2011 Wrap-Up of CFTF Legislative Agenda
July 11, 2011

Summary
Of the 15 primary issues supported by the CFTF:

- 6 have become law, often with very strong support. Special thanks are due to Sens. Bingham, Allran and Purcell for their successful work on these issues!
  - funding for folic acid, Safe Sleep and the Perinatal Quality Collaborative of NC (in budget, H200);
  - increasing the fine for speeding in a school zone (S49, passed Senate 41-9 and House 113-1);
  - enhancing the penalty for driving impaired with a child in the car (S241, passed Senate 41-0 and House 108-5); and
  - banning certain dangerous synthetic drugs (S7, passed House 110-1 and Senate 49-0).

- 3 are being addressed administratively (funding for Child Treatment Program, incorporating child death scene investigation into Basic Law Enforcement Training, and promoting access to a nonprofit for Safe Kids)

- 1 passed the Senate and awaits action in the House (the bill to enhance the technical specification for smoke alarms)

- 4 had bills filed but were not included in the final budget (ECU high-risk maternity clinic, research position for child death data, Injury Prevention Research Center and Carolinas Poison Center); and

- 1 was filed in a different version, heard in a subcommittee but not voted (bill on use of cell phone while driving)

Additionally, concussion concerns were addressed in legislation championed by Rep. Folwell that establishes protocols for concussion recognition/awareness and return-to-play in schools (H792).

For many of the issues endorsed by the CFTF, anticipated legislation was not filed.

Details by committee area are below.
Perinatal Health
Continue appropriations for a bundle of existing, key infant mortality prevention programs that address every aspect of infant mortality, including preconception, pregnancy, birth, and first-year-of-life: Legislation was filed with this complete package of services. Many thanks to CFTF members Sens. Bingham, Atwater and Jones and Reps. Weiss, Earle and Pierce (and others) for filing S28 and H147 respectively.

- **Folic Acid/NC Preconception Health Campaign - $350,000 recurring in state funds with additional federal Medicaid match dollars as appropriate to support the program**
  STATUS: funded non-recurring from Maternal and Child Health Block Grant. The March of Dimes wishes to specially thank Reps. Burr, Dollar, Hurley and Murry for their work on this issue!

- **Preterm Birth Prevention for second and subsequent births (17-Progesterone) - $45,000 non-recurring (FY11 only)**
  STATUS: 17P has become a national story. It continues to be used and distributed in NC. The CFTF wrote letters of concern about the initial pricing. Copies of these letters are available on our website. For up-to-the-minute information on 17P issues, please see http://www.mombaby.org/index.php?c=2&s=58

- **ECU High-risk Maternity Clinic - $325,000 recurring**
  STATUS: NOT funded, even though included in S28 and H147.

- **Safe Sleep/SIDS - $150,000 recurring.**
  STATUS: Funded non-recurring from the Maternal and Child Health Block Grant.

Support on-going sustainability of the Perinatal Quality Collaborative of NC (PQCNC), including support of efforts to secure insurance payments for services to improve outcomes and save money (such as reducing c-sections before 39 weeks gestation).

STATUS: The Task Force endorsed efforts that resulted in $250,000 additional to PQCNC. (The budget bill appropriated the money from the Maternal and Child Health Block Grant.) Additionally, the Task Force wrote a strong letter of support of a PQCNC grant to Duke Endowment.

**Track legislation on midwives and/or home births.**
STATUS: Legislation was filed (H522 and S662) to establish a NC Council of Certified Professional Midwives which can set requirements for licensure, employee staff, set fees for licensure, determine fitness of applicants, conduct investigations and receive 3rd party payments. There are many other provisions as well. It was deemed appropriate for consideration by the Joint Legislative Committee on New Licensing Boards. Since there is a fiscal impact, it is eligible for consideration in during the 2012 short session.

Monitor proposals that affect access to care for pregnant women and women of childbearing years.
STATUS: The Task Force monitored many budget proposals that could affect access to care, including rates paid to doctors, services covered, medical homes for pregnant women and health care for newborns and other children. On-going concerns include no continuation of funds for the ECU high-risk maternity clinic, the elimination of the Health and Wellness Trust Fund, and changes in the Office of Minority Health and Health Disparities that could reduce services for pregnant women and infants.
Perinatal Cont’d
Endorse continued funding for

- **The Perinatal Quality Collaborative of NC** of $50,000 recurring.
  STATUS: Base funding seems to be continued. (Not a specific line.) Additionally, $250,000 was appropriated non-recurring from the Maternal and Child Health Block Grant. Sen. Atwater filed S101 to provide PQCNC funding.

