

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1991

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SENATE BILL 407

Short Title: Public Health Study.

(Public)

Sponsors: Senators Walker; Marvin, Ward, Warren, and Plexico.

Referred to: Rules and Operations of the Senate.

April 1, 1991

A BILL TO BE ENTITLED

AN ACT TO ESTABLISH THE PUBLIC HEALTH STUDY COMMISSION.

The General Assembly of North Carolina enacts:

Section 1. Chapter 120 of the General Statutes is amended by adding the following new Article to read:

**“ARTICLE 22.**

**“THE PUBLIC HEALTH STUDY COMMISSION.**

**“§ 120-195. Commission created; purpose.**

There is established the Public Health Study Commission. The Commission shall examine the public health system to determine its effectiveness and efficiency in assuring the delivery of public health services to the citizens of North Carolina.

**“§ 120-196. Commission duties.**

The Commission shall study the availability and accessibility of public health services to all citizens throughout the State. In conducting the study the Commission may:

- (1) Evaluate whether the current organizational structure of the public health system is effective in meeting public health needs and the likelihood that such structure will be able to achieve the State's public health mandate in the future.
- (2) Ascertain what public health services are currently available in each county or district health department and the degree to which those services are meeting the health-related needs of residents served by the county or district health department;

- 1           (3) Study the personnel structure and needs of each county or district  
2 health department, including salary levels, professional credentials,  
3 and continuing education requirements, and determine the impact that  
4 shortages of public health professional personnel has on the delivery of  
5 public health services in each county or district health department;
- 6           (4) Establish a standing subcommittee of not more than 11 members to  
7 study and make recommendations on financing of the public health  
8 system. Commission cochairmen shall appoint members and  
9 nonmembers of the Commission to the subcommittee, provided that at  
10 least seven of the appointments shall be Commission members. The  
11 subcommittee shall consider recommendations in the 1989-90 Public  
12 Health Study Commission's final report.
- 13           (5) Determine whether there is a need for ongoing orientation and training  
14 programs for local boards of health, and, if so, what the State's role  
15 should be in assuring that such programs are available.
- 16           (6) Review the status and needs of local health departments relative to  
17 facilities, and the need for the development of minimum standards  
18 governing the provision and maintenance of these facilities.
- 19           (7) Propose a long-range plan for improving and funding the public health  
20 system, which plan shall include a review and evaluation of the current  
21 structure and financing of public health in North Carolina, and any  
22 other recommendations the Commission deems appropriate based on  
23 its study activities. The Commission may request that the long-range  
24 plan be developed by the State Health Director in consultation with the  
25 Commission for Health Services and submitted to the Study  
26 Commission for its consideration.
- 27           (8) Establish a standing subcommittee of not more than nine members to  
28 study and make recommendations on injury prevention and control.  
29 The Cochairmen of the Commission shall appoint members and  
30 nonmembers of the Commission to the subcommittee, provided that at  
31 least five of the appointments shall be Commission members. The  
32 subcommittee shall review periodically but at least annually, the injury  
33 problem in North Carolina and make recommendations to the  
34 Commission for measures to alleviate this problem.
- 35           (9) Examine the need for additional legislation to deal with Acquired  
36 Immune Deficiency Syndrome - AIDS within this State and  
37 recommend legislation, as needed.
- 38           (10) Conduct any other studies or evaluations the Commission considers  
39 necessary to effectuate its purpose.

40 **"§ 120-197. Commission membership.**

41 The Commission shall consist of 14 members, seven of whom shall be appointed by  
42 the Speaker of the House of Representatives, and seven of whom shall be appointed by  
43 the President Pro Tempore of the Senate. Of the members appointed by the Speaker of  
44 the House, four shall be members of the House of Representatives, one shall be a county

1 commissioner, one shall be a local health director appointed from a list submitted by the  
2 North Carolina Association of Health Directors, and one shall be the Dean of the School  
3 of Public Health of the University of North Carolina, or his or her designee. Of the  
4 members appointed by the President Pro Tempore, four shall be members of the Senate,  
5 one shall be a member of a county or district board of health, one shall be the President  
6 of the North Carolina Public Health Association, or his or her designee, and one shall be  
7 a physician licensed to practice medicine in this State.

8 Vacancies shall be filled by the official who made the initial appointment using the  
9 same criteria as provided by this section. All initial appointments shall be made within  
10 one calendar month from the effective date of this Article. Members' terms shall last for  
11 two years. Members may be reappointed for two consecutive terms and may be  
12 appointed again after having been off the Commission for two years.

