2003-2004

HOUSE
CHILDREN, YOUTH & FAMILIES

COMMITTEE MINUTES

NORTH CAROLINA HOUSE OF REPRESENTATIVES
2003 Session

COMMITTEE ON CHILDREN, YOUTH AND FAMILIES

REPRESENTATIVE HOWARD J. HUNTER, JR.
CHAIRMAN

REPRESENTATIVE JENNIFER WEISS
VICE CHAIRMAN

MEMBERSHIP

COMMITTEE ON CHILDREN, YOUTH AND FAMILIES

Howard Hunter, Chairman
Room 613 LOB
733-2962
Comm. Assistant: Barbara Phillips

Jennifer Weiss, Vice Chairman
Room 2221 LB
733-5781
Legislative Assistant: Susan Doty

Martha Alexander
Room 2208 LB
733-5807
Legislative Assistant: Ann Faust

Jeff Barnhart
Room 608 LOB
715-2009
Legislative Assist: Pamela Ahlin

Becky Carney
Room 1221 LB
733-5827
Legislative Assistant: Joyce Langdon

Jerry Dockham
Room 1424 LB
715-2526
Legislative Assistant: Regina Irwin

Sam Ellis
504 LOB
715-6707
Legislative Assistant: Alice Falcone

Mary McAllister
638 LOB
733-5959
Legislative Assist:Johnna Smith

Earline Parmon
634 LOB
715-2530
Legislative Assistant: Pat Christmas

Jean Preston
603 LOB
733-5706
Legislative Assist: Suzanne Castleberry

John Rayfield
510 LOB
733-5868
Legislative Assistant: Brenda Olls

Paul Stam
610 LOB
733-5780
Legislative Assist: Janna Stam

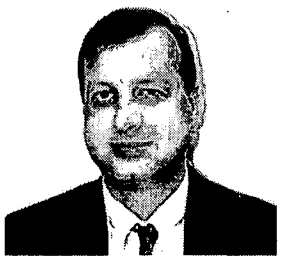
NORTH CAROLINA GENERAL ASSEMBLY

COMMITTEE ON CHILDREN, YOUTH AND FAMILIES
2003 – 2004 SESSION

Rep. Howard J. Hunter
Chair

Rep. Jennifer Weiss
Vice chair

Rep. Martha Alexander



Rep. Jeff Barnhart

Rep. Becky Carney

Rep. Jerry Dockham

Rep. Sam Ellis

Rep. Mary McAllister

Rep. Earline Parmon

Rep. Jean Preston

Rep. John Rayfield

Rep. Paul Stam

NORTH CAROLINA GENERAL ASSEMBLY

COMMITTEE ON CHILDREN, YOUTH AND FAMILIES
2003 – 2004 SESSION

Rep. Brubaker
Ex-officio

Rep. Culpepper
Ex-officio

Rep. Cunningham
Ex-officio

Rep. Eddins
Ex-officio

NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
2003-2004 SESSION

You are hereby notified that the Committee on CHILDREN, YOUTH & FAMILIES will meet as follows:

DAY & DATE: **March 12, 2003**

TIME: **12 noon**

LOCATION: **605 LOB**

The following bills will be considered (Bill # & Short Title & Bill Sponsor):
There are no bills on the agenda. This is an organizational meeting.

Respectfully,

Representative Howard Hunter
Chairman

I hereby certify this notice was filed by the committee assistant at the following offices at 11 a.m. on March 7, **2003.**

___Principal Clerk
___Reading Clerk - House Chamber

Barbara Y. Phillips (Committee Assistant)

AGENDA

COMMITTEE ON CHILDREN, YOUTH AND FAMILIES

Rep. Howard J. Hunter, Jr.
Chairman

March 12, 2003

Opening Remarks
Chairman

Introduction:
Committee Members
Research Staff

Remarks

Adjournment

COMMITTEE ON CHILDREN, YOUTH AND FAMILIES
Wednesday, March 12, 2003
12 noon

MINUTES

The Committee on Children, Youth and Families met on Wednesday, March 12, 2003, in Room 605 of the Legislative Office Building, at 12 noon for an organizational meeting. Members attending the meeting were Representatives Howard Hunter, (Chairman) Jennifer Weiss, (Vice Chairman), Martha Alexander, Becky Carney, Sam Ellis, Earline Parmon, John Rayfield, Jerry Dockham, Mary McAllister, Jean Preston, and Paul Stam. Research Staff Erika Churchill and Wendy Ray were also in attendance. The page present was Juliann Pezzullo from Wake County. A Visitor Registration Sheet is attached and made a part to these Minutes.

Representative Hunter presided. The chair began the meeting by welcoming all visitors, committee members, staff and page. Rep. Hunter stated that this meeting was called for organizational purposes and asked each committee member to state his/her name and the district represented.

At the present time, there are only two bills for review. HB 152 and HB 203. HB 152 sponsored by Rep. Alexander will be reviewed at the next meeting scheduled for Wednesday, March 26, 2003.

This concluded the business of the committee and the meeting was adjourned.

Representative Howard Hunter
Chairman

Barbara Y. Phillips
Committee Assistant

ATTENDANCE

2003

CHILDREN, YOUTH AND FAMILIES

DATES	3-12-03														
Rep. Howard Hunter, Chairman	✓														
Rep. J. Weiss, Vice Chairman	✓														
Rep. Martha Alexander	✓														
Rep. Jeff Barnhart															
Rep. Becky Carney	✓														
Rep. Jerry Dockham	✓														
Rep. Sam Ellis	✓														
Rep. Mary McAllister	✓														
Rep. Earline Parmon	✓														
Rep. Jean Preston	✓														
Rep. John Rayfield	✓														
Rep. Paul Stam	✓														
Erika Churchill	✓														
Wendy Graf Ray	✓														
Rep. Brubaker, Ex-Officio															
Rep. Culpepper, Ex-Officio															
Rep. Cunningham, Ex-Officio															
Rep. Eddins, Ex-Officio															

VISITOR REGISTRATION SHEET

CHILDREN, YOUTH AND FAMILIES — March 12, 2003

Name of Committee — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Cathy Franklin-Griffin	UNC-G Doctoral Intern @ NCCCS
MAURICE & CAROL McROBERTS	GRANDCHILDREN/GRANDPARENTS RIGHTS OF NC 2006 BRITTANY TR PLEASANT GARDENS, NC. 27313
Roz Savitt	NC Child Care Coalition
Tasha Clay	YAIO
Paula A. Wolf	Covenant w/NC's Children
Amy Dobson	NC State Watch.

NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
AND
BILL SPONSOR NOTIFICATION
2003-2004 SESSION

You are hereby notified that the Committee on Children, Youth and Families will meet as follows:

DAY & DATE: **Wednesday, March 26, 2003**

TIME: **12 noon**

LOCATION: **605 LOB**

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

HB 152 - Unauthorized Meds/Prevent SIDS/Child Care – Rep. Alexander
HB 462 – Health Insurance/Marriage & Family – Rep. Alexander

Respectfully,
Representative Howard Hunter
Chair

I hereby certify this notice was filed by the committee assistant at the following offices at **4p.m** on **March 20, 2003.**

___Principal Clerk
___Reading Clerk - House Chamber

Barbara Y. Phillips (Committee Assistant)

COMMITTEE ON CHILDREN, YOUTH AND FAMILIES

Rep. Howard J. Hunter, Jr.
Chairman

AGENDA

March 26, 2003

Call to Order
Rep. Howard Hunter, Chairman

Bills:
HB 152 - Unauthorized Meds/Prevent SIDS/Child Care – Rep. Alexander
HB 462 – Health Insurance/Marriage & Family – Rep. Alexander

Remarks

Adjournment

COMMITTEE ON CHILDREN, YOUTH AND FAMILIES
Wednesday, March 26, 2003
12 noon

MINUTES

The Committee on Children, Youth and Families met on Wednesday, March 26, 2003, in Room 605 of the Legislative Office Building, at 12 noon. Members attending the meeting were Representatives Howard Hunter, (Chairman) Jennifer Weiss, (Vice Chairman), Martha Alexander, Becky Carney, Sam Ellis, Earline Parmon, John Rayfield, Mary McAllister, Jean Preston, and Paul Stam. Research Staff Erika Churchill and Wendy Ray were also in attendance. The page present was Anthony Ruoven from Union County. A Visitor Registration Sheet is attached and made a part to these Minutes.

Representative Hunter presided. Two bills are on the agenda for today. We will revert the order and discuss HB 462 – Health Insurance/Marriage and Family first. Rep. Alexander was called on to explain the bill.

Rep. Alexander explained that this bill will add licensed marriage and family therapist to the list of professional services for which an individual has the right to choose the provider of their choice.

Rep. Rayfield made the motion that HB 462 be given a favorable report.

The next bill for discussion is HB 152 – Unauthorized Meds/Prevent SIDS/ Child Care. Rep. Alexander was asked to explain the bill. Staff submitted a proposed committee substitute and Rep. McAllister made a motion that the committee substitute be adopted.

Rep. Alexander explained that HB 152 would require caregivers in child care facilities to place children age 12 months or younger in a sleeping position on their backs to reduce the risk of Sudden Infant Death Syndrome (SIDS), Unless the caregiver receives a written waiver from a health care provider instructing otherwise. It is also in accordance with the most current recommendations from the American Academy of Pediatrics who have done a lot of study on this issue. It also states that the child care facility should develop a safe sleep policy and that this policy should be discussed with the parents and should require a written statement by the parent or guardian that they understand what the policy is of this child care facility and that the workers have required training.

The second part of this committee substitute will also make it unlawful for employees, volunteers, household member or owner of a licensed or unlicensed child care facility to administer medication to a child without authorization from the child's parent or guardian. This would be a class A-1 misdemeanor, if this section was violated. It also directs the Division of Child Development, local departments of social services, law enforcement personnel and the medical community to communicate to ensure that reports of abuse or neglect in child care facilities are properly investigated.

There was much discussion about the language in the section of the bill relating to placing a child in a supine position. (placing the child down on its back to sleep). It was suggested that the word supine be removed. It was pointed out that most babies die in the home and there have been about 100 babies in North Carolina to die of SIDS. Six out of the 100 have died in Child Care Facilities. A copy of the policy from the American Academy of Pediatrics was provided for the committee.

The meeting was adjourned and HB 152 will be discussed at the next meeting on April 2, 2003.

Representative Howard Hunter
Chairman

Barbara Y. Phillips
Committee Assistant

ATTENDANCE

2003

CHILDREN, YOUTH AND FAMILIES

DATES	3-26-03														
Rep. Howard Hunter, Chairman	✓														
Rep. J. Weiss, Vice Chairman	✓														
Rep. Martha Alexander	✓														
Rep. Jeff Barnhart	✓														
Rep. Becky Carney	✓														
Rep. Jerry Dockham															
Rep. Sam Ellis	✓														
Rep. Mary McAllister	✓														
Rep. Earline Parmon	✓														
Rep. Jean Preston	✓														
Rep. John Rayfield	✓														
Rep. Paul Stam	✓														
Erika Churchill	✓														
Wendy Graf Ray	✓														
Rep. Brubaker, Ex-Officio															
Rep. Culpepper, Ex-Officio															
Rep. Cunningham, Ex-Officio															
Rep. Eddins, Ex-Officio															

COMMITTEE ON CHILDREN, YOUTH AND FAMILIES
Wednesday, March 26, 2003
12 noon

MINUTES

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There was much discussion about the language in the section of the bill relating to placing a child in a supine position. (placing the child down on its back to sleep). It was suggested that the word supine be removed. It was pointed out that most babies die in the home and there have been about 100 babies in North Carolina to die of SIDS. Six out of the 100 have died in Child Care Facilities. A copy of the policy from the American Academy of Pediatrics was provided for the committee.

The meeting was adjourned and HB 152 will be discussed at the next meeting on April 2, 2003.

Representative Howard Hunter Chairman	Barbara Y. Phillips Committee Assistant

HB 462:
Health Insurance/Marriage & Family Therapists.

BILL ANALYSIS

Committee:	House Children, Youth & Families	**Introduced by:**	Representative Alexander
Date:	March 26, 2003	**Summary by:**	R. Erika Churchill Committee Counsel
Version:	First Edition		

SUMMARY: ***The bill would add licensed marriage and family therapists to the list of professional services for which an individual has the right to choose the provider, allow those therapists to receive direct third party reimbursements, and recognize those therapists under the Professional Corporations Act.***

CURRENT LAW:

Marriage and family therapists are licensed professionals under Article 18C of Chapter 90. That article specifically provides that direct third party reimbursements to licensed marriage and family therapists are not required. G.S. 90-2700.48B. Marriage and family therapists are not part of the insurance "Freedom of Choice" statutes, allowing individuals to select the provider of their choosing and still receive payment under that individual's health benefit plan as provided for in G.S. 58-50-30.

BILL ANALYSIS:

- Section 1. The bill would add the services of a duly licensed marriage and family therapist to those services, which an individual has the right to select the provider of their choice and still be, covered notwithstanding their health insurance plan or policy statements. A duly licensed marriage and family therapist is defined as one licensed under Article 18C of Chapter 90. **Effective October 1, 2003, and applies to claims for payment or reimbursement for services rendered on or after October 1, 2003.**

- Section 2. The bill would allow for the requirement of direct third party reimbursements to licensed marriage and family therapists. **Effective October 1, 2003, and applies to claims for payment or reimbursement for services rendered on or after October 1, 2003.**

- Sections 3 and 4. The bill would add the profession of licensed marriage and family therapists to those professions that may participate in a professional corporation. **Effective when the bill becomes law.**

2003 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:
By Representative **Howard J. Hunter, Jr.** (Chair) for the Committee on **CHILDREN, YOUTH AND FAMILIES.**

☐ Committee Substitute for
H.B. 462 A BILL TO BE ENTITLED AN ACT TO INCLUDE DULY LICENSED MARRIAGE AND FAMILY THERAPISTS UNDER THE INSURANCE 'FREEDOM OF CHOICE' LAW AND UNDER THE PROFESSIONAL CORPORATIONS 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 the committee substitute bill (#), ☐ which changes the title, unfavorable as to (the 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)

03/19/03

FOR JOURNAL USE ONLY

____ Pursuant to Rule 36(b), the bill/resolution is placed on the Calendar of _____.

____ The (committee substitute) bill/resolution (, as amended,) is (ordered engrossed and) re-referred to the Committee on _____.

____ The bill/resolution is re-referred to the Committee on _____.

____ On motion of (Rep. _____,) (the Chair,) the (committee substitute) bill/resolution is (ordered engrossed and) re-referred to the Committee on _____.

____ Pursuant to Rule 36(b), the (House)committee substitute bill (No. ____)/resolution is placed on the Calendar of _____. (The original bill) (House Committee Substitute Bill No. ____)/resolution is placed on the Unfavorable Calendar.

____ On motion of Rep. _____, (the rules are suspended) (Rule ____ is suspended) and the bill/resolution is placed on today's calendar. (for immediate consideration.)

____ On motion of Rep. _____, Committee Amendment No.(s) _____ is/are adopted (by EV____ ____).

____ On motion of Rep. _____, Committee Amendment No.(s) _____ is/are adopted (by EV____ ____).

____ Rep. _____ offers Amendment No. _____ which (is adopted.) (fails of adoption.) (by EV ____ ____.) ( ) This amendment changes the title.

____ The bill/resolution (, as amended,) passes its second reading (by following vote, ____ ____ RC) (, by EV ____ ____,) and (remains on the Calendar,) (and there being no objection is read a third time).

____ The bill/resolution (, as amended,) passes its third reading (by the following vote, ____ ____ RC) (, by EV ____ ____,) and is ordered
____ sent to the Senate.
____ without engrossment. ____ by Special message.
____ sent to the Senate for concurrence in
_____ the House amendment (s).
_____the House committee substitute bill.
____ enrolled.

____ On motion of Rep. _____, the House concurs in the (material) Senate _____ (by the following vote, ____ ____ RC) (, by EV ____ ____,) and the bill is ordered enrolled.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

H 1

HOUSE BILL 462*

Short Title:	Health Insurance/Marriage & Family Therapists.	(Public)
Sponsors:	Representatives Alexander, G. Wilson (Primary Sponsors); Wainwright and Warner.	
Referred to:	Children, Youth and Families.	

March 13, 2003

A BILL TO BE ENTITLED

AN ACT TO INCLUDE DULY LICENSED MARRIAGE AND FAMILY THERAPISTS UNDER THE INSURANCE 'FREEDOM OF CHOICE' LAW AND UNDER THE PROFESSIONAL CORPORATIONS ACT.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 58-50-30 reads as rewritten:

"**§ 58-50-30. Right to choose services of optometrist, podiatrist, licensed clinical social worker, certified substance abuse professional, licensed professional counselor, dentist, chiropractor, psychologist, pharmacist, certified fee-based practicing pastoral counselor, advanced practice nurse, licensed marriage and family therapist, or physician assistant.**

(a1) Whenever any health benefit plan, subscriber contract, or policy of insurance issued by a health maintenance organization, hospital or medical service corporation, or insurer governed by Articles 1 through 67 of this Chapter provides for coverage for, payment of, or reimbursement for any service rendered in connection with a condition or complaint that is within the scope of practice of a duly licensed optometrist, a duly licensed podiatrist, a duly licensed dentist, a duly licensed chiropractor, a duly licensed clinical social worker, a duly certified substance abuse professional, a duly licensed professional counselor, a duly licensed psychologist, a duly licensed pharmacist, a duly certified fee-based practicing pastoral counselor, a duly licensed physician assistant, a duly licensed marriage and family therapist, or an advanced practice registered nurse, the insured or other persons entitled to benefits under the policy shall be entitled to coverage of, payment of, or reimbursement for the services, whether the services be performed by a duly licensed physician, or a provider listed in this subsection, notwithstanding any provision contained in the plan or policy limiting access to the providers. The policyholder, insured, or beneficiary shall have the right to choose the provider of services notwithstanding any provision to the contrary in any other statute,

subject to the utilization review, referral, and prior approval requirements of the plan that apply to all providers for that service; provided that:

(1) In the case of plans that require the use of network providers as a condition of obtaining benefits under the plan or policy, the policyholder, insured, or beneficiary must choose a provider of the services within the network; and

(2) In the case of plans that require the use of network providers as a condition of obtaining a higher level of benefits under the plan or policy, the policyholder, insured, or beneficiary must choose a provider of the services within the network in order to obtain the higher level of benefits.

