

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2021

**H.B. 800**  
**May 3, 2021**  
**HOUSE PRINCIPAL CLERK**

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**HOUSE BILL DRH40454-MG-144**

Short Title: Women's Cancer Research & Prev. Task Force. (Public)

Sponsors: Representative Carney.

Referred to:

1 A BILL TO BE ENTITLED  
2 AN ACT TO CREATE THE NORTH CAROLINA WOMEN'S CANCER RESEARCH AND  
3 PREVENTION TASK FORCE.

4 Whereas, the Center for Women's Health Research (CWHR) released the tenth edition  
5 of the North Carolina Women's Health Report Card on May 14, 2018, and found that the State's  
6 female population is steadily growing and women are projected to outnumber men through 2020;  
7 and

8 Whereas, the CWHR reports that 30% of NC women live in poverty, with an  
9 additional 10% near poverty, and African American women have nearly twice the poverty rate  
10 of Caucasian women; and

11 Whereas, the CWHR reports that almost 1 in 5 women did not see a physician in the  
12 past 12 months due to cost, and African American women were 1.5 times as likely to have not  
13 seen a physician as Caucasian women; and

14 Whereas, the North Carolina Breast and Cervical Cancer Control Program (NC  
15 BCCCP) provides free or low-cost breast and cervical cancer screenings and follow-up to eligible  
16 women in North Carolina, and the NC BCCCP program has focused increased recruitment and  
17 education strategies to prompt more African American, Hispanic, and American Indian women  
18 to get breast and cervical cancer screenings due to the significant differences in the rates of  
19 minority women who are diagnosed with breast and cervical cancers and who die from these  
20 diseases; and

21 Whereas, the CWHR reports the number of African American women in NC aged  
22 50-74 who reported receiving a mammogram in the past two years (84%) exceeds the Healthy  
23 People 2020 target of 81.1%, and Caucasian women are almost at the target at 79%; and

24 Whereas, the CWHR reports that although the incidence rates are nearly identical,  
25 minority women are 1.5 times as likely to die of breast cancer as Caucasian women and twice as  
26 likely to die of cervical or uterine cancer; and

27 Whereas, according to Healthy People 2020, screening is effective in identifying  
28 some types of cancers in the early, often highly treatable stages, including breast cancer (using  
29 mammography), cervical cancer (using Pap test alone or combined with Pap test and HPV test),  
30 and colorectal cancer (using stool-based testing, sigmoidoscopy, or colonoscopy); and

31 Whereas, the CWHR reports effective strategies exist to combat the four most  
32 prevalent cancers among the State's women, including education on lifestyle, activities, HPV  
33 vaccination, and screenings for breast, cervical, and colorectal cancer; and

34 Whereas, Healthy People 2020 reports the number of cancer survivors is expected to  
35 increase by more than 30% to 18 million, therefore understanding survivors' health status and  
36 behaviors will become increasingly important; Now, therefore,



1 The General Assembly of North Carolina enacts:

2 **SECTION 1.(a)** Article 3 of Chapter 143B of the General Statutes is amended by  
3 adding a new Part to read:

4 "Part 30A. Women's Cancer Research and Prevention Task Force.

5 **"§ 143B-216.45. Women's Cancer Research and Prevention Task Force – creation and**  
6 **duties.**

7 There is established the Women's Cancer Research and Prevention Task Force in the  
8 Department of Health and Human Services. The Task Force has the following duties:

9 (1) To work with institutions of higher education, State agencies, and others to  
10 examine the incidence of and causes of cancer deaths for women, including  
11 identification of subpopulations at higher risk for developing cancer, and to  
12 establish a profile of the cancer burden for women in North Carolina.

13 (2) To identify evidence-based strategies for controlling risks and preventing  
14 cancer development in women.

15 (3) To adopt and promote a statewide comprehensive Women's Cancer  
16 Prevention Plan to the general public, State and local elected officials, various  
17 public and private organizations and associations, businesses and industries,  
18 agencies, potential funders, and other community resources. In developing the  
19 Plan, the Task Force shall incorporate research, education, and outreach  
20 efforts of current initiatives and identify unmet needs and opportunities to  
21 target segments of the population that would benefit from enhanced focus.  
22 The Plan shall include the following elements:

23 a. Activities to publicize the cancer burden profile for women.

24 b. Efforts to educate women and their families on actions and strategies  
25 to reduce the risks for cancer development.

26 c. Promotion of cancer screening opportunities for women.

27 d. Changes in the incidence of and causes of cancer deaths in the State.

28 e. Short-term and long-term goals and strategies to decrease cancer  
29 deaths among North Carolina women.

30 f. Other elements deemed appropriate by the members of the Task Force.

31 (4) To identify and facilitate commitments to implement the Plan.

32 (5) To facilitate coordination of and communication among State and local  
33 agencies and organizations regarding current or future involvement in  
34 achieving the goals of the Women's Cancer Prevention Plan.

35 (6) To identify, facilitate, and promote cancer research.