- **NC Healthy Start Foundation** at $427,000 with additional Medicaid match or other federal dollars as appropriate to support the program.
  STATUS: Funding continued. However, the passed budget directs the Department of Health and Human Services to cut contracts with nonprofits by $5 million recurring for each of the next two years. Cuts will be “minimized” for direct services and “shall not” apply to nonprofits that provide services to people with developmental disabilities.

Intentional Death Reduction
Provide $375,000 recurring for the Child Treatment Program to train and support clinicians in delivering proven-effective, time-limited services to children and their families to address abuse and other trauma.
STATUS: The Child Treatment Program has been funded by the NC Division of Social Services for SFY 2011-2012 to provide a learning collaborative for 60 clinicians and mental health leaders in Trauma-Focused Cognitive Behavioral Therapy in the Western part of the state where there are very few clinicians trained and rostered in this evidence-based trauma treatment for children. The Child Treatment Program has also submitted a proposal to the NC Division of Mental Health/Developmental Disabilities/Substance Abuse Services to support consultation and outreach components of the model to assure that traumatized children are connected to these services and that clinicians are providing the model with fidelity, quality and positive results.

Incorporate child death scene investigation into basic law enforcement training.
STATUS: Began July 1! Many thanks to the Office of the Chief Medical Examiner and the Justice Academy for their work to improve child death scene investigation!

Restore $65,000 recurring to the Office of the Chief Medical Examiner to hire one (1) research position and reclassify an existing research position for the State Child Fatality Prevention Team.
STATUS: While this position was NOT funded, legislation (S102) for the appropriation was filed by Sens. Atwater, Allran, Bingham and Purcell in the Senate to assure that work of the Child Fatality Prevention System is informed by strong data. Companion legislation (H304) was filed in the House by Reps. Earl and Weiss (and others).

Monitor CARELINE and other warm lines for suicide prevention.
STATUS: The CARELINE was eliminated. The Division of Developmental Disabilities, Mental Health and Substance Abuse Services is working to assure that suicide calls are routed appropriately and that all such calls are handled in-state by September 2011.
Intentional Death Reduction Con’d
Endorse recommendations from the NC Coalition Against Domestic Violence and the Domestic Violence Commission that affect children:

- Appropriate $2 million to the Governor’s Crime Commission to create new or continue existing supervised visitation centers (NO ACTION);
- Expand tracking of domestic violence cases; 
  STATUS: Passed House 116-0; awaiting action in Senate. This issue was included in Review DV program Participation (H176), sponsored by Reps. McLawhorn, Ross, and Farmer-Butterfield.
- Require training for prosecutors, magistrates, mediators, custody evaluators, parenting coordinators, guardian ad litem, and educators in the public school system on domestic violence;
  STATUS: Bill filed. H682 required training for these specified individuals. Primary sponsors were Reps. McLawhorn, Farmer-Butterfield, Ross and Lucas. Co-sponsors include CFTF members Reps. Earle and Weiss.
- Support prevention in schools by requiring that Department of Public Instruction mandate that every school develop a domestic violence response and prevention protocol and curriculum in collaboration with a local domestic violence service provider (NO ACTION); and
- Support the creation of an NC Human Trafficking Commission with the Dept. of Administration and including an appointment for a representative from the NC Coalition Against Domestic Violence. STATUS: Sen. Kinnaird filed S 547.

Unintentional Death Reduction
Raise fine for speeding in a school zone to $250.
STATUS: Goes into effect in August 2011. Speeding just an extra 10 mph in a school zone greatly increases the chance of death for a student hit by a car. The chance of pedestrian death increases 9-fold (from 5% to 45%) with an increase in speed from 20 mph to 30 mph. Sen. Allran’s bill to make the fine for speeding in a school zone to equal to that of speeding in a construction zone passed the House and Senate on April 28 and was signed by the Governor on May 3. Thanks Senator Allran!