(a2) Whenever any policy of insurance governed by Articles 1 through 64 of this Chapter provides for certification of disability that is within the scope of practice of a duly licensed physician, a duly licensed physician assistant, a duly licensed optometrist, a duly licensed podiatrist, a duly licensed dentist, a duly licensed chiropractor, a duly licensed clinical social worker, a duly certified substance abuse professional, a duly licensed professional counselor, a duly licensed psychologist, a duly certified fee-based practicing pastoral counselor, a duly licensed marriage and family therapist, or an advanced practice registered nurse, the insured or other persons entitled to benefits under the policy shall be entitled to payment of or reimbursement for the disability whether the disability be certified by a duly licensed physician, or a provider listed in this subsection, notwithstanding any provisions contained in the policy. The policyholder, insured, or beneficiary shall have the right to choose the provider of the services notwithstanding any provision to the contrary in any other statute; provided that for plans that require the use of network providers either as a condition of obtaining benefits under the plan or policy or to access a higher level of benefits under the plan or policy, the policyholder, insured, or beneficiary must choose a provider of the services within the network, subject to the requirements of the plan or policy.

(a3) Whenever any health benefit plan, subscriber contract, or policy of insurance issued by a health maintenance organization, hospital or medical service corporation, or insurer governed by Articles 1 through 67 of this Chapter provides coverage for medically necessary treatment, the insurer shall not impose any limitation on treatment or levels of coverage if performed by a duly licensed chiropractor acting within the scope of the chiropractor's practice as defined in G.S. 90-151 unless a comparable limitation is imposed on the medically necessary treatment if performed or authorized by any other duly licensed physician.

(b) For the purposes of this section, a "duly licensed psychologist" is a licensed psychologist who holds permanent licensure and certification as a health services provider psychologist issued by the North Carolina Psychology Board.

(c) For the purposes of this section, a "duly licensed clinical social worker" is a "licensed clinical social worker" as defined in G.S. 90B-3(2) and licensed by the North Carolina Social Work Certification and Licensure Board pursuant to Chapter 90B of the General Statutes.

(c1) For purposes of this section, a "duly certified fee-based practicing pastoral counselor" shall be defined only to include fee-based practicing pastoral counselors certified by the North Carolina State Board of Examiners of Fee-Based Practicing Pastoral Counselors pursuant to Article 26 of Chapter 90 of the General Statutes.

(c2) For purposes of this section, a "duly certified substance abuse professional" is a person certified by the North Carolina Substance Abuse Professional Certification Board pursuant to Article 5C of Chapter 90 of the General Statutes.

(c3) For purposes of this section, a "duly licensed professional counselor" is a person licensed by the North Carolina Board of Licensed Professional Counselors pursuant to Article 24 of Chapter 90 of the General Statutes.

(c4) For purposes of this section, a "duly licensed marriage and family therapist" is a person licensed by the North Carolina Marriage and Family Therapy Licensure Board pursuant to Article 18C of Chapter 90 of the General Statutes.

(d) Payment or reimbursement is required by this section for a service performed by an advanced practice registered nurse only when:

(1) The service performed is within the nurse's lawful scope of practice;

(2) The policy currently provides benefits for identical services performed by other licensed health care providers;

(3) The service is not performed while the nurse is a regular employee in an office of a licensed physician;

(4) The service is not performed while the registered nurse is employed by a nursing facility (including a hospital, skilled nursing facility, intermediate care facility, or home care agency); and

(5) Nothing in this section is intended to authorize payment to more than one provider for the same service.

No lack of signature, referral, or employment by any other health care provider may be asserted to deny benefits under this provision, unless these plan requirements apply to all providers for that service.

For purposes of this section, an "advanced practice registered nurse" means only a registered nurse who is duly licensed or certified as a nurse practitioner, clinical specialist in psychiatric and mental health nursing, or nurse midwife.

(e) Payment or reimbursement is required by this section for a service performed by a duly licensed pharmacist only when:

(1) The service performed is within the lawful scope of practice of the pharmacist;

(2) The service performed is not initial counseling services required under State or federal law or regulation of the North Carolina Board of Pharmacy;

(3) The policy currently provides reimbursement for identical services performed by other licensed health care providers; and

(4) The service is identified as a separate service that is performed by other licensed health care providers and is reimbursed by identical payment methods.

Nothing in this subsection authorizes payment to more than one provider for the same service.

(f) Payment or reimbursement is required by this section for a service performed by a duly licensed physician assistant only when:

(1) The service performed is within the lawful scope of practice of the physician assistant in accordance with rules adopted by the North Carolina Medical Board pursuant to G.S. 90-18.1;

(2) The policy currently provides reimbursement for identical services performed by other licensed health care providers; and

(3) The reimbursement is made to the physician, clinic, agency, or institution employing the physician assistant.

Nothing in this subsection is intended to authorize payment to more than one provider for the same service. For the purposes of this section, a "duly licensed physician assistant" is a physician assistant as defined by G.S. 90-18.1.

(g) A health maintenance organization, hospital or medical service corporation, or insurer governed by Articles 1 through 67 of this Chapter shall not exclude from participation in its provider network or from eligibility to provide particular covered services under the plan or policy any duly licensed physician or provider listed in subsection (a1) of this section, acting within the scope of the provider's license or certification under North Carolina law, solely on the basis of the provider's license or certification. Any health maintenance organization, hospital or medical service corporation, or insurer governed by Articles 1 through 67 of this Chapter that offers coverage through a network plan may condition participation in the network on satisfying written participation criteria, including credentialing, quality, and accessibility criteria. The participation criteria shall be developed and applied in a like manner consistent with the licensure and scope of practice for each type of provider. Any health maintenance organization, hospital or medical service corporation, or insurer governed by Articles 1 through 67 of this Chapter that excludes a provider listed in subsection (a1) of this section from participation in its network or from eligibility to provide particular covered services under the plan or policy shall provide the affected listed provider with a written explanation of the basis for its decision. A health maintenance organization, hospital or medical service corporation, or insurer governed by Articles 1 through 67 of this Chapter shall not exclude from participation in its provider network a provider listed in subsection (a1) of this section acting within the scope of the provider's license or certification under North Carolina law solely on the basis that the provider lacks hospital privileges, unless use of hospital services by the provider on behalf of a policy holder, insured, or beneficiary reasonably could be expected.

(h) Nothing in this section shall be construed as expanding the scope of practice of any duly licensed physician or provider listed in subsection (a1) of this section."

SECTION 2. G.S. 90-270.48B is repealed.

SECTION 3. G.S. 55B-2(6) reads as rewritten:

"(6) The term "professional service" means any type of personal or professional service of the public which requires as a condition

precedent to the rendering of such service the obtaining of a license from a licensing board as herein defined, and pursuant to the following provisions of the General Statutes: Chapter 83A, "Architects"; Chapter 84, "Attorneys-at-Law"; Chapter 93, "Public Accountants"; and the following Articles in Chapter 90: Article 1, "Practice of Medicine," Article 2, "Dentistry," Article 6, "Optometry," Article 7, "Osteopathy," Article 8, "Chiropractic," Article 9A, "Nursing Practice Act," with regard to registered nurses, Article 11, "Veterinarians," Article 12A, "Podiatrists," Article 18A, "Practicing Psychologists," Article 18C, "Marriage and Family Therapy Licensure," Article 18D, "Occupational Therapy," and Article 24, "Licensed Professional ~~Counselors," of Chapter 90; Counselors~~";" Chapter 89C, "Engineering and Land Surveying"; Chapter 89A, "Landscape Architects"; Chapter 90B, "Social Worker Certification and Licensure Act" with regard to Certified [Licensed] Clinical Social Workers as defined by G.S. 90B-3; Chapter 89E, "Geologists"; Chapter 89B, "Foresters"; and Chapter 89F, "North Carolina Soil Scientist Licensing Act."

SECTION 4. G.S. 55B-14(c)(4) reads as rewritten:

"**§ 55B-14. Types of professional services.**

...

(c) A professional corporation may also be formed by and between or among:

...

(4) A physician, or a licensed psychologist, or both, and a certified clinical specialist in psychiatric and mental health nursing, a licensed clinical social worker, a licensed marriage and family therapist, a licensed professional counselor, or each of them, to render psychotherapeutic and related services that the respective stockholders are licensed, certified, or otherwise approved to provide."

SECTION 5. Sections 1 and 2 of this act become effective October 1, 2003, and apply to claims for payment or reimbursement for services rendered on or after that date. The remainder of this act is effective when it becomes law.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2003

HOUSE BILL 152

Short Title:	Unauthorized Meds./Prevent SIDS/Child Care.	(Public)
Sponsors:	Representatives Alexander; Dickson, Farmer-Butterfield, Glazier, Goodwin, Hackney, Haire, Hill, Holliman, Hunter, Insko, Kiser, Lucas, Luebke, McAllister, Michaux, Miller, Munford, Nesbitt, Parmon, Rapp, Ross, Sherrill, and Weiss.	
Referred to:	Children, Youth and Families.	

March 3, 2003

A BILL TO BE ENTITLED

AN ACT TO PROHIBIT THE ADMINISTRATION OF MEDICATION TO A CHILD IN A LICENSED OR UNLICENSED CHILD CARE FACILITY WITHOUT PROPER AUTHORIZATION FROM THE CHILD'S PARENT OR GUARDIAN OR A BONA FIDE MEDICAL CARE PROVIDER, TO PROHIBIT A CHILD CARE FACILITY FROM PLACING A CHILD IN A SLEEPING POSITION THAT MAY INCREASE THE RISK OF SUDDEN INFANT DEATH SYNDROME (SIDS), AND TO REQUIRE CERTAIN AGENCIES AND THE MEDICAL COMMUNITY TO WORK JOINTLY IN INVESTIGATING VIOLATIONS OF THESE LAWS.

The General Assembly of North Carolina enacts:

SECTION 1. Chapter 110 of the General Statutes is amended by adding a new section to read:

"**§ 110-102.1A. Unauthorized administration of medication; improper placement of sleeping child; investigations.**

(a) It is unlawful for an employee, owner, or operator of a licensed or unlicensed child care facility to:

(1) Administer any type of medication to a child attending the child care facility without first obtaining written or oral authorization from the child's parent or guardian or a bona fide medical care provider. For purposes of this subdivision, the term 'bona fide medical care provider' is limited to medical doctors, physician's assistants, registered nurses, or licensed practical nurses, emergency medical technicians, and paramedics.

(2) Place a child in any position that may increase the risk of Sudden Infant Death Syndrome "SIDS" while the child is sleeping. All child

care facilities shall ensure that employees receive training in the proper sleeping position to reduce the risk of SIDS.

(b) Any person who violates this section is guilty of a Class A1 misdemeanor.

(c) The Division of Child Development, local departments of social services, local law enforcement personnel, and the medical community shall communicate and cooperate jointly to ensure that violations of this section are properly investigated."

SECTION 2. This act becomes effective December 1, 2003, and applies to offenses committed on or after that date.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

H D

HOUSE BILL 152
PROPOSED COMMITTEE SUBSTITUTE H152-PCS50242-SU-3

Short Title: Unauthorized Meds./Prevent SIDS/Child Care. (Public)

Sponsors:

Referred to:

March 3, 2003

A BILL TO BE ENTITLED

AN ACT REQUIRING CHILD CARE FACILITIES TO PLACE CHILDREN IN A SLEEPING POSITION THAT REDUCES THE RISK OF SUDDEN INFANT DEATH SYNDROME (SIDS), PROHIBITING THE ADMINISTRATION OF MEDICATION TO A CHILD IN A LICENSED OR UNLICENSED CHILD CARE FACILITY WITHOUT PROPER AUTHORIZATION FROM THE CHILD'S PARENT OR GUARDIAN, AND REQUIRING CERTAIN AGENCIES AND THE MEDICAL COMMUNITY TO COOPERATE IN INVESTIGATING REPORTS OF CHILD ABUSE AND NEGLECT IN CHILD CARE FACILITIES.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 110-91 is amended by adding a new subdivision to read:

"**§ 110-91. Mandatory standards for a license.**

All child care facilities shall comply with all State laws and federal laws and local ordinances that pertain to child health, safety, and welfare. Except as otherwise provided in this Article, the standards in this section shall be complied with by all child care facilities. However, none of the standards in this section apply to the school-age children of the operator of a child care facility but do apply to the preschool-age children of the operator. Children 13 years of age or older may receive child care on a voluntary basis provided all applicable required standards are met. The standards in this section, along with any other applicable State laws and federal laws or local ordinances, shall be the required standards for the issuance of a license by the Secretary under the policies and procedures of the Commission except that the Commission may, in its discretion, adopt less stringent standards for the licensing of facilities which provide care on a temporary, part-time, drop-in, seasonal, after-school or other than a full-time basis.

...

(15) Proper Placement of Sleeping Child. – A caregiver in a child care facility shall place a child age 12 months or younger on the child's

back for sleeping to reduce the risks associated with Sudden Infant Death Syndrome (SIDS) unless the caregiver receives a written waiver from a health care provider as defined in G.S. 58-50-61 instructing otherwise. Operators of child care facilities that care for children ages 12 months or younger shall develop a written safe sleep policy, in accordance with rules adopted by the North Carolina Child Care Commission, and shall discuss the policy with a child's parent or guardian before the child is enrolled in the child care facility. The child's parent or guardian shall sign a statement attesting that he or she received a copy of the safe sleep policy and that the policy was discussed with him or her before the child's enrollment. Any caregiver responsible for the care of children ages 12 months or younger shall receive training in safe sleep practices."

SECTION 2. Chapter 110 of the General Statutes is amended by adding a new section to read:

"**§ 110-102.1A. Unauthorized administration of medication; investigations.**

(a) It is unlawful for an employee, owner, household member, substitute, volunteer, or operator of a licensed or unlicensed child care facility to do either of the following:

(1) Administer any type of drug or medication to a child attending the child care facility if the person administering the drug or medication knew or should have known that written authorization was not obtained from the child's parent or guardian in accordance with rules adopted by the North Carolina Child Care Commission.

(2) Direct another to administer any type of drug or medication to a child attending the child care facility if the person directing another to administer the drug or medication knew or should have known that written authorization was not obtained from the child's parent or guardian in accordance with rules adopted by the North Carolina Child Care Commission.

Any person who violates this subsection is guilty of a Class A1 misdemeanor.

(b) The Division of Child Development, local departments of social services, and local law enforcement personnel shall cooperate with the medical community to ensure that reports of child abuse or neglect in child care facilities are properly investigated."

SECTION 3. G.S. 110-103A(a), as enacted by Section 2 of this act, becomes effective December 1, 2003, and applies to offenses committed on or after that date. The remainder of this act becomes effective December 1, 2003.

HOUSE BILL 152:
Prevent SIDS/Unauthorized Meds./Child Care

BILL ANALYSIS

Committee:	House Children, Youth, and Families	**Introduced by:**	Representative Alexander
		Summary by:	Wendy Graf Ray Committee Counsel
Date:	March 26, 2003		
Version:	Proposed Committee Substitute H152-PCS70188-LU-2		

SUMMARY: ***The Proposed Committee Substitute for House Bill 152 would require caregivers in child care facilities to place children age 12 months or younger in a sleeping position that reduces the risk of Sudden Infant Death Syndrome (SIDS). The PCS would also make it unlawful to administer medication to a child in a licensed or unlicensed child care facility without authorization from the child's parent or guardian and requires cooperation between various agencies and the medical community in investigations of child abuse or neglect in child care facilities.***

CURRENT LAW: Article 7 of Chapter 110 of the North Carolina General Statutes establishes the Child Care Commission and sets out requirements for the provision of child care in North Carolina. Child care facilities must meet certain minimum standards to be licensed to operate, and it is unlawful to operate a child care facility without being licensed. As defined in G.S. 110-86, "child care facility" includes child care centers (i.e. three or more preschool-age children or nine or more school-age children receiving care at one time), family child care homes (i.e. more than two but less than nine children receiving care at one time in a residence), and other child care arrangements. However, the following child care arrangements are excluded:

- Arrangements operated in the home of any child receiving care if all of the children in care are related to each other and no more than two other children are in care.
- Recreational programs operated for less than four consecutive months in a year.
- Specialized activities or instruction (such as athletics), or organized clubs for children (such as Girl Scouts).
- Drop-in or short-term care provided while parents participate in non-employment related activities and where the parents are on the premises or otherwise easily accessible.
- Public schools.
- Nonpublic schools described in Part 2 of Article 39 of Chapter 115C that are accredited by the Southern Association of Colleges and Schools and that operate a child care facility for less than six and one-half hours per day either on or off the school site.
- Bible schools conducted during vacation periods.
- Care provided by licensed facilities for the mentally ill, the developmentally disabled, and substance abusers.
- Cooperative arrangements among parents to provide care for their own children as a convenience rather than for employment.
- Any child care program consisting of two or more separate components, each of which operates for four hours or less per day with different children attending each component.

