

2001-2002

**HOUSE
PUBLIC HEALTH**

MINUTES

**NORTH CAROLINA GENERAL ASSEMBLY
HOUSE PUBLIC HEALTH COMMITTEE
2001 – 2002 SESSION**



**Rep. Edwards
(Chair)**



**Rep. McAllister
(Vice-Chair)**



Rep. Coates



Rep. M. Crawford



Rep. Creech



Rep. Easterling



Rep. Hiatt



Rep. Preston



Rep. Underhill



Rep. Weiss

Representative M. Crawford replaced Rep. Lanier Cansler

NORTH CAROLINA GENERAL ASSEMBLY

HOUSE PUBLIC HEALTH COMMITTEE

2001 – 2002 SESSION



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Chair



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Vice-Chair



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Rep. Weiss

**HOUSE COMMITTEE ON PUBLIC HEALTH
2001-2002 SESSION**

<u>MEMBER</u>	<u>ASSISTANT</u>	<u>PHONE</u>	<u>OFFICE</u>	<u>SEAT</u>
EDWARDS, Zeno, Chair	Jo Hinton	733-5906	637 LOB	3
MCALLISTER, Mary Vice-Chair	Marilyn Suitt	733-5959	638 LOB	28
*CRAWFORD, Mark F.	Denise Roberts	733-5605	1209 LB	89
COATES, Lorene	Melissa Lennon	733-5784	633 LOB	92
CREECH, Billy	Rhonda Todd	715-4466	602 LOB	88
EASTERLING, Ruth	Marie Horne	733-5900	631 LOB	6
HIATT, William S.	Edna Pearce	733-5862	1008 LB	63
PRESTON, Jean R.	Dot Barber	733-5706	603 LOB	78
UNDERHILL, Alice	Marion Phillips	733-5776	1219 LB	91
WEISS, Jennifer	Susan Doty	733-5781	2221 LB	16
**CANSLER, Lanier	Barbara Cansler	733-5757	1217 LB	89

ATTARIAN, Linda - Staff Counsel

JESSUP, Dianna - Staff Counsel

*Rep. Crawford was appointed by Governor Easley to replace the unexpired term of Lanier Cansler.

Lanier Cansler was appointed by Governor Easley to be the Deputy Director of the Department of Health and Human Services.

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2001-2002 SESSION**

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ATTARIAN, Linda - Staff Counsel

JESSUP, Dianna - Staff Counsel

[illegible]

Jo Hinton (Rep. Edwards)

From: Denise Weeks (House Principal Clerk)
Sent: Wednesday, April 11, 2001 3:08 PM
To: @All Exchange Users
Subject: Representative Mark Crawford

Governor Easley has appointed Mark Farel Crawford of Buncombe County to fill the unexpired term of the Honorable Lanier Cansler. The Speaker administered the oath of office to Rep. Crawford. He has been assigned to seat 89 in the House Chamber. His office is room 1209 and phone 733-5605. Rep. Linda Johnson has moved to room 1217 and her phone is 733-5757.

Rep. Crawford has been assigned to the following committees:

Appropriations; Appropriations Subcommittee on Health and Human Services; Economic Growth and Community Development; Education; Education Subcommittee on Pre-School, Elementary and Secondary Education; Judiciary III; Mental Health; Public Health; State Government.

Denise Weeks, Principal Clerk
N. C. House of Representatives
919-733-7760
denisew@ncleg.net

North Carolina General Assembly
Through House Committee on
Public Health

Date: 10/17/2001
Time: 10:12
Page: 001 of 001
Leg. Day: H-151/S-150

2001-2002 Biennium

Bill	Introducer	Short Title	Latest Action	In Date	Out Date
H0235	Allen	SANITARY DISTRICT ECONOMIC DEVELOPMENT.	*HR Ch. SL 2001-221	02-26-01	04-18-01
H0236	Allen	SANITARY DISTRICT SATELLITE ANNEXATION.	*HR Ch. SL 2001-301	02-26-01	05-08-01
H0286	Edwards	DISEASE REPORTING AND INVESTIGATION.	*HR Ch. SL 2001-28	02-28-01	03-07-01
H0287	Edwards	REPEAL OCCUPATIONAL HEALTH REPORTING REQ.	H Ref To Com On Public Health	02-28-01	
H0387	Cansler	DEVELOPMENTALLY DISABLED GROUP HOMES REGULATION.	*HR Ch. SL 2001-209	03-01-01	04-04-01
\$ H0463	Wright	CLEAN SYRINGE -- SAFE SYRINGE EXCHANGE PROGRAM.	H Ref To Com On Public Health	03-05-01	
H0635	Mitchell	REGULATE BODY PIERCING.	*H Re-ref Com On Finance	03-22-01	04-12-01
H0648=	Earle	MEDICAL EXAMINER STUDY.	*H Re-ref Com On Rules, Calendar, and Operations of the House	03-15-01	04-02-01
H0722=	Cox	EXPAND VET. BD./ INJUNCTIONS FOR CHIROPRACTIC BD.	*HR Ch. SL 2001-281	03-22-01	04-11-01
H0837	Alexander	CIVIL PENALTY AUTHORITY/PUBLIC HEALTH VIOLATIONS	HR Ch. SL 2001-120	03-28-01	04-11-01
H0974=	Allen	LICENSE BY CREDENTIALS/DENTISTRY.	H Ref to the Com on Public Health and, if favorable, to the Com on Finance	04-04-01	
H1019=	Mitchell	SEPTAGE MGT/ON-SITE WASTEWATER/LIABILITY.	*H Re-ref Com On Judiciary I	04-09-01	04-19-01
H1061=	Gibson	EXEMPT WATER RESALE FROM DRINKING WATER ACT.	*H Ref To Com On Rules, Calendar, and Operations of the House	04-10-01	04-18-01
H1158=	Hackney	BAN CERTAIN WASTE FROM LANDFILLS.	*H Assigned To Appropriations Subcommittee on Natural and Economic Resources	04-12-01	04-19-01
S0221	Fletcher L. Hart	AMEND PUBLIC HEALTH AUTHORITIES ACT.	*HR Ch. SL 2001-92	04-05-01	05-02-01
S0541	Virginia Foxx	SANITATION RULES/ FAMILY FOSTER HOMES EXEMPT.	*HR Ch. SL 2001-109	04-25-01	05-03-01

'\$' indicates the bill is an appropriation bill.

A bold line indicates the bill is an appropriation bill.

'*' indicates that the text of the original bill was changed by some action.

'=' indicates that the original bill is identical to another bill.

AGENDA

HOUSE COMMITTEE ON PUBLIC HEALTH

**March 7, 2001
Room 421 LOB
11:00 AM**

OPENING REMARKS

Representative Edwards, Chairman

BILLS TO BE CONSIDERED

**HB 235 – SANITARY DISTRICT ECONOMIC DEVELOPMENT
Representative Allen**

**HB 236 – SANITARY DISTRICT SATELLITE ANNEXATION
Representative Allen**

**HB 286 – AN ACT TO CLARIFY THE APPLICABILITY OF
COMMUNICABLE DISEASE REPORTING REQUIREMENTS TO ALL
DIAGNOSTIC LABORATORIES
Representative Edwards**

*Pulled
from agenda*

**HB 287 – AN ACT TO REPEAL THE REQUIREMENT TO REPORT
CERTAIN OCCUPATIONAL INJURIES
Representative Edwards**

ADJOURNMENT

**MINUTES
PUBLIC HEALTH COMMITTEE**

March 7, 2001

The House Committee on Public Health met on Wednesday, March 7, 2001 in Room 421 of the Legislative Office Building at 11:00 AM. The following members were present: Chairman Zeno L. Edwards, Jr.; Representative Mary McAllister, Vice Chair; Lorene T. Coates; Ruth M. Easterling; Jean R. Preston; Alice Graham Underhill. Staff Counselors Linda Attarian and Dianna Jessup were in attendance.

The Chairman called the meeting to order to consider the following bills:

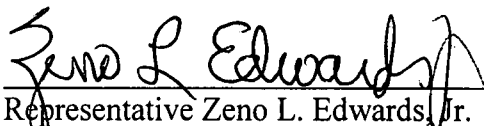
Representative Crawford was recognized to explain HB 235, A BILL ENTITLED AN ACT TO ALLOW SANITARY DISTRICTS TO ENTER INTO AGREEMENTS WITH OTHER MUNICIPAL CORPORATIONS OR SANITARY DISTRICTS FOR THE PURPOSE OF DEVELOPING AND IMPLEMENTING AN ECONOMIC DEVELOPMENT PLAN. Upon a motion made by Representative Crawford, the bill received a favorable report.

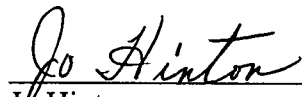
Representative Crawford explained HB 236, A BILL TO BE ENTITLED AN ACT TO ALLOW CERTAIN SANITARY DISTRICTS TO MAKE SATELLITE ANNEXATIONS IN CONJUNCTION WITH SIMILAR ANNEXATIONS MADE BY MUNICIPALITIES LOCATED WHOLLY WITHIN THE SANITARY DISTRICT. Upon a motion made by Representative Crawford, the bill was given an unfavorable report as to original bill and a favorable report to committee substitute, which changed the title and recommended that the committee substitute bill to be re-referred to the Committee on Finance.

Representative McAllister explained HB 286, A BILL TO CLARIFY THE APPLICABILITY OF COMMUNICABLE DISEASE REPORTING REQUIREMENTS TO ALL DIAGNOSTIC LABORATORIES. Upon a motion made by Representative McAllister, the bill was given an unfavorable report as to original bill and a favorable report to committee substitute, which changed the title.

There being no further business, the Chair adjourned the meeting at 11:20 AM.

Respectfully submitted,


Representative Zeno L. Edwards, Jr.
Chairman


Jo Hinton
Assistant to the Committee

**2001 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES**

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

By Representative EDWARDS, Chair for the Committee on PUBLIC HEALTH.

☐ Committee Substitute for

H.B. 235 A BILL TO BE ENTITLED AN ACT TO ALLOW SANITARY DISTRICTS TO ENTER INTO AGREEMENTS WITH OTHER MUNICIPAL CORPORATIONS OR SANITARY DISTRICTS FOR THE PURPOSE OF DEVELOPING AND IMPLEMENTING AN ECONOMIC DEVELOPMENT PLAN.

☒ 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)

2/15/01

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001

H

1

HOUSE BILL 235

Short Title: Sanitary District Economic Development. (Public)

Sponsors: Representatives Allen, Crawford, Hall; and Wainwright.

Referred to: Public Health.

February 26, 2001

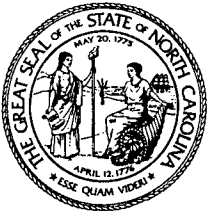
1 A BILL TO BE ENTITLED
2 AN ACT TO ALLOW SANITARY DISTRICTS TO ENTER INTO AGREEMENTS
3 WITH OTHER MUNICIPAL CORPORATIONS OR SANITARY DISTRICTS
4 FOR THE PURPOSE OF DEVELOPING AND IMPLEMENTING AN
5 ECONOMIC DEVELOPMENT PLAN.

6 The General Assembly of North Carolina enacts:

7 SECTION 1. G.S. 130A-55 is amended by adding a new subdivision to
8 read:

9 "(25) To negotiate and enter into agreements with other municipal
10 corporations or sanitary districts for the purpose of developing and
11 implementing an economic development plan. The agreement may
12 provide for the establishment of a special fund, in which monies not
13 expended at the end of a fiscal year shall remain in the fund. The lead
14 agency designated under the agreement shall be responsible for
15 examination of the fund and compliance with sound accounting
16 principles, including the annual independent audit under G.S. 159-34.
17 The audit responsibilities of the other municipal corporations and
18 sanitary districts extend only to the verification of the contribution to
19 the fund created under the agreement."

20 SECTION 2. This act is effective when it becomes law.



HOUSE BILL 235: Sanitary District Economic Development Plan

BILL ANALYSIS

Committee: House Public Health
Date: March 7, 2001
Version: Introduced

Introduced by: Rep. Allen
Summary by: Linda Attarian
Committee Counsel

SUMMARY: *HB 235, if enacted, will authorize sanitary districts to enter into agreements with municipal corporations or other sanitary districts for economic development activities. The bill is effective when it becomes law.*

CURRENT LAW: Part 2 of Article 2 of Chapter 130A governs sanitary districts. Sanitary districts may exercise numerous corporate and governmental powers conferred on them by the General Assembly. However, the Part does not provide sanitary districts with the explicit powers to enter into joint agreements for the purpose of developing and implementing an economic development plan.

BILL ANALYSIS: Section 1 of the bill will amend G.S. 130A-55, Corporate Powers, to authorize sanitary districts to enter into agreements with municipalities or other sanitary districts for the purpose of developing and implementing an economic development plan. Section 2 makes the act effective when it becomes law.

BACKGROUND: The City of Roanoke Rapids and the Roanoke Rapids Sanitary District are pursuing the opportunity to enter into an economic development plan. Each party would like to make annual monetary contributions into a fund that will be used to facilitate the growth of existing community development and perhaps a future industrial park.

**2001 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES**

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

By Representative EDWARDS, Chair for the Committee on PUBLIC HEALTH.

☐ Committee Substitute for

H.B. 236 A BILL TO BE ENTITLED AN ACT TO ALLOW CERTAIN SANITARY DISTRICTS TO MAKE SATELLITE ANNEXATIONS IN CONJUNCTION WITH SIMILAR ANNEXATIONS MADE BY MUNICIPALITIES LOCATED WHOLLY WITHIN THE SANITARY DISTRICT.

☐ 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 Finance.)

☐ 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)

2/15/01

unfavorable

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001

H

1

HOUSE BILL 236

Short Title: Sanitary District Satellite Annexation.

(Public)

Sponsors: Representatives Allen, Crawford, and Hall.

Referred to: Public Health, if favorable, Finance.

February 26, 2001

1 A BILL TO BE ENTITLED
2 AN ACT TO ALLOW CERTAIN SANITARY DISTRICTS TO MAKE SATELLITE
3 ANNEXATIONS IN CONJUNCTION WITH SIMILAR ANNEXATIONS MADE
4 BY MUNICIPALITIES LOCATED WHOLLY WITHIN THE SANITARY
5 DISTRICT.

6 The General Assembly of North Carolina enacts:

7 SECTION 1. Article 2 of Chapter 130A of the General Statutes is amended
8 by adding a new section to read:

9 "**§ 130A-70.1. Satellite annexation in conjunction with municipal annexation in**
10 **certain sanitary districts.**

11 (a) This section only applies to a sanitary district where one or more
12 municipalities lie wholly within its boundaries.

13 (b) Whenever a municipality which lies wholly within a sanitary district receives
14 a petition for annexation under Part 4 of Article 4A of Chapter 160A of the General
15 Statutes, the municipality may petition the sanitary district for that sanitary district to
16 also annex the same area. In such case, the sanitary district may, by resolution, annex
17 the same area, but the annexation shall only become effective if the territory is annexed
18 by the requesting municipality.

19 (c) If G.S. 160A-58.5 allows the municipality to fix and enforce schedules of
20 rents, rates, fees, charges, and penalties in excess of those fixed and enforced within the
21 primary corporate limits, the sanitary district may do likewise as if G.S. 160A-58.5
22 applied to it.

23 (d) If the annexed area contains utility lines constructed or operated by the
24 county and the sanitary district is to assume control, operation, or management of those
25 lines, the sanitary district and county may by contract agree for the sanitary district to
26 assume the pro rata or otherwise mutually agreeable portion of indebtedness incurred by
27 the county for such purpose, or to contractually agree with the county to reimburse the
28 county for any debt service."

1

SECTION 2. This act is effective when it becomes law.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001

H

2

HOUSE BILL 236
Committee Substitute Favorable 5/8/01

Short Title: Sanitary District Satellite Annexation.

(Public)

Sponsors:

Referred to:

February 26, 2001

A BILL TO BE ENTITLED

AN ACT TO ALLOW CERTAIN SANITARY DISTRICTS TO MAKE SATELLITE
ANNEXATIONS IN CONJUNCTION WITH SIMILAR ANNEXATIONS MADE
BY MUNICIPALITIES LOCATED WITHIN THE SANITARY DISTRICT.

The General Assembly of North Carolina enacts:

SECTION 1. Article 2 of Chapter 130A of the General Statutes is amended
by adding a new section to read:

**"§ 130A-70.1. Satellite annexation in conjunction with municipal annexation in
certain sanitary districts.**

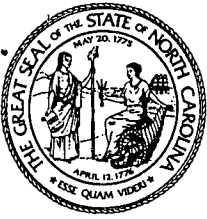
(a) This section only applies to a sanitary district where one or more
municipalities lie within its boundaries.

(b) Whenever a municipality which lies within a sanitary district receives a
petition for annexation under Part 4 of Article 4A of Chapter 160A of the General
Statutes, the municipality may petition the sanitary district for that sanitary district to
also annex the same area. In such case, the sanitary district may, by resolution, annex
the same area, but the annexation shall only become effective if the territory is annexed
by the requesting municipality.

(c) If G.S. 160A-58.5 allows the municipality to fix and enforce schedules of
rents, rates, fees, charges, and penalties in excess of those fixed and enforced within the
primary corporate limits, the sanitary district may do likewise as if G.S. 160A-58.5
applied to it.

(d) If the annexed area contains utility lines constructed or operated by the
county and the sanitary district is to assume control, operation, or management of those
lines, the sanitary district and county may by contract agree for the sanitary district to
assume the pro rata or otherwise mutually agreeable portion of indebtedness incurred by
the county for such purpose, or to contractually agree with the county to reimburse the
county for any debt service."

SECTION 2. This act is effective when it becomes law.



HOUSE BILL 236: Sanitary District Satellite Annexation

BILL ANALYSIS

Committee: House Public Health
Date: March 7, 2001
Version: Introduced

Introduced by: Rep. Allen
Summary by: Linda Attarian
Committee Counsel

SUMMARY: *House Bill 236, if enacted, will allow certain sanitary districts to annex property that is not contiguous to its existing boundaries.*

CURRENT LAW: Under current law, a sanitary district may extend its boundaries by annexing property contiguous to and adjoining the sanitary district. Sanitary districts currently do not have satellite annexation authority. Municipalities do have such authority under Chapter 160A.

BILL ANALYSIS: Section 1 amends Article 2 of Chapter 130A, pertaining to sanitary districts, to allow a sanitary district, where one or more municipalities lie wholly within its boundaries, to proceed with a satellite annexation under the following circumstance:

- The municipality that lies wholly within the sanitary district receives a petition for annexation of an area not contiguous to its primary corporate limits under Part 4 of Article 4A of Chapter 160A; and
- The municipality petitions the sanitary district to also annex the same area.

In such circumstances, the sanitary district may, by resolution, annex the same area. The annexation by the sanitary district will be effective only if the area is indeed annexed by the municipality.

This section also applies G.S. 160A-58.5, a provision that allows municipalities to fix and enforce schedule of rents, fees, charges, and penalties that are higher than those fixed and enforced within the primary corporate limits, to sanitary districts, so that they are allowed to do likewise.

Section 2 makes the act effective when it becomes law.

BACKGROUND: The City of Roanoke Rapids and the Roanoke Rapids Sanitary District are actively working together to bring about economic development to the municipality and surrounding area. The municipalities of Roanoke Rapids and Gaston are wholly located within the boundaries of the Roanoke Rapids Sanitary District. The municipalities and the sanitary district are interested in growing together and are seeking the statutory authority to annex non-contiguous property jointly. The legislation, if enacted, would allow the municipalities and the sanitary district, acting in conjunction with each other, to skip over areas that are thinly developed (e.g. farm land) and annex property that offers economic development opportunities.

**2001 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES**

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

By Representative EDWARDS, Chair for the Committee on PUBLIC HEALTH.

☐ Committee Substitute for

H.B. 286 A BILL TO CLARIFY THE APPLICABILITY OF COMMUNICABLE DISEASE
REPORTING REQUIREMENTS TO ALL DIAGNOSTIC LABORATORIES..

☐ 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)

2/15/01

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001

H

1

HOUSE BILL 286

Short Title: Communicable Disease Reporting.-AB

(Public)

Sponsors: Representative Edwards.

Referred to: Public Health.

February 28, 2001

A BILL TO BE ENTITLED
AN ACT TO CLARIFY THE APPLICABILITY OF COMMUNICABLE DISEASE
REPORTING REQUIREMENTS TO ALL DIAGNOSTIC LABORATORIES.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 130A-139 reads as rewritten:

"§ 130A-139. Persons in charge of laboratories to report.

A person in charge of a ~~clinical or pathological~~ laboratory providing diagnostic service in this State shall report information required by the Commission to a public health agency specified by the Commission when the laboratory makes any of the following findings:

- (1) Sputa, gastric contents, or other specimens which are smear positive for acid fast bacilli or culture positive for Mycobacterium tuberculosis;
- (2) Urethral smears positive for Gram-negative intracellular diplococci or any culture positive for Neisseria gonorrhoeae;
- (3) Positive serological tests for syphilis or positive darkfield examination;
- (4) Any other positive test indicative of a communicable disease or communicable condition for which laboratory reporting is required by the Commission. "

SECTION 2. This act is effective when it becomes law.

Passed Favorably

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001

H

D

HOUSE BILL 286
PROPOSED COMMITTEE SUBSTITUTE H286-PCS3148-SW-5

Short Title: Disease Reporting and Investigation-AB.

(Public)

Sponsors:

Referred to:

February 28, 2001

1 A BILL TO BE ENTITLED
2 AN ACT TO CLARIFY THE APPLICABILITY OF DISEASE REPORTING AND
3 INVESTIGATION REQUIREMENTS TO ALL DIAGNOSTIC LABORATORIES.
4 The General Assembly of North Carolina enacts:

5 SECTION 1. G.S. 130A-139 reads as rewritten:

6 "§ 130A-139. Persons in charge of laboratories to report.

7 A person in charge of a ~~clinical or pathological~~ laboratory providing diagnostic
8 service in this State shall report information required by the Commission to a public
9 health agency specified by the Commission when the laboratory makes any of the
10 following findings:

- 11 (1) Sputa, gastric contents, or other specimens which are smear positive
12 for acid fast bacilli or culture positive for Mycobacterium tuberculosis;
13 (2) Urethral smears positive for Gram-negative intracellular diplococci or
14 any culture positive for Neisseria gonorrhoeae;
15 (3) Positive serological tests for syphilis or positive darkfield examination;
16 (4) Any other positive test indicative of a communicable disease or
17 communicable condition for which laboratory reporting is required by
18 the Commission."

19 SECTION 2. G.S. 130A-144 reads as rewritten:

20 "§ 130A-144. Investigation and control measures.

21 (a) The local health director shall investigate, as required by the Commission,
22 cases of communicable diseases and communicable conditions reported to the local
23 health director pursuant to this Article.

24 (b) Physicians and persons in charge of medical facilities or ~~clinical or~~
25 ~~pathological~~ laboratories shall, upon request and proper identification, permit a local
26 health director or the State Health Director to examine, review, and obtain a copy of
27 medical records in their possession or under their control which pertain to the diagnosis,
28 treatment, or prevention of a communicable disease or communicable condition for a

1 person infected, exposed, or reasonably suspected of being infected or exposed to such a
2 disease or condition.

3 (c) A physician or a person in charge of a medical facility or ~~clinical or~~
4 ~~pathological~~ laboratory who permits examination, review or copying of medical records
5 pursuant to subsection (b) shall be immune from any civil or criminal liability that
6 otherwise might be incurred or imposed as a result of complying with a request made
7 pursuant to subsection (b).

8 (d) The attending physician shall give control measures prescribed by the
9 Commission to a patient with a communicable disease or communicable condition and
10 to patients reasonably suspected of being infected or exposed to such a disease or
11 condition. The physician shall also give control measures to other individuals as
12 required by rules adopted by the Commission.

13 (e) The local health director shall ensure that control measures prescribed by the
14 Commission have been given to prevent the spread of all reportable communicable
15 diseases or communicable conditions and any other communicable disease or
16 communicable condition that represents a significant threat to the public health. The
17 local health department shall provide, at no cost to the patient, the examination and
18 treatment for tuberculosis disease and infection and for sexually transmitted diseases
19 designated by the Commission.

20 (f) All persons shall comply with control measures, including submission to
21 examinations and tests, prescribed by the Commission subject to the limitations of G.S.
22 130A-148.

23 (g) The Commission shall adopt rules that prescribe control measures for
24 communicable diseases and conditions subject to the limitations of G.S. 130A-148.
25 Temporary rules prescribing control measures for communicable diseases and
26 conditions shall be adopted pursuant to G.S. 150B-13.

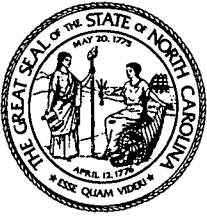
27 (h) Anyone who assists in an inquiry or investigation conducted by the State
28 Health Director for the purpose of evaluating the risk of transmission of HIV or
29 Hepatitis B from an infected health care worker to patients, or who serves on an expert
30 panel established by the State Health Director for that purpose, shall be immune from
31 civil liability that otherwise might be incurred or imposed for any acts or omissions
32 which result from such assistance or service, provided that the person acts in good faith
33 and the acts or omissions do not amount to gross negligence, willful or wanton
34 misconduct, or intentional wrongdoing. This qualified immunity does not apply to acts
35 or omissions which occur with respect to the operation of a motor vehicle. Nothing in
36 this subsection provides immunity from liability for a violation of G.S. 130A-143."

37 **SECTION 3. G.S. 130A-458 reads as rewritten:**

38 **"§ 130A-458. Persons in charge of laboratories to report.**

39 A person in charge of a ~~clinical or pathological~~ laboratory providing diagnostic
40 service in this State shall report to the Department laboratory findings related to
41 occupational ~~diseases, illnesses, diseases and illnesses~~ for which laboratory reporting is
42 required by the Commission."

43 **SECTION 4. This act is effective when it becomes law.**



HOUSE BILL 286: Disease Reporting and Investigation.

BILL ANALYSIS

Committee: House Public Health

Date: March 7, 2001

Version: PCS H286-CSSW-5[v.3]

Introduced by: Rep. Edwards

Summary by: Dianna Jessup

Committee Counsel

SUMMARY: *The PCS to House Bill 286 would change the laboratory reporting and record investigation requirements in the communicable and occupational disease statutes by requiring that all laboratories (instead of only clinical or pathological laboratories): a) send test results that are required by law to be reported to the Commission for Health Services, b) permit examination, review and copying of records pertaining to the diagnosis, treatment or prevention of a communicable disease or condition and c) send reportable findings related to occupational diseases and illnesses to the Department of Health and Human Services.*

CURRENT LAW: Pursuant to its authority under law, the Commission for Health Services has established a list of communicable and occupational diseases and conditions that are to be reported to the Commission when they are suspected. This list is known as the "reportable" communicable and occupational diseases and conditions. Current law states that with the respect to laboratories, "clinical or pathological" laboratories are required to report positive test results of reportable communicable and occupational diseases and conditions.

Local health directors are required to investigate certain communicable and diseases and conditions. Current law permits health directors to examine, review, and obtain a copy of the records of "clinical or pathological" laboratories pertaining to the diagnosis, treatment, or prevention of a reportable communicable disease or condition.

BILL ANALYSIS: The PCS to House Bill 286 deletes the phrase "clinical or pathological" from the laboratory reporting and record investigation statutes. If deleted, all laboratories, regardless of whether they are considered to be "clinical or pathological", will be required to report positive test results of reportable communicable and occupational diseases and conditions, and will permit local health directors to review the records of all laboratories pertaining to reportable diseases and conditions. The phrase "clinical or pathological" adds nothing to the intent of these statutes, that is, to allow state and local officials to obtain the required information concerning reportable communicable and occupational diseases and conditions.

The PCS differs from the original bill in that the original bill only contained what is now Section 1 of the PCS. Upon conducting a search of the statutes, staff determined that the phrase "clinical or pathological laboratories" appears in two other statutes. Those statutes are set forth in Sections 2 and 3 of the PCS.

BACKGROUND: The Department of Health and Services reports that in one situation an out-of-state laboratory refused to send the required test results because that laboratory took the position that it was not a "clinical or pathological" laboratory.

The act would become effective when it becomes law.

H286-SMSW-001

AGENDA

HOUSE COMMITTEE ON PUBLIC HEALTH

**March 28, 2001
Room 421 LOB
11:00 AM**

OPENING REMARKS

Representative Edwards, Chairman

BILLS TO BE CONSIDERED

**HB 648 Medical Examiner Study
Representative Beverly M. Earle**

ADJOURNMENT

**MINUTES
PUBLIC HEALTH COMMITTEE**

March 28, 2001


The House Committee on Public Health met on Wednesday, March 28, 2001 in Room 421 of the Legislative Office Building at 11:00 AM. The following members were present: Chairman Zeno L. Edwards, Jr.; Representative Mary McAllister, Vice Chair; Lorene T. Coates; Ruth M. Easterling; Alice Graham Underhill; and Jennifer Weiss. Staff Counselor Linda Attarian was in attendance.

The Chairman called the meeting to order to consider the following bill:


The Chairman recognized Representative Beverly M. Earle, sponsor of the bill, to explain HB 648, A BILL TO BE ENTITLED AN ACT TO ESTABLISH THE NORTH CAROLINA STUDY COMMISSION ON MEDICAL EXAMINERS. Upon motion by Representative Underhill, the Committee voted to give HB 648 an unfavorable report as to the original bill with a favorable report as to committee substitute and the substitute bill be referred to the Committee on Rules, Calendar, and Operations of the House.

There being no further business, the Chairman adjourned the meeting at 11:20 AM.

Respectfully submitted,



Representative Zeno L. Edwards, Jr.
Chairman



Jo Hinton
Committee Assistant

**2001 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES**

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

By Representative **Edwards** (Chair) for the Committee on PUBLIC HEALTH.

☐ Committee Substitute for

H.B. 648 A BILL TO BE ENTITLED AN ACT TO ESTABLISH THE NORTH
CAROLINA STUDY COMMISSION ON MEDICAL EXAMINERS.

☐ 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 , unfavorable as to original 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)

2/15/01

Unfavorable

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2001

H

1

HOUSE BILL 648*

Short Title: Medical Examiner Study.

(Public)

Sponsors: Representatives Earle; Insko, Barefoot, Alexander, and Wainwright.

Referred to: Public Health, if favorable, Rules, Calendar, and Operations of the House.

March 15, 2001

1 A BILL TO BE ENTITLED
2 AN ACT TO ESTABLISH THE NORTH CAROLINA STUDY COMMISSION ON
3 MEDICAL EXAMINERS.

4 Whereas, every year hundreds of suspicious, accidental, and violent deaths
5 are not reported to North Carolina's medical examiners; and

6 Whereas, hundreds of North Carolina death certificates are filled out
7 improperly each year; and

8 Whereas, medical researchers estimate that as many as 40% of death
9 certificates nationwide have inaccurate or incomplete cause-of-death information; and

10 Whereas, errors in death certificates skew death statistics, which are used to
11 study disease, leave families with misleading information, and leave researchers without
12 the ability to spot dangerous health trends; and

13 Whereas, failure to adequately investigate suspicious deaths can result in
14 criminal behavior going unpunished; and

15 Whereas, failure to accurately determine the cause of death can result in loss
16 of insurance benefits or other compensation that would have paid had a different cause
17 been attributed to the death; and

18 Whereas, inadequate funding for staff, investigation, and training have
19 contributed to overburdened medical examiner offices and mistakes in cause-of-death
20 determinations; Now, therefore,

21 The General Assembly of North Carolina enacts:

22 SECTION 1.(a) There is established the North Carolina Study Commission
23 on Medical Examiners. The Study Commission shall study the effectiveness of the
24 current State medical examiner system, including the Chief Medical Examiner and
25 county medical examiners in carrying out their duties under State law. In conducting the
26 study, the Study Commission shall consider whether the current system should be

1 restructured to make more effective and efficient use of available resources for the
2 system. The Study Commission shall also consider the following:

- 3 (1) The extent to which suspicious deaths are unreported or underreported
4 and the reasons therefor;
- 5 (2) The extent to which certification of the causes of natural deaths is
6 inaccurate or incomplete;
- 7 (3) Whether investigations are conducted when the cause of death is
8 unknown or has occurred under suspicious circumstances, and the
9 adequacy of investigations;
- 10 (4) Whether county medical examiners are adequately trained in
11 conducting postmortem examinations and investigations;
- 12 (5) Whether funding of the State and county medical examiner offices is
13 adequate to carry out statutory duties and serve the public interest;
- 14 (6) The consequences to the public interest when vital statistics records
15 are inaccurate or provide insufficient information on the cause of
16 death;
- 17 (7) The consequences to the community and family members when there
18 are errors in accurately determining and reporting the cause of death;
19 and
- 20 (8) Other matters relevant to determining the efficiency and effectiveness
21 in the operation of the State's medical examiner system.

