

**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2003**

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**SENATE BILL 648  
Health & Human Resources Committee Substitute Adopted 4/21/03  
Third Edition Engrossed 4/30/03  
House Committee Substitute Favorable 5/21/03**

Short Title: Cervical Cancer Elimination Task Force.

(Public)

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Sponsors:

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Referred to:

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April 1, 2003

A BILL TO BE ENTITLED

1  
2 AN ACT TO ESTABLISH AN AD HOC CERVICAL CANCER ELIMINATION  
3 TASK FORCE TO THE ADVISORY COMMITTEE ON CANCER  
4 COORDINATION AND CONTROL.

5 The General Assembly of North Carolina enacts:

6 **SECTION 1.(a)** A standing ad hoc task force on cervical cancer elimination  
7 is established pursuant to this act to serve the Advisory Committee on Cancer  
8 Coordination and Control. The ad hoc task force shall be called the Cervical Cancer  
9 Elimination Task Force (Task Force). The Task Force shall perform the duties specified  
10 in subsection (j) of this section.

11 **SECTION 1.(b)** The Task Force shall have 22 members. The Director of  
12 the Division of Public Health in the Department of Health and Human Services, the  
13 Director of the Division of Medical Assistance in the Department of Health and Human  
14 Services, and the Chair and Vice-Chair of the North Carolina's Legislative Women's  
15 Caucus, or their designees, shall be members of the Task Force. The following  
16 additional members shall be appointed:

17 (1) By the President Pro Tempore of the Senate, as follows:

- 18 a. One member of the Senate;  
19 b. Two representatives from the North Carolina's Legislative  
20 Women's Caucus;  
21 c. A representative of a women's health organization;  
22 d. A representative from the American Academy of Pediatrics;  
23 and  
24 e. A certified schoolteacher.

25 (2) By the Speaker(s) of the House of Representatives, as follows:

- 26 a. One member of the House;

- b. Two representatives from the North Carolina's Legislative Women's Caucus;
- c. A member of the American Cancer Society;
- d. A member of the health insurance industry; and
- e. A member from the American College of Obstetrics and Gynecology.

(3) By the Governor, as follows:

- a. A member of the American Academy of Family Physicians;
- b. The State Epidemiologist;
- c. Two members at large;
- d. A news director of a newspaper or television or radio station; and
- e. A licensed registered nurse.

The Governor shall choose a Chair from among the members of the Task Force. The Task Force shall elect a Vice-Chair from its members.

**SECTION 1.(c)** Each appointing authority shall assure, insofar as possible, that its appointees to the Task Force reflect the composition of the North Carolina population with regard to ethnic, racial, age, and religious composition.

**SECTION 1.(d)** The General Assembly and the Governor shall make their appointments to the Task Force not later than 30 days after the adjournment of the 2003 Regular Session of the General Assembly. The original appointing authority, using the criteria set out in this section for the original appointment, shall fill a vacancy on the Task Force.

**SECTION 1.(e)** The Task Force shall meet at least quarterly or more frequently at the call of the Chair.

**SECTION 1.(f)** The Task Force Chair may establish committees for the purpose of making special studies pursuant to its duties and may appoint non-Task-Force members to serve on each committee as resource persons. Resource persons shall be voting members of the committees and shall receive subsistence and travel expenses in accordance with G.S. 138-5 and G.S. 138-6. Committees may meet with the frequency needed to accomplish the purposes of this section.

**SECTION 1.(g)** Members of the Task Force shall receive per diem and necessary travel and subsistence expenses in accordance with G.S. 120-3.1, 138-5, and 138-6, as applicable.

**SECTION 1.(h)** A majority of the Task Force shall constitute a quorum for the transaction of its business.

**SECTION 1.(i)** The Task Force shall have the following duties:

- (1) To undertake a statistical and qualitative examination of the prevalence and burden of cervical cancer.
- (2) To raise public awareness on the causes and nature of cervical cancer, personal risk factors, value of prevention, early detection, options for testing, treatment costs, new technology, medical care reimbursement, and physician education.

- 1 (3) To identify priority strategies, new technologies, or newly introduced  
2 vaccines which are effective in preventing and controlling the risk of  
3 cervical cancer.
- 4 (4) To identify and examine the limitations of existing laws, regulations,  
5 programs, and services with regard to coverage and awareness issues  
6 for cervical cancer, including amending G.S. 58-51-57 to require every  
7 policy or contract of accident or health insurance, and every preferred  
8 provider benefit plan under G.S. 58-50-56, that is issued, renewed, or  
9 amended on or after January 1, 2004, to provide coverage for PAP  
10 smears and mammograms in accordance with the most recently  
11 published American Cancer Society guidelines.
- 12 (5) To develop a statewide comprehensive Cervical Cancer Prevention  
13 Plan and strategies for Plan implementation and for promoting the Plan  
14 to the general public, State and local elected officials, and various  
15 public and private organizations, associations, businesses, industries,  
16 and agencies.
- 17 (6) To identify strategies to facilitate specific commitments to help  
18 implement the Plan from the entities listed in subdivision (8) of this  
19 subsection.
- 20 (7) To facilitate coordination of and communication among State and local  
21 agencies and organizations regarding current or future involvement in  
22 achieving the aims of the Cervical Cancer Task Force Plan.
- 23 (8) To receive and to consider reports and testimony from individuals,  
24 local health departments, community-based organizations, voluntary  
25 health organizations, and other public and private organizations  
26 statewide to learn more about their contributions to cervical cancer  
27 diagnosis, prevention, and treatment and more about their ideas for  
28 improving cervical cancer prevention, diagnosis, and treatment in  
29 North Carolina.

30 **SECTION 1.(j)** Beginning April 1, 2004, and on April 1 each year  
31 thereafter, the Task Force shall submit a report to the Advisory Committee on Cancer  
32 Coordination and Control. At the time the Task Force submits its report to the Advisory  
33 Committee, the Task Force shall also present its report to the North Carolina's  
34 Legislative Women's Caucus, the Governor, and the Joint Legislative Commission on  
35 Governmental Operations. Each annual report shall address:

- 36 (1) Progress being made in fulfilling the duties of the Task Force and in  
37 developing the Cervical Cancer Plan.
- 38 (2) The anticipated time frame for completion of the Prevention Plan.
- 39 (3) Recommended strategies or actions to reduce the occurrence of and  
40 burdens suffered from cervical cancer by citizens of the State.

41 **SECTION 1.(k)** The Task Force shall expire on April 1, 2008, or upon  
42 submission of the Task Force's final report to the Advisory Committee on Cancer  
43 Coordination and Control, to the Governor, and to the 2008 Regular Session of the 2007  
44 General Assembly, whichever occurs earlier.

1           **SECTION 2.** The Department of Health and Human Services, Division of  
2 Public Health, shall use funds appropriated to it for the 2003-2004 fiscal year to  
3 implement this act.

4           **SECTION 3.** This act becomes effective July 1, 2003.