The North Carolina Child Care Commission currently has the statutory authority to adopt rules and standards for child care facilities in the State. The Commission has adopted the following rules with respect to administration of medications in child care facilities:

- No drug or medication shall be administered to any child without specific instructions from the child's parent, a physician, or other authorized health professional.
- No drug or medication shall be administered after its expiration date.
- No drug or medication shall be administered for non-medical reasons, such as to induce sleep.
- Prescribed medicine shall be administered only as authorized in writing by the child's parent. The medicine must be in its original container bearing the pharmacist's label or be accompanied by written instructions for dosage, which are dated and signed by the prescribing physician or other health professional.
- Over-the-counter medicines shall be administered only as authorized in writing by the child's parent. Medications must be in their original containers and must be administered in accordance with written dosage instructions from the parent, physician or other authorized health professional.
- When any questions arise concerning whether medication provided by the parent should be administered, that medication shall not be administered without signed, written dosage instructions from a licensed physician or authorized health professional.
- A parent may provide written authorization that is valid for up to six months to authorize the administration of medication to treat the symptoms of asthma and allergic reactions, and up to one year to administer sunscreen and over-the-counter diapering creams. The authorization must be specific as to the symptoms or conditions for which the medication may be administered.
- A parent may provide written authorization for the administration of a one-time, weight appropriate dose of acetaminophen in the event the child has a fever and the parent cannot be reached.

A child care facility that violates any statutory requirement or rule adopted by the Child Care Commission is subject to administrative and civil penalties. The Secretary of the Department of Health and Human Services may impose one or more of the following against a licensee:

- Issue a written warning and a request for compliance.
- Issue an official reprimand.
- Place a licensee on probation until compliance is verified by the Commission.
- Suspend a license for a period not to exceed one year.
- Permanently revoke a license.

A civil penalty may also be levied against a child care facility in an amount not to exceed $1000 for each violation documented on any given date. In determining the amount of the penalty, the threat or extent of harm to children in care, as well as consistency of violations, must be considered.

BILL ANALYSIS: The Proposed Committee Substitute for House Bill 152 would amend Article 7 of Chapter 110 to do three things.

Require proper sleeping position to prevent SIDS:

G.S. 110-91 sets out a list of mandatory standards with which all child care facilities must comply in order to become licensed. Section 1 of the PCS would add to that list a requirement that child care facilities place children age 12 months or younger in a supine position for sleeping to reduce the risks associated with SIDS, unless the caregiver receives a written waiver from a health care provider

instructing otherwise. This is in accordance with the most current recommendations from the American Academy of Pediatrics.

Section 1 would also require child care facilities that care for children age 12 months or younger to develop a written safe sleep policy, which must be discussed with a child's parent or guardian before the child is enrolled. The child's parent or guardian would be required to sign a statement attesting that he or she received a copy of the policy and that the policy was discussed prior to enrollment. Any caregiver responsible for the care of children age 12 months or younger would be required to receive training in safe sleep practices.

Unauthorized administration of medication unlawful:

Section 2 of the PCS would make it unlawful for an employee, owner, household member, substitute, volunteer, or operator of a licensed or unlicensed child care facility to administer any type of medication to a child without written authorization from the child's parent or guardian. Violation of this section would be a Class A1 misdemeanor. A Class A1 misdemeanor is punishable by a maximum of 150 days of community, intermediate or active punishment.

Cooperation in investigations of child abuse or neglect in child care facilities:

Section 2 of the PCS would also direct the Division of Child Development, local departments of social services, local law enforcement personnel, and the medical community to communicate and cooperate to ensure that reports of abuse or neglect in child care facilities are properly investigated. The Division of Child Development and the Division of Social Services would be required to develop a memorandum of understanding to establish criteria for initiating and conducting timely investigations and to develop procedures for proper notification of and cooperation with local law enforcement and medical examiner personnel.

EFFECTIVE DATE: The bill would become effective December 1, 2003, and Section 2 would apply to offenses committed on or after that date.

VISITOR REGISTRATION SHEET

CHILDREN, YOUTH AND FAMILIES — March 26, 2003
Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Hamp G. Long Jr.	N.C. ASSOCIATION FOR MARRIAGE & FAMILY THERAPY
Jane A. Long	11
Megan Clark	NC Association of Marriage & Family Therapy
Rochelle Fields	NC Assoc. of Marriage & Family Therapy
Susan Brooks	NC Assoc. of Marriage & Family Therapy
Bill Hale	Jordan Price Law Firm
Pam Riley	NC Association of Marriage and Family Therapists
JON CARR	JORDAN PRICE LAW FIRM
Sherry Bradsher	DHHS/DSS
Ken Wright	BCBSNC
Joy Peters	MAMSI

VISITOR REGISTRATION SHEET

CHILDREN, YOUTH AND FAMILIES — March 26, 2003

Name of Committee — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Ann Duncan	NCAHP
Tasha Clay	YAIO
Jean Rogall	NC Family Policy Council
Thomas V. Bennett	NCCFTF
Julie Allen	NC Statewatch
Mary Bushnell	NC Child Care Resource & Referral Network
Janice Freedman	NC Healthy Start Foundation
Christine D'Meara	North Carolina Healthy Start Foundation

NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
AND
BILL SPONSOR NOTIFICATION
2003-2004 SESSION

You are hereby notified that the Committee on CHILDREN, YOUTH AND FAMILIES will meet as follows:

DAY & DATE: **April 2, 2003**

TIME: **12 Noon**

LOCATION: **605 LOB**

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

HB-152 – Unauthorized Meds./Prevemt SIDS/Child Care – Rep. Alexander

Respectfully,
Representative Howard J. Hunter, Jr.
Chair

I hereby certify this notice was filed by the committee assistant at the following offices at **4:30 pm** on **March 27, 2003.**

___Principal Clerk
___Reading Clerk - House Chamber

Barbara Y. Phillips (Committee Assistant)

COMMITTEE ON CHILDREN, YOUTH AND FAMILIES

Rep. Howard J. Hunter, Jr.
Chairman

AGENDA

April 2, 2003

Call to Order
Rep. Howard Hunter, Chairman

Bills:
HB 152 - Unauthorized Meds/Prevent SIDS/Child Care – Rep. Alexander

Remarks

Adjournment

COMMITTEE ON CHILDREN, YOUTH AND FAMILIES
Wednesday, April 2, 2003
12 noon
MINUTES

The Committee on Children, Youth and Families met on Wednesday, April 2, 2003, in Room 605 of the Legislative Office Building, at 12 noon. Members attending the meeting were Representatives Howard Hunter, (Chairman) Jennifer Weiss, (Vice Chairman), Martha Alexander, Becky Carney, Sam Ellis, Earline Parmon, John Rayfield, Mary McAllister, Jean Preston, and Paul Stam. Research Staff Erika Churchill and Wendy Ray were also in attendance. The page present was Julie Putnam from Craven County. (Rep. Gorman). A Visitor Registration Sheet is attached and made a part to these Minutes.

Representative Hunter presided. Rep. Alexander read a letter from the North Carolina Pediatric Society for their support for the recommendations contained in HB 152 promoting the back sleep position for infants.

Rep. Alexander explained the proposed committee substitute. She stated that SIDS is defined as from birth to 12 months and if the committee wants to rewrite the policy to say 6 months or 9 months, It would undermine all of the research and studies that have been done on SIDS. She also emphasized placing the child on its back is the key. She pointed out that any caregiver responsible for the care of children ages 12 months or younger shall received training in safe sleep practices.

In the new committee substitute the word supine was removed from the language.

Rep. Ellis had a question regarding the written waiver to the sleep policy. There was much discussion about the written waiver. Rep. Ellis moved to amend the bill to read that the child will be placed on the back for sleeping unless the caregiver receives a written waiver signed by the parent, legal guardian or health care provider instructing otherwise.

There was much discussion about unauthorized administration of medication in a licensed or unlicensed day care. No employee, owner or operator of a day care facility will be allowed to administer medication without authorization from the child's parent or guardian.

Time expired and further discussion of this bill will be continued at the next meeting. The meeting was adjourned.

Representative Howard Hunter
Chairman

Barbara Y. Phillips
Committee Assistant

ATTENDANCE

2003

CHILDREN, YOUTH AND FAMILIES

DATES	Feb 03														
Rep. Howard Hunter, Chairman	✓														
Rep. J. Weiss, Vice Chairman	✓														
Rep. Martha Alexander	✓														
Rep. Jeff Barnhart	✓														
Rep. Becky Carney	✓														
Rep. Jerry Dockham	✓														
Rep. Sam Ellis	✓														
Rep. Mary McAllister	✓														
Rep. Earline Parmon	✓														
Rep. Jean Preston															
Rep. John Rayfield	✓														
Rep. Paul Stam	✓														
Erika Churchill	✓														
Wendy Graf Ray	✓														
Rep. Brubaker, Ex-Officio															
Rep. Culpepper, Ex-Officio															
Rep. Cunningham, Ex-Officio															
Rep. Eddins, Ex-Officio															

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

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HOUSE BILL 152
PROPOSED COMMITTEE SUBSTITUTE H152-CSSU-3 [v.3]

4/2/2003 9:24:14 AM

Short Title: Unauthorized Meds./Prevent SIDS/Child Care. (Public)

Sponsors:

Referred to:

March 3, 2003

A BILL TO BE ENTITLED

AN ACT REQUIRING CHILD CARE FACILITIES TO PLACE CHILDREN IN A SLEEPING POSITION THAT REDUCES THE RISK OF SUDDEN INFANT DEATH SYNDROME (SIDS), PROHIBITING THE ADMINISTRATION OF MEDICATION TO A CHILD IN A LICENSED OR UNLICENSED CHILD CARE FACILITY WITHOUT PROPER AUTHORIZATION FROM THE CHILD'S PARENT OR GUARDIAN, AND REQUIRING CERTAIN AGENCIES AND THE MEDICAL COMMUNITY TO COOPERATE IN INVESTIGATING REPORTS OF CHILD ABUSE AND NEGLECT IN CHILD CARE FACILITIES.

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All child care facilities shall comply with all State laws and federal laws and local ordinances that pertain to child health, safety, and welfare. Except as otherwise provided in this Article, the standards in this section shall be complied with by all child care facilities. However, none of the standards in this section apply to the school-age children of the operator of a child care facility but do apply to the preschool-age children of the operator. Children 13 years of age or older may receive child care on a voluntary basis provided all applicable required standards are met. The standards in this section, along with any other applicable State laws and federal laws or local ordinances, shall be the required standards for the issuance of a license by the Secretary under the policies and procedures of the Commission except that the Commission may, in its discretion, adopt less stringent standards for the licensing of facilities which provide care on a temporary, part-time, drop-in, seasonal, after-school or other than a full-time basis.

...

(15) Proper Placement of Sleeping Child. – A caregiver in a child care facility shall place a child age 12 months or younger on the child's

back for sleeping to reduce the risks associated with Sudden Infant Death Syndrome (SIDS) unless the caregiver receives a written waiver from a health care provider as defined in G.S. 58-50-61 instructing otherwise. Operators of child care facilities that care for children ages 12 months or younger shall develop a written safe sleep policy, in accordance with rules adopted by the North Carolina Child Care Commission, and shall discuss the policy with a child's parent or guardian before the child is enrolled in the child care facility. The child's parent or guardian shall sign a statement attesting that he or she received a copy of the safe sleep policy and that the policy was discussed with him or her before the child's enrollment. Any caregiver responsible for the care of children ages 12 months or younger shall receive training in safe sleep practices."

SECTION 2. Chapter 110 of the General Statutes is amended by adding a new section to read:

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(a) It is unlawful for an employee, owner, household member, substitute, volunteer, or operator of a licensed or unlicensed child care facility to do either of the following:

(1) Administer any type of drug or medication to a child attending the child care facility if the person administering the drug or medication knew or should have known that written authorization was not obtained from the child's parent or guardian in accordance with rules adopted by the North Carolina Child Care Commission.

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Any person who violates this subsection is guilty of a Class A1 misdemeanor.

(b) The Division of Child Development, local departments of social services, and local law enforcement personnel shall cooperate with the medical community to ensure that reports of child abuse or neglect in child care facilities are properly investigated."

SECTION 3. G.S. 110-103A(a), as enacted by Section 2 of this act, becomes effective December 1, 2003, and applies to offenses committed on or after that date. The remainder of this act becomes effective December 1, 2003.

COMMITTEE ON CHILDREN, YOUTH AND FAMILIES
Wednesday, April 2, 2003
12 noon
MINUTES

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Time expired and further discussion of this bill will be continued at the next meeting. The meeting was adjourned.

Representative Howard Hunter
Chairman

Barbara Y. Phillips
Committee Assistant

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

North Carolina Chapter

North Carolina Pediatric Society

April 1, 2003

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Greensboro, NC

Treasurer
Steve Wegner, MD, JD, FAAP
Morrisville, NC

Executive Committee
Joseph T. Bell, MD, FAAP
Cynthia J. Brown, MD, FAAP
Herbert W. Clegg, II, MD, FAAP
G. Edward Davis, MD, FAAP

The Honorable Howard Hunter, Jr., Chairman
Children, Youth and Families Committee
613 Legislative Office Building
Raleigh, NC 27603-5925

Dear Representative Hunter:

I am writing to state the North Carolina Pediatric Society's unequivocal support for the recommendation contained in House Bill 152 promoting the "back to sleep" position for infants. As the state chapter of the American Academy of Pediatrics, our members endorse this recommendation and acknowledge the work of the National SIDS Risk Reduction Programs, the NC Back To Sleep Campaign and the National Resource Center for Health and Safety in Child Care in promoting action to address the placement of sleeping children.

The evidence is clear that placing infants on their backs to sleep has dramatically reduced the number of deaths attributable to sudden infant death syndrome. However, we still have work to do in assuring that child care providers are educated on the recommendations and take action to train all personnel in order to prevent unnecessary deaths. Pediatricians will do our part to communicate and cooperate actively and promptly with The NC Division of Child Development, local departments of social services, local law enforcement personnel and appropriate representatives of the medical community to investigate violations. Please let me if the Pediatric Society can provide additional information or assistance to the Committee in your deliberations.

Sincerely,

Charles F. Willson MD

Charles F. Willson, MD, FAAP
President

CC: Janice Freedman, NC Healthy Start Foundation

HOUSE BILL 152:
Prevent SIDS/Unauthorized Meds./Child Care

BILL ANALYSIS

Committee:	House Children, Youth, and Families	**Introduced by:**	Representative Alexander
Date:	April 2, 2003	**Summary by:**	Wendy Graf Ray Committee Counsel
Version:	Proposed Committee Substitute H152-CSSU-3[v.2]		

SUMMARY: The Proposed Committee Substitute for House Bill 152 would require caregivers in child care facilities to place children age 12 months or younger in a sleeping position that reduces the risk of Sudden Infant Death Syndrome (SIDS). The PCS would also make it unlawful to administer medication to a child in a licensed or unlicensed child care facility without authorization from the child's parent or guardian and requires cooperation between various agencies and the medical community in investigations of child abuse or neglect in child care facilities.

CURRENT LAW: Article 7 of Chapter 110 of the North Carolina General Statutes establishes the Child Care Commission and sets out requirements for the provision of child care in North Carolina. Child care facilities must meet certain minimum standards to be licensed to operate, and it is unlawful to operate a child care facility without being licensed. As defined in G.S. 110-86, "child care facility" includes child care centers (i.e. three or more preschool-age children or nine or more school-age children receiving care at one time), family child care homes (i.e. more than two but less than nine children receiving care at one time in a residence), and other child care arrangements. However, the following child care arrangements are excluded:

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- Nonpublic schools described in Part 2 of Article 39 of Chapter 115C that are accredited by the Southern Association of Colleges and Schools and that operate a child care facility for less than six and one-half hours per day either on or off the school site.
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- No drug or medication shall be administered for non-medical reasons, such as to induce sleep.
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- Suspend a license for a period not to exceed one year.
- Permanently revoke a license.

A civil penalty may also be levied against a child care facility in an amount not to exceed $1000 for each violation documented on any given date. In determining the amount of the penalty, the threat or extent of harm to children in care, as well as consistency of violations, must be considered.

BILL ANALYSIS: The Proposed Committee Substitute for House Bill 152 would amend Article 7 of Chapter 110 to do three things.

Require proper sleeping position to prevent SIDS:

G.S. 110-91 sets out a list of mandatory standards with which all child care facilities must comply in order to become licensed. Section 1 of the PCS would add to that list a requirement that child care facilities place children age 12 months or younger on their backs for sleeping to reduce the risks

associated with SIDS, unless the caregiver receives a written waiver from a health care provider instructing otherwise.

Section 1 would also require child care facilities that care for children age 12 months or younger to develop a written safe sleep policy in accordance with rules adopted by the North Carolina Child Care Commission, which must be discussed with a child's parent or guardian before the child is enrolled. The child's parent or guardian would be required to sign a statement attesting that he or she received a copy of the policy and that the policy was discussed prior to enrollment. Any caregiver responsible for the care of children age 12 months or younger would be required to receive training in safe sleep practices.