22 **SECTION 1.(b)** The Study Commission shall consist of 13 members, 11
23 members appointed as follows:

- 24 (1) Five members appointed by the President Pro Tempore of the Senate,
25 three of whom shall be members of the Senate at the time of
26 appointment, one individual nominated by the Association of County
27 Commissioners, and one individual who is a county medical examiner
28 or a physician licensed to practice medicine in this State.
- 29 (2) Five members appointed by the Speaker of the House of
30 Representatives, three of whom shall be members of the House of
31 Representatives at the time of appointment, one individual nominated
32 by the North Carolina Public Health Association, and one individual
33 nominated by the North Carolina Child Fatality Task Force.
- 34 (3) One member appointed by the Governor who is a member of the
35 general public.

36 The Chief Medical Examiner and the State Health Director shall be ex officio members
37 of the Commission. Appointed and ex officio members shall be voting members.

38 **SECTION 1.(c)** The President Pro Tempore of the Senate and the Speaker
39 of the House of Representatives shall each designate a cochair of the Study Commission
40 from their appointees.

41 **SECTION 1.(d)** With the prior approval of the Legislative Services
42 Commission, the Legislative Services Officer shall assign professional staff to assist in
43 the work of the Study Commission on Medical Examiners. With the prior approval of

1 the Legislative Services Commission, the Study Commission may hold its meetings in
2 the State Legislative Building or the Legislative Office Building.

3 **SECTION 1.(e)** The Study Commission shall submit a final written report of
4 its findings and recommendations on or before the convening of the 2003 Session of the
5 General Assembly and may submit a report to the 2002 Regular Session of the 2001
6 General Assembly. All reports shall be filed with the President Pro Tempore of the
7 Senate, the Speaker of the House of Representatives, and the Legislative Librarian.
8 Upon filing its final report the Study Commission shall terminate.

9 **SECTION 1.(f)** Members of the Study Commission shall be paid per diem,
10 subsistence, and travel allowances as follows:

11 (1) Study Commission members who are also members of the General
12 Assembly, at the rate established in G.S. 120-3.1;

13 (2) Study Commission members who are officials or employees of the
14 State or local government agencies, at the rate established in G.S.
15 138-6;

16 (3) All other Study Commission members, at the rate established in G.S.
17 138-5.

18 **SECTION 1.(g)** All State departments and agencies, local boards of health,
19 and local governments and their subdivisions shall cooperate with the Study
20 Commission and, upon request, shall furnish to the Study Commission and its staff any
21 information in their possession or available to them.

22 **SECTION 2.** From funds appropriated to the General Assembly for the
23 2001-2003 fiscal biennium, the Legislative Services Commission shall allocate funds
24 for the expenses of the Study Commission on Medical Examiners.

25 **SECTION 3.** This act is effective when it becomes law.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001

H

D

HOUSE BILL 648*
PROPOSED COMMITTEE SUBSTITUTE H648-CSR-12 [v.1]

3/27/2001 5:19:20 PM

Short Title: Medical Examiner Study.

(Public)

Sponsors:

Referred to:

March 15, 2001

1 A BILL TO BE ENTITLED
2 AN ACT TO ESTABLISH THE NORTH CAROLINA STUDY COMMISSION ON
3 MEDICAL EXAMINERS.

4 Whereas, every year hundreds of suspicious, accidental, and violent deaths
5 are not reported to North Carolina's medical examiners; and

6 Whereas, hundreds of North Carolina death certificates are filled out
7 improperly each year; and

8 Whereas, medical researchers estimate that as many as 40% of death
9 certificates nationwide have inaccurate or incomplete cause-of-death information; and

10 Whereas, errors in death certificates skew death statistics, which are used to
11 study disease, leave families with misleading information, and leave researchers without
12 the ability to spot dangerous health trends; and

13 Whereas, failure to adequately investigate suspicious deaths can result in
14 criminal behavior going unpunished; and

15 Whereas, failure to accurately determine the cause of death can result in loss
16 of insurance benefits or other compensation that would have paid had a different cause
17 been attributed to the death; and

18 Whereas, inadequate funding for staff, investigation, and training have
19 contributed to overburdened medical examiner offices and mistakes in cause-of-death
20 determinations; Now, therefore,

21 The General Assembly of North Carolina enacts:

22 SECTION 1.(a) There is established the North Carolina Study Commission
23 on Medical Examiners. The Study Commission shall study the effectiveness of the
24 current State medical examiner system, including the Chief Medical Examiner and
25 county medical examiners in carrying out their duties under State law. In conducting the
26 study, the Study Commission shall consider whether the current system should be
27 restructured to make more effective and efficient use of available resources for the
28 system. The Study Commission shall also consider the following:

- (1) The extent to which suspicious deaths are unreported or underreported and the reasons therefor;
- (2) The extent to which certification of the causes of natural deaths is inaccurate or incomplete;
- (3) Whether investigations are conducted when the cause of death is unknown or has occurred under suspicious circumstances, and the adequacy of investigations;
- (4) Whether county medical examiners are adequately trained in conducting postmortem examinations and investigations;
- (5) Whether funding of the State and county medical examiner offices is adequate to carry out statutory duties and serve the public interest;
- (6) The consequences to the public interest when vital statistics records are inaccurate or provide insufficient information on the cause of death;
- (7) The consequences to the community and family members when there are errors in accurately determining and reporting the cause of death; and
- (8) Other matters relevant to determining the efficiency and effectiveness in the operation of the State's medical examiner system.

SECTION 1.(b) The Study Commission shall consist of 13 members, 11 members appointed as follows:

- (1) Five members appointed by the President Pro Tempore of the Senate, three of whom shall be members of the Senate at the time of appointment, one individual nominated by the Association of County Commissioners, and one individual who is a county medical examiner or a physician licensed to practice medicine in this State.
- (2) Five members appointed by the Speaker of the House of Representatives, three of whom shall be members of the House of Representatives at the time of appointment, one individual nominated by the North Carolina Public Health Association, and one individual nominated by the North Carolina Child Fatality Task Force.
- (3) One member appointed by the Governor who is a member of the general public.

The Chief Medical Examiner and the State Health Director shall be ex officio members of the Commission. Appointed and ex officio members shall be voting members.

SECTION 1.(c) The President Pro Tempore of the Senate and the Speaker of the House of Representatives shall each designate a cochair of the Study Commission from their appointees.

SECTION 1.(d) With the prior approval of the Legislative Services Commission, the Legislative Services Officer shall assign professional staff to assist in the work of the Study Commission on Medical Examiners. With the prior approval of

1 the Legislative Services Commission, the Study Commission may hold its meetings in
2 the State Legislative Building or the Legislative Office Building.

3 **SECTION 1.(e)** The Study Commission shall submit a final written report of
4 its findings and recommendations on or before the convening of the 2003 Session of the
5 General Assembly and may submit a report to the 2002 Regular Session of the 2001
6 General Assembly. All reports shall be filed with the President Pro Tempore of the
7 Senate, the Speaker of the House of Representatives, and the Legislative Librarian.
8 Upon filing its final report the Study Commission shall terminate.

9 **SECTION 1.(f)** Members of the Study Commission shall be paid per diem,
10 subsistence, and travel allowances as follows:

- 11 (1) Study Commission members who are also members of the General
12 Assembly, at the rate established in G.S. 120-3.1;
- 13 (2) Study Commission members who are officials or employees of the
14 State or local government agencies, at the rate established in G.S.
15 138-6;
- 16 (3) All other Study Commission members, at the rate established in G.S.
17 138-5.

18 **SECTION 2.** From funds appropriated to the General Assembly for the
19 2001-2003 fiscal biennium, the Legislative Services Commission shall allocate funds
20 for the expenses of the Study Commission on Medical Examiners.

21 **SECTION 3.** This act is effective when it becomes law.
22



HOUSE BILL 648: Medical Examiner Study

BILL ANALYSIS

Committee: House Public Health
Date: March 28, 2001
Version: Introduced

Introduced by: Rep. Earle
Summary by: Linda Attarian
Committee Counsel

SUMMARY: *House Bill 648, if enacted, would establish a Legislative Study Commission to study the effectiveness of the current State medical examiner system, including the Chief Medical Examiner and county medical examiners in carrying out their duties under State law. The Commission would consist of 13 members, 5 appointed by the Pro Tempore of the Senate, five by the Speaker of the House of Representatives, one by the Governor. The Chief Medical Examiner and the State Health Director would be ex officio members of the Commission. The legislation directs the Commission to study a number of items and make a final report to the 2003 General Assembly upon its convening. The Commission will terminate upon the filing of its final report.*

CURRENT LAW: See attached overview of NC law governing postmortem medicolegal examinations and services.

BILL ANALYSIS: **Section 1.(a)** establishes the study commission and defines its scope of study to include general matters relating to efficiency and effectiveness of the State's medical examiner system and various specific items that the study commission is required to study.

Section 1.(b) provides for the composition of the study commission.

Section 1.(c) provides for the appointment of the co-chairs of the commission.

Section 1.(d) provides for the appointment of legislative staff to assist the commission.

Section 1.(e) provides that the commission may make a report to the 2001 General Assembly, 2002 Regular Session, and must make its final report upon the convening of the 2003 General Assembly. Upon the filing of its final report, the commission will terminate.

Section 1.(f) authorizes member's per diem, subsistence and travel expenses.

Section 1.(g) requires all State departments and agencies, including local boards of health, and local governments and their subdivisions to furnish, upon the commission's request, to the study commission any information in their possession or available to them.

Section 2 provides for the allocation of funds from the funds appropriated to the Legislative Service Commission for the expenses of the study commission.

Section 3 makes the act effective when it becomes law.

BACKGROUND:

See whereas clauses.

The PCS amends the original bill by deleting Section 1.(g) because the language is not necessary.

WHO INVESTIGATES DEATHS

MEDICAL EXAMINER

A medical examiner is a doctor charged with the investigation and examination of deaths that are unexplained, unexpected or violent. These doctors determine which cases to send for autopsy or toxicology tests.

They are responsible for determining the broad "manner" of death, such as homicide, suicide or natural causes, then applying a more specific "cause," such as a disease or type of injury.

CORONER

A coroner is a public official, appointed or elected, whose duty is to make inquiry into deaths and fill out death certificates. The office of the coroner, or "crownor," dates back to medieval days, when the crownor looked into deaths to be sure death taxes were paid to the king.

PATHOLOGIST

A pathologist is a physician who diagnoses diseases and other natural causes of death using a laboratory examination of body fluids, cell samples and tissue. Pathologists also conduct autopsies.

FORENSIC PATHOLOGIST

A forensic pathologist is a sub-specialist in pathology whose area of expertise is the examination of unexplained, unexpected or violent deaths. A forensic pathologist is trained to perform autopsies to determine the presence or absence of disease, injury or poisoning; to evaluate historical and law enforcement investigative information relating to manner of death; to collect medical evidence, such as trace evidence and secretions; to document sexual assault, and to reconstruct how a person received injuries.

More than 20 states use medical examiners. Others continue to use coroners or, like South Carolina, a combination of the two. North Carolina has a statewide medical examiner system but still relies on coroners in some counties when no doctor will do the job.

SOURCES: National Association of Medical Examiners;
Centers for Disease Control and Prevention

VISITOR REGISTRATION SHEET

PUBLIC HEALTH

Name of Committee

3/28/01

Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS

John Butts

OCME - DHH

Shawn Wells

DHHS

Ken Melton

Alley Associates

AGENDA

HOUSE COMMITTEE ON PUBLIC HEALTH

**April 4, 2001
Room 421 LOB
11:00 AM**

OPENING REMARKS

Representative Edwards, Chairman

BILLS TO BE CONSIDERED

**HB 387 DD Group Homes Regulation-AB
Representative Lanier Cansler**

ADJOURNMENT

**MINUTES
PUBLIC HEALTH COMMITTEE**

April 4, 2001

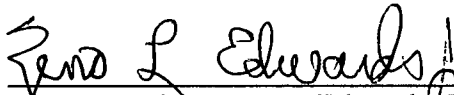
The House Committee on Public Health met on Wednesday, April 4, 2001 in Room 421 of the Legislative Office Building at 11:00 AM. The following members were present: Chairman Zeno L. Edwards, Jr.; Representative Mary McAllister, Vice-Chair, Representative Lanier Cansler, Vice-Chair, Representatives Lorene T Coates; Ruth M. Easterling; William Hiatt; and Jean Preston. Staff Counselor Dianna Jessup was in attendance.

The Chairman called the meeting to order to consider the following bill:

Representative Lanier Cansler, bill sponsor, explained HB 387, A BILL TO BE ENTITLED AN ACT TO CLARIFY THE LICENSURE AND DEFINITION OF GROUP HOMES FOR DEVELOPMENTALLY DISABLED ADULTS. Upon motion by Representative Lorene T. Coates, the Committee voted to give HB 387 a favorable report as to the committee substitute and original bill was given an unfavorable report.

There being no further business, the Chairman adjourned the meeting at 11:20 AM.

Respectfully submitted,



Representative Zeno L. Edwards, Jr.
Chairman



Jo Hinton
Committee Assistant

**2001 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES**

The following report from standing committee is presented:

By Representative **Edwards** Chair For the Committee on **Public Health**.

- ☐ Committee Substitute for
H.B. 387 A BILL TO BE ENTITLED AN ACT TO CLARIFY THE LICENSURE AND
DEFINITION OF GROUP HOMES FOR DEVELOPMENTALLY DISABLED ADULTS.
- ☐ 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)

2/15/01

Unfavorable

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001

H

1

HOUSE BILL 387

Short Title: DD Group Homes Regulation-AB.

(Public)

Sponsors: Representatives Cansler; and Preston.

Referred to: Public Health.

March 1, 2001

A BILL TO BE ENTITLED
AN ACT TO CLARIFY THE LICENSURE AND DEFINITION OF GROUP HOMES
FOR DEVELOPMENTALLY DISABLED ADULTS.

The General Assembly of North Carolina enacts:

SECTION 1.(a) G.S. 131D-2(a)(2) is repealed.

SECTION 1.(b) G.S. 131D-2(a)(6) is repealed.

SECTION 1.(c) G.S. 131D-20(6) is repealed.

SECTION 2. A supervised living facility for developmentally disabled adults that was licensed as a group home for developmentally disabled adults under Article 1 of Chapter 131D of the General Statutes shall be licensed under G.S. 122C-3(14)e. and shall, within 12 months of the effective date of this act, comply with building code requirements for smoke detectors. A group home for developmentally disabled adults that was licensed under Article 1 of Chapter 131D of the General Statutes shall be deemed to have met the building code requirements for licensure as a supervised living facility for developmentally disabled adults under G.S. 122C-3(14)e.

SECTION 3. G.S. 108A-41(a) reads as rewritten:

"(a) Assistance shall be granted under this Part to all persons in adult care homes for care found to be essential in accordance with the rules and regulations adopted by the Social Services Commission and prescribed by G.S. 108A-42(b). As used in this Part, the term 'adult care home' includes a supervised living facility for developmentally disabled adults licensed under Article 2 of Chapter 122C of the General Statutes."

SECTION 4. G.S. 58-55-35(a)(6) reads as rewritten:

"(6) ~~'Group home for developmentally disabled adults' shall be defined in accordance with the terms of G.S. 131D-2(a)(6):~~ 'Supervised living facility for developmentally disabled adults' means a residential facility, as defined in G.S. 122C-3(14), which has two to nine developmentally disabled adult residents."

SECTION 5. This act is effective when it becomes law.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001

H

D

HOUSE BILL 387
PROPOSED COMMITTEE SUBSTITUTE H387-PCS3297-LN-6

Short Title: DD Group Homes Regulation-AB.

(Public)

Sponsors:

Referred to:

March 1, 2001

1 A BILL TO BE ENTITLED
2 AN ACT TO CLARIFY THE LICENSURE AND DEFINITION OF GROUP HOMES
3 FOR DEVELOPMENTALLY DISABLED ADULTS.

4 The General Assembly of North Carolina enacts:

5 SECTION 1.(a) G.S. 131D-2(a)(2) is repealed.

6 SECTION 1.(b) G.S. 131D-2(a)(6) is repealed.

7 SECTION 1.(c) G.S. 131D-20(6) is repealed.

8 SECTION 2. The licensure of a group home for developmentally disabled
9 adults pursuant to Article 1 of Chapter 131D of the General Statutes shall be transferred
10 to licensure as a supervised living facility for developmentally disabled adults under
11 G.S. 122C-3(14)e. A supervised living facility for developmentally disabled adults
12 licensed under this section shall:

- 13 (1) Except as otherwise provided in this section, comply with licensure
14 requirements of Article 2 of Chapter 122C of the General Statutes;
15 (2) Within 12 months of the effective date of this act, comply with
16 building code requirements for smoke detectors;
17 (3) Comply either with categories of existing rules applicable to group
18 homes for developmentally disabled adults adopted under Article 1 of
19 Chapter 131D of the General Statutes, or with categories of existing
20 rules applicable under G.S. 122C-3(14)e., at the option of the
21 supervised living facility; and
22 (4) Be subject to adverse action on a license under G.S. 122C-24 for
23 failure to comply with applicable statutes or rules.

24 A group home for developmentally disabled adults licensed under Article 1 of
25 Chapter 131D of the General Statutes and transferred to licensure under G.S. 122C-
26 3(14)e. shall be deemed to have met the building code requirements for licensure as a
27 supervised living facility.

28 The Department of Health and Human Services' Division of Facility Services
29 and Division of Mental Health, Developmental Disabilities, and Substance Abuse

1 Services shall designate the categories of existing rules applicable to the supervised
2 living facility option under this section.

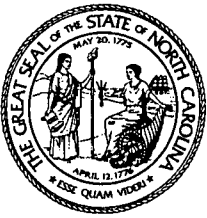
3 SECTION 3. G.S. 108A-41(a) reads as rewritten:

4 "(a) Assistance shall be granted under this Part to all persons in adult care homes
5 for care found to be essential in accordance with the rules and regulations adopted by
6 the Social Services Commission and prescribed by G.S. 108A-42(b). As used in this
7 Part, the term 'adult care home' includes a supervised living facility for developmentally
8 disabled adults licensed under Article 2 of Chapter 122C of the General Statutes."

9 SECTION 4. G.S. 58-55-35(a)(6) reads as rewritten:

10 "(6) ~~'Group home for developmentally disabled adults' shall be defined in~~
11 ~~accordance with the terms of G.S. 131D-2(a)(6). 'Supervised living~~
12 ~~facility for developmentally disabled adults' means a residential~~
13 ~~facility, as defined in G.S. 122C-3(14), which has two to nine~~
14 ~~developmentally disabled adult residents.~~"

15 SECTION 5. This act is effective when it becomes law.



HOUSE BILL 387: DD Group Homes Regulation-AB

BILL ANALYSIS

Committee: House Public Health
Date: April 4, 2001
Version: First Edition

Introduced by: Rep.Cansler
Summary by: Dianna Jessup
Committee Counsel

SUMMARY: *Under House Bill 387, group homes for developmentally disabled adults, formerly regulated under Chapter 131D and the rules of the Medical Care and Social Services Commissions, would become regulated under Chapter 122C and rules adopted by the Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services. The act would become effective when it becomes law.*

CURRENT LAW: A "group home for developmentally disabled adults" is an assisted living residence that has two to nine developmentally disabled adult residents. A "developmentally disabled adult" is a person who is 18 or older and who has a severe, chronic disability of a person which: a) is attributed to mental or physical impairment or combination of mental and physical impairments, b) is manifested before the person attains age 22, c) is likely to continue indefinitely, d) results in substantial functional limitations in certain major life activities, and e) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care.

Currently, group homes for developmentally disabled adults are regulated under rules adopted by the Medical Care Commission and the Social Services Commission pursuant to Chapter 131D and are licensed by the Division of Facility Services. Licenses are valid for one year. Under those rules, group homes for developmentally disabled adults must meet the applicable requirements of the North Carolina State Building Code in force at the time of initial licensure and when they increase capacity or change ownership.

Group homes for developmentally disabled adults are excluded from the licensure provisions and regulations for facilities for the mentally ill, developmentally disabled, and substance abusers (MH,DD,and SA) under Chapter 122. MH, DD, and SA facilities are also licensed by the Division of Facility Services, but they are regulated under rules adopted by the Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services. Licenses are valid for two years.

State-County Special Assistance is available to low income adults who are permanently disabled and who are in adult care homes. All persons currently residing in group homes for developmentally disabled adults are eligible for State-County Special Assistance if the other criteria for eligibility are met.

BILL ANALYSIS: Sections 1 and 2 of the bill deletes certain provisions of Chapter 131D and has the effect of transferring regulation of group homes for developmentally disabled adults to Chapter 122C. Within twelve months of the effective date of this act, these homes will have to comply with building code requirements for smoke detectors. Those group homes that are currently licensed shall be deemed to have met the building code requirements for licensure as a supervised living facility for developmentally disabled adults under Chapter 122C. Section 3 amends the State-County Special Assistance statute to specify that an "adult care home" includes a supervised living facility for developmentally disabled adults licensed under Chapter 122C. The effect of the amendment is to ensure that the persons residing in group homes for developmentally disabled adults and formerly eligible for State-County Special Assistance will remain eligible. Section 4 is a conforming amendment to the long-term care insurance statute.

H387-SMSW-001

COMPARISON OF RULES AND REVIEW OF POTENTIAL IMPACT OF RELICENSING
DDA HOMES FROM UNDER 131D TO 122C

<u>Mental Health 122C</u>	<u>Adult Care 131D</u>	<u>Potential Impact of Relicensure</u>
Section .0201 Governing Body Policies	Facilities to prepare some additions to policies and procedures	Time for policy/procedure preparation
Section .0202 Personnel Requirements Requires job description Requires a Director with one year experience No known history of abuse, neglect or exploitation of vulnerable adults Require initial and annual medical statements	Adult Care medication competency validation and testing requirements more extensive. 45 or 80-hour personal care training required for direct care staff and supervisors	Time & possible cost of an acting director if present director has less than a year of experience. Increase cost in obtaining medical statement annually. Less cost without DDA state testing and 45/80 hr. training requirements under 131D.
Section .0203 Personnel Requirements Requires privileging of QMRP	Does not have this requirement.	Not worked out by DMH/DD/SAS. Cost if any unknown
Section .0204 Training and Supervision of Paraprofessional Same as above	Same as above	Same as above
Section .0205 Assessment and Treatment Plan Would require some QMRP involvement	Does not include QMRP involvement, but does require RN participation in oversight of more health care related tasks.	Cost reduction with no RN but a cost increase for a QMRP
Section .0206 Client Records Basically the same as Adult Care	Basically the same as Mental Health	None
Section .0207 Emergency Plans and supplies Basically the same as Adult Care	Basically the same as Mental Health	None

Section .0208 Client Services Basically the same as Adult Care with the exception of dietary requirements	Adult Care has more dietary requirements; requires a registered dietitian to review and sign modified diet menus.	Decrease in cost since does not require involvement of a dietitian
Section .0209 Medication Similarities as well as differences noted in next column.	Adult Care requires medication reviews quarterly and Mental Health requires every six months. Adult Care requires skills validation by RN and written test administered by the state; annual CEU's in medication administration; and medication disposal witnessed by a pharmacist.	A probable overall decrease in cost.
Section .0210 Research Review Board N/A Group Home do not normally participate	N/A	N/A
Section .0301 Building Codes Must meet present building codes	Additional construction requirements in rules but variances allowed.	Grandfathering of existing facilities being relicensed, except for smoke detectors, will alleviate additional costs
Section .0302 Facility Construction	Same as above	Same as above
Section .0303 Location and Exterior Requirements	Same as above	Same as above
Section .0304 Facility Design and Equipment Requires maintaining a comfort range of 68-80 degrees. No more than 2 clients to a room. 1 bathroom to every six clients.	AC or fan to be provided in rooms when corridor temp. exceeds 80 degrees. Not required to be maintained at no more than 80 degrees. No more than 3 residents to a room. 1 bathroom to every 4 persons.	May have increase in cost if unable to maintain temp. in comfortable range. Grandfathering will continue to allow 3 residents/room.

<p>Section .0401, .0402, .0403, .0404 and .0405 Licensing Procedures</p> <p>Procedural differences. License every two years and does not look at past history of other facilities within the same company.</p>	<p>License every year and requires DSS monitoring every two months. Compliance history of facility and affiliates can effect licensure eligibility.</p>	<p>Probable decrease in cost.</p>
<p>Section .5600</p> <p>Would require QMRP involvement and certified substance abuse counselor as applicable. Limits group home to 6 clients.</p> <p>Requires a report be sent to legally responsible person annually.</p> <p>Greater emphasis on a holistic approach involving habilitation and rehabilitation.</p>	<p>Up to 9 residents allowed. The focus of services is on assistance with personal care (activities of daily living). In addition, there are a significant number of health care related rules and training required for performance of tasks needed by residents with more personal care and health care needs than those normally found in DDA homes.</p>	<p>Increase in cost for QMRP involvement. Existing facilities with 7-9 residents would be grandfathered in. Less RN involvement would tend to reduce costs.</p>
<p>Client Right</p> <p>More policies and procedures. Requires training on the use of least restrictive alternative and extensive training in restrictive interventions if used. This would include extensive monitoring and documentation by staff</p>	<p>Residents' Rights in G.S. 131D-21 are not as extensive as MH Client Rights. This would require the facility to build on what they have and establish additional policies and procedures to assure compliance with those rights.</p>	<p>Time and cost for training and increase in policy development.</p>

In summary, the most significant changes involved in moving the DDA Group Homes from 131D to 122C licensure will be:

- Less of a personal care/health care task model and more of a holistic view in regards to care and services being provided. Since DDA homes are classified as assisted living/adult care under 131D-2, rules requiring staff training, assessment and care planning regarding a number of personal care and health care related tasks that are usually not needed for DDA home residents do apply.
- An increase need for the development of policies and procedures, particularly regarding client rights.
- A focus on treatment and alternatives to restriction interventions therefore, requiring a greater need for policies and training in that area.
- A Director that has a least one-year experience in management of a similar facility.
- There will be involvement by a qualified mental health professional and a substance abuse counselor when applicable. Requires privileging of the qualified mental health professional which has yet to be fully developed and implemented.
- Maintaining temperature within a designated comfort range within building rather than just requiring AC or a fan when central corridor temperature goes above 80 degrees.
- Staff with known history of abuse, neglect or exploitation will not be allowed to provide direct care.

Potential Cost to the Facility:

- Staff time to develop additional governing body policies & procedures and job descriptions
- Staff time to develop additional policies & procedures related to client rights.
- Staff with known history of abuse, neglect or exploitation of vulnerable adults will not be allowed to provide direct care therefore, this may result in some staff terminations.
- Director (if the facility's owner does not have at least one year experience in management of a similar facility).
- Qualified mental health professional (facility may have a contract with a local area program to provide this supervision therefore, may not be a significant cost).
- Annual medical statement for staff.
- Maintenance of temperature within a specific range for comfort.

These potential costs may be offset by a reduction in costs associated with current DDA requirements in the areas of staff training, medication aide competency and CEU requirements, drug reviews and disposal, dietary requirements, RN involvement, annual license renewal and bimonthly monitoring. Physical plant costs would be limited to updating smoke detection system if applicable.

Public Health

03/04/01
Date

NAME

FIRM OR AGENCY AND ADDRESS

Stephen G. Knopp II	
Shanna Ervin	N.C. State University student
Rebecca McNeely	N.C. State University Student
Christy Sutton	UNC - Wilmington
Felicia Strickland	UNC - Wilmington
Leslie Raulo	unc-SPH Chapel Hill
Catherine Schweitzer	UNC-CH School of Public Health
Kristie Weisner	UNC SPH
Pam Silberm	UNC SPA
Garnett Lansberry	NC State
Josh Phillips	NC State Student
Crissel Porter	Bene & Associates
Michelle Cotton	DMH/DD/SAS
Jennifer Hagan	Oversight Comm DMH/DD/SAS
Lyn Williams	NCA LTCF
John Turner	NC DSS
Jenny Cooper	NCALA
Marian Hartman	DMH/DD/SAS - DD Section
Lynda McDaniel	DFS
[Signature]	DFS
[Signature]	DFS

AGENDA

HOUSE COMMITTEE ON PUBLIC HEALTH

**April 11, 2001
Room 421 LOB
11:00 AM**

OPENING REMARKS

Representative Edwards, Chairman

BILLS TO BE CONSIDERED

**HB 837 Civil Penalty Auth./Public Health Violations
Representative Alexander**

**HB 635 Regulate Body Piercing
Representative Mitchell**

**HB 722 Increase Veterinary Board Membership
Representative Cox**

ADJOURNMENT

**MINUTES
HOUSE COMMITTEE ON PUBLIC HEALTH .**

April 11, 2001

The House Committee on Public Health met on Wednesday, April 11, 2001 in Room 421 of the Legislative Office Building at 11:00 AM. The following members were present: Chairman Zeno L. Edwards, Representatives Mary McAllister, Lorene T. Coates, Ruth M. Easterling, William S. Hiatt, Jean R. Preston, and Jennifer Weiss. Linda Attarian and Dianna Jessup, Staff Counselors, were in attendance.

The Chairman called the meeting to order to consider the following bills:


Representative Martha B. Alexander, bill sponsor, was recognized to explain HB 837, A BILL TO BE ENTITLED AN ACT TO AUTHORIZE CERTAIN BOARDS OF COUNTY COMMISSIONERS TO IMPOSE CIVIL PENALTIES FOR VIOLATIONS OF PUBLIC HEALTH LAWS OR RULES. Upon motion made by Representative Ruth M. Easterling, the bill received a favorable report.

The next order of business was HB 722, A BILL TO BE ENTITLED AN ACT TO INCREASE THE MEMBERS OF THE NORTH CAROLINA VETERINARY MEDICAL BOARD FROM SEVEN TO EIGHT. Representative Leslie Cox, bill sponsor, explained the bill. Mr. Marvin Joyner, Community Colleges, stated that the Veterinary Board did not have any objection. Upon motion made by Representative Jennifer Weiss, the committee voted for a favorable report.


The chair recognized Representative Frank Mitchell, bill sponsor, to explain HB 635, A BILL TO BE ENTITLED AN ACT TO REGULATE THE BUSINESS OF BODY PIERCING. Dr. Raymond R. Rabe and Kelly R. Sheets, of Iredell County, were in attendance to speak to support the bill. Representative Mary McAllister made a motion that the committee consider committee substitute for HB 635. Upon motion by Representative William S. Hiatt, the Committee voted to give the committee substitute bill a favorable report, unfavorable as to original bill and recommendation that the committee substitute bill be re-referred to the Committee on Finance.

There being no further business, the Chair adjourned the meeting at 11:35 AM.

Respectfully submitted,



Representative Zeno L. Edwards, Jr.
Chairman



Jo Hinton
Assistant to Committee

**2001 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES**

The following report from standing committee is presented:

By Representative **Edwards** (Chair) for the Committee on **PUBLIC HEALTH**.

- ☐ Committee Substitute for
H.B. 837 A BILL TO BE ENTITLED AN ACT TO AUTHORIZE CERTAIN BOARDS OF
COUNTY COMMISSIONERS TO IMPOSE CIVIL PENALTIES FOR VIOLATIONS OF
PUBLIC HEALTH LAWS OR RULES.
- ☒ 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)

2/15/01

Martha Alexander
Ann Faust

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2001

H

1

HOUSE BILL 837

Short Title: Civil Penalty Auth./ Public Health Violations.

(Public)

Sponsors: Representative Alexander.

Referred to: Public Health.