36 (7) To receive and consider reports and testimony from individuals, local health  
37 departments, community-based organizations, voluntary health organizations,  
38 and other public and private organizations statewide and to learn more about  
39 their contributions to women's cancer prevention and ideas for improving  
40 women's cancer prevention in North Carolina.

41 (8) To identify, examine limitations of, and recommend to the Governor and the  
42 General Assembly changes to existing laws, regulations, programs, services,  
43 and policies to enhance cancer prevention by and for the women of North  
44 Carolina.

45 (9) To determine and recommend to the Governor and the General Assembly the  
46 funding and strategies needed to enact new or to modify existing laws,  
47 regulations, programs, services, and policies to enhance cancer prevention by  
48 and for the women of North Carolina.

49 **"§ 143B-216.46. Women's Cancer Research and Prevention Task Force – membership;**  
50 **quorum; compensation.**

1        (a) The Task Force shall be composed of 17 members. As described in subsection (b) of  
2 this section, five members shall be appointed by the President Pro Tempore of the Senate, five  
3 members shall be appointed by the Speaker of the House of Representatives, and five members  
4 shall be appointed by the Governor. The State Health Director, or designee, shall serve as an ex  
5 officio member, and the State Health Director shall select a member from the Public Health  
6 Division with knowledge of the breast and cervical cancer control program to serve as an ex  
7 officio member. The Governor shall appoint the Chair, and the Task Force shall elect the  
8 Vice-Chair.

9        (b) The General Assembly and the Governor shall appoint members as outlined in this  
10 subsection.

11        (1) The President Pro Tempore of the Senate shall appoint the following  
12 members:

13            a. Two members of the Senate.

14            b. An individual involved in cancer research with the Duke University  
15 Women's Cancer Research Program.

16            c. A women's cancer survivor.

17            d. A certified health educator.

18        (2) The Speaker of the House of Representatives shall appoint the following  
19 members:

20            a. Two members of the House of Representatives.

21            b. An individual involved in cancer research with the University of North  
22 Carolina Lineberger Comprehensive Cancer Center.

23            c. A licensed dietitian/nutritionist.

24            d. A registered nurse.

25        (3) The Governor shall appoint the following members:

26            a. A practicing oncologist.

27            b. A representative from the Center for Women's Health Research at the  
28 University of North Carolina.

29            c. A representative with expertise in providing health care for women in  
30 rural areas at the East Carolina University School of Rural Public  
31 Health.

32            d. Two members at large.

33        (c) Each appointing authority shall ensure, insofar as possible, that its appointees to the  
34 Task Force reflect the composition of the North Carolina population with regard to ethnic, racial,  
35 age, gender, and religious composition.

36        (d) Members appointed pursuant to subsection (b) of this section shall serve for a term of  
37 three years, and no member shall serve more than two consecutive terms.

38        (e) A vacancy on the task force shall be filled by the original appointing authority using  
39 the criteria for the prior appointment.

40        (f) The Task Force shall not meet more than twice annually at the call of the Chair.

41        (g) Members of the Task Force shall receive per diem and necessary travel expenses and  
42 subsistence expenses in accordance with G.S. 120-3.1, 138-5, and 138-6, as applicable.

43        (h) A majority of the Task Force shall constitute a quorum for the transaction of business.

44        (i) The Department of Health and Human Services shall provide staff to assist the Task  
45 Force in its work.

46        (j) The Task Force shall report to the Governor and the Joint Legislative Oversight  
47 Committee on Health and Human Services by October 1 of each even-numbered year."

48        **SECTION 1.(b)** G.S. 143B-216.47 through G.S. 143B-49: Reserved for future  
49 codification purposes.

50        **SECTION 2.** The appointments made under G.S. 143B-216.46 shall be made not  
51 later than 30 days after the adjournment of the 2021 Regular Session of the 2021 General

1 Assembly. In order to provide for staggered terms, appointments to the Women's Cancer and  
2 Prevention Task Force are subject to the following requirements:

- 3 (1) The initial term of office for each member of the Task Force appointed under  
4 sub-subdivisions (1)b. and (2)b. of G.S. 143B-216.46(b), and one at-large  
5 member of the Task Force appointed under sub-subdivision (3)d. of  
6 G.S. 143B-216.46(b) shall be two years.
- 7 (2) The initial term of office for each member of the Task Force appointed under  
8 sub-subdivisions (1)c. and (2)c., and (3)a. of G.S. 143B-216.46(b) shall be one  
9 year.
- 10 (3) Subsequent appointments to the Task Force shall be for the full three-year  
11 term in accordance with G.S. 143B-216.46(d).
- 12 (4) The partial term to provide for the initial staggering of terms required by  
13 subdivisions (1) and (2) of this section shall not count as full terms for  
14 purposes of the limitation in G.S. 143B-216.46(d).
- 15 (5) The member appointed under G.S. 143B-216.46(b)(3)c. shall be appointed  
16 from the East Carolina University Brody School of Medicine until a  
17 representative can be appointed from the East Carolina University School of  
18 Rural Public Health.

19 **SECTION 3.** This act is effective when it becomes law.