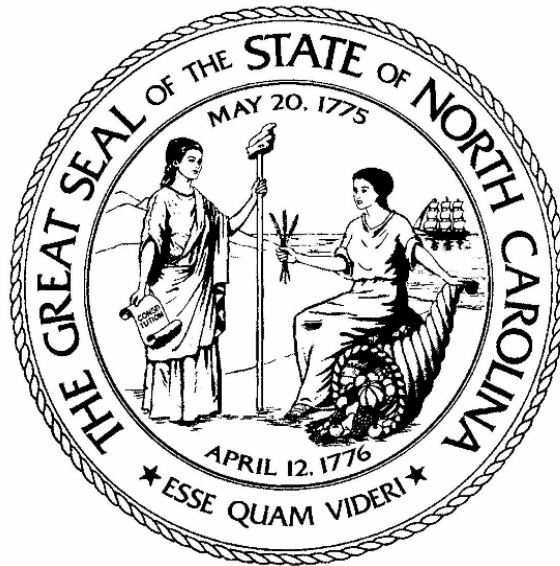


PUBLIC HEALTH STUDY COMMISSION



REPORT TO THE 2008 REGULAR SESSION OF THE 2007 GENERAL ASSEMBLY

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STATE OF NORTH CAROLINA



PUBLIC HEALTH STUDY COMMISSION

May 12, 2008

TO THE MEMBERS OF THE 2007 GENERAL ASSEMBLY (2008 Regular Session)

The Public Health Study Commission submits for your consideration its report pursuant to G.S. 120-202.

Respectfully submitted,

Senator William Purcell, MD

Representative Bob England, MD

PUBLIC HEALTH STUDY COMMISSION
MEMBERSHIP LIST
2007-2008

Pro Tem's Appointments

Sen. William Robert Purcell MD - Co-Chair
North Carolina Senate
300 N. Salisbury Street, Room 625
Raleigh, NC 27603-5925
(919) 733-5953

Sen. Robert C. Atwater
North Carolina Senate
300 N. Salisbury Street, Room 312A
Raleigh, NC 27603-5925
(919) 715-3036

Sen. Katie G. Dorsett
North Carolina Senate
16 W. Jones Street, Room 2106
Raleigh, NC 27601-2808
(919) 715-3042

Sen. James Summers Forrester
North Carolina Senate
16 W. Jones Street, Room 1129
Raleigh, NC 27601-2808
(919) 715-3050

Sen. Vernon Malone
North Carolina Senate
300 N. Salisbury Street, Room 314
Raleigh, NC 27603-5925
(919) 733-5880

Ms. Beth Lovette (Public Member)
306 College Street
Wilkesboro, NC 28697

Ms. Anne Thomas (Public Member)
109 Exeter Street
Manteo, NC 27954

Governor's Appointments

Dr. Ronald H. Levine (Public Member)
2404 White Oak Road
Raleigh, NC 27609

Speaker's Appointments

Rep. Bob F. England MD – Co-Chair
North Carolina House of Representatives
16 W. Jones Street, Room 2219
Raleigh, NC 27601-1096
(919) 733-5749

Rep. Alma S. Adams
North Carolina House of Representatives
300 N. Salisbury Street, Room 304
Raleigh, NC 27603-5925
(919) 733-5802

Rep. William A. Current Sr.
North Carolina House of Representatives
300 N. Salisbury Street, Room 418A
Raleigh, NC 27603-5925
(919) 733-5809

Rep. Verla C. Insko
North Carolina House of Representatives
300 N. Salisbury Street, Room 307B1
Raleigh, NC 27603-5925
(919) 733-7208

Rep. Carolyn K. Justus
North Carolina House of Representatives
16 W. Jones Street, Room 1023
Raleigh, NC 27601-1096
(919) 733-5956

Dr. Edward L. Baker Jr. (Public Member)
Institute for Public Health
UNC-Chapel Hill, Campus Box 8165
Chapel Hill, NC 27599-8165 NC

Dr. Evelyn Schmidt (Public Member)
2330 Bedford Street
Durham, NC 27707

Other's Appointments

Dr. Leah Devlin (Ex Officio)
5605 Six Forks Rd, 1st Floor (27609)
1931 Mail Service Center
Raleigh, NC 27699-1931

