unfavorable report.

☐ With recommendation that the House concur.

☐ With recommendation that the House do not concur.

☐ With recommendation that the House do not concur; request conferees.

☐ With recommendation that the House concur; committee believes bill to be material.

☐ With an unfavorable report, with a Minority Report attached.

☐ Without prejudice.

☐ With an indefinite postponement report.

☐ With an indefinite postponement report, with a Minority Report attached.

☐ With recommendation that it be adopted. (HOUSE RESOLUTION ONLY)

2/24/99

Attachment 2

Memorandum

TO: Representative Zeno Edwards
NC House of Representatives

FROM: C.H. Hamm, Jr., R.S. *C.H.H.*
Environmental Health Director

RE: House Bill 313

DATE: March 16, 1999



House Bill 313 – A bill pertaining to timing of rabies vaccination to dogs and cats. We strongly oppose the bill relating to introduction of equal duration of rabies vaccine offered by certified vaccinators.

Post-it® Fax Note	7671	Date	3/16	# of pages	1
To	Rep. Zeno Edwards	From	C.H. Hamm, Jr.		
Co./Dept.		Co.	Craven		
Phone #		Phone #	636-4936		
Fax #	715-5815	Fax #	636-1474		

VISITOR REGISTRATION SHEET

Public Health

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY

1. Don P. Meadows

TOWNS COUNTY / M612

2. Russell Tucker

Rep. H. Assembly

3. Mary Greene

OSBM

4. Bill Pate

NC DHHS

5. Stephanie Kordick

NC DHHS

6. A. Dennis McBride

NC DHHS

7. Glenn Wells

NC DHHS

8. Henry Jones

NC Vet. Med. Assoc Raleigh

9. _____

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MINUTES

HOUSE COMMITTEE ON PUBLIC HEALTH

MARCH 24, 1999

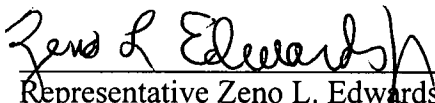
The House Committee on Public Health met in Room 421 of the Legislative Office Building on March 24, 1999, at 11:23 a.m. Representative Zeno L. Edwards, Jr., Chairman, presided at the meeting; and the following members were present: Representatives Jane Mosley, and Jerry C. Dockham. There was difficulty in obtaining a quorum. Rep. Edwards put it to a vote to continue on with the meeting stating without any objection he would proceed. He also stated he would contact the Speaker's Office to request more members for this committee.


The following bill was discussed:

HB 414, VETERINARIAN RECIPROCITY, John Young, staff counsel, offered a background of the bill (attachment 1). He reviewed the general statutes and also the state rules. This bill would allow the North Carolina Veterinary Medical Board to License Veterinarians who are licensed in other states but have not completed the certification program for foreign veterinary graduates. Representative Setzer, bill sponsor was in attendance to explain the bill. He read background to HB 414, and went on to state he had a friend who had a 22-year career in veterinary medicine in the Philippines, but could not practice in North Carolina.

Representative Mosley asked for the lawyers in attendance to speak on the bill. Mr. Henry Jones, representing the Veterinary Medical Association, Inc. NC, noted his organization had no objection to the bill. At which time Rep. Dockham asked for a motion for a favorable recommendation. The motion was seconded and the bill was forwarded out of committee.

The meeting was adjourned at 11:40 a.m.


Representative Zeno L. Edwards, Jr.
Chairman


Annecia Norwood
Legislative Assistant

March 11, 1999

H 414. VETERINARIAN RECIPROCITY. ALLOWING THE NORTH CAROLINA VETERINARY MEDICAL BOARD TO LICENSE VETERINARIANS WHO ARE LICENSED IN OTHER STATES BUT HAVE NOT COMPLETED THE CERTIFICATION PROGRAM FOR FOREIGN

VETERINARY GRADUATES. Amends GS 90-187.3(a) to add to required findings when veterinarian licensing board issues license to veterinarian licensed in another state, that any disciplinary actions taken against the applicant or his or her license in other state will not affect applicant's competency to practice veterinary medicine in NC. Adds new GS 90-187.3(a1) to add conditions under which a veterinarian licensed in another state who has not been required to complete the certification program for foreign veterinary graduates; conditions include that veterinarian has been practicing at least 10 years plus evidence that demonstrates applicant's clinical proficiency and ability to comprehend and communicate in English.

Intro. by Setzer.

Ref. to Public Health

GS 90

AGENDA

PUBLIC HEALTH COMMITTEE

MARCH 24, 1999

REPRESENTATIVE ZENO L. EDWARDS, JR. CHAIR

REPRESENTATIVE MARY E. MCALLISTER, CHAIR

OPENING REMARKS

INTRODUCTIONS

BILLS

HB 414

SHORT TITLE: VETERINARIAN RECIPROCITY

INTRODUCTION OF BILL SPONSOR- REP. MITCHELL SMITH SETZER

REMARKS

ADJOURNMENT

**1999 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES**

The following report(s) from standing committee(s) is/are presented:

By Representative(s) **ZENO L. EDWARDS, JR., AND MARY E. MCALLISTER** for the
Committee on **PUBLIC HEALTH**.

☐ Committee Substitute for

H.B. 414 A BILL TO BE ENTITLED AN ACT ALLOWING THE NORTH CAROLINA
VETERINARY MEDICAL BOARD TO LICENSE VETERINARIANS WHO ARE
LICENSED IN OTHER STATES BUT HAVE NOT COMPLETED THE CERTIFICATION
PROGRAM FOR FOREIGN VETERINARY GRADUATES.

☒ With a favorable report.

☐ With a favorable report and recommendation that the bill be re-referred to the Committee on
Appropriations ☐ Finance ☐ .

☐ With a favorable report, as amended.

☐ With a favorable report, as amended, and recommendation that the bill be re-referred to the
Committee on Appropriations ☐ Finance ☐ .

☐ With a favorable report as to committee substitute bill (#), ☐ which changes the title,
unfavorable as to (original bill) (Committee Substitute Bill #), (and recommendation
that the committee substitute bill #) be re-referred to the Committee on .)

☐ With a favorable report as to House committee substitute bill (#), ☐ which changes
the title, unfavorable as to Senate committee substitute bill.

☐ With an unfavorable report.

☐ With recommendation that the House concur.

☐ With recommendation that the House do not concur.

☐ With recommendation that the House do not concur; request conferees.

☐ With recommendation that the House concur; committee believes bill to be material.

☐ With an unfavorable report, with a Minority Report attached.

☐ Without prejudice.

☐ With an indefinite postponement report.

☐ With an indefinite postponement report, with a Minority Report attached.

☐ With recommendation that it be adopted. (HOUSE RESOLUTION ONLY)

2/24/99

FOR JOURNAL USE ONLY

- ____ Pursuant to Rule 36(b), the bill is placed on the Calendar of _____.
- ____ The (committee substitute) bill/resolution (, as amended,) is (ordered engrossed and) re-referred to the Committee on _____.
- ____ The bill/resolution is re-referred to the Committee on _____.
- ____ On motion of (Rep. _____,) (the Chair,) the (committee substitute) bill/resolution is (ordered engrossed and) re-referred to the Committee on _____.
- ____ Pursuant to Rule 36(b), the (House)committee substitute bill (No. _____)/resolution is placed on the Calendar of _____. (The original bill) (House Committee Substitute Bill No. _____)/resolution is placed on the Unfavorable Calendar.
- ____ On motion of Rep. _____, (the rules are suspended) (Rule _____ is suspended) and the bill/resolution is placed on today's calendar. (for immediate consideration.)
- ____ On motion of Rep. _____, Committee Amendment No.(s) _____ is/are adopted (by EV _____).
- ____ On motion of Rep. _____, Committee Amendment No.(s) _____ is/are adopted (by EV _____).
- ____ Rep. _____ offers Amendment No. _____ which (is adopted.) (fails of adoption.) (by EV _____) () This amendment changes the title.
- ____ The bill/resolution (, as amended,) passes its second reading (by following vote, _____ RC) (, by EV _____,) and (remains on the Calendar,) (and there being no objection is read a third time).
- ____ The bill/resolution (, as amended,) passes its third reading (by the following vote, _____ RC) (, by EV _____,) and is ordered
____ sent to the Senate.
____ without engrossment. _____ by Special message.
____ sent to the Senate for concurrence in
____ House amendment (s).
____ House committee substitute.
____ enrolled.
- ____ On motion of Rep. _____, the House concurs in the (material) Senate _____ (by the following vote, _____ RC) (, by EV _____,) and the bill is ordered enrolled.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

H

1

HOUSE BILL 414

Short Title: Veterinarian Reciprocity.

(Public)

Sponsors: Representative Setzer.

Referred to: Public Health.

March 11, 1999

- 1 A BILL TO BE ENTITLED
2 AN ACT ALLOWING THE NORTH CAROLINA VETERINARY MEDICAL
3 BOARD TO LICENSE VETERINARIANS WHO ARE LICENSED IN OTHER
4 STATES BUT HAVE NOT COMPLETED THE CERTIFICATION PROGRAM
5 FOR FOREIGN VETERINARY GRADUATES.
6 The General Assembly of North Carolina enacts:
7 Section 1. G.S. 90-187.3(a) reads as rewritten:
8 "(a) The Board may issue a license without written examination, other than the
9 written North Carolina license examination, to applicants already licensed in another
10 state provided the applicant presents evidence satisfactory to the Board that:
11 (1) The applicant is currently an active, competent practitioner in
12 good ~~standing, and~~ standing.
13 (2) The applicant has practiced at least three of the five years
14 immediately preceding filing the ~~application, and~~ application.
15 (3) The applicant currently holds an active license in another ~~state,~~
16 ~~and state.~~
17 (4) There is no disciplinary proceeding or unresolved complaint
18 pending against the applicant at the time a license is to be issued
19 by this ~~State, and~~ State.
20 (4a) Any disciplinary actions taken against the applicant or his or her
21 license by the other state in which he or she is licensed will not
22 affect the applicant's competency to practice veterinary medicine
23 as provided in this Article or any rules adopted by the Board.

(5) The licensure requirements in the other state are substantially equivalent to those required by this ~~State~~, and State.

(6) The applicant has achieved a passing score on the written North Carolina license examination."

Section 2. G.S. 90-187.3 is amended by adding a new subsection to read:

"(a1) If an applicant fails to satisfy subdivision (a)(5) of this section because the applicant was not required by the state in which he or she is licensed to complete the certification program developed and currently administered by the Educational Commission for Foreign Veterinary Graduates of the American Veterinary Medical Association or its predecessor program, the Board may consider the following in determining whether the applicant should be licensed in this State:

(1) The length of time the applicant has been licensed in the other state, but the applicant shall have been licensed and engaged in the practice of veterinary medicine for at least 10 years.

(2) The applicant's veterinary practice history, including the type and nature of practice.

(3) The completion of continuing education courses satisfactory to the Board.

(4) Affidavits from veterinarians licensed and in good standing in the other state who can attest to the applicant's competency to practice veterinary medicine.

(5) Any other evidence that demonstrates the applicant's clinical proficiency and his or her ability to comprehend and communicate in English."

Section 3. This act is effective when it becomes law.

BILL ACTION WORKSHEET FOR COMMITTEE MEETINGS

Bill
Favorable
Unfavorable
Amended
Comm. Sub.
Original Bill
Re-referred
Other Action

~~H 329~~

Sponsor
Motion by
Motion by
Motion by
Motion by
Motion by

Bill
Favorable
Unfavorable
Amended
Comm. Sub.
Original Bill
Re-referred
Other Action

414

Sponsor
Motion by
Motion by
Motion by
Motion by
Motion by

Dockman

Rep. Setzer explained bill

Dockman moved to give H 329 a sub rpt

Bill
Favorable
Unfavorable
Amended
Comm. Sub.
Original Bill
Re-referred
Other Action

Sponsor
Motion by
Motion by
Motion by
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Motion by

Bill
Favorable
Unfavorable
Amended
Comm. Sub.
Original Bill
Re-referred
Other Action

Sponsor
Motion by
Motion by
Motion by
Motion by
Motion by

VISITOR REGISTRATION SHEET

PUBLIC HEALTH - 3-24-99 11:00 AM

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY

1. Mary Green

OSBM

2. Tom Mickey

NC VETERINARY MEDICAL BOARD

3. Joe Gordon

NC VMB

4. Henry W. Jones

NCVMA

5. George Hearn

Atty - Veterinary Medical Board

6. _____

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MINUTES

HOUSE COMMITTEE ON PUBLIC HEALTH

MARCH 31, 1999

The House Committee on Public Health met in Room 421 of the Legislative Office Building on March 31, 1999, at 11:00 a.m. Representative Mary E. McAllister, Chair, presided at the meeting. The following members were present: Representative Zeno L. Edwards, Chairman; Representatives Theresa H. Esposito and Julia Howard.

The following bill was discussed:

SB 560 A BILL TO BE ENTITLED AN ACT TO CLARIFY THAT MARKETS THAT SELL UNCOOKED CURED COUNTRY HAM OR UNCOOKED CURED SALTED PORK THAT INVOLVES CERTAIN MINIMAL PREPARATION ARE EXEMPT FROM REGULATION UNDER CHAPTER 130A OF THE GENERAL STATUTES WHEN THAT MINIMAL PREPARATION IS THE ONLY ACTIVITY THAT WOULD SUBJECT THESE MARKETS TO SUCH REGULATION.

Representative Larry Womble and Senator Ham Horton were in attendance to explain that the bill was time sensitive. Representative Womble explained that W. W. White business had been closed by inspectors. The reason for closure was they were caught slicing ham, and they were told they were not supposed to slice ham. Senator Horton noted that the business had been in operation since 1925 and had no violations. He noted further that the bill had passed the Senate promptly and unanimously.

Representative Theresa H. Esposito made a motion to give SB 560 a favorable report and requested that it be expeditiously sent to the House floor so action can be taken on the bill today. The motion was unanimously approved.

The meeting was adjourned at 11:45 a.m.


Rep. Mary E. McAllister
Chair


Jo Hinton
Legislative Assistant

S.B. 560

SESSION LAW _____

A BILL TO BE ENTITLED

AN ACT TO CLARIFY THAT MARKETS THAT SELL UNCOOKED CURED COUNTRY HAM OR UNCOOKED CURED SALTED PORK THAT INVOLVES CERTAIN MINIMAL PREPARATION ARE EXEMPT FROM REGULATION UNDER CHAPTER 130A OF THE GENERAL STATUTES WHEN THAT MINIMAL PREPARATION IS THE ONLY ACTIVITY THAT WOULD SUBJECT THESE MARKETS TO SUCH REGULATION.

Introduced by Senator(s)

R. Martin
Dummitt
Cumtlan
Carver

Horton

Horton
Ballantine

J. Kurl
Shankley
Lapwood
Hart

Callan

Hayes
Simmons
James
Fox

Robb

Principal Clerk's Use Only

K. MOORE
Robinson
Phillis
Wan
Sam
Reu
Cox
Plyler

Jane Huty
Chel Cut
Harron
Rucho
Lucas
Bred
Gurey
Ballance

Hayes
O. Hams
Wellons
R. Stew
Pruitt
W. M. Reeves
Rand
Wia

FILED MAR 25 1999

REPORTED FAVORABLY MAR 30 1999

RULES SUSPENDED

PLACED ON TODAY'S CALENDAR

3/30/99

for immed. consid.

PASSED 2nd & 3rd
READINGS
45-0 VV
MAR 30 1999
ORDERED SENT TO
HOUSE OF REPRESENTATIVE

BY SPECIAL MESSENGER

Janet Pruitt

PASSED 1st READING
MAR 29 1999
AND REFERRED TO COMMITTEE
ON *Env./Nat. Res.*

Committee on *Env./Nat. Res.* to whom this bill is referred, a majority being present and acting, has carefully considered the same and recommended that it do *pass*.

**1999 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES**

The following report(s) from standing committee(s) is/are presented:

By Representative(s) **ZENO L. EDWARDS, JR. AND MARY E. MCALLISTER** for the
Committee on **PUBLIC HEALTH**.

☐ Committee Substitute for

S.B. 560 A BILL TO BE ENTITLED AN ACT TO CLARIFY THAT MARKETS THAT
SELL UNCOOKED CURED COUNTRY HAM OR UNCOOKED CURED SALTED
PORK THAT INVOLVES CERTAIN MINIMAL PREPARATION ARE EXEMPT FROM
REGULATION UNDER CHAPTER 130A OF THE GENERAL STATUTES WHEN THAT
MINIMAL PREPARATION IS THE ONLY ACTIVITY THAT WOULD SUBJECT
THESE MARKETS TO SUCH REGULATION.

☒ With a favorable report.

☐ With a favorable report and recommendation that the bill be re-referred to the Committee on
Appropriations ☐ Finance ☐ ☐.

☐ With a favorable report, as amended.

☐ With a favorable report, as amended, and recommendation that the bill be re-referred to the
Committee on Appropriations ☐ Finance ☐ ☐.

☐ With a favorable report as to committee substitute bill (#), ☐ which changes the title,
unfavorable as to (original bill) (Committee Substitute Bill #), (and recommendation
that the committee substitute bill #) be re-referred to the Committee on .)

☐ With a favorable report as to House committee substitute bill (#), ☐ which changes
the title, unfavorable as to Senate committee substitute bill.

☐ With an unfavorable report.

☐ With recommendation that the House concur.

☐ With recommendation that the House do not concur.

☐ With recommendation that the House do not concur; request conferees.

☐ With recommendation that the House concur; committee believes bill to be material.

☐ With an unfavorable report, with a Minority Report attached.

☐ Without prejudice.

☐ With an indefinite postponement report.

☐ With an indefinite postponement report, with a Minority Report attached.

☐ With recommendation that it be adopted. (HOUSE RESOLUTION ONLY)

2/24/99

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

S

1

SENATE BILL 560

Short Title: Country Ham Preservation Act.

(Public)

Sponsors: Senators Horton; Albertson, Allran, Ballance, Ballantine, Carpenter, Carrington, Carter, Clodfelter, Cochrane, Cooper, Dalton, Dannelly, East, Forrester, Foxx, Garrou, Garwood, Gulley, Hagan, Harris, Hartsell, Hoyle, Kerr, Kinnaird, Lucas, Martin of Pitt, Martin of Guilford, Metcalf, Miller, Moore, Perdue, Phillips, Plyler, Purcell, Rand, Reeves, Robinson, Rucho, Shaw of Cumberland, Shaw of Guilford, Webster, and Wellons.

Referred to: Agriculture/Environment/Natural Resources.

March 29, 1999

1 A BILL TO BE ENTITLED
2 AN ACT TO CLARIFY THAT MARKETS THAT SELL UNCOOKED CURED
3 COUNTRY HAM OR UNCOOKED CURED SALTED PORK THAT
4 INVOLVES CERTAIN MINIMAL PREPARATION ARE EXEMPT FROM
5 REGULATION UNDER CHAPTER 130A OF THE GENERAL STATUTES
6 WHEN THAT MINIMAL PREPARATION IS THE ONLY ACTIVITY THAT
7 WOULD SUBJECT THESE MARKETS TO SUCH REGULATION.
8 The General Assembly of North Carolina enacts:
9 Section 1. G.S. 130A-250 is amended by adding a new subdivision to
10 read:
11 "§ 130A-250. Exemptions.
12 The following shall be exempt from this Part:
13
14 ...
15
16 (10) Markets that sell uncooked cured country ham or uncooked cured
17 salted pork and that engage in minimal preparation such as slicing,
18 weighing, or wrapping the ham or pork, when this minimal

1 preparation is the only activity that would otherwise subject these
2 markets to regulation under this Part."

3 Section 2. This act is effective when it becomes law and applies to
4 establishments that are in operation on or after that date.

EXPLANATION OF Senate Bill 560

Country Ham Preservation Act

To: Representatives Mary McAllister and Zeno Edwards
From: John Young, Committee Staff
Date: March 31, 1999
Sponsor: Senator Horton

Background on Senate Bill 560

G.S. 130A-248 gives the Commission for Health Services the authority to regulate food and lodging establishments for the protection of the public health. Included under that authority are:

1. Establishments that prepare or serve drink or food for pay;
2. Hotels, motels, tourist homes and other establishments that provide lodging for pay;
3. Private homes offering bed and breakfast accommodations to eight or fewer persons per night;
4. Establishments that sell meat food products or poultry products.

G.S. 130A-250 allows the following exemptions to G.S. 130A-248:

1. Bed and breakfast establishments with 4 or fewer lodging units;
2. Condominiums;
3. Certain private home and boarding situations;
4. Private Clubs;
5. Curb markets operated by the State Agricultural Extension Service;
6. Establishments that prepare or serve food or drink for pay no more frequently than once a month for a period not to exceed two consecutive days;
7. Establishments that put together, portion, set out, or hand out only drinks using single service containers that are not reused on the premises;
8. Markets where meat food products or poultry products are prepared and sold and which are under the continuous inspection by the North Carolina Department of Agriculture and the Consumer Services or the United States Department of Agriculture.