Enhance penalty for driving impaired with a child in the car.
STATUS: Goes into Effect December 2011. Motor vehicle crashes are the leading non-health related cause of death for children and impaired driving is a factor in 15% - 20% of those deaths. National data show that most children who die in crashes where alcohol is involved are the passenger of the impaired driver. Additionally, impaired drivers are also less likely to buckle-up their children safely. Sens. Purcell, Allran and Atwater sponsored this legislation to enhance the penalty for driving impaired with a child under age in the car. It was ratified on June 18th and applies to offenses on or after December 1, 2011.

Ban use of cell-phone while driving with a child in the car.
STATUS: Several different bills were filed on the issue of use of a cell phone while driving. These bills sought to ban use by any driver, irrespective or whether or not a child was in the car and thus would have addressed the issue of CFTF concern. Rep. Pierce (H31) and Sen. Dannelly (S36) introduced legislation to ban use of handheld and hand-free devices while driving. Rep. Pierce also introduced legislation to ban handheld devices only (H44) which was heard in a subcommittee in March. Studies show that driving while talking on a cell phone can impair a driver as much as drinking and driving. About three-quarters of North Carolina parents report talking on a cell phone “sometimes” or “usually/always” while driving with their children in the car. Parents of children aged 5 to 13 were most likely to use a cell phone while driving their child.
Enable the NC Department of Insurance to provide staff support to a Safe Kids North Carolina non-profit organization similar to current law which permits the Secretary of Health and Human Services to allow DHHS employees to assist the North Carolina Public Health Foundation.

**STATUS:** Based on further input from the Department of Insurance and the Department of Health and Human Safety, Safe Kids is seeking to build on existing infrastructure by pursuing support for certain Safe Kids NC activities through the NC Public Health Foundation.

**Ban the sale of K-2 and related substances.**

**STATUS:** Now law, became effective June 1. Passed by the legislature and signed by the Governor in late March, S7 bans substances that are currently available legally including a synthetic cannabinoid that produces a marijuana-like high (aka K-2 or Spice) and MDPV (aka bath salts), a synthetic that produces both a cocaine-like high and hallucinations. The ban went into effect June 1 and raids have begun to get these dangerous substances off the shelves. CFTF and the Youth Advocacy Involvement office both worked to help inform store owners and potential consumers about the upcoming ban. There were many pieces of legislation that addressed these issues. Many thanks to Senators Bingham and Allran for their work in identifying key concerns to ban these dangerous substances.

**Provide $200,000 recurring to support the work of the UNC Injury Prevention Research Center, as recommended by the NC Institute of Medicine.**

**STATUS:** Was NOT included in the budget. Many thanks to Senators Atwater Allran, Bingham and Purcell for filing S100 to lift up this important work which addresses a leading cause of childhood death.

**Restore $579,000 in funding to the Carolinas Poison Control Center, for total recurring funding of $1.4 million annually.**

**STATUS:** Was NOT included in the budget. Thanks are due to Rep. Earle for introducing a bill for Funds/Poison Control. Cosponsors include Rep. Weiss and more than 15 other Representatives. This bill sought to provide $500,000 to the Carolinas Poison Center to restore funds allocated in the current fiscal year non-recurring. Poisoning is the fastest growing cause of child death in North Carolina.

**Require phased-in replacement of traditional smoke alarms (or dual CO detector/smoke alarm) units with 10-year lithium battery smoke alarms in rental units, keeping in statute the requirement for CO detectors.**

**STATUS:** Passed Senate 50-0; awaiting action in House. In the past five years, 75 children and hundreds of adults in North Carolina have died in fires. National data show that the majority of fire deaths in homes occur in homes without a working smoking alarm, often because the battery is inoperable. Unlike with conventional battery alarms, the batteries in tamper-resistant lithium alarms cannot be easily removed nor can they be used in other household items. Senator Bingham filed legislation (S354) to require that landlords replace standard smoke alarms with smoke alarms with 10-year lithium batteries. Other sponsors include Senators Forrester, Hartsell, Rabon and Stevens.