Rev. Reginald Wells (Public Member)
466 Cornwallis Road
Teachey, NC 28464

Staff List

Lorraine Blake (Sen. Purcell) -Commission Clerk
(919) 733-5953

Lisa Brown (Rep. England) – Commission Clerk
(919) 733-5749

Ben Popkin, Research Division
(919) 733-2578
Email: benp@ncleg.net

Shawn Parker, Research Division
(919) 733-2578
Email: shawnp@ncleg.net

Susan Barham, Research Division
(919) 733-2578
Email: susanb@ncleg.net

COMMISSION PROCEEDINGS

The Public Health Study Commission met 3 times during the 2007-2008 interim. Following is a summary of the Commission's proceedings.

February 26, 2008

The Public Health Study Commission met on Tuesday, February 26, 2008 in Room 544 of the Legislative Office Building. Senator Purcell, Co-Chair, called the meeting to order and commission members introduced themselves.

Shawn Parker, Research Division, reviewed G.S. 120-195 that created the Public Health Study Commission and G.S. 120-196 that set out the duties and powers of the Commission.

Dempsey Benton, Secretary of the Department of Health and Human Services and chair of the Public Health Task Force 2008, gave opening remarks commending the Final Report of the North Carolina Public Health Task Force 2008 and its recommendations. Four sub-committees worked on the 2008 Report and include: Strengthen Core Public Health, Chronic Disease and Injury, Healthy Children and Families, and Communicable Disease and Preparedness.

Dr. Leah Devlin, State Health Director, Division of Public Health (DPH), addressed the Commission on three areas of focus for the meeting: the state of health in North Carolina; the investments in the public health governmental system; and the recommended priorities for the future. Dr. Devlin stated the solution for the major health risks of tobacco, obesity, and physical inactivity was prevention. Tobacco use, obesity, and physical inactivity cost our State \$25.82 billion annually in health care costs.

Dr. Marcus Plescia, Chronic Disease and Injury Section Chief, DPH, reported on obesity and tobacco control, support for chronic disease management, support for public health surveillance, and expansion of statewide dental health services.

Dr. Jeff Engle, Epidemiology Section Chief, DPH presented public health priorities: needs within the State Medical Examiner System, shoring up local epidemiology teams, raising eligibility for the AIDS Drug Assistance Program, and legislation to improve public health preparedness and response.

Dr. Kevin Ryan, Women's and Children's Health Section Chief, DPH, reported on healthy families. Priorities in this area included Every Child Succeeds, school nurses, universal vaccinations, improving birth outcomes, and expansion of statewide dental health services.

Dr. Rosie Summers, Orange County Health Director, discussed recommendations on core public health issues and finance.

Dr. Steve Cline, Deputy State Health Director, DPH, addressed funding recommendations for public health: increasing the tobacco tax to the national average of \$1.09 per pack; enabling local authorities to set fees for food and lodging inspections; creating a permanent and sustainable funding source for the Universal Vaccine Program; correcting the fee adjustment process for local health departments and child development service agencies; and adjusting the newborn screening fee to support adding cystic fibrosis screening.

March 25, 2008

The Public Health Study Commission met on Tuesday, March 25, 2008 in Room 544 of the Legislative Office Building. Representative Bob England, Co-Chair, called the meeting to order.

Bill Pully, North Carolina Hospital Association, discussed the NC Hospital and Public Health Strategic Planning Initiative.

Colleen Bridger, Director, Gaston County Health Department, presented a proposal to reduce childhood obesity through community demonstration projects, public awareness, and statewide coalition building.

Merle Green, Director, Guilford County Health Department, discussed the effects of dental disease on the oral health of children and adults, access to health care, school health, and obesity and chronic illnesses in children.

Dennis Harrington, Deputy Director and Chief of Administrative, Local, and Community Support, DPH, explained that funding for local health departments needed to be non-categorical and stable to support the local system.

Gibbie Harris, Director, Wake County Health Department, explained the need for emergency volunteer legislation in the event of a disaster or pandemic.