Summary of Senate Bill 560

Senate Bill 560 would add another exemption to G.S. 130A-250 for markets that sell uncooked cured country ham or uncooked cured salted pork. The exempted market must engage only in minimal preparation such as slicing, weighing, or wrapping.

VISITOR REGISTRATION SHEET

PUBLIC HEALTH

Name of Committee

March 31, 1999

Date _____

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS

NAME Chen Heng

Blumy Week

Cañera Delvín

DHHS

MC/PS Consu

VHHS/Pamela Allen 1982

Done

Doug Lassiter

McCloskey Consulting

David M. Low

N. C. Dept. of Ag. & Cons. Serv.

David Marshall

N.C. Dept. of Agr & Cons Serv

MINUTES

HOUSE COMMITTEE ON PUBLIC HEALTH

APRIL 7, 1999

The House Committee on Public Health met in Room 421 of the Legislative Office Building on April 7, 1999, at 11:00 a.m. Representative Mary E. McAllister, Chair, presided at the meeting. The following members were present: Representatives McAllister, Edwards, Dockham, Esposito and Mosley.

The following bill was discussed:

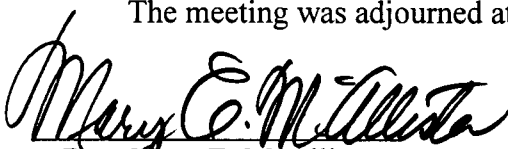
HB 595 A BILL TO BE ENTITLED AN ACT TO AUTHORIZE CERTAIN DOG OWNERS TO ADMINISTER THE RABIES VACCINE TO THEIR OWN DOGS.


A proposed committee substitute for HB 595 was introduced to the Public Health Committee.

Rep. Bill Owens was in attendance to discuss this bill. He stated he had a constituent that own a kennel and needed to vaccinate his dogs. Due to the law he had to go to a veterinarian for these shots at \$10.00 each, when the cost of the vaccine was only \$.90! He wanted to help dog owners of the state, but did not want to add to the high incident of rabies in North Carolina. Rep. Owens was in favor of The Committee Substitute being sent to Rules.

Rep. Esposito gave a motion to refer the Committee Substitute to the Rules Committee for a study commission. Rep. Dockham second motion to report the bill out without prejudice and send it over to the Rules Committee. The motion was unanimously approved.

The meeting was adjourned at 11:35 a.m.


Rep. Mary E. McAllister
Chair


Annecia Norwood
Legislative Assistant

PUBLIC BILL

ROLL CALL

0595

H.B. _____

SESSION LAW _____

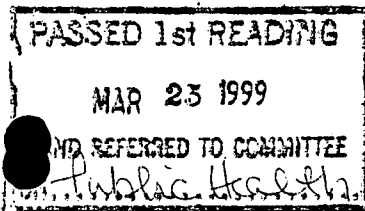
A BILL TO BE ENTITLED

AN ACT TO AUTHORIZE CERTAIN DOG OWNERS TO ADMINISTER THE RABIES VACCINE TO THEIR OWN DOGS.

Introduced by Representative(s)

Owens

Principal Clerk's Use Only



AGENDA
HOUSE COMMITTEE ON PUBLIC HEALTH

APRIL 7, 1999

Representative Mary E. McAllister, Chair

Representative Zeno L. Edwards, Chair

Opening Remarks

Introductions

BILLS

HB 595

Short Title: Rabies Vaccine/ Dog Owner Administered

Introduction of Bill Sponsor: Rep. Bill Owens

Remarks

Adjournment

**1999 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES**

The following report(s) from standing committee(s) is/are presented:

By Representative(s) **MCALLISTER & EDWARDS** for the Committee on **PUBLIC HEALTH**.

☐ Committee Substitute for

H.B. 595 A BILL TO BE ENTITLED AN ACT TO AUTHORIZE CERTAIN DOG OWNERS TO ADMINISTER THE RABIES VACCINE TO THEIR OWN DOGS.

☐ With a favorable report.

☐ With a favorable report and recommendation that the bill be re-referred to the Committee on Appropriations ☐ Finance ☐.

☐ With a favorable report, as amended.

☐ With a favorable report, as amended, and recommendation that the bill be re-referred to the Committee on Appropriations ☐ Finance ☐.

☒ *without prejudice* With a favorable report as to committee substitute bill (~~#~~), ☒ which changes the title, unfavorable as to (original bill) (~~Committee Substitute Bill #~~), (and recommendation that the committee substitute bill ~~#~~) be re-referred to the Committee on *Rules*.

☐ With a favorable report as to House committee substitute bill (#), ☐ which changes the title, unfavorable as to Senate committee substitute bill.

☐ With an unfavorable report.

☐ With recommendation that the House concur.

☐ With recommendation that the House do not concur.

☐ With recommendation that the House do not concur; request conferees.

☐ With recommendation that the House concur; committee believes bill to be material.

☐ With an unfavorable report, with a Minority Report attached.

☐ Without prejudice, referred to the Rules Committee for a study commission.

☐ With an indefinite postponement report.

☐ With an indefinite postponement report, with a Minority Report attached.

☐ With recommendation that it be adopted. (HOUSE RESOLUTION ONLY)

2/24/99

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

H

1

HOUSE BILL 595

Short Title: Rabies Vaccine/Dog Owner Admin.

(Public)

Sponsors: Representative Owens.

Referred to: Public Health.

March 25, 1999

1 A BILL TO BE ENTITLED

2 AN ACT TO AUTHORIZE CERTAIN DOG OWNERS TO ADMINISTER THE
3 RABIES VACCINE TO THEIR OWN DOGS.

4 The General Assembly of North Carolina enacts:

5 Section 1. G.S. 130A-185 reads as rewritten:

6 "**§ 130A-185. Vaccination of all dogs and cats.**

7 (a) The owner of every dog and cat over four months of age shall have the animal
8 vaccinated against rabies. The time or times of vaccination shall be established by the
9 Commission. Except as otherwise provided in this section, Rabies rabies vaccine shall
10 be administered only by a licensed veterinarian or by a certified rabies vaccinator.

11 (b) Only animal rabies vaccine licensed by the United States Department of
12 Agriculture and approved by the Commission shall be used on animals in this State.

13 (c) A person who is not a veterinarian or certified rabies vaccinator may
14 administer the rabies vaccine to his or her own dogs only under the following
15 conditions:

16 (1) The person owns four or more dogs;

17 (2) The State Public Health Veterinarian has certified in writing that
18 the person has demonstrated a knowledge and procedure
19 acceptable for the administration of rabies vaccine to animals;

20 (3) The rabies vaccine is administered within 15 days of purchase of
21 the vaccine; and

22 (4) For each dog vaccinated, a rabies certificate and rabies tag are
23 obtained from the local health director within 15 days of
24 administration of the rabies vaccine.

(d) In order to obtain the rabies certificate and rabies vaccination tag required under this Part, an applicant for vaccination authority must provide the following to the local health director:

(1) Affidavit or other written verification signed by the applicant, under penalty of perjury, stating that:

a. The applicant is the owner of the dogs vaccinated,

b. The applicant has administered the rabies vaccine to each of the dogs for which a certificate and tag are requested, and

c. The date the vaccine was administered to each dog;

(2) Proof of purchase of the rabies vaccine indicating the date of purchase; and

(3) A copy of the certification required under subdivision (c)(2) of this section.

Upon verification of compliance with subsections (c) and (d) of this section, the local health director shall issue to the applicant the rabies certificate and rabies tag for each dog vaccinated. The fee charged to applicants for the tag, links, and rivets obtained from the Department shall not exceed one dollar per dog."

Section 2. G.S. 130A-186 reads as rewritten:

"§ 130A-186. Appointment and certification of certified rabies ~~vaccinator~~; vaccinator; certification of others authorized to administer rabies; fee authorized.

In those counties where licensed veterinarians are not available to participate in all scheduled county rabies control clinics, the local health director shall appoint one or more persons for the purpose of administering rabies vaccine to animals in that county. Whether or not licensed veterinarians are available, the local health director may appoint one or more persons for the purpose of administering rabies vaccine to animals in their county and these persons will make themselves available to participate in the county rabies control program. The State Public Health Veterinarian shall provide at least four hours of training to those persons appointed by the local health director to administer rabies ~~vaccine~~; vaccine and to applicants for authorization to administer the rabies vaccine to their own dogs pursuant to G.S. 130A-185(c). The Department may charge a fee not to exceed ten dollars (\$10.00) to each applicant under G.S. 130A-185(c) for training and certification provided to the applicant. Upon satisfactory completion of the training, and payment of the fee, if any, the State Public Health Veterinarian shall certify in writing that the appointee or applicant under G.S. 130A-185(c) has demonstrated a knowledge and procedure acceptable for the administration of rabies vaccine to animals. A certified rabies vaccinator shall be authorized to administer rabies vaccine to animals in the county until the appointment by the local health director has been terminated."

Section 3. G.S. 130A-189 reads as rewritten:

"§ 130A-189. Rabies vaccination certificates.

A licensed veterinarian or a certified rabies vaccinator who administers rabies vaccine to a dog or ~~cat~~ cat, or a local health director who has authorized rabies vaccination under G.S. 130A-185(c), shall complete a three-copy rabies vaccination certificate. The original rabies vaccination certificate shall be given to the owner of

1 each dog or cat that receives rabies vaccine. One copy of the rabies vaccination
2 certificate shall be retained by the licensed ~~veterinarian or the veterinarian~~, certified
3 rabies ~~vaccinator~~, vaccinator, or local health director. The other copy shall be given
4 to the county agency responsible for animal control, provided the information given
5 to the county agency shall not be used for commercial purposes."

6 Section 4. G.S. 130A-190 reads as rewritten:

7 **"§ 130A-190. Rabies vaccination tags.**

8 A licensed veterinarian or a certified rabies vaccinator who administers rabies
9 vaccine to a dog or ~~eat cat~~, or a local health director who has authorized rabies
10 vaccination under G.S. 130A-185(c), shall issue a rabies vaccination tag to the owner
11 of the animal. The rabies vaccination tag shall show the year issued, a vaccination
12 number, the words "North Carolina" or the initials "N.C." and the words "rabies
13 vaccine." Dogs and cats shall wear rabies vaccination tags at all times. However, cats
14 may be exempted from wearing the tags by local ordinance. Rabies vaccination tags,
15 links and rivets may be obtained from the Department. The Secretary is authorized to
16 establish by rule a fee for the rabies tags, links and rivets. Except as otherwise
17 authorized in this section, the fee shall not exceed the actual cost of the rabies tags,
18 links and rivets, plus transportation costs. The Secretary may increase the fee beyond
19 the actual cost plus transportation, by an amount not to exceed five cents (5¢) per
20 tag, to fund rabies education and prevention programs."

21 Section 5. G.S. 130A-191 reads as rewritten:

22 **"§ 130A-191. Possession and distribution of rabies vaccine.**

23 It shall be unlawful for persons other than licensed veterinarians, certified rabies
24 ~~vaccinators and vaccinators~~, persons engaged in the distribution of rabies ~~vaccine~~
25 vaccine, and persons authorized to administer rabies vaccine under G.S. 130A-185(c)
26 to possess rabies vaccine. Persons engaged in the distribution of vaccines may
27 distribute, sell and offer to sell rabies vaccine only to licensed ~~veterinarians and~~
28 veterinarians, certified rabies vaccinators, vaccinators, and persons authorized to
29 administer rabies vaccine under G.S. 130A-185(c)."

30 Section 6. This act becomes effective October 1, 1999.

**EXPLANATION OF House Bill 595
Rabies Vaccination/Dog Owner Administration**

To: Representatives Mary McAllister and Zeno Edwards
From: John Young, Committee Staff
Date: March 31, 1999
Sponsor: Representative Owens

Background on Rabies Vaccination

G.S. 130A-185 requires that every cat and dog over 4 months of age be vaccinated to prevent the spread of rabies. The frequency of vaccination is set by the Commission for Health Services and the vaccine shall be administered only by a licensed veterinarian or a certified rabies vaccinator.

Since there is a shortage of veterinarians in some counties, G.S. 130A-186 provides a process by which certain persons may be trained and allowed to vaccinate for rabies as a certified rabies vaccinator. In those counties where there is no veterinarian, the health director is required to appoint one or more persons for the purpose of administering the vaccine. If there is a veterinarian in the county, the health director may appoint such a person. The State Public Health Veterinarian shall provide at least 4 hours of training for those persons appointed by the local health director. The State Public Health Veterinarian shall certify in writing that the appointee has demonstrated a knowledge and procedure acceptable for the administration of rabies vaccine to animals.

Explanation of HB 595

Section 1 of House Bill 595 would amend G.S. 130A-185 to permit dog owners to vaccinate the owner's dogs under the following conditions:

1. The person owns 4 or more dogs;
2. The person has a certificate from the State Public Health Veterinarian that the person had demonstrated knowledge and procedure acceptable for administration of vaccine;
3. The vaccine is administered within 15 days of purchase;
4. The person obtains rabies certificate and tag from the local health director.

The bill also sets out the information that the owner must submit to the local health director to obtain a certificate and tag. Upon verification, the local health director shall issue to the applicant the rabies certificate and rabies tag for each dog vaccinated. The fee shall not exceed one dollar per dog.

Section 2 would amend G.S. 130A-186 to require the State Public Health Veterinarian to not only train certified rabies vaccinators but also train owner/applicants to administer the vaccine to their own dogs. The Department may charge a fee not to exceed \$10 for this service.

Sections 3, 4, and 5 make conforming changes. The act is effective October 1, 1999.

VISITOR REGISTRATION SHEET

PUBLIC HEALTH

Name of Committee

DATE April 7, 1999

Date _____

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK

NAME _____

FIRM OR AGENCY AND ADDRESS[illegible]

MINUTES

HOUSE COMMITTEE ON PUBLIC HEALTH

APRIL 14, 1999

The House Committees on Public Health, Health, and Health Care Delivery met in Room 421 of the Legislative Office Building on April 14, 1999. This was a joint meeting requested by the Department of Public Health. Representative Edwards presided at the meeting. The following members were present: Representatives McAllister, Dockham, Esposito, Mosley, Nye, Bowie, Adams, Gardner, Hiatt and Cansler.

The following bill was discussed:

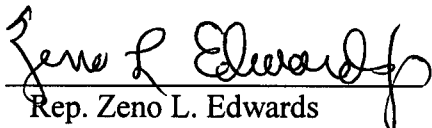
H-313 OSTEOPOROSIS PROGRAM

Rep. Edwards introduced Rep. Boyd-McIntyre to discuss her bill. This is a study commission bill, to research this disease. Rep. Nye inadvertently made a motion to this bill. Rep. Edwards informed him he was not a member of the Public Health Committee, and went on to ask Rep. Dockham to make the motion. Bill was referred to Appropriations; motion voted on and was passed.

Rep. Edwards, to discuss the devastating effects of lead poisoning on children introduced Dr. Dennis McBride. Kristin Joyner, President, United Parents Against Lead, Dr. Marie Lynn Miranda, Ph.D. Nicholas School of Environment, Duke University and Ed Norman, MPH, Program Supervisor DHHS were the speakers/presenters at the meeting.

Leaflets and materials were passed out to all in attendance to support their presentation. The major focus was on the effects lead poisoning had on the children of North Carolina. An informative question and answer period took place where it was discovered there is no socio-economic group that is more prone to lead poisons than another. Children living in older homes are more at risk and misdiagnosis is more of a threat to children than the lead itself! North Carolina's acceptable levels of lead in children is 22%, whereas in the State of Virginia, it is 10%. Dr. McBride and his staff would like this level to be lowered and placed on the same percentage level as Virginia. Dr. McBride stated Public Health in North Carolina couldn't be proud of these rates.

Meeting was adjourned at 11:55 AM.


Rep. Zeno L. Edwards
Chair


Annecia Norwood
Legislative Assistant

Told to hold off on Bill!

0313

H.B. _____

SESSION LAW _____

A BILL TO BE ENTITLED

AN ACT TO ESTABLISH A PROGRAM TO RAISE PUBLIC AWARENESS ABOUT THE PREVENTION, DIAGNOSIS, AND TREATMENT OF OSTEOPOROSIS, AND TO CONTINUE THE OSTEOPOROSIS TASK FORCE.

Introduced by Representative(s)

Boyd-McIntyre

Mosley

Kainwright

Dixson
Dishu

M. Jeffers

Principal Clerk's Use Only

PASSED 1st READING

MAR 4 1999

AND REFERRED TO COMMITTEE

ON Public Health

Variable Appropriations

**1999 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES**

The following report(s) from standing committee(s) is/are presented:

By Representative(s) **Edwards and McAllister** for the Committee on **Public Health**.

☐ Committee Substitute for

H.B. 313 A BILL TO BE ENTITLED AN ACT TO ESTABLISH A PROGRAM TO RAISE PUBLIC AWARENESS ABOUT THE PREVENTION, DIAGNOSIS, AND TREATMENT OF OSTEOPOROSIS, AND TO CONTINUE THE OSTEOPOROSIS TASK FORCE.

☐ With a favorable report.

☒ With a favorable report and recommendation that the bill be re-referred to the Committee on Appropriations ☒ Finance ☐ ☐.

☐ With a favorable report, as amended.

☐ With a favorable report, as amended, and recommendation that the bill be re-referred to the Committee on Appropriations ☐ Finance ☐ ☐.

☐ With a favorable report as to committee substitute bill (#), ☐ which changes the title, unfavorable as to (original bill) (Committee Substitute Bill #), (and recommendation that the committee substitute bill #) be re-referred to the Committee on .)

☐ With a favorable report as to House committee substitute bill (#), ☐ which changes the title, unfavorable as to Senate committee substitute bill.

☐ With an unfavorable report.

☐ With recommendation that the House concur.

☐ With recommendation that the House do not concur.

☐ With recommendation that the House do not concur; request conferees.

☐ With recommendation that the House concur; committee believes bill to be material.

☐ With an unfavorable report, with a Minority Report attached.

☐ Without prejudice.

☐ With an indefinite postponement report.

☐ With an indefinite postponement report, with a Minority Report attached.

☐ With recommendation that it be adopted. (HOUSE RESOLUTION ONLY)

2/24/99

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

H

1

HOUSE BILL 313

Short Title: Osteoporosis Program.

(Public)

Sponsors: Representatives Boyd-McIntyre; Mosley, Wainwright, Alexander, Insko, and Jeffus.

Referred to: Public Health, if favorable, Appropriations.

March 4, 1999

1 A BILL TO BE ENTITLED
2 AN ACT TO ESTABLISH A PROGRAM TO RAISE PUBLIC AWARENESS
3 ABOUT THE PREVENTION, DIAGNOSIS, AND TREATMENT OF
4 OSTEOPOROSIS, AND TO CONTINUE THE OSTEOPOROSIS TASK
5 FORCE.

6 Whereas, osteoporosis, a bone-thinning disease, is a major public health
7 problem that poses a threat to the health and quality of life of over one million North
8 Carolinians age 50 and over; and

9 Whereas, each year, more than 13,000 North Carolinians are hospitalized
10 for hip fractures alone resulting in more than \$57 million in direct medical costs; and

11 Whereas, one of two women and one of eight men will suffer an
12 osteoporitic fracture in his or her lifetime; and

13 Whereas, because osteoporosis progresses silently and currently has no
14 cure, prevention, early diagnosis, and treatment are key to reducing the prevalence of
15 this disease; and

16 Whereas, many consumers, physicians, health care providers, and
17 government agencies lack knowledge in the prevention, detection, and treatment of
18 the disease; and

19 Whereas, experts in the field of osteoporosis believe that with greater
20 awareness among medical experts, service providers, and the general public,
21 osteoporosis can be prevented in the future, thereby reducing its prevalence, severity,
22 and costly consequences; Now, therefore,

23 The General Assembly of North Carolina enacts:

Section 1.(a) Article 7 of Chapter 130A of the General Statutes is amended by adding the following new Part to read:

"Part 6. Osteoporosis.

"§ 130A-224. Department to establish program; report required.

(a) The Department shall establish and administer a program to raise public awareness about the incidence, diagnosis, treatment, and prevention of osteoporosis.

The program shall include the following:

(1) Activities to raise public awareness and educate people on the causes and nature of osteoporosis, personal risk factors, value and methods of prevention and early detection, and options for diagnosing and treating the disease, including diagnostic procedures, benefits of approved drug therapies, and the availability of self-help diagnostic, treatment, and rehabilitation services.

(2) Identification and assessment of the following:

- a. Research being conducted in this State and on a national basis;
- b. Availability of technical assistance, educational materials, and programs in the State and nationwide;
- c. Needs of osteoporosis patients and their families and caregivers;
- d. Health promotion, diagnosis, and treatment services available to osteoporosis patients;
- e. Existence of osteoporosis treatment programs and support groups; and
- f. Locations of health facilities providing bone mass measurement and other bone density testing equipment and methods.

(3) Strategies for educating and training health professionals on the most up-to-date scientific and medical information on osteoporosis prevention, diagnosis, and treatment, therapeutic decision making, including guidelines for detecting and treating the disease in special populations, risks and benefits of medications, and research advances.

(4) Strategies for identifying at-risk populations and targeting those populations to enhance awareness about early detection, prevention, diagnosis, and treatment of osteoporosis.