Unauthorized administration of medication unlawful:

Section 2 of the PCS would make it unlawful for an employee, owner, household member, substitute, volunteer, or operator of a licensed or unlicensed child care facility to administer, or direct someone else to administer, any type of medication to a child if that person knew or should have known that appropriate written authorization had not been obtained from the child's parent or guardian. Violation of this section would be a Class A1 misdemeanor. A Class A1 misdemeanor is punishable by a maximum of 150 days of community, intermediate or active punishment.

Cooperation in investigations of child abuse or neglect in child care facilities:

Section 2 of the PCS would also direct the Division of Child Development, local departments of social services, and local law enforcement personnel to cooperate with the medical community to ensure that reports of abuse or neglect in child care facilities are properly investigated.

EFFECTIVE DATE: The bill would become effective December 1, 2003, and G.S. 110-102.1A(a), as enacted by Section 2, would apply to offenses committed on or after that date.

NORTH CAROLINA GENERAL ASSEMBLY AMENDMENT

(Please type or use ballpoint pen)

EDITION No. _____

H. B. No. 152 DATE _____

S. B. No. _____ Amendment No. _____
(to be filled in by Principal Clerk)

COMMITTEE SUBSTITUTE X

Rep.) Ellis
)
Sen.)

moves to amend the bill on page 2, line 3

( ) WHICH CHANGES THE TITLE

by rewriting the line to read

"from a parent, legal guardian or health care provider as defined in G.S. 58-50-61(a)(8) instructing"

SIGNED _____

ADOPTED _____ FAILED _____ TABLED _____

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Policy Statement

Pediatrics Volume 105, Number 3 March 2000, pp 650-656

Changing Concepts of Sudden Infant Death Syndrome: Implications for Infant Sleeping Environment and Sleep Position (RE9946)

AMERICAN ACADEMY OF PEDIATRICS

Task Force on Infant Sleep Position and Sudden Infant Death Syndrome

ABSTRACT. The American Academy of Pediatrics has recommended since 1992 that infants be placed to sleep on their backs to reduce the risk of sudden infant death syndrome (SIDS). Since that time, the frequency of prone sleeping has decreased from >70% to ~20% of US infants, and the SIDS rate has decreased by >40%. However, SIDS remains the highest cause of infant death beyond the neonatal period, and there are still several potentially modifiable risk factors. Although some of these factors have been known for many years (eg, maternal smoking), the importance of other hazards, such as soft bedding and covered airways, has been demonstrated only recently. The present statement is intended to review the evidence about prone sleeping and other risk factors and to make recommendations about strategies that may be effective for further reducing the risk of SIDS. This statement is intended to consolidate and supplant previous statements made by this Task Force.

ABBREVIATION. SIDS, sudden infant death syndrome.

Sudden infant death syndrome (SIDS) is a disease of unknown cause. Despite recent decreases in the incidence of SIDS, SIDS is still responsible for more infant deaths in the United States than any other cause of death during infancy beyond the neonatal period.[1]

SIDS is defined as:

"The sudden death of an infant under 1 year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history."[2]

The occurrence of SIDS is rare during the first month of life, increases to a peak between 2 and 4 months old, and then declines. The following have been consistently identified across studies as independent risk factors for SIDS: prone sleep position, sleeping on a soft surface, maternal smoking during pregnancy, overheating, late or no prenatal care, young maternal age, prematurity and/or low birth weight, and male sex.[3-11] Blacks and American Indians have consistently higher rates, 2 to 3 times the national average. The risk factors with the greatest potential for modification include prone sleep position, sleeping on a soft surface, maternal smoking, and overheating. National campaigns aimed at reducing prone sleeping have resulted in a dramatic decrease in the incidence of SIDS in the United States (Fig 1) and numerous other countries.[12-17] A Back to Sleep campaign was initiated in the United

States in 1994, as a joint effort of the US Public Health Service, the American Academy of Pediatrics, the SIDS Alliance, and the Association of SIDS and Infant Mortality Programs (800-505-CRIB). Despite the success of the current campaign, several modifiable risk factors remain that require increased attention. The purposes of this statement are to reemphasize the importance of infant positioning for sleep as an effective modifiable risk factor for SIDS, to focus increased attention on other modifiable environmental factors, to describe complications that may have arisen from modifying risk factors, and to make recommendations about other strategies that may be effective for further reducing the risk of SIDS.

MODIFIABLE RISK FACTORS

Prone Sleeping

Prone sleeping has been recognized as a major risk factor for SIDS, with odds ratios ranging from 1.7 to 12.9 in various well designed epidemiologic studies.[6,14,18-21] The plausibility of a causal association between prone sleep positioning and SIDS is made most compelling by the observation that in countries, including the United States, in which campaigns to reduce the prevalence of prone sleeping have been successful, dramatic decreases in the SIDS rates have occurred. The association is further strengthened by observations that in cultures in which prone sleeping is rare, SIDS rates historically have been very low.[22,23] In addition, several studies have documented that the statistical relationship between prone positioning and SIDS often strengthens when corrections are made for confounding variables.[6,24,25]

The original 1992 sleeping position recommendation from the American Academy of Pediatrics identified any nonprone position (ie, side or supine) as being optimum for reducing SIDS risk.[26] Subsequent studies from England[11] and New Zealand[27] have shown that side sleeping has a slightly higher risk than the supine position, although the side-sleeping position still seems to be considerably safer than prone. The higher risk for SIDS among infants placed on their sides may relate to the relative instability of this position. Although infants placed on their sides usually roll to their backs, the risk of rolling to the prone position from the side is significantly greater than rolling to the prone position from the back.[11,12,28]

Strategies to decrease prone sleeping in the United States have included the following: 1) disseminating information to hospital nurseries and physicians, 2) targeting child care education programs, and 3) initiating public media campaigns. Although some countries have almost abolished prone sleeping,[15,29,30] ~20% of US infants continue to sleep prone at the highest risk age range for SIDS.[12] Of concern is that black infants are twice as likely to be placed prone as white infants. In addition, nearly 20% of caregivers apparently switch from placing infants in the nonprone to prone sleep position between 1 and 3 months old, the peak age range for SIDS.[31,32] Also, although parents may know of the recommendation, many other child caregivers, such as child care center workers, do not.[33] There is also some evidence that infants who are accustomed to sleeping supine are at particularly high risk for SIDS when they subsequently are placed in a prone position for sleep.[34-36]

Soft Sleep Surfaces and Loose Bedding

Polystyrene bead-filled pillows were among the first soft sleep surfaces identified as contributing to the deaths of young infants[37] and subsequently were removed from the market following action by the US Consumer Product Safety Commission. Additional epidemiologic studies identified other soft surfaces, such as pillows, quilts, comforters, sheepskins, and porous mattresses, as a significant risk factor, particularly when placed under the sleeping infant.[6,25,38-42] Several reports described that in a

significant number of SIDS cases, the heads of the infants, including some infants who slept supine, were covered by loose bedding. Many of these studies found loose bedding to be an epidemiologic risk factor for SIDS.[11,30,36,38,40,43,44]

Overheating

There is some evidence that the risk of SIDS is associated with the amount of clothing or blankets on an infant, the room temperature, and the season of the year.[6,45-48] The increased risk associated with overheating is particularly evident when infants sleep prone[6] but is less clear when they sleep supine. It is unclear whether the relationship to clothing and climate is an independent factor or merely a reflection of the use of more clothing, quilts, and other potentially asphyxiating objects in the sleeping environment during cold weather. The SIDS statistics always have shown a distinct seasonality, with higher rates recorded during winter months. It may be that the seasonality reflects increased infections, which also are known to be more frequent during cold weather. A significant decrease has been observed in the seasonal association of SIDS as prone sleeping has decreased and SIDS rates have decreased, thus suggesting an interaction among environmental factors.

Smoking

Maternal smoking during pregnancy has emerged as a major risk factor in almost every epidemiologic study of SIDS.[9,10,49,50] No intervention studies have documented a decrease in SIDS associated with a decrease in maternal smoking, although changing such behavior has been far more difficult to accomplish than changing infant sleep position. Smoke in the infant's environment after birth has emerged as a separate risk factor in a few studies,[10,51] although separating this variable from maternal smoking before birth is problematic.

Bed Sharing

There are some reports of infants being suffocated by overlying by an adult, particularly when the adult is in an unnaturally depressed state of consciousness, such as from alcohol or mind-altering drugs. Co-sleeping on sofas has emerged as a major risk factor in 1 study (Peter J. Fleming, Department for Child Health, Bristol, UK, unpublished data presented at a meeting convened by US Consumer Product Safety Commission, Bethesda, MD, December 9, 1998). Others[52] have shown bed sharing with multiple family members in an adult bed to be particularly hazardous for the infant. Although overlying may be the mechanism in some of these cases, soft sleep surfaces, entrapment, and the likelihood of rolling to the prone position in such circumstances also may have a role. The risk of SIDS associated with co-sleeping is significantly greater among smokers.[11,53-55] Some behavioral studies have demonstrated that infants have more arousals and less slow-wave sleep during bed sharing,[56,57] but no epidemiologic evidence exists that bed sharing is protective against SIDS.

Preterm Birth and Low Birth Weight

Infants born before term or who are low birth weight are at increased risk for SIDS, and risk increases with decreasing gestational age or birth weight.[4,5] The increased risk cannot be explained by a greater likelihood of apnea of prematurity among preterm SIDS victims while they are in the hospital after birth.[4] It is unclear whether other complications of prematurity, such as bronchopulmonary dysplasia that has been associated with SIDS, can explain a significant amount of the increased risk associated with prematurity.[58] There are no data suggesting that strategies designed to reduce risk in full-term

infants should not also be applied to premature infants. The relationship to prone sleeping, for example, has been shown to hold for infants of low birth weight as well as for those born with a normal birth weight at term.[24]

Factors Thought to Protect Against SIDS

Although several retrospective studies have demonstrated a protective effect of breastfeeding on SIDS,[3,59] other analyses and prospective cohort studies failed to find such an effect after adjustment for confounding variables.[60-64] Although breastfeeding is beneficial and should be promoted for many reasons, the Task Force believes that evidence is insufficient to recommend breastfeeding as a strategy to reduce SIDS.

Four recent studies have reported a substantially lower SIDS incidence among infants who used pacifiers than among infants who do not.[11,36,65,66] Although this association has been strong and consistent, it does not prove that pacifier use prevents SIDS. Mechanisms by which pacifiers might protect against SIDS have been proposed, such as stinting of the upper airway, but data are lacking to demonstrate that any of them are relevant to SIDS. Conversely, other studies have demonstrated that pacifier use can be linked to a shortened duration of breastfeeding, increased susceptibility to otitis media, and increased dental malocclusion. The Task Force believes that additional outcome studies are required before a specific recommendation about pacifiers can be made.

OTHER CAUSES OF INFANT DEATH SOMETIMES MISTAKEN FOR SIDS

SIDS Among Siblings

Several studies that have evaluated SIDS among siblings have found that having a sibling who died of SIDS is a significant risk factor.[4] However, others have failed to find such a relationship[67] or have shown that siblings of infants who have died of SIDS are at risk for all causes of infant death, not just SIDS.[68,69] In addition, most of the studies reporting familial SIDS have the limitation of having been conducted during a period when case and scene investigations were not routine and assignment of the SIDS diagnosis may have been flawed. Thus, the true risk is unknown.

Infanticide

The large majority of SIDS cases have no evidence of parental psychiatric disease or neglect of the infant. However, recent publications have documented that a few mothers of infants with a history of acute life-threatening events have been observed trying to harm their infants,[70,71] and several cases previously thought to be multiple cases of SIDS within a family[72] actually were cases of multiple homicide.[73] As the number of cases of true SIDS has decreased in recent years, the proportion of cases attributable to infanticide may be increasing.[74] Estimates of the incidence of infanticide among cases designated as SIDS have ranged from <1% to as much as 10%.[71,75-78] A thorough investigation of the case and scene is critical in every case because it improves the chances for an accurate diagnosis.[79] When 2 infants in the same family reportedly have died of SIDS, immediate concern should be raised about the cause of the deaths.

Cardiac Arrhythmias

A recent publication reported that a significant number of SIDS cases in Italy had prolongation of the QT interval on a screening electrocardiogram, which may have led to a fatal cardiac arrhythmia.[80]

However, questions about the study methods have been raised,[81-88] and it is unlikely that this abnormality will explain more than a small minority of SIDS cases. Despite a call to the contrary,[89] there seems to be little justification for a widespread program of electrocardiographic screening to identify potential SIDS victims.

COMPLICATIONS OF NONPRONE SLEEPING

When the Academy first suggested that infants be placed for sleep in a nonprone position,[25] concerns were expressed that undesirable complications would ensue. Aspiration pneumonia, gastroesophageal reflux, plagiocephaly, and developmental delay were some of the feared complications.[90] Conversely, there is some direct and indirect evidence that infants who vomit are at greater risk of choking if they are sleeping face down.[91,92] There is no evidence of an increase in aspiration or increased complaints of vomiting since the incidence of supine sleeping has increased dramatically.[91] Although gastroesophageal reflux has been reported to occur less frequently in the prone position,[93-95] there has been no increase in infant deaths attributable to aspiration in the United Kingdom with the change from prone to supine sleeping for infants.[96] Several reports have suggested an increase of occipital plagiocephaly since prone sleeping has become more frequent,[97,98] and there has been concern that this increase has led to an increase in unnecessary operations for craniosynostosis, perhaps secondary to a misdiagnosis of plagiocephaly as craniosynostosis (American Academy of Pediatrics, Committee on Practice and Ambulatory Medicine, Section on Plastic Surgery, and Provisional Section on Neurosurgery, Positional skull deformities, Statement in preparation). Several studies have evaluated the relationship of developmental milestones and sleep position. Attainment of gross motor milestones seems to occur slightly later in infants who sleep supine than in infants who sleep prone; however, a difference is no longer detectable by 18 months old.[99,100] There is some concern that caregivers may not be allowing infants to lie prone even while awake. Prone positioning when awake and observed (tummy time) is recommended for development of upper shoulder girdle strength and avoidance of occipital plagiocephaly. These reminders should become a part of routine office anticipatory guidance.

PROPOSED MECHANISMS OF SIDS

It is generally accepted that SIDS may be a reflection of a variety of causes of death. A leading hypothesis for a large proportion of SIDS cases is that SIDS may reflect a delayed development of arousal or cardiorespiratory control. Examinations of the brainstems of infants who died with a diagnosis of SIDS have revealed hypoplasia or decreased neurotransmitter binding of the arcuate nucleus, a region thought to be involved with the hypercapnic ventilatory response, chemosensitivity, and blood pressure responses.[101,102] The hypothesis is that certain infants, for reasons yet to be determined, may have a maldevelopment or delay in maturation of this region, which would affect its function and connectivity to regions regulating arousal. When the physiologic stability of such infants becomes compromised during sleep, they may not arouse sufficiently to avoid the fatal noxious insult or condition. One theory proposes that rebreathing and associated hypoxia and hypercarbia provide the noxious stimulus, while another proposes hyperthermia, perhaps in combination with asphyxia, as the stimulus. The argument has been made that prone sleep position on soft sleeping surfaces and covering of the head increase the likelihood of rebreathing, hyperthermia, or both.[6,15,30,37,42,45,103-105] Numerous animal and some human models have been developed to test these hypotheses.[8,6,27,102,106-110] In addition, protective responses to other life-threatening stimuli have been compared in the prone and supine position. The rate of swallowing to clear the airway of stimuli to the laryngeal chemoreflex (a reflex that leads to apnea and bradycardia) is diminished in the prone position.[111] Arousal responses

to the laryngeal chemoreflex and the baroreceptor reflex are also diminished in active sleep in the prone position.[111,112]

RECOMMENDATIONS

During the past decade, a variety of strategies have been developed that reduce the risk of SIDS. The following list includes a modification and expansion of the recommendations made by this Task Force since 1992. It should be emphasized that the recommendations are intended for sleeping infants and primarily for well infants. Individual medical conditions may warrant a physician to recommend otherwise, after weighing the relative risks and benefits.

