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INTERIM REPORT OF THE HEALTH COMMITTEE OF THE

LEGISLATIVE RESEARCH COMMISSION

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The 1969 General Assembly, responding to the concern about the health care crisis in North Carolina, passed a number of bills and resolutions related to the field of health. Four of these resolutions directed that a study and recommendations be made by the Legislative Research Commission. The Co-Chairmen of the Commission assigned these to a Committee on Health composed of Representative Royall as Chairman; Senator Boger as Vice Chairman, and Senator Kirby, Representative Frye, Representative Rountree and Mr. Alex McMahon as members.

Testimony has been presented to this Committee by representatives of various private and public agencies and professional associations who are confronted with problems connected with health programs. Although evaluation of their proposals is at an early stage, the following progress has been made by the Committee on Health:

Resolution 107: The Use of Eastern North Carolina Sanitorium

Because of increased surveillance and more effective treatment of tuberculosis, the stay of patients in the North Carolina Sanitorium System has been significantly reduced. As a result, there now exists certain unused patient care space, most notably at the Eastern North Carolina Sanitorium in Wilson. Therefore, the Legislative Research Commission was directed "to investigate and report upon the feasibility of utilizing any unused medical facilities at the Eastern North Carolina Sanitorium for the purpose of supplying Eastern North Carolina's unmet medical, educational and health needs."

On February 27, the Committee held a public hearing and received a considerable amount of information and several proposals. The Eastern North Carolina Sanitorium furnishes care for tuberculosis and chest related illnesses to thirty-two counties in eastern North Carolina with a population of over a million persons. Unused space in two separate wings totaling 160 beds is currently being maintained as part

of the routine hospital operation. Mr. Carroll Mann, State Property Control Officer, reported to the Committee after an initial study of the facility that conversion would necessitate considerable capital outlay.

All of the groups in their presentations recognized the scarcity of health services in the eastern part of the State and most of them made the general recommendation that this unused bed space be utilized for some medical or health care purpose.

There are several considerations that are involved in the Committee's deliberations about this matter. The first is the proposal by the Medical School of the University of North Carolina to expand its patient care program by utilizing the Sanitorium space to establish five clinical units staffed by medical school faculty and local personnel. Services in renal dialysis, neurology, pediatrics, radiotherapy, and otolaryngology would be made available to persons in the eastern counties. Second, the Division of Vocational Rehabilitation is considering the establishment of medically oriented rehabilitation center at some location in the east and might consider using the Sanitorium. Third, pursuant to Resolution 108, a study committee, appointed by Governor Scott and headed by Thomas I. Storrs will be considering the appropriate use of all facilities in the North Carolina Sanitorium System. Recommendations will be considered in reference to a number of factors affecting development of health care in eastern North Carolina.

Resolution 116: Licensing Commercial Donor Blood Banks

This Resolution is concerned with the licensing of commercial donor blood banks and personnel. Commercial donor blood banks are generally considered as concerns that pay a volunteer a stipulated amount for his blood, usually in one pint quantities.

A public hearing was held on March 27 to consider whether blood banking problems exist in North Carolina. The major concern apparently is the donor's welfare rather than the quality of the blood, since most of this blood is further processed and not used as whole blood. Often, persons who sell their blood are transients and unemployed persons in need of money. National standards, which prohibit the collection from a donor more frequently than once every eight weeks, are easily circumvented and are inapplicable if no interstate shipment of the blood is involved.

The scientific advanced in the field of blood technology have been great in recent years. The resultant increases in the use of and need for blood and blood products invites attention to the need for safety and quality control. At the present time there does not seem to be any blood banking problem in North Carolina, but abuses have been encountered in several other states. There is, however, no assurance to the citizens that certain minimal standards will be met by all blood banks. Many of the persons appearing before the Committee desired voluntary controls and professional standards. They stated that if licensing is needed, it should be at least as thorough as the highest professional standards and should cover all blood banking in the State.

The hearings on the operation of commercial blood banks did not produce a consensus which the Committee might follow in making a recommendation. Because of the complex nature of the question, the Committee asked Dr. Jacob Koomen, Director of the State Board of Health, to bring together the interested parties. He agreed, and called a meeting for May 22. It is hoped that this group will furnish useful advice to the Committee.

Resolution 1452: Teaching First Aid in Public Schools

This Resolution directs the study of the cost and feasibility of teaching first aid in the public schools in North Carolina. .A public hearing was held on March 27 and representatives of different groups concerned with first aid presented general information.

A large majority of the local school systems in the State are participating in either medical Self-Help Programs or American Red Cross First Aid Programs, but not all schools in each system participate. A major reason for incomplete State coverage seems to be lack of qualified instructors.