(b) In developing the osteoporosis program authorized under this section, the Department shall review the duties and activities of other health-related programs in the Department and in other State agencies to maximize coordination and minimize duplication of effort.

(c) The Department shall report annually to the Governor and to the General Assembly on activities conducted under the osteoporosis program and the results of the activities."

1 Section 1.(b) There is appropriated from the General Fund to the
2 Department of Health and Human Services, the sum of three hundred thousand
3 dollars (\$300,000) for the 1999-2000 fiscal year and the sum of three hundred
4 thousand dollars (\$300,000) for the 2000-2001 fiscal year for implementing the
5 osteoporosis program established under this section.

6 Section 2. Subsection (m) of Section 15.32 of S.L. 1997-443 is repealed.

7 Section 3. This act becomes effective July 1, 1999.

EXPLANATION OF House Bill 313
Osteoporosis Program

To: Representatives Zeno Edwards and Mary McAllister
From: John Young, Committee Staff
Date: March 8, 1999
Sponsor: Representative Boyd-McIntyre

Background on HB 313

Section 15.32 of S.L. 1997-443 allocated \$200,000 for 1997-98 for an osteoporosis task force aimed at preventing this disease which predominately affects older women. The task force was required to report to the Governor and the General Assembly and is scheduled to expire after it makes its report to the Governor and the 1999 General Assembly. HB 313 is one of the recommendations of the task force.

Summary of HB 313

HB 313 directs that an osteoporosis program be established and administered by the Department of Health and Human Services with the following duties:

1. Raise public awareness and educate on the causes and nature of the disease;
2. Identify and assess resources;
3. Educate and train health professionals;
4. Identify and target at-risk populations; and
- 5.
6. Report annually to the Governor and the General assembly.

The following other provisions are included in HB 313:

1. Appropriates \$300,000 for fiscal year 1999-2000, from the General Fund to DHHS to administer the program
2. Deletes S.L. 1997-443, sec.(m) that provides the Osteoporosis Task Force expire after its report to the Governor and the General Assembly.

HOUSE COMMITTEE ON PUBLIC HEALTH

APRIL 14, 1999

AGENDA

Representative Zeno L. Edwards, Chair

Representative Mary E. McAllister, Chair

Opening Remarks

Introductions

BILLS

HB 313

Short Title: Osteoporosis Program

Introduction of Bill Sponsor: Rep. Flossie Boyd-McIntyre

Guest Speaker:

Introduction of Dr. Dennis McBride, Director Department of Public Health

Remarks

Adjournment



North Carolina General Assembly
Legislative Services Office

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Terrence D. Sullivan
Research Division
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300 N. Salisbury
Raleigh, NC 276
(919) 733-2578

March 23, 1999

MEMORANDUM

TO: Representatives McAllister and Edwards, Chairs. House Public Health Committee

FROM: John Young, Committee Staff

RE: **HB 414-Veterinarian Reciprocity**
Representative Setzer

Background

The Veterinary Medical Board regulates the practice of veterinary medicine in this state through administering the Veterinary Practice Act (G.S. 90-179 et Seq.). A threshold requirement for any applicant for licensure to practice veterinary medicine is graduation from an accredited college of veterinary medicine. An applicant who is a graduate of a non-accredited veterinary institution, virtually all of which are located outside the U.S. and Canada, first must successfully complete a certification course of the Educational Commission for Foreign Veterinary Graduates (ECFVG). This program certifies to state licensing boards that the applicant satisfies minimum levels of competency as well as English language skills.

The Board may consider for licensure applicants who are already licensed in other states. This is a somewhat less complicated avenue for licensure. While the Board has discretion to license an applicant without written examination other than the written North Carolina Exam, the applicant must comply with several important provisions, including demonstrating that the licensure requirements in the other state are substantially equivalent to those required in North Carolina. The Board has ruled that even though an applicant who has graduated from a non-accredited institution is licensed in another state and meets all the criteria except completion of the ECFVG program, this does not satisfy the "substantially

equivalent" test. Therefore the applicant who is a graduate of a non-accredited institution even though licensed in another state but without the ECFVG certification cannot be licensed in North Carolina.

House Bill 414

House bill 414 amends the Veterinarian Practice Act to allow the Board to consider and approve an application for a license by an individual licensed in another state but who graduated from a non-accredited veterinary medical school and who has not completed the ECFVG competency certification program. The Board may consider in lieu of ECFVG certification information that establishes that the applicant meets the minimum standards of competency. There are five conditions to be considered by the Board including that evidence the veterinarian has been practicing at least 10 years plus evidence that demonstrates the applicant's clinical proficiency and ability to comprehend English

**NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE**

You are hereby notified that the Committee on **PUBLIC HEALTH, HEALTH AND HEALTH CARE AND DELIVERY** will meet as follows:

DAY & DATE: WEDNESDAY, APRIL 14, 199

TIME: 11:00 AM

LOCATION: ROOM 421, LOB

The following bills will be considered (Bill # & Short Title):

**JOINT MEETING WITH THE DEPARTMENT OF PUBLIC HEALTH.
DISCUSSION OF LEGISLATIVE ISSUES .**

Respectfully,

Representative MCALLISTER & EDWARDS
Co-Chairs

I hereby certify this notice was filed by the committee assistant at the following offices at
11:00 AM on FRIDAY, APRIL 9,1999.

___Principal Clerk
___Reading Clerk - House Chamber

Annecia Norwood & Jo Hinton (Committee Assistants)

AGENDA

Joint Meeting Of the
NC General Assembly
House Of Representatives
Health, Public Health, and the Select on Health Care
Delivery Committees
April 14, 1999
11:00 AM - 12:00 Noon
Legislative Office Building - Room 421

Opening Remarks

- 0 Dennis McBride, MD, MPH
Assistant Secretary for Health/State Health Director
NC Department of Health and Human Services

A Parent's Perspective on the Problem of Childhood Lead Poisoning

Kristin Joyner

President

United Patents Against Lead

A Scientific Overview & Shifting the Focus From Screening Children
to Screening High Risk Housing

Marie Lynn Miranda Ph.D.

Assistant Professor of the Practice
Nicholas School of the Environment
Duke University

Overview of the NC Childhood Lead Poisoning Prevention Program

Ed Norman, MPH

Program Supervisor
NC Childhood Lead Poisoning Prevention Program
Division of Public Health
NC Department of Health and Human Services

Childhood Lead Exposure in North Carolina

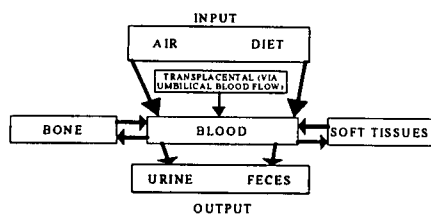
14 April 1999
Marie Lynn Miranda, Ph.D.
Nicholas School of the Environment
Duke University

Sources of Lead Exposure

- ❖ Paint
- ❖ Water
- ❖ Soil
- ❖ Vinyl miniblinds
- ❖ Cultural Sources



Absorption, Distribution, and Excretion



Health Effects of Lead

- ❖ Kidney dysfunction
- ❖ Anemia
- ❖ Neurological effects

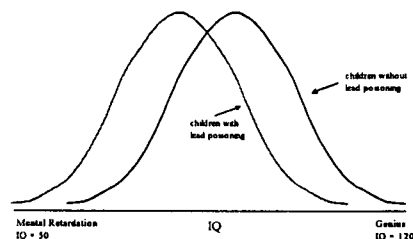


Neurological Effects

- ❖ Diminished curiosity
- ❖ Decreased attention span
- ❖ Lowered IQ
- ❖ Inhibited complex task management
- ❖ Increased learning disorders
- ❖ Increased behavioral disorders



Lead-Induced Shift in IQ



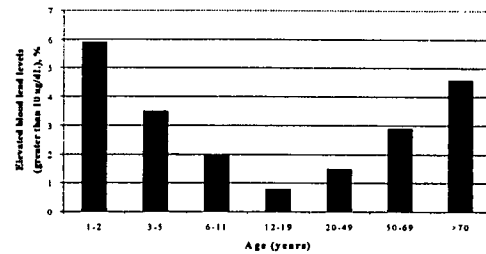


Lead Poisoning Risk Factors for Children

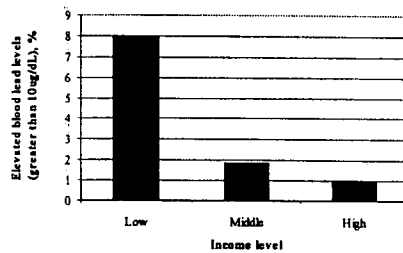
- ❖ Age
- ❖ Income
- ❖ Race/Ethnicity
- ❖ Age of housing
- ❖ Urban status
- ❖ Pica/Nutrition



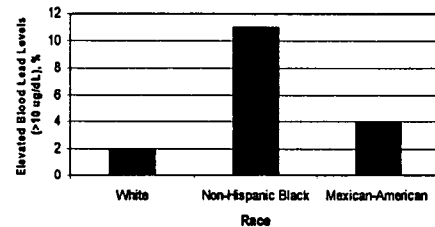
Risk Factor: Age



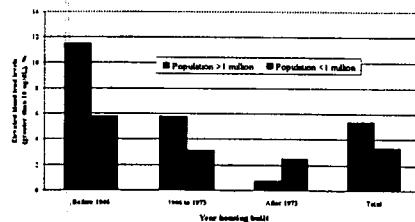
Risk Factor: Income



Risk Factor: Race/Ethnicity

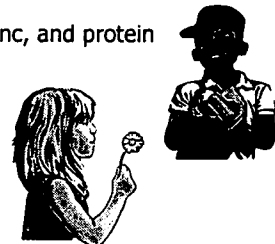


Risk Factors: Age of Housing & Urban Status



Risk Factors: Pica & Nutrition

- ❖ Calcium, iron, zinc, and protein deficiencies
- ❖ Caloric intake
- ❖ Pica





NSOE's Previous Efforts

- ❖ Worked with NCCLPPP to develop case study on childhood lead exposure.
- ❖ Focus on environmental health and environmental justice issues.



NSOE's Proposed Research Program

Use information systems technology to help:

- 1) improve targeted screening programs
- 2) achieve lead poisoning prevention goals among high-risk children

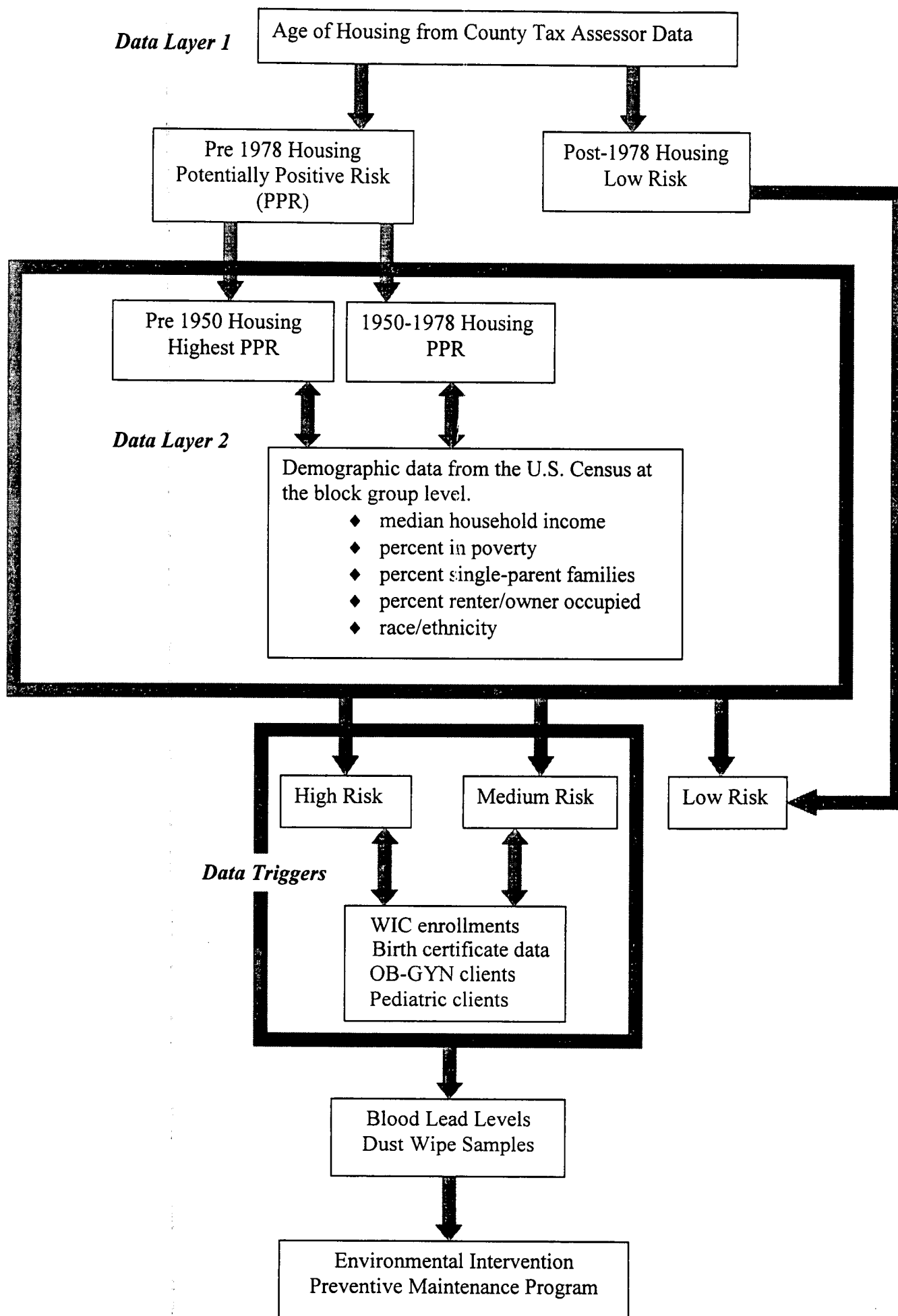


Objectives

- ❖ Identify subset of housing stock that poses greatest risk.
- ❖ Prevent exposure of children to lead hazards in the home.
- ❖ Identify children exposed to lead hazards and connect families with available resources.



Figure 1

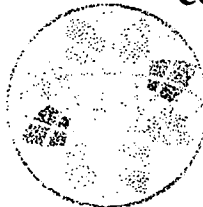


UNITED PARENTS AGAINST LEAD



Mission Statement

United Parents Against Lead is a family support, advocacy and education group, dedicated to the ideal that lead poisoning is preventable, and that all families who are dealing with lead poisoning should have access to all available services for intervention and rehabilitation.



Membership Information.

Membership is free to families or caregivers of lead poisoned children.

We request that other interested parties make a donation of \$10 per year to cover administrative costs.

For more information call
Kris Joyner at
(252) 937-4112



THANK YOU

United Parents Against Lead wants to invite you to join us. If you have a child who has been or is now lead poisoned, and you would like to become a member of our organization, the cost is free to you. We offer information and assistance in getting needed services in the schools and in the community. Some children who are lead poisoned have trouble later with learning disorders, or behavior problems. Sometimes these problems are linked to the lead poisoning and the child does not get the help he or she needs. We try to be sure that parents know what their child is entitled to and how to obtain it. For more information, call Kris Joyner at 937-4112

To Everyone Who Helped to Get UPAL up and running in Nash and Edgecombe Counties.

Among the kind folks who have been major supporters of UPAL are Bev Baldinger, the Community Development Specialist from Edgecombe Health Department, Vanessa McCleary from the City of Rocky Mount and Cynthia Greenlee, a medical student from UNC/Chapel Hill who got us organized.





UPAL UPDATE

United Parents Against Lead

Upal is a local chapter of a national advocacy and support group for parents of children diagnosed with lead poisoning. We help families understand the long range issues and problems associated with lead poisoning. For more information call Kris Joyner at 937-4112



Lead Awareness Month

April is Lead Awareness Month here in North Carolina.

We are planning some very interesting programs and projects to help raise community awareness. The MAHC van will be going out to the Branch/Clark Street neighborhood on April 15, and all children who get their lead tests there on that date will get ribbons and balloons.

City of Rocky Mount Gets Grant

The City of Rocky Mount has received a \$1 million grant from the N.C. Department of Commerce to do lead abatement in homes in Rocky Mount. Part of the money is being used to train workers in how to be certified in our state to do this work safely. Courses are being offered at the Edgemcombe Community

College for the worker and supervisor certifications.

Any persons interested should contact Vanessa McCleary at the City Planning Office (972-1100)

Some of the houses that will be abated are owner occupied, and some are renter occupied. Applications for grants and low interest loans to have this work done are available from the City Planning Office.

It is hoped that up to 80 homes will benefit from having the lead removed. Some of the areas covered will be windows, doors, walls and floors, plumbing and the dirt in the yards.



CHILDHOOD LEAD POISONING PREVENTION PROGRAM ORGANIZATION

Department of Environment and Natural Resources

Division of Environmental Health

Contact: Ed Norman, (919) 715-3293

The North Carolina Childhood Lead Poisoning Prevention Program has evolved rapidly over the past seven years in response to revised Centers for Disease Control and Prevention (CDC) guidelines on screening and follow-up. Historically, lead screening occurred primarily at local health departments, screening was not universal, and screening rates varied statewide. Since 1990, childhood lead poisoning has been a reportable condition under state law, and laboratories are required to report all blood lead test results for children less than 6 years old. North Carolina implemented revised lead screening and follow-up guidelines in 1992 and again in 1998, initially targeting children considered to be at high risk. Since 1994, the State Laboratory has offered to provide blood lead analysis for all North Carolina children at no charge as part of a statewide surveillance initiative. As a result of these changes, the number of children screened has increased to more than 95,000 annually.

Quarterly surveillance reports are generated by the state blood lead surveillance program and mailed to medical providers indicating which children are in need of follow-up services including repeat testing, health education, environmental intervention, and/or medical treatment. If the blood lead level is sufficiently elevated, the local health department must conduct an environmental investigation with assistance from one of seven regional consultants in the Division of Environmental Health. The occupants are informed of ways to reduce exposure on an interim basis (e.g., cleaning measures), and the owner is notified that remediation is required under state law. Licensed child care centers are also investigated for lead hazards based on referrals resulting from routine sanitation inspections. The state legislature has appropriated \$1.3 million to hire program staff and to allocate aid-to-county funds for follow-up services provided to lead-poisoned children. An additional \$600,000 is available from a CDC prevention grant and Medicaid receipts.