1. Infants should be placed for sleep in a nonprone position. Supine (wholly on the back) confers the lowest risk and is preferred. However, while side sleeping is not as safe as supine, it also has a significantly lower risk than prone. If the side position is used, caretakers should be advised to bring the dependent arm forward to lessen the likelihood of the infant rolling to the prone position.
2. A crib that conforms to the safety standards of the Consumer Product Safety Commission and the ASTM (formerly the American Society for Testing and Materials) is a desirable sleeping environment for infants. (Although many cradles and bassinets also may provide safe sleeping enclosures, safety standards have not been established for these items.) Sleep surfaces designed for adults often are not free of the aforementioned hazards and may have the additional risk of entrapment between the mattress and the structure of the bed (eg, the headboard, footboard, side rails, and frame), the wall, or adjacent furniture, as well as between railings in the headboard or footboard.[113]
3. Infants should not be put to sleep on waterbeds, sofas, soft mattresses, or other soft surfaces.
4. Avoid soft materials in the infant's sleeping environment.
    - Soft materials or objects, such as pillows, quilts, comforters, or sheepskins, should not be placed under a sleeping infant.
    - Soft objects, such as pillows, quilts, comforters, sheepskins, stuffed toys, and other gas-trapping objects should be kept out of an infant's sleeping environment. Also, loose bedding, such as blankets and sheets, may be hazardous. If blankets are to be used, they should be tucked in around the crib mattress so the infant's face is less likely to become covered by bedding. One strategy is to make up the bedding so that the infant's feet are able to reach the foot of the crib (feet to foot), with the blankets tucked in around the crib mattress and reaching only the level of the infant's chest. Another strategy is to use sleep clothing with no other covering over the infant.
5. Bed sharing or cosleeping may be hazardous under certain conditions.[54,113-115]
    - As an alternative to bed sharing, parents might consider placing the infant's crib near their bed to allow for more convenient breastfeeding and parent contact.
    - If a mother chooses to have her infant sleep in her bed to breastfeed, care should be taken to observe the aforementioned recommendations (nonprone sleep position, avoidance of soft surfaces or loose covers, and avoidance of entrapment by moving the bed away from the wall and other furniture and avoiding beds that present entrapment possibilities).
    - Adults (other than the parents), children, or other siblings should avoid bed sharing with an infant.*
    - Parents who choose to bed share with their infant* should not smoke or use substances, such as alcohol or drugs, that may impair arousal.
6. Overheating should be avoided. The infant should be lightly clothed for sleep, and the bedroom temperature should be kept comfortable for a lightly clothed adult.[11] Overbundling should be avoided, and the infant should not feel hot to the touch.
7. A certain amount of tummy time while the infant is awake and observed is recommended for

developmental reasons and to help prevent flat spots on the occiput. Positional plagiocephaly also can be avoided by altering the supine head position during sleep. Techniques for accomplishing this include placing the infant to sleep with the head to 1 side for a week or so and then changing to the other and periodically changing the orientation of the infant to outside activity (eg, the door of the room).

8. Although various devices have been developed to maintain sleep position or to reduce the risk of rebreathing, such devices are not recommended, because none have been tested sufficiently to show efficacy or safety.[117]
9. Electronic respiratory and cardiac monitors are available to detect cardiorespiratory arrest and may be of value for home monitoring of selected infants who are deemed to have extreme cardiorespiratory instability. However, there is no evidence that home monitoring with such monitors decreases the incidence of SIDS. Furthermore, there is no evidence that infants at increased risk of SIDS can be identified by in-hospital respiratory or cardiac monitoring.[118] There are no new data that would lead to a change in the recommendations made in the 1985 statement of the American Academy of Pediatrics on prolonged infantile apnea or the 1986 National Institutes of Health consensus statement on the value of home monitors.[119,120]
10. There is concern that the annual rate of SIDS, which has been decreasing steadily since 1992, now appears to be leveling off, as has the percentage of infants sleeping prone (Fig 1). The national campaign for reducing prone sleeping (Back to Sleep) should continue and be expanded to emphasize the safe characteristics of the sleeping environment, including safe bedding practices, and focus on the portion of the population that continues to place their infants prone. Other potentially modifiable risk factors, such as avoidance of maternal smoking, overheating, and certain forms of bed sharing, should be included as important secondary messages.

TASK FORCE ON INFANT POSITIONING AND SIDS, 1998–1999

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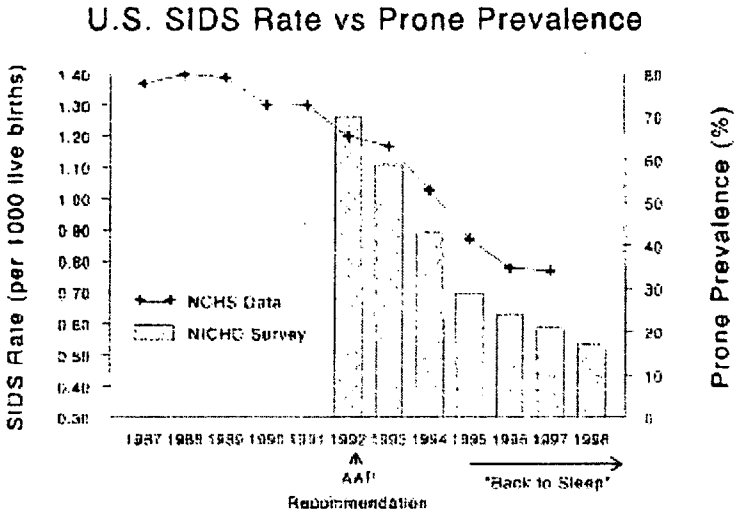
*It should be noted that the US Consumer Product Safety Commission is on record as opposing bed sharing by an infant and an adult, particularly if there is more than 1 adult in the bed. Many cases of infant suffocation have been reported during bed sharing.[116] However, it is recognized that a significant portion of the population practices bed sharing between mother and infant as a strategy to facilitate breastfeeding and that the presence of the father in the bed will be common. It is the consensus of the Task Force that there are insufficient data to conclude that bed sharing under carefully controlled conditions is clearly hazardous or clearly safe.

Fig 1 SIDS rate in the United States (line) from National Center for Health Statistics (NCHS) data and prone-positioning rate from National Institute for Child Health and Human Development (NICHD) surveys (bars). The American Academy of Pediatrics (AAP) recommendation was made at the April

1992 Spring Meeting and was published in June 1992.[26] The Back to Sleep campaign was begun in mid-1994.



The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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VISITOR REGISTRATION SHEET

CHILDREN, YOUTH AND FAMILIES — April 2, 2003

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Tasha Clay	YAIO
Bushnell	NC CCR&R Network
Steve Shore	NC Pediatric Society
Roz Sawitt	NC Child Care Coalition
[illegible]	NC Div of Child Dev.
Christine O'Meara	N.C. Healthy Start Foundation
Sheila Hopkins	NC DHHS

NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
AND
BILL SPONSOR NOTIFICATION
2003-2004 SESSION

You are hereby notified that the Committee on **CHILDREN, YOUTH AND FAMILIES** will meet as follows:

DAY & DATE: **Wednesday, April 9, 2003**

TIME: **12 noon**

LOCATION: **605 LOB**

The following bills will be considered (Bill # & Short Title & Bill Sponsor):
HB 152 – Unauthorized Meds/Prevent SIDS/Child Care – Rep. Alexander

Respectfully,
Representative Howard J Hunter, Jr.
Chair

I hereby certify this notice was filed by the committee assistant at the following offices at **4 p.m.** on **April 3, 2003.**

___Principal Clerk
___Reading Clerk - House Chamber

Barbara Y. Phillips (Committee Assistant)

COMMITTEE ON CHILDREN, YOUTH AND FAMILIES

Rep. Howard J. Hunter, Jr.
Chairman

AGENDA

April 9, 2003

Call to Order
Rep. Howard Hunter, Chairman

Bills:
HB 152 - Unauthorized Meds/Prevent SIDS/Child Care – Rep. Alexander

Remarks

Adjournment

COMMITTEE ON CHILDREN, YOUTH AND FAMILIES
Wednesday, April 9, 2003
12 noon

MINUTES

The Committee on Children, Youth and Families met on Wednesday, April 9, 2003, in Room 605 of the Legislative Office Building, at 12 noon. Members attending the meeting were Representatives Howard Hunter, (Chairman) Jennifer Weiss, (Vice Chairman), Martha Alexander, Becky Carney, Sam Ellis, John Rayfield, Mary McAllister, and Paul Stam. Research Staff Erika Churchill and Wendy Ray were also in attendance. The pages are: Margaret and Elizabeth Armstrong from Nash County. A Visitor Registration Sheet is attached and made a part to these Minutes.

Representative Hunter presided. This is a continuation of the discussion of HB 152. Rep. Ellis moved to amend the bill in the last meeting to read that the child be placed on the back unless a written waiver is signed by the parent, legal guardian or health care provide instructing otherwise. Much Debate on the amendment, but the amendment failed for lack of majority.

Dr. Foster, a Pediatrician for 20 years, and a member of the Child Care Commission, stated that in the policy statement of the American Academy of Pediatrics a child is placed on his/her back when put down to sleep for the first 12 months of their life. Many children between 4 to 6 months flip themselves on their tummy, but the parent does not wake the child and put the child back on its back.

There was much discussion about the authorization of the administration of medication in a licensed day care. Peggy Ball, an employee from DHHS-DCD, pointed out that in a licensed day care, the parent has to have a prescription in order for the day care to administer medication. The day care facility can administer over the counter medication appropriate for children, like child Tylenol. The provider has to look at what the parent recommends and what's on the back of the medication.

Rep. Weiss made the motion that this bill be given a favorable report.

The meeting was adjourned.

Representative Howard Hunter
Chairman

Barbara Y. Phillips
Committee Assistant

ATTENDANCE

April 9, 2003

CHILDREN, YOUTH AND FAMILIES

DATES	4/9/03														
Rep. Howard Hunter, Chairman	✓														
Rep. J. Weiss, Vice Chairman	✓														
Rep. Martha Alexander	✓														
Rep. Jeff Barnhart	A														
Rep. Becky Carney	✓														
Rep. Jerry Dockham															
Rep. Sam Ellis	✓														
Rep. Mary McAllister	✓														
Rep. Earline Parmon															
Rep. Jean Preston															
Rep. John Rayfield	✓														
Rep. Paul Stam	✓														
Erika Churchill	✓														
Wendy Graf Ray	✓														
Rep. Brubaker, Ex-Officio															
Rep. Culpepper, Ex-Officio															
Rep. Cunningham, Ex-Officio															
Rep. Eddins, Ex-Officio															

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The meeting was adjourned.

Representative Howard Hunter
Chairman

Barbara Y. Phillips
Committee Assistant

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2003

H

HOUSE BILL 152

Short Title:	Unauthorized Meds./Prevent SIDS/Child Care.	(Public)
Sponsors:	Representatives Alexander; Dickson, Farmer-Butterfield, Glazier, Goodwin, Hackney, Haire, Hill, Holliman, Hunter, Insko, Kiser, Lucas, Luebke, McAllister, Michaux, Miller, Munford, Nesbitt, Parmon, Rapp, Ross, Sherrill, and Weiss.	
Referred to:	Children, Youth and Families.	

March 3, 2003

A BILL TO BE ENTITLED

AN ACT TO PROHIBIT THE ADMINISTRATION OF MEDICATION TO A CHILD IN A LICENSED OR UNLICENSED CHILD CARE FACILITY WITHOUT PROPER AUTHORIZATION FROM THE CHILD'S PARENT OR GUARDIAN OR A BONA FIDE MEDICAL CARE PROVIDER, TO PROHIBIT A CHILD CARE FACILITY FROM PLACING A CHILD IN A SLEEPING POSITION THAT MAY INCREASE THE RISK OF SUDDEN INFANT DEATH SYNDROME (SIDS), AND TO REQUIRE CERTAIN AGENCIES AND THE MEDICAL COMMUNITY TO WORK JOINTLY IN INVESTIGATING VIOLATIONS OF THESE LAWS.

The General Assembly of North Carolina enacts:

SECTION 1. Chapter 110 of the General Statutes is amended by adding a new section to read:

"**§ 110-102.1A. Unauthorized administration of medication; improper placement of sleeping child; investigations.**

(a) It is unlawful for an employee, owner, or operator of a licensed or unlicensed child care facility to:

(1) Administer any type of medication to a child attending the child care facility without first obtaining written or oral authorization from the child's parent or guardian or a bona fide medical care provider. For purposes of this subdivision, the term 'bona fide medical care provider' is limited to medical doctors, physician's assistants, registered nurses, or licensed practical nurses, emergency medical technicians, and paramedics.

(2) Place a child in any position that may increase the risk of Sudden Infant Death Syndrome "SIDS" while the child is sleeping. All child

care facilities shall ensure that employees receive training in the proper sleeping position to reduce the risk of SIDS.

(b) Any person who violates this section is guilty of a Class A1 misdemeanor.

(c) The Division of Child Development, local departments of social services, local law enforcement personnel, and the medical community shall communicate and cooperate jointly to ensure that violations of this section are properly investigated."

SECTION 2. This act becomes effective December 1, 2003, and applies to offenses committed on or after that date.

HOUSE BILL 152:
Prevent SIDS/Unauthorized Meds./Child Care

BILL ANALYSIS

Committee:	House Children, Youth, and Families	**Introduced by:**	Representative Alexander
		Summary by:	Wendy Graf Ray Committee Counsel
Date:	March 26, 2003		
Version:	Proposed Committee Substitute H152-PCS70188-LU-2		

SUMMARY: ***The Proposed Committee Substitute for House Bill 152 would require caregivers in child care facilities to place children age 12 months or younger in a sleeping position that reduces the risk of Sudden Infant Death Syndrome (SIDS). The PCS would also make it unlawful to administer medication to a child in a licensed or unlicensed child care facility without authorization from the child's parent or guardian and requires cooperation between various agencies and the medical community in investigations of child abuse or neglect in child care facilities.***

CURRENT LAW: Article 7 of Chapter 110 of the North Carolina General Statutes establishes the Child Care Commission and sets out requirements for the provision of child care in North Carolina. Child care facilities must meet certain minimum standards to be licensed to operate, and it is unlawful to operate a child care facility without being licensed. As defined in G.S. 110-86, "child care facility" includes child care centers (i.e. three or more preschool-age children or nine or more school-age children receiving care at one time), family child care homes (i.e. more than two but less than nine children receiving care at one time in a residence), and other child care arrangements. However, the following child care arrangements are excluded:

- Arrangements operated in the home of any child receiving care if all of the children in care are related to each other and no more than two other children are in care.
- Recreational programs operated for less than four consecutive months in a year.
- Specialized activities or instruction (such as athletics), or organized clubs for children (such as Girl Scouts).
- Drop-in or short-term care provided while parents participate in non-employment related activities and where the parents are on the premises or otherwise easily accessible.
- Public schools.
- Nonpublic schools described in Part 2 of Article 39 of Chapter 115C that are accredited by the Southern Association of Colleges and Schools and that operate a child care facility for less than six and one-half hours per day either on or off the school site.
- Bible schools conducted during vacation periods.
- Care provided by licensed facilities for the mentally ill, the developmentally disabled, and substance abusers.
- Cooperative arrangements among parents to provide care for their own children as a convenience rather than for employment.
- Any child care program consisting of two or more separate components, each of which operates for four hours or less per day with different children attending each component.

The North Carolina Child Care Commission currently has the statutory authority to adopt rules and standards for child care facilities in the State. The Commission has adopted the following rules with respect to administration of medications in child care facilities:

- No drug or medication shall be administered to any child without specific instructions from the child's parent, a physician, or other authorized health professional.
- No drug or medication shall be administered after its expiration date.
- No drug or medication shall be administered for non-medical reasons, such as to induce sleep.
- Prescribed medicine shall be administered only as authorized in writing by the child's parent. The medicine must be in its original container bearing the pharmacist's label or be accompanied by written instructions for dosage, which are dated and signed by the prescribing physician or other health professional.
- Over-the-counter medicines shall be administered only as authorized in writing by the child's parent. Medications must be in their original containers and must be administered in accordance with written dosage instructions from the parent, physician or other authorized health professional.
- When any questions arise concerning whether medication provided by the parent should be administered, that medication shall not be administered without signed, written dosage instructions from a licensed physician or authorized health professional.
- A parent may provide written authorization that is valid for up to six months to authorize the administration of medication to treat the symptoms of asthma and allergic reactions, and up to one year to administer sunscreen and over-the-counter diapering creams. The authorization must be specific as to the symptoms or conditions for which the medication may be administered.
- A parent may provide written authorization for the administration of a one-time, weight appropriate dose of acetaminophen in the event the child has a fever and the parent cannot be reached.

A child care facility that violates any statutory requirement or rule adopted by the Child Care Commission is subject to administrative and civil penalties. The Secretary of the Department of Health and Human Services may impose one or more of the following against a licensee:

- Issue a written warning and a request for compliance.
- Issue an official reprimand.
- Place a licensee on probation until compliance is verified by the Commission.
- Suspend a license for a period not to exceed one year.
- Permanently revoke a license.

A civil penalty may also be levied against a child care facility in an amount not to exceed $1000 for each violation documented on any given date. In determining the amount of the penalty, the threat or extent of harm to children in care, as well as consistency of violations, must be considered.

BILL ANALYSIS: The Proposed Committee Substitute for House Bill 152 would amend Article 7 of Chapter 110 to do three things.

Require proper sleeping position to prevent SIDS:

G.S. 110-91 sets out a list of mandatory standards with which all child care facilities must comply in order to become licensed. Section 1 of the PCS would add to that list a requirement that child care facilities place children age 12 months or younger in a supine position for sleeping to reduce the risks associated with SIDS, unless the caregiver receives a written waiver from a health care provider

instructing otherwise. This is in accordance with the most current recommendations from the American Academy of Pediatrics.

Section 1 would also require child care facilities that care for children age 12 months or younger to develop a written safe sleep policy, which must be discussed with a child's parent or guardian before the child is enrolled. The child's parent or guardian would be required to sign a statement attesting that he or she received a copy of the policy and that the policy was discussed prior to enrollment. Any caregiver responsible for the care of children age 12 months or younger would be required to receive training in safe sleep practices.

Unauthorized administration of medication unlawful:

Section 2 of the PCS would make it unlawful for an employee, owner, household member, substitute, volunteer, or operator of a licensed or unlicensed child care facility to administer any type of medication to a child without written authorization from the child's parent or guardian. Violation of this section would be a Class A1 misdemeanor. A Class A1 misdemeanor is punishable by a maximum of 150 days of community, intermediate or active punishment.