Chris Hoke, Chief of Regulatory and Legal Affairs, DPH, presented options for emergency volunteer legislation including liability protection for private entities when responding to State emergencies or disasters and a uniform act for emergency volunteer health practitioners.

Dr. John Morrow, Director, Pitt County Health Department, and Dr. John Butts, Chief, Medical Examiner's Office, DPH, discussed the funding options and goals for the medical examiner expansion proposal.

Dr. Jana Johnson, Medical Director, Tobacco Prevention and Control, DPH, reviewed information on Quit Line NC, a prevention and cessation program that promotes and provides assistance in quitting tobacco use.

Dr. Robert Monteiro, Chair, Craven County Board of Health, discussed the benefits of smoking prevention and cessation.

Tom Vitaglione, Action for Children North Carolina, provided information on improving immunization rates for recommended vaccines, defining corporal punishment in schools, and improving school nurse ratios.

Dr. Steve Cline, Deputy State Health Director, DPH, discussed cystic fibrosis, the AIDS Drug Assistance Program, and retired nurses return to work.

April 22, 2008

The Public Health Study Commission met on Tuesday, April 22, 2008 in Room 544 of the Legislative Office Building. Senator Purcell, Co-Chair, called the meeting to order.

Ben Popkin, Research Division, and Shawn Parker, Research Division, presented the interim report and draft legislation to the Commission.

Senator Purcell made the motion that the report be approved and authorized staff to make technical corrections as necessary. The motion was approved by the Commission.

RECOMMENDATIONS

Chairs:

**Senator William Purcell, MD
Representative Bob England, MD**

RECOMMENDATION 1: PROVIDE LIABILITY PROTECTION FOR PRIVATE ENTITIES WHEN RESPONDING TO IN-STATE EMERGENCIES.

The Public Health Study Commission recommends that the General Assembly enact legislation to provide liability protection for private associations, private corporations and private non-profit entities and organizations that volunteer to aid in the response to in-State emergencies.

RECOMMENDATION 2: DIRECT THE NORTH CAROLINA GENERAL STATUTES COMMISSION TO STUDY THE UNIFORM EMERGENCY VOLUNTEER HEALTH PRACTITIONERS ACT AND MAKE RECOMMENDATIONS TO THE GENERAL ASSEMBLY.

The Public Health Study Commission recommends that the General Assembly enact legislation to direct the North Carolina General Statutes Commission to study the Uniform Emergency Volunteer Health Practitioners Act in consultation with interested parties and report to the 2009 General Assembly on the Commission's recommendations and legislative proposals.

RECOMMENDATION 3: CLARIFY CORPORAL PUNISHMENT POLICIES IN PUBLIC SCHOOLS.

The Public Health Study Commission recommends that the General Assembly enact legislation to clarify corporal punishment policies in public schools, to include defining what specific action constitutes corporal punishment, call for training in the administration of corporal punishment, and require annual reporting of corporal punishment administered to students.

RECOMMENDATION 4: APPROPRIATE FUNDS TO IMPLEMENT HIGH PRIORITY INITIATIVES WITHIN THE NORTH CAROLINA PUBLIC HEALTH IMPROVEMENT PLAN.

The Public Health Study Commission recommends that the General Assembly enact legislation to appropriate funds from the General Fund to the Department of Health and Human Services, Division of Public Health, to implement high priority initiatives within the North Carolina Public Health Improvement Plan, Public Health Task Force 2008 Final Report. Funds appropriated should be used to supplement and not supplant existing State, federal, county, or other funds allocated for the following identified purposes: build local health department capacity to provide the 10 essential public health services, implement "Eat Smart and Move More" the State's obesity prevention plan, support the State's smoking cessation help line, hire additional school nurses, provide universal childhood vaccines to all children in the State, and to fund improvements and the

operations of the Office of the Chief Medical Examiner's regional medical examiner facilities.

RECOMMENDATION 5: ENDORSE FINDINGS AND RECOMMENDATIONS PRESENTED IN THE PUBLIC HEALTH TASK FORCE 2008 FINAL REPORT – "NORTH CAROLINA PUBLIC HEALTH IMPROVEMENT PLAN".