1995-1998 Estimated Prevalence of North Carolina Children Screened for Lead Poisoning

Variable		Number Screened	Blood Lead Level (ug/dL)	
			≥10***	≥20****
Age	6-12 months	29,803	792 (2.7%)	7
	1 year	135,715	6,462 (4.8%)	238
	2 years	58,815	3,751 (6.4%)	206
	3 years	40,679	2,350 (5.8%)	98
	4 years	55,672	2,476 (4.4%)	59
	5 years	52,935	2,110 (4.0%)	50
Race*	Black	128,378	9,257 (7.2%)	421
	White	175,655	5,485 (3.1%)	142
	Native American	5,135	316 (6.2%)	3
	Other	21,646	1,282 (5.9%)	65
Sex*	Male	188,902	9,752 (5.2%)	339
	Female	180,031	7,979 (4.4%)	318
Residence	Rural County	256,350	13,429 (5.2%)	515
	Urban County	117,269	4,512 (3.8%)	143
Income**	WIC	61,347	4,163 (6.8%)	205
	Non-WIC	129,320	4,937 (3.8%)	126
Calendar Year	1995	87,939	5,691 (6.5%)	231
	1996	95,119	5,332 (5.6%)	179
	1997	95,548	3,768 (3.9%)	152
	1998	95,013	3,150 (3.3%)	96
Overall		373,619	17,941 (4.8%)	658

* There are missing values for these variables

** Only available for 1996 and 1997

*** Based on the initial screening blood lead level

**** Based on persistent or confirmed elevated blood lead level

1995-1998 NORTH CAROLINA CHILDHOOD LEAD SCREENING DATA BY COUNTY

County	Ages 1 and 2 Years				Ages 6 Months to 6 Years		
	Target Population*	Number Screened**	Percent Screened	Lead ≥ 10	Percent ≥ 10	Number Screened**	Confirmed ≥ 20 Persistent ≥ 15
ALAMANCE	12,070	1,612	13.4	79	4.9	4,008	11
ALEXANDER	3,087	797	25.8	29	3.6	1,447	2
ALLEGHANY	700	219	31.3	9	4.1	355	
ANSON	2,713	840	31.0	96	11.4	2,029	6
ASHE	1,886	546	29.0	12	2.2	1,243	1
AVERY	1,455	639	43.9	27	4.2	1,090	1
BEAUFORT	4,444	1,043	23.5	59	5.7	1,553	3
BERTIE	2,258	691	30.6	54	7.8	1,285	1
BLADEN	3,340	810	24.3	44	5.4	1,581	4
BRUNSWICK	5,856	1,469	25.1	64	4.4	2,933	4
BUNCOMBE	18,229	3,342	18.3	111	3.3	5,804	16
BURKE	8,605	2,707	31.5	65	2.4	5,833	3
CABARRUS	12,056	3,937	32.7	188	4.8	7,211	11
CALDWELL	7,660	1,853	24.2	49	2.6	4,277	1
CAMDEN	486	81	16.7	9	11.1	241	
CARTERET	4,961	1,253	25.3	40	3.2	2,256	3
CASWELL	1,903	480	25.2	31	6.5	914	2
CATAWBA	13,726	4,081	29.7	109	2.7	7,838	5
CHATHAM	4,477	522	11.7	23	4.4	811	3
CHEROKEE	1,964	593	30.2	12	2.0	1,281	
CHOWAN	1,555	273	17.6	26	9.5	688	5
CLAY	532	226	42.5	12	5.3	437	1
CLEVELAND	10,194	2,985	29.3	87	2.9	4,459	8
COLUMBUS	5,915	1,063	18.0	114	10.7	2,694	6
CRAVEN	12,039	3,763	31.3	166	4.4	7,570	9
CUMBERLAND	45,239	7,294	16.1	301	4.1	12,458	14
CURRITUCK	1,411	168	11.9	16	9.5	710	
DARE	2,349	185	7.9	9	4.9	457	
DAVIDSON	14,120	3,761	26.6	182	4.8	10,571	10
DAVIE	2,785	578	20.8	37	6.4	1,030	1
DUPLIN	5,451	1,386	25.4	113	8.2	2,621	2
DURHAM	24,196	5,246	21.7	205	3.9	11,273	18
EDGECOMBE	7,049	3,944	56.0	478	12.1	7,608	69
FORSYTH	32,048	7,614	23.8	336	4.4	12,538	22
FRANKLIN	4,320	1,237	28.6	84	6.8	2,330	5
GASTON	20,010	3,825	19.1	115	3.0	7,297	6
GATES	859	234	27.2	22	9.4	417	1
GRAHAM	747	349	46.7	19	5.4	580	
GRANVILLE	4,307	1,003	23.3	83	8.3	1,949	7
GREENE	1,634	732	44.8	58	7.9	1,406	5
GUILFORD	41,335	9,453	22.9	407	4.3	17,338	16
HALIFAX	6,447	2,715	42.1	249	9.2	4,681	14
HARNETT	10,406	2,586	24.9	178	6.9	5,960	9
HAYWOOD	4,280	776	18.1	38	4.9	1,477	3
HENDERSON	6,615	1,643	24.8	74	4.5	2,529	2
HERTFORD	2,376	1,406	59.2	116	8.3	2,463	1
HOKE	4,044	1,265	31.3	88	7.0	2,028	1
JOE	454	150	33.0	21	14.0	331	
IREDELL	11,484	2,264	19.7	68	3.0	3,790	1
JACKSON	2,480	457	18.4	19	4.2	1,281	
JOHNSTON	12,147	1,855	15.3	110	5.9	3,764	7

*Target Population is based on the cumulative number of live births in preceding years.

**Number screened is cumulative for four year period.

Prepared by CEHB 4/12/99

1995-1998 NORTH CAROLINA CHILDHOOD LEAD SCREENING DATA BY COUNTY

County	Ages 1 and 2 Years				Ages 6 Months to 6 Years		
	Target Population*	Number Screened**	Percent Screened	Lead ≥10	Percent ≥10	Number Screened**	Confirmed ≥20 Persistent ≥15
JONES	834	296	35.5	15	5.1	532	
LEE	5,670	1,463	25.8	46	3.1	2,668	5
LENOIR	6,954	3,760	54.1	366	9.7	6,782	36
LINCOLN	5,999	1,448	24.1	52	3.6	2,832	4
MACON	2,133	610	28.6	17	2.8	1,117	1
MADISON	1,641	592	36.1	36	6.1	1,063	
MARTIN	2,563	1,400	54.6	99	7.1	2,671	4
MCDOWELL	3,715	829	22.3	43	5.2	1,567	
MECKLENBURG	72,719	13,988	19.2	496	3.5	24,395	27
MITCHELL	1,259	436	34.6	26	6.0	656	
MONTGOMERY	2,938	1,218	41.5	71	5.8	2,224	8
MOORE	6,522	2,643	40.5	118	4.5	5,495	6
NASH	9,517	3,858	40.5	372	9.6	7,025	40
NEW HANOVER	14,617	4,487	30.7	207	4.6	9,329	12
NORTHAMPTON	2,088	856	41.0	82	9.6	1,601	5
ONSLOW	25,781	3,746	14.5	94	2.5	5,518	3
ORANGE	8,997	1,514	16.8	73	4.8	2,733	1
PAMLICO	917	354	38.6	31	8.8	752	1
PASQUOTANK	3,444	825	24.0	111	13.5	2,159	6
PENDER	3,456	924	26.7	39	4.2	2,144	5
PERQUIMANS	921	212	23.0	23	10.8	508	3
PERSON	3,399	780	22.9	81	10.4	1,555	4
PITT	13,843	3,824	27.6	226	5.9	7,205	10
POLK	1,280	133	10.4	3	2.3	373	1
RANDOLPH	12,781	2,104	16.5	93	4.4	4,851	2
RICHMOND	5,361	1,051	19.6	91	8.7	2,900	3
ROBESON	15,364	2,016	13.1	173	8.6	6,763	12
ROCKINGHAM	9,100	1,312	14.4	53	4.0	2,917	1
ROWAN	11,994	2,785	23.2	160	5.7	4,432	10
RUTHERFORD	6,332	872	13.8	55	6.3	2,256	2
SAMPSON	5,990	2,283	38.1	124	5.4	4,565	5
SCOTLAND	4,468	2,021	45.2	93	4.6	3,611	8
STANLY	5,549	2,355	42.4	141	6.0	3,896	6
STOKES	4,026	1,116	27.7	53	4.7	1,793	
SURRY	6,798	1,417	20.8	45	3.2	3,018	7
SWAIN	1,325	484	36.5	17	3.5	962	
TRANSYLVANIA	2,259	457	20.2	20	4.4	1,038	1
TYRRELL	292	269	92.1	16	5.9	521	1
UNION	13,081	1,702	13.0	90	5.3	3,635	4
VANCE	5,104	1,056	20.7	102	9.7	1,723	7
WAKE	63,120	11,877	18.8	554	4.7	22,641	29
WARREN	1,597	631	39.5	66	10.5	1,108	3
WASHINGTON	1,563	769	49.2	36	4.7	1,499	2
WATAUGA	2,886	866	30.0	18	2.1	1,801	
WAYNE	12,846	5,192	40.4	265	5.1	8,694	24
WILKES	6,334	1,539	24.3	58	3.8	2,655	
WILSON	8,014	962	12.0	161	16.7	2,734	26
YADKIN	3,533	714	20.2	30	4.2	1,140	
YANCEY	1,412	533	37.7	31	5.8	837	3
STATE	823,040	194,530	23.6	10,213	5.3	373,619	658

*Target Population is based on the cumulative number of live births in preceding years.

**Number screened is cumulative for four year period.

Prepared by CEHB 4/12/99

§ 130A-131.6: Reserved for future codification purposes.

§ 130A-131.7. Definitions.

As used in this Part, unless the context requires otherwise, the term:

- (1) "Abatement" [means] identifying lead-based paint, identifying or assessing a lead-based paint hazard, or undertaking any of the following measures to eliminate a lead-based paint hazard:
 - a. Removing lead-based paint from a surface and repainting the surface.
 - b. Removing a component, such as a windowsill, painted with lead-based paint and replacing the component.
 - c. Enclosing a surface painted with lead-based paint with paneling, vinyl siding, or another approved material.
 - d. Encapsulating a surface painted with lead-based paint with a sealant.
 - e. Any other measure approved by the Commission.
- (2) "Child-occupied facility" means a building, or portion of a building, constructed prior to 1978, regularly visited by a child who is less than 6 years of age. Child-occupied facilities may include, but are not limited to, child care facilities, preschools, nurseries, kindergarten classrooms, schools, clinics, or treatment centers including the common areas, the grounds, any outbuildings, or other structures appurtenant to the facility.
- (3) "Confirmed lead poisoning" means a blood lead concentration of 20 micrograms per deciliter or greater determined by the lower of two consecutive blood test within a six-month period.
- (4) "Department" means the Department of Environment and Natural Resources or its authorized agent.
- (5) "Elevated blood lead level" means a blood lead concentration of 10 micrograms per deciliter or greater determined by the lower of two consecutive blood tests within a six-month period.
- (6) "Lead-based paint hazard" means a condition that is likely to cause adverse health effects as a result of exposure to lead-based paint or to soil or dust that contains lead derived from lead-based paint.
- (7) "Lead poisoning hazard" means the presence of readily accessible or mouthable lead-bearing substances, including lead-based paint, measuring 1.0 milligram per square centimeter or greater by X-ray fluorescence or five-tenths of one percent (0.5%) or greater by chemical analysis; or 15 parts per billion or greater in drinking water; or 100 micrograms per square foot or greater for dust on floors; or 500 micrograms per square foot or greater for dust on windowsills; or 800 micrograms per square foot or greater for dust in window troughs, or soil lead concentrations in an amount greater than or equal to 400 parts per million that is determined by the Department to present a hazard in light of (i) the condition and use of the land and (ii) other relevant factors.

(8) "Lead-safe housing" is housing that was built since 1978 or has been tested by a person that has been certified to perform risk assessments and found to have no lead-based paint hazard within the meaning of the residential Lead-Based Paint Reduction Act of 1992, 42 U.S.C. § 4851b(15).

(9) "Maintenance standard" means the following:

- a. Using safe work practices, repairing and repainting areas of deteriorated paint inside a residential housing unit and for single-family and duplex residential dwelling built prior to 1950, repairing and repainting areas of deteriorated paint on interior and exterior surfaces;
- b. Cleaning the interior of the unit to remove dust that constitutes a lead poisoning hazard;
- c. Adjusting doors and windows to minimize friction or impact on surfaces;
- d. Subject to the occupant's approval, appropriately cleaning any carpets;
- e. Taking such steps as are necessary to ensure that all interior surfaces on which dust might collect are readily cleanable; and
- f. Providing the occupant or occupants all information required to be provided under the Residential Lead-Based Paint Hazard Reduction Act of 1992, and amendments thereto.

(10) "Managing agent" means any person who has charge, care, or control of a building or part thereof in which dwelling units or rooming units are leased.

(11) "Mouthable lead-bearing substance" means any substance on surfaces or fixtures five feet or less from the floor or ground that form a protruding corner or similar edge, or protrude one-half inch or more from a flat wall surface, or are freestanding, containing lead-contaminated dust at a level that constitutes a lead poisoning hazard. Mouthable surfaces or fixtures include toys, vinyl miniblinds, doors, door jambs, stairs, stair rails, windows, windowsills, and baseboards.

(12) "Persistent elevated blood lead level" means a blood lead concentration of 15-19 micrograms per deciliter determined by the lowest of three consecutive blood tests. The first two blood tests shall be performed within six-month period, and the third blood test shall be performed at least 12 weeks and not more than six months after the second blood test.

(13) "Readily accessible lead-bearing substance" means any substance containing lead at a level that constitutes a lead poisoning hazard which can be ingested or inhaled by a child under 6 years of age. Readily accessible substances include deteriorated paint that is peeling, chipping, cracking, flaking, or blistering to the extent that the paint has separated from the substrate. Readily accessible substances also include soil, water, and paint that is chalking.

(14) "Regularly visits" means the presence at a residential housing unit or child-occupied facility on at least two different days within any week, provided that each day's visit lasts at least three hours and the combined weekly visits last at least six hours, and the combined annual visits last at least 60 hours.

(15) "Remediation" means the elimination or control of lead poisoning hazards by methods approved by the Department.

(16) "Residential housing unit" means a dwelling, dwelling unit, or other structure, all or part of which is designed or used for human habitation, including the common areas, the grounds, any outbuildings, or other structures appurtenant to the residential housing unit.

(17) "Supplemental address" means a residential housing unit or child-occupied facility where a child with a persistent elevated blood lead level or a confirmed lead poisoning regularly visits or attends. Supplemental address also means a residential housing unit or child-occupied facility where a child resided, regularly visited, or attended within the six months immediately preceding the determination of a persistent elevated blood lead level or a confirmed lead poisoning. (1997-443, ss. 11A.123, 15.30(b).)

Editor's Note.—Session Laws 1997-443, s. 1.1, provides: "This act shall be known as 'The Current Operations and Capital Improvements Appropriations Act of 1997'."

Session Laws 1997-443, s. 15.30(c), provides: "The Commission for Health Services shall adopt rules in accordance with Chapter 1508 of the General Statutes to implement subsection (b) of this section."

Session Laws 1997-443, s. 15.30(d), made this section effective October 1, 1997.

Session Laws 1997-443, s. 35.2, pro-

vides: "Except for statutory changes or other provisions that clearly indicate an

intention to have effects beyond the 1997-99 fiscal biennium, the textual provisions of this act apply only to funds appropriated for, and activities occurring during, the 1997-99 fiscal biennium."

Session Laws 1997-443, s. 35.4, is a severability clause.

Effect of Amendments.—Session Laws 1997-443, s. 11A.123, effective August 28, 1997, substituted "Environment and Natural Resources" for "Environment, Health and Natural Resources."

§ 130A-131.8. Reports of blood levels in children.

All laboratories doing business in this State shall report to the Department blood lead levels of one microgram per deciliter or greater for children less than 6 years of age and for individuals whose ages are unknown at the time of testing. Reports shall be made within five working days after test completion on forms provided by the Department or on self-generated forms containing: the child's full name, date of birth, sex, race, address, and Medicaid number, if any; the name, address, and telephone number of the requesting health care provider; the name, address, and telephone number of the testing laboratory; the laboratory sample number, and the type — venous or capillary; the laboratory sample number, and the dates the sample was collected and analyzed. Such reports may be made by electronic submissions. (1997-443, s. 15.30(b).)

Editor's Note.—Session Laws 1997-443, s. 1.1, provides: "This act shall be known as 'The Current Operations and Capital Improvements Appropriations Act of 1997'."

Session Laws 1997-443, s. 15.30(d), made this section effective October 1, 1997.

Session Laws 1997-443, s. 35.2, pro-

vides: "Except for statutory changes or other provisions that clearly indicate an intention to have effects beyond the 1997-99 fiscal biennium, the textual provisions of this act apply only to funds appropriated for, and activities occurring during, the 1997-99 fiscal biennium."

Session Laws 1997-443, s. 35.4, is a severability clause.

§ 130A-131.9. Examination and testing.

When the Department has a reasonable suspicion that a child less than 6 years of age has a persistent elevated blood lead level or a confirmed lead poisoning, the Department may require that child to be examined and tested within 30 days. The Department shall require from the owner, managing agent, or tenant of the residential housing unit or child-occupied facility information on each child who resides in, regularly visits, or attends, or, who has within the past six months, resided in, regularly visited, or attended the unit or facility. The information required shall include each child's name and date of birth, the names and addresses of each child's parents, legal guardian, or full-time custodian. The owner, managing agent, or tenant shall submit the required information within 10 days of receipt of the request from the Department. (1997-443, s. 15.30(b).)

Editor's Note.—Session Laws 1997-443, s. 1.1, provides: "This act shall be known as 'The Current Operations and Capital Improvements Appropriations Act of 1997'."

Session Laws 1997-443, s. 15.30(d), made this section effective October 1, 1997.

Session Laws 1997-443, s. 35.2, pro-

vides: "Except for statutory changes or other provisions that clearly indicate an

intention to have effects beyond the 1997-99 fiscal biennium, the textual provisions of this act apply only to funds appropriated for, and activities occurring during, the 1997-99 fiscal biennium."

Session Laws 1997-443, s. 35.4, is a severability clause.

§ 130A-131.9A. Investigation to identify lead poisoning hazards.

(a) When the Department learns of a persistent elevated blood lead level or a confirmed lead poisoning, the Department shall conduct an investigation to identify the lead poisoning hazards to unit or child-occupied facility where the child with the persistent elevated blood lead level or the confirmed lead poisoning resides, regularly visits, or attends. The Department shall also investigate the supplemental addresses of the child who has a persistent elevated blood lead or a confirmed lead poisoning.

(b) The Department shall also conduct an investigation when it reasonably suspects that a lead poisoning hazard to children exists in a residential housing unit or child-occupied facility occupied, regularly visited, or attended by a child less than 6 years of age.

(c) In conducting an investigation, the Department may take samples of surface materials, or other materials suspected of containing lead, for analysis and testing. If samples are taken, chemical determination of the lead content of the samples shall be by atomic absorption spectroscopy or equivalent methods approved by the Department. (1997-443, s. 15.30(b).)

Editor's Note.—Session Laws 1997-443, s. 1.1, provides: "This act shall be known as 'The Current Operations and Capital Improvements Appropriations Act of 1997'."

Session Laws 1997-443, s. 15.30(d), made this section effective October 1, 1997.

Session Laws 1997-443, s. 35.2, pro-

vides: "Except for statutory changes or

other provisions that clearly indicate an intention to have effects beyond the 1997-99 fiscal biennium, the textual provisions of this act apply only to funds

appropriated for, and activities occurring during, the 1997-99 fiscal biennium." Session Laws 1997-443, s. 35.4, is a severability clause.

§ 130A-131.9B. Notification.

Upon determination that a lead poisoning hazard exists, the Department shall give written notice of the lead poisoning hazard to the owner or managing agent of the residential housing unit or child-occupied facility and to all persons residing in, attending, or regularly visiting the unit or facility. The written notice to the owner or managing agent shall include a list of possible methods of abatement of the lead-based paint hazards and of possible methods of remediation of any other lead poisoning hazard. (1997-443, s. 15.30(b).)

Editor's Note. — Session Laws 1997-443, s. 1.1, provides: "This act shall be known as 'The Current Operations and Capital Improvements Appropriations Act of 1997'."

Session Laws 1997-443, s. 15.30(d), made this section effective October 1, 1997.

Session Laws 1997-443, s. 35.2, provides: "Except for statutory changes or other provisions that clearly indicate an intention to have effects beyond the 1997-99 fiscal biennium, the textual provisions of this act apply only to funds appropriated for, and activities occurring during, the 1997-99 fiscal biennium."

Session Laws 1997-443, s. 35.4, is a severability clause.

§ 130A-131.9C. Abatement and remediation.

(a) Upon determination that a child less than 6 years of age has a confirmed lead poisoning of 20 micrograms per deciliter or greater and that child resides in, attends, or regularly visits, a residential housing unit or child-occupied facility containing lead poisoning hazards, the Department shall require abatement of the lead-based paint hazards and the remediation of other lead poisoning hazards. The Department shall also require the abatement of the lead-based paint hazards and the remediation of other lead poisoning hazards identified at the supplemental addresses of a child less than 6 years of age with a confirmed lead poisoning of 20 micrograms per deciliter or greater.

(b) When abatement of lead-based paint hazards or remediation of other lead poisoning hazards is required under subsection (a) of this section, the owner or managing agent shall submit a written remediation plan to the Department within 14 days of receipt of the lead poisoning hazard notification and shall obtain written approval of the plan prior to initiating abatement of lead-based paint hazards or remediation of other lead poisoning hazards. The remediation plan shall comply with subsections (g), (h), and (i) of this section.

(c) If the remediation plan submitted fails to meet the requirements of this section, the Department shall issue an order requiring submission of a modified plan. The order shall indicate the modifications which shall be made to the remediation plan and the date by which the plan as modified shall be submitted to the Department.

(d) If the owner or managing agent does not submit a remediation plan within 14 days, the Department shall issue an order requiring submission of a remediation plan within five days of receipt of the order.

(e) The owner or managing agent shall notify the Department and the occupants of the dates of remediation activities at least three days prior to the commencement of the activities.

(f) Abatement of lead-based paint hazards and remediation of other lead poisoning hazards shall be completed within 60 days of the Department's approval of the remediation plan. If these activities are not completed within 60 days as required, the Department shall issue an order requiring completion of the activities. An owner or managing agent may apply to the Department for an extension of the deadline. The Department may issue an order extending the deadline for 30 days upon proper written application by the owner or managing agent.

(g) The following methods of abatement of lead-based paint hazards are prohibited:

- (1) Stripping paint on-site with methylene chloride-based solutions;
- (2) Torch or flame burning;
- (3) Heating paint with a heat gun above 1,100 degrees Fahrenheit;
- (4) Covering with new paint or wallpaper unless all readily accessible lead-based paint has been removed;
- (5) Uncontrolled abrasive blasting; or
- (6) Uncontrolled waterblasting.

(h) All lead-containing waste and residue shall be removed and disposed of in accordance with applicable federal, State, and local laws and rules.

(i) All remediation plans shall require that the lead poisoning hazards be reduced to below the following levels:

- (1) Floor lead dust levels are less than 100 micrograms per square foot;
- (2) Windowsill lead dust levels are less than 500 micrograms per square foot;
- (3) Window trough lead dust levels are less than 800 micrograms per square foot;
- (4) Soil lead levels are less than 400 parts per million or such other level higher than 400 parts per million as determined by the Department to prevent a hazard in light of the condition and use of the land and in light of other relevant factors; and
- (5) Drinking water lead levels less than 15 parts per billion.