March 28, 2001

A BILL TO BE ENTITLED

AN ACT TO AUTHORIZE CERTAIN BOARDS OF COUNTY COMMISSIONERS
TO IMPOSE CIVIL PENALTIES FOR VIOLATIONS OF PUBLIC HEALTH
LAWS OR RULES.

The General Assembly of North Carolina enacts:

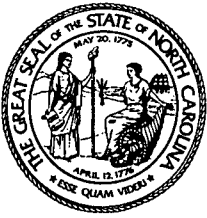
SECTION 1. G.S. 153A-77(a) reads as rewritten:

"(a) In the exercise of its jurisdiction over commissions, boards and agencies, the board of county commissioners may assume direct control of any activities theretofore conducted by or through any commission, board or agency by the adoption of a resolution assuming and conferring upon the board of county commissioners all powers, responsibilities and duties of any such commission, board or agency. This subsection shall apply to the board of health, the social services board, area mental health, developmental disabilities, and substance abuse area board and any other commission, board or agency appointed by the board of county commissioners or acting under and pursuant to authority of the board of county commissioners of said county. A board of county commissioners exercising the power and authority under this subsection may, notwithstanding G.S. 130A-25, enforce public health rules adopted by the board through the imposition of civil penalties. If a public health rule adopted by a board of county commissioners imposes a civil penalty, the provisions of G.S. 130A-25 making its violation a misdemeanor shall not be applicable to that public health rule unless the rule states that a violation of the rule is a misdemeanor. The board of county commissioners may exercise the power and authority herein conferred only after a public hearing held by said board pursuant to 30 days' notice of said public hearing given in a newspaper having general circulation in said county.

The board of county commissioners may also appoint advisory boards, committees, councils and agencies composed of qualified and interested county residents to study, interpret and develop community support and cooperation in activities conducted by or under the authority of the board of county commissioners of said county."

1

SECTION 2. This act is effective when it becomes law.



HOUSE BILL 837: Civil Penalty Auth./Public Health Violations

BILL ANALYSIS

Committee: House Public Health
Date: April 11, 2001
Version: Introduced

Introduced by: Rep. Alexander
Summary by: Linda Attarian
Committee Counsel

SUMMARY: *House Bill 837, if enacted, would amend G.S. 153A-77(a) to authorize a board of county commissioners that has opted to exercise its jurisdiction over the local board of health pursuant to that subsection, to enforce public health rules it adopts through the imposition of a civil penalty notwithstanding G.S. 130A-25, which provides that anyone who violates a rule adopted by a local board of health shall be guilty of a misdemeanor. The bill is effective when it becomes law.*

CURRENT LAW: G.S. 153A-77(a) authorizes a county board of commissioners in counties with a minimum population of 425,000 to exercise its jurisdiction over commissions, boards, and agencies and to assume direct control of any activities conducted by or through the commission or board. Mecklenburg County has acted pursuant to this authority to control the activities of the local board of health.

BILL ANALYSIS: Section 1 of the bill would amend G.S. 153A-77(a) to provide that, notwithstanding G.S. 130A-25, when a board of county commissioners exercises its authority under that subsection, it may enforce any public health ordinance adopted by the county board of commissioners by the imposition of civil penalties. G.S. 130A-25 provides that when a person violates rules adopted by a local board of health, the person is guilty of a misdemeanor. Section 1 further provides that when a public health rule adopted by a board of county commissioners under its authority pursuant to G.S. 153A-77(a) imposes a civil penalty, G.S. 130A-25, making its violation a misdemeanor, the violation shall not be applicable to the rule, unless the rule specifically states that its violation is a misdemeanor.

Section 2 makes the act effective when it becomes law.

2001 COMMITTEE REPORT HOUSE OF REPRESENTATIVES

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

By Representative **Edwards** (Chair) for the Committee on **PUBLIC HEALTH**.

☐ Committee Substitute for
H.B. 722 A BILL TO BE ENTITLED AN ACT TO INCREASE THE MEMBERS OF THE
NORTH CAROLINA VETERINARY MEDICAL BOARD FROM SEVEN TO EIGHT.

- ☒ 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)

2/15/01

to be Considered 4-4-01

Rep. Leslie Cox
Freddie Stairbock

GENERAL ASSEMBLY OF NORTH CAROLINA *Favorable*
SESSION 2001

H

1

HOUSE BILL 722*

Short Title: Increase Veterinary Board Membership. (Public)

Sponsors: Representatives Cox, Davis; and Wainwright.

Referred to: Public Health.

March 22, 2001

1 A BILL TO BE ENTITLED
2 AN ACT TO INCREASE THE MEMBERS OF THE NORTH CAROLINA
3 VETERINARY MEDICAL BOARD FROM SEVEN TO EIGHT.

4 The General Assembly of North Carolina enacts:

5 SECTION 1. G.S. 90-182(a) reads as rewritten:

6 "(a) In order to properly regulate the practice of veterinary medicine and surgery,
7 there is established a Board to be known as the North Carolina Veterinary Medical
8 Board which shall consist of ~~seven~~eight members.

9 Five members shall be appointed by the Governor. Four of these members shall have
10 been legal residents of and licensed to practice veterinary medicine in this State for not
11 less than five years preceding their appointment. The other member shall not be licensed
12 or registered under the Article and shall represent the interest of the public at large.
13 Each member appointed by the Governor shall reside in a different congressional
14 district.

15 ~~The Lieutenant Governor shall appoint to the Board one member who~~Two members
16 shall be appointed by the Lieutenant Governor. One of these members shall have been a
17 resident of and licensed to practice veterinary medicine in this State for not less than
18 five years preceding his or her appointment. The other member shall have been a legal
19 resident of and registered as a veterinary technician in this State for not less than five
20 years preceding his or her appointment.

21 In addition to the ~~six~~seven members appointed as provided above, the Commissioner
22 of Agriculture shall biennially appoint to the Board the State Veterinarian or another
23 veterinarian from a staff of a North Carolina department or institution. This member
24 shall have been a legal resident of and licensed to practice veterinary medicine in North
25 Carolina for not less than five years preceding his appointment.

26 Every member shall, within 30 days after notice of appointment, appear before any
27 person authorized to administer the oath of office and take an oath to faithfully
28 discharge the duties of the office."

1 **SECTION 2.** Notwithstanding the provisions of G.S. 90-182(a), as enacted
2 in Section 1 of this act, the member appointed by the Lieutenant Governor, who shall
3 have been a legal resident of and registered as a veterinary technician in this State for
4 not less than five years preceding his or her appointment, shall be appointed for a
5 five-year term to commence July 1, 2001, and to expire June 30, 2006. The member
6 described in this section shall serve for the term for which he or she was appointed and
7 until his or her successor is appointed and qualified.

8 **SECTION 3.** This act is effective when it becomes law.



HOUSE BILL 722:

Increase Veterinary Board Membership

BILL ANALYSIS

Committee: House Public Health
Date: April 11, 2001
Version: First Edition

Introduced by: Rep. Cox
Summary by: Dianna Jessup
Committee Counsel

SUMMARY: *House Bill 722 would increase the number of members of the North Carolina Veterinary Medical Board from seven to eight. The additional member would be a veterinary technician appointed by the Lieutenant Governor. The term of the additional member would begin on July 2, 2001.*

CURRENT LAW: The North Carolina Veterinary Medical Board is charged with regulating the practice of veterinary medicine. Currently, the board consists of seven members. All but one of the members is required to have been licensed to practice veterinary medicine for not less than five years preceding their appointment. One of the members is either the State Veterinarian or another veterinarian from a staff of a North Carolina department or institution. One member is not licensed or registered to practice veterinary medicine and is to represent the public at large.

A "veterinary technician" is either a person who has successfully completed a post-high school course in the care and treatment of animals that conforms to the standards required for accreditation by the American Veterinary Medical Association and who is registered with the Board as a veterinary technician, or a person who holds a degree in veterinary medicine from a college of veterinary medicine recognized by the Board for licensure of veterinarians and who is registered with the Board as a veterinary technician. The services of veterinary technicians are limited to services under the direction and supervision of a veterinarian. These services include assisting veterinarians in diagnosis, laboratory analysis, anesthesia, and surgical procedures. However, veterinary technicians may not perform any act producing an irreversible change in an animal.

BILL ANALYSIS: House Bill 722 would increase the Board's size from seven to eight, and the additional member would be a veterinary technician who has been registered as a veterinary technician in this State for not less than five years.

BACKGROUND: Comparing the North Carolina Veterinary Medical Board to other boards:

- North Carolina Medical Board: 12 members, one of whom is a physician assistant or nurse practitioner, seven physicians, three public members
- North Carolina Board of Pharmacy: 6 members, five of whom are pharmacists and one of whom is a public member
- North Carolina Board of Dental Examiners: 8 members, one of whom is a dental hygienist, one public member, six dentists
- North Carolina Board of Nursing: 15 members, nine of whom are registered nurses, four who are licensed practical nurses, two public members

H722-SMSW-001

2001 COMMITTEE REPORT HOUSE OF REPRESENTATIVES

The following report from standing committee is presented:

By Representative **Edwards** (Chair) for the Committee on **PUBLIC HEALTH**.

☐ Committee Substitute for

H.B. 635 A BILL TO BE ENTITLED AN ACT TO REGULATE THE BUSINESS OF
BODY PIERCING.

☐ 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 ~~FINANCE~~

☐ 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)

2/15/01

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001

H

D

HOUSE BILL 635
PROPOSED COMMITTEE SUBSTITUTE H635-CSSW-14 [v.9]

4/11/2001 10:22:32 AM

Short Title: Regulate Body Piercing.

(Public)

Sponsors:

Referred to:

March 15, 2001

1 A BILL TO BE ENTITLED
2 AN ACT TO REGULATE THE BUSINESS OF BODY PIERCING.
3 The General Assembly of North Carolina enacts:

4 SECTION 1. G.S. 130A-29(c) reads as rewritten:

5 "(c) The Commission shall adopt rules:

- 6 (1) Repealed by Session Laws 1983 (Regular Session, 1984), c. 1022, s. 5.
- 7 (2) Establishing standards for approving sewage-treatment devices and
8 holding tanks for marine toilets as provided in G.S. 75A-6(o).
- 9 (3) Establishing specifications for sanitary privies for schools where
10 water-carried sewage facilities are unavailable as provided in G.S.
11 115C-522.
- 12 (4) Establishing requirements for the sanitation of local confinement
13 facilities as provided in Part 2 of Article 10 of Chapter 153A of the
14 General Statutes.
- 15 (5) Repealed by Session Laws 1989 (Regular Session, 1990), c. 1075, s. 1.
- 16 (5a) Establishing eligibility standards for participation in Department
17 reimbursement programs.
- 18 (6) Requiring proper treatment and disposal of sewage and other waste
19 from chemical and portable toilets.
- 20 (7) Establishing statewide health outcome objectives and delivery
21 standards.
- 22 (8) Establishing permit requirements for the sanitation of premises,
23 utensils, equipment, and procedures to be used by ~~a person~~persons
24 engaged in tattooing, tattooing or body piercing, as provided in Part 11
25 of Article 8 of this Chapter.
- 26 (9) Implementing immunization requirements for adult care homes as
27 provided in G.S. 131D-9 and for nursing homes as provided in G.S.
28 131E-113."

29 SECTION 2. G.S. 130A-39(g) reads as rewritten:

1 "(g) A local board of health may impose a fee for services to be rendered by a
2 local health department, except where the imposition of a fee is prohibited by statute or
3 where an employee of the local health department is performing the services as an agent
4 of the State. Notwithstanding any other provisions of law, a local board of health may
5 impose cost-related fees for services performed pursuant to Article 11 of this Chapter,
6 'Wastewater Systems,' for services performed pursuant to Part 10, Article 8 of this
7 Chapter, 'Public Swimming Pools', and for services performed pursuant to Part 11,
8 Article 8 of this Chapter, ~~'Tattooing'~~ 'Tattooing and Body Piercing'. Fees shall be based
9 upon a plan recommended by the local health director and approved by the local board
10 of health and the appropriate county board or boards of commissioners. The fees
11 collected under the authority of this subsection are to be deposited to the account of the
12 local health department so that they may be expended for public health purposes in
13 accordance with the provisions of the Local Government Budget and Fiscal Control
14 Act."

15 **SECTION 3.** Part 11 of Chapter 130A of the General Statutes reads as
16 rewritten:

17 ~~"Part 11. Tattooing.~~ Tattooing and Body Piercing.

18 **§ 130A-283. Tattooing regulated.**

19 (a) Definition. – As used in this Part, the term 'tattooing' means the inserting of
20 permanent markings or coloration, or the producing of scars, upon or under human skin
21 through puncturing by use of a needle or any other method.

22 (b) Prohibited Practice. – No person shall engage in tattooing without first
23 obtaining a tattooing permit from the Department. Licensed physicians, as well as
24 physician assistants and nurse practitioners working under the supervision of a licensed
25 physician, who perform tattooing within the normal course of their professional practice
26 are exempt from the requirements of this Part.

27 (c) Application. – To obtain a tattooing permit, a person ~~must~~ shall apply to the
28 Department. Upon receipt of the application, the Department, acting through the local
29 health department, shall inspect the premises, instruments, utensils, equipment, and
30 procedures of the applicant to determine whether the applicant meets the requirements
31 for a tattooing permit set by the Commission. If the applicant meets these requirements,
32 the Department shall issue a permit to the applicant. A permit is valid for one year and
33 ~~must~~ shall be renewed annually by applying to the Department for a permit renewal.

34 (d) Violations. – The Department may deny an application for a tattooing permit
35 if an applicant does not meet the requirements set by the Commission for the permit.
36 The Department may suspend, revoke, or refuse to renew a permit if it finds that
37 tattooing is being performed in violation of this ~~Part~~ section or ~~materials are not being~~
38 disposed of as provided in G.S. 130A-285. ~~In accordance with G.S. 130A-24(a),~~
39 ~~Chapter 150B of the General Statutes, the Administrative Procedure Act, governs~~
40 ~~appeals concerning the enforcement of this Part.~~

(e) Limitation. – A permit issued pursuant to this Part section does not authorize a person to remove a tattoo from the body of a human being. Compliance with this Part is not a bar to prosecution for a violation of G.S. 14-400. "

"§ 130A-284. Body piercing regulated.

(a) Definition. – As used in this Part, the term 'body piercing' means the creation of an opening in the body of a human being so as to create a permanent hole for the purpose of inserting jewelry or other decoration. Body piercing includes piercing an ear, lip, tongue, nose, naval or eyebrow. Body piercing does not include piercing an ear lobe with a disposable, single-use stud or solid needle that is applied using a mechanical device to force the needle or stud through the ear lobe.

(b) Prohibited Practice. – No person shall engage in body piercing without first obtaining a body piercing permit from the Department. Licensed physicians, as well as physician assistants and nurse practitioners working under the supervision of a licensed physician are exempt from the requirements of this Part.

(c) Application. – To obtain a body piercing permit, a person shall apply to the Department. Upon receipt of the application, the Department, acting through the local health department, shall inspect the premises, instruments, utensils, equipment, and procedures of the applicant to determine whether the applicant meets the requirements for a body piercing permit set by the Commission. If the applicant meets these requirements, the Department shall issue a permit to the applicant. A permit is valid for one year and shall be renewed annually by applying to the Department for a permit renewal.

(d) Violations. – The Department may deny an application for a body piercing permit if an applicant does not meet the requirements set by the Commission for the permit. The Department may suspend, revoke, or refuse to renew a permit if it finds that body piercing is being performed in violation of this section or materials are not being disposed of as provided in G.S. 130A-285.

(e) Limitation. – Compliance with this Part is not a bar to prosecution for a violation of G.S. 14-400."

"§130A-285. Management and Disposal of Materials.

Materials used by persons engaged in tattooing and body piercing shall be disposed of in accordance with rules adopted by the Commission pursuant to G.S. 130A-309.26."

"§ 130A-286. Appeals.

In accordance with G.S. 130A-24(a), Chapter 150B of the General Statutes, the Administrative Procedure Act, governs appeals concerning enforcement of this Part."

SECTION 4. This act becomes effective October 1, 2001.



HOUSE BILL 635: Regulate Body Piercing

BILL ANALYSIS

Committee: House Public Health
Date: April 11, 2001
Version: PCS H635-CSSW-14[v. 9]

Introduced by: Rep. Mitchell
Summary by: Dianna Jessup
Committee Counsel

SUMMARY: *If enacted, the business of body piercing would be regulated by the Department of Environment and Natural Resources, in accordance with rules adopted by the Commission of Health Services, and materials used by persons in body piercing would have to be disposed of in accordance with the law governing disposal of medical waste. The act would become effective October 1, 2001.*

The PCS generally differs from the original bill in that the regulatory scheme for body piercing would be incorporated in the statutes governing the regulation of tattooing (instead of in the occupational licensing statutes).

CURRENT LAW: The business of body piercing currently is unregulated, but the General Assembly enacted legislation in 1993 authorizing the Department of Environment and Natural Resources (DENR) to regulate the business of tattooing. Under the current regulatory scheme, a person must obtain a permit from DENR before the person can engage in the business of tattooing. An application for a permit must be submitted to the local health department. Upon submission of the application, the applicant pays a fee established by the local board of health. Once the application for a permit is received, the local health department inspects the premises of the applicant and determines whether the applicant meets the requirements for a tattooing permit. Permits must be renewed annually and may be suspended or revoked if the Department finds that tattooing is being performed in violation of the statutes

The Commission for Health Services has established the requirements for a tattooing permit. Those requirements include provisions for posting the permit, maintaining appropriate water and sewer, disposing of materials used in tattooing in accordance with the rules governing disposal of medical waste, maintaining records for 2 years, prohibiting tattooing of persons with visible jaundice or on skin surfaces that have a rash, pimples, boils, infections, or manifests any evidence of being reddened or inflamed, maintaining a tattooing room that is separate from other areas of the establishment, maintaining sterilization procedures, and keeping the premises clean and free of vermin.

It is unlawful to tattoo a person under age 18. In 1998, the General Assembly enacted legislation making it unlawful to pierce any part of the body of a person under age 18 without the consent of a custodial parent or guardian. Violation of either of these provisions is a Class 2 misdemeanor, punishable by up to 60 days' community, intermediate, or active punishment.

BILL ANALYSIS: If enacted, the bill would duplicate the current statutory regulatory scheme for tattooing and make it applicable to body piercing. Section 3 of the bill defines the term "body piercing" to mean the creation of an opening in the body of a human being so as to create a permanent hole for the purpose of inserting jewelry or other decoration, and would include piercing an ear, lip, tongue, nose, naval or eyebrow, but not an ear lobe. A person who wants to engage in the business of body piercing would have to go through the permitting process described above for tattooing. The Commission for Health Services would establish the requirements for a body piercing permit, and presumably those requirements would be similar to the requirements for a tattooing permit. Section 3 also codifies the current rule as it relates to waste disposal for materials used for tattooing and makes it applicable to both

HOUSE BILL 635

Page 2

tattooing and body piercing. Materials used by persons engaged in tattooing and body piercing would have to be disposed of in the same manner as medical waste. Sections 1 and 2 make conforming changes to the statutes governing the authority of the Commission for Health Services and the local health boards.

BACKGROUND: According to NCSL's Adolescent Health Issues State Actions 1999 report, 30 states have laws prohibiting adolescents from getting tattoos, 19 states have laws against body piercing and 18 states have laws prohibiting both. Since that report, Alabama, Colorado, Mississippi, Virginia, and Arkansas have enacted some form of body piercing legislation. Therefore, currently 24 states have laws regulating body piercing.

Amy Currie, Research Division, contributed to this summary.

H635-SMSW-001

LEGISLATION DAY

April 4, 2001

Dear Representatives Mitchell, Capps, and Setzer,

We are visiting you because we are very concerned about the passage of House Bill #635 *Regulate Body Piercing*. It is critical that the Representatives support the bill. Our overall goal is safety of the consumer by:

- 1) Preventing transmission of contagious diseases such as HIV, hepatitis, tuberculosis, and syphilis through cross-contamination of instruments and supplies.
- 2) Decreasing risk of adverse side effects such as scar tissue, cyst or abscess formation, as well as allergic reactions. Example: A nipple piercing may interfere with the breast duct system and subsequently inhibit a woman's ability to breastfeed.
- 3) Protecting minors and parental control by informed consent verification and explanation of risks involved in body piercing.
- 4) Body piercing is vastly becoming a part of our culture, whether one agrees with the practice or not, many will concur that it should be regulated for safety of not only the consumer but also health of the general public. If we break this one link in the chain of infection we may prevent numerous contagious diseases.

As senior nursing students, we are concerned about the health of the people of this state. We believe passage of this bill will help raise the level of wellness of our citizens. If you have questions, we will be glad to answer them for you. Please contact Marie Wheatley at (910) 640-2829 for further information.

We thank you for the opportunity to share our viewpoints with you on this issue.

Sincerely yours,

Marie Wheatley

Mike Powell


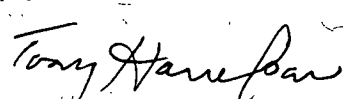
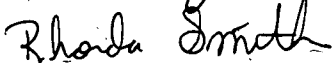
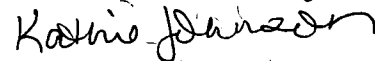
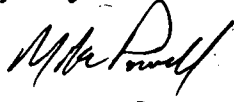
Kathie Johnson

Alison Jones

Rhonda Smith

Tony Harrelson

Lorell Haraldson



VISITOR REGISTRATION SHEET

HEALTH

Name of Committee

4-11-01

Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK

<u>NAME</u>	<u>FIRM OR AGENCY AND ADDRESS</u>
Tom Mickey	NC VETERINARY MEDICAL BOARD
GEORGE HEARN	ATTY - RALEIGH NC
Dennis Hollen	DHHS
MARION JOYNER	Comm. Colleges
NANCY ROBINSON	COMM COLLEGE
PAUL PORTERFIELD	Comm COLLEGE
Eugene C. Hines Jr	Cumberland Co. Health Depart
Kelly R. Sheets ES	Iredell County Health Dept, Statesville
Raymond R Rebe	" "
Brian Francis	Meck County
LIZ KANDL MD	Doctor, OF THE DAY
STEVE KEENE	NORTH CAROLINA MEDICAL SOCIETY
Henry Jones	Attorney - Raleigh
Linda Sewell	DEH, DENR
J. G. MacLennan	DHHS
Pamela Grubbs	DEH/DENR
Jim Hayes	DEH/DENR
Laura Dunn	DNR
Tom Tail	Freedom
Gary Robertson	AP
Jennifer Sullivan	NC - Natl Assoc of SW's
DWIGHT EISENHOWER	MILITARY - INDUSTRIAL COMPLEX
R. Lobb	DENR
L. Robinson	Fiscal Research

AGENDA

HOUSE COMMITTEE ON PUBLIC HEALTH

**April 18, 2001
Room 421 LOB
11:00 AM**

OPENING REMARKS

Representative Edwards, Chairman

BILLS TO BE CONSIDERED

**HB 1061 – Exempt Water Resale From Drinking Water Act
Rep. Gibson**

**HB 1158 – Ban Certain Waste From Landfills
Rep. Hackney**

**~~HB 463 – Clean Syringe – Safe Syringe Exchange Program~~
~~Rep. Wright~~ *Deleted***

**HB 1019 – Amend Septage Management Program
Representatives Mitchell, Hunter, and Owens**

ADJOURNMENT

MINUTES PUBLIC HEALTH COMMITTEE

April 18, 2001

The House Committee on Public Health met on Wednesday, April 18, 2001, in Room 421 of the Legislative Office Building at 11:00 AM. The following members were present: Chairman Zeno L. Edwards, Jr.; Representatives Mary McAllister, Vice Chair; Lorene T. Coates; Ruth M. Easterling; William S. Hiatt; Jean R. Preston; Alice Graham Underhill. Representative Mark Crawford, who replaced Representative Lanier Cansler, was also in attendance. Staff Counselors Linda Attarian and Dianna Jessup were in attendance.

The Chairman called the meeting to order to consider the following bills:

Representative Pryor Gibson, bill sponsor, explained HB 1061, A BILL TO BE ENTITLED AN ACT TO EXEMPT CERTAIN PUBLIC WATER SYSTEMS THAT RESELL WATER FROM THE NORTH CAROLINA DRINKING WATER ACT. Upon a motion by Representative Jean Preston, the Committee voted to give HB 1061 a favorable report.

The next order of business was HB 1019, A BILL TO BE ENTITLED AN ACT TO AMEND THE SEPTAGE MANAGEMENT PROGRAM AND TO AUTHORIZE CERTAIN PERMIT FEES UNDER THAT PROGRAM. Representative Frank Mitchell, one of the bill sponsors, explained the bill and the attached handouts were distributed to the Committee. Representative Mary McAllister moved that the proposed committee substitute be approved for discussion. Upon a motion by Representative Mary McAllister, the Committee voted to give the committee substitute a favorable report, unfavorable as to original bill and recommendation that the committee substitute bill be re-referred to the Finance Committee.

The Chairman announced that Representative Wright, bill sponsor of HB 463 – CLEAN SYRINGE – SAFE SYRINGE EXCHANGE PROGRAM, had requested that the bill not be discussed today. Victoria Peterson, of Durham, was in attendance to oppose the bill and requested that she be given the opportunity to express her concern. Ms. Peterson was given that opportunity. She voiced her objection to furnishing needles to drug addicts and questioned the state legalizing the procedure.

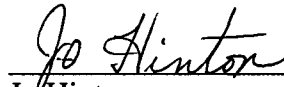
The Chair recognized Representative Joe Hackney, bill sponsor, to explain HB 1158, A BILL TO BE ENTITLED AN ACT TO PROHIBIT THE DISPOSAL OF CORRUGATED CARDBOARD, CLEAN WOOD WASTE, AND WOODEN PALLETS IN LANDFILLS. Representative Hackney read an amendment to the bill, which is attached. After considerable discussion, Representative Mary McAllister moved

that the Committee adopt the amendments, which Representative Hackney explained. Upon a motion by Representative Jennifer Weiss, the Committee approved the attached amendments. A handout was distributed listing the Localities with Disposal Regulations in 32 Counties. Much discussion ensued over the concern that the other 68 counties were not mentioned and if their counties could comply. Upon a motion by Representative Lorene Coates, the Committee voted that a committee substitute be prepared incorporating the adopted amendments. The Committee voted to give the committee substitute bill a favorable report as amended and unfavorable as to the original bill

There being no further business, the meeting was adjourned at 12:00 PM.

Respectfully submitted,


Representative Zeno L. Edwards, Jr.
Chairman


Jo Hinton
Committee Assistant

2001 COMMITTEE REPORT HOUSE OF REPRESENTATIVES

The following report from standing committee is presented:

By Representative **Edwards** (Chair/) for the Committee on **PUBLIC HEALTH**.

☐ Committee Substitute for

H.B. 1061 A BILL TO BE ENTITLED AN ACT TO EXEMPT CERTAIN PUBLIC WATER SYSTEMS THAT RESELL WATER FROM THE NORTH CAROLINA DRINKING WATER ACT.

☒ 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)

2/15/01

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001

H

1

HOUSE BILL 1061

Short Title: Exempt Water Resale From Drinking Water Act.

(Public)

Sponsors: Representative Gibson.

Referred to: Public Health.

April 10, 2001

A BILL TO BE ENTITLED
AN ACT TO EXEMPT CERTAIN PUBLIC WATER SYSTEMS THAT RESELL
WATER FROM THE NORTH CAROLINA DRINKING WATER ACT.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 130A-314 reads as rewritten:

"§ 130A-314. Scope of the Article.

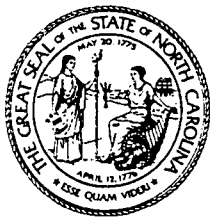
(a) The provisions of this Article shall apply to each public water system in the State unless the public water system meets all of the following conditions:

- (1) Consists only of distribution and storage facilities and does not have any collection and treatment facilities;
- (2) Obtains all of its water from, but is not owned or operated by, a public water system to which the drinking water rules apply; that is subject to this Article and rules adopted pursuant to this Article;
- (3) Does not sell water to any ~~person;~~ and person other than as authorized by the Utilities Commission pursuant to G.S. 62-110(g); and
- (4) Is not a carrier ~~which~~ that conveys passengers in interstate commerce.

(b) A provision of any charter granted to a public water system in conflict with the provisions of this Article is repealed."

SECTION 2. G.S. 130A-315(d) is repealed.

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



HOUSE BILL 1061: Exempt Water Resale From Drinking Water Act.

BILL ANALYSIS

Committee: House Public Health
Date: April 18, 2001
Version: Introduced

Introduced by: Rep. Gibson
Summary by: Linda Attarian
Committee Counsel

SUMMARY: *House Bill 1061 would exempt public water systems that purchase water from a public water system and are authorized by the Utilities Commission to install sub-meters and resell water to persons who occupy the same contiguous premises from regulation under the North Carolina Drinking Water Act. The act is effective when it becomes law.*

CURRENT LAW: Article 10 of Chapter 130A of the General Statutes governs water systems with the State which supply drinking water that may affect public health. G.S. 130A-315 authorizes the Environmental Review Commission to adopt rules and directs the Secretary of Environmental and Natural Resources to enforce drinking water rules to regulate public water systems. G.S. 62-110(g) authorizes the Utilities Commission to allow the resell of water and sewer service provided to persons who occupy the same contiguous premises at a rate or charge which does not exceed the actual purchase price of such service to the provider plus a reasonable administrative fee.

Use of Sub-meters in Consecutive Water Systems:

G.S. 130A-315(d) provides that entities that purchase water from a public water system and are authorized by the Utilities Commission to install sub-meters and resell water to persons who occupy the same contiguous premises (i.e., apartment complexes) shall be regulated as a consecutive water system, and not as a public water system. The monitoring, analysis, and record keeping requirements that are applicable to consecutive water systems pursuant to Article 10 are satisfied when the original supplying water system performs these requirements. The level of monitoring, analysis, and record keeping required of the supplying system is the same as that which would be required by the supplying system if the person receiving the water had not be authorized to resell water. The provision should not be construed to impose upon a supplying water supply any additional requirements other than those that would apply if a consecutive water system had not been authorized.

BILL ANALYSIS: Sections 1 and 2 repeal subsection (d) of G.S. 130A-315 and amends G.S. 130A-314, which exempts certain public water supplies from the requirements of Article 10 to include public water systems that are authorized by the Utilities Commission to resell water. The result of Section 1 is to exempt public water systems that purchase water from a public water system and are authorized by the Utilities Commission to install sub-meters and resell water to persons who occupy the same contiguous premises from regulation.

Section 3 makes the act effective when it becomes law.

BACKGROUND:

As provided in Section 1.2 of S.L. 2000-172, the intent of the General Assembly in enacting G.S. 130A-315(d) was to promote water conservation while protecting public health, safety, welfare, and the environment and to avoid unduly burdensome requirements on consecutive water systems.

**2001 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES**

The following report from standing committee is presented:

By Representative **Edwards** (Chair) for the Committee on **PUBLIC HEALTH**.

☐ Committee Substitute for

H.B. 1158 A BILL TO BE ENTITLED AN ACT TO PROHIBIT THE DISPOSAL OF CORRUGATED CARDBOARD, CLEAN WOOD WASTE, AND WOODEN PALLETS IN LANDFILLS.

☐ 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)

2/15/01

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2001

H

1

HOUSE BILL 1158*

Short Title: Ban Certain Waste From Landfills.

(Public)

Sponsors: Representatives Hackney; Luebke and Weiss.

Referred to: Public Health.

April 12, 2001

1 A BILL TO BE ENTITLED
2 AN ACT TO PROHIBIT THE DISPOSAL OF CORRUGATED CARDBOARD,
3 CLEAN WOOD WASTE, AND WOODEN PALLETS IN LANDFILLS.

4 The General Assembly of North Carolina enacts:

5 SECTION 1. G.S. 130A-290 is amended by adding three new subdivisions
6 to read:

7 "§ 130A-290. Definitions.

8 (a) Unless a different meaning is required by the context, the following
9 definitions shall apply throughout this Article:

10 ...

11 (1d) 'Clean wood waste' means lumber, wood waste, or wood scraps from a
12 manufacturing process or the construction, remodeling, or repair of a
13 residential or commercial structure or building that is free from
14 adhesive, glue, paint, stain, fire retardant, pesticide, sealant, and is not
15 treated with a chemical preservative.