Cooperation in investigations of child abuse or neglect in child care facilities:

Section 2 of the PCS would also direct the Division of Child Development, local departments of social services, local law enforcement personnel, and the medical community to communicate and cooperate to ensure that reports of abuse or neglect in child care facilities are properly investigated. The Division of Child Development and the Division of Social Services would be required to develop a memorandum of understanding to establish criteria for initiating and conducting timely investigations and to develop procedures for proper notification of and cooperation with local law enforcement and medical examiner personnel.

EFFECTIVE DATE: The bill would become effective December 1, 2003, and Section 2 would apply to offenses committed on or after that date.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

North Carolina Chapter

North Carolina Pediatric Society

April 1, 2003

The Honorable Howard Hunter, Jr., Chairman
Children, Youth and Families Committee
613 Legislative Office Building
Raleigh, NC 27603-5925

Dear Representative Hunter:

I am writing to state the North Carolina Pediatric Society's unequivocal support for the recommendation contained in House Bill 152 promoting the "back to sleep" position for infants. As the state chapter of the American Academy of Pediatrics, our members endorse this recommendation and acknowledge the work of the National SIDS Risk Reduction Programs, the NC Back To Sleep Campaign and the National Resource Center for Health and Safety in Child Care in promoting action to address the placement of sleeping children.

The evidence is clear that placing infants on their backs to sleep has dramatically reduced the number of deaths attributable to sudden infant death syndrome. However, we still have work to do in assuring that child care providers are educated on the recommendations and take action to train all personnel in order to prevent unnecessary deaths. Pediatricians will do our part to communicate and cooperate actively and promptly with The NC Division of Child Development, local departments of social services, local law enforcement personnel and appropriate representatives of the medical community to investigate violations. Please let me if the Pediatric Society can provide additional information or assistance to the Committee in your deliberations.

Sincerely,

Charles F. Willson MD

Charles F. Willson, MD, FAAP
President

CC: Janice Freedman, NC Healthy Start Foundation

2003 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:
By Representative **Howard J. Hunter, Jr.** (Chair) for the Committee on **CHILDREN, YOUTH AND FAMILIES**.

☐ Committee Substitute for
H.B. 152 A BILL TO BE ENTITLED AN ACT TO PROHIBIT THE ADMINISTRATION OF MEDICATION TO A CHILD IN A LICENSED OR UNLICENSED CHILD CARE FACILITY WITHOUT PROPER AUTHORIZATION FROM THE CHILD'S PARENT OR GUARDIAN OR A BONA FIDE MEDICAL CARE PROVIDER, TO PROHIBIT A CHILD CARE FACILITY FROM PLACING A CHILD IN A SLEEPING POSITION THAT MAY INCREASE THE RISK OF SUDDEN INFANT DEATH SYNDROME (SIDS), AND TO REQUIRE CERTAIN AGENCIES AND THE MEDICAL COMMUNITY TO WORK JOINTLY IN INVESTIGATING VIOLATIONS OF THESE LAWS.

☐ 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 ~~(# _____)~~, ☒ which changes the title, unfavorable as to (the 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)

03/19/03

VISITOR REGISTRATION SHEET

CHILDREN, YOUTH AND FAMILIES — April 9, 2003

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Tasha Clay	YAIO
Candice Britt	NCDSS
Jane Smith	NCDSS
Stacia McKenzy	NC DHHS
Janice Freedman	NC Healthy Start Foundation
[signature]	NC DCD
Resh Ball	DHHS-DCD
Tom V. Bennett	NCCFTF

NORTH CAROLINA GENERAL ASSEMBLY AMENDMENT

(Please type or use ballpoint pen)

EDITION No. _____

H. B. No. 152 DATE _____

S. B. No. _____ Amendment No. _____
(to be filled in by Principal Clerk)

COMMITTEE SUBSTITUTE X

Rep.) Ellis
)
Sen.)

moves to amend the bill on page 2, line 3

( ) WHICH CHANGES THE TITLE

by rewriting the line to read,

"from a parent, legal guardian or health care provider as defined in G.S. 58-50-61(a)(8) instructing"

SIGNED _____

ADOPTED _____ FAILED _____ TABLED _____

GA-33-A

PRINCIPAL CLERK'S OFFICE (FOR ENGROSSMENT)

NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
AND
BILL SPONSOR NOTIFICATION
2003-2004 SESSION

You are hereby notified that the Committee on **CHILDREN, YOUTH AND FAMILIES** will meet as follows:

DAY & DATE: **WEDNESDAY, APRIL 23, 2003**

TIME: **12 noon**

LOCATION: **605 LOB**

The following bills will be considered (Bill # & Short Title & Bill Sponsor):
HB 932 – Est. Reg'l. Interagency Coordinating Council – Rep. Alexander
HB 1063 – Summary Requirements/Child Care Facilities – Rep. McLawhorn

Respectfully,
Representative Howard J. Hunter, Jr.
Chair

I hereby certify this notice was filed by the committee assistant at the following offices at **4 pm** on **April 17, 2003.**

___Principal Clerk
___Reading Clerk - House Chamber

Barbara Y. Phillips (Committee Assistant)

COMMITTEE ON CHILDREN, YOUTH AND FAMILIES

Rep. Howard J. Hunter, Jr.
Chairman

AGENDA

April 23, 2003

Call to Order
Rep. Howard Hunter, Chairman

Bills:
HB 932 – Est. Reg'l. Interagency Coordinating Council – Rep. Alexander
HB 1063 – Summary Requirements/Child Care Facilities – Rep. McLawhorn

Remarks

Adjournment

Committee on Children, Youth and Families
April 23, 2003
12 Noon
Minutes

The Committee on Children, Youth and Families met on Wednesday, April 23, 2003, in Room 605 of the Legislative Office Building, at 12 noon. Members attending the meeting were Representatives Howard Hunter, (Chairman) Jennifer Weiss, (Vice Chairman), Martha Alexander, Becky Carney, Jerry Dockham, Marion McLawhorn, John Rayfield, Mary McAllister, and Paul Stam. Research Staff Erika Churchill was also in attendance. The pages were: Elizabeth Brim from Randolph County, and Meagan and Jay Hawley from Harnett County. A Visitor Registration Sheet is attached and made a part of these minutes.

Rep. Hunter called the meeting to order. There are two bills for discussion. HB 1063 and HB 932,

The first bill for discussion is HB 1063 sponsored by Rep. McLawhorn. Rep. Rayfield made a motion to accept the Proposed Committee Substitute for HB 1063 – Summary Requirements/Child Care Facilities for discussion. Rep. McLawhorn was asked to explain the bill. Rep. McLawhorn explained that this bill would require that a summary of child care laws provided by the Division of Child Development include a statement on how parents may obtain information on specific child care facilities. This summary would be distributed to all parents and guardians and will be posted in a prominent place in the day care facility.

There was much discussion on the bill and that a few minor changes be made. Rep. Stam moved to amend the bill. (Copy of amendments attached). Rep. McAllister moved to give the committee substitute of House bill 1063 a favorable report as amended by Rep. Stam.

HB 932 – Establishing Regional Interagency Coordinating Council. Rep. Alexander was asked to explain the bill. Rep. Alexander explained that this bill is an act to establishing Regional Interagency Coordinating Councils under the Laws relating to Early Intervention services for Children from Birth to five years of age with disabilities and their families.

Rep. McAllister moved to give this bill a favorable report and that this bill be referred to the Appropriations Subcommittee on Health and Human Services.

This concluded the business of the Committee and the meeting was adjourned.

Rep. Howard Hunter, Chairman

Barbara Phillips, Committee Assistant

ATTENDANCE

April 23, 2003

CHILDREN, YOUTH AND FAMILIES

DATES	4/23/03														
Rep. Howard Hunter, Chairman	✓														
Rep. J. Weiss, Vice Chairman	✓														
Rep. Martha Alexander	✓														
Rep. Jeff Barnhart															
Rep. Becky Carney	✓														
Rep. Jerry Dockham	✓														
Rep. Sam Ellis															
Rep. Mary McAllister	✓														
Rep. Earline Parmon															
Rep. Jean Preston															
Rep. John Rayfield	✓														
Rep. Paul Stam	✓														
Rep. McLawhorn	✓														
Erika Churchill	✓														
Wendy Graf Ray															
Rep. Brubaker, Ex-Officio															
Rep. Culpepper, Ex-Officio															
Rep. Cunningham, Ex-Officio															
Rep. Eddins, Ex-Officio															

Committee on Children, Youth and Families
April 23, 2003
12 Noon
Minutes

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HB 932 – Establishing Regional Interagency Coordinating Council. Rep. Alexander was asked to explain the bill. Rep. Alexander explained that this bill is an act to establishing Regional Interagency Coordinating Councils under the Laws relating to Early Intervention services for Children from Birth to five years of age with disabilities and their families.

Rep. McAllister moved to give this bill a favorable report and that this bill be referred to the Appropriations Subcommittee on Health and Human Services.

This concluded the business of the Committee and the meeting was adjourned.

Rep. Howard Hunter, Chairman

Barbara Phillips, Committee Assistant

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

H 1

HOUSE BILL 932

Short Title:	Est. Reg'l. Interagency Coordinating Council.	(Public)
Sponsors:	Representatives Alexander, Warren (Primary Sponsors); and Insko.	
Referred to:	Children, Youth and Families, if favorable, Appropriations Subcommittee on Health and Human Services.	

April 8, 2003

A BILL TO BE ENTITLED

AN ACT ESTABLISHING REGIONAL INTERAGENCY COORDINATING COUNCILS UNDER THE LAWS RELATING TO EARLY INTERVENTION SERVICES FOR CHILDREN FROM BIRTH TO FIVE YEARS OF AGE WITH DISABILITIES.

The General Assembly of North Carolina enacts:

SECTION 1. Chapter 143B of the General Statutes is amended by adding a new section to read:

"**§ 143B-179.5A. Regional Interagency Coordinating Councils for Children from Birth to Five with Disabilities and Their Families; establishment; composition; organization; duties; compensation; reporting.**

(a) There are established 18 Regional Interagency Coordinating Councils for Children from Birth to Five with Disabilities and Their Families, corresponding with the catchment areas for the Children's Developmental Services Agency of the Division of Public Health, Department of Health and Human Services.

(b) Each Regional Interagency Coordinating Council shall have no more than 30 members, appointed by the NC Interagency Coordinating Council (NC-ICC) and the Division of Public Health. Members of each Regional Council shall serve staggered terms. On or before January 1, 2004, the NC-ICC and the Division of Public Health shall designate no more than 15 appointees to serve for two-year terms on each Regional Council and no more than 15 appointees to serve for one-year terms on each Regional Council. Upon the expiration of the terms of the initial Regional Council members, each member shall be appointed for a term of two years and shall serve until a successor is appointed. The NC-ICC and the Division of Public Health shall have the power to remove any member of a Regional Council from office. Any appointment to fill a vacancy on a Regional Council created by the resignation, dismissal, death, or disability of a member shall be for the remainder of the unexpired term. Members may succeed themselves for one term and may be appointed again after being off a Regional

Council for one term. All members shall abide by the state interagency agreement of the NC Interagency Coordinating Council.

(c) The composition of Regional Councils shall be as follows:

(1) At least twenty percent (20%) parents or families of young children ages birth to five with disabilities for each region.

(2) One Local Interagency Coordinating Council (LICC) representative for each county in a region.

(3) The Children's Developmental Services Agency Director.

(4) One Regional Family Support Network representative for each region.

(5) One Local Management Entity representative for each region practicing in the area of mental health.

(6) One health department representative for each region.

(7) One executive director of a local Partnership for Children for each region.

(8) One local Department of Social Services representative for each region.

(9) One representative who is a member of the medical community for each region. Members appointed pursuant to this subdivision may include a pediatrician, or a health care provider, as defined in G.S. 58-50-61(8), at a local hospital, including a neonatal intensive care unit (NICU).

(10) One Head Start/Early Head Start representative for each region.

(11) One representative from the Office of Education Services Governor Morehead Early Intervention/Preschool Program for each region.

(12) One representative from the Office of Education Services Deaf/Hard of Hearing Early Intervention/Preschool Program for each region.

(13) One representative of the Regional TEACCH program.

(14) One representative of the Military Early Intervention program, if a military base is present in the region.

(15) Other public or private providers as recommended by LICCs within the region and as approved by the NC-ICC and the Division of Public Health.

(d) After a Regional Council has appointed its members, the Regional Council shall, at its first meeting, elect a parent and a professional as cochairs to establish any standing or ad hoc committees or task forces necessary to carry out the functions of the Regional Council. The Regional Council shall meet at least quarterly. A majority of the Regional Council will constitute a quorum for the transaction of business.

(e) Each Regional Council shall be responsible for developing an early intervention plan, in collaboration with the Children's Developmental Services Agency, for all eligible children ages birth to three years and their families in its designated area. The Regional Council shall specifically address in its early intervention plan, as indicated in the 'Individuals with Disabilities Education Act' (IDEA), P.L. 105-17, those efforts designated as local responsibilities, including the following:

(1) Implementing Child Find through public awareness activities.

(2) Ensuring the availability of early intervention required services through the assessment of service delivery capacity, the identification of needs, and the development or revision of plans to address gaps or inadequacies.

(3) Implementing policies for interagency professional development.

(4) Establishing methods for compliance monitoring and qualitative evaluation of services.

(5) Developing a plan of coordination and integration with other early childhood special education and related human service planning, such as that carried out by Mental Health Local Management Entities (LMEs), Smart Start, and Local Education Agencies (LEAs).

(f) Each Regional Interagency Coordinating Council shall prepare and submit an annual report to the NC-ICC and all regional early intervention agencies in its area. The annual report shall address the status of the early intervention system for eligible infants and toddlers in its respective region. Additionally, each Regional Council shall report quarterly to the NC-ICC on the development and implementation status of its regional early intervention plan. The Early Intervention Branch of the Division of Public Health shall make significant efforts to identify all appropriate funding sources to support each Regional Council with staff and administrative support."

SECTION 2. There is appropriated from the General Fund to the Department of Health and Human Services the sum of one hundred sixty-one thousand six hundred nineteen dollars ($161,619) for the 2003-2004 fiscal year and the sum of seven hundred forty-five thousand one hundred fifty-eight dollars ($745,158) for the 2004-2005 fiscal year to be used for the establishment of 18 Regional Interagency Coordinating Councils for Children from Birth to Five with Disabilities and Their Families in this State.

SECTION 3. This act becomes effective July 1, 2003.

2003 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:
By Representative **Howard J. Hunter, Jr.** (Chair) for the Committee on **CHILDREN, YOUTH AND FAMILIES.**

☐ Committee Substitute for
HB 932 **A BILL TO BE ENTITLED AN ACT ESTABLISHING REGIONAL INTERAGENCY COORDINATING COUNCILS UNDER THE LAWS RELATING TO EARLY INTERVENTION SERVICES FOR CHILDREN FROM BIRTH TO FIVE YEARS OF AGE WITH DISABILITIES.**

☐ With a favorable report.

☒ With a favorable report and recommendation that the bill be re-referred to the Committee on Appropriations ☒ ~~Finance ☐~~ ☐ Subcommittee on Health & Human Services

☐ 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 (#), ☐ which changes the title, unfavorable as to (the 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)

03/19/03

HOUSE BILL 1063:
Summary Requirements/Child Care Facilities

BILL ANALYSIS

Committee:	House Children, Youth and Families	**Introduced by:**	Representative McLawhorn
Date:	April 23, 2003	**Summary by:**	Wendy Graf Ray Committee Counsel
Version:	Proposed Committee Substitute H1063-CSSU-11[v.3]		

SUMMARY: ***The Proposed Committee Substitute for House Bill 1063 would require that the summary of child care laws provided by the Division of Child Development include a statement on how parents may obtain information on specific child care facilities. The Proposed Committee Substitute would also require operators of child care facilities to discuss the summary with parents and post the summary in a prominent place in the facility.***

CURRENT LAW: Article 7 of Chapter 110 of the General Statutes sets out requirements for the provision of child care by child care facilities. Child care facilities must meet certain minimum requirements to be licensed to operate in North Carolina. G.S. 110-102 requires the Secretary of the Department of Health and Human Services to provide operators of child care facilities with a summary of the requirements for child care under Article 7. The summary is to be distributed to parents, guardians, and full-time custodians of children receiving child care in the facility.

BILL ANALYSIS: The Proposed Committee Substitute for House Bill 1063 would require operators of child care facilities to discuss the summary of Article 7 with a child's parent before the child is enrolled in the facility, and the parent would be required to sign a statement attesting that he or she received a copy of the summary and that the summary was discussed with him or her.

The Proposed Committee Substitute would provide that the summary would also have to include a statement on how parents can obtain information on individual child care facilities from the North Carolina Division of Child Development.

The Proposed Committee Substitute would also require that the summary be posted in the same manner as the facility's license, as required by G.S. 110-99. Religious sponsored child care facilities, which are also regulated under Article 7, would also be required to post the summary in a prominent place.