(j) The Department shall verify by visual inspection that the approved remediation plan has been completed. The Department may also verify plan completion by residual lead dust monitoring and soil or drinking water lead level measurement. Compliance with the maintenance standard shall be deemed equivalent to meeting the remediation plan requirements as long as exterior surfaces are also addressed.

(k) Removal of children from the residential housing unit or child-occupied facility shall not constitute abatement or remediation if the property continues to be used for a residential housing unit or child-occupied facility. (1997-443, s. 15.30(b).)

Editor's Note. — Session Laws 1997-

443, s. 1.1, provides: "This act shall be known as 'The Current Operations and Capital Improvements Appropriations Act of 1997'."

Session Laws 1997-443, s. 15.30(d), made this section effective October 1, 1997.

Session Laws 1997-443, s. 35.2, provides: "Except for statutory changes or

other provisions that clearly indicate an intention to have effects beyond the 1997-99 fiscal biennium, the textual provisions of this act apply only to funds appropriated for and activities occurring during the 1997-99 fiscal biennium." Session Laws 1997-443, s. 35-4, is a severability clause.

§ 130A-131.9D. Effect of compliance with maintenance standard.

Any owner of a residential housing unit constructed prior to 1978 who is sued by a current or former occupant seeking damages for injuries allegedly arising from exposure to lead-based paint or lead-contaminated dust, shall not be deemed liable (i) for any injuries sustained by that occupant after the owner first complied with the maintenance standard defined under G.S. 130A-131.7(10) provided the owner has repeated the steps provided for in the maintenance standard annually and obtained a certificate of compliance under G.S. 130A-131.9E annually during such occupancy; or (ii) if the owner is able to show by other documentation that compliance with the maintenance standard has been maintained during the period when the injuries were sustained; or (iii) if the owner is able to show that the unit was lead-safe housing containing no lead-based paint hazards during the period when the injuries were sustained. (1997-443, s. 15.30(b).)

Editor's Note.—Session Laws 1997-443, s. 1.1, provides: "This act shall be known as 'The Current Operations and Capital Improvements Appropriations Act of 1997'."

Session Laws 1997-443, s. 15.30(d), made this section effective October 1, 1997.

Session Laws 1997-443, s. 35.2, pro-

vides: "Except for statutory changes or other provisions that clearly indicate an intention to have effects beyond the 1997-99 fiscal biennium, the textual provisions of this act apply only to funds appropriated for, and activities occurring during, the 1997-99 fiscal biennium." Session Laws 1997-443, s. 35-4, is a severability clause.

§ 130A-131.9E. Certificate of evidence of compliance.

An owner of a unit who has complied with the maintenance standard may apply annually to the Department for a certificate of compliance. Upon presentation of acceptable proof of compliance, the Department shall provide to the owner a certificate evidencing compliance. The Department may issue a certificate based solely on information provided by the owner and may revoke the certificate upon showing that any of the information is erroneous or inadequate, or upon finding that the unit is no longer in compliance with the maintenance standard. (1997-443, s. 15.30(b).)

Editor's Note.—Session Laws 1997-443, s. 1.1, provides: "This act shall be known as 'The Current Operations and Capital Improvements Appropriations Act of 1997'."

Session Laws 1997-443, s. 15.30(d), made this section effective October 1, 1997.

Session Laws 1997-443, s. 35.2, pro-

vides: "Except for statutory changes or other provisions that clearly indicate an intention to have effects beyond the 1997-99 fiscal biennium, the textual provisions of this act apply only to funds appropriated for, and activities occurring during, the 1997-99 fiscal biennium." Session Laws 1997-443, s. 35-4, is a severability clause.

§ 130A-131.9F. Discrimination in financing.

(a) No bank or financial institution in the business of lending money for the purchase, sale, construction, rehabilitation, improvement, or refinancing of real property of the lending of money secured by an interest in real property may refuse to make such loans merely because of the presence of lead-based paint on the residential real property or in the residential housing unit provided that the owner is in compliance with the maintenance standard and has obtained a certificate of compliance under G.S. 130A-131.9E annually.

(b) Nothing in this section shall (i) require a financial institution to extend a loan or otherwise provide financial assistance if it is clearly evident that health-related issues, other than those related to lead-based paint, made occupancy of the housing accommodation an imminent threat to the health or safety of the occupant, or (ii) be construed to preclude a financial institution from considering the fair market value of the property which will secure the proposed loan.

(c) Failure to meet the maintenance standard shall not be deemed a default under existing mortgages. (1997-443, s. 15.30(b).)

Editor's Note.—Session Laws 1997-443, s. 1.1, provides: "This act shall be known as 'The Current Operations and Capital Improvements Appropriations Act of 1997'."

Session Laws 1997-443, s. 15.30(d), made this section effective October 1, 1997.

Session Laws 1997-443, s. 35.2, pro-

vides: "Except for statutory changes or other provisions that clearly indicate an intention to have effects beyond the 1997-99 fiscal biennium, the textual provisions of this act apply only to funds appropriated for, and activities occurring during, the 1997-99 fiscal biennium." Session Laws 1997-443, s. 35-4, is a severability clause.

§ 130A-131.9G. Resident responsibilities.

In any residential housing unit occupied by a child less than 6 years old who has an elevated blood lead level of 10 micrograms per deciliter or greater, the Department shall advise, in writing, the owner or managing agent and the child's parents or legal guardian as the importance of carrying out routine cleaning activities in the units they occupy, own, or manage. Such cleaning activities shall include:

- (1) Wiping clean all windowsills with a damp cloth or sponge at least weekly;
- (2) Regularly washing all surfaces accessible to children;
- (3) In the case of a leased residential housing unit, identifying any deteriorated paint in the unit and notifying the owner or managing agent of such conditions within 72 hours of discovery; and
- (4) Identifying and understanding potential lead poisoning hazards in the environment of each child under the age of 6 in the unit (including toys, vinyl miniblinds, playground equipment, drinking water, soil, and painted surfaces), and taking steps to prevent children from ingesting lead such as encouraging children to wash their faces and hands frequently and especially after playing outdoors. (1997-443, s. 15.30(b).)

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 1997

SESSION LAW 1998-209
SENATE BILL 1274

AN ACT TO AMEND THE LAW REGARDING THE CONTROL OF
CHILDHOOD LEAD EXPOSURE.

The General Assembly of North Carolina enacts:

Section 1. G.S. 130A-131.5 reads as rewritten:

"§ 130A-131.5. Commission to adopt rules.

(a) For the protection of the public health, the Commission shall adopt rules for the prevention and control of lead poisoning in children in accordance with this Part. The rules shall include provisions for:

- (4) Reporting by laboratories of elevated blood-lead levels in children less than six years of age; the rules shall specify the public health agency to which reports shall be made, and shall establish when a blood-lead level is considered to be elevated. The rules shall further provide the specific information to be included in the reports, the time limits for reporting, and the form in which reports shall be submitted;
- (2) Investigation by the Department to determine the source of elevated blood-lead levels;
- (2) Identification of lead poisoning hazards;
- (4) Examination and testing of children less than six years of age who are reasonably suspected of having elevated blood-lead levels; and
- (5) Abatement of lead poisoning hazards in dwellings, schools and child care centers determined by the Department to be a potential source of an elevated blood-lead level in a child less than six years of age.

(b) ~~Abatement orders issued by the Department pursuant to this section shall require elimination of the lead poisoning hazard. Removal of children from the dwelling, school, or child care center shall not constitute abatement if the property continues to be used for a dwelling, school, or child care center.~~

Section 2. G.S. 130A-131.7(1) reads as rewritten:

- "(1) 'Abatement' means identifying lead-based paint, identifying or assessing a lead-based paint hazard, or undertaking any of the following measures to eliminate a lead-based paint hazard:
- a. Removing lead-based paint from a surface and repainting the surface.
 - b. Removing a component, such as a window sill, painted with lead-based paint and replacing the component.
 - c. Enclosing a surface painted with lead-based paint with paneling, vinyl siding, or another approved material.
 - d. Encapsulating a surface painted with lead-based paint with a sealant.
 - e. Any other measure approved by the Commission.
- The term includes an inspection and a risk assessment."

"(j) Section 3. G.S. 130A-131.9C(j) reads as rewritten:

The Department shall verify by visual inspection that the approved remediation plan has been completed. The Department may also verify plan completion by residual lead dust monitoring and soil or drinking water lead level measurement.

(i) Compliance with the maintenance standard shall be deemed equivalent to meeting satisfies the remediation ~~plan requirements as long as exterior surfaces are also addressed.~~ requirements for confirmed lead poisoning cases identified on or after 1 October 1990 as long as all lead poisoning hazards identified on interior and exterior surfaces are addressed by remediation. Except for owner-occupied residential housing units, continued compliance shall be verified by means of an annual monitoring inspection conducted by the Department. For owner-occupied residential housing units, continued compliance shall be verified (i) by means of an annual monitoring inspection, (ii) by documentation that no child less than six years of age has resided in or regularly visited the residential housing unit within the past year, or (iii) by documentation that no child less than six years of age residing in or regularly visiting the unit has an elevated blood lead level."

Section 4. G.S. 130A-131.9D reads as rewritten:

"§ 130A-131.9D. Effect of compliance with maintenance standard.

Any owner of a residential housing unit constructed prior to 1978 who is sued by a current or former occupant seeking damages for injuries allegedly arising from exposure to lead-based paint or lead-contaminated dust, shall not be deemed liable (i) for any injuries sustained by that occupant after the owner first complied with the maintenance standard defined under G.S. 130A-131.7(4) 130A-131.7 provided the owner has repeated the steps provided for in the maintenance standard annually for units in which children of less than six years of age have resided or regularly visited within the past year and obtained a certificate of compliance under G.S. 130A-131.9E annually during such occupancy; or (ii) if the owner is able to show by other documentation that compliance with the maintenance standard has been maintained during the period when the injuries were sustained; or (iii) if the owner is able to show that the unit was lead-safe housing containing no lead-based paint hazards during the period when the injuries were sustained."

Section 5. Part 4 of Article 5 of Chapter 130A of the General Statutes is amended by adding a new section to read:

"§ 130A-131.9H. Application fees for certificates of compliance.

The Department shall collect an application fee of ten dollars (\$10.00) for each certificate of compliance. Fee receipts shall be used to support the program that is developed to implement this Part. Fee receipts also may be used to provide for relocation and medical expenses incurred by children with confirmed lead poisoning."

Section 6. This act is effective when it becomes law.

In the General Assembly read three times and ratified this the 22nd day of October, 1998.

s/ Marc Basnight
President Pro Tempore of the Senate

s/ Harold J. Brubaker
Speaker of the House of Representatives

s/ James B. Hunt, Jr.
Governor

Approved 8:55 a.m. this 30th day of October, 1998

VISITOR REGISTRATION SHEET
HEALTH, PUBLIC HEALTH, & HEALTH CARE DELIVERY APRIL 14, 1999

Name of Committee

Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK

<u>NAME</u>	<u>FIRM OR AGENCY AND ADDRESS</u>
Link Sewall	DEH, DENR
Ed Norman	DEH, DENR
TONY ROBERSON	DEH, DENR
Alan Huneycutt	DEH, DENR
DAVIS BROWN	DEH, DENR
BEVERLY BALDINGER	Edge. Co. Health Dept
KRISTIN JOYNER	UNITED PARENTS AGAINST LEAD OF NC
Michael E. Moore	DHHS, HHC
W. H. POTTER JR	NCOTA - NCPS
Andrew Fritsch	Duke University Nicholas School of the Environment
David Z. Bynum	" "
Matt Groe	" "
Diane Wilson	Duke U - NSOE
Jessica Lipsker	Duke University
Maria Christopher	Duke University
Jamie Evans	Duke University
Jane Jones	" "
Dick Carlton	ASARC, Inc.
CP Med	Covenant of NC's Children
Palmer A. Young	APPCNC / SCSL
W. H. POTTER JR	NC SOS
Ann Case	NCRMA
ANNA TEFFT	OSBM
Adam Searing	NCHA C
Tom Roberts	Doctor of Day

VISITOR REGISTRATION SHEET

PUBLIC HEALTH

Name of Committee

, 1999

Date _____

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK

[illegible]

March 1999

April 14, 1999

Childhood Lead Exposure: *Effects and Policy Options*



By

Marie Lynn Miranda, Ph.D.

Lenore Yarger

Dana Dolinoy

Matt Grove

Jennifer Coghlan

Debbie Engel

MINUTES

HOUSE COMMITTEE ON PUBLIC HEALTH

April 21, 1999

The House Committee on Public Health met in Room 612 of the Legislative Office Building on April 21, 1999. Rep. Mary McAllister presided over the meeting. The follow members were present: Representatives McAllister, Edwards, Dockham, Esposito, Howard, and Barefoot (Rep. Barefoot was added to the Committee on April 15, 1999).

The following bills were discussed:

H 96 A BILL O BE ENTITLED AN ACT TO RESTORE AND APPLY RETROACTIVELY THE EXEMPTION FROM LICENSURE FOR CERTAIN ADULT CARE HOMES MAINTAINED OR OPERATED BY A UNIT OF GOVERNMENT

H 958 A BILL TO BE ENTITLED AN ACT TO CLARIFY THAT CONFIDENTIAL INFORMATION OBTAINED BY HMO'S OR PROVIDER SPONSORED ORGANIZATIONS MAY BE DISCLOSED PURSUANT TO COURT ORDER FOR CERTAIN PURPOSES.

H 957 A BILL TO BE ENTITLED AN ACT TO PROVIDE THAT AN ELECTRONIC OR FAX SIGNATURE OF A PHYSICIAN PROVIDING MEDICAL CERTIFICATION OF DEATH IS ACCEPTABLE IF APPROVED BY THE STATE REGISTRAR OF VITAL STATISTICS.

S A BILL TO BE ENTITLED AN ACT TO REQUIRE ALL FACILITIES AND PROVIDERS THAT DETECT, DIAGNOSE, OR TREAT CANCER PATIENTS TO REPORT CANCER CASES TO THE CANCER CONTROL REGISTRY.


Sen. Odom submitted a committee substitute for S273. He went on to explain the bill. Which was to have citizens report the number of cancer cases in NC to a central agency, (This is a no cost bill). Rep. Barefoot asked for feedback on the exact number of cancer cases in the State. Rep. Howard stated she had thought the cancer rates had declined, and asked if reduced numbers were due to non-reporting. Rebecca Martin, Dir. NC Central Cancer Registry answered Rep. Barefoot and Howard's questions.

S 273 was passed out of committee with a favorable report as to the committee substitute, unfavorable as to the original bill.

Their sponsor, Rep. Edwards, presented the three remaining bills, H958 and 96. All three were given a favorable report out of committee; H 957 was given a favorable report as amended.

The meeting was adjourned at 11:31 AM.


Rep. Mary E McAllister


Annecia Norwood
Legislative Assistant

**1999 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES**

The following report(s) from standing committee(s) is/are presented:

By Representative(s) Edwards and McAllister for the Committee on **Public Health**.

☐ Committee Substitute for

H.B. 957 A BILL TO BE ENTITLED AN ACT TO PROVIDE THAT AN ELECTRONIC OR FACSIMILE SIGNATURE OF A PHYSICIAN PROVIDING MEDICAL CERTIFICATION OF DEATH IS ACCEPTABLE IF APPROVED BY THE STATE REGISTRAR OF VITAL STATISTICS.

- ☐ With a favorable report.
- ☐ With a favorable report and recommendation that the bill be re-referred to the Committee on Appropriations ☐ Finance ☐ .
- ☒ With a favorable report, as amended.
- ☐ With a favorable report, as amended, and recommendation that the bill be re-referred to the Committee on Appropriations ☐ Finance ☐ .
- ☐ With a favorable report as to committee substitute bill (#), ☐ which changes the title, unfavorable as to (original bill) (Committee Substitute Bill #), (and recommendation that the committee substitute bill #) be re-referred to the Committee on .)
- ☐ With a favorable report as to House committee substitute bill (#), ☐ which changes the title, unfavorable as to Senate committee substitute bill.
- ☐ With an unfavorable report.
- ☐ With recommendation that the House concur.
- ☐ With recommendation that the House do not concur.
- ☐ With recommendation that the House do not concur; request conferees.
- ☐ With recommendation that the House concur; committee believes bill to be material.
- ☐ With an unfavorable report, with a Minority Report attached.
- ☐ Without prejudice.
- ☐ With an indefinite postponement report.
- ☐ With an indefinite postponement report, with a Minority Report attached.
- ☐ With recommendation that it be adopted. (HOUSE RESOLUTION ONLY)

2/24/99



NORTH CAROLINA GENERAL ASSEMBLY
AMENDMENT
House Bill 957

AMENDMENT NO. _____
(to be filled in by
Principal Clerk)
Page 1 of ____

H957-ARY-001

Date _____, 1999

Comm. Sub. []
Amends Title []

Rep.

- 1 moves to amend the bill on page 1, line 17,
- 2 by inserting between the words "electronic" and "on" the word
- 3 "signature";
- 4
- 5 and further amends the bill on page 1, line 18,
- 6 by inserting after the word "acceptable." the sentence "As used in
- 7 this section, the term electronic signature has the same meaning as
- 8 applies in G.S. 66-58.2."

SIGNED _____
Amendment Sponsor

SIGNED Edwards
Committee Chair if Senate Committee Amendment

ADOPTED _____

FAILED _____

TABLED _____

0057

H.B. _____

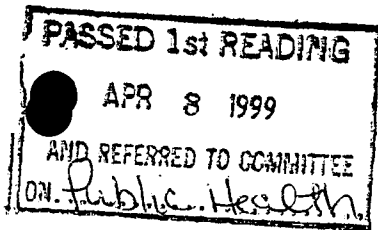
SESSION LAW _____

A BILL TO BE ENTITLED

AN ACT TO PROVIDE THAT AN ELECTRONIC OR FACSIMILE SIGNATURE OF A PHYSICIAN PROVIDING MEDICAL CERTIFICATION OF DEATH IS ACCEPTABLE IF APPROVED BY THE STATE REGISTRAR OF VITAL STATISTICS.

<i>Introduced by Representative(s)</i>	Edwards	<i>Mosley</i>	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Principal Clerk's Use Only



H.B. 0057

SESSION LAW _____

A BILL TO BE ENTITLED

AN ACT TO PROVIDE THAT AN ELECTRONIC OR FACSIMILE SIGNATURE OF A PHYSICIAN PROVIDING MEDICAL CERTIFICATION OF DEATH IS ACCEPTABLE IF APPROVED BY THE STATE REGISTRAR OF VITAL STATISTICS.

<i>Introduced by Representative(s)</i>	Edwards	<u>Mokey</u>	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Principal Clerk's Use Only

PASSED 1st READING
APR 8 1999
AND REFERRED TO COMMITTEE
ON Public Health

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

H

1

HOUSE BILL 957

Short Title: Phys. Signature Cert./Death Records.

(Public)

Sponsors: Representatives Edwards; and Mosley.

Referred to: Public Health.

April 8, 1999

1 A BILL TO BE ENTITLED
2 AN ACT TO PROVIDE THAT AN ELECTRONIC OR FACSIMILE SIGNATURE
3 OF A PHYSICIAN PROVIDING MEDICAL CERTIFICATION OF DEATH IS
4 ACCEPTABLE IF APPROVED BY THE STATE REGISTRAR OF VITAL
5 STATISTICS.

6 The General Assembly of North Carolina enacts:

7 Section 1. G.S. 130A-115(c) reads as rewritten:

8 "(c) The medical certification shall be completed and signed by the physician in
9 charge of the patient's care for the illness or condition which resulted in death,
10 except when the death falls within the circumstances described in G.S. 130A-383. In
11 the absence of the physician or with the physician's approval, the certificate may be
12 completed and signed by an associate physician, the chief medical officer of the
13 hospital or facility in which the death occurred or a physician who performed an
14 autopsy upon the decedent under the following circumstances: the individual has
15 access to the medical history of the deceased; the individual has viewed the deceased
16 at or after death; and the death is due to natural causes. When specifically approved
17 by the State Registrar, an electronic or facsimile signature of the physician shall be
18 acceptable. The physician shall state the cause of death on the certificate in definite
19 and precise terms. A certificate containing any indefinite terms or denoting only
20 symptoms of disease or conditions resulting from disease as defined by the State
21 Registrar, shall be returned to the person making the medical certification for
22 correction and more definite statement."

23 Section 2. This act is effective when it becomes law.

EXPLANATION OF House Bill 957
Physicians Signature Certificate/Death Records

To: Representatives Mary McAllister and Zeno Edwards
From: John Young, Committee Staff
Date: April 20, 1999
Sponsor: Representative Edwards and Mosley

Background

Article 4 of Chapter 130A establishes the State Vital Records program that includes, among other functions, the oversight of marriage, divorce, birth and death records. G.S. 130A 91 requires the Secretary of the Department of Health and Human Services to appoint a State Registrar and G.S. 130A-92 requires that the State Registrar shall secure and maintain all vital records required under the Article. G.S. 130A-115 establishes the following requirements for death records:

1. A death certificate for each death that occurs in the state shall be filed with the local registrar in the county in which the death occurred within five days after the death;
2. The funeral director or the person acting as such shall file the certificate with the local registrar. The funeral director or person acting as such is also responsible for obtaining the medical certification of the cause of death;
3. The medical certificate shall be completed and signed by the physician in charge of the patient's care.