16 ...

17 (4.1) 'Corrugated cardboard' means a kraft paper product consisting of two
18 or more outer layers of linerboard surrounding an inner core that is
19 corrugated or shaped in rigid parallel furrows and ridges. -

20 ...

21 (44a) 'Wooden pallet' means a wooden object consisting of a flat or
22 horizontal deck or platform supported by structural components that is
23 used as a base for assembling, stacking, handling, and transporting
24 goods."

25 SECTION 2. G.S. 130A-309.10(f) reads as rewritten:

26 "(f) No person shall knowingly dispose of the following solid wastes in landfills:

27 (1) Repealed by Session Laws 1991, c. 375, s. 1.

28 (2) Used oil.

(3) Yard trash, except in landfills approved for the disposal of yard trash under rules adopted by the Commission. Yard trash that is source separated from solid waste may be accepted at a solid waste disposal area where the area provides and maintains separate yard trash composting facilities.

(4) White goods.

(5) Antifreeze (ethylene glycol).

(6) Aluminum cans.

(7) Whole scrap tires, as provided in G.S. 130A-309.58(b). The prohibition against landfilling whole tires applies to all whole pneumatic rubber coverings, but does not apply to whole solid rubber coverings.

(8) Lead-acid batteries, as provided in G.S. 130A-309.70.

(9) Corrugated cardboard.

(10) Wooden pallets.

(11) Clean wood waste."

SECTION 3. This act is effective October 1, 2001.

PLEASE PRESS HARD - 5 COPIES

NORTH CAROLINA GENERAL ASSEMBLY AMENDMENT

(Please type or use ballpoint pen)

EDITION No. FIRSTH. B. No. 1158

S. B. No. _____

COMMITTEE SUBSTITUTE _____

DATE April 18, 2001Amendment No. 1(to be filled in by
Principal Clerk)

Rep.) _____

) _____

~~Sen.)~~ _____1 moves to amend the bill on page 1, line 19

2 () WHICH CHANGES THE TITLE

3 by rewriting that line to read:

4
5 "corrugated or shaped in rigid parallel furrows and
6 ridges, but excluding boxboard, foreign corrugated
7 cardboard, and containers that are contaminated with
8 blood, grease, oil, chemicals, metals, wood, food residue,
9 wax, or any other material that will render the
10 corrugated cardboard not marketable, or that have
11 polyethylene, polystyrene, foil, or other non-paper liners."

12
13 and on page 2, line 17, by rewriting that line
14 to read:

15
16 "Section 3. This act is effective October 1, 2004."

17 _____

18 _____

19 _____

SIGNED _____

ADOPTED _____ FAILED _____ TABLED _____

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001

H

2

HOUSE BILL 1158*
Committee Substitute Favorable 4/19/01

Short Title: Ban Certain Waste From Landfills.

(Public)

Sponsors:

Referred to:

April 12, 2001

1 A BILL TO BE ENTITLED
2 AN ACT TO PROHIBIT THE DISPOSAL OF CORRUGATED CARDBOARD,
3 CLEAN WOOD WASTE, AND WOODEN PALLETS IN LANDFILLS.

4 The General Assembly of North Carolina enacts:

5 SECTION 1. G.S. 130A-290 is amended by adding three new subdivisions
6 to read:

7 "§ 130A-290. Definitions.

8 (a) Unless a different meaning is required by the context, the following
9 definitions shall apply throughout this Article:

10 ...
11 (1d) 'Clean wood waste' means lumber, wood waste, or wood scraps from a
12 manufacturing process or the construction, remodeling, or repair of a
13 residential or commercial structure or building that is free from
14 adhesive, glue, paint, stain, fire retardant, pesticide, sealant, and is not
15 treated with a chemical preservative.

16 ...
17 (4.1) 'Corrugated cardboard' means a kraft paper product consisting of two
18 or more outer layers of linerboard surrounding an inner core that is
19 corrugated or shaped in rigid parallel furrows and ridges, but excluding
20 boxboard, foreign corrugated cardboard, and containers that are
21 contaminated with blood, grease, oil, chemicals, metals, wood, food
22 residue, wax, or any other material that will render the corrugated
23 cardboard not marketable, or that have polyethylene, polystyrene, foil,
24 or other nonpaper liners.

25 ...
26 (44a) 'Wooden pallet' means a wooden object consisting of a flat or
27 horizontal deck or platform supported by structural components that is
28 used as a base for assembling, stacking, handling, and transporting
29 goods."

1 **SECTION 2.** G.S. 130A-309.10(f) reads as rewritten:

2 "(f) No person shall knowingly dispose of the following solid wastes in landfills:

3 (1) Repealed by Session Laws 1991, c. 375, s. 1.

4 (2) Used oil.

5 (3) Yard trash, except in landfills approved for the disposal of yard trash
6 under rules adopted by the Commission. Yard trash that is source
7 separated from solid waste may be accepted at a solid waste disposal
8 area where the area provides and maintains separate yard trash
9 composting facilities.

10 (4) White goods.

11 (5) Antifreeze (ethylene glycol).

12 (6) Aluminum cans.

13 (7) Whole scrap tires, as provided in G.S. 130A-309.58(b). The
14 prohibition against landfilling whole tires applies to all whole
15 pneumatic rubber coverings, but does not apply to whole solid rubber
16 coverings.

17 (8) Lead-acid batteries, as provided in G.S. 130A-309.70.

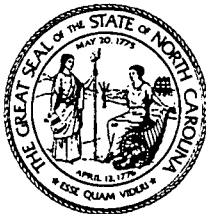
18 (9) Corrugated cardboard.

19 (10) Wooden pallets.

20 (11) Clean wood waste.

21 A county may petition the Department for a waiver from the prohibition of disposal
22 of the materials described in subdivisions (9), (10), and (11) of this subsection, based
23 upon a showing that the imposition of such prohibition would constitute an economic
24 hardship based on the absence of markets for such materials."

25 **SECTION 3.** This act is effective October 1, 2004.



Minutes

HOUSE BILL 1158: Ban Certain Waste From Landfills

BILL ANALYSIS

Committee: House Public Health
Date: April 18, 2001
Version: First Edition

Introduced by: Rep. Hackney
Summary by: Dianna Jessup
Committee Counsel

SUMMARY: *House Bill 1158 would prohibit the disposal of corrugated cardboard, wooden pallets, and lumber, wood waste, or wood scraps from a manufacturing process or the construction, remodeling, or repair of a residential or commercial structure (clean wood waste) in landfills. The act would become effective October 1, 2001.*

CURRENT LAW: Current law prohibits disposal of certain solid wastes in landfills. Prohibited solid wastes include used oil, yard trash, white goods, antifreeze, aluminum cans, and whole scrap tires. A "landfill" is defined as a disposal facility or part of a disposal facility where waste is placed in or on land and which is not a land treatment facility, a surface impoundment, an injection well, a hazardous waste long-term storage facility or a surface storage facility.

A person who violates this provision, or any provision in Chapter 130A, is guilty of a Class 1 misdemeanor, punishable by up to 120 days' community/intermediate/active punishment. Further, an administrative penalty of not more than \$5,000/day may be imposed by the Department of Environment and Natural Resources.

BILL ANALYSIS: The bill would add clean wood waste, corrugated cardboard, and wooden pallets to the list of solid wastes that cannot be disposed of in landfills. Section 1 adds the definitions of the three new solid wastes to the solid waste management definitions statute. Section 2 adds the three solid wastes to the section of the statute that prohibits disposal of those items in a landfill. Persons who dispose of any of these three new solid wastes would be subject to the punishment and penalties currently in effect.

Note: Under G.S. 130A-25, violation of any provision of Chapter 130 or the rules adopted by the Commission or a local board of health shall be guilty of a misdemeanor. Under G.S. 14-3, persons convicted of any misdemeanor for which no specific classification and no specific punishment is prescribed by statute shall be punishable as a Class 1 misdemeanor.

H1158-SMSW-001

As of August 1999,

Localities with Disposal Regulations:

32 Counties

Alamance County
Ashe County
* Blowing Rock
Buncombe County
Burke County
Caldwell County
Catawaba County
Chatham County
Columbus County
Davidson County
Duplin County
Durham County
* Durham (City)
Franklin County
* Goldsboro
Granville County
Haywood County
Henderson County
* Hickory
Iredell County
Johnston County
* Laurinburg
Lenior County
Macon County
* Marion
Nash County
Orange County
Pasquotank County (including Camden County)
Pitt County
* Raleigh
Randolph County
Rowan County
Scotland County
Wake County
Wayne County
Wilkes County
* Williamston
Mitchell County
Yancy County

* Many other smaller municipalities have adopted similar ordinances.

2001 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report from standing committee is presented:

By Representative **Edwards** (Chair) for the Committee on **PUBLIC HEALTH**.

☐ Committee Substitute for
H.B. 1019 A BILL TO BE ENTITLED AN ACT TO AMEND THE SEPTAGE
MANAGEMENT PROGRAM AND TO AUTHORIZE CERTAIN PERMIT FEES UNDER
THAT PROGRAM.

- ☐ 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 ~~Finance~~.
- ☐ 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)

unfavorable

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001

H

1

HOUSE BILL 1019

Short Title: Amend Septage Management Program.

(Public)

Sponsors: Representatives Mitchell, Hunter, and Owens (Primary Sponsors).

Referred to: Public Health, if favorable, Finance.

April 9, 2001

1 A BILL TO BE ENTITLED
2 AN ACT TO AMEND THE SEPTAGE MANAGEMENT PROGRAM AND TO
3 AUTHORIZE CERTAIN PERMIT FEES UNDER THAT PROGRAM.

4 The General Assembly of North Carolina enacts:

5 SECTION 1. G.S. 130A-291.1 reads as rewritten:

6 "**§ 130A-291.1. Septage management ~~program~~.program; permit fees.**

7 (a) The Department shall establish and administer a septage management
8 program in accordance with the provision of this section.

9 (b) For the protection of the public health, the Commission shall adopt rules
10 governing the management of septage. The rules shall include, but not be limited to,
11 criteria for the sanitary management of septage, including standards for the
12 transportation, storage, ~~treatment~~ treatment, and ~~disposal~~, disposal of septage; operator
13 registration and training; the issuance, ~~suspension~~ suspension, and revocation of
14 permits; and procedures for the payment of annual fees.

15 (c) No septage management firm shall commence or continue operation that does
16 not have a permit issued by the Department. The permit shall be issued only when the
17 septage management firm satisfies all of the requirements of the rules adopted by the
18 Commission. Any septage management firm that commences operation prior to
19 obtaining a permit shall cease to operate, obtain a permit under this section, and pay an
20 initial annual fee, in lieu of the amount of the annual fee under subsection (e) of this
21 section, equal to twice the amount of the annual fee under subsection (e) of this section.

22 (d) Septage shall be treated and disposed only at a wastewater system that has
23 been approved by the Department under rules adopted by the Commission or by the
24 Environmental Management Commission or at a site that is permitted by the
25 Department under this section. A permit shall be issued only if the site satisfies all of
26 the requirements of the rules adopted by the Commission.

27 (e) A septage management firm that operates one pumper truck shall pay an
28 annual fee of ~~three hundred dollars (\$300.00)~~ five hundred fifty dollars (\$550.00) to the

1 Department. A septage management firm that operates two or more pumper trucks shall
2 pay an annual fee of ~~four hundred dollars (\$400.00)~~ eight hundred dollars (\$800.00) to
3 the Department.

4 (e1) Individuals who operate a septage management facility but do not operate a
5 septage management firm shall pay an annual fee of two hundred dollars (\$200.00).

6 (e2) The fee is A properly completed permit application and the annual fee under
7 this section are due by January 1 of each year. Annual fee notices shall be mailed prior
8 to November 1 of each calendar year. A late fee in the amount equal to fifty percent
9 (50%) of the annual permit fee under this section shall be submitted when a properly
10 completed application and annual permit fee are not submitted by January 1 following
11 the November 1 notice.

12 (e3) Fees collected under this subsection-section shall be applied only to the costs
13 of the septage management program. Fees remaining at the end of the fiscal year shall
14 not revert to the General Fund.

15 (e4) Permits of new septage management firm operators and permits of septage
16 management firm operators that have not operated a septage management firm in the 24
17 months preceding the submittal of an application shall be considered probationary for
18 12 months. The Department shall revoke any probationary permit of a firm or an
19 individual that violates any provision under this section, G.S. 130A-291.2, G.S. 130A-
20 291.3, or any rule adopted under these sections. Any holder of a probationary permit
21 under this subsection that begins operation prior to completing all of the requirements of
22 this section, G.S. 130A-291.2, G.S. 130A-291.3, or the rules adopted under these
23 sections shall be prohibited from operating for 12 months.

24 (e5) Department staff involved in permitting septage management firms and
25 facilities shall be responsible for and directly involved in providing technical and
26 regulatory assistance to site operators and permit applicants. This assistance shall
27 include, but not be limited to, taking soil samples on permitted septage land application
28 sites and providing required training under this section to permit holders.

29 (f) All wastewater systems designed to discharge effluent to the surface waters
30 may accept, treat, and dispose septage from permitted septage management firms,
31 unless acceptance of the septage would constitute a violation of the permit conditions of
32 the wastewater system. The wastewater system may charge a reasonable fee for
33 acceptance, treatment, and disposal of septage-septage based on a specified formula of
34 septage strength and quantity consistent with other charges.

35 (g) Growing and harvesting, in accordance with an approved nutrient
36 management plan on permitted septage land application sites, a crop that is used or is
37 sold is considered agriculture.

38 (h) Septage land application sites shall be inspected at least twice a year. Septage
39 land application site records shall be inspected at least annually. Pump trucks used for
40 septage management shall be inspected at least once every two years.

41 (i) The Department shall approve innovative or alternative septage treatment or
42 storage methods that are demonstrated to protect the public health and the
43 environment."

1 **SECTION 2.** Part 2 of Article 9 of Chapter 130A of the General Statutes is
2 amended by adding two new sections to read:

3 **"§ 130A-291.2. Temporary domestic wastewater holding tanks.**

4 When a permanent domestic wastewater collection and treatment system is not
5 available at a construction site or a temporary special event, a temporary wastewater
6 holding tank of adequate capacity to prevent overflow may be used under a mobile or
7 modular office to accommodate domestic wastewater from a commode and sink. The
8 temporary domestic wastewater holding tank shall be installed above the ground by a
9 plumber licensed by the State of North Carolina. The wastewater shall be removed often
10 enough to prevent the temporary domestic wastewater holding tank from overflowing.
11 The wastewater shall be removed from the temporary domestic wastewater holding tank
12 by a septage management firm holding a current permit under this section to operate a
13 septage management firm.

14 **"§ 130A-291.3. Septage operator training required.**

15 (a) Each septage management firm operator shall attend a training course of no
16 less than three hours of instruction per year. New septage management firm operators
17 and those that have not operated a septage management firm in the 24 months preceding
18 the submittal of an application shall complete the training before commencing
19 operation.

20 (b) Each septage land application site operator shall attend a training course of no
21 less than three hours of instruction per year. New septage land application site operators
22 and those that have not operated a septage land application site in the 24 months
23 preceding the submittal of an application shall complete the training before
24 commencing operation.

25 (c) Upon the completion of the permit requirements under G.S. 130A-291.1 and
26 the training requirements under this section, the Department shall issue the septage
27 management firm a certificate to operate as a registered portable sanitation firm or a
28 registered septage management firm.

29 (d) Educational committees shall be established to develop a training curriculum
30 or to approve existing training curricula to satisfy the training requirements under this
31 section. One training committee shall be established to develop a training program for
32 portable sanitation waste, and one training committee shall be established to develop a
33 training program for septic tank waste and grease septage. Each committee shall consist
34 of four industry members, one public health member, two members of the Department,
35 and one representative of the Cooperative Extension Service."

36 **SECTION 3.** The Commission for Health Services shall adopt temporary
37 rules to implement this act and shall begin the temporary rule-making process within 30
38 days of the effective date of this act.

39 **SECTION 4.** This act is effective when it becomes law.

*Favorable
Referred to
Finance*

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001

H

D

HOUSE BILL 1019
PROPOSED COMMITTEE SUBSTITUTE H1019-CSLD-8 [v.3]

4/17/2001 7:42:57 PM

Short Title: Amend Septage Management Program.

(Public)

Sponsors:

Referred to:

April 9, 2001

1 A BILL TO BE ENTITLED
2 AN ACT TO AMEND THE SEPTAGE MANAGEMENT PROGRAM AND TO
3 AUTHORIZE CERTAIN PERMIT FEES UNDER THAT PROGRAM.

4 The General Assembly of North Carolina enacts:

5 SECTION 1. G.S. 130A-291.1 reads as rewritten:

6 "**§ 130A-291.1. Septage management ~~program~~. program; permit fees.**

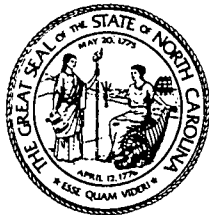
7 (a) The Department shall establish and administer a septage management
8 program in accordance with the provision of this section.

9 (b) For the protection of the public health, the Commission shall adopt rules
10 governing the management of septage. The rules shall include, but not be limited to,
11 criteria for the sanitary management of septage, including standards for the
12 transportation, storage, ~~treatment~~ ~~treatment~~, and disposal, ~~disposal~~ of septage; operator
13 registration and training; the issuance, ~~suspension~~ ~~suspension~~, and revocation of
14 permits; and procedures for the payment of annual fees.

15 (c) No septage management firm shall commence or continue operation that does
16 not have a permit issued by the Department. The permit shall be issued only when the
17 septage management firm satisfies all of the requirements of the rules adopted by the
18 Commission. Any septage management firm that commences operation prior to
19 obtaining a permit shall cease to operate, obtain a permit under this section, and pay an
20 initial annual fee, in lieu of the amount of the annual fee under subsection (e) of this
21 section, equal to twice the amount of the annual fee under subsection (e) of this section.

22 (d) Septage shall be treated and disposed only at a wastewater system that has
23 been approved by the Department under rules adopted by the Commission or by the
24 Environmental Management Commission or at a site that is permitted by the
25 Department under this section. A permit shall be issued only if the site satisfies all of
26 the requirements of the rules adopted by the Commission.

27 (e) A septage management firm that operates one pumper truck shall pay an
28 annual fee of ~~three hundred dollars (\$300.00)~~ five hundred fifty dollars (\$550.00) to the
29 Department. A septage management firm that operates two or more pumper trucks shall



HOUSE BILL 1019: Amend Septage Management Program

*original favorable
PCS - favorable
re-referred to
Finance*

BILL ANALYSIS

Committee: House Public Health
Date: April 18, 2001
Version: H1019-CSLD-8

Introduced by: Rep. Mitchell
Summary by: Linda Attarian
Committee Counsel

SUMMARY: *House Bill 1019 amends the Solid and Hazardous Waste Management Act to raise fees and place additional permit and training requirements on septage management firm operators and to provide for the use of temporary domestic wastewater holding tanks under certain circumstances. The act is effective when it becomes law.*

CURRENT LAW: Part 2 of Article 9 of Chapter 130A of the General Statutes, governs the statewide management of solid and hazardous waste. G.S. 130A-291.1 governs the management of septage. Septage is solid waste that is a fluid mixture of untreated and partially treated sewage solids, liquids, and sludges from human or domestic origin that is removed from a wastewater system.

BILL ANALYSIS: Section 1 amends G.S. 130A-291.1 as follows:

1. Expands rule-making authority of the Commission for Health Services to adopt rules regarding criteria for the registration and training of septage management firm operators.
2. Currently, no septage management firm may commence operating unless it has obtained a permit from the Department of ENR. The bill adds a provision to this subsection to require firms that commence operation prior to obtaining a permit to cease operating and pay a double initial annual fee.
3. Increases the annual fees that septage management firms must pay the Department to operate.
4. Provides that individuals who operate a septage management facility, but do not operate a septage management firm shall pay an annual fee of two hundred dollars. This is a new fee.
5. Authorizes a late fee of 50% of the annual fee to be imposed.
6. Authorizes the Department to require a probationary permit for new septage management firm operators for a period of 12 months. Also authorizes the Department to prohibit any such operator from operating for a period of 12 months if the operator begins operating without meeting the requirements of the statute or rules.
7. Provides that the Department staff involved in permitting septage management firms will be responsible for and directly involved in providing technical assistance and regulatory assistance to site operators and permit applicants. This includes taking soil samples and providing training.
8. Adds a new provision that states that growing and harvesting crops grown in accordance with an approved management plan on permitted septage land application sites is considered agriculture.
9. Adds a new requirement that septage land application sites be inspected at least 2X a year, and records be inspected annually. Pump trucks must be inspected at least once every 2 years.
10. Adds a new provision to require the Department to approve innovative or alternative septage treatment or storage method that are demonstrated to protect the public health and environment.

HOUSE BILL 1019

Page 2

Section 2 amends Article 9 to add two new sections to the article to regulate temporary domestic wastewater holding tanks, and secondly to provide that septage management firms must complete certain number of hours of training each year.

G.S. 130A-291.2 authorizes the use of a temporary wastewater holding tank at a construction site or a special event site if a permanent domestic wastewater collection and treatment system is not available. The holding tank must be of adequate capacity and emptied regularly. A septage management firm must remove the wastewater.

G.S. 130A-291.3 provides:

- Each septage management firm operator to attend at least four hours of instruction each year.
- Each septage land application site operator to attend at least three hours of training each year.
- The Department shall issue a septage management firm a certificate to operate a portable sanitation firm or a registered septage management firm, or both, only upon completion of the permit requirements pursuant to G.S. 130A-291.1 and the training requirement under this new section.
- Authorizes the formation of "educational committees" to develop or approve training curriculum on the various aspects of septage management. Provides for the composition of the committees.

Section 3 authorizes the Commission for Health Services to adopt temporary rules.

Section 4 makes the act effective when it becomes law.

BACKGROUND: The following is information on septage management from the federal EPA:

Septage consists of liquid and solid materials and is normally characterized by large quantities of grit and grease, a highly offensive odor, great capacity to foam upon agitation, poor settling and dewatering characteristics, and high solids and organic content. It's high waste strength is due to the accumulation of sludge and scum in the septic tank. Typically, a septic tank will retain 60 to 70 percent of the suspended solids and oil and grease introduced from the dwelling served. However, septage characteristics will vary depending on the number of people utilizing the septic tank and their cooking and water use habits; tank size and design; climatic conditions; pumping frequency; and the use of tributary appliances such as garbage grinders, water softeners, and washing machines. (EPA Handbook - Septage Treatment and Disposal, 625684009)

Definitions

Septage is defined in 40 CFR Part 501 as the liquid or solid material pumped from a septic tank, cesspool, or similar domestic sewage treatment system, or a holding tank, when the system is cleaned or maintained.

Domestic septage is defined in 40 CFR Part 503 as either liquid or solid material removed from a septic tank, cesspool, portable toilet, Type III marine sanitation device, or similar treatment works that receives only domestic sewage. Domestic sewage does not include liquid or solid material removed from a septic tank, cesspool or similar treatment works that receives either commercial wastewater or industrial wastewater and does not include grease removed from a grease trap at a restaurant.

Sewage sludge is defined in 40 CFR Part 501 as any solid, semi-solid, or liquid residue removed during the treatment of municipal wastewater or domestic sewage. Sewage sludge includes, but is not limited to, solids removed during primary, secondary or advanced wastewater treatment, scum, septage, portable toilet pumpings, Type III marine sanitation device pumpings, and sewage sludge products. Sewage sludge does not contain grit, screening, or ash generated during the incineration of sewage sludge.

HOUSE BILL 1019

Page 3

Public Health Hazard

When improperly managed, the application of solid waste to agricultural lands can create a potential threat to the human food chain through the entry of toxic elements (such as cadmium, which can accumulate in the kidneys and cause a chronic disease called proteinuria) and pathogens into the diet. Septage and sewage sludge contain various types of pathogenic bacteria, viruses and parasites which can infect both humans and animals. These wastes can provide food and harborage for rodents and flies which are capable of transmitting these disease organisms to humans and animals. Other routes of disease transmission to humans and animals include direct contact with wastes during landspreading operations, contact with soil or plants contaminated with wastes, or ingestion of food and water contaminated with wastes. While bacteria are greatly reduced by sunlight and drying, viruses may persist in soils and on vegetation for several weeks or months. Parasitic ova and cysts are quite resistant to disinfectants and adverse environmental conditions. Many, in fact, require a period of free-living existence in the soil before becoming infectious to man. Therefore, a major reason for requiring the control of pathogens is the potential for human ingestion of soil or plants contaminated with such wastes containing ova of helminths or cysts of protozoans. (44 FR 53455/53456 - Sep 13, 1979, Preamble to 40 CFR 257)

Environmental Hazard

There's a potential for heavy metals and pathogens to contaminate soil, water, air, vegetation, and animal life, and ultimately to be hazardous to humans. Accumulations of metals in the soil may cause phytotoxic effects, the degree of which varies with the tolerance level of the particular crop. Toxic substances such as cadmium that accumulate in plant tissues can subsequently enter the food chain, reaching human beings directly by ingestion or indirectly through animals. If available nitrogen exceeds plant requirements, it can be expected to reach groundwater in the nitrate form. Toxic materials can contaminate groundwater supplies or can be transported by runoff or erosion to surface waters if improper loading occurs. Aerosols which contain pathogenic organisms may be present in the air over a landspreading site, especially where spray irrigation is the means of septage application. Other potential impacts include public acceptance and odor. (Fact Sheet 3, EPA Handbook - Septage Treatment and Disposal, 625684009)

Sources

Principal sources for domestic septage are households, schools, restaurants, and motels in non-urban communities.

Quantity

National - In 1980, the U.S. Census Bureau estimated that the number of housing units with septic tanks in the United States was 21.3 million, generating approximately 5.5 billion gallons of septage annually. This was an increase of 31.9 percent over the 1970 estimate. No current estimates were located.

Local - Based on the above annual national generation volume, a per capita generation rate of 55 gallons per year can be used to estimate local volumes. (EPA Handbook - Septage Treatment and Disposal, 625684009)

EXPLANATION

HOUSE BILL #1019

TITLE: "AMEND SEPTAGE MANAGEMENT PROGRAM"

WHAT THIS BILL DOES:

- I. I will tell you the bad news first.
 - A. This bill raises the fees on septage management firms that pump septic tanks and portable toilets.
 - B. The fees are increased from \$300.00 to \$550.00 per year for one truck. If a pumper has two or more trucks, the annual fee is raised from \$400.00 to \$800.00.
 - C. As bad as this sounds, the fees have not been raised for ten (10) years. This program is a fee supported program. This bill increases the work load for this program, and the increase in fees pays for the additional work load.
 - D. Earlier this year, the industry sent out a survey to all pumpers in the State of North Carolina. The written survey was sent to every one, not just members of any one group. One of the questions in the survey was whether or not the Division of Solid Waste Management deserved a fee increase.
 - E. The industry agrees to a fee of \$550.00 for one truck and \$800.00 for two or more trucks. The industry survey supports these numbers.
- II. The second thing this bill does is that the State is required to mail out the fee notices to all septic tank pumpers and portable toilet pumpers so that they notices are received prior to the first day of November of each year. This gives all pumpers sixty (60) days notice before the fee is actually due.
- III. The third thing this bill does is that the industry establishes a system in which all new septage management operators shall have a twelve (12) month probationary period. This insures the proper environmental handling of septage waste and portable toilet waste because it will allow all new operators to receive proper training.

- IV. The Department staff in charge of permitting septage management firms shall also be responsible for education, regulation, and assistance. Before, these functions have been divided. There has been a lot of confusion because permitting was done in one office and assistance and regulations was done in another office. This will be an improvement for the public and the industry.
- V. This bill clarifies that the growing and harvesting of crops on a permitted septage land application site is an agricultural practice.
- VI. The industry has requested that inspection of all land application sites occur at least twice per year. Also, the industry is asking that septage pump trucks be inspected at least every two years.
- VII. The Department will consider all new technology regarding septic management and the storage of waste that has the potential to protect the public health in North Carolina.
- VIII. The bill provides that construction trailers and other temporary sites will use temporary wastewater holding tanks and that these tanks will be pumped adequately. This is the paragraph where the Division of Environmental Health requested an additional sentence be added to the Bill to require the owner or lessee of the temporary facility to contract for the removal of domestic waste.
- IX. Septage Operator Training: The industry wants at least four (4) hours per year of instruction regarding septage management. Further, the industry wants three (3) hours of training per year for land application of septage. At completion of this training, the Department shall issue a certificate to both (a) septage management firms and (b) portable sanitation firms.
- X. The bill establishes an Education Committee to develop a proper curriculum for this instruction.

Handout
Public Health
4-18-01
HB 1019

SEPTAGE MANAGEMENT IN NORTH CAROLINA

SOIL SCIENCE NOTES

Number 2

Approximately fifty percent of the homes in North Carolina utilize septic tank - soil treatment systems to treat and dispose of domestic wastewater. The septic tank, one of the integral parts of the system, is designed to remove and treat solids. These solids are referred to as septage. When properly managed, the land application of septage is an environmentally sound alternative to the earlier days when septage was land filled or buried in pits.

WHAT IS SEPTAGE? Septage means solid waste that is a fluid mixture of untreated and partially treated sewage solids, liquids, and sludges from human or domestic origin which is removed from a wastewater system. The term septage includes the following:

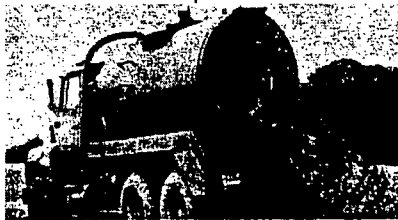
- Domestic septage is either liquid or solid material removed from a septic tank, cesspool portable toilet, type III marine sanitation device or a similar treatment system that receives only human or household wastewater.
- Grease septage is material pumped from grease interceptors, separators, traps, or other appurtenances used for the purpose of removing cooking oils, fats, grease, and food debris from the waste flow generated from food handling, preparation, and cleanup. Restaurants should be encouraged to pump grease traps monthly to improve the efficiency of the grease traps and reduce the concentrations of grease and oils in the material land applied.
- Industrial or commercial septage is material pumped from septic tanks or other devices used in the collection, pretreatment, or treatment of any water-carried waste resulting from any process of industry, manufacture, trade, or business where the design disposal of the waste is subsurface. Domestic septage mixed with any industrial or commercial septage is considered industrial or commercial septage.

Material pumped from commercial facilities such as restaurants, grease traps, gas stations and shopping centers is considered industrial septage. Industrial septage requires special handling, treatment and disposal methods. If the material to be pumped is questionable, it should be sampled for chemical analysis prior to the tank being pumped.

DISPOSAL PRACTICES: Currently there are three acceptable methods of septage disposal.

1. Treatment at a wastewater treatment plant
2. Treatment at an independent septage treatment plant
3. Land Application

Each method has its advantages and disadvantages. Treatment at a wastewater treatment plant allows for the



centralization of waste treatment facilities. However, the facility must have the capability to store and treat the septage. Treatment at an independent septage treatment plant provides a regional solution to septage treatment but it has high capital, operational, maintenance costs. Land application is relatively simple and

economical.

LAND APPLICATION: Septage contains many nutrients essential for plant growth. Land applying the septage in accordance with federal and state regulations poses little risk to public health and the environment. Federal and state rules require that septage meet operational standards for pathogen and vector reduction. Pathogens are agents that can cause disease if not properly treated. Vectors are considered to be any organism that might transport a pathogen off-site. Examples are flies and rodents.

The pathogen reduction requirement on the receiver site in the United States Environmental Protection Agency (USEPA) 503 regulation can be achieved through either defined management practices, requirements for soil incorporation, or through alkaline stabilization of the septage. The management practices are primarily restrictions on harvesting and requirements for restricting public access to the site.

Certain crop restrictions are required by the federal and state regulations:

1. Food crops with harvested parts that touch the soil surface, but are totally above ground, cannot be harvested for 14 months after application. Examples include melons and cucumbers.
2. Root crops cannot be harvested for 20 months after application if the septage is not disked in and remains on the soil surface for 4 months or longer. Examples include carrots and turnips.
3. Root crops cannot be harvested for 38 months after application if the septage remains on the soil surface for less than 4 months.
4. No crop can be harvested for at least 30 days following application of septage.
5. Animals cannot be grazed on a septage receiver site for 30 days following land application.
6. Turf can not be harvested for one year following application of septage if the turf is to be placed on any sites with high potential for public exposure.