The Public Health Study Commission endorses the findings and recommendations presented in the "North Carolina Public Health Improvement Plan," the Final Report of the Public Health Task Force 2008. Recommendations contained in the report identify issues, programs, and policies to which attention must be paid to enable the State to continue to improve the health of all residents of the State.

RECOMMENDATION 6: ESTABLISH IN LAW THE NORTH CAROLINA PUBLIC HEALTH INCUBATOR PROGRAM WITHIN THE NORTH CAROLINA INSTITUTE FOR PUBLIC HEALTH.

The Public Health Study Commission endorses the continued operation of the North Carolina Public Health Incubator Program and confirms the establishment of the Program by recommending that the Program and its mission be set forth in law.

DRAFT LEGISLATION

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2007

U

D

BILL DRAFT 2007-RDz-25 [v.4] (04/18)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
5/2/2008 4:20:45 PM

Short Title: Liability protection/private orgs/emergencies.

(Public)

Sponsors: .

Referred to:

A BILL TO BE ENTITLED

AN ACT TO PROVIDE LIABILITY PROTECTION FOR PRIVATE ASSOCIATIONS, PRIVATE CORPORATIONS AND PRIVATE NON-PROFIT ENTITIES AND ORGANIZATIONS WHEN RESPONDING TO IN-STATE EMERGENCIES, AS RECOMMENDED BY THE PUBLIC HEALTH STUDY COMMISSION.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 166A-14 reads as rewritten:

"§ 166A-14. Immunity and exemption.

(a) All functions hereunder and all other activities relating to emergency management are hereby declared to be governmental functions. Neither the State nor any political subdivision thereof, nor, except in cases of willful misconduct, gross negligence or bad faith, any emergency management ~~worker-worker, individual, firm, partnership, association, or corporation~~ complying with or reasonably attempting to comply with this Article or any order, rule or regulation promulgated pursuant to the provisions of this Article or pursuant to any ordinance relating to any emergency management measures enacted by any political subdivision of the State, shall be liable for the death of or injury to persons, or for damage to property as a result of any such activity. The immunity provided in this subsection applies only to:

- (1) individuals, firms, partnerships, associations or corporations performing emergency management services at any place in this State, subject to the order or control of or pursuant to a request of the State government or any political subdivision thereof; and
- (2) firms, partnerships, associations or corporations performing emergency management services without compensation or with compensation limited to no more than actual expenses

1 The immunity provided in this subsection shall not apply to any private individual, firm,
2 partnership, association or corporation, or to any employee or agent of such individual,
3 firm, partnership, association or corporation whose act or omission caused in whole or
4 in part the actual or imminent disaster, emergency or whose act or omission necessitated
5 emergency management measures. G.S. 1-539.10(b) does not apply to the immunity
6 provided in this subsection.

7 (b) The rights of any person to receive benefits to which the person would
8 otherwise be entitled under this Article or under the Workers' Compensation Law or
9 under any pension law, and the right of any such person to receive any benefits or
10 compensation under any act of Congress shall not be affected by performance of
11 emergency management functions.

12 (c) Any requirement for a license to practice any professional, mechanical or
13 other skill shall not apply to any authorized emergency management worker who shall,
14 in the course of performing the worker's duties as such, practice such professional,
15 mechanical or other skill during a state of disaster.

16 (d) As used in this section, the term "emergency management worker" shall
17 include any full or part-time paid, volunteer or auxiliary employee of this State or other
18 states, territories, possessions or the District of Columbia, of the federal government or
19 any neighboring country or of any political subdivision thereof or of any agency or
20 organization performing emergency management services at any place in this State,
21 subject to the order or control of or pursuant to a request of the State government or any
22 political subdivision thereof. The term "emergency management worker" under this
23 section shall also include any health care worker performing health care services as a
24 member of a hospital-based or county-based State Medical Assistance Team designated
25 by the North Carolina Office of Emergency Medical Services and any person
26 performing emergency health care services under G.S. 90-12.2.