Explanation of HB 957

The Vital Records Division of the Department of Health and Human Services is in the process of developing a system for the electronic filing of death certificates. House Bill would allow an electronic or facsimile signature of the physician on the death certificate. This process must be approved by the State Registrar of Vital Statistics.

*Conform to
Electronic Commerce
Act*

**1999 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES**

The following report(s) from standing committee(s) is/are presented:

By Representative(s) Edwards and McAllister for the Committee on **PUBLIC HEALTH**.

☐ Committee Substitute for

S.B. 273 A BILL TO BE ENTITLED AN ACT TO REQUIRE ALL FACILITIES AND PROVIDERS THAT DETECT, DIAGNOSE, OR TREAT CANCER PATIENTS TO REPORT CANCER CASES TO THE CANCER CONTROL REGISTRY.

☐ With a favorable report.

☐ With a favorable report and recommendation that the bill be re-referred to the Committee on Appropriations ☐ Finance ☐ ☐.

☐ With a favorable report, as amended.

☐ With a favorable report, as amended, and recommendation that the bill be re-referred to the Committee on Appropriations ☐ Finance ☐ ☐.

☒ With a favorable report as to House committee substitute bill, unfavorable as to original bill.

☐ With a favorable report as to House committee substitute bill (#), ☐ which changes the title, unfavorable as to Senate committee substitute bill.

☐ With an unfavorable report.

☐ With recommendation that the House concur.

☐ With recommendation that the House do not concur.

☐ With recommendation that the House do not concur; request conferees.

☐ With recommendation that the House concur; committee believes bill to be material.

☐ With an unfavorable report, with a Minority Report attached.

☐ Without prejudice.

☐ With an indefinite postponement report.

☐ With an indefinite postponement report, with a Minority Report attached.

☐ With recommendation that it be adopted. (HOUSE RESOLUTION ONLY)

2/24/99



NORTH CAROLINA GENERAL ASSEMBLY
AMENDMENT
House Bill 957

AMENDMENT NO. _____
(to be filled in by
Principal Clerk)
Page 1 of _____

H957-ARY-001

Date _____, 1999

Comm. Sub. ☐
Amends Title ☐

Rep.

- 1 moves to amend the bill on page 1, line 17,
2 by inserting between the words "electronic" and "on" the word
3 "signature";
4
5 and further amends the bill on page 1, line 18,
6 by inserting after the word "acceptable." the sentence "As used in
7 this section, the term electronic signature has the same meaning as
8 applies in G.S. 66-58.2."

SIGNED _____
Amendment Sponsor

SIGNED _____
Committee Chair if Senate Committee Amendment

ADOPTED _____ FAILED _____ TABLED _____

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

S

D

SENATE BILL 273

Proposed Committee Substitute S273-CSLH-1

WARNING: LINE NUMBERS MAY CHANGE AFTER ADOPTION

Short Title: Cancer Control Reporting.

(Public)

Sponsors: Senators Odom; Carpenter, Perdue, and Rucho.

Referred to: Health Care.

March 8, 1999

1 A BILL TO BE ENTITLED
2 AN ACT TO REQUIRE ALL FACILITIES AND PROVIDERS THAT DETECT,
3 DIAGNOSE, OR TREAT CANCER PATIENTS TO REPORT CANCER CASES TO
4 THE CANCER CONTROL REGISTRY.

5 Whereas, cancer control programs and existing statewide
6 population-based cancer registries throughout the country have
7 identified cancer incidence and cancer mortality rates that
8 indicate that the burden of cancer for Americans is substantial
9 and varies widely by geographic location and ethnicity; and

10 Whereas, statewide cancer incidence and cancer mortality
11 data can be used to identify cancer trends, patterns, and
12 variation for directing cancer control intervention; and

13 Whereas, since 1947 North Carolina has mandated that
14 physicians report cancer diagnoses in their patients; and

15 Whereas, changes in communications and medical
16 technology and in the treatment of disease mean that a
17 substantial majority of the data is obtainable from medical
18 facilities such as hospitals, clinics, and laboratories; and

19 Whereas, current North Carolina law authorizes but does
20 not require facilities that diagnose or treat cancer patients to
21 report clinical, statistical, and other records of cancer; and

1 Whereas, the current cancer incidence reporting rate in
2 North Carolina is only 87%. This reporting rate is neither
3 compliant with federal standards of 95% nor compliant with Cancer
4 Registry standards of 100%; Now, therefore,
5 The General Assembly of North Carolina enacts:

6 Section 1. G.S. 130A-209 reads as rewritten:

7 "§ 130A-209. Incidence reporting of ~~cancer~~. cancer; charge for
8 collection if failure to report.

9 (a) A ~~physician~~ All health care facilities and health care
10 providers that detect, diagnose, or treat cancer shall report to
11 the central cancer registry each diagnosis of cancer in any
12 person who is screened, diagnosed, or treated by the facility or
13 provider. ~~for whom the physician is professionally consulted.~~ The
14 reports shall be made within ~~60 days~~ six months of diagnosis.
15 Diagnostic, demographic and other information as prescribed by
16 the rules of the Commission shall be included in the report.

17 (b) If a health care facility or health care provider fails to
18 report as required under this section, then the central cancer
19 registry may conduct a site visit to the facility or be provided
20 access to the information from the facility or provider and
21 report it in the appropriate format. The Commission may adopt
22 rules requiring that the facility or provider reimburse the
23 registry for its cost to access and report the information in an
24 amount not to exceed one hundred dollars (\$100.00) per case.
25 Thirty days after the expiration of the six-month period for
26 reporting under subsection (a) of this section, the registry
27 shall send notice to each facility and provider that has not
28 submitted a report as of that date that failure to file a timely
29 report within 30 days shall result in collection of the data by
30 the registry and liability for reimbursement imposed under this
31 section. Failure to receive or send the notice required under
32 this section shall not be construed as a waiver of the reporting
33 requirement. For good cause, the central cancer registry may
34 grant an additional 30 days for reporting.

35 (c) As used in this section, the term:

- 36 (1) 'Health care facility' or 'facility' means any
37 hospital, clinic, or other facility that is
38 licensed to administer medical treatment or the
39 primary function of which is to provide medical
40 treatment in this State. The term includes health
41 care facility laboratories and independent
42 pathology laboratories;
43 (2) 'Health care provider' or 'provider' means any
44 person who is licensed or certified to practice a

1 health profession or occupation under Chapter 90 of
2 the General Statutes and who diagnoses or treats
3 cancer."

4 Section 2. G.S. 130A-210 is repealed.

5 Section 3. The Health Services Commission may adopt
6 temporary rules in accordance with Chapter 150B of the General
7 Statutes to implement this section.

8 Section 4. This act is effective when it becomes law.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

S

1

SENATE BILL 273

Short Title: Cancer Control Reporting.

(Public)

Sponsors: Senators Odom; Carpenter, Perdue, and Rucho.

Referred to: Health Care.

March 8, 1999

1 A BILL TO BE ENTITLED

2 AN ACT TO REQUIRE ALL FACILITIES AND PROVIDERS THAT DETECT,
3 DIAGNOSE, OR TREAT CANCER PATIENTS TO REPORT CANCER CASES
4 TO THE CANCER CONTROL REGISTRY.

5 Whereas, cancer control programs and existing statewide population-
6 based cancer registries throughout the country have identified cancer incidence and
7 cancer mortality rates that indicate that the burden of cancer for Americans is
8 substantial and varies widely by geographic location and ethnicity; and

9 Whereas, statewide cancer incidence and cancer mortality data can be
10 used to identify cancer trends, patterns, and variation for directing cancer control
11 intervention; and

12 Whereas, since 1947 North Carolina has mandated that physicians report
13 cancer diagnoses in their patients; and

14 Whereas, changes in communications and medical technology and in the
15 treatment of disease mean that a substantial majority of the data is obtainable from
16 medical facilities such as hospitals, clinics, and laboratories; and

17 Whereas, current North Carolina law authorizes but does not require
18 facilities that diagnose or treat cancer patients to report clinical, statistical, and other
19 records of cancer; and

20 Whereas, the current cancer incidence reporting rate in North Carolina is
21 only 87%. This reporting rate is neither compliant with federal standards of 95% nor
22 compliant with Cancer Registry standards of 100%; Now, therefore,
23 The General Assembly of North Carolina enacts:

24 Section 1. G.S. 130A-209 reads as rewritten:

1 "§ 130A-209. Incidence reporting of cancer: ~~cancer; charge for collection if failure to~~
2 report.

3 (a) ~~A physician~~ All health care facilities and health care providers that detect,
4 diagnose, or treat cancer shall report to the central cancer registry each diagnosis of
5 cancer in any person who is screened, diagnosed, or treated by the facility or
6 provider, for whom the physician is professionally consulted. The reports shall be
7 made within ~~60 days~~ six months of diagnosis. Diagnostic, demographic and other
8 information as prescribed by the rules of the Commission shall be included in the
9 report.

10 (b) If a health care facility or health care provider fails to report as required
11 under this section, then the central cancer registry may access the information from
12 the facility or provider and report it in the appropriate format. The Commission may
13 adopt rules requiring that the facility or provider reimburse the registry for its cost to
14 access and report the information in an amount not to exceed one hundred dollars
15 (\$100.00) per case. Thirty days after the expiration of the six-month period for
16 reporting under subsection (a) of this section, the registry shall send notice to each
17 facility and provider that has not submitted a report as of that date that failure to file
18 a timely report shall result in collection of the data by the registry and liability for
19 reimbursement imposed under this section. Failure to receive or send the notice
20 required under this section shall not be construed as a waiver of the reporting
21 requirement.

22 (c) As used in this section, the term:

- 23 (1) 'Health care facility' or 'facility' means any hospital, clinic, or
24 other facility that is licensed to administer medical treatment or the
25 primary function of which is to provide medical treatment in this
26 State. The term includes health care facility laboratories and
27 independent pathology laboratories;
28 (2) 'Health care provider' or 'provider' means any person who is
29 licensed or certified to practice a health profession or occupation
30 under Chapter 90 of the General Statutes and who diagnoses or
31 treats cancer."

32 Section 2. G.S. 130A-210 is repealed.

33 Section 3. The Health Services Commission may adopt temporary rules in
34 accordance with Chapter 150B of the General Statutes to implement this section.

35 Section 4. This act is effective when it becomes law.

EXPLANATION OF SENATE BILL 273
Cancer Control Reporting

TO: Representatives McAllister and Edwards, Chairs, House Public Health Committee
FROM: John Young, Committee Staff
DATE: April 22, 1999
SPONSOR: Senator Odom

Background

G.S. 130A-208 establishes a Central Cancer Registry within the Department of Health and Human Services to compile, tabulate and preserve data that relates to the incidence, treatment and cure of cancer. This data is used to identify cancer trends and patterns that help to direct cancer control and intervention. G.S. 130A-209 requires physicians to report to the registry, within 60 days, each diagnosis of cancer for whom the physician is professionally consulted. G.S. 130A-210 authorizes but does not require medical facilities that diagnosis or treat cancer to report to the registry.

Senate Bill 273

SB 273 does the following:

- Repeals G.S. 130A-210 that is permissive language for medical facilities to report cancer data to the registry;
- Amends G.S. 130A-209 to require all health care providers and health care facilities that diagnosis or treat cancer to report to the Central Cancer Registry each diagnosis of cancer in any person who is treated or diagnosed or treated by the facility or provider within 6 months of diagnosis;
- Permits Central Cancer Registry to access information from the facility or provider if the facility or provider does not report as required, and requires the facility or provider to reimburse the Registry in the amount not to exceed \$100 per case; and
- Defines "health care facility" and "health care provider".

The act is effective when it becomes law.

273

SESSION LAW _____

A BILL TO BE ENTITLED

AN ACT TO REQUIRE ALL FACILITIES AND PROVIDERS THAT DETECT, DIAGNOSE, OR TREAT
CANCER PATIENTS TO REPORT CANCER CASES TO THE CANCER CONTROL REGISTRY.

Introduced by Senator(s)

Carpenter

Odom

Odom

Per

Reid

Principal Clerk's Use Only

FILED MAR 7 1999

PASSED 1st READING

MAR 8 1999

AND REFERRED TO COMMITTEE

ON *Health Care*

PASSED 2nd & 3rd
READINGS

47-1 VV

MAR 31 1999

ORDERED SENT TO
HOUSE OF REPRESENTATIVE

Jarvis Pruitt

NOTE ATTACHED MAR 24 1999

The Committee on *Health Care*
to whom this bill was referred, a majority
being present and voting, has carefully
considered the same and recommend that
it do.....pass.

William Russell

For the Committee

RTED FAVORABLY MAR 24 1999

ED ON CALENDAR FOR

3/31/99

04-01-99 A11:40 I

gm

PASSED 1st READING

APR 5 1999

AND REFERRED TO COMMITTEE

ON *Public Health*

**1999 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES**

The following report(s) from standing committee(s) is/are presented:

By Representative(s) **Edwards and McAllister** for the Committee on **Public Health**.

☐ Committee Substitute for

H.B. 96 A BILL TO BE ENTITLED AN ACT TO RESTORE AND APPLY
RETROACTIVELY THE EXEMPTION FROM LICENSURE FOR CERTAIN ADULT
CARE HOMES MAINTAINED OR OPERATED BY A UNIT OF GOVERNMENT.

☒ With a favorable report.

☐ With a favorable report and recommendation that the bill be re-referred to the Committee on
Appropriations ☐ Finance ☐ ☐.

☐ With a favorable report, as amended.

☐ With a favorable report, as amended, and recommendation that the bill be re-referred to the
Committee on Appropriations ☐ Finance ☐ ☐.

☐ With a favorable report as to committee substitute bill (#), ☐ which changes the title,
unfavorable as to (original bill) (Committee Substitute Bill #), (and recommendation
that the committee substitute bill #) be re-referred to the Committee on .)

☐ With a favorable report as to House committee substitute bill (#), ☐ which changes
the title, unfavorable as to Senate committee substitute bill.

☐ With an unfavorable report.

☐ With recommendation that the House concur.

☐ With recommendation that the House do not concur.

☐ With recommendation that the House do not concur; request conferees.

☐ With recommendation that the House concur; committee believes bill to be material.

☐ With an unfavorable report, with a Minority Report attached.

☐ Without prejudice.

☐ With an indefinite postponement report.

☐ With an indefinite postponement report, with a Minority Report attached.

☐ With recommendation that it be adopted. (HOUSE RESOLUTION ONLY)

2/24/99

EXPLANATION OF House Bill 96
Adult Care Home/Licensure Exemption

To: Representatives Mary McAllister and Zeno Edwards
From: John Young, Committee Staff
Date: April 20, 1999
Sponsor: Representative Edwards

Background

The Adult care home industry partially grew out of county homes that once cared for indigents in each county. Over time, the system began to change, partially because of a new attitude caused by the depression. About 1949, the State began to take some responsibility by helping to fund persons who lived in these "rest homes". As a result, oversight began to be required and these homes were licensed as domiciliary care homes. In this licensing statute there was, among others, an exemption from the licensure requirement for facilities maintained or operated by a unit of government.

In 1995, the General Assembly rewrote the licensure statutes for domiciliary care facilities (G.S. 131D). These facilities were renamed "adult care homes" and an exemption for adult care homes maintained or operated by a unit of government was not included in the rewrite. By this time only Beaufort county maintained such a facility.

Explanation of HB 96

House Bill 96 would restore and apply retroactively the exemption from licensure for adult care homes maintained or operated by a unit of government which would these institutions from State oversight. Building code requirements would remain.

**1999 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES**

The following report(s) from standing committee(s) is/are presented:

By Representative(s) Edwards and McAllister for the Committee on **Public Health**.

☐ Committee Substitute for

H.B. 958 A BILL TO BE ENTITLED AN ACT TO CLARIFY THAT CONFIDENTIAL INFORMATION OBTAINED BY HEALTH MAINTENANCE ORGANIZATIONS OR PROVIDER SPONSORED ORGANIZATIONS MAY BE DISCLOSED PURSUANT TO COURT ORDER FOR CERTAIN PURPOSES.

☒ With a favorable report.

☐ With a favorable report and recommendation that the bill be re-referred to the Committee on Appropriations ☐ Finance ☐.

☐ With a favorable report, as amended.

☐ With a favorable report, as amended, and recommendation that the bill be re-referred to the Committee on Appropriations ☐ Finance ☐.

☐ With a favorable report as to committee substitute bill (#), ☐ which changes the title, unfavorable as to (original bill) (Committee Substitute Bill #), (and recommendation that the committee substitute bill #) be re-referred to the Committee on .)

☐ With a favorable report as to House committee substitute bill (#), ☐ which changes the title, unfavorable as to Senate committee substitute bill.

☐ With an unfavorable report.

☐ With recommendation that the House concur.

☐ With recommendation that the House do not concur.

☐ With recommendation that the House do not concur; request conferees.

☐ With recommendation that the House concur; committee believes bill to be material.

☐ With an unfavorable report, with a Minority Report attached.

☐ Without prejudice.

☐ With an indefinite postponement report.

☐ With an indefinite postponement report, with a Minority Report attached.

☐ With recommendation that it be adopted. (HOUSE RESOLUTION ONLY)

2/24/99

EXPLANATION OF House Bill 958
Confidential Medical Info./Clarification

To: Representatives Mary McAllister and Zeno Edwards
From: John Young, Committee Staff
Date: April 21, 1999
Sponsor: Representative Edwards

Background

Article 67 of Chapter 58 of the General Statutes regulates Health Maintenance Organizations and Article 17 of Chapter 131E of the General Statutes licenses Provider Sponsored Organizations. The statutes for each of these organizations requires that medical information be kept confidential and shall not be disclosed except under the following conditions:

1. To carry out the purposes of the articles; or
2. Upon the express consent of the enrollee or applicant; or
3. Pursuant to statute or court order for the production of evidence or the discovery thereof; or
4. In the event of claim or litigation between such person and the organization wherein such data or information is pertinent.

Explanation of HB 958

HB 958 is a clarifying change to make it clear that the phrase "for the production of evidence or the discovery thereof" only modifies "court order" and make that it does not also modify "statute".

0058

H.B. _____

SESSION LAW _____

A BILL TO BE ENTITLED

AN ACT TO CLARIFY THAT CONFIDENTIAL INFORMATION OBTAINED BY HEALTH
MAINTENANCE ORGANIZATIONS OR PROVIDER SPONSORED ORGANIZATIONS MAY BE
DISCLOSED PURSUANT TO COURT ORDER FOR CERTAIN PURPOSES.

Introduced by Representative(s) _____

Edwards _____

Principal Clerk's Use Only

PASSED 1st READING

APR 8 1999

AND REFERRED TO COMMITTEE

ON Select Committee onHealth Care Delivery

ON MOTION OF

REP. Culpepper

WITHDRAWN FROM

Select Com. onHealth Care Delivery

APR 15 1999

RECOMMITTED TO

Public Health

0958

H.B. _____

SESSION LAW _____

A BILL TO BE ENTITLED

AN ACT TO CLARIFY THAT CONFIDENTIAL INFORMATION OBTAINED BY HEALTH
MAINTENANCE ORGANIZATIONS OR PROVIDER SPONSORED ORGANIZATIONS MAY BE
DISCLOSED PURSUANT TO COURT ORDER FOR CERTAIN PURPOSES.

Introduced by Representative(s) _____

Edwards _____

Principal Clerk's Use Only

PASSED 1st READING

APR 8 1999

AND REFERRED TO COMMITTEE

ON Select Committee onHealth Care Delivery

ON MOTION OF

REP. Culpepper

WITHDRAWN FROM

Select Com. onHealth Care Delivery

APR 15 1999

RECOMMITTED TO

Public Health

HOUSE COMMITTEE ON PUBLIC HEALTH

APRIL 21, 1999

AGENDA

Representative Zeno L. Edwards, Chair

Representative Mary E. McAllister, Chair

Opening Remarks

Introductions

BILLS

H 96 ADULT HOME CARE. LIC EXEMPT – REP. EDWARDS

**H957 AN ACT TO PROVIDE FACSIMILE SIGNATURE OF A PHYSICIAN
PROVIDING MEDICAL CERTIFICATION OF DEATH – REP. EDWARDS**

H958 CONFID. MEDICAL INFO./CLARIFICATION – REP. EDWARDS

S273 CANCER CONTROL REPORTING – SEN. ODOM

Introduction of Bill Sponsors

Remarks

Adjournment

VISITOR REGISTRATION SHEET

Public Health
Name of Committee

April 21, 1999
Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK.