13 **"§ 120-198. Commission meetings.**

14 The Commission shall have its initial meeting no later than 60 days after  
15 adjournment of the 1991 General Assembly, Regular Session, at the call of the President  
16 Pro Tempore of the Senate and the Speaker of the House of Representatives. The  
17 President Pro Tempore of the Senate and the Speaker of the House of Representatives  
18 shall appoint a cochairman each from the membership of the Commission. The  
19 Commission shall meet upon the call of the cochairmen.

20 **"§ 120-199. Commission reimbursement.**

21 The Commission members shall receive no salary as a result of serving on the  
22 Commission but shall receive necessary subsistence and travel expenses in accordance  
23 with the provisions of G.S. 120-3.1, 138-5, and 138-6, as applicable.

24 **"§ 120-200. Commission public hearings.**

25 The Commission may hold public hearings across the State to solicit public input  
26 with respect to issues affecting public health in North Carolina.

27 **"§ 120-201. Commission authority.**

28 The Commission has the authority to obtain information and data from all State  
29 officers, agents, agencies and departments, while in discharge of its duties, pursuant to  
30 the provisions of G.S. 120-19, as if it were a committee of the General Assembly. The  
31 Commission shall also have the authority to call witnesses, compel testimony relevant  
32 to any matter properly before the Commission, and subpoena records and documents,  
33 provided that any patient record shall have patient identifying information removed.  
34 The provisions of G.S. 120-19.1 through G.S. 120-19.4 shall apply to the proceedings of  
35 the Commission as if it were a joint committee of the General Assembly. In addition to  
36 the other signatures required for the issuance of a subpoena under this section, the  
37 subpoena shall also be signed by the cochairmen of the Commission. Any cost of  
38 providing information to the Commission not covered by G.S. 120-19.3 may be  
39 reimbursed by the Commission from funds appropriated to it for its continuing study.

40 **"§ 120-202. Commission reports.**

41 The Commission shall report the results of its study and recommendations to the  
42 General Assembly. A written report shall be submitted to each biennial session of the  
43 General Assembly not later than 30 days after its convening. The report made to the  
44 1993 Session shall include the long-range plan required under G.S. 120-196(7).

1 **§ 120-203. Commission staff; meeting place.**

2 The Commission may contract for clerical or professional staff or for any other  
3 services it may require in the course of its ongoing study. At the request of the  
4 Commission, the Legislative Services Commission may supply members of the staff of  
5 the Legislative Services Office and clerical assistance to the Commission as the  
6 Legislative Services Commission deems appropriate.

7 The Commission may, with the approval of the Legislative Services Commission,  
8 meet in the State Legislative Building or the Legislative Office Building."

9 Sec. 2. There is appropriated from the General Fund to the Legislative  
10 Services Commission the sum of \$50,000 for the 1991-92 fiscal year and the sum of  
11 \$50,000 for the 1992-93 fiscal year to fund the first two years of the Commission's  
12 study established by this act.

13 Sec. 3. The Department of Environment, Health, and Natural Resources shall  
14 carry out the following tasks and shall report to the Public Health Study Commission  
15 established under this act on the implementation status of each task:

- 16 (1) Implement a plan to increase the Department's capability and the  
17 capability of local health departments to secure private sector financial  
18 resources to supplement public health activities and services mandated  
19 by the State;
- 20 (2) Establish a statewide system for assessing health status and health  
21 needs in every county. In establishing the system the Department shall  
22 solicit input from private providers, community groups and agencies,  
23 the general public, and policy-makers in determining community  
24 health needs;
- 25 (3) Plan for the development of a computerized statewide data collection  
26 and retrieval system that will permit comparisons of State and local  
27 health data with those of the nation and of other states and localities.  
28 The system should be standardized with respect to local reporting of  
29 health status and needs, health services delivered, funds expended, and  
30 outcomes achieved, and should be adaptable to systems currently used  
31 by local health departments. In developing the plan, the Department  
32 shall consider data collection and retrieval capabilities currently in  
33 place in the State, and shall determine the level of State funding that  
34 will be needed to implement the system statewide and to provide  
35 financial assistance to counties for local system integration into the  
36 statewide system. The Department shall present the plan to the Public  
37 Health Study Commission not later than October 1, 1992.
- 38 (4) The Commission for Health Services shall establish statewide health  
39 outcome objectives and delivery standards, taking into account funds  
40 available to implement them. The Department shall implement  
41 statewide health outcome objectives and delivery standards established  
42 by the Commission for Health Services, and shall develop and  
43 implement a monitoring and evaluation program to measure local

- 1 health department progress in applying standards and achieving  
2 objectives.  
3 Sec. 4. This act becomes effective July 1, 1991.