In addition, public access must be restricted for at least 30 days. These restrictions include fencing and posting of signs. Any remotely situated site is considered to have a restricted access by virtue of the location.

There are three vector attraction and reduction alternatives listed in the 503 regulation. One of the following of the vector attraction reduction requirements must be employed whenever septage is applied to land.

1. Septage can be injected into the soil surface at the time of application and no significant amount of septage can remain present on the soil surface one hour after application. The regulation does not define a significant amount of septage.
2. Septage must be incorporated into the surface soil within six hours of application.
3. The pH of septage must be elevated to and maintained at a pH of at least 12 for a minimum of 30 minutes without the addition of more alkaline material.

LIME STABILIZATION is the method of choice for treatment of septage to reduce pathogens and vectors prior to land application. The lime or alkaline stabilization process requires septage haulers to add sufficient lime ($\text{Ca}(\text{OH})_2$) to the septage to achieve a pH of 12 for at least 30 minutes without the addition of more alkaline material. Typical agricultural limes, such as calcitic or dolomitic lime, are not suitable for raising the pH to 12.

The amount of hydrated lime needed to raise the pH to 12 will vary according to the water hardness in the area, the amounts of solids in the septage and other factors. Typically 100 pounds of hydrated lime will raise the pH of 1000 gallons of septage to 12 or greater for 30 minutes. The lime can be added at the septic tank, vacuumed or dumped into the pumper tank, or added to a holding tank or lagoon. The most reliable method for determining the amount of lime needed is to actually monitor the pH of the septage as lime is added. Inexpensive pH kits can be obtained for this monitoring.

NUTRIENT MANAGEMENT is required by the North Carolina Septage Management regulation. In short, nutrient management is pollution prevention achieved by developing a nutrient budget for the crop, applying nutrients at the proper time, applying only the amounts of nutrients necessary to produce a crop, and considering the environmental hazards of the site. The goal of nutrient management planning is to develop soil fertility programs consistent with realistic production goals which also minimize entry of nutrients by leaching or edge-of-field delivery into surface water or groundwater. Nutrient management planning includes managing all sources of plant nutrients such as soil reserves, commercial fertilizers, organic wastes, and crop residues. It entails the development of a management strategy that meets the needs of the farm as well as environmental groups and regulatory agencies. The basic process of writing a nutrient management plan for septage management is as follows:

1. Determine crop yield potential for each field, based on the known productivity of the soil, and yield-limiting factors.

2. Collect soil samples and have them analyzed by a laboratory using appropriate methodology and procedures.
3. Identify the total nutrient needs for the expected yield, using realistic yield expectations for nitrogen rates where applicable, and soil test results for other nutrients.
4. Include credit for nitrogen provided by a previous legume crop, or past manure/organic waste applications.
5. Recommend applications for fertilizers, manure or other waste to supply the needed nutrients for optimal crop production.
6. Use agricultural nutrient Best Management Practices to minimize potential nutrient loss from the land and to maximize plant utilization of the applied nutrients (NRCS nutrient management technical guide and Soil Facts, "Best Management Practices for Agricultural Nutrients", AG-439-20). Three best management practices that should be followed with regards to septage management are:
 - a) septage should be land applied no earlier than thirty days before a crop is to be planted;
 - b) crops receiving septage are to be harvested and removed from the field;
 - c) cover crops are to be planted to stabilize the soil and reduce nutrient leaching during periods when a harvestable crop is not in the field.

APPPLICATION RATES: The US-EPA has mandated that land application of septage be based on the nitrogen rate required to produce a realistic yield for the crop grown. The annual application rate yielded will be expressed as gallons per acre per year when using a crop nitrogen uptake expressed as pounds of nitrogen per acre per year. The equation below is used in the regulation to calculate the annual application rate for septage:

$$\text{gallons / acre / year} = \frac{\text{Crop Nitrogen Requirement (lb / ac / yr)}}{0.0026}$$

The coefficient 0.0026 is based on the average plant-available nitrogen content of 2.6 pounds of nitrogen per 1000 gallons of septage.

Below is an example calculation:

$$\text{gallons / acre / year} = \frac{110 \text{ lb / ac / yr}}{0.0026}$$

$$\text{Application rate} = 42,000 \text{ gallons/acre/year}$$

In addition to the requirements of the US-EPA 503 regulations, the North Carolina rules allow no more than 50,000 gallons/acre/year. In order to apply more than 50,000

gallons/acre/year the operator has to provide the Division of Solid Waste Management with evidence of adequate public notice and proof of successful completion of the Land Application of Residuals and Biosolids Course given by the Department of Environment, Health, and Natural Resources.

STORAGE OF SEPTAGE: North Carolina rules require an alternative plan for septage disposal should a site be temporarily unavailable for land application. If a waste treatment plant is unavailable storage detention facilities that have a minimum volume greater or equal to the average volume of septage pumped per week. The inclusion of storage facilities, such as above ground tanks and storage lagoons, greatly increases the flexibility of land application. Storage facilities may be used during the process of transferring septage to specialized application equipment, during periods when the soil is wet or frozen, or during planting or harvesting operations. Because open pits or unlined storage lagoons can be a major source of nuisance odors and groundwater contamination, enclosed holding tanks are recommended, although lined lagoons in isolated areas may be acceptable.

BORDERS, BUFFERS & SETBACKS are required to protect human health and the environment. When permitting a site, the Division of Solid Waste Management considers all the buffers required by state and federal law. These buffers include, but are not limited to, setbacks from:

- residences
- wells
- springs
- streams
- public road right of way
- food crops
- wetlands

The division also considers the feasibility of land applying septage to a small field. Such considerations include the turning radius of the application equipment and odd-shaped fields with tight corners. Septage disposal sites less than five acres in size, individual fields of a site less than two acres in size, and sites with complex soil patterns or unusual shapes will be permitted only if the applicant demonstrates to the Division of Solid Waste Management that the site can be properly managed for crop production and that septage can be evenly distributed over the site.

RECORD KEEPING: There are no formal reporting requirements listed in the US-EPA 503 regulation. The regulation does specify that records must be maintained by individuals who land apply septage. The following information must be recorded and retained by the septage applicator for five years following any application event:

1. Site location.
2. Number of acres involved in the land application program.
3. Date and time of each application event.
4. The nitrogen requirement of the crop grown on the land receiver site.
5. The gallons of septage applied in each application event, certification that the material is domestic septage only, and that pathogen reduction and vector attraction reduction requirements have been met.
6. A description of the pathogen reduction and vector attraction reduction methods.

PERMITS: There are three types of permits required for septage management firms in North Carolina. The first permit is for the firm that operates a septage pumping business, disposes of portable toilet waste or manages septage from properties which they own, lease or manage. Information required for the application of a septage management firm permit includes, but is not limited to, the owner's name, business name, and counties of operation.

The second permit is for the sites that will be utilized for the land application of the septage. Information required for the application of a site permit includes, but is not limited to, the location of the site, types of septage to be land applied, anticipated volume to be applied, aerial photograph of the site and background soil analysis.

The third permit required for the septage management firm is for the storage facility. Information required for the application of a storage facility permit includes, but is not limited to, the location of the facility, types of septage to be stored, description of the facility including size, number and types of structures to be used.

The owner of the septage pumping business is responsible for obtaining all permits to haul and land apply septage. To apply for a permit, contact the Department of Environment, Health and Natural Resources - Division of Solid Waste Management - Composting and Land Application Branch.

CONCLUSION: When properly managed, the land application of septage is a safe and environmentally sound practice that provides nutrients required for plant growth. It is an essential part of the treatment of human wastes and is an excellent alternative to earlier days when septage was land filled or buried in pits.

VISITOR REGISTRATION SHEET

Public Health
Name of Committee

4-18-01
Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Joe McCh	McCles Consult
Michelle Cook	Weyerhaeuser
Eddie Caldwell	HCF, PA.
FRANK PRATER	NC RMT
STEVE MITCHELL	NDC
Drew Nelson	Rep. Hackney's office
Bob Gillan	Public Staff - NCUC
Army Fullbright	Huntton & Williams
Dana Cassler	NCSTA
Joanne Schoon	NC Nurses Association
David Ferrall	Apand. Assoc. of NC
Henri McCles	McCles Consulting Inc
Dexter Matthews	Waste Management / ENR
Scott Mouw	Pollution Prevention / ENR
Jim Coffey	WASTE MGMT, SOLID WASTE DENR
Bill Meyer	DWM - DENR
Laura DeVivo	DENR
Linda Small	DEH DENR
Rachel Rogers	DENR
V. PETERSON	DURHAM
Pete May	NCAAC
Robin Smith	DENR
Kim Hibbard	NCLM
Annis Rasmussen	NCRDNTA
Andy Ell	NCRMA
W. H. H. H.	NCDC & NCDTA
Tomay Novic	United Dominion Realty Trust

AGENDA

HOUSE COMMITTEE ON PUBLIC HEALTH

**May 2, 2001
Room 421 LOB
11:00 AM**

OPENING REMARKS

Representative Edwards, Chairman

BILLS TO BE CONSIDERED

**SB 541 Sanitation Rules/Family Foster Homes Exempt
Senator Virginia Foxx**

**SB 221 Amend Public Health Authorities Act
Senator Fletcher Hartsell**

ADJOURNMENT

MINUTES PUBLIC HEALTH COMMITTEE

May 2, 2001

The House Committee on Public Health met on Wednesday, May 2, 2001, in Room 414 of the Legislative Office Building at 11:00 AM. The following members were present: Chairman Zeno L. Edwards, Jr.; Representatives Mary McAllister, Vice Chair; Mark Crawford; Lorene T. Coates; Ruth M. Easterling; William S. Hiatt; and Jean R. Preston. Staff Counselors Linda Attarian and Dianna Jessup were in attendance.


The Chairman called the meeting to order to consider the following bills:

Senator Virginia Foxx, bill sponsor, explained SB 541, A BILL TO BE ENTITLED AN ACT TO EXEMPT SINGLE-FAMILY DWELLINGS USED AS FAMILY FOSTER HOMES OR THERAPEUTIC HOMES FROM SANITATION REQUIREMENTS. Upon a motion made by Representative McAllister, the Committee voted to give House Committee Substitute bill a favorable report and unfavorable to the Senate Committee Substitute bill.

The Chairman recognized Senator Fletcher Hartsell, sponsor of the bill, to explain SB 221, A BILL TO BE ENTITLED AN ACT TO EXEMPT EMPLOYEES OF A PUBLIC HEALTH AUTHORITY FROM CHAPTER 126 OF THE GENERAL STATUTES AND TO MAKE CONFORMING CHANGES TO CHAPTER 126. Upon a motion made by Representative Crawford, the Committee voted to give SB 221 a favorable report.

There being no further business, the Chairman adjourned the meeting at 11:30 AM.

Respectfully submitted,


Representative Zeno L. Edwards, Jr.
Chairman


Jo Hinton
Committee Assistant

2001 COMMITTEE REPORT HOUSE OF REPRESENTATIVES

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

By Representative Edwards (Chair) for the Committee on **PUBLIC HEALTH**.

- ☐ Committee Substitute for
S.B. 221 A BILL TO BE ENTITLED AN ACT TO EXEMPT EMPLOYEES OF A PUBLIC HEALTH AUTHORITY FROM CHAPTER 126 OF THE GENERAL STATUTES AND TO MAKE CONFORMING CHANGES TO CHAPTER 126
- ☒ 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)

2/15/01

Favorable

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001

S

2

SENATE BILL 221
Second Edition Engrossed 4/3/01

Short Title: Amend Public Health Authorities Act.

(Public)

Sponsors: Senator Hartsell.

Referred to: Judiciary I.

February 22, 2001

A BILL TO BE ENTITLED

AN ACT TO EXEMPT EMPLOYEES OF A PUBLIC HEALTH AUTHORITY FROM
CHAPTER 126 OF THE GENERAL STATUTES AND TO MAKE
CONFORMING CHANGES TO CHAPTER 126.

The General Assembly of North Carolina enacts:

SECTION 1. Part 1B of Article 2 of Chapter 130A of the General Statutes is amended by adding a new section to read:

"§ 130A-45.12. Personnel.

Employees under the supervision of the public health authority director are employees of the public health authority and shall be exempt from Chapter 126 of the General Statutes, unless otherwise provided in this Part."

SECTION 2. G.S. 126-5(a) reads as rewritten:

"§ 126-5. Employees subject to Chapter; exemptions.

(a) The provisions of this Chapter shall apply to:

(1) All State employees not herein exempt, and

(2) To all employees of the following local entities:

a. Area mental health, developmental disabilities, and substance abuse authorities.

b. Local social services departments.

c. ~~Local public health departments.~~ County health departments and district health departments.

d. Local emergency management agencies that receive federal grant-in-aid funds.

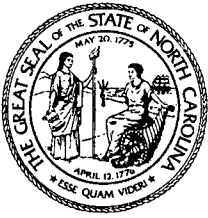
An employee of a consolidated county human services agency created pursuant to G.S. 153A-77(b) is not considered an employee of an entity listed in this subdivision.

1 (3) County employees not included under subdivision (2) of this
2 subsection as the several boards of county commissioners may from
3 time to time determine."

4 **SECTION 3.** G.S. 130A-45.02(a) reads as rewritten

5 "(a) A public health authority may be created ~~whenever a county board of~~
6 ~~commissioners finds and adopts a resolution finding upon joint resolution of the county~~
7 ~~board of commissioners and the local board of health~~ that it is in the interest of the
8 public health and welfare to create a public health authority to provide public health
9 services as required under G.S. 130A-34."

10 **SECTION 4.** This act is effective when it becomes law.



SENATE BILL 221: Amend Public Health Authorities Act

BILL ANALYSIS

Committee: House Public Health
Date: March 29, 2001
Version: Second Edition

Introduced by: Senator Hartsell
Summary by: Linda Attarian
Committee Counsel

SUMMARY: *Senate Bill 221 would amend G.S. 130A-45.02, the provision governing the process in which a Public Health Authority is created by one or more counties to provide public health services. The bill would require that the authority may be created only upon a joint resolution of the county board of commissioners and the local board of health that to do so is in the interest of the public health and welfare of the county. Current law does not require the involvement of the local board of health. The bill also clarifies that the employees, like the director of the public health authority is exempt from Chapter 126 of the General Statutes. The act would be effective when it becomes law.*

CURRENT LAW: The Public Health Authorities Act was enacted in 1997 to provide counties an alternative governance structure for the delivery of public health services. It was the intent of the legislation to provide that employees of a public health authority are not subject to the State's system of personnel administration as set forth in Chapter 126 of the General Statutes (State Personnel Act). While the statute is clear that the public health authority director does not fall within the scope of State Personnel Act – ("The director is an employee of the authority board and serves at the pleasure of the authority board"), the statute does not specifically provide that employees of the public health authority are not subject to the State Personnel Act.

BILL ANALYSIS: Senate Bill 221 would clarify that employees under the supervision of a public health authority director are exempt from the State's system of personnel administration as they are considered employees of that authority.

Senate Bill 221 also makes conforming changes to Chapter 126 by clarifying that the Chapter applies to employees of county health departments and district health departments, rather than all local public health departments.

Section 3 of the bill changes the law to provide that a public health authority may only be created upon a joint resolution of the county board of commissioners and the local board of health.

**2001 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES**

The following report from standing committee is presented:

By Representative **Edwards** (Chair) for the Committee on **PUBLIC HEALTH**.

☒ ~~House~~ Committee Substitute for

S. B. 541 A BILL TO BE ENTITLED AN ACT TO EXEMPT SINGLE-FAMILY DWELLINGS USED AS FAMILY FOSTER HOMES OR THERAPEUTIC HOMES FROM SANITATION REQUIREMENTS.

- ☐ 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)

2/15/01

unfavorable

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001

S

2

SENATE BILL 541
Agriculture/Environmental/Natural Resources Committee Substitute Adopted
4/19/01

Short Title: Sanitation Rules/Family Foster Homes Exempt.

(Public)

Sponsors:

Referred to:

March 19, 2001

A BILL TO BE ENTITLED

AN ACT TO EXEMPT SINGLE-FAMILY DWELLINGS USED AS FAMILY
FOSTER HOMES OR THERAPEUTIC HOMES FROM SANITATION
REQUIREMENTS.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 130A-235 reads as rewritten:

"§ 130A-235. **Regulation of sanitation in institutions; setback requirements
applicable to certain water supply wells; requirements for testing of
springs.**

(a) For protection of the public health, the Commission shall adopt rules to
establish sanitation requirements for all institutions and facilities at which individuals
are provided room or board and for which a license to operate is required to be obtained
or a certificate for payment is obtained from the Department. The rules shall also apply
to facilities that provide room and board to individuals but are exempt from licensure
under G.S. 131D-10.4(1). No other State agency may adopt rules to establish sanitation
requirements for these institutions and facilities. The Department shall issue a license to
operate or a certificate for payment to such an institution or facility only upon
compliance with all applicable sanitation rules of the Commission, and the Department
may suspend or revoke a license or a certificate for payment for violation of these rules.
In adopting rules pursuant to this section, the Commission shall define categories of
standards to which such institutions and facilities shall be subject and shall establish
criteria for the placement of any such institution or facility into one of the categories.
This section shall not apply to State institutions and facilities subject to inspection under
G.S. 130A-5(10). This section shall not apply to a single-family dwelling that is used
for a family foster home, as defined in G.S. 131D-10.2, or a therapeutic home. For
purposes of this section, 'therapeutic home' means a 24-hour residential facility located
in a private residence that provides professionally trained parent-substitutes who work

1 intensively with children and adolescents who are emotionally disturbed or who have a
2 substance abuse problem.

3 (b) Rules that establish a minimum distance from a building foundation for a
4 water supply well shall provide that an institution or facility located in a single-family
5 dwelling served by a water supply well that is located closer to a building foundation
6 than the minimum distance specified in the rules may be licensed or approved if the
7 results of water testing meet or exceed standards established by the Commission and
8 there are no other potential health hazards associated with the well. At the time of
9 application for licensure or approval, water shall be sampled and tested for pesticides,
10 nitrates, and bacteria. Thereafter, water shall be sampled and tested at intervals
11 determined by the Commission but not less than annually. A registered sanitarian or
12 other health official who is qualified by training and experience shall collect the water
13 samples as required by this subsection and may examine the well location to determine
14 if there are other potential health hazards associated with the well. A well shall comply
15 with all other applicable sanitation requirements established by the Commission.

16 (c) The Department may suspend or revoke a license or approval for a violation
17 of this section or rules adopted by the Commission."

18 **SECTION 2.** This act is effective when it becomes law.

Favorable

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001

S

D

SENATE BILL 541
Agriculture/Environmental/Natural Resources Committee Substitute Adopted
4/19/01
PROPOSED COMMITTEE SUBSTITUTE S541-PCS1664-RM-31

Short Title: Sanitation Rules/Family Foster Homes Exempt.

(Public)

Sponsors:

Referred to:

March 19, 2001

1 A BILL TO BE ENTITLED
2 AN ACT TO EXEMPT SINGLE-FAMILY DWELLINGS USED AS FAMILY
3 FOSTER HOMES OR THERAPEUTIC HOMES FROM SANITATION
4 REQUIREMENTS.

5 The General Assembly of North Carolina enacts:

6 SECTION 1. G.S. 130A-235 reads as rewritten:

7 "§ 130A-235. Regulation of sanitation in institutions; setback requirements
8 applicable to certain water supply wells.

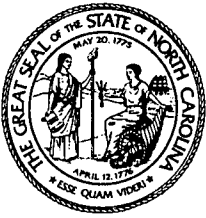
9 (a) For protection of the public health, the Commission shall adopt rules to
10 establish sanitation requirements for all institutions and facilities at which individuals
11 are provided room or board and for which a license to operate is required to be obtained
12 or a certificate for payment is obtained from the Department. The rules shall also apply
13 to facilities that provide room and board to individuals but are exempt from licensure
14 under G.S. 131D-10.4(1). No other State agency may adopt rules to establish sanitation
15 requirements for these institutions and facilities. The Department shall issue a license to
16 operate or a certificate for payment to such an institution or facility only upon
17 compliance with all applicable sanitation rules of the Commission, and the Department
18 may suspend or revoke a license or a certificate for payment for violation of these rules.
19 In adopting rules pursuant to this section, the Commission shall define categories of
20 standards to which such institutions and facilities shall be subject and shall establish
21 criteria for the placement of any such institution or facility into one of the categories.
22 This section shall not apply to State institutions and facilities subject to inspection under
23 G.S. 130A-5(10). This section shall not apply to a single-family dwelling that is used
24 for a family foster home, as defined in G.S. 131D-10.2, or a therapeutic home. For
25 purposes of this section, 'therapeutic home' means a 24-hour residential facility located
26 in a private residence that provides professionally trained parent-substitutes who work

1 intensively with children and adolescents who are emotionally disturbed or who have a
2 substance abuse problem.

3 (b) Rules that establish a minimum distance from a building foundation for a
4 water supply well shall provide that an institution or facility located in a single-family
5 dwelling served by a water supply well that is located closer to a building foundation
6 than the minimum distance specified in the rules may be licensed or approved if the
7 results of water testing meet or exceed standards established by the Commission and
8 there are no other potential health hazards associated with the well. At the time of
9 application for licensure or approval, water shall be sampled and tested for pesticides,
10 nitrates, and bacteria. Thereafter, water shall be sampled and tested at intervals
11 determined by the Commission but not less than annually. A registered sanitarian or
12 other health official who is qualified by training and experience shall collect the water
13 samples as required by this subsection and may examine the well location to determine
14 if there are other potential health hazards associated with the well. A well shall comply
15 with all other applicable sanitation requirements established by the Commission.

16 (c) The Department may suspend or revoke a license or approval for a violation
17 of this section or rules adopted by the Commission."

18 **SECTION 2.** This act is effective when it becomes law.



SENATE BILL 541: Family Foster Homes / Springwater Test.

BILL ANALYSIS

Committee: House Public Health
Date: May 2, 2001
Version: 2nd Edition

Introduced by: Senator Foxx
Summary by: Linda Attarian
Committee Counsel

SUMMARY: *Senate Bill 541 would exempt licensed foster homes or therapeutic homes located in single-family dwellings from sanitation requirements and standards established by the Commission Health Services applicable to non-State institutions and facilities that provide room and board and receive payment from the Department of Health and Human Services. The first edition of Senate Bill 541 proposed to modify the applicability of the Commission's rules pertaining to the approval of springs that provide drinking water to foster homes or therapeutic homes located in single-family dwellings. The act would become effective when it becomes law.*

CURRENT LAW: G.S. 130-235 directs the Commission of Health Services to adopt rules to establish sanitation requirements and standards for all institutions and facilities at which individuals are provided room and board and for which a license to operate is required to be obtained or a certificate for payment is obtained from the Department of Health and Human Services. The rules don't apply to State institutions or facilities.

BILL ANALYSIS: Senate Bill 541 would exempt single-family dwellings that are used as a family foster home or a therapeutic home from the sanitation rules adopted by the Commission pursuant to G.S. 130A-235.

The bill defines therapeutic homes as a 24-hour residential facility located in a private residence that provides professionally trained parent-substitutes who work intensively with children and adolescents who are emotionally disturbed or who have a substance abuse problem.

The act would become effective when it becomes law.

VISITOR REGISTRATION SHEET

Name of Committee

Date _____

VISITORS:.. PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK

NAME _____

FIRM OR AGENCY AND ADDRESS

Health Hall	NC Smith
Carminé Pocco	Assoc. of NC Boards of Health
C. Soy Stewart	public
Paula J. Wolf	Covenant w/ NC's Children
Tig Hayes	DENR Equison Health
Chris Hoke	DATA
Glenn Mills	DATA
Paula Hayes	DENR
Dr. June McNeil	Doctor of Day Burlington NC
WM G. Potter, Jr	NCDC NCPTA
Will Flowers	Franklin County
Pam Pearson	NC PHCA

North Carolina General Assembly
Through House Committee on
Public Health

Date: 09/30/2002
Time: 13:35
Page: 001 of 001
Leg. Day: H-251/S-238

2001-2002 Biennium

Bill	Introducer	Short Title	Latest Action	In Date	Out Date
H0235	Allen	SANITARY DISTRICT ECONOMIC DEVELOPMENT.	*HR Ch. SL 2001-221	02-26-01	04-18-01
H0236	Allen	SANITARY DISTRICT SATELLITE ANNEXATION.	*HR Ch. SL 2001-301	02-26-01	05-08-01
H0286	Edwards	DISEASE REPORTING AND INVESTIGATION.	*HR Ch. SL 2001-28	02-28-01	03-07-01
H0287	Edwards	REPEAL OCCUPATIONAL HEALTH REPORTING REQ.	H Ref To Com On Public Health	02-28-01	
H0387	Cansler	DEVELOPMENTALLY DISABLED GROUP HOMES REGULATION.	*HR Ch. SL 2001-209	03-01-01	04-04-01
\$ H0463	Wright	CLEAN SYRINGE -- SAFE SYRINGE EXCHANGE PROGRAM.	H Ref To Com On Public Health	03-05-01	
H0635	Mitchell	REGULATE BODY PIERCING.	*H Re-ref Com On Finance	03-22-01	04-12-01
H0648=	Earle	MEDICAL EXAMINER STUDY.	*H Re-ref Com On Rules, Calendar, and Operations of the House	03-15-01	04-02-01
H0722=	Cox	EXPAND VET. BD./ INJUNCTIONS FOR CHIROPRACTIC BD.	*HR Ch. SL 2001-281	03-22-01	04-11-01
H0837	Alexander	CIVIL PENALTY AUTHORITY/PUBLIC HEALTH VIOLATIONS	HR Ch. SL 2001-120	03-28-01	04-11-01
H0974=	Allen	LICENSE BY CREDENTIALS/DENTISTRY.	H Ref to the Com on Public Health and, if favorable, to the Com on Finance	04-04-01	
H1019=	Mitchell	SEPTAGE MGT/ON-SITE WASTEWATER/LIABILITY.	*HR Ch. SL 2001-505	04-09-01	04-19-01
H1061=	Gibson	EXEMPT WATER RESALE FROM DRINKING WATER ACT.	*HR Ch. SL 2001-502	04-10-01	04-18-01
H1158=	Hackney	BAN CERTAIN WASTE FROM LANDFILLS.	*H Assigned To Appropriations Subcommittee on Natural and Economic Resources	04-12-01	04-19-01
H1508=		PUBLIC HEALTH BIOTERRORISM PREPAREDNESS.	*H Conf Com Appointed	06-04-02	06-12-02
S0221	Fletcher L. Hart	AMEND PUBLIC HEALTH AUTHORITIES ACT.	*HR Ch. SL 2001-92	04-05-01	05-02-01
S0541	Virginia Foxx	SANITATION RULES/ FAMILY FOSTER HOMES EXEMPT.	*HR Ch. SL 2001-109	04-25-01	05-03-01

'\$' indicates the bill is an appropriation bill.

A bold line indicates the bill is an appropriation bill.

'*' indicates that the text of the original bill was changed by some action.

'=' indicates that the original bill is identical to another bill.

NORTH CAROLINA GENERAL ASSEMBLY

HOUSE PUBLIC HEALTH COMMITTEE

2001 – 2002 SESSION



**Rep. Edwards
(Chair)**



**Rep. McAllister
(Vice-Chair)**



Rep. Coates



Rep. M. Crawford



Rep. Creech



Rep. Easterling



Rep. Hiatt



Rep. Preston



Rep. Underhill



Rep. Weiss

**HOUSE COMMITTEE ON PUBLIC HEALTH
2001-2002 SHORT SESSION**

<u>MEMBER</u>	<u>ASSISTANT</u>	<u>PHONE</u>	<u>OFFICE</u>	<u>SEAT</u>
EDWARDS, Zeno, Chair	Jo Hinton	733-5906	637 LOB	3
MCALLISTER, Mary Vice-Chair	Marilyn Suitt	733-5959	638 LOB	28
*CRAWFORD, Mark F.	Denise Roberts	733-5605	1209 LB	89
COATES, Lorene	Melissa Lennon	733-5784	633 LOB	92
CREECH, Billy	Rhonda Todd	715-4466	602 LOB	88
EASTERLING, Ruth	Marie Horne	733-5900	631 LOB	6
HIATT, William S.	Edna Pearce	733-5862	1008 LB	63
PRESTON, Jean R.	Suzanne Castleberry	733-5706	603 LOB	78
UNDERHILL, Alice	Marion Phillips	733-5776	1219 LB	91
WEISS, Jennifer	Susan Doty	733-5781	2221 LB	16

ATTARIAN, Linda - Staff Counsel

CURRIE, AMY – Staff Counsel

JESSUP, Dianna - Staff Counsel

**CANSLER, Lanier Barbara Cansler 733-5757 1217 LB 89

*Rep. Crawford was appointed by Governor Easley to replace the unexpired term of Lanier Cansler.

Lanier Cansler was appointed by Governor Easley to be the Deputy Director of the Department of Health and Human Services.

ATTENDANCE

HOUSE COMMITTEE ON PUBLIC HEALTH

2001-2002 SHORT SESSION

[illegible]

AGENDA

HOUSE COMMITTEE ON PUBLIC HEALTH

**June 12, 2002
Room 421 LOB
11:00 AM**

OPENING REMARKS

**Representative Zeno L. Edwards, Jr., Chairman
Public Health Committee**

AGENDA ITEM

**HB 1508 PUBLIC HEALTH BIOTERRORISM PREPAREDNESS
Representative Zeno L. Edwards, Jr., Sponsor**

ADJOURNMENT

**MINUTES
HOUSE COMMITTEE ON
PUBLIC HEALTH**

June 12, 2002


The House Committee on Public Health met on Wednesday, June 12, 2002 of the Legislative Office Building at 11:00 AM. The following members were present: Chairman Zeno L. Edwards, Jr., Representatives Crawford, Coates, Preston, Underhill, and Weiss. Linda Attarian, Dianna Jessup, and Amy Currie, Staff Counselors, were also in attendance.

The Chairman called the meeting to order and introduced Dr. Leah Devlin, Acting State Health Director, to speak to the committee and to give an update on the Public Health Bioterrorism Preparedness bill. She noted and explained the creation of many partnerships, coalition, steering committee that involve all statewide partners from the hospital administration to local health departments, private providers, various departments in state government, and the County Commissioners' Association. She thanked the Public Health Committee for the help they have provided. The Department of Health and Human Services (DHHS) has worked with and have support for the bill from North Carolina Medical Society, the Hospital Association, the Department of Crime Control and Public Safety's Division of Emergency Management, Division of Facility Services and Mental Health in DHHS, the Attorney General's Office, Department of Agriculture, Department of Environment and Natural Resources, and the Hospital Restaurant Association of North Carolina, and have support from the Governor's Office.


Representative Underhill made motion to give the original bill an unfavorable report and that the committee discuss the committee substitute. The motion passed.

The Chairman called on Chris Hoke, Chief, Office of Regulatory and Legal Affairs of DHHS, to explain the committee substitute for HB 1508, A BILL TO BE ENTITLED AN ACT TO PROMOTE READINESS FOR AND TO IMPROVE MANAGEMENT OF A PUBLIC HEALTH THREAT THAT MAY RESULT FROM AN ACT OF TERRORISM USING NUCLEAR, BIOLOGICAL, OR CHEMICAL AGENTS AS RECOMMENDED BY THE NORTH CAROLINA PUBLIC HEALTH STUDY COMMISSION. Upon motion made by Representative Coates, the Committee voted for a favorable report as to the committee substitute bill, unfavorable as to the original bill and recommendation that the committee substitute bill be re-referred to the Committee on Judiciary II.

There being no further business, the Chair adjourned the meeting at 11:50 AM.



Representative Zeno L. Edwards, Jr.
Chairman



Jo Hinton
Committee Assistant

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001

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HOUSE BILL 1508*

Short Title: Public Health Bioterrorism Preparedness. (Public)

Sponsors: Representatives Edwards; Alexander, Church, M. Crawford, Hill, and Wainwright.

Referred to: Public Health, if favorable, Judiciary II.