**Support efforts of State Board of Education to decrease sports injuries.**

**STATUS:** Rep. Folwell championed legislation to address this issue. The Gfeller-Waller Athletic Concussion Awareness Act (H792) requires that coaches, other school personnel and parents of middle and high school athletes receive information about concussions and prohibits same-day return-to-play. Only once cleared for play by specified health providers may athletes later return to practice or play. Would become effective in the upcoming (2011-2012) school year. Thank you Rep. Folwell!
Unintentional Death Reduction Con’d
Support work of the driver education curriculum development committee (arising from study bill) towards creation of an effective standardized driver education program, including evidence-based curriculum changes and behind-the-wheel requirements.

STATUS: Many changes occurred that affect driver education. The budget (H200) establishes elements that must be covered in driver education classes, such as six hours of driving time, one hour of motorcycle awareness and six hours on the “offense of driving while impaired and related subjects.” The State Board of Education will set requirements for driver education instructors. Local boards may charge up to $45 for driver education instruction. Modify Driver Education Program (S339) directs the State Board of Education to adopt a salary range for driver education instructors. Here is the proposed draft driver education curriculum approved by the SBE in March (starts on page 19): http://www.ncpublicschools.org/docs/stateboard/meetings/2011/03/hrs/03hrs.pdf

Monitor proposed changes to the graduated driver licenses system
STATUS: Driving log, revocation of provisional license for charges of serious offenses and other changes go into effect October 1, 2011. Since North Carolina adopted graduated driver licensing, crashes are down 38% for 16-year-olds and 20% for 17-year-olds, among the best results of any state. Time spent driving and gaining experience are critical for teens learning to drive more safely. Changes from Modify Graduated Licensing Requirements (S636) include requiring that learning drivers keep a log of time and conditions driven. Additionally, a provisional license will be revoked if the licensee is charged with a variety of serious driving violations, such as excessive speeding. The Division of Motor Vehicles is charged with evaluating the effectiveness of the provisions.

Raise the age at which a doctor’s prescription is required for youth to use tanning beds
STATUS: May be included in study bill. Current law requires that youth under age 13 have a written prescription from a doctor to use a tanning bed. The Youth Skin Cancer Prevention Act (S471), sponsored by Senators Purcell, Mansfield, Forrester and Walters, seeks to raise the age to 18. This is important because girls are increasingly likely to use tanning beds as they get older. For example, compared to 14 year olds, 16 year olds are twice as likely to use tanning beds and 17 year olds are 3 times more likely. UV radiation in tanning can be 15 times as strong as the sun and even a single visit to a tanning salon can cause melanoma. Indeed, tanning increases a teen’s chance of getting melanoma by 75 percent. A bill on this topic passed the Senate Health Care Committee and was referred to Commerce. The current version of Study Bill directs the State Health Director to report to Health and Human Services Oversight Committee on issues including the impact of tanning beds and skin cancer, the effectiveness of regulation and other strategies to prevent adolescents from using tanning beds, and the economic impact of current and potential regulation of tanning beds. The status of items in the Study Bill is uncertain.
**Unintentional Death Reduction Con’d**

Endorse the following proposals:

- **measures to tighten up the Controlled Substance Reporting System** (including requiring physician dispensed medication to be reported into CSRS; allowing Delegated Accounts; and changing penalty for improper use of the system to a crime);
  
  *STATUS:* Many bills were filed that dealt with the CSRS but none seemed to have these specific provisions.

- **efforts by the School Boards Association for legislation to pilot the use of speed cameras in schools zones;**
  
  *STATUS:* Phoebe’s law (H145) would pilot the use of cameras to detect speeding in school zones and work zones. It passed transportation but did not clear a full Chamber (House or Senate).

- **efforts to strengthen back-seat, seatbelt laws (NO ACTION);** and

- **efforts to improve parity of child workers in agriculture and other work settings.**
  
  *STATUS:* Legislation filed. Agriculture is one of the most dangerous industries in the United States. Working with farm machinery, chemicals, livestock and other hazards create an environment that is particularly hazardous for children. While children make up only a tiny fraction of the agricultural work force, they account for 20% of all deaths on the job in agriculture. Under current laws, children are allowed to work as paid employees at agricultural operations beginning as young as age 10. As an industry, Agriculture is exempt from most child labor laws. The Protect Youth/Farm Family Employment bill (H838) sponsored by Reps. Jordan, Parfitt, Howard and M. Alexander, limits these exemptions to better protect children. The bill was filed but not heard.