27 (e) Any emergency management worker, as defined in this section, performing
28 emergency management services at any place in this State pursuant to agreements,
29 compacts or arrangements for mutual aid and assistance to which the State or a political
30 subdivision thereof is a party, shall possess the same powers, duties, immunities and
31 privileges the person would ordinarily possess if performing duties in the State, or
32 political subdivision thereof in which normally employed or rendering services."

33 **SECTION 2.** This act is effective when it becomes law.
34

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2007**

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D

BILL DRAFT 2007-RDz-21 [v.4] (04/15)

**(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
4/21/2008 5:24:59 PM**

Short Title: GS Commiss Study Uniform Vol Hlth Pract Act.

(Public)

Sponsors: .

Referred to:

A BILL TO BE ENTITLED

1
2 AN ACT TO DIRECT THE NORTH CAROLINA GENERAL STATUTES
3 COMMISSION TO STUDY THE UNIFORM EMERGENCY VOLUNTEER
4 HEALTH PRACTITIONERS ACT AND MAKE RECOMMENDATIONS TO
5 THE GENERAL ASSEMBLY, AS RECOMMENDED BY THE PUBLIC
6 HEALTH STUDY COMMISSION.

7 The General Assembly of North Carolina enacts:

8 **SECTION 1.** The North Carolina General Statutes Commission shall study
9 the Uniform Emergency Volunteer Health Practitioners Act in consultation with
10 interested parties and report to the 2009 General Assembly on the Commission's
11 recommendations and legislative proposals.

12 **SECTION 2.** This act becomes effective October 1, 2008.
13

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2007**

S

D

SENATE DRS35478-SQz-13 (04/25)

Short Title: Clarify Corporal Punishment Policy.

(Public)

Sponsors: .

Referred to:

A BILL TO BE ENTITLED

AN ACT TO CLARIFY CORPORAL PUNISHMENT POLICIES IN PUBLIC
SCHOOLS, AS RECOMMENDED BY THE PUBLIC HEALTH STUDY
COMMISSION.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 115C-391(a) reads as rewritten:

"§ 115C-391. Corporal punishment, suspension, or expulsion of pupils.

(a) Local boards of education shall adopt policies not inconsistent with the provisions of the Constitutions of the United States and North Carolina, governing the conduct of students and establishing procedures to be followed by school officials in suspending or expelling any student, or in disciplining any student if the offensive behavior could result in suspension, expulsion, or the administration of corporal punishment. Local boards of education shall include a reasonable dress code for students in these policies.

The policies that shall be adopted for the administration of corporal punishment shall include at a minimum the following conditions:

- (1) Corporal punishment shall not be administered in a classroom with other children present;
- (2) The student body shall be informed beforehand what general types of misconduct could result in corporal punishment;
- (3) Only a teacher as defined in G.S. 115C-325(a)(6), ~~substitute teacher,~~ principal, or assistant principal of the same gender of the student and who has been trained in the administration of corporal punishment may administer corporal punishment and may do so only in the presence of a principal, assistant principal, teacher, substitute teacher,

1 teacher assistant, or student teacher, who shall be informed beforehand
2 and in the student's presence of the reason for the punishment; and

3 (4) An appropriate school official shall provide the child's parent or
4 guardian with notification that corporal punishment has been
5 administered, and upon request, the official who administered the
6 corporal punishment shall provide the child's parent or guardian a
7 written explanation of the reasons and the name of the second school
8 official who was ~~present~~ present;

9 (5) Corporal punishment shall be administered only by hand spanking on
10 the buttocks through the student's customary mode of dress; and

11 (6) Prior to administering corporal punishment the teacher, principal, or
12 assistant principal shall determine whether or not the student is a child
13 with a disability as defined in G.S. 115C-106.3(1). If the student is a
14 child with a disability, then the policies and procedures for discipline
15 shall be consistent with federal laws and regulations.