June 4, 2002

A BILL TO BE ENTITLED

AN ACT TO PROMOTE READINESS FOR AND TO IMPROVE MANAGEMENT OF A PUBLIC HEALTH THREAT THAT MAY RESULT FROM AN ACT OF TERRORISM USING NUCLEAR, BIOLOGICAL, OR CHEMICAL AGENTS AS RECOMMENDED BY THE NORTH CAROLINA PUBLIC HEALTH STUDY COMMISSION.

The General Assembly of North Carolina enacts:

SECTION 1. Chapter 130A of the General Statutes is amended by adding the following new Article to read:

"Article 22.

"Bioterrorism.

"§ 130A-475. Suspected terrorist attack.

(a) If the State Health Director reasonably suspects that a public health threat may exist and that the threat may have been caused by an act of terrorism using nuclear, biological, or chemical agents, the State Health Director shall conduct an epidemiologic investigation. As a part of the investigation, the State Health Director may:

- (1) Require any person or animal to submit to examinations and tests to determine possible exposure to the nuclear, biological, or chemical agents;
- (2) Test any real or personal property necessary to determine the presence of nuclear, biological, or chemical agents; and
- (3) Order the evacuation or closure of any real property, including any building, structure, or land when necessary to investigate suspected contamination of the property. The period of closure during an investigation shall not exceed 10 calendar days. If the State Health Director determines that a longer period of closure is necessary to complete the investigation, the Director may institute an action in

1 superior court to order the property to remain closed until the
2 investigation is completed.

3 (b) If the State Health Director determines that there exists a public health threat
4 that may have been caused by an act of terrorism using nuclear, biological, or chemical
5 agents, the State Health Director shall notify the Secretary of Crime Control and Public
6 Safety. The State Health Director may exercise any authority granted to the State Health
7 Director in this Chapter necessary to protect the public health."

8 **SECTION 2.(a)** G.S. 130A-149, "Biological Agents Registry; Rules;
9 Penalties," is recodified as G.S. 130A-476.

10 **SECTION 2.(b)** G.S. 130A-29(c)(10) reads as rewritten:

11 "(10) Pertaining to the biological agents registry in accordance with G.S.
12 ~~130A-149~~ G.S. 130A-476."

13 **SECTION 3.** G.S. 166A-5 is amended by adding a new subsection to read:

14 **"(2a) State Health Director.** – The State Health Director shall develop the
15 public health portion of the State emergency management plan and
16 shall be responsible for managing the public health aspects of the State
17 emergency management plan. The plan shall, at a minimum, provide
18 for the following:

- 19 a. The epidemiologic investigation of a known or suspected threat
20 caused by nuclear, biological, or chemical agents;
- 21 b. The examination and testing of persons and animals that may
22 have been exposed to a nuclear, biological, or chemical agent;
- 23 c. The procurement and allocation of immunizing agents and
24 prophylactic antibiotics;
- 25 d. The allocation of the national pharmaceutical stockpile;
- 26 e. The appropriate conditions for quarantine and isolation in order
27 to prevent further transmission of disease;
- 28 f. Immunization procedures; and
- 29 g. The issuance of guidelines for prophylaxis and treatment of
30 exposed persons."

31 **SECTION 4.** G.S. 130A-133(4) reads as rewritten:

32 **"(4)** "Quarantine authority" means the authority to limit the freedom of
33 movement or action of persons or animals which have been exposed to
34 or are reasonably suspected of having been exposed to communicable
35 disease or communicable condition for a period of time as may be
36 necessary to prevent the spread of that disease. Quarantine authority
37 also means the authority to limit access by any person or animal to an
38 area or facility that may be contaminated with an infectious agent. The
39 term also means the authority to limit the freedom of movement or
40 action of persons who have not received immunizations against a
41 communicable disease listed in ~~G.S. 130A-152~~ when the State Health
42 Director or local health director determines that such immunizations
43 are required to control an outbreak of that disease."

44 **SECTION 5.** G.S. 130A-145 reads as rewritten:

1 "**§ 130A-145. ~~Local health director has quarantine~~ Quarantine and isolation**
2 **authority.**

3 (a) The State Health Director and aA local health director and the State Health
4 Director are empowered to exercise quarantine and isolation authority. Quarantine and
5 isolation authority shall be exercised only when and so long as the public health is
6 endangered, all other reasonable means for correcting the problem have been exhausted,
7 and no less restrictive alternative exists.

8 (b) No person other than a person authorized by the State Health Director or local
9 health director shall enter quarantine or isolation premises."

10 **SECTION 6.** G.S. 130A-20 reads as rewritten:

11 "**§ 130A-20. Abatement of an imminent hazard.**

12 (a) If the Secretary or a local health director determines that an imminent hazard
13 exists, the Secretary or a local health director may order the owner, lessee, operator or
14 other person in control of the property to abate the imminent hazard or may, after notice
15 to or reasonable attempt to notify the owner, lessee, operator, or other person in control
16 of the property enter upon any property and take any action necessary to abate the
17 imminent hazard. If the Secretary or a local health director abates the imminent hazard,
18 the The Department or the local health department shall have a lien on the property for
19 the cost of the abatement of the imminent hazard in the nature of a mechanic's and
20 materialmen's lien as provided in Chapter 44A Chapter 44A of the General Statutes, and
21 the lien may be enforced as provided therein in that Chapter. The lien may be defeated
22 by a showing that an imminent hazard did not exist at the time the Secretary or the local
23 health director took the action.

24 (b) The Secretary of Environment and Natural Resources and a local health
25 director shall have the same rights enumerated in subsection (a) of this section to
26 enforce the provisions of Articles 8, 9, 10, 11, and 12 of this Chapter. "

27 **SECTION 7.** Article 1 of Chapter 130A of the General Statutes is amended
28 by adding a new section to read:

29 "**§ 130A-12.1. State Health Director access to health information.**

30 (a) Notwithstanding any other provision of law, a health care provider may report
31 to the State Health Director or a local health department any events that may indicate an
32 outbreak of a communicable disease or condition, a case or outbreak of an illness or
33 condition that may have been caused by use of a nuclear, biological, or chemical
34 weapon of mass destruction as defined in G.S. 14-288.21(c), or another condition for
35 which public health investigation, surveillance, or intervention may be necessary.
36 Events that may be reported include unusual types or numbers of symptoms or illnesses
37 presented to the provider, unusual trends in health care visits, or unusual trends in
38 prescriptions or purchases of over-the-counter pharmaceuticals. A health care provider
39 disclosing or not disclosing information pursuant to this subsection is immune from any
40 civil or criminal liability that might otherwise be incurred or imposed based on the
41 disclosure or lack of disclosure provided that the health care provider was acting in
42 good faith and without malice. In any proceeding involving liability, good faith and lack
43 of malice are presumed.

(b) The State Health Director may issue a temporary order requiring health care providers to report symptoms, diseases, conditions, trends in use of health care services, or other health-related information when necessary to conduct public health investigations or surveillance of diseases or health hazards that may have resulted from an act of terrorism or that may indicate the existence of a communicable disease or condition. The order shall specify which health care providers must report, what information is to be reported, and the period of time for which reporting is required. The period of time for which reporting is required pursuant to a temporary order shall not exceed 90 days. The rule-making provisions of Chapter 150B of the General Statutes shall not apply to the State Health Director's temporary order. The Commission may adopt a temporary or permanent rule to continue the reporting requirement when necessary to protect the public health.

(c) The State Health Director may examine, review, and obtain a copy of records containing confidential or protected health information, or a summary of pertinent portions of those records, that:

- (1) Pertain to a report authorized by subsection (a) or required by subsection (b) of this section;
- (2) Pertain to the diagnosis, treatment, or prevention of a communicable disease or communicable condition, as defined in Article 6 of this Chapter, for a person infected, exposed, or reasonably suspected of being infected or exposed to such a disease or condition; or
- (3) The State Health Director determines is necessary for investigating a disease or health hazard that presents a clear danger to the public health.

(d) A person who makes a report pursuant to subsection (a) or (b) of this section or permits examination, review or copying of medical records pursuant to subsection (c) is immune from any civil or criminal liability that otherwise might be incurred or imposed as a result of complying with those subsections.

(e) For purposes of this section, the term "health care provider" means a physician licensed to practice medicine in North Carolina or a person who is licensed, certified, or credentialed to practice or provide health care services, including, but not limited to, pharmacists, dentists, physician assistants, registered nurses, licensed practical nurses, chiropractors, and emergency medical technicians."

SECTION 8. G.S. 130A-5 reads as rewritten:

"§ 130A-5. Duties of the Secretary.

The Secretary shall have the authority:

- (1) To enforce the State health laws and the rules of the Commission;
- (2) To investigate the causes of epidemics and of infectious, communicable and other diseases affecting the public health in order to control and prevent these diseases; to provide, under the rules of the Commission, for the prevention, detection, reporting and control of communicable, infectious or any other diseases or health hazards considered harmful to the public health; ~~to obtain, notwithstanding the provisions of G.S. 8-53, a copy or a summary of pertinent portions of~~

~~privileged patient medical records deemed necessary for investigating a disease or health hazard that may present a clear danger to the public health. Records shall be identified as necessary by joint agreement of a Department physician and the patient's attending physician. However, if the Department is unable to contact the attending physician after reasonable attempts to do so, or if the Department determines that contacting all attending physicians of patients involved in an investigation would be impractical or would unreasonably delay the inquiry and thereby endanger the public health, the records shall be identified as necessary by joint agreement of a Department physician and the health care facility's chief of staff. For a facility with no chief of staff, the facility's chief administrator may consent to the Department's review of the records. Any person, authorized to have or handle such records, providing copies or summaries of privileged patient medical records pursuant to this subdivision shall be immune from civil or criminal liability that might otherwise be incurred or imposed based upon invasion of privacy or breach of physician-patient confidentiality arising out of the furnishing of or agreement to furnish such records;~~

- (3) To develop and carry out reasonable health programs that may be necessary for the protection and promotion of the public health and the control of diseases. The Commission is authorized to adopt rules to carry out these programs;
- (4) To make sanitary and health investigations and inspections;
- (5) To investigate occupational health hazards and occupational diseases and to make recommendations for the elimination of the hazards and diseases. The Secretary shall work with the Industrial Commission and shall file sufficient reports with the Industrial Commission to enable it to carry out all of the provisions of the Workers' Compensation Act with respect to occupational ~~disease~~ disease;
- (6) To receive donations of money, securities, equipment, supplies, realty or any other property of any kind or description which shall be used by the Department for the purpose of carrying out its public health programs;
- (7) To acquire by purchase, devise or otherwise in the name of the Department equipment, supplies and other property, real or personal, necessary to carry out the public health programs;
- (8) To use the official seal of the Department. Copies of documents in the possession of the Department may be authenticated with the seal of the Department, attested by the signature or a facsimile of the signature of the Secretary, and when authenticated shall have the same evidentiary value as the originals;
- (9) To disseminate information to the general public on all matters pertaining to public health; to purchase, print, publish, and distribute

1 free, or at cost, documents, reports, bulletins and health informational
2 materials. Money collected from the distribution of these materials
3 shall remain in the Department to be used to replace the materials;

4 (10) To be the health advisor of the State and to advise State officials in
5 regard to the location, sanitary construction and health management of
6 all State institutions; to direct the attention of the State to health
7 matters which affect the industries, property, health and lives of the
8 people of the State; to inspect at least annually State institutions and
9 facilities; to make a report as to the health conditions of these
10 institutions or facilities with suggestions and recommendations to the
11 appropriate State agencies. It shall be the duty of the persons in
12 immediate charge of these institutions or facilities to furnish all
13 assistance necessary for a thorough inspection;

14 (11) To establish a schedule of fees based on income to be paid by a
15 recipient for services provided by Migrant Health Clinics and
16 Development Evaluation Centers;

17 (12) To establish fees for the sale of specimen containers, vaccines and
18 other biologicals. The fees shall not exceed the actual cost of such
19 items, plus transportation costs;

20 (13) To establish a fee to cover costs of responding to requests by
21 employers for industrial hygiene consultation services and
22 occupational consultation services. The fee shall not exceed two
23 hundred dollars (\$200.00) per on site inspection; and

24 (14) To establish a fee for companion animal certificate of examination
25 forms to be distributed, upon request, by the Department to licensed
26 veterinarians. The fee shall not exceed the cost of the form and
27 shipping costs."

28 **SECTION 9.** G.S. 130A-143 reads as rewritten:

29 **"§ 130A-143. Confidentiality of records.**

30 All information and records, whether publicly or privately maintained, that identify a
31 person who has AIDS virus infection or who has or may have a disease or condition
32 required to be reported pursuant to the provisions of this Article shall be strictly
33 confidential. This information shall not be released or made public except under the
34 following circumstances:

35 (1) Release is made of specific medical or epidemiological information for
36 statistical purposes in a way that no person can be identified;

37 (2) Release is made of all or part of the medical record with the written
38 consent of the person or persons identified or their guardian;

39 (3) Release is made to health care personnel providing medical care to the
40 patient;

41 (4) Release is necessary to protect the public health and is made as
42 provided by the Commission in its rules regarding control measures
43 for communicable diseases and conditions;

44 (5) Release is made pursuant to other provisions of this Article;

- 1 (6) Release is made pursuant to subpoena or court order. Upon request of
2 the person identified in the record, the record shall be reviewed in
3 camera. In the trial, the trial judge may, during the taking of testimony
4 concerning such information, exclude from the courtroom all persons
5 except the officers of the court, the parties and those engaged in the
6 trial of the ~~ease~~ case;
- 7 (7) Release is made by the Department or a local health department to a
8 court or a law enforcement ~~officer~~ official for the purpose of enforcing
9 the provisions of this ~~Article pursuant to Article 1, Part 2 of this~~
10 ~~Chapter, Article, Article 22 of this Chapter, or G.S. 14-288.22.~~ A law
11 enforcement official who receives the information shall not disclose it
12 further, except (i) when necessary to enforce the provisions of this
13 Article, Article 22 of this Chapter, or G.S. 14-288.22, or (ii) when the
14 Department or a local health department seeks the assistance of the law
15 enforcement official in preventing or controlling the spread of the
16 disease or condition and expressly authorizes the disclosure as
17 necessary for that purpose;
- 18 (8) Release is made by the Department or a local health department to
19 another federal, state or local public health agency for the purpose of
20 preventing or controlling the spread of a communicable disease or
21 communicable condition;
- 22 (9) Release is made by the Department for bona fide research purposes.
23 The Commission shall adopt rules providing for the use of the
24 information for research purposes;
- 25 (10) Release is made pursuant to G.S. 130A-144(b); or
- 26 (11) Release is made pursuant to any other provisions of law that
27 specifically authorize or require the release of information or records
28 related to AIDS."

29 SECTION 10. G.S. 106-24.1 reads as rewritten:

30 "§ 106-24.1. Confidentiality of information collected and published.

31 All information published by the Department of Agriculture and Consumer Services
32 pursuant to this Part shall be classified so as to prevent the identification of information
33 received from individual farm operators. All information received pursuant to this Part
34 from individual farm operators shall be held confidential by the Department and its
35 employees. Information collected by the Department from individual farm operators for
36 the purposes of its animal health programs may be disclosed by the State Veterinarian
37 when, in his judgment, the disclosure will assist in the implementation of these
38 programs. Animal disease diagnostic tests that identify the owner of the animal shall not
39 be disclosed without the permission of the owner unless the State Veterinarian
40 determines that disclosure is necessary to prevent the spread of an animal disease or to
41 protect the public health."

42 SECTION 11. G.S. 106-307.2 reads as rewritten:

43 "§ 106-307.2. Reports of infectious disease in livestock and poultry to State
44 Veterinarian.

1 (a) All persons practicing veterinary medicine in North Carolina shall report
2 promptly to the State Veterinarian the existence of any contagious or infectious disease
3 in livestock and poultry.

4 (b) The State Veterinarian shall notify the State Health Director when the State
5 Veterinarian receives a report indicating a potential outbreak of a disease or condition
6 that can be transmitted to humans and that is a communicable disease or condition
7 required to be reported by G.S. 130A-134."

8 **SECTION 12.** This act becomes effective October 1, 2002.

**2002 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES**

The following report from standing committee is presented:

By Representative Edwards, Chair for the Committee on **Public Health**.

☐ Committee Substitute for

H.B. 1508 A BILL TO BE ENTITLED AN ACT TO PROMOTE READINESS FOR AND TO IMPROVE MANAGEMENT OF A PUBLIC HEALTH THREAT THAT MAY RESULT FROM AN ACT OF TERRORISM USING NUCLEAR, BIOLOGICAL, OR CHEMICAL AGENTS AS RECOMMENDED BY THE NORTH CAROLINA PUBLIC HEALTH STUDY COMMISSION.

- ☐ 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 the committee substitute bill, unfavorable as to the original bill and recommendation that the committee substitute bill be re-referred to the Committee on Judiciary II.
- ☐ 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)

5/13/02

**NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
2001-2002 SESSION**

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

DAY & DATE: WEDNESDAY, JUNE 12, 2002

TIME: 11:00 AM

LOCATION: 421 LEGISLATIVE OFFICE BUILDING

The following bill will be considered.

**HB 1508, PUBLIC HEALTH BIOTERRORISM PREPAREDNESS – Rep.
Edwards**

Respectfully,

Representative Zeno L. Edwards, Jr..
Chairman

I hereby certify this notice was filed by the committee assistant at the following offices at
11:00 a.m.on June 5, 2002.

____Principal Clerk
____Reading Clerk - House Chamber

Jo Hinton (Committee Assistant)

Bioterrorism Funding by State-City-Territory for Fiscal

State	CDC First Bioterrorism Allocation (20%)	CDC Second Bioterrorism Allocation(80%)	CDC Bioterrorism Total	HRSA Hospital First Allocation (20%)	HRSA Hospital Second Allocation(80%) HF
Alabama	\$2,980,089	\$11,920,354	\$14,900,443	\$394,567	\$1,578,266
Alaska	\$1,279,144	\$5,116,576	\$6,395,720	\$98,575	\$394,302
Arizona	\$3,284,434	\$13,137,736	\$16,422,170	\$447,527	\$1,790,110
Arkansas	\$2,190,342	\$8,761,367	\$10,951,709	\$257,138	\$1,028,553
California	\$12,163,249	\$48,652,996	\$60,816,245	\$1,992,580	\$7,970,325
Los Angeles (count	\$4,918,234	\$19,672,937	\$24,591,171	\$731,834	\$2,927,338
Colorado	\$2,915,153	\$11,660,613	\$14,575,766	\$383,267	\$1,533,067
Connecticut	\$2,516,341	\$10,065,364	\$12,581,705	\$313,867	\$1,255,469
Delaware	\$1,348,901	\$5,395,604	\$6,744,505	\$110,714	\$442,857
DC	\$2,254,712	\$9,018,846	\$11,273,558	\$144,324	\$577,295
Florida	\$8,116,216	\$32,464,865	\$40,581,081	\$1,288,334	\$5,153,335
Georgia	\$4,645,050	\$18,580,201	\$23,225,251	\$684,296	\$2,737,185
Hawaii	\$1,539,442	\$6,157,766	\$7,697,208	\$143,871	\$575,485
Idaho	\$1,576,138	\$6,304,550	\$7,880,688	\$150,257	\$601,028
Illinois	\$5,240,276	\$20,961,105	\$26,201,381	\$787,875	\$3,151,499
Chicago	\$2,289,462	\$9,157,850	\$11,447,312	\$274,387	\$1,097,547
Indiana	\$3,707,360	\$14,829,439	\$18,536,799	\$521,123	\$2,084,493
Iowa	\$2,302,957	\$9,211,829	\$11,514,786	\$276,735	\$1,106,940
Kansas	\$2,197,029	\$8,788,114	\$10,985,143	\$258,302	\$1,033,207
Kentucky	\$2,799,613	\$11,198,454	\$13,998,067	\$363,161	\$1,452,644
Louisiana	\$2,989,829	\$11,959,316	\$14,949,145	\$396,262	\$1,585,046
Maine	\$1,567,664	\$6,270,658	\$7,838,322	\$148,783	\$595,130
Maryland	\$3,358,281	\$13,433,124	\$16,791,405	\$460,378	\$1,841,512
Massachusetts	\$3,826,960	\$15,307,841	\$19,134,801	\$541,936	\$2,167,742
Michigan	\$5,425,131	\$21,700,524	\$27,125,655	\$820,042	\$3,280,170
Minnesota	\$3,190,417	\$12,761,669	\$15,952,086	\$431,167	\$1,724,668
Mississippi	\$2,266,595	\$9,066,380	\$11,332,975	\$270,407	\$1,081,630
Missouri	\$3,491,290	\$13,965,158	\$17,456,448	\$483,524	\$1,934,094
Montana	\$1,401,706	\$5,606,823	\$7,008,529	\$119,903	\$479,613
Nebraska	\$1,761,947	\$7,047,786	\$8,809,733	\$182,591	\$730,363
Nevada	\$1,889,732	\$7,558,927	\$9,448,659	\$204,827	\$819,309
New Hampshire	\$1,550,239	\$6,200,954	\$7,751,193	\$145,750	\$583,001
New Jersey	\$4,746,522	\$18,986,089	\$23,732,611	\$701,954	\$2,807,815
New Mexico	\$1,809,937	\$7,239,749	\$9,049,686	\$190,942	\$763,767
New York	\$5,883,624	\$23,534,498	\$29,418,122	\$899,828	\$3,599,310
State	CDC First Bioterrorism Allocation (20%)	CDC Second Bioterrorism Allocation(80%)	CDC Bioterrorism Total	HRSA Hospital First Allocation (20%)	HRSA Hospital Second Allocation(80%) HF
New York City	\$4,565,717	\$18,262,868	\$22,828,585	\$670,491	\$2,681,964
North Carolina	\$4,583,988	\$18,335,952	\$22,919,940	\$673,670	\$2,694,681
North Dakota	\$1,285,942	\$5,143,768	\$6,429,710	\$99,758	\$399,034
Ohio	\$6,055,030	\$24,220,120	\$30,275,150	\$929,655	\$3,718,619
Oklahoma	\$2,536,417	\$10,145,669	\$12,682,086	\$317,361	\$1,269,443
Oregon	\$2,523,391	\$10,093,565	\$12,616,956	\$315,094	\$1,260,376
Pennsylvania	\$6,468,187	\$25,872,749	\$32,340,936	\$1,001,551	\$4,006,203

Rhode Island	\$1,466,768	\$5,867,072	\$7,333,840	\$131,225	\$524,900
South Carolina	\$2,786,364	\$11,145,456	\$13,931,820	\$360,855	\$1,443,422
South Dakota	\$1,336,097	\$5,344,389	\$6,680,486	\$108,486	\$433,945
Tennessee	\$3,533,175	\$14,132,702	\$17,665,877	\$490,812	\$1,963,250
Texas	\$10,284,354	\$41,137,417	\$51,421,771	\$1,665,624	\$6,662,495
Utah	\$1,994,327	\$7,977,309	\$9,971,636	\$223,029	\$892,114
Vermont	\$1,271,083	\$5,084,330	\$6,355,413	\$97,173	\$388,691
Virginia	\$4,151,736	\$16,606,946	\$20,758,682	\$598,452	\$2,393,807
Washington	\$3,624,380	\$14,497,521	\$18,121,901	\$506,684	\$2,026,734
West Virginia	\$1,805,172	\$7,220,689	\$9,025,861	\$190,113	\$760,451
Wisconsin	\$3,388,197	\$13,552,789	\$16,940,986	\$465,584	\$1,862,336
Wyoming	\$1,219,861	\$4,879,433	\$6,099,294	\$88,259	\$353,037
Puerto Rico	\$2,695,798	\$10,783,194	\$13,478,992	\$345,096	\$1,380,383
Total Population	\$183,000,000	\$732,000,000	\$915,000,000	\$24,900,000	\$99,600,000

<i>Territory</i>	<i>CDC First Bioterrorism Allocation (20%)</i>	<i>CDC Second Bioterrorism Allocation(80%)</i>	<i>CDC Bioterrorism Total</i>	<i>HRSA Hospital First Allocation (20%)</i>	<i>HRSA Hospital Second Allocation(80%)</i>	<i>HF</i>
Guam	\$ 155,558	\$ 622,230	\$ 777,788	30,000	120,000	
N. Marianas	\$ 100,356	\$ 401,426	\$ 501,782	30,000	120,000	
American Samoa	\$ 198,845	\$ 795,381	\$ 994,227	30,000	120,000	
USVI	\$ 145,241	\$ 580,962	\$ 726,203	30,000	120,000	
Total	\$ 600,000	\$ 2,400,000	\$ 3,000,000	120,000	480,000	

SUMMARY
BILL DRAFT – 2002-RMz-
Public Health Bioterrorism Preparedness

This bill draft does the following:

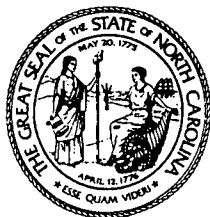
- Adds a new Article 22 to Chapter 130A, Public Health Laws of North Carolina, to be titled "Bioterrorism". The new Article will consist of statutes specifically relating to public health and bioterrorism.
- Moves current G.S. 130A-149, "Biological Agents Registry", enacted earlier this Session, to Article 22.
- Authorizes the State Health Director to do the following upon a "reasonable suspicion" that a public health threat may exist as a result of an act of terrorism using nuclear, biological or chemical agents:
 - Test animals and individuals for exposure to biologic, chemical or nuclear agents associated with a suspected bioterrorist act;
 - Test real and personal property for the presence of such agents; and
 - Order the evacuation and closing of buildings, structures, etc., for up to ten days (or longer with a court order) to investigate suspected contamination of the property.
- Amends G.S. 166A-5, (North Carolina Emergency Management Act) to set forth the role and functions of the State Health Director to develop the public health portion of the State emergency management plan.
- Amends current law regarding quarantine authority in the event of a suspected outbreak of a communicable disease or condition as follows:
 - Expands the definition of "quarantine authority", to authorize the *State Health Director* or local health director to quarantine *an area or facility* that may be contaminated with an infectious agent and to restrict access into that area or facility. Current law limits quarantine authority to a person or an animal;
 - Expands scope of quarantine authority over persons who haven't been immunized against *any* infectious disease to control an outbreak. Current law limits authority to quarantine person not immunized against diphtheria, tetanus, whooping cough, poliomyelitis, red measles (rubeola) and rubella.
- Amends current law regarding abatement of public health nuisances and imminent hazards as follows:
 - Authorizes the Secretary or a local health director to order the owner or other person in control of the property to abate or clean up an imminent hazard. Current law does not authorize the Secretary or local health

director to order the owner or person in control of the property to abate the hazard but does allow the placement of a lien to recover costs.

- Provides the State Health Director with the following access to confidential health information:
 - Health care providers may disclose health information to the State Health Director or a local health director that the provider believes may indicate an outbreak of a communicable disease or condition that may have been caused by an act of bioterrorism or another condition for which public health intervention is necessary;
 - State Health Director may compel health care providers to report certain types of health information (i.e., related to specific symptoms, diseases, etc.) that is believed to be necessary to conduct public health investigations or surveillance of diseases or health hazards related to possible acts of bioterrorism, or that may indicate the existence of a communicable disease or condition;
 - Authorizes the State Health Director to locate and access confidential medical records, which:
 - (1) Pertain to reports made by health care providers concerning possible bioterrorism acts, or public health hazards or conditions, or
 - (2) Pertain to the diagnosis, treatment, or prevention of a communicable disease or condition; or
 - (3) The *State Health Director* (under current law, the Secretary is authorized) determines to be necessary for investigation of a disease or health hazard that may present a clear danger to public health.
 - Repeals current law requirement that any access by the Secretary to confidential health care information when necessary to for investigating a disease or health hazard that may present a "clear" danger to public health must be by agreement between DHHS and the patient's health care provider.
- Authorizes the release of confidential medical information that identifies a person who has or may have a reportable disease or condition to a court or law enforcement official when necessary to enforce the provisions of the Article 22, or G.S. 14-288.22 (Unlawful use of a nuclear, biological, or chemical weapon of mass destruction;) or when the DHHS or a local health department seeks the assistance of law enforcement in prevention or controlling the spread of the disease or condition.
- Prohibits the Department of Agriculture from disclosing information regarding animal disease diagnostic tests which identify the owner of the animal without the permission of the owner unless the State Veterinarian determines that discloser is

necessary to prevent the spread of an animal disease or to protect the public health.

- Requires the State Veterinarian to notify the State Health Director of any report indicating a potential outbreak of a disease or condition that can be transmitted to humans and is required to be reported under NC law.



HOUSE BILL 1508: Public Health Bioterrorism Preparedness

BILL ANALYSIS

Committee: House Public Health
Date: June 12, 2002
Version: H1508-PCSRM-72

Introduced by: Rep. Zeno Edwards
Summary by: Linda Attarian
Committee Counsel

SUMMARY: *The bill amends North Carolina's communicable disease control laws to allow public health officials to prepare for and respond to suspected public health threats that may be caused by an act of terrorism using nuclear, biological, or chemical agents. The bill expands the authority of the State Health Director and local public health officials to conduct surveillance and investigate cases of an illness or condition caused by a suspected communicable disease outbreak or an illness, disease or other health hazard resulting from a suspected terrorist attack. The bill also amends Article 1 of Chapter 166A, The Emergency Management Act of 1977, to provide for coordination between the Secretary of Crime Control and Public Safety and the State Health Director regarding emergency operations and public health matters. The bill also amends Article 34, Animal Disease, of Chapter 106, Agriculture to require the State Veterinarian to notify the State Health Director and the Director of the Division of Environmental Health in DENR of any reports indicating a potential outbreak of a disease or condition that can be transmitted to humans. Finally the bill amends Article 65 of Chapter 143, the Emergency Medical Services Act of 1973 to authorize the release of confidential emergency medical data to the State Health Director for the purposes of protecting public health. The introduced version of the bill is recommended by the Public Health Study Commission. The bill, if enacted, becomes effective October 1, 2002.*

CURRENT LAW: North Carolina public health laws provide the State Health Director and local health directors with legal authority to control and prevent reportable communicable diseases and to protect against environmental hazards in partnership with hospitals, nursing homes, schools, physicians, laboratories, emergency medical services providers, and other health care providers. Subsequent to the terrorist attacks of September 11, 2001, and the subsequent release of anthrax spores through the mail in October of 2001, the State's public health laws were reviewed and evaluated as to whether the laws provide sufficient legal authority to the State Health Director and other public health officials to investigate and respond to suspected public health threats resulting from the use of biological, nuclear or chemical agents. Despite the fact that all of the infectious agents identified by the Centers for Disease Control as agents for bioterrorism planning fall within the scope of North Carolina's current communicable disease control law, (e.g., anthrax, botulism, plague, smallpox, tularemia, and certain viral hemorrhagic fevers), it was determined that the laws are not broad enough to cover public health threats and other health hazards that may result from use of biological, chemical or nuclear agents.

Gaps in the current law were identified and legislation was presented to the Public Health Study Commission and the Commission recommended the bill to the General Assembly. Subsequent to the bill's introduction, a few changes have been proposed by the Department of Health and Human Services and have been incorporated into a PCS.

BILL ANALYSIS: The following is a Section-by-Section analysis of the PCS. A bolded notation is made where the PCS differs from the introduced version.

Section 1 provides the State Health Director with the authority to undertake an investigation upon a reasonable suspicion that a public health threat may exist as a result of an act of terrorism using nuclear,

HOUSE BILL 1508

Page 4

destruction), or when law enforcement assistance is sought to prevent or control the spread of a particular disease or condition.

Section 10 amends current law pertaining to cooperation between federal, State and local governments in agricultural work to restrict disclosure to the public of animal diagnostic tests that identify the owner of the animal without the permission of the owner *unless* the State Veterinarian determines that the disclosure is necessary to prevent the spread of an animal disease or to protect public health.

Section 11 amends current law pertaining to the control of animal disease to require the State Veterinarian to notify the State Health Director and the Director of the Division of Environment Health in DENR when a report is received that indicates a potential outbreak of a disease or condition that can be transmitted to humans.

Section 12 makes a technical correction to delete a statute that is outdated.

Section 13 amends current law governing the release of medical records compiled and maintained in connection with emergency medical services or the statewide trauma system to authorize the release of such information to the State Health Director for the purpose of protecting public health.

Note Sections 12 and 13 were added to the PCS.

Section 14 makes the bill effective October 1, 2002.

