

**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
Fifth Edition Engrossed 5/28/03**

Short Title: Cervical Cancer Elimination Task Force.

(Public)

Sponsors:

Referred to:

April 1, 2003

A BILL TO BE ENTITLED

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

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 24 members. The Chair and
12 Vice-Chair of the Advisory Committee on Cancer Coordination and Control, the
13 Director of the Division of Public Health in the Department of Health and Human
14 Services, the Director of the Division of Medical Assistance in the Department of
15 Health and Human Services, and the Chair and Vice-Chair of the North Carolina's
16 Legislative Women's Caucus, or their designees, shall be members of the Task Force.
17 The following additional members shall be appointed:

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

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

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

- 1 a. One member of the House;
 - 2 b. Two representatives from the North Carolina's Legislative
 - 3 Women's Caucus;
 - 4 c. A member of the American Cancer Society who is an
 - 5 oncologist;
 - 6 d. A member of the health insurance industry; and
 - 7 e. A member from the American College of Obstetrics and
 - 8 Gynecology.
- 9 (3) By the Governor, as follows:
- 10 a. A member of the American Academy of Family Physicians;
 - 11 b. The State Epidemiologist;
 - 12 c. Two members at large;
 - 13 d. A news director of a newspaper or television or radio station;
 - 14 and