16 Each local board shall publish all the policies mandated by this subsection and make
17 them available to each student and his parent or guardian at the beginning of each
18 school year. Notwithstanding any policy adopted pursuant to this section, school
19 personnel may use reasonable force, including corporal punishment, to control behavior
20 or to remove a person from the scene in those situations when necessary:

- 21 (1) To quell a disturbance threatening injury to others;
- 22 (2) To obtain possession of weapons or other dangerous objects on the
23 person, or within the control, of a student;
- 24 (3) For self-defense;
- 25 (4) For the protection of persons or property; or
- 26 (5) To maintain order on school property, in the classroom, or at a
27 school-related activity on or off school property."

28 **SECTION 2.** Each local board shall report to the State Board of Education
29 by January 31, 2009 and annually thereafter on the number of times that corporal
30 punishment has been administered by student's age, gender, race, and whether the
31 student is receiving special education services in a manner prescribed by the State
32 Board of Education. The State Board of Education shall report by April 15, 2009, and
33 annually thereafter to the Joint Legislative Education Oversight Committee with
34 findings and recommendations based on information provided by the local boards.

35 **SECTION 3.** This act is effective when it becomes law and applies
36 beginning with the 2008-2009 school year.

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2007**

U

D

BILL DRAFT 2007-RDz-23 [v.4] (04/18)

**(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
4/21/2008 3:20:46 PM**

Short Title: Fund Public Health Improvement Initiatives.

(Public)

Sponsors: .

Referred to:

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS TO IMPLEMENT HIGH PRIORITY INITIATIVES WITHIN THE NORTH CAROLINA PUBLIC HEALTH IMPROVEMENT PLAN, AS RECOMMENDED BY THE PUBLIC HEALTH STUDY COMMISSION.

The General Assembly of North Carolina enacts:

SECTION 1. There is appropriated from the General Fund to the Department of Health and Human Services, Division of Public Health, the sum of eighty million one hundred thirty-four thousand four hundred thirty-six dollars (\$80,134,436) for the 2008-2009 fiscal year. Funds appropriated by this act shall be used to supplement and not supplant existing State, federal, county, or other funds allocated for the identified purpose. These funds shall be used to implement high priority initiatives presented in the North Carolina Public Health Improvement Plan, and shall be allocated by the Department of Health and Human Services, Division of Public Health, in the following amounts for the purposes indicated:

- (1) \$23,000,000 as noncategorical General Aid to County funds to build capacity for the 10 essential public health services in local health departments statewide.
- (2) \$12,500,000 to support community demonstration projects, community grants, a public awareness campaign, and county implementation of community-based programs that advance the goals and objectives of "East Smart and Move More", North Carolina's obesity prevention plan.
- (3) \$1,500,000 to support operation of the Tobacco Quit Line.
- (4) \$10,400,000 to hire additional school nurses to work toward the goal of achieving a statewide school nurse to student ratio of 1:750.

- 1 (5) \$31,317,772 to provide all CDC-recommended childhood vaccines to
2 all children in the State.
3 (6) \$1,416,664 to support improvements and ongoing operations of the
4 three existing regional medical examiner facilities.
5 **SECTION 2.** This act becomes effective July 1, 2008.

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2007**

U

D

BILL DRAFT 2007-RDz-27 [v.4] (05/02)

**(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
5/5/2008 10:44:48 AM**

Short Title: Establish Public Health Incubator Program.

(Public)

Sponsors: .

Referred to:

A BILL TO BE ENTITLED

1
2 AN ACT TO ESTABLISH THE NORTH CAROLINA PUBLIC HEALTH
3 INCUBATOR PROGRAM WITHIN THE NORTH CAROLINA INSTITUTE FOR
4 PUBLIC HEALTH, AS RECOMMENDED BY THE PUBLIC HEALTH STUDY
5 COMMISSION.

6 The General Assembly of North Carolina enacts:

7 **SECTION 1.** There is established within the North Carolina Institute for
8 Public Health, the North Carolina Public Health Incubator Program (Program). The
9 primary mission of the Program shall be to support voluntary local health department
10 collaborative efforts, in partnership with the Department of Health and Human Services,
11 Division of Public Health, to address the State's regional health needs. Additionally, the
12 Program shall make every effort to address urgent public health needs as identified in
13 the North Carolina Public Health Improvement Plan – Public Health Task Force 2008
14 Final Report.

15 **SECTION 2.** This act is effective when it becomes law.
16