NAME

FIRM OR AGENCY AND ADDRESS

Chris Porter	Bone & Associates
Patty Raper	NC Vital Records
Rebecca Martin	NC Central Cancer Registry
John M. Booker	State Center for Health Statistics
William P. Mayo	Beaufort County
DONALD L. DAVENPORT	BEAUFORT COUNTY MANAGER
Glenn Gregory	Dynex & Spruill
Amber Jo Bain	NCMS
[Signature]	NCAR & EMS
Jenny Cooper	NC Assisted Living Association
Patricia A. Young	Hospice of the Carolinas / SCSL
Cheryl Ann Bell	NCNA
Marcelle Mullins	NCNA
Hemi McClees	McClees Consulting Inc
Monica Miles	Bailey & Dixon LLP

VISITOR REGISTRATION SHEET

PUBLIC HEALTH

Name of Committee

April 21

, 1999

Date _____

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS[illegible]

MINUTES

HOUSE COMMITTEE ON PUBLIC HEALTH

MAY 12, 1999

The House Committee on Public Health met in Room 421, of the Legislative Office Building on May 12, 1999. Rep. Mary E. McAllister presided over the meeting. The following members were present: Representatives McAllister, Edwards, Dockham, Esposito, Howard, Barefoot and Fox, (Rep. Fox was added to the Committee on May 11, 1999).

The following bills were discussed:

H 1398 NEEDLE EXCHANGE PROGRAM

S 614 IMMUNIZATION LAW CHANGES

Rep. Wright spoke on his bill, and stated this was an emotional issue, and offered a committee substitute. He has presented this bill for passage for the pass three sessions and intends on introducing the bill until it is passed. Several guest speakers were in attendance to support Rep. Wright's bill. They were: Dr. McBride, Director of NC Department of Public Health, Dr. Elaine Hart Brothers, Chair of Durham Board of Health, Duke Community Affairs, and the Affairs of Black People. All support the bill to stop the spread of HIV in the minority community.

Mr. Bill Brooks NC Family Policy Council spoke against the bill. He felt it would support illicit drug usage in the state.


Rep. Dockham and Rep. Fox asked questions of the guests and a motion to pass the committee substitute was made. The motion was seconded and passed. Rep. Julia Howard asked for a reconsideration of the vote due to the language of the bill. Which stated: "The act to authorize community-based needle and syringe exchange programs and to direct the Public Health Study Commission to study community-based needle exchange programs."

Rep. Wright stated he would change the wording of the bill to suit Rep. Howard, as long as the bill passed out of committee. The bill was displaced until the "corrected" substitute could be presented.

Sen. Purcell spoke on his bill and asked the committee to pass it with a favorable report out of committee, which it did.

The meeting was adjourned at 11:55 AM.


Rep. Mary E. McAllister


Annecia Norwood
Legislative Assistant

HOUSE COMMITTEE ON PUBLIC HEALTH

MAY 12, 1999

AGENDA

Representative Mary E. McAllister, Chair

Representative Zeno L. Edwards

OPENING REMARKS

INTRODUCTIONS

BILLS

**H1398 AN ACT TO AUTHORIZE COMMUNITY-BASED NEEDLE AND
SYRINGE EXCHANGE PROGRAMS**

**S614 AN ACT TO MAKE CHANGES TO THE IMMUNIZATION LAWS
PERTAINING TO ADMINISTRATION AND REPORTING OF
IMMUNIZATIONS, CERTIFICATES OF IMMUNIZATIONS RECEIVED IN
OTHER STATES, SUBMISSION OF IMMUNIZATION CERTIFICATES TO
CHILD CARE FACILITIES AND SCHOOL AUTHORITIES, AND TO MAKE
OTHER TECHNICAL CHANGES TO THE IMMUNIZATION STATUTES.**

Introduction of Bill Sponsors

Remarks

Adjournment

Health Care

Proposed Committee Substitute For
S.B. 614

SESSION LAW _____

A BILL TO BE ENTITLED

AN ACT TO MAKE CHANGES TO THE IMMUNIZATION LAWS PERTAINING TO ADMINISTRATION AND REPORTING OF IMMUNIZATIONS, CERTIFICATES OF IMMUNIZATIONS RECEIVED IN OTHER STATES, SUBMISSION OF IMMUNIZATION CERTIFICATES TO CHILD CARE FACILITIES AND SCHOOL AUTHORITIES, AND TO MAKE OTHER TECHNICAL CHANGES TO THE IMMUNIZATION STATUTES.

Introduced by Senator(s)

Russell

Principal Clerk's Use Only

Committee Substitute
Adopted
Pursuant to Rule 45.1
APR 22 1999

PASSED 1st READING
APR 28 1999
AND REFERRED TO COMMITTEE
ON *Public Health*

CHANGES TITLE

PASSED 2nd & 3rd
READINGS
44-0 VV
APR 28 1999
ORDERED SENT TO
HOUSE OF REPRESENTATIVE

J. Smith

RECEIVED

APR 27 1999

on 7/30/99



SENATE BILL 614: Immunization law Changes

BILL ANALYSIS

Committee: House Public Health Committee
Date: May 12, 1999
Version: 1

Introduced by: Purcell
Summary by: John Young
Committee Staff

SUMMARY: *This bill makes technical, clarifying and other changes to the current immunization statutes. The act is effective when it becomes law.*

CURRENT LAW: G.S. 130A-152 requires that every child in North Carolina be immunized against diphtheria, tetanus, whooping cough, poliomyelitis, red measles (rubeola) and rubella. In addition, the Commission for Health Services may require other immunizations upon determination that the immunization is in the interest of the public health. The Commission for Health Services shall adopt and the Department shall enforce rules concerning implementation of the immunization program. There is a religious exemption to these requirements.

BILL ANALYSIS: **Section 1:** G.S. 130A-41(b) is amended to change an incorrect reference.

Section 2: The current statute requires that local health departments administer the required immunizations at no charge. The local health departments are required to file monthly immunization reports giving each patient's age and the number of doses of each type of vaccine administered. The bill would amend G.S. 130A-153 to add the words "and State-supplied" to make clear that local health departments shall not charge (including administration) for the required immunizations. It would also add the words "at a minimum" to permit additional information to be collected.

Section 3: G.S. 130A-154 requires that the local health department or the physician administering a required vaccine give a certificate of immunization to the person who presented the child for immunization. The bill would add a new G.S. 103A154(b) that sets out information that must be included in a certificate or record of immunization administered in another state when a person presents such a certificate to a child care facility, school, or college or university in North Carolina.

Section 4: Currently all school children k-12 must be immunized before attending school. Some school systems have developed pre-k programs and there is some question about whether the current statute requires the same immunization for those children in pre-k programs as is required for children in k-12 programs. This section would clarify that the whole spectrum of pre-k-12 is covered by the immunization requirements.

Section 5: Currently, all persons attending a college or university must present to the college or university a certificate of immunization. One of the exemptions to this requirement is for persons enrolled in a college or university on or before July 1, 1986, unless after July 1, 1986 the person transfers, interrupts study for a period of six months or more or graduates. This exemption would be repealed.

Section 6: This section makes a technical correction by changing one word..

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

S

2

SENATE BILL 614
Health Care Committee Substitute Adopted 4/22/99

Short Title: Immunization Law Changes.

(Public)

Sponsors:

Referred to:

March 29, 1999

- 1 A BILL TO BE ENTITLED
2 AN ACT TO MAKE CHANGES TO THE IMMUNIZATION LAWS PERTAINING
3 TO ADMINISTRATION AND REPORTING OF IMMUNIZATIONS,
4 CERTIFICATES OF IMMUNIZATIONS RECEIVED IN OTHER STATES,
5 SUBMISSION OF IMMUNIZATION CERTIFICATES TO CHILD CARE
6 FACILITIES AND SCHOOL AUTHORITIES, AND TO MAKE OTHER
7 TECHNICAL CHANGES TO THE IMMUNIZATION STATUTES.
8 The General Assembly of North Carolina enacts:
9 Section 1. G.S. 130A-41(b) reads as rewritten:
10 "(b) A local health director shall have the following powers and duties:
11 (1) To administer programs as directed by the local board of health;
12 (2) To enforce the rules of the local board of health;
13 (3) To investigate the causes of infectious, communicable and other
14 diseases;
15 (4) To exercise quarantine authority and isolation authority pursuant
16 to G.S. 130A-145;
17 (5) To disseminate public health information and to promote the
18 benefits of good health;
19 (6) To advise local officials concerning public health matters;
20 (7) To enforce the immunization requirements of Part 2 of Article 7 6
21 of this Chapter;
22 (8) To examine and investigate cases of venereal disease pursuant to
23 Parts 3 and 4 of Article 6 of this Chapter;

- 1 (9) To examine and investigate cases of tuberculosis pursuant to Part 5
2 of Article 6 of this Chapter;
3 (10) To examine, investigate and control rabies pursuant to Part 6 of
4 Article 6 of this Chapter;
5 (11) To abate public health nuisances and imminent hazards pursuant
6 to G.S. 130A-19 and G.S. 130A-20;
7 (12) To employ and dismiss employees of the local health department
8 in accordance with Chapter 126 of the General Statutes;
9 (13) To enter contracts, in accordance with The Local Government
10 Finance Act, G.S. Chapter 159, on behalf of the local health
11 department. Nothing in this paragraph shall be construed to
12 abrogate the authority of the board of county commissioners."

13 Section 2. G.S. 130A-153 reads as rewritten:

14 **"§ 130A-153. Obtaining immunization; reporting by local health departments; access**
15 **to immunization information in patient records; immunization of minors.**

16 (a) The required immunization may be obtained from a physician licensed to
17 practice medicine or from a local health department. Local health departments shall
18 administer the required and State-supplied immunizations at no cost to the patient.
19 The Department shall provide the vaccines for use by the local health departments. A
20 local health department may redistribute these vaccines only in accordance with the
21 rules of the Commission.

22 (b) Local health departments shall file monthly immunization reports with the
23 Department. The report shall be filed on forms prepared by the Department and shall
24 state state, at a minimum, each patient's age and the number of doses of each type of
25 vaccine administered.

26 (c) Immunization certificates and information concerning immunizations
27 contained in medical or other records shall, upon request, be shared with the
28 Department, local health departments, and the patient's attending physician. In
29 addition, an insurance institution, agent, or insurance support organization, as those
30 terms are defined in G.S. 58-39-15, may share immunization information with the
31 Department. The Commission may, for the purpose of assisting the Department in
32 enforcing this Part, provide by rule that other persons may have access to
33 immunization information, in whole or in part.

34 (d) A physician or local health department may immunize a minor with the
35 consent of a parent, guardian, or person standing in loco parentis to the minor. A
36 physician or local health department may also immunize a minor who is presented
37 for immunization by an adult who signs a statement that he or she is authorized by a
38 parent, guardian, or person standing in loco parentis to the minor to obtain the
39 immunization for the minor."

40 Section 3. G.S. 130A-154 reads as rewritten:

41 **"§ 130A-154. Certificate of immunization.**

42 (a) A physician or local health department administering a required vaccine shall
43 give a certificate of immunization to the person who presented the child for
44 immunization. The certificate shall state the name of the child, the name of the

1 child's parent, guardian, or person responsible for the child obtaining the required
2 immunization, the address of the child and the parent, guardian or responsible
3 person, the date of birth of the child, the sex of the child, the number of doses of the
4 vaccine given, the date the doses were given, the name and address of the physician
5 or local health department administering the required immunization and other
6 relevant information required by the Commission.

7 (b) Except as otherwise provided in this subsection, a person who received
8 immunizations in a state other than North Carolina shall present an official certificate
9 or record of immunization to the child care facility, school (K-12), or college or
10 university. This certificate or record shall state the person's name, address, date of
11 birth, and sex; the type and number of doses of administered vaccine; the dates of the
12 first MMR and the last DTP and polio; the name and address of the physician or
13 local health department administering the required immunization; and other relevant
14 information required by the Commission."

15 Section 4. G.S. 130A-155 reads as rewritten:

16 "**§ 130A-155. Submission of certificate to child care facility facility, preschool and**
17 **school authorities; record maintenance; reporting.**

18 (a) No child shall attend a school (~~K-12~~), (pre K-12), whether public, private or
19 religious, a child care facility as defined in G.S. 110-86(3), unless a certificate of
20 immunization indicating that the child has received the immunizations required by
21 G.S. 130A-152 is presented to the school or facility. The parent, guardian, or
22 responsible person must present a certificate of immunization on the child's first day
23 of attendance to the principal of the school or operator of the facility, as defined in
24 G.S. 110-86(7). If a certificate of immunization is not presented on the first day, the
25 principal or operator shall present a notice of deficiency to the parent, guardian or
26 responsible person. The parent, guardian or responsible person shall have 30 calendar
27 days from the first day of attendance to obtain the required immunization for the
28 child. If the administration of vaccine in a series of doses given at medically approved
29 intervals requires a period in excess of 30 calendar days, additional days upon
30 certification by a physician may be allowed to obtain the required immunization.
31 Upon termination of 30 calendar days or the extended period, the principal or
32 operator shall not permit the child to attend the school or facility unless the required
33 immunization has been obtained.

34 (b) The school or child care facility shall maintain on file immunization records
35 for all children attending the school or facility which contain the information
36 required for a certificate of immunization as specified in G.S. 130A-154. These
37 certificates shall be open to inspection by the Department and the local health
38 department during normal business hours. When a child transfers to another school
39 or facility, the school or facility which the child previously attended shall, upon
40 request, send a copy of the child's immunization record at no charge to the school or
41 facility to which the child has transferred.

42 (c) Within 60 calendar days after the commencement of a new school year, the
43 school shall file an immunization report with the Department. The child care facility
44 shall file an immunization report annually with the Department. The report shall be

1 filed on forms prepared by the Department and shall state the number of children
2 attending the school or facility, the number of children who had not obtained the
3 required immunization within 30 days of their first attendance, the number of
4 children who received a medical exemption and the number of children who
5 received a religious exemption.

6 (d) Any adult who attends school (~~K-12~~), (pre K-12), whether public, private or
7 religious, shall obtain the immunizations required in G.S. 130A-152 and shall present
8 to the school a certificate in accordance with this section. The physician or local
9 health department administering a required vaccine to the adult shall give a
10 certificate of immunization to the person. The certificate shall state the person's
11 name, address, date of birth and sex; the number of doses of the vaccine given; the
12 date the doses were given; the name and addresses of the physician or local health
13 department administering the required immunization; and other relevant information
14 required by the Commission."

15 Section 5. G.S. 130A-155.1(d) is repealed.

16 Section 6. G.S. 130A-156 reads as rewritten:

17 "§ 130A-156. Medical exemption.

18 The Commission for Health Services shall adopt by rule ~~a list of~~ medical
19 contraindications to immunizations required by G.S. 130A-152. If a physician licensed
20 to practice medicine in this State certifies that a required immunization is or may be
21 detrimental to a person's health due to the presence of one of the contraindications
22 ~~listed~~ adopted by the Commission, the person is not required to receive the specified
23 immunization as long as the contraindication persists. The State Health Director
24 may, upon request by a physician licensed to practice medicine in this State, grant a
25 medical exemption to a required immunization for a contraindication not on the list
26 adopted by the Commission."

27 Section 7. This act is effective when it becomes law.

BILL ACTION WORKSHEET FOR COMMITTEE MEETINGS

Bill
Favorable
Unfavorable
Amended
Comm. Sub.
Original Bill
Re-referred
Other Action

~~H 1398~~
~~to original~~
~~Rep. Wright~~
~~Appropriated~~
~~to rules~~

Sponsor
Motion by
Motion by
Motion by
Motion by
Motion by

Rep. Fox

Rep. Edwards

*Voted on
passed.*

unanimous Vote

Bill
Favorable
Unfavorable
Amended
Comm. Sub.
Original Bill
Re-referred
Other Action

S 614

Sponsor
Motion by
Motion by
Motion by
Motion by
Motion by

Reconsidered Vote

Bill
Favorable
Unfavorable
Amended
Comm. Sub.
Original Bill
Re-referred
Other Action

H 1398

Sponsor
Motion by
Motion by
Motion by
Motion by
Motion by

Wright
Rep. Barefoot

Displaced until 5/19/99

Bill
Favorable
Unfavorable
Amended
Comm. Sub.
Original Bill
Re-referred
Other Action

Sponsor
Motion by
Motion by
Motion by
Motion by
Motion by

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

H

D

HOUSE BILL 1398

Proposed House Committee Substitute - H1398-PCSLN-001

ATTENTION: LINE NUMBERS MAY CHANGE AFTER ADOPTION.

Short Title: Needle Exchange Program.

(Public)

Sponsors:

Referred to: Public Health, if favorable, Appropriations.

April 29, 1999

- 1 A BILL TO BE ENTITLED
2 AN ACT TO AUTHORIZE COMMUNITY-BASED NEEDLE AND SYRINGE EXCHANGE
3 PROGRAMS, AND TO DIRECT THE PUBLIC HEALTH STUDY COMMISSION TO
4 STUDY COMMUNITY-BASED NEEDLE EXCHANGE PROGRAMS.
5 The General Assembly of North Carolina enacts:
6 Section 1. Part 1 of Article 6 of Chapter 130A of the
7 General Statutes is amended by adding a new section to read:
8 "§ 130A-149. Community-based needle and syringe exchange
9 programs.
10 (a) Notwithstanding Article 5B of Chapter 90 of the General
11 Statutes, a program for a county designated under subsection (b)
12 of this section to participate in a community-based needle and
13 syringe exchange program may be approved by a local board of
14 health if it satisfies all of the following conditions:
15 (1) A plan is submitted to the local board of health
16 for review and approval that includes each of the
17 following components:
18 a. A description of program activities that
19 includes, at a minimum, all of the following:
20 1. The safe handling, exchange, and disposal
21 of needles and syringes.

- 1 2. The provision of HIV/STD risk reduction
- 2 information to participants, as well as
- 3 information about tuberculosis and blood
- 4 borne diseases such as hepatitis.
- 5 3. Referral of participants to drug and
- 6 alcohol treatment services.
- 7 4. Referral of participants to local health
- 8 departments, local community-based
- 9 prevention and care agencies, and other
- 10 health care providers for HIV/STD
- 11 counseling, diagnostic, and treatment
- 12 services.
- 13 5. Referral of participants to other health
- 14 and human services agencies as
- 15 appropriate.
- 16 6. The process by which data on program
- 17 activities, services, and participants
- 18 will be collected and maintained.
- 19 7. The mechanism by which individuals may be
- 20 identified as program participants.
- 21 b. A description of a mechanism by which the
- 22 program may be evaluated that addresses, at a
- 23 minimum, all of the following:
- 24 1. Number of needles exchanged.
- 25 2. Number of risk reduction kits
- 26 distributed.
- 27 3. Changes in needle-sharing and other
- 28 HIV/STD related risk behavior.
- 29 4. Number of referrals to drug and alcohol
- 30 programs.
- 31 5. Number of referrals to local health
- 32 departments, local community-based
- 33 prevention and care agencies, and other
- 34 health care providers for HIV/STD
- 35 counseling, diagnostic, and treatment
- 36 services.
- 37 6. Number of referrals to other health and
- 38 human services agencies.
- 39 (2) A local board of health may adopt rules
- 40 establishing additional criteria that shall be
- 41 included in a needle and syringe exchange plan in
- 42 that county.
- 43 (b) The State Health Director may designate a county for
- 44 participation in a community-based needle and syringe exchange

1 program if the local board of health submits to the State Health
2 Director letters of support for a needle and syringe exchange
3 program from all of the following:

- 4 (1) The county board of commissioners.
- 5 (2) The local board of health.
- 6 (3) The local health director.
- 7 (4) The local director of mental health or substance
8 abuse services.

9 (c) G.S. 90-113.22 and G.S. 90-113.23 do not apply to persons
10 who are employees, volunteers, or participants in a community-
11 based needle and syringe exchange program approved by the local
12 board of health as authorized under this section. This immunity
13 from prosecution under G.S. 90-113.22 and G.S. 90-113.23 applies
14 only to acts committed while carrying out duties as an employee
15 or volunteer of a needle and syringe exchange program or during
16 the course of an injecting drug user's participation in the
17 needle and syringe exchange program."

18 Section 2. There is appropriated from the General Fund
19 to the Department of Health and Human Services the sum of fifty
20 thousand dollars (\$50,000) for the 2000-2001 fiscal year to
21 implement and evaluate the needle and syringe exchange programs
22 authorized by Section 1 of this act.

23 Section 3. The Public Health Study Commission
24 established under Article 22 of Chapter 120 of the General
25 Statutes shall study the establishment of community-based needle
26 and syringe exchange programs throughout the State. In
27 conducting the study the Commission shall consider the community-
28 based needle and syringe exchange programs proposed under Section
29 1 of House Bill 1398, 1999 General Assembly. The Commission
30 shall report its findings and recommendations, including proposed
31 legislation, to the 1999 General Assembly, Regular Session 2000,
32 not later than May 1, 2000.

33 Section 4. This act becomes effective July 1, 1999.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

H

1

HOUSE BILL 1398

Short Title: Needle Exchange Program.

(Public)

Sponsors: Representative Wright.

Referred to: Public Health, if favorable, Appropriations.