EFFECTIVE DATE: The bill would become effective October 1, 2003.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

H D

HOUSE BILL 1063
PROPOSED COMMITTEE SUBSTITUTE H1063-CSSU-11 [v.3]

4/22/2003 2:59:57 PM

Short Title: Summary Requirements/Child Care Facilities. (Public)

Sponsors:

Referred to:

April 10, 2003

A BILL TO BE ENTITLED

AN ACT TO REQUIRE OPERATORS OF CHILD CARE FACILITIES TO DISCUSS THE DIVISION OF CHILD DEVELOPMENT'S SUMMARY OF THE LAWS RELATING TO CHILD CARE FACILITIES WITH PARENTS, TO REQUIRE THE DIVISION OF CHILD DEVELOPMENT TO INCLUDE IN ITS SUMMARY A STATEMENT ON HOW PARENTS MAY OBTAIN INFORMATION ON INDIVIDUAL CHILD CARE FACILITIES, AND TO REQUIRE CHILD CARE FACILITIES TO POST THE SUMMARY IN A PROMINENT PLACE.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 110-102 reads as rewritten:

"**§ 110-102. Information for parents.**

The Secretary shall provide to each operator of a child care facility a summary of this Article for the parents, guardian, or full-time custodian of each child receiving child care in the facility to be distributed by the operator. Operators of child care facilities shall discuss the summary with a child's parent, guardian, or full-time custodian before the child is enrolled in the child care facility. The child's parent, guardian, or full-time custodian shall sign a statement attesting that he or she received a copy of the summary and that the summary was discussed with him or her before the child's enrollment. The summary shall include the name and address of the Secretary and the address of the Commission. The summary shall ~~include a statement on~~ how parents may obtain information on individual child care facilities maintained in public files by the Division of Child Development. The summary shall also include a statement regarding the mandatory duty prescribed in G.S. 7B-301 of any person suspecting child abuse or neglect has taken place in child care, or elsewhere, to report to the county Department of Social Services. The statement shall include the definitions of child abuse and neglect described in the Juvenile Code in G.S. 7B-101 and of child abuse described in the Criminal Code in G.S. 14-318.2 and G.S. 14-318.4. The statement shall stress that this reporting law does not require that the person reporting reveal the person's identity.

The summary of this Article shall be posted with the facility's license in accordance with G.S. 110-99. Religious-sponsored programs operating pursuant to G.S. 110-106 shall post the summary in a prominent place at all times so that it is easily reviewed by ~~the public.~~" Parents

SECTION 2. This act becomes effective October 1, 2003.

2003 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:
By Representative **Howard J. Hunter, Jr.** (Chair) for the Committee on **CHILDREN, YOUTH AND FAMILIES.**

☐ Committee Substitute for
H.B. 1063 A BILL TO BE ENTITLED AN ACT REQUIRING THE DIVISION OF CHILD DEVELOPMENT TO INCLUDE IN ITS SUMMARY OF THE LAWS RELATING TO CHILD CARE FACILITIES A STATEMENT ON HOW PARENTS MAY OBTAIN INFORMATION ON INDIVIDUAL CHILD CARE FACILITIES.

☐ 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 (#), ☐~~ which changes the title, unfavorable as to (the 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)

03/19/03

NORTH CAROLINA GENERAL ASSEMBLY AMENDMENT

(Please type or use ballpoint pen)

EDITION No. _____

H. B. No. 1063 DATE _____

S. B. No. _____ Amendment No. _____ (to be filled in by Principal Clerk)

COMMITTEE SUBSTITUTE X

Rep.) Stam
)
Sen.)

moves to amend the bill on page 1, line 15

( ) WHICH CHANGES THE TITLE

by rewriting the line to read

"Shall provide a copy of the summary to each child's parent, guardian, or full-time custodian before" ; and

on page 1, line 18 by deleting "and that the summary was discussed with him or her" ; and

on page 1, line 20 by deleting "include a statement on" and substituting "explain" ; and

on page 2, line 4 by deleting "the public." and substituting "parents."

~~And on page 3 by~~

SIGNED Stam

ADOPTED _____ FAILED _____ TABLED _____

GA-33-A

PRINCIPAL CLERK'S OFFICE (FOR ENGROSSMENT)

VISITOR REGISTRATION SHEET

CHILDREN, YOUTH AND FAMILIES — 4-23-03

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Rob Dusabon	NC STATEWide Inc
Roz Sawicki	NC Child CARE Coalition
June Locklear	DCD
Edith Warren	NC House
Karen Chesser	NC Interagency Coordinating Council
Stella McMurray	NC DHHS

NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
AND
BILL SPONSOR NOTIFICATION
2003-2004 SESSION

You are hereby notified that the Committee on **CHILDREN, YOUTH AND FAMILIES** will meet as follows:

DAY & DATE: **Wednesday, June 4, 2003**

TIME: **12 noon**

LOCATION: **605 LOB**

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

SB 319 – Cabarrus Work Over Welfare Changes – Sen. Hartsell

Respectfully,
Representative Howard J Hunter, Jr.
Chair

I hereby certify this notice was filed by the committee assistant at the following offices on **May 29, 2003**

___Principal Clerk
___Reading Clerk - House Chamber

Barbara Y. Phillips (Committee Assistant)

COMMITTEE ON CHILDREN, YOUTH AND FAMILIES

Rep. Howard J. Hunter, Jr.
Chairman

AGENDA

June 4, 2003

Call to Order
Rep. Howard Hunter, Chairman

Bills:
SB 319 – Cabarrus Work Over Welfare Changes – Sen. Hartsell

Remarks

Adjournment

COMMITTEE ON CHILDREN, YOUTH AND FAMILIES

June 4, 2003
12 Noon

MINUTES

The Committee on Children, Youth and Families met on Wednesday, June 4, 2003, in Room 605 of the Legislative Office Building, at 12 noon. Members attending the meeting were Representatives Howard Hunter, (Chairman) Jennifer Weiss, (Vice Chairman), Jeff Barnhart, Becky Carney, John Rayfield, Mary McAllister, Paul Stam and Sen. Hartsell, Sponsor of SB 319. Research Staff Wendy Graf Ray was also in attendance. The pages were Adam Edgerton from Johnston County, Bobbi Ruffin from Alamance County, Krystle Wiggins from Gates County, and Camry Curtis from Wake County. A Visitor Registration Sheet is attached and made a part of these minutes.

Rep. Hunter called the meeting to order. The bill for discussion is the Committee Substitute for SB 319 – A Bill To Be Entitled An Act Amending The Cabarrus County Demonstration Work Over Welfare Program.

Rep. Stam made a motion to amend the bill to delete the sunset. The bill will read In Sec. 5 – This act becomes effective July 1.

Senate bill 319 was given a favorable report as to the House Committee Substitute.

This concluded the business of the Committee and the meeting was adjourned.

Rep. Howard Hunter, Jr.
Chairman

Barbara Y. Phillips
Committee Assistant

ATTENDANCE

June 4, 2003

CHILDREN, YOUTH AND FAMILIES

DATES	6/4/03														
Rep. Howard Hunter, Chairman	✓														
Rep. J. Weiss, Vice Chairman	✓														
Rep. Martha Alexander															
Rep. Jeff Barnhart	✓														
Rep. Becky Carney	✓														
Rep. Jerry Dockham															
Rep. Sam Ellis															
Rep. Mary McAllister	✓														
Rep. Earline Parmon															
Rep. Jean Preston															
Rep. John Rayfield	✓														
Rep. Paul Stam	✓														
Erika Churchill															
Wendy Graf Ray	✓														
Rep. Brubaker, Ex-Officio															
Rep. Culpepper, Ex-Officio															
Rep. Cunningham, Ex-Officio															
Rep. Eddins, Ex-Officio															

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

S 2

SENATE BILL 319

State Government, Local Government, and Veterans' Affairs Committee
Substitute Adopted 4/29/03

Short Title: Cabarrus Work Over Welfare Changes. (Local)

Sponsors:

Referred to:

March 6, 2003

A BILL TO BE ENTITLED

AN ACT AMENDING THE CABARRUS COUNTY DEMONSTRATION WORK OVER WELFARE PROGRAM.

The General Assembly of North Carolina enacts:

SECTION 1. S.L. 1998-106, as amended by S.L. 2001-354, reads as rewritten:

"Section 1. Notwithstanding any law to the contrary, the Department of Health and Human Services shall continue designation of Cabarrus County as a pilot county for the purpose of conducting a demonstration welfare reform program for certain Work First and Food Stamp recipients. Immediately upon the ratification of this act, the Department shall ensure that all federal waivers necessary to allow this demonstration program to continue are obtained. To the extent that this act or the program established pursuant to it conflicts with any State law, the program supersedes that law.

Sec. 2. The Cabarrus County demonstration Work Over Welfare Program for certain Work First and Food Stamp recipients shall:

(1) Provide job opportunities to all able-bodied Work First and Food Stamp recipients who are required to participate in the Work First employment program;

(2) Create job opportunities in the public, the private, nonprofit, and the private, for-profit ~~sector, primarily in the human services areas~~ sectors by allowing Cabarrus County to use grant diversions, consisting of the Work First benefits and the cash value of Food Stamps that would be paid to otherwise eligible recipients to match employer funds, to subsidize the employment of these ~~recipients. Human service area jobs will meet such socially necessary needs as day care work, nursing home aide work, and in-home aide work;~~recipients;

(3) Allow wages paid to these recipients, which contain grant-diverted funds, to be exempt from income for purposes of determining eligibility for assistance;

(4) Structure payment of wages to these recipients such that they will be considered income, in order to make recipients eligible for the federal earned income tax credit;

(5) Create work experience opportunities in the private sector more realistically to reflect the world of work;

(6) Require these recipients to participate in the development of an opportunity agreement outlining the responsibilities of the recipient and agency, as well as the incentives for compliance and the sanctions for noncompliance;

(7) Require all these recipients who participate in the program to pursue and accept employment, full or part time, subsidized or unsubsidized, as a condition for continued eligibility for Work First and Food Stamp assistance;

(8) Require job search training of all ~~participants;~~participants who are assessed as needing it;

(9) Require monitored job search of all participants until employment is found or until other work activities of up to 40 hours per week are in place;

(10) Create a positive work incentive by providing wage incentives to participants who are in compliance with the program by using the job bonus as outlined in the Work First Policy Manual for ~~both Work First and Food Stamp benefits;~~Work First benefits;

(11) Provide for a system in which the Work First cash assistance case is terminated following the first month of noncompliance, with restoration of assistance after the client agrees to comply with requirements and files a new application. To ensure that children in terminated households are not harmed, provide social worker monitoring and the use of direct vendor payments or assistance from other community resources for rent, utilities, or other basic needs of children as necessary, during the period in which assistance for the household is terminated. This period of social worker monitoring shall ~~coincide with the period of time that the household would have been, as a Work First case, under a three month pay for performance sanction system and shall~~ not exceed three months from the date of ~~termination.~~termination, unless, in the judgment of the social worker, there is reason to monitor for a longer period of time;

(12) Provide for all individuals to be evaluated for ongoing Medicaid and children to be evaluated for Health Choice eligibility any time Work First terminates. This act shall not alter any individual's eligibility for Medicaid or Health Choice as set out in State and Federal law or ~~regulation.~~regulation;

(13) Require that a recipient who voluntarily terminates employment without good cause be ineligible for Work First until the individual returns to work, provided work opportunities are available. Provide employment services for 30 days to assist the individual in obtaining employment;

(14) Require applicants for Work First to meet with child support staff within 10 days of application. Failure or refusal to pursue child support without good cause is grounds for denial of benefits;

(15) Provide that an applicant may be eligible for a one-time Work First benefit diversion payment in an amount not exceeding one thousand two hundred dollars ($1,200). Applicants receiving the benefit diversion payment shall not be eligible for ongoing Work First benefits for a period of three months from the date of receipt of the benefit diversion payment. Individuals receiving a diversion payment must attend budgetary counseling and may be required to have a protective payee for the benefit diversion payment;

(16) Provide that the period of exemption from participation in employment services for a parent of a newborn child is three months. If a recipient returns to work within six weeks of childbirth, the recipient may reclaim the remainder of the three-month exemption if the recipient chooses not to continue working during the initial six-week period;

(17) In ongoing Work First cases, require family reassessment of service needs when the family circumstance changes due to an able-bodied, financially responsible adult moving into the home. Family reassessment may result in benefit diversion, change in services, or termination from Work First program participation;

(18) Not sanction individuals who demonstrate that they cannot meet program requirements because necessary child care is not ~~available.~~available;

(19) Assist children in Work First child-only cases, where the children are living with relatives other than the biological parents, in securing permanent stable homes through adoption by allowing federal funds for Work First cash assistance to be transferred from the TANF Block Grant to the Social Services Block Grant to be used to pay for home studies, attorney fees, and other adoptions expenses, as well as an ongoing cash payment for the adoptive family, similar to cash payments received through Adoption Assistance.

Sec. 3. This act shall be funded by Cabarrus County using available grant diversions and administrative transfers, together with federal and State administrative funding allocated to Cabarrus County for the public assistance programs.

Sec. 4. The Department of Health and Human Services shall evaluate the Cabarrus County Demonstration Project and report to the General Assembly and to the Joint Legislative Public Assistance Commission on or before September 1, 2002.

Sec. 5. This act becomes effective July 1, 1995 and shall expire on ~~September 30, 2003.~~ September 30, 2005."

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

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

S D

SENATE BILL 319

State Government, Local Government, and Veterans' Affairs Committee
Substitute Adopted 4/29/03
PROPOSED HOUSE COMMITTEE SUBSTITUTE S319-PCS65308-ST-49

Short Title: Cabarrus Work Over Welfare Changes. (Local)

Sponsors:

Referred to:

March 6, 2003

A BILL TO BE ENTITLED

AN ACT AMENDING THE CABARRUS COUNTY DEMONSTRATION WORK OVER WELFARE PROGRAM.

The General Assembly of North Carolina enacts:

SECTION 1. S.L. 1998-106, as amended by S.L. 2001-354, reads as rewritten:

"Section 1. Notwithstanding any law to the contrary, the Department of Health and Human Services shall continue designation of Cabarrus County as a pilot county for the purpose of conducting a demonstration welfare reform program for certain Work First and Food Stamp recipients. Immediately upon the ratification of this act, the Department shall ensure that all federal waivers necessary to allow this demonstration program to continue are obtained. To the extent that this act or the program established pursuant to it conflicts with any State law, the program supersedes that law.

Sec. 2. The Cabarrus County demonstration Work Over Welfare Program for certain Work First and Food Stamp recipients shall:

(1) Provide job opportunities to all able-bodied Work First and Food Stamp recipients who are required to participate in the Work First employment program;

(2) Create job opportunities in the public, the private, nonprofit, and the private, for-profit ~~sector, primarily in the human services areas~~ sectors by allowing Cabarrus County to use grant diversions, consisting of the Work First benefits and the cash value of Food Stamps that would be paid to otherwise eligible recipients to match employer funds, to subsidize the employment of these ~~recipients. Human service area jobs will meet such socially necessary needs as day care work, nursing home aide work, and in-home aide work;~~recipients;

(3) Allow wages paid to these recipients, which contain grant-diverted funds, to be exempt from income for purposes of determining eligibility for assistance;

(4) Structure payment of wages to these recipients such that they will be considered income, in order to make recipients eligible for the federal earned income tax credit;

(5) Create work experience opportunities in the private sector more realistically to reflect the world of work;

(6) Require these recipients to participate in the development of an opportunity agreement outlining the responsibilities of the recipient and agency, as well as the incentives for compliance and the sanctions for noncompliance;

(7) Require all these recipients who participate in the program to pursue and accept employment, full or part time, subsidized or unsubsidized, as a condition for continued eligibility for Work First and Food Stamp assistance;

(8) Require job search training of all ~~participants;~~participants who are assessed as needing it;

(9) Require monitored job search of all participants until employment is found or until other work activities of up to 40 hours per week are in place;

(10) Create a positive work incentive by providing wage incentives to participants who are in compliance with the program by using the job bonus as outlined in the Work First Policy Manual for ~~both Work First and Food Stamp benefits;~~Work First benefits;

(11) Provide for a system in which the Work First cash assistance case is terminated following the first month of noncompliance, with restoration of assistance after the client agrees to comply with requirements and files a new application. To ensure that children in terminated households are not harmed, provide social worker monitoring and the use of direct vendor payments or assistance from other community resources for rent, utilities, or other basic needs of children as necessary, during the period in which assistance for the household is terminated. This period of social worker monitoring shall ~~coincide with the period of time that the household would have been, as a Work First case, under a three month pay for performance sanction system and shall~~ not exceed three months from the date of ~~termination.~~termination, unless, in the judgment of the social worker, there is reason to monitor for a longer period of time;

(12) Provide for all individuals to be evaluated for ongoing Medicaid and children to be evaluated for Health Choice eligibility any time Work First terminates. This act shall not alter any individual's eligibility for Medicaid or Health Choice as set out in State and Federal law or ~~regulation.~~regulation;

(13) Require that a recipient who voluntarily terminates employment without good cause be ineligible for Work First until the individual returns to work, provided work opportunities are available. Provide employment services for 30 days to assist the individual in obtaining employment;

(14) Require applicants for Work First to meet with child support staff within 10 days of application. Failure or refusal to pursue child support without good cause is grounds for denial of benefits;

(15) Provide that an applicant may be eligible for a one-time Work First benefit diversion payment in an amount not exceeding one thousand two hundred dollars ($1,200). Applicants receiving the benefit diversion payment shall not be eligible for ongoing Work First benefits for a period of three months from the date of receipt of the benefit diversion payment. Individuals receiving a diversion payment must attend budgetary counseling and may be required to have a protective payee for the benefit diversion payment;

(16) Provide that the period of exemption from participation in employment services for a parent of a newborn child is three months. If a recipient returns to work within six weeks of childbirth, the recipient may reclaim the remainder of the three-month exemption if the recipient chooses not to continue working during the initial six-week period;

(17) In ongoing Work First cases, require family reassessment of service needs when the family circumstance changes due to an able-bodied, financially responsible adult moving into the home. Family reassessment may result in benefit diversion, change in services, or termination from Work First program participation;

(18) Not sanction individuals who demonstrate that they cannot meet program requirements because necessary child care is not ~~available.~~available;

(19) Assist children in Work First child-only cases, where the children are living with relatives other than the biological parents, in securing permanent stable homes through adoption by allowing federal funds for Work First cash assistance to be transferred from the TANF Block Grant to the Social Services Block Grant to be used to pay for home studies, attorney fees, and other adoptions expenses, as well as an ongoing cash payment for the adoptive family, similar to cash payments received through Adoption Assistance.