Favorable

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001

H

D

HOUSE BILL 1508
PROPOSED COMMITTEE SUBSTITUTE H1508-PCS8323-RM-72

Short Title: Public Health Bioterrorism Preparedness.

(Public)

Sponsors:

Referred to:

June 4, 2002

1 A BILL TO BE ENTITLED
2 AN ACT TO PROMOTE READINESS FOR AND TO IMPROVE MANAGEMENT
3 OF A PUBLIC HEALTH THREAT THAT MAY RESULT FROM AN ACT OF
4 TERRORISM USING NUCLEAR, BIOLOGICAL, OR CHEMICAL AGENTS AS
5 RECOMMENDED BY THE NORTH CAROLINA PUBLIC HEALTH STUDY
6 COMMISSION.

7 The General Assembly of North Carolina enacts:

8 **SECTION 1.** Chapter 130A of the General Statutes is amended by adding
9 the following new Article to read:

10 "Article 22.

11 "Bioterrorism.

12 "**§ 130A-475. Suspected terrorist attack.**

13 (a) If the State Health Director reasonably suspects that a public health threat
14 may exist and that the threat may have been caused by an act of terrorism using nuclear,
15 biological, or chemical agents, the State Health Director shall conduct an investigation.
16 The State Health Director is authorized to:

- 17 (1) Require any person or animal to submit to examinations and tests to
18 determine possible exposure to the nuclear, biological, or chemical
19 agents;
20 (2) Test any real or personal property necessary to determine the presence
21 of nuclear, biological, or chemical agents;
22 (3) Order the evacuation or closure of any real property, including any
23 building, structure, or land when necessary to investigate suspected
24 contamination of the property. The period of closure during an
25 investigation shall not exceed 10 calendar days. If the State Health
26 Director determines that a longer period of closure is necessary to
27 complete the investigation, the Director may institute an action in

superior court to order the property to remain closed until the investigation is completed;

- (4) Limit the freedom of movement or action of a person or animal that is contaminated with, or reasonably suspected of being contaminated with, a chemical or nuclear agent that may be conveyed to other persons or animals, until the risk of conveyance is eliminated; and
- (5) Limit access by any person or animal to an area or facility that is contaminated with, or reasonably suspected of being contaminated with, a chemical or nuclear agent that may be conveyed to other persons or animals.

(b) If the State Health Director determines that there exists a public health threat that may have been caused by an act of terrorism using nuclear, biological, or chemical agents, the State Health Director shall notify the Secretary of Crime Control and Public Safety.

(c) Nothing in this section shall limit any authority otherwise granted to local or State public health officials under this Chapter."

SECTION 2.(a) G.S. 130A-149, "Biological Agents Registry; Rules; Penalties," is recodified as G.S. 130A-476.

SECTION 2.(b) G.S. 130A-29(c)(10) reads as rewritten:

"(10) Pertaining to the biological agents registry in accordance with ~~G.S. 130A-149~~ G.S. 130A-476."

SECTION 3. G.S. 166A-5(2) is amended by adding a new sub-subdivision to read:

"c1. To coordinate with the State Health Director to amend or revise the State Emergency Operations Plan regarding public health matters. At a minimum, the revisions to the Plan shall provide for the following:

1. The epidemiologic investigation of a known or suspected threat caused by nuclear, biological, or chemical agents;
2. The examination and testing of persons and animals that may have been exposed to a nuclear, biological, or chemical agent;
3. The procurement and allocation of immunizing agents and prophylactic antibiotics;
4. The allocation of the National Pharmaceutical Stockpile;
5. The appropriate conditions for quarantine and isolation in order to prevent further transmission of disease;
6. Immunization procedures; and
7. The issuance of guidelines for prophylaxis and treatment of exposed and affected persons."

SECTION 4. G.S. 130A-133(4) reads as rewritten:

"(4) "Quarantine authority" means the authority to limit the freedom of movement or action of persons or animals which have been exposed to or are reasonably suspected of having been exposed to a

communicable disease or communicable condition for a period of time as may be necessary to prevent the spread of that disease. Quarantine authority also means the authority to limit access by any person or animal to an area or facility that may be contaminated with an infectious agent. The term also means the authority to limit the freedom of movement or action of persons who have not received immunizations against a communicable disease ~~listed in G.S. 130A-152~~ when the State Health Director or local health director determines that such immunizations are required to control an outbreak of that disease."

SECTION 5. G.S. 130A-145 reads as rewritten:

"§ 130A-145. ~~Local health director has quarantine~~ Quarantine and isolation authority.

(a) ~~The State Health Director and a~~ local health director ~~and the State Health Director~~ are empowered to exercise quarantine and isolation authority. Quarantine and isolation authority shall be exercised only when and so long as the public health is endangered, all other reasonable means for correcting the problem have been exhausted, and no less restrictive alternative exists.

(b) No person other than a person authorized by the State Health Director or local health director shall enter quarantine or isolation premises. Nothing in this subsection shall be construed to restrict the access of authorized health care, law enforcement or emergency medical services personnel to quarantine or isolation premises as necessary in conducting their duties."

SECTION 6. G.S. 130A-20 reads as rewritten:

"§ 130A-20. **Abatement of an imminent hazard.**

(a) If the Secretary or a local health director determines that an imminent hazard exists, the Secretary or a local health director may order the owner, lessee, operator or other person in control of the property to abate the imminent hazard or may, after notice to or reasonable attempt to notify the owner, lessee, operator, or other person in control of the property enter upon any property and take any action necessary to abate the imminent hazard. ~~If the Secretary or a local health director abates the imminent hazard,~~ the ~~The~~ Department or the local health department shall have a lien on the property for the cost of the abatement of the imminent hazard in the nature of a mechanic's and materialmen's lien as provided in ~~Chapter 44A~~ Chapter 44A of the General Statutes, and the lien may be enforced as provided ~~therein~~ in that Chapter. The lien may be defeated by a showing that an imminent hazard did not exist at the time the Secretary or the local health director took the action.

(b) The Secretary of Environment and Natural Resources and a local health director shall have the same rights enumerated in subsection (a) of this section to enforce the provisions of Articles 8, 9, 10, 11, and 12 of this Chapter."

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

"§ 130A-12.1. **Access to health information.**

1 (a) Notwithstanding any other provision of law, a health care provider or a unit
2 of State or local government may report to the State Health Director or a local health
3 director any events that may indicate the existence of a communicable disease or
4 condition, or a case or outbreak of an illness or condition that may have been caused by
5 use of a nuclear, biological, or chemical weapon of mass destruction as defined in G.S.
6 14-288.21(c). Events that may be reported include unusual types or numbers of
7 symptoms or illnesses presented to the provider, unusual trends in health care visits, or
8 unusual trends in prescriptions or purchases of over-the-counter pharmaceuticals. A
9 person disclosing or not disclosing information pursuant to this subsection is immune
10 from any civil or criminal liability that might otherwise be incurred or imposed based on
11 the disclosure or lack of disclosure provided that the health care provider was acting in
12 good faith and without malice. In any proceeding involving liability, good faith and lack
13 of malice are presumed.

14 (b) The State Health Director may issue a temporary order requiring health care
15 providers to report symptoms, diseases, conditions, trends in use of health care services,
16 or other health-related information when necessary to conduct public health
17 investigations or surveillance of diseases or health hazards that may have been caused
18 by use of a nuclear, biological, or chemical weapon of mass destruction as defined in
19 G.S. 14-288.21(c) or that may indicate the existence of a communicable disease or
20 condition. The order shall specify which health care providers must report, what
21 information is to be reported; and the period of time for which reporting is required. The
22 period of time for which reporting is required pursuant to a temporary order shall not
23 exceed 90 days. The rule-making provisions of Chapter 150B of the General Statutes
24 shall not apply to the State Health Director's temporary order. The Commission may
25 adopt temporary or permanent rules to continue the reporting requirement when
26 necessary to protect the public health.

27 (c) The State Health Director and a local health director may examine, review,
28 and obtain a copy of records containing confidential or protected health information, or
29 a summary of pertinent portions of those records, that:

30 (1) Pertain to a report authorized by subsection (a) or required by
31 subsection (b) of this section;

32 (2) Pertain to the diagnosis, treatment, or prevention of a communicable
33 disease or communicable condition, as defined in Article 6 of this
34 Chapter, for a person infected, exposed, or reasonably suspected of
35 being infected or exposed to such a disease or condition; or

36 (3) The State Health Director determines is necessary for investigating a
37 disease or health hazard that presents a clear danger to the public
38 health.

39 (d) A person who makes a report pursuant to subsection (a) or (b) of this section
40 or permits examination, review or copying of medical records pursuant to subsection (c)
41 is immune from any civil or criminal liability that otherwise might be incurred or
42 imposed as a result of complying with those subsections.

43 (e) For purposes of this section, the term "health care provider" means a
44 physician licensed to practice medicine in North Carolina or a person who is licensed,

1 certified, or credentialed to practice or provide health care services, including, but not
2 limited to, pharmacists, dentists, physician assistants, registered nurses, licensed
3 practical nurses, chiropractors, and emergency medical technicians."

4 **SECTION 8.** G.S. 130A-5 reads as rewritten:

5 **"§ 130A-5. Duties of the Secretary.**

6 The Secretary shall have the authority:

- 7 (1) To enforce the State health laws and the rules of the Commission;
- 8 (2) To investigate the causes of epidemics and of infectious,
9 communicable and other diseases affecting the public health in order
10 to control and prevent these diseases; to provide, under the rules of the
11 Commission, for the prevention, detection, reporting and control of
12 communicable, infectious or any other diseases or health hazards
13 considered harmful to the public health; ~~to obtain, notwithstanding the~~
14 ~~provisions of G.S. 8-53, a copy or a summary of pertinent portions of~~
15 ~~privileged patient medical records deemed necessary for investigating~~
16 ~~a disease or health hazard that may present a clear danger to the public~~
17 ~~health. Records shall be identified as necessary by joint agreement of a~~
18 ~~Department physician and the patient's attending physician. However,~~
19 ~~if the Department is unable to contact the attending physician after~~
20 ~~reasonable attempts to do so, or if the Department determines that~~
21 ~~contacting all attending physicians of patients involved in an~~
22 ~~investigation would be impractical or would unreasonably delay the~~
23 ~~inquiry and thereby endanger the public health, the records shall be~~
24 ~~identified as necessary by joint agreement of a Department physician~~
25 ~~and the health care facility's chief of staff. For a facility with no chief~~
26 ~~of staff, the facility's chief administrator may consent to the~~
27 ~~Department's review of the records. Any person, authorized to have or~~
28 ~~handle such records, providing copies or summaries of privileged~~
29 ~~patient medical records pursuant to this subdivision shall be immune~~
30 ~~from civil or criminal liability that might otherwise be incurred or~~
31 ~~imposed based upon invasion of privacy or breach of physician-patient~~
32 ~~confidentiality arising out of the furnishing of or agreement to furnish~~
33 ~~such records;~~
34 (3) To develop and carry out reasonable health programs that may be
35 necessary for the protection and promotion of the public health and the
36 control of diseases. The Commission is authorized to adopt rules to
37 carry out these programs;
38 (4) To make sanitary and health investigations and inspections;
39 (5) To investigate occupational health hazards and occupational diseases
40 and to make recommendations for the elimination of the hazards and
41 diseases. The Secretary shall work with the Industrial Commission and
42 shall file sufficient reports with the Industrial Commission to enable it
43 to carry out all of the provisions of the Workers' Compensation Act
44 with respect to occupational ~~disease.~~disease;

- (6) To receive donations of money, securities, equipment, supplies, realty or any other property of any kind or description which shall be used by the Department for the purpose of carrying out its public health programs;
- (7) To acquire by purchase, devise or otherwise in the name of the Department equipment, supplies and other property, real or personal, necessary to carry out the public health programs;
- (8) To use the official seal of the Department. Copies of documents in the possession of the Department may be authenticated with the seal of the Department, attested by the signature or a facsimile of the signature of the Secretary, and when authenticated shall have the same evidentiary value as the originals;
- (9) To disseminate information to the general public on all matters pertaining to public health; to purchase, print, publish, and distribute free, or at cost, documents, reports, bulletins and health informational materials. Money collected from the distribution of these materials shall remain in the Department to be used to replace the materials;
- (10) To be the health advisor of the State and to advise State officials in regard to the location, sanitary construction and health management of all State institutions; to direct the attention of the State to health matters which affect the industries, property, health and lives of the people of the State; to inspect at least annually State institutions and facilities; to make a report as to the health conditions of these institutions or facilities with suggestions and recommendations to the appropriate State agencies. It shall be the duty of the persons in immediate charge of these institutions or facilities to furnish all assistance necessary for a thorough inspection;
- (11) To establish a schedule of fees based on income to be paid by a recipient for services provided by Migrant Health Clinics and Development Evaluation Centers;
- (12) To establish fees for the sale of specimen containers, vaccines and other biologicals. The fees shall not exceed the actual cost of such items, plus transportation costs;
- (13) To establish a fee to cover costs of responding to requests by employers for industrial hygiene consultation services and occupational consultation services. The fee shall not exceed two hundred dollars (\$200.00) per on site inspection; and
- (14) To establish a fee for companion animal certificate of examination forms to be distributed, upon request, by the Department to licensed veterinarians. The fee shall not exceed the cost of the form and shipping costs."

SECTION 9. G.S. 130A-143 reads as rewritten:

"§ 130A-143. Confidentiality of records.

1 All information and records, whether publicly or privately maintained, that identify a
2 person who has AIDS virus infection or who has or may have a disease or condition
3 required to be reported pursuant to the provisions of this Article shall be strictly
4 confidential. This information shall not be released or made public except under the
5 following circumstances:

- 6 (1) Release is made of specific medical or epidemiological information for
7 statistical purposes in a way that no person can be identified;
- 8 (2) Release is made of all or part of the medical record with the written
9 consent of the person or persons identified or their guardian;
- 10 (3) Release is made to health care personnel providing medical care to the
11 patient;
- 12 (4) Release is necessary to protect the public health and is made as
13 provided by the Commission in its rules regarding control measures
14 for communicable diseases and conditions;
- 15 (5) Release is made pursuant to other provisions of this Article;
- 16 (6) Release is made pursuant to subpoena or court order. Upon request of
17 the person identified in the record, the record shall be reviewed in
18 camera. In the trial, the trial judge may, during the taking of testimony
19 concerning such information, exclude from the courtroom all persons
20 except the officers of the court, the parties and those engaged in the
21 trial of the ~~ease-case~~;
- 22 (7) Release is made by the Department or a local health department to a
23 court or a law enforcement ~~officer~~ official for the purpose of enforcing
24 the provisions of this Article ~~pursuant to Article 1, Part 2 of this~~
25 ~~Chapter, Article, Article 22 of this Chapter, or G.S. 14-288.22. A law~~
26 enforcement official who receives the information shall not disclose it
27 further, except (i) when necessary to enforce the provisions of this
28 Article, Article 22 of this Chapter, or G.S. 14-288.22, or (ii) when the
29 Department or a local health department seeks the assistance of the law
30 enforcement official in preventing or controlling the spread of the
31 disease or condition and expressly authorizes the disclosure as
32 necessary for that purpose;
- 33 (8) Release is made by the Department or a local health department to
34 another federal, state or local public health agency for the purpose of
35 preventing or controlling the spread of a communicable disease or
36 communicable condition;
- 37 (9) Release is made by the Department for bona fide research purposes.
38 The Commission shall adopt rules providing for the use of the
39 information for research purposes;
- 40 (10) Release is made pursuant to G.S. 130A-144(b); or
- 41 (11) Release is made pursuant to any other provisions of law that
42 specifically authorize or require the release of information or records
43 related to AIDS."

44 SECTION 10. G.S. 106-24.1 reads as rewritten:

"§ 106-24.1. Confidentiality of information collected and published.

All information published by the Department of Agriculture and Consumer Services pursuant to this Part shall be classified so as to prevent the identification of information received from individual farm operators. All information received pursuant to this Part from individual farm operators shall be held confidential by the Department and its employees. Information collected by the Department from individual farm operators for the purposes of its animal health programs may be disclosed by the State Veterinarian when, in his judgment, the disclosure will assist in the implementation of these programs. Animal disease diagnostic tests that identify the owner of the animal shall not be disclosed without the permission of the owner unless the State Veterinarian determines that disclosure is necessary to prevent the spread of an animal disease or to protect the public health."

SECTION 11. G.S. 106-307.2 reads as rewritten:

"§ 106-307.2. Reports of infectious disease in livestock and poultry to State Veterinarian.

(a) All persons practicing veterinary medicine in North Carolina shall report promptly to the State Veterinarian the existence of any contagious or infectious disease in livestock and poultry.

(b) The State Veterinarian shall notify the State Health Director and the Director of the Division of Environmental Health in The Department of Environment and Natural Resources when the State Veterinarian receives a report indicating a potential outbreak of a disease or condition that can be transmitted to humans including communicable diseases or conditions required to be reported by G.S. 130A-134."

SECTION 12. G.S. 130A-152(b) is repealed.

SECTION 13. G.S. 143-518 reads as rewritten:

"§ 143-518. Confidentiality of patient information.

(a) Medical records compiled and maintained by the Department or EMS providers in connection with dispatch, response, treatment, or transport of individual patients or in connection with the statewide trauma system pursuant to Article 7 of Chapter 131E of the General Statutes may contain patient identifiable data which will allow linkage to other health care-based data systems for the purposes of quality management, peer review, and public health initiatives.

These medical records and data shall be strictly confidential and shall not be considered public records within the meaning of G.S. 132-1 and shall not be released or made public except under any of the following conditions:

- (1) Release is made of specific medical or epidemiological information for statistical purposes in a way that no person can be identified.
- (2) Release is made of all or part of the medical record with the written consent of the person or persons identified or their guardians.
- (3) Release is made to health care personnel providing medical care to the patient.
- (4) Release is made pursuant to a court order. Upon request of the person identified in the record, the record shall be reviewed in camera. In the trial, the trial judge may, during the taking of testimony concerning

such information, exclude from the courtroom all persons except the officers of the court, the parties, and those engaged in the trial of the case.

(5) Release is made to a Medical Review Committee as defined in G.S. 131E-95, 90-21.22A, or 130A-45.7 or to a peer review committee as defined in G.S. 131E-108, 122C-30, or 131D-21.1.

(6) Release is made for use in a health research project under rules adopted by the North Carolina Medical Care Commission. The Commission shall adopt rules that allow release of information when an institutional review board, as defined by the Commission, has determined that the health research project:

- a. Is of sufficient scientific importance to outweigh the intrusion into the privacy of the patient that would result from the disclosure;
- b. Is impracticable without the use or disclosure of identifying health information;
- c. Contains safeguards to protect the information from redisclosure;
- d. Contains safeguards against identifying, directly or indirectly, any patient in any report of the research project; and
- e. Contains procedures to remove or destroy at the earliest opportunity, consistent with the purposes of the project, information that would enable the patient to be identified, unless an institutional review board authorizes retention of identifying information for purposes of another research project.

(7) Release is made to a statewide data processor, as defined in Article 11A of Chapter 131E of the General Statutes, in which case the data is deemed to have been submitted as if it were required to have been submitted under that Article.

(8) Release is made to the State Health Director for the purpose of protecting the public health.

(b) Charges, accounts, credit histories, and other personal financial records compiled and maintained by the Department or EMS providers in connection with the admission, treatment, and discharge of individual patients are strictly confidential and shall not be released."

SECTION 14. This act becomes effective October 1, 2002.

Unfavorable

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001

H

1

HOUSE BILL 1508*

Short Title: Public Health Bioterrorism Preparedness.

(Public)

Sponsors: Representatives Edwards; Alexander, Church, M. Crawford, Hill, and Wainwright.

Referred to: Public Health, if favorable, Judiciary II.

June 4, 2002

A BILL TO BE ENTITLED

AN ACT TO PROMOTE READINESS FOR AND TO IMPROVE MANAGEMENT
OF A PUBLIC HEALTH THREAT THAT MAY RESULT FROM AN ACT OF
TERRORISM USING NUCLEAR, BIOLOGICAL, OR CHEMICAL AGENTS AS
RECOMMENDED BY THE NORTH CAROLINA PUBLIC HEALTH STUDY
COMMISSION.

The General Assembly of North Carolina enacts:

SECTION 1. Chapter 130A of the General Statutes is amended by adding
the following new Article to read:

"Article 22.

"Bioterrorism.

"§ 130A-475. Suspected terrorist attack.

(a) If the State Health Director reasonably suspects that a public health threat may exist and that the threat may have been caused by an act of terrorism using nuclear, biological, or chemical agents, the State Health Director shall conduct an epidemiologic investigation. As a part of the investigation, the State Health Director may:

- (1) Require any person or animal to submit to examinations and tests to determine possible exposure to the nuclear, biological, or chemical agents;
- (2) Test any real or personal property necessary to determine the presence of nuclear, biological, or chemical agents; and
- (3) Order the evacuation or closure of any real property, including any building, structure, or land when necessary to investigate suspected contamination of the property. The period of closure during an investigation shall not exceed 10 calendar days. If the State Health Director determines that a longer period of closure is necessary to complete the investigation, the Director may institute an action in

1 superior court to order the property to remain closed until the
2 investigation is completed.

3 (b) If the State Health Director determines that there exists a public health threat
4 that may have been caused by an act of terrorism using nuclear, biological, or chemical
5 agents, the State Health Director shall notify the Secretary of Crime Control and Public
6 Safety. The State Health Director may exercise any authority granted to the State Health
7 Director in this Chapter necessary to protect the public health."

8 **SECTION 2.(a)** G.S. 130A-149, "Biological Agents Registry; Rules;
9 Penalties," is recodified as G.S. 130A-476.

10 **SECTION 2.(b)** G.S. 130A-29(c)(10) reads as rewritten:

11 "(10) Pertaining to the biological agents registry in accordance with ~~G.S.~~
12 ~~130A-149~~ G.S. 130A-476."

13 **SECTION 3.** G.S. 166A-5 is amended by adding a new subsection to read:

14 "(2a) State Health Director. – The State Health Director shall develop the
15 public health portion of the State emergency management plan and
16 shall be responsible for managing the public health aspects of the State
17 emergency management plan. The plan shall, at a minimum, provide
18 for the following:

- 19 a. The epidemiologic investigation of a known or suspected threat
20 caused by nuclear, biological, or chemical agents;
21 b. The examination and testing of persons and animals that may
22 have been exposed to a nuclear, biological, or chemical agent;
23 c. The procurement and allocation of immunizing agents and
24 prophylactic antibiotics;
25 d. The allocation of the national pharmaceutical stockpile;
26 e. The appropriate conditions for quarantine and isolation in order
27 to prevent further transmission of disease;
28 f. Immunization procedures; and
29 g. The issuance of guidelines for prophylaxis and treatment of
30 exposed persons."

31 **SECTION 4.** G.S. 130A-133(4) reads as rewritten:

32 "(4) "Quarantine authority" means the authority to limit the freedom of
33 movement or action of persons or animals which have been exposed to
34 or are reasonably suspected of having been exposed to communicable
35 disease or communicable condition for a period of time as may be
36 necessary to prevent the spread of that disease. Quarantine authority
37 also means the authority to limit access by any person or animal to an
38 area or facility that may be contaminated with an infectious agent. The
39 term also means the authority to limit the freedom of movement or
40 action of persons who have not received immunizations against a
41 communicable disease listed in G.S. 130A-152 when the State Health
42 Director or local health director determines that such immunizations
43 are required to control an outbreak of that disease."

44 **SECTION 5.** G.S. 130A-145 reads as rewritten:

1 ~~"§ 130A-145. Local health director has quarantine~~ Quarantine and isolation
2 authority.

3 (a) ~~The State Health Director and a~~ local health director ~~and the State Health~~
4 ~~Director~~ are empowered to exercise quarantine and isolation authority. Quarantine and
5 isolation authority shall be exercised only when and so long as the public health is
6 endangered, all other reasonable means for correcting the problem have been exhausted,
7 and no less restrictive alternative exists.

8 (b) No person other than a person authorized by the State Health Director or local
9 health director shall enter quarantine or isolation premises."

10 **SECTION 6.** G.S. 130A-20 reads as rewritten:

11 **"§ 130A-20. Abatement of an imminent hazard.**

12 (a) If the Secretary or a local health director determines that an imminent hazard
13 exists, the Secretary or a local health director may order the owner, lessee, operator or
14 other person in control of the property to abate the imminent hazard or may, after notice
15 to or reasonable attempt to notify the owner, lessee, operator, or other person in control
16 of the property enter upon any property and take any action necessary to abate the
17 imminent hazard. If the Secretary or a local health director abates the imminent hazard,
18 the ~~The~~ Department or the local health department shall have a lien on the property for
19 the cost of the abatement of the imminent hazard in the nature of a mechanic's and
20 materialmen's lien as provided in ~~Chapter 44A~~ Chapter 44A of the General Statutes, and
21 the lien may be enforced as provided ~~therein~~ in that Chapter. The lien may be defeated
22 by a showing that an imminent hazard did not exist at the time the Secretary or the local
23 health director took the action.

24 (b) The Secretary of Environment and Natural Resources and a local health
25 director shall have the same rights enumerated in subsection (a) of this section to
26 enforce the provisions of Articles 8, 9, 10, 11, and 12 of this Chapter. "

27 **SECTION 7.** Article 1 of Chapter 130A of the General Statutes is amended
28 by adding a new section to read:

29 **"§ 130A-12.1. State Health Director access to health information.**

30 (a) Notwithstanding any other provision of law, a health care provider may report
31 to the State Health Director or a local health department any events that may indicate an
32 outbreak of a communicable disease or condition, a case or outbreak of an illness or
33 condition that may have been caused by use of a nuclear, biological, or chemical
34 weapon of mass destruction as defined in G.S. 14-288.21(c), or another condition for
35 which public health investigation, surveillance, or intervention may be necessary.
36 Events that may be reported include unusual types or numbers of symptoms or illnesses
37 presented to the provider, unusual trends in health care visits, or unusual trends in
38 prescriptions or purchases of over-the-counter pharmaceuticals. A health care provider
39 disclosing or not disclosing information pursuant to this subsection is immune from any
40 civil or criminal liability that might otherwise be incurred or imposed based on the
41 disclosure or lack of disclosure provided that the health care provider was acting in
42 good faith and without malice. In any proceeding involving liability, good faith and lack
43 of malice are presumed.

(b) The State Health Director may issue a temporary order requiring health care providers to report symptoms, diseases, conditions, trends in use of health care services, or other health-related information when necessary to conduct public health investigations or surveillance of diseases or health hazards that may have resulted from an act of terrorism or that may indicate the existence of a communicable disease or condition. The order shall specify which health care providers must report, what information is to be reported, and the period of time for which reporting is required. The period of time for which reporting is required pursuant to a temporary order shall not exceed 90 days. The rule-making provisions of Chapter 150B of the General Statutes shall not apply to the State Health Director's temporary order. The Commission may adopt a temporary or permanent rule to continue the reporting requirement when necessary to protect the public health.

(c) The State Health Director may examine, review, and obtain a copy of records containing confidential or protected health information, or a summary of pertinent portions of those records, that:

- (1) Pertain to a report authorized by subsection (a) or required by subsection (b) of this section;
- (2) Pertain to the diagnosis, treatment, or prevention of a communicable disease or communicable condition, as defined in Article 6 of this Chapter, for a person infected, exposed, or reasonably suspected of being infected or exposed to such a disease or condition; or
- (3) The State Health Director determines is necessary for investigating a disease or health hazard that presents a clear danger to the public health.

(d) A person who makes a report pursuant to subsection (a) or (b) of this section or permits examination, review or copying of medical records pursuant to subsection (c) is immune from any civil or criminal liability that otherwise might be incurred or imposed as a result of complying with those subsections.

(e) For purposes of this section, the term "health care provider" means a physician licensed to practice medicine in North Carolina or a person who is licensed, certified, or credentialed to practice or provide health care services, including, but not limited to, pharmacists, dentists, physician assistants, registered nurses, licensed practical nurses, chiropractors, and emergency medical technicians."

SECTION 8. G.S. 130A-5 reads as rewritten:

"§ 130A-5. Duties of the Secretary.

The Secretary shall have the authority:

- (1) To enforce the State health laws and the rules of the Commission;
- (2) To investigate the causes of epidemics and of infectious, communicable and other diseases affecting the public health in order to control and prevent these diseases; to provide, under the rules of the Commission, for the prevention, detection, reporting and control of communicable, infectious or any other diseases or health hazards considered harmful to the public health; ~~to obtain, notwithstanding the provisions of G.S. 8-53, a copy or a summary of pertinent portions of~~

~~privileged patient medical records deemed necessary for investigating a disease or health hazard that may present a clear danger to the public health. Records shall be identified as necessary by joint agreement of a Department physician and the patient's attending physician. However, if the Department is unable to contact the attending physician after reasonable attempts to do so, or if the Department determines that contacting all attending physicians of patients involved in an investigation would be impractical or would unreasonably delay the inquiry and thereby endanger the public health, the records shall be identified as necessary by joint agreement of a Department physician and the health care facility's chief of staff. For a facility with no chief of staff, the facility's chief administrator may consent to the Department's review of the records. Any person, authorized to have or handle such records, providing copies or summaries of privileged patient medical records pursuant to this subdivision shall be immune from civil or criminal liability that might otherwise be incurred or imposed based upon invasion of privacy or breach of physician-patient confidentiality arising out of the furnishing of or agreement to furnish such records;~~

- (3) To develop and carry out reasonable health programs that may be necessary for the protection and promotion of the public health and the control of diseases. The Commission is authorized to adopt rules to carry out these programs;
- (4) To make sanitary and health investigations and inspections;
- (5) To investigate occupational health hazards and occupational diseases and to make recommendations for the elimination of the hazards and diseases. The Secretary shall work with the Industrial Commission and shall file sufficient reports with the Industrial Commission to enable it to carry out all of the provisions of the Workers' Compensation Act with respect to occupational ~~disease~~disease;
- (6) To receive donations of money, securities, equipment, supplies, realty or any other property of any kind or description which shall be used by the Department for the purpose of carrying out its public health programs;
- (7) To acquire by purchase, devise or otherwise in the name of the Department equipment, supplies and other property, real or personal, necessary to carry out the public health programs;
- (8) To use the official seal of the Department. Copies of documents in the possession of the Department may be authenticated with the seal of the Department, attested by the signature or a facsimile of the signature of the Secretary, and when authenticated shall have the same evidentiary value as the originals;
- (9) To disseminate information to the general public on all matters pertaining to public health; to purchase, print, publish, and distribute

1 free, or at cost, documents, reports, bulletins and health informational
2 materials. Money collected from the distribution of these materials
3 shall remain in the Department to be used to replace the materials;

4 (10) To be the health advisor of the State and to advise State officials in
5 regard to the location, sanitary construction and health management of
6 all State institutions; to direct the attention of the State to health
7 matters which affect the industries, property, health and lives of the
8 people of the State; to inspect at least annually State institutions and
9 facilities; to make a report as to the health conditions of these
10 institutions or facilities with suggestions and recommendations to the
11 appropriate State agencies. It shall be the duty of the persons in
12 immediate charge of these institutions or facilities to furnish all
13 assistance necessary for a thorough inspection;

14 (11) To establish a schedule of fees based on income to be paid by a
15 recipient for services provided by Migrant Health Clinics and
16 Development Evaluation Centers;

17 (12) To establish fees for the sale of specimen containers, vaccines and
18 other biologicals. The fees shall not exceed the actual cost of such
19 items, plus transportation costs;

20 (13) To establish a fee to cover costs of responding to requests by
21 employers for industrial hygiene consultation services and
22 occupational consultation services. The fee shall not exceed two
23 hundred dollars (\$200.00) per on site inspection; and

24 (14) To establish a fee for companion animal certificate of examination
25 forms to be distributed, upon request, by the Department to licensed
26 veterinarians. The fee shall not exceed the cost of the form and
27 shipping costs."