It was the feeling of the Committee that more specific information was needed which the Department of Public Instruction was best able to give. Therefore, Dr. Phillips was requested to submit the following information:

1. The number of schools actually teaching recognized first aid and/or Medical Self-Held programs.
2. The number of students being reached by these first aid programs.
3. The number of schools with no curriculum in first aid.
4. An estimate of the number of students that leave school without ever having been exposed to first aid.
5. Recommendations for a plan to insure that each child be exposed to first aid curriculum and actual instructions within the public schools, including the means and cost for implementing this plan.

This report was delivered to us today and will be acted upon at the next meeting of the Committee.

Resolution 55: Increasing Health Manpower

Resolution 55 is concerned with the increased production of health manpower and the improved distribution of health services.

It has been difficult to know where to begin, since production of health manpower involves complex factors of recruitment, education, training, and deployment. Health manpower itself is only a part of the entire health system which is in turn widely varied and exceedingly complex in North Carolina.

Therefore, a public hearing on April 10 was held on the question, "What should be the responsibility of local and state government for providing adequate health care to the people of North Carolina, and how can this responsibility be met". While each of the many persons that appeared before the Committee emphasized the field of his special concern, all were agreed that government did have considerable responsibility for this matter. Many pointed out the urgency of developing and effectively using allied and auxiliary health personnel of many kinds. Among the suggestions for governmental action were these:

1. Effective planning for the recruitment, education and use of health personnel
2. Improved health manpower statistics and information
3. Intensified recruitment activities
4. Expansion of existing medical and other health related schools and establishment of new schools
5. Increased loan funds for students
6. Increased governmental support of all health activities

#### Physician's Assistant's Program

A second public hearing on health manpower was held on May 1 to hear presentations concerning allied and auxiliary health personnel, specifically including the physician's assistant. This is a new category of allied health personnel whose function is to assist the physician.

The physician's assistant is trained to perform certain carefully defined functions. He learns to take patient histories and do physical examinations, biopsies, lumbar punctures, and other procedures classically performed by the doctor. He is trained to monitor vital signs, give medication and keep progress records and other procedures usually performed by physicians or nurses. He is also taught to operate certain diagnostic and therapeutic instruments, such as electrocardiographs, respirators, and cardiac monitors, as well as carry out extensive laboratory studies commonly done by technicians.

The status of the physician's assistant can best be described as that of an intermediate level professional with extensive technical capabilities. He provides many services which free the physician from those tasks that do not demand his level of education, training, and background. In a state that is tenth or eleventh from the bottom in its ratio of doctors to population, the physician's assistant may help provide more physician hours more quickly. The physicians that appeared before the Committee who had assistants were greatly pleased with them. They felt that the physician's assistant may help to free from 30 to 90 percent of the physician's time.

Although there is a wide variety of physician's assistant's training programs throughout the country, the two programs in North Carolina, Duke and Bowman Gray Medical Schools, are among the most comprehensive. Duke has been a pioneer in developing this specialized field and has received acclaim. For acceptance the student must have at least a high school diploma and one year's work in the field of health. Nine months of academic training and fifteen months of clinical training allow the student to rotate through the traditional medical

fields. Even though the primary objective of the program is to fulfill the needs of the first line community physician, he can function in every segment of medical practice and hospital activity.

The Committee feels strongly that this program presents an immediate practical approach to increasing physician's services to the people of North Carolina. It will help to alleviate part of the problems connected with the physician shortage while proposals for producing more physicians are being implemented. Unfortunately, both programs in North Carolina are in danger of being discontinued for lack of funds. Bowman Gray needs \$80,000 to continue its program past the next academic year.

Development of the legal status of this new type of personnel is of prime importance in their future utilization. The Committee will consider ways to encourage the physician's assistant programs and to assure graduates of a legally authorized role on the health team.

#### Other Developments

As an adjunct to the health manpower hearings, the Deans of the three medical schools in North Carolina let it be known that they were interested in developing feasible alternatives for further increasing the output of physician graduates. Several inovative suggestions were made. At the suggestion of the Committee, Dr. Cameron West, Director of Higher Education, will soon convene a meeting composed of the three Deans and Dr. Edwin W. Monroe, Dean , School of Allied Health Professions, East Carolina University, to discuss cooperative possibilities. A report will be submitted to the Committee.



SUMMARY

We have had cooperation from a wide range of persons and institutions. Over 70 presentations, including those from private physicians, the State Board of Health, State Medical Society, representatives of professional health organizations, the North Carolina Department of Public Instruction, American Red Cross, the three North Carolina Medical Schools, and many others, have been heard by the Committee; over 20 hours have been devoted to public hearings; many private conferences have been convened. It now remains for the Committee to consider more deeply some of the matters brought to its attention and then translate these into recommendations to the Legislative Research Commission.