Sec. 3. This act shall be funded by Cabarrus County using available grant diversions and administrative transfers, together with federal and State administrative funding allocated to Cabarrus County for the public assistance programs.

Sec. 4. The Department of Health and Human Services shall evaluate the Cabarrus County Demonstration Project and report to the General Assembly and to the Joint Legislative Public Assistance Commission on or before September 1, 2002.

Sec. 5. This act becomes effective July 1, ~~1995 and shall expire on September 30, 2003.~~1995."

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

SENATE BILL 319:
Cabarrus Work Over Welfare Changes

BILL ANALYSIS

Committee:	House Children, Youth & Families	**Introduced by:**	Senator Hartsell
		Summary by:	R. Erika Churchill Committee Co-Counsel
Date:	June 4, 2003		
Version:	Second Edition		

SUMMARY: Senate Bill 319 amends the Cabarrus County Work Over Welfare Program and extends the program until September 30, 2005.

BILL ANALYSIS:

Senate Bill 319 amends S.L. 1998-106, as amended by S.L. 2001-354. **Section 1** of the bill includes the following amendments to Section 2 of S.L. 1998-106 as amended by S.L. 2001-354:

- Subsection (2) regarding the creation of job opportunities in the public, the private, nonprofit, and the private, for-profit sectors is amended to delete the specification that opportunities be primarily in the human services areas.
- Subsection (8) is amended to specify that job search training is required only for participants who are assessed as needing it.
- Subsection (10) deletes the reference to Food Stamp benefits that was added in 2001.
- Subsection (11) is amended to provide that social worker monitoring shall not exceed three months form the date of termination, unless, in the judgment of the social worker, there is reason to monitor for a longer period of time.
- Subsection (15) inserts the word "benefit" before "diversion payment" in all subsection references to the Work First diversion payment.
- Subsections (12) and (18) are amended with technical (punctuation) changes.
- Subsection (19) is a new section requiring that the Cabarrus County demonstration Work Over Welfare Program assist children in Work First child-only cases in securing permanent stable homes through adoption by allowing federal funds for Work First cash assistance to be transferred from the TANF Block Grant to the Social Services Block Grant to be used to pay for home studies, attorney fees, and other adoptions expenses, as well as an ongoing cash payment for the adoptive family, similar to cash payments received through Adoption Assistance. This applies to children in Work First child-only cases, where the children are living with relatives other than the biological parents.

Section 5 of S.L. 1998-106, as amended by S.L. 2001-354, is amended to extend the program until September 30, 2005.

EFFECTIVE DATE:

The bill would become effective when it becomes law.

*Theresa Matula substantially contributed to this summary.

2003 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:
By Representative **Howard J. Hunter, Jr.** (Chair) for the Committee on **CHILDREN, YOUTH AND FAMILIES.**

☒ Committee Substitute for
S.B. 319 **A BILL TO BE ENTITLED AN ACT AMENDING THE CABARRUS COUNTY DEMONSTRATION WORK OVER WELFARE 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 the committee substitute bill (#), ☐ which changes the title, unfavorable as to (the 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)

03/19/03

NORTH CAROLINA GENERAL ASSEMBLY AMENDMENT

(Please type or use ballpoint pen)

EDITION No. _____

H. B. No. _____ DATE 6-4-03

S. B. No. 319 Amendment No. _____
(to be filled in by Principal Clerk)

COMMITTEE SUBSTITUTE _____

(Rep.) Stam
Sen.)

moves to amend the bill on page 4, lines 1 & 2

( ) WHICH CHANGES THE TITLE

by _____

Rewriting those lines to read:

"Sec. 5. This act becomes effective July 1, ~~1995 and shall expire on September 30, 2003.~~ 1995.".

SIGNED Stam

ADOPTED _____ FAILED _____ TABLED _____

GA-33-A

PRINCIPAL CLERK'S OFFICE (FOR ENGROSSMENT)

NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
AND
BILL SPONSOR NOTIFICATION
2003-2004 SESSION

You are hereby notified that the Committee on **CHILDREN, YOUTH AND FAMILIES** will meet as follows:

DAY & DATE: **WEDNESDAY, June 23, 2004**

TIME: **12 noon**

LOCATION: **605 LOB**

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

SB 1218 – An Act to Modify the Child Restraint System Requirement as recommended by the Child Fatality Task Force - Sen. Purcell

Respectfully,
Representative Howard J. Hunter, Jr.
Chair

I hereby certify this notice was filed by the committee assistant at the following offices on June 14, 2004

___Principal Clerk
___Reading Clerk - House Chamber

Barbara Y. Phillips (Committee Assistant)

COMMITTEE ON CHILDREN, YOUTH AND FAMILIES

Rep. Howard J. Hunter, Jr.
Chairman

AGENDA

June 23, 2004

Call to Order

Rep. Howard Hunter, Chairman

Bills:

SB 1218 An Act to Modify the Child Restraint System Requirement as Recommended by the Child Fatality Task Force. – Sen. Purcell

Remarks

Adjournment

SENATE BILL 1218:
Child Restraint Systems Modified

BILL ANALYSIS

Committee:	House Children, Youth & Families	**Introduced by:**	Senator Purcell
		Summary by:	R. Erika Churchill Committee Counsel
Date:	June 16, 2004		
Version:	1st Edition		

SUMMARY: ***Senate Bill 1218 would amend the child restraint law to:***

- ***Require that children aged 8 and under and less than 80 pounds must be secured in a weight appropriate child passenger restraint system***
- ***Permit a child less than 8 years old and weighing between 40 and 80 pounds to be restrained by only a lap belt when all the seating positions with lap and shoulder belts are occupied.***

CURRENT LAW: Currently, a child less than 5 years old and less than 40 pounds must be properly secured in a weight appropriate child passenger restraint system when being transported. The child passenger restraint system requirement does not apply in the following situations:

1. Ambulances or other emergency vehicles.
2. When the child's personal needs are being attended to.
3. If all seating positions equipped with child passenger restraint systems or seat belts are occupied.
4. To vehicles which are not required by federal law or regulation to be equipped with seat belts.

BILL ANALYSIS: The bill would require the child passenger restraint system when a child is less than 8 years of age and less than 80 pounds. The bill would also clarify that it is appropriate for a child less than 8 years of age and between 40-80 pounds to be restrained by a properly fitted lap belt if all seating equipped with lap and shoulder belts is occupied.

The act would become effective when it becomes law.

BACKGROUND: The National Highway Traffic Safety Administration (NHTSA) and the American Academy of Pediatrics recommend that young children between 4 and 8 weighing over 40 pounds should use a belt positioning booster seat. Belt positioning booster seats must be used with both lap and shoulder belts. After a child is over age 8 or is 4'9" tall then they can use seat belts without a belt positioning booster seat.

The UNC Highway Safety Research Center (Center) is concerned that children are prematurely moving to seat belt use. According to information from the Center, the safest option for children between 40 and 60 pounds is the booster seat. In recent child restraint surveys conducted by the Center, results showed that among restrained children weighing 40 to 60 pounds, only 16% were in booster seats. More than half of the children this size were wearing seat belts. Many of the children were wearing the seat belts incorrectly, which is not only uncomfortable for the child but also unsafe.

Research by the Partners for Child Passenger Safety shows that a belt positioning booster seat can reduce a child's risk of injury by 59%.

Sara Kamprath contributed to this summary.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

S 1

SENATE BILL 1218

Short Title:	Child Restraint Systems Modified.	(Public)
Sponsors:	Senators Purcell; Allran, Bingham, Dannelly, Dorsett, and Lucas.	
Referred to:	Health & Human Resources.	

May 20, 2004

A BILL TO BE ENTITLED

AN ACT TO MODIFY THE CHILD RESTRAINT SYSTEM REQUIREMENTS AS RECOMMENDED BY THE CHILD FATALITY TASK FORCE.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 20-137.1(a1) reads as rewritten:

"(a1) A child less than ~~five~~ eight years of age and less than ~~40~~80 pounds in weight shall be properly secured in a weight-appropriate child passenger restraint system. In vehicles equipped with an active passenger-side front air bag, if the vehicle has a rear seat, a child less than five years of age and less than 40 pounds in weight shall be properly secured in a rear seat, unless the child restraint system is designed for use with air bags. A child less than eight years of age and more than 40 but less than 80 pounds in weight may be restrained only by a properly fitted lap belt only if all seating positions equipped with lap and shoulder belts are occupied."

SECTION 2. G.S. 20-137.1(c) reads as rewritten:

"(c) Any driver found responsible for a violation of this section may be punished by a penalty not to exceed twenty-five dollars ($25.00), even when more than one child less than 16 years of age was not properly secured in a restraint system. No driver charged under this section for failure to have a child under ~~five~~ eight years of age properly secured in a restraint system shall be convicted if he produces at the time of his trial proof satisfactory to the court that he has subsequently acquired an approved child passenger restraint system."

SECTION 3. This act becomes effective October 1, 2004.

COMMITTEE ON CHILDREN, YOUTH AND FAMILIES
Wednesday, June 23, 2004
12 noon
MINUTES

The Committee on Children, Youth and Families met on Wednesday, June 23, 2004, in Room 605 of the Legislative Office Building, at 12 noon. Members attending the meeting were Representatives Howard Hunter, (Chairman) Jennifer Weiss, (Vice Chairman), Martha Alexander, Jeff Barnhart, Becky Carney, Sam Ellis, Earline Parmon, Mary McAllister, Paul Stam and Sen. William Purcell. Research Staff Erika Churchill was in attendance. The pages present were Katie Harrington (Gaston County – Rep. Debbie Clary), Jonathan Merlini (Guilford County – Rep. Maggie Jeffus), Allison Weber (Gaston County – Rep. Debbie Clary), Luke Woodcock (Pender County – Rep. Justice) and William Stoudt (Cumberland County – Rep. Warner). A Visitor Registration Sheet is attached and made a part of these Minutes.

Representative Hunter presided. The bill for discussion is SB 1218 – An Act to Modify the Child Restraint System Requirement as Recommended by the Child Fatality Task Force. The Sponsor of the bill, Sen. Purcell asked Tom Vitaglione of the NC Child Fatality Task Force to explain the bill.

Tom Vitaglione stated that Senate Bill 1218 would amend the child restraint law to require that children aged 8 and under and less than 80 pounds who are occupants of passenger vehicles should be properly secured in a weight appropriate child passenger restraint system (belt positioning booster seats.) It would also permit a child less than 8 years of age and weighing between 40 and 80 pounds to be restrained by only a lap belt when all the seating positions with lap and shoulder belts are occupied. The use of belt positioning seats is recommended by the American Academy of Pediatrics, National Safety Council, the National Highway Transportation and Safety Administration. Twenty-five states have passed this Legislation and six states have it under consideration. Research shows that a belt positioning booster seat can reduce a child's risk of injury by 59%.

There are also several waivers to make it easier for families to comply. Waivers in the current law have not changed and include all emergency vehicles as well as vehicles not required to have seat belts. In this bill, another waiver is introduced. If the only seating positions available do not have shoulder belts, booster seats are not required. This includes older vehicles before shoulder belts in the back seat were required. Mr. Vitaglione displayed one of the booster seats.

Booster seats are available for as little as Fifteen dollars. ($15). Any driver found in violation of this law may be punished by a penalty not to exceed twenty-five dollars ($25.00). There was much discussion about the penalty if another parent or relative has to pick the child and they do not have a booster seat in their car. In reference to the penalty in Section 2 of the bill, Rep. Stam moved to amend the bill on page 1, line 21 by adding the following phrase at the end – "for a vehicle in which the child is normally transported." With this amendment, for example, a person picking up a child in an emergency situation would not be penalized.

The bill was given a favorable report rolled into a Committee Substitute as amended.

Representative Howard Hunter
Chairman

Barbara Y. Phillips
Committee Assistant

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

S D

SENATE BILL 1218
PROPOSED HOUSE COMMITTEE SUBSTITUTE S1218-PCS35485-ST-95

Short Title: Child Restraint Systems Modified. (Public)

Sponsors:

Referred to:

May 20, 2004

A BILL TO BE ENTITLED

AN ACT TO MODIFY THE CHILD RESTRAINT SYSTEM REQUIREMENTS AS RECOMMENDED BY THE CHILD FATALITY TASK FORCE.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 20-137.1(a1) reads as rewritten:

"(a1) A child less than ~~five~~ eight years of age and less than ~~40~~80 pounds in weight shall be properly secured in a weight-appropriate child passenger restraint system. In vehicles equipped with an active passenger-side front air bag, if the vehicle has a rear seat, a child less than five years of age and less than 40 pounds in weight shall be properly secured in a rear seat, unless the child restraint system is designed for use with air bags. A child less than eight years of age and more than 40 but less than 80 pounds in weight may be restrained only by a properly fitted lap belt only if all seating positions equipped with lap and shoulder belts are occupied."

SECTION 2. G.S. 20-137.1(c) reads as rewritten:

"(c) Any driver found responsible for a violation of this section may be punished by a penalty not to exceed twenty-five dollars ($25.00), even when more than one child less than 16 years of age was not properly secured in a restraint system. No driver charged under this section for failure to have a child under ~~five~~ eight years of age properly secured in a restraint system shall be convicted if he produces at the time of his trial proof satisfactory to the court that he has subsequently acquired an approved child passenger restraint ~~system.~~system for a vehicle in which the child is normally transported."

SECTION 3. This act becomes effective October 1, 2004.

NORTH CAROLINA GENERAL ASSEMBLY AMENDMENT

(Please type or use ballpoint pen)

EDITION No. 1st

H. B. No. _____ DATE 6-23-04

S. B. No. 1218 Amendment No. _____
(to be filled in by Principal Clerk)

COMMITTEE SUBSTITUTE _____

Rep.) Stam
Sen.)

moves to amend the bill on page 1, line 21

( ) WHICH CHANGES THE TITLE

by adding the following phrase at the end of that line:

"for a vehicle in which the child is normally transported."

SIGNED Stam

ADOPTED _____ FAILED _____ TABLED _____

GA-33-A

PRINCIPAL CLERK'S OFFICE (FOR ENGROSSMENT)

Office copy

2003 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

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

By Representative **Howard J. Hunter, Jr.** (Chair) for the Committee on **CHILDREN, YOUTH AND FAMILIES.**

☐ Committee Substitute for

SB 1218 A BILL TO BE ENTITLED AN ACT TO MODIFY THE CHILD RESTRAINT SYSTEM REQUIREMENTS AS RECOMMENDED BY THE CHILD FATALITY TASK FORCE.

☐ With a favorable report.

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

☐ With a favorable report, as amended.

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

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

03/19/03

ATTENDANCE

CHILDREN, YOUTH AND FAMILIES

DATES	6/23/04														
Rep. Howard Hunter, Chairman	↘														
Rep. J. Weiss, Vice Chairman	↘														
Rep. Martha Alexander	↘														
Rep. Jeff Barnhart	↘														
Rep. Becky Carney	↘														
Rep. Jerry Dockham	↘														
Rep. Sam Ellis	↘														
Rep. Mary McAllister	↘														
Rep. Earline Parmon	↘														
Rep. Jean Preston															
Rep. John Rayfield															
Rep. Paul Stam	↘														
Erika Churchill	↘														
Wendy Graf Ray															
Rep. Brubaker, Ex-Officio															
Rep. Culpepper, Ex-Officio															
Rep. Cunningham, Ex-Officio															
Rep. Eddins, Ex-Officio															
Rep. Rhodes	↘														
Sen. Purcell	↘														

VISITOR REGISTRATION SHEET

CHILDREN, YOUTH AND FAMILIES — June 23, 2004

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
David Stoller	State Farm, Raleigh
Steve Shore	NC Pediatric Society
Jane Foy, MD	NC Pediatric Society
Bill Hall	UNC Highway Safety Research Center
Wafeeq Zaki	News Observer
Sarah Verbiest	March of Dimes
Bonika Steward	March of Dimes
Roz Sawalla	NC Child Care Coalition
Deborah Rowe	NC Assoc of Local Health Directors
Jan Pate	Gov Office
Luke Gurley	Gov. office

VISITOR REGISTRATION SHEET

CHILDREN, YOUTH AND FAMILIES — June 23, 2004

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Joann Haggerty	NC Child Advocacy Institute
JANE PINSKY	AAA / NCCAI
Sonia Schmidt	NC Justice Center/Covenant w/ NC's Children
Tom Vitagliano	Child Fatality Task Force

PAGES 6/23/04

NAME	SP.	CO
Katie Harrington	debbie clary	Gaston
Jonathan Merlin	Maggie Jeffus	Guilford
Allison Weber	Rep. Debbie Clary	Gaston
Luke Woodcock	Rep. Justice	Pender
William Stoudt	Alex Warner	Cumberland

SGT @ ARMS
BILL SULLIVAN
JAMES WORTH

VISITOR REGISTRATION SHEET

Name of Committee Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE ASSISTANT

NAME	FIRM OR AGENCY