28 **SECTION 9.** G.S. 130A-143 reads as rewritten:

29 **"§ 130A-143. Confidentiality of records.**

30 All information and records, whether publicly or privately maintained, that identify a
31 person who has AIDS virus infection or who has or may have a disease or condition
32 required to be reported pursuant to the provisions of this Article shall be strictly
33 confidential. This information shall not be released or made public except under the
34 following circumstances:

35 (1) Release is made of specific medical or epidemiological information for
36 statistical purposes in a way that no person can be identified;

37 (2) Release is made of all or part of the medical record with the written
38 consent of the person or persons identified or their guardian;

39 (3) Release is made to health care personnel providing medical care to the
40 patient;

41 (4) Release is necessary to protect the public health and is made as
42 provided by the Commission in its rules regarding control measures
43 for communicable diseases and conditions;

44 (5) Release is made pursuant to other provisions of this Article;

- (6) Release is made pursuant to subpoena or court order. Upon request of the person identified in the record, the record shall be reviewed in camera. In the trial, the trial judge may, during the taking of testimony concerning such information, exclude from the courtroom all persons except the officers of the court, the parties and those engaged in the trial of the case.
- (7) Release is made by the Department or a local health department to a court or a law enforcement ~~officer~~ official for the purpose of enforcing the provisions of this ~~Article pursuant to Article 1, Part 2 of this Chapter, Article, Article 22 of this Chapter, or G.S. 14-288.22.~~ A law enforcement official who receives the information shall not disclose it further, except (i) when necessary to enforce the provisions of this Article, Article 22 of this Chapter, or G.S. 14-288.22, or (ii) when the Department or a local health department seeks the assistance of the law enforcement official in preventing or controlling the spread of the disease or condition and expressly authorizes the disclosure as necessary for that purpose;
- (8) Release is made by the Department or a local health department to another federal, state or local public health agency for the purpose of preventing or controlling the spread of a communicable disease or communicable condition;
- (9) Release is made by the Department for bona fide research purposes. The Commission shall adopt rules providing for the use of the information for research purposes;
- (10) Release is made pursuant to G.S. 130A-144(b); or
- (11) Release is made pursuant to any other provisions of law that specifically authorize or require the release of information or records related to AIDS."

SECTION 10. G.S. 106-24.1 reads as rewritten:

"§ 106-24.1. Confidentiality of information collected and published.

All information published by the Department of Agriculture and Consumer Services pursuant to this Part shall be classified so as to prevent the identification of information received from individual farm operators. All information received pursuant to this Part from individual farm operators shall be held confidential by the Department and its employees. Information collected by the Department from individual farm operators for the purposes of its animal health programs may be disclosed by the State Veterinarian when, in his judgment, the disclosure will assist in the implementation of these programs. Animal disease diagnostic tests that identify the owner of the animal shall not be disclosed without the permission of the owner unless the State Veterinarian determines that disclosure is necessary to prevent the spread of an animal disease or to protect the public health."

SECTION 11. G.S. 106-307.2 reads as rewritten:

"§ 106-307.2. Reports of infectious disease in livestock and poultry to State Veterinarian.

1 (a) All persons practicing veterinary medicine in North Carolina shall report
2 promptly to the State Veterinarian the existence of any contagious or infectious disease
3 in livestock and poultry.

4 (b) The State Veterinarian shall notify the State Health Director when the State
5 Veterinarian receives a report indicating a potential outbreak of a disease or condition
6 that can be transmitted to humans and that is a communicable disease or condition
7 required to be reported by G.S. 130A-134."

8 **SECTION 12.** This act becomes effective October 1, 2002.

AGENDA

HOUSE COMMITTEE ON PUBLIC HEALTH

**June 12, 2002
Room 421 LOB
11:00 AM**

OPENING REMARKS

**Representative Zeno L. Edwards, Jr., Chairman
Public Health Committee**

AGENDA ITEM

**HB 1508 PUBLIC HEALTH BIOTERRORISM PREPAREDNESS
Representative Zeno L. Edwards, Jr., Sponsor**

ADJOURNMENT

VISITOR REGISTRATION SHEET

Public Health

Name of Committee

6/12/02

Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS

Cameron Rattiffe	Statenwatch NC
Carmille Stoll	KCLT
ANN WARR	DUHS
Marshall Brumby McRae	Carolina's Health Care
Greg McLeod	CCPS
RICHARD BERMAN	CCPS
W.C. McKinney	DOJ
David McLeod	NCDHHS
Bob Latham	NCDHHS
John Barkley	N.C. DOJ
Chris Stoffer	DHHS
J. N. MacCormack	DHHS
Linda Sewall	DEH, DENR
Ed Rego	N.C.A.C.C.
Hany Greene	OSBM
Cherry M. Beasley	NCNA, Raleigh, NC
Renee' Watson MD	Smithfield, N.C.
Omid Nasab	Huntton & Williams
John Bowdish	Alley Associates
Louis Guisto	HEALTHMGT com. PRINCIPAL LOBBYIST HEALTH CARE
Ken McHann	Alley Associates, Inc.
J. CRAIG Quick	University Health Systems
Gwynn Hawthorne	EAA
Doug Cassiter	NC STA
Amey G. Horne	NCMS
PREDON HOWARD	NCIC
John Phelps	NCLM
Wm. J. Watson	Capitol Group

VISITOR REGISTRATION SHEET

Public Health

Name of Committee

6/12/02

Daté

VISITORS:.. PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS

Margaret McNary

Martha Chase

Intern

NCDAICS

Joanne Schaan Stevens

NC nurses Association

Henry Williams

X/C Perhitungan Assem,

John Keston

NC FPC

MEMORANDUM

DATE: September 26, 2002

TO: Representative Thomas E. Wright

FROM: Representative Zeno L. Edwards, Jr.

SUBJECT: Bills Pending in the Committee on Public Health

Pursuant to House Rule 36(a) all House bills and resolutions shall be reported from the standing committee or permanent subcommittee to which referred with such recommendations as the standing committee or permanent subcommittee may desire to make **except in the case where the principal introducer requests in writing to the Chair(s) of the standing committee or permanent subcommittee that the bill not be considered.**

If you would like to request that your bill not be considered by the Committee on Public Health, for your convenience, a printed form is included at the bottom of this page. Please complete, sign and return the form to Room 637. This form may not be e-mailed because it requires the sponsor's signature.

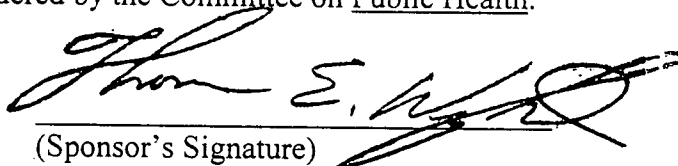
MEMORANDUM

TO: Representative Zeno L. Edwards, Jr.

FROM: Representative Thomas E. Wright
Bill Sponsor

SUBJECT: HB 463, Clean Syringe Exchange Program (Short Title)

I request that HB 463 not be considered by the Committee on Public Health.


(Sponsor's Signature)

9/26/02 Date

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2001

H

1

HOUSE BILL 463

Short Title: Clean Syringe -- Safe Syringe Exchange Program.

(Public)

Sponsors: Representatives Wright; Wainwright and Hackney.

Referred to: Public Health.

March 5, 2001

A BILL TO BE ENTITLED

AN ACT TO AUTHORIZE COMMUNITY-BASED CLEAN SYRINGE -- SAFE SYRINGE EXCHANGE PROGRAMS.

The General Assembly of North Carolina enacts:

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

"§ 130A-149. Community-based clean syringe – safe syringe exchange program.

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

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

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

1. The safe handling, exchange, and disposal of needles and syringes.
2. The provision of HIV/STD risk reduction information to participants, as well as information about tuberculosis and blood borne diseases such as hepatitis.
3. Referral of participants to drug and alcohol treatment 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 and syringes 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 clean syringe – safe syringe exchange plan in that county.

(b) The State Health Director may designate a county for participation in a community-based clean syringe – safe syringe exchange program if the local board of health submits to the State Health Director letters of support for a clean syringe – safe 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 clean syringe – safe 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 clean syringe – safe syringe exchange program or during the course of an injecting drug user's participation in the clean syringe – safe 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 (\$50,000) for the 2001-2002 fiscal year and the sum of fifty thousand dollars (\$50,000) for the 2002-2003 fiscal year to implement and evaluate the clean syringe – safe syringe exchange programs authorized by Section 1 of this act.

SECTION 3. This act becomes effective July 1, 2001.

MEMORANDUM

DATE: September 26, 2002

TO: Representative Gordon P. Allen, Sr.

FROM: Representative Zeno L. Edwards, Jr.

SUBJECT: Bills Pending in the Committee on Public Health

Pursuant to House Rule 36(a) all House bills and resolutions shall be reported from the standing committee or permanent subcommittee to which referred with such recommendations as the standing committee or permanent subcommittee may desire to make **except in the case where the principal introducer requests in writing to the Chair(s) of the standing committee or permanent subcommittee that the bill not be considered.**

If you would like to request that your bill not be considered by the Committee on Public Health, for your convenience, a printed form is included at the bottom of this page. Please complete, sign and return the form to Room 637. This form may not be e-mailed because it requires the sponsor's signature.

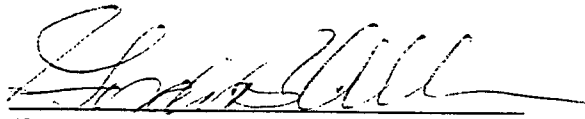
MEMORANDUM

TO: Representative Zeno L. Edwards, Jr.

FROM: Representative Gordon P. Allen, Sr.
Bill Sponsor

SUBJECT: HB 974, License by Credentials/Dentistry (Short Title)

I request that HB 974 not be considered by the Committee on Public Health.


(Sponsor's Signature)

9/26/02 Date

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001

H

1

HOUSE BILL 974*

Short Title: License by Credentials/Dentistry.

(Public)

Sponsors: Representatives Allen; Barefoot, Bonner, Bowie, Church, Coates, Culp, Dedmon, Dockham, Edwards, Fox, Gibson, Haire, Hall, Hensley, Hill, Hilton, Jarrell, Jeffus, Lucas, Luebke, McLawhorn, McMahan, Morris, Owens, Preston, Redwine, Russell, Setzer, Smith, Sutton, Tolson, Tucker, Underhill, Wainwright, C. Wilson, Wright, and Yongue.

Referred to: Public Health, if favorable, Finance.

April 4, 2001

A BILL TO BE ENTITLED

AN ACT TO ADDRESS SOME OF NORTH CAROLINA'S PUBLIC HEALTH PROBLEMS IN SHORTAGES OF LICENSED DENTAL PERSONNEL IN RURAL AND LOW-INCOME AREAS BY DEVELOPING PATHWAYS FOR NORTH CAROLINA STATE LICENSING OF DENTISTS AND DENTAL HYGIENISTS WHO ARE ALREADY LICENSED IN OTHER STATES OR JURISDICTIONS THROUGH PROVIDING FOR REVIEW OF THE PROFESSIONAL CREDENTIALS AND OTHER RECORDS OF ACTIVITIES BY APPLICANTS AS AN ALTERNATIVE TO REQUIRING APPLICANTS TO SATISFACTORILY COMPLETE A LICENSING BOARD CLINICAL EXAMINATION; BY ESTABLISHING A LIMITED VOLUNTEER DENTAL LICENSE; BY IMPROVING REGULATORY PROVISIONS FOR DENTAL FACULTY AND STUDENTS; AND BY ENACTING OTHER LICENSING CHANGES.

The General Assembly of North Carolina enacts:

SECTION 1. In order to emphasize the necessity of attracting and educating more private sector dental personnel for our State, and utilizing them to help address dental public health problems in rural and low-income areas, Chapter 130A of the General Statutes is amended by adding a new section to read:

"§ 130A-367. Dental providers for problem access areas.

The State's public health system cannot through its limited resources and personnel provide and deliver all of the essential public health services that are needed by citizens who cannot independently obtain them. One of the missions of the system, as expressed in G.S. 130A-1.1(6), is promoting the availability and accessibility of quality health care

1 services through the private sector. The State's dental public health program shall
2 encourage the expansion of current educational and training programs for more dentists,
3 dental hygienists, and dental assistants targeted to serve citizens' unmet needs,
4 particularly in the rural and low-income areas that have traditionally had problems in
5 accessing dental care. The program shall also promote and encourage the recruitment of
6 in-State and out-of-state private sector dental personnel to work in these dental health
7 professional shortage areas."

8 **SECTION 2.** G.S. 90-36 reads as rewritten:

9 **"§ 90-36. Licensing practitioners of other states.**

10 ~~The North Carolina State Board of Dental Examiners may, in its discretion, issue a~~
11 ~~license to practice dentistry in this State without an examination other than clinical to a~~
12 ~~legal and ethical practitioner of dentistry who moves into North Carolina from another~~
13 ~~state or territory of the United States, whose standard of requirements is equal to that of~~
14 ~~the State of North Carolina and in which such applicant has conducted a legal and~~
15 ~~ethical practice of dentistry for at least five years, next preceding his or her removal and~~
16 ~~who has not, during his period of practice, been found guilty by the state regulatory~~
17 ~~agency charged with the responsibility therefor of the violation of the ethics of his~~
18 ~~profession, nor found guilty by a court of competent jurisdiction of the violation of the~~
19 ~~laws of the state which issued license to him or of the criminal laws of the United~~
20 ~~States, nor whose license to practice dentistry has been revoked or suspended by a duly~~
21 ~~constituted authority.~~

22 ~~Application for license to be issued under the provisions of this section shall be~~
23 ~~accompanied by a certificate from the dental board or like board of the state from which~~
24 ~~said applicant removed, certifying that the applicant is the legal holder of a license to~~
25 ~~practice dentistry in that state, and for a period of five years immediately preceding the~~
26 ~~application has engaged in the practice of dentistry; is of good moral character and that~~
27 ~~during the period of his practice no charges have been filed with said board against the~~
28 ~~applicant for the violation of the laws of the state or of the United States, or for the~~
29 ~~violation of the ethics of the profession of dentistry.~~

30 ~~Application for a license under this section shall be made to the North Carolina State~~
31 ~~Board of Dental Examiners within the six months of the date of the issuance of the~~
32 ~~certificate hereinbefore required, and said certificate shall be accompanied by the~~
33 ~~diploma or other evidence of the graduation from a reputable, recognized and approved~~
34 ~~dental college, school or dental department of a college or university.~~

35 ~~Any license issued upon the application of any dentist from any other state or~~
36 ~~territory shall be subject to all of the provisions of this Article with reference to the~~
37 ~~license issued by the North Carolina State Board of Dental Examiners upon examination~~
38 ~~of applicants and the rights and privileges to practice the profession of dentistry under~~
39 ~~any license so issued shall be subject to the same duties, obligations, restrictions and the~~
40 ~~conditions as imposed by this Article on dentists originally examined by the North~~
41 ~~Carolina State Board of Dental Examiners.~~

42 (a) The Board shall have the authority to issue a license by credentials to an
43 applicant who has been licensed to practice dentistry in any state or territory of the
44 United States if said person produces satisfactory evidence to the Board that he or she

1 has the required education, training, and qualifications, is in good standing with the
2 licensing jurisdiction, has passed satisfactory examinations of proficiency in the
3 knowledge and practice of dentistry as determined by the Board, and meets all other
4 requirements set forth herein and in the rules of the Board. The Board is authorized to
5 conduct examinations and interviews to thoroughly test the qualifications of the
6 applicant and may require additional information which would affect the applicant's
7 ability to render competent dental care. The Board may, in its discretion, refuse to issue
8 a license by credentials to an applicant who the Board determines is unfit to practice
9 dentistry.

10 (b) The applicant for licensure by credentials shall be of good moral character
11 and shall have graduated from and have a DDS or DMD degree from a program of
12 dentistry in a school or college accredited by the Commission on Dental Accreditation
13 of the American Dental Association and approved by the Board.

14 (c) The applicant shall:

- 15 (1) Have been in active practice as defined in G.S. 90-29(b)(1) through
16 (b)(9) for a minimum of five years immediately preceding the date of
17 application;
18 (2) Have not been the subject of final or pending disciplinary action in any
19 state or territory in which he or she is or has ever been licensed to
20 practice dentistry or in any state or territory in which he or she has
21 held any other professional license;
22 (3) Present evidence that he or she has no felony convictions whatsoever,
23 or any other criminal convictions which would affect his or her ability
24 to render competent dental care; and
25 (4) Have not failed an examination conducted by the North Carolina State
26 Board of Dental Examiners.

27 (d) In addition to the above, the applicant for licensure by credentials shall
28 submit an application, the form of which shall be determined by the Board, pay the fee
29 required by G.S. 90-39, successfully complete tests in Jurisprudence and Sterilization
30 and Infection Control, and meet the criteria or requirements established by the Board.

31 (e) Once a license is issued to an individual on the basis of credential review, the
32 holder of the license shall establish a practice location and actively practice dentistry as
33 defined in G.S. 90-29(b)(1) through (b)(9) in North Carolina within one year from the
34 date the license is issued. Once practice is initiated in North Carolina, the license by
35 credential shall automatically become void if the licensee fails to limit his or her
36 practice to North Carolina, or ceases to actively practice dentistry in North Carolina.

37 (f) Notwithstanding the provisions of G.S. 150B-21.1(a), the Board is authorized
38 to adopt temporary rules to implement this section."

39 **SECTION 3.** Article 16 of Chapter 90 of the General Statutes is amended by
40 adding a new section to read:

41 **"§ 90-224.1. Licensure by credentials.**

42 (a) The Board shall have the authority to issue a license by credentials to an
43 applicant who has practiced dental hygiene in the United States military service or has
44 been licensed to practice dental hygiene in any state or territory of the United States, if

1 the applicant produces satisfactory evidence to the Board that he or she has the required
2 education, training, and qualifications; is in good standing with the military or licensing
3 jurisdiction; has passed satisfactory examinations of proficiency in the knowledge and
4 practice of dental hygiene as determined by the Board; and meets all other requirements
5 set forth herein and in the Rules of the Board. The Board may, in its discretion, refuse to
6 issue a license by credentials to an applicant who the Board determines is unfit to
7 practice dental hygiene.

8 (b) The applicant for licensure shall be of good moral character, have graduated
9 from an accredited high school or hold a high school equivalency certificate duly issued
10 by a governmental agency or authorized unit, and have satisfactorily completed dental
11 hygiene education and training, as required by the military or in a United States state or
12 territory controlled program, with the military or state or territory education and training
13 approved by the Board.

14 (c) The applicant shall:

15 (1) Have been in active dental practice as defined in G.S. 90-221(a) and
16 supervised by a licensed dentist for a minimum of two years
17 immediately preceding the date of application;

18 (2) Have no history of disciplinary action or pending disciplinary action in
19 the military, or in any state or territory in which he or she is or has ever
20 been licensed;

21 (3) Have no felony convictions whatsoever or other criminal convictions
22 which would affect his or her ability to render competent dental
23 hygiene care; and

24 (4) Have not failed an examination conducted by the North Carolina State
25 Board of Dental Examiners.

26 (d) In addition to the above, the applicant for licensure by credentials shall
27 submit an application, the form of which shall be determined by the Board, pay the fee
28 required by G.S. 90-232, successfully complete tests in Jurisprudence and Sterilization
29 and Infection Control, and meet other criteria or requirements established by the Board,
30 which may include, but shall not be limited to, an examination or interview before the
31 Board or its authorized agents.

32 (e) This section shall not be construed to include licensure by reciprocity, which
33 is prohibited.

34 (f) Notwithstanding the provisions of G.S. 150B-21.1(a), the Board is authorized
35 to adopt temporary rules to implement this section."

36 **SECTION 4.** To conform existing licensing laws with standards of the
37 newly enacted licensure by credentials provisions, G.S. 90-221(b) reads as rewritten:

38 "(b) "Dental hygienist" as used in this Article, shall mean any person who ~~is a~~
39 ~~graduate of a Board-accredited school~~ has satisfactorily completed a Board-approved
40 program of dental hygiene education and training, who has been licensed by the Board,
41 and who practices dental hygiene as prescribed by the Board."

42 **SECTION 5.** To conform existing licensing laws with standards of the
43 newly enacted licensure by credentials provisions, G.S. 90-224(a) reads as rewritten:

1 "(a) The applicant for licensure must be of good moral character, have graduated
2 from an accredited high school or hold a high school equivalency certificate duly issued
3 by a governmental agency or unit authorized unit, to issue the same, and be a graduate
4 of a program of and have satisfactorily completed dental hygiene in a school or college
5 education and training in the United States military service, or a United States state or
6 territory controlled program, with the military or state or territory education and training
7 approved by the Board."

8 **SECTION 6.** In order to provide some relief from shortages of dentists to
9 treat underserved low-income populations in this State, Article 2 of Chapter 90 of the
10 General Statutes is amended by adding a new section to read:

11 **"§ 90-37.1. Limited volunteer dental license.**

12 (a) The North Carolina State Board of Dental Examiners may, under rules
13 adopted by the Board in compliance with Chapter 150B of the General Statutes, issue to
14 an applicant a special license to be entitled a 'Limited Volunteer Dental License' to
15 practice dentistry only in nonprofit health care facilities serving low-income
16 populations. Holders of this limited volunteer license shall only be allowed to volunteer
17 their professional services, without compensation, to help meet the needs of these
18 disadvantaged persons. The Board may issue such limited license to an applicant under
19 this section who:

20 (1) Has an out-of-state current or expired license, or an expired license in
21 this State, or is authorized to treat veterans or personnel enlisted in the
22 United States armed services; and

23 (2) Has actively practiced dentistry within the past five years.

24 (b) Such limited license may be issued to an applicant who produces satisfactory
25 evidence to the Board that he or she has the required education, training, and
26 qualifications; is in good standing with the licensing jurisdiction; has passed satisfactory
27 examinations of proficiency in the knowledge and practice of dentistry as determined by
28 the Board; and meets all other requirements set forth herein and in the rules of the
29 Board. The Board is authorized to conduct examinations and interviews to thoroughly
30 test the qualifications of the applicant and may require additional information which
31 would affect the applicant's ability to render competent dental care. The Board may, in
32 its discretion, refuse to issue a 'Limited Volunteer Dental License' to an applicant who
33 the Board determines is unfit to practice dentistry.

34 (c) The applicant shall be of good moral character and shall have graduated from
35 and have a DDS or DMD degree from a program of dentistry in a school or college
36 accredited by the Commission on Dental Accreditation of the American Dental
37 Association and approved by the Board.

38 (d) The applicant shall:

39 (1) Show that he or she has actively practiced dentistry as defined in G.S.
40 90-29(b)(1) through (b)(9) for a minimum of five years;

41 (2) Show that he or she has not been the subject of final or pending
42 disciplinary action in any state in which he or she has ever been
43 licensed to practice dentistry or in any state in which he or she has held
44 any other professional license;

(3) Present evidence that he or she has no felony convictions whatsoever, or any other criminal convictions which would affect his or her ability to render competent care;

(4) Present evidence that he or she has no pending Veterans Administration or military disciplinary actions or any history of such disciplinary action; and

(5) Show that he or she has not failed an examination conducted by the North Carolina State Board of Dental Examiners.

(e) In addition to the above, the applicant shall submit an application, the form of which shall be determined by the Board, pay the fee required under G.S. 90-39, and successfully complete tests in Jurisprudence and Sterilization and Infection Control. The Board is authorized to charge and collect fees for license application and annual renewal as required under G.S. 90-39; however, credentialing fees that might have been applicable under G.S. 90-39(13) are waived, as an incentive for practitioners to volunteer.

(f) Successful applicants shall comply with the continuing dental education requirements adopted by the Board, including CPR training.

(g) The holder of a limited license under this section who practices dentistry in other than a nonprofit health care facility serving low-income populations shall be guilty of a Class 1 misdemeanor, with each day's violation constituting a separate offense, and upon conviction shall be punished in the discretion of the appropriate criminal court. Upon proof of such practice in unauthorized settings offered in the appropriate administrative law forum, the Board may suspend or revoke the limited license, in its discretion, after due notice. Furthermore, for violations of the dental practice act or its Rules as may be reasonably applicable to a limited license practice, the Board shall have the same authority to investigate and impose sanctions on limited license holders as it does for those holding an unlimited license. The Board shall maintain a nonexclusive list of nonprofit health care facilities serving low-income populations in the State, and it shall consider approving other facilities on an individual basis."

SECTION 7. G.S. 90-39 reads as rewritten:

"§ 90-39. Fees.

In order to provide the means of carrying out and enforcing the provisions of this Article and the duties devolving upon the North Carolina State Board of Dental Examiners, it is authorized to charge and collect fees established by its rules and regulations not exceeding the following:

- | | | |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| (1) | Each application for general dentistry examination | \$500.00 |
| (2) | Each general dentistry license renewal, which fee shall be annually fixed by the Board and not later than November 30 of each year it shall give written notice of the amount of the renewal fee to each dentist licensed to practice in this State by mailing such notice to the last address of record with the board of each such dentist | 140.00 |
| (2a) | Penalty for late renewal of any license or permit | 50.00 |
| (3) | Each provisional license | 150.00 |
| (4) | Each intern permit or renewal thereof | 150.00 |

- (5) Each certificate of license to a resident dentist desiring to change to another state or territory.....30.00
- (6) Repealed by Session Laws 1995, (Reg. Sess., 1996), c. 584, s. 1.
- (7) Each license to resume the practice issued to a dentist who has retired from and returned to this State.....300.00
- (8) Each instructor's license or renewal thereof140.00
- (9) With each renewal of a dentistry license, an annual fee to help fund special peer review organizations for impaired dentists.....50.00
- (10) Each duplicate of any license, permit, or certificate issued by the Board.....25.00
- (11) Each office inspection for general anesthesia and parenteral sedation permits.....350.00
- (12) Each general anesthesia and parenteral sedation permit application or renewal of permit.....~~50.00~~ 50.00
- (13) Each application for license by credentials.....3,000.00
- (14) Each application for limited volunteer dental license.....300.00
- (15) Each limited volunteer dental license annual renewal.....25.00."

SECTION 8. G.S. 90-232 reads as rewritten:

"§ 90-232. Fees.

In order to provide the means of carrying out and enforcing the provisions of this Article and the duties devolving upon the North Carolina State Board of Dental Examiners, it is authorized to charge and collect fees established by its rules and regulations not exceeding the following:

- (1) Each applicant for examination\$125.00
- (2) Each renewal certificate, which fee shall be annually fixed by the Board and not later than November 30 of each year it shall give written notice of the amount of the renewal fee to each dental hygienist licensed to practice in this State by mailing such notice to the last address of record with the Board of each such dental hygienist...60.00
- (3) Each restoration of license.....60.00
- (4) Each provisional license60.00
- (5) Each certificate of license to a resident dental hygienist desiring to change to another state or territory25.00
- (6) Annual fee to be paid upon license renewal to assist in funding programs for impaired dental hygienists~~40.00~~ 40.00
- (7) Each license by credentials.....1,500.00.

In no event may the annual fee imposed on dental hygienists to fund the impaired dental hygienists program exceed the annual fee imposed on dentists to fund the impaired dentist program. All fees shall be payable in advance to the Board and shall be disposed of by the Board in the discharge of its duties under this Article."

SECTION 9. G.S. 90-29.5 reads as rewritten:

"§ 90-29.5. Instructor's license.

~~The Board may issue an instructor's license to a person who is not otherwise licensed to practice dentistry in the State, but whom the Board finds to be qualified by~~

~~professional training and experience and upon the same examination as that offered to licensed dentists in North Carolina plus an oral examination. An instructor's license will authorize him to teach and to practice dentistry in or on behalf of a dental school or college offering a doctoral degree in dentistry, operated and conducted in this State and approved by the North Carolina State Board of Dental Examiners, but only within the confines of the principal facility of the school or college and of any teaching hospital adjacent thereto. Application for an instructor's license shall be made in accordance with rules and regulations of the North Carolina State Board of Dental Examiners. A person holding an instructor's license shall have, within the scope of his authorized practice, all the duties and responsibilities of any dentist who has been licensed upon examination by the North Carolina State Board of Dental Examiners, and shall be subject to those various disciplinary measures and penalties set forth in G.S. 90-41 upon a determination by the Board that he has violated any of the terms or provisions of this Article. An instructor's license shall be subject to annual renewal by the North Carolina State Board of Dental Examiners, as provided in G.S. 90-31.~~

(a) The Board may issue an instructor's license to a person who is not otherwise licensed to practice dentistry in the State, but whom the Board finds to meet the following conditions:

- (1) Is licensed to practice dentistry anywhere in the United States or in any country, territory, or other recognized jurisdiction; and
- (2) Has met or been approved under the credentialing standards of a dental school or an academic medical center with which they are to be affiliated; such dental school or academic medical center shall be accredited by the American Dental Association's Commission on Accreditation or the Joint Commission on Accreditation of Health Care Organization.

(b) The holder of an instructor's license is authorized to teach and to practice dentistry:

- (1) In or on behalf of a dental school or college offering a doctoral degree in dentistry, operated and conducted in this State and approved by the North Carolina State Board of Dental Examiners;
- (2) In connection with an academic medical center identified by the North Carolina Department of Health and Human Services; and
- (3) At any teaching hospital adjacent to a dental school or an academic medical center.

(c) Application for an instructor's license shall be made in accordance with the rules and regulations of the North Carolina State Board of Dental Examiners. On or after January 1, 2002, all dentists previously practicing under G.S. 90-29(c)(3) shall be granted an instructor's license upon application to the Board and payment of the required fee. The holder of an instructor's license shall be subject to the provisions of this Article."

SECTION 10. G.S. 90-29(c)(3) reads as rewritten:

- "(3) The teaching or practice of dentistry, in dental schools or colleges operated and conducted in this State and approved by the North**

1 Carolina State Board of Dental Examiners, by any person or persons
2 licensed to practice dentistry anywhere in the United States or in any
3 country, territory or other recognized ~~jurisdiction~~jurisdiction until
4 December 31, 2001. On or after January 1, 2002, all dentists
5 previously practicing under G.S. 90-29(c)(3) shall be granted an
6 instructor's license upon application to the Board and payment of the
7 required fee."

8 **SECTION 11.** G.S. 90-41(f) reads as rewritten:

9 "(f) As used in this section the term "licensee" includes licensees, provisional
10 licensees and holders of intern permits, and the term "license" includes license,
11 ~~provisional license~~license, instructor's license, and intern permit."

12 **SECTION 12.** G.S. 90-29.4(1) reads as rewritten:

13 "(1) An intern permit shall be valid for no more than one year from the date
14 of issue thereof; provided, however, that the Board may, in its
15 discretion, renew such permit for not more than ~~three~~five additional
16 one-year periods; and, provided, further, that no person shall be
17 granted an intern permit or intern permits embracing or covering an
18 aggregate time span of more than ~~48~~72 calendar months;"

19 **SECTION 13.** If any section of this act is declared to be unconstitutional,
20 preempted, or otherwise invalid by the courts, except where a contrary intent is clearly
21 indicated by the text of the section, it shall not affect the validity of the act as a whole or
22 any part other than the section declared to be invalid, and any previous statutory law
23 replaced or modified by the section declared invalid shall be reinstated as if the previous
24 law had not been changed. If any part of a numbered section of this act is declared
25 invalid, the whole section shall fail.

26 **SECTION 14.** This act becomes effective January 1, 2002. Sections 2, 3, 4,
27 and 5 of this act shall expire and no longer have the force or effect or law at midnight on
28 June 30, 2003.

MEMORANDUM

DATE: September 26, 2002

TO: Representative Zeno L. Edwards, Jr.

FROM: Representative Zeno L. Edwards, Jr.

SUBJECT: Bills Pending in the Committee on Public Health

Pursuant to House Rule 36(a) all House bills and resolutions shall be reported from the standing committee or permanent subcommittee to which referred with such recommendations as the standing committee or permanent subcommittee may desire to make **except in the case where the principal introducer requests in writing to the Chair(s) of the standing committee or permanent subcommittee that the bill not be considered.**

If you would like to request that your bill not be considered by the Committee on Public Health, for your convenience, a printed form is included at the bottom of this page. Please complete, sign and return the form to Room 637. This form may not be e-mailed because it requires the sponsor's signature.

MEMORANDUM

TO: Representative Zeno L. Edwards, Jr.

FROM: Representative Zeno L. Edwards, Jr.
Bill Sponsor

SUBJECT: HB 287, Repeal Occupational Health Reporting Req.-AB. (Short Title)

I request that HB 287 not be considered by the Committee on Public Health.

Zeno L. Edwards, Jr.
(Sponsor's Signature)

9/26/02 Date