April 29, 1999

1 A BILL TO BE ENTITLED
2 AN ACT TO AUTHORIZE COMMUNITY-BASED NEEDLE AND SYRINGE
3 EXCHANGE PROGRAMS.

4 The General Assembly of North Carolina enacts:

5 Section 1. Part 1 of Article 6 of Chapter 130A of the General Statutes is
6 amended by adding a new section to read:

7 "§ 130A-149. Community-based needle and syringe exchange programs.

8 (a) Notwithstanding Article 5B of Chapter 90 of the General Statutes, a program
9 for a county designated under subsection (b) of this section to participate in a
10 community-based needle and syringe exchange program may be approved by a local
11 board of health if it satisfies all of the following conditions:

12 (1) A plan is submitted to the local board of health for review and
13 approval that includes each of the following components:

14 a. A description of program activities that includes, at a
15 minimum, all of the following:

16 1. The safe handling, exchange, and disposal of needles
17 and syringes.

18 2. The provision of HIV/STD risk reduction information
19 to participants, as well as information about
20 tuberculosis and blood borne diseases such as
21 hepatitis.

22 3. Referral of participants to drug and alcohol treatment
23 services.

4. Referral of participants to local health departments, local community-based prevention and care agencies, and other health care providers for HIV/STD counseling, diagnostic, and treatment services.
 5. Referral of participants to other health and human services agencies as appropriate.
 6. The process by which data on program activities, services, and participants will be collected and maintained.
 7. The mechanism by which individuals may be identified as program participants.
- b. A description of a mechanism by which the program may be evaluated that addresses, at a minimum, all of the following:
1. Number of needles exchanged.
 2. Number of risk reduction kits distributed.
 3. Changes in needle-sharing and other HIV/STD related risk behavior.
 4. Number of referrals to drug and alcohol programs.
 5. Number of referrals to local health departments, local community-based prevention and care agencies, and other health care providers for HIV/STD counseling, diagnostic, and treatment services.
 6. Number of referrals to other health and human services agencies.

- (2) A local board of health may adopt rules establishing additional criteria that shall be included in a needle and syringe exchange plan in that county.

(b) The State Health Director may designate a county for participation in a community-based needle and syringe exchange program if the local board of health submits to the State Health Director letters of support for a needle and syringe exchange program from all of the following:

- (1) The county board of commissioners.
- (2) The local board of health.
- (3) The local health director.
- (4) The local director of mental health or substance abuse services.

(c) G.S. 90-113.22 and G.S. 90-113.23 do not apply to persons who are employees, volunteers, or participants in a community-based needle and syringe exchange program approved by the local board of health as authorized under this section. This immunity from prosecution under G.S. 90-113.22 and G.S. 90-113.23 applies only to acts committed while carrying out duties as an employee or volunteer of a needle and syringe exchange program or during the course of an injecting drug user's participation in the needle and syringe exchange program."

Section 2. There is appropriated from the General Fund to the Department of Health and Human Services the sum of fifty thousand dollars

1 (\$50,000) for the 1999-2000 fiscal year and the sum of fifty thousand dollars (\$50,000)
2 for the 2000-2001 fiscal year to implement and evaluate the needle and syringe
3 exchange programs authorized by Section 1 of this act.

4 Section 3. This act becomes effective July 1, 1999.

VISITOR REGISTRATION SHEET

Public Health

Name of Committee

May 12, 1999

Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK

<u>NAME</u>	<u>FIRM OR AGENCY AND ADDRESS</u>
1 Barbara Barrett	News + Observer
2 Mylene Phil	NASW-NC
3 Doug Baker	DMH/DD/SAS
4 PASTOR P. L. WHITE	WOMEN'S STAFF AIDS EDUCATION PROJECT
5 STELA KIRKENDALE	AIDS Service Agency
6 David Tolly	NC AIDS Advisory Council
7 Tim Crowley	NC Public Radio
8 Beth Rowe West	DHHS / Division of Public Health
9 Mary Hume	OSBM
10 Les Walker + Crew	UNC-TV
11 Jackie St. Charles	DVBS
12 Silvio Harris	Wake County Human Services
13 A. McBride	DHHS
14 Kat Turner	Durham Co. Health Dept.
15 Jan Stratton	Durham Co. Health Dept.
16 Bill Brooks	NCFPC
17 Scott Morgan	AP
18 Anna L. King	Ch. of the Observer
19 Super Star	HIV/STD Section - DHHS
20 Steve Cline	DHHS - Epi / Dental
21 Evelyn Ford	DHHS - Epi / HIV/STD Section
22 Katherine Miller	
23 Henry Kessler	
24 Miki Juits	GAO - Williams
25 Elaine Hart Brethe	Durham County Board of Health + Minority Health Advisory Council
26 [Signature]	ALH
27 [Signature]	DHHS
28 Howard M. Fitts	Durham Committee on Affairs of Black People

Annecia Norwood (Rep. McAllister)

From: MarieCorn@aol.com
Sent: Tuesday, May 18, 1999 4:11 PM
To: Rep. Zeno Edwards; Rep. Mary McAllister; Rep. Dan Blue; Rep. Jerry Dockham; Rep. Theresa Esposito; Rep. Stan Fox; Rep. Julia Howard; Rep. Max Melton; Rep. Jane Mosley
Subject: HB 1398 Needle Exchange Program

Dear Members of the NC House Public Health Committee:

We are very concerned about HB 1398, Needle Exchange Program and your committee's consideration of that bill.

We have researched this issue for several years, and recently have been provided with Robert Maginnis' excellent extensive research on the subject of NEPs both in the United States and in Europe. His report concurs with the information we have found and goes much farther. A paper stating his findings was published this year, and, I believe, will be made available to you by the NC Family Policy Council.

We ask you to please read the Maginnis report. We feel certain that you will come to the same conclusion at which we have arrived -- NEPs do not slow the rate of HIV infection among the population of addicts who use the NEPs, and, by giving this bill a favorable report, you would be sending a message to our children that drug use can be safe and is okay.

Dr. Barry McCaffrey of the Office of National Drug Control Policy said, "Above all, we have a responsibility to protect children from ever falling victim to the false allure of drugs. We do this, first and foremost, by making sure that we send them one clear, straightforward message about drugs: they are wrong and they can kill you."

We will appreciate your responsible decision to give HB 1398 an UNFAVORABLE report. Stop this bill in your committee, please.

Sincerely,

Marie Corn, Director
WNC Area Family Advocacy & Research
828-456-3759

PUBLIC BILL

H.B. 1105

SESSION LAW _____

A BILL TO BE ENTITLED

AN ACT TO CLARIFY WHICH ESTABLISHMENTS ARE SUBJECT TO REGULATION AS FOOD AND LODGING FACILITIES UNDER CHAPTER 130A OF THE GENERAL STATUTES.

<i>Introduced by Representative(s)</i>	<u>Gibson</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Principal Clerk's Use Only

<p>PASSED 1st READING</p> <p>APR 15 1999</p> <p>AND REFERRED TO COMMITTEE</p> <p>ON <i>Public Health</i></p>
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GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

H

1

HOUSE BILL 1105

Introduced, Declined

Short Title: Clarify Regulated Establishments.

(Public)

Sponsors: Representative Gibson.

Referred to: Public Health.

April 15, 1999

1 A BILL TO BE ENTITLED
2 AN ACT TO CLARIFY WHICH ESTABLISHMENTS ARE SUBJECT TO
3 REGULATION AS FOOD AND LODGING FACILITIES UNDER CHAPTER
4 130A OF THE GENERAL STATUTES.

5 The General Assembly of North Carolina enacts:

6 Section 1. G.S. 130A-247(4) reads as rewritten:

7 "(4) 'Establishment that prepares or serves drink' means a business or
8 other entity that prepares or serves beverages made from raw
9 apples or potentially hazardous beverages made from other raw
10 fruits or vegetables or that otherwise puts together, portions, sets
11 out, or hands out drinks ~~in unpackaged portions using containers~~
12 ~~that are reused on the premises rather than single service~~
13 ~~containers.~~ for human consumption."

14 Section 2. G.S. 130A-247(5) reads as rewritten:

15 "(5) 'Establishment that prepares or serves food' means a business or
16 other entity that cooks, puts together, portions, sets out, or hands
17 out food ~~in unpackaged portions for human consumption.~~ for
18 human consumption."

19 Section 3. G.S. 130A-250 reads as rewritten:

20 "§ 130A-250. Exemptions.

21 The following shall be exempt from this Part:

22 (1) Establishments that provide lodging described in G.S. 130A-
23 248(a1) with four or fewer lodging ~~units;~~ units.

24 (2) ~~Condominiums;~~ Condominiums.

4/29/99
Talked to Shirley (prin clerk's office)
Write a memo get Rep. Gibson to sign put on Bill jacket in Box.

- (3) Establishments that prepare or serve food or provide lodging to regular boarders or permanent house guests ~~only~~; only.
- (4) Private homes that occasionally offer lodging accommodations, which may include the providing of food, for two weeks or less to persons attending special events, provided these homes are not bed and breakfast homes or bed and breakfast ~~inns~~; inns.
- (5) Private ~~clubs~~; clubs.
- (6) Curb markets operated by the State Agricultural Extension ~~Service~~; Service.
- (7) Establishments that prepare or serve food or drink for pay no more frequently than once a month for a period not to exceed two consecutive ~~days~~; days, including establishments permitted pursuant to this Part when preparing or serving food or drink at a location other than the permitted locations.
- (8) Establishments that put together, portion, set out, or hand out only ~~drinks~~ beverages that do not include those made from raw apples or potentially hazardous beverages made from raw fruits or vegetables, using single service containers that are not reused on the ~~premises~~; and premises.
- (9) ~~Markets~~ Establishments where meat food products or poultry products are prepared and sold and which are under ~~the~~ continuous inspection by the North Carolina Department of Agriculture and Consumer Services or the United States Department of Agriculture.
- (10) Establishments that only set out or hand out beverages that are regulated by the North Carolina Department of Agriculture and Consumer Services in accordance with Article 12 of Chapter 106 of the General Statutes.
- (11) Establishments that only set out or hand out food that is regulated by the North Carolina Department of Agriculture and Consumer Services in accordance with Article 12 of Chapter 106 of the General Statutes."

Section 4. This act becomes effective October 1, 1999.

Annecia Norwood (Rep. McAllister)

From: Annecia Norwood (Rep. McAllister)
Sent: Tuesday, May 11, 1999 11:23 AM
To: Rep. Pryor Gibson
Subject: HB-1105

Rep. Gibson please send a memo stating you had wished to withdraw H1105 from committee. I have been instructed to ask you to sign it and forward it to my office as soon as possible. Thank you!

Annecia Norwood, LA
Rep. Mary E. McAllister
Rm. 638
(919) 733-5959

1999-2000 Biennium

NORTH CAROLINA GENERAL ASSEMBLY
COMMITTEE SUMMARY REPORT
HOUSE: PUBLIC HEALTH

Valid Through 18-JUL-2000

BILL	INTRODUCER	SHORT TITLE	LATEST ACTION ON BILL	IN DATE	OUT DATE
H 96	EDWARDS	ADULT CARE HOME/LIC. EXEMPT	R -CH. SL 99-0193	04-13-99	04-21-99
H 313	BOYD-MCINTYRE	OSTEOPOROSIS PROGRAM	HF-POSTPONED INDEFINITELY	03-04-99	04-14-99
H 329	TUCKER	UNIFORM RABIES VACCINATION STUDY	*HF-POSTPONED INDEFINITELY	03-04-99	04-21-99
H 414	SETZER	VETERINARIAN RECIPROCITY	*R -CH. SL 99-0203	03-11-99	03-24-99
H 595	OWENS	RABIES VACCINE/DOG OWNER ADMIN	*HF-POSTPONED INDEFINITELY	03-25-99	04-07-99
H 957	EDWARDS	ELECTRONIC MEDICAL RECORDS/FOOD REGS	*R -CH. SL 99-0247	04-08-99	04-21-99
H 958	EDWARDS	CONFID. MEDICAL INFO/CLARIFICATION	R -CH. SL 99-0272	04-15-99	04-21-99
H1061=	MCALLISTER	LOCAL HEALTH BOARD RULES	H -REF TO COM ON PUBHLTH	04-15-99	
H1105	GIBSON	CLARIFY REGULATED ESTABLISHMENTS	H -REF TO COM ON PUBHLTH	04-15-99	
H1168	MOORE R	MASS GATHERINGS	H -REF TO COM ON PUBHLTH	04-15-99	
H1398	WRIGHT	NEEDLE EXCHANGE PROGRAM	H -REF TO COM ON PUBHLTH	04-29-99	
H1680=	NYE	HEALTH STANDARDS/SECRETARY HHS	HF-POSTPONED INDEFINITELY	00-05-24	00-06-07
S 273	ODOM	CANCER CONTROL REPORTING	*R -CH. SL 99-0033	04-05-99	04-21-99
S 560	HORTON	COUNTRY HAM PRESERVATION ACT	R -CH. SL 99-0013	03-30-99	03-31-99
S 614	PURCELL	IMMUNIZATION LAW CHANGES	*R -CH. SL 99-0110	04-28-99	05-12-99

NOTES- = AFTER BILL NUMBER SHOWS THAT BILL IS IDENTICAL, AS INTRODUCED, TO ANOTHER BILL.

* AFTER NUMBERS INDICATES THAT TEXT OF BILL WAS ALTERED BY ACTION ON THE BILL.

BOLDED LINE INDICATES BILL INDEXED AS AFFECTING APPROPRIATIONS.

**PUBLIC HEALTH COMMITTEE
1999-2000 BIENNIUM**

MEMBER

LEGISLATIVE ASST.	OFFICE NUMBER	TELEPHONE
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Rep. Mary E. McAllister
Chair

Marilyn Suitt, LA	Rm. 638 LOB	733-5959
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Rep. Zeno Edwards
Chair

Jo Hinton, LA	Rm. 637 LOB	733-5906
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Rep. Daniel Barefoot
Jackie Pittman, LA

Rm. 416B LOB	715-3021
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Rep. Jerry C. Dockham
Susanne Streb, LA

Rm. 1106 LB	733-5822
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Rep. Theresa H. Esposito
Judy Lowe, LA

Rm. 418C LOB	715-3009
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Rep. Stanley H. Fox
Mary Capps, LA

Rm. 1217	733-5757
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Rep. Julia Howard
Cindy Hobbs, LA

Rm. 1023 LB	733-5904
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Rep. Max Melton
Linda Johnson, LA

Rm. 633 LOB	733-5784
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Rep. Jennifer Weiss
Susan Doty, LA

Rm 221 LB	733-5781
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STAFF

John Young, Research

Rm. 545 LOB	733-2578
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Linda Attarian

Rm 545 LOB	733-2578
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(Name of Committee)

[illegible]

VISITOR REGISTRATION SHEET

Joint Meeting on Proposed Appeal Bond Legislation

April 4, 2000

Name of Committee

Date 6-6-00

PUBLIC HEALTH

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS

Ali Soher

NC Community Colleges

John Kuntz

NCFPC

Glenn Wells

DHHS

~~Clara H. Searing~~

~~NCHAC~~

Adam Searing

NCHAC

Ed Regan

N.C.A.C.C.

Stacy Flannery

NCHCFA

John Bowditch

Alley Associates

~~Ann M. Munn~~

Payne & Spill

Jan Kamqvist

NCAHA

MINUTES

HOUSE COMMITTEE ON PUBLIC HEALTH

June 7, 2000

The House Committee on Public Health met in Room 421 of the Legislative Office Building on June 7, 2000. Representative Zeno Edwards, Chair, presided at the meeting. The following members were present: Representative Mary E. McAllister, Chair; Representatives Barefoot, Dockham, Esposito, Fox, Howard, Melton and Weiss.

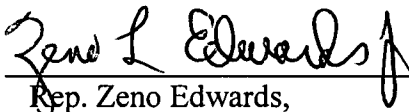
The following Bill was discussed:

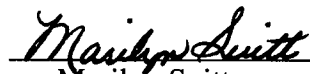
HB 1680 A BILL TO BE ENACTED AN ACT TO DIRECT THE SECRETARY OF HEALTH AND HUMAN SERVICES TO ESTABLISH COMMUNITY HEALTH STANDARDS, AND TO APPROPRIATE FUNDS THEREFOR.

Representative Edd Nye, Sponsor, was in attendance to explain the Bill. Aclam Searing of NCHAC and John Young, Staff made attention comments/explanations of the Bill.

Representative Daniel W. Barefoot made a motion to give HB 1680 a favorable report and recommendation that the bill be referred to House Committee on Appropriations. The motion was unanimously approved.

The meeting was adjourned at 11:25 am.


Rep. Zeno Edwards,
Chair


Marilyn Suitt
Legislative Assistant

**2000 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES**

The following report(s) from standing committee(s) is/are presented:

By Representative(s) **Edwards and McAllister** for the Committee on **Public Health**.

☐ Committee Substitute for

H.B. 1680 A BILL TO BE ENTITLED AN ACT TO DIRECT THE SECRETARY OF HEALTH AND HUMAN SERVICES TO ESTABLISH COMMUNITY HEALTH STANDARDS, AND TO APPROPRIATE FUNDS THEREFOR.

☐ With a favorable report.

☒ With a favorable report and recommendation that the bill be re-referred to the Committee on Appropriations ☒ Finance ☐ ☐.

☐ With a favorable report, as amended.

☐ With a favorable report, as amended, and recommendation that the bill be re-referred to the Committee on Appropriations ☐ Finance ☐ ☐.

☐ With a favorable report as to committee substitute bill (#), ☐ which changes the title, unfavorable as to (original bill) (Committee Substitute Bill #), (and recommendation that the committee substitute bill #) be re-referred to the Committee on .)

☐ With a favorable report as to House committee substitute bill (#), ☐ which changes the title, unfavorable as to Senate committee substitute bill.

☐ With an unfavorable report.

☐ With recommendation that the House concur.

☐ With recommendation that the House do not concur.

☐ With recommendation that the House do not concur; request conferees.

☐ With recommendation that the House concur; committee believes bill to be material.

☐ With an unfavorable report, with a Minority Report attached.

☐ Without prejudice.

☐ With an indefinite postponement report.

☐ With an indefinite postponement report, with a Minority Report attached.

☐ With recommendation that it be adopted. (HOUSE RESOLUTION ONLY)

5/25/00

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

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1

HOUSE BILL 1680*

Short Title: Health Standards/Secretary HHS.

(Public)

Sponsors: Representatives Nye; Warner and Barefoot.

Referred to: Public Health, if favorable, Appropriations.

May 24, 2000

1 A BILL TO BE ENTITLED

2 AN ACT TO DIRECT THE SECRETARY OF HEALTH AND HUMAN
3 SERVICES TO ESTABLISH COMMUNITY HEALTH STANDARDS, AND TO
4 APPROPRIATE FUNDS THEREFOR.

5 The General Assembly of North Carolina enacts:

6 Section 1. Article 1 of Chapter 130A of the General Statutes is amended
7 by adding the following new section to read:

8 "§ 130A-5.1. State health standards.

9 (a) The Secretary shall adopt measurable standards and goals for community
10 health against which the State's actions to improve the health status of its citizens will
11 be measured. The Secretary shall report annually to the General Assembly upon its
12 convening and to the Governor on all of the following:

13 (1) How the State compares to national health measurements and
14 established State goals for each standard. Comparisons shall be
15 reported using disaggregated data for health standards.

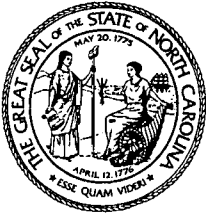
16 (2) Steps taken by State and non-State entities to meet established
17 goals.

18 (3) Additional steps proposed or planned to be taken to achieve
19 established goals.

20 (b) The Secretary may coordinate and contract with other entities to assist in the
21 establishment of standards and preparation of the report. The Secretary may use
22 resources available to implement this section."

1 Section 2. There is appropriated from the General Fund to the
2 Department of Health and Human Services the sum of fifty thousand dollars
3 (\$50,000) for the 2000-2001 fiscal year to implement this act.

4 Section 3. Section 1 of this act becomes effective October 1, 2000.
5 Section 2 of this act becomes effective July 1, 2000. The remainder of this act is
6 effective when it becomes law.



HOUSE BILL 1680: Health Standards/Secretary DHHS

BILL ANALYSIS

Committee: House Public Health
Date: June 7, 2000
Version: 1

Introduced by: Rep. Nye
Summary by: John Young
Committee Staff

SUMMARY: *House Bill 1680 directs the Secretary of the Department of Health and Human Services to make an annual report to the General Assembly based on community health standards and appropriates \$50,000 for the 2000-2001 biennium*

CURRENT LAW: There is no current requirement for the Secretary of the Department of Health and Human Services to report to the General Assembly concerning the health statutes of the citizens of North Carolina.

BILL ANALYSIS:

Section 1-Adds a new duty of the Secretary of DHHS to require the Secretary to adopt measurable standards and goals to improve the health status of North Carolinians and then report annually to the General Assembly on: (1) how the State compares to national measurements against State goals; (2) steps taken by State and non-state entities to meet the established goals; and (3) additional steps to be taken to achieve goals.

Section 2-Appropriates \$50,000 for FY 2000-2001 to implement the act.

Section 3-Section 1 is effective October 1, 2000. Section 2 is effective July 1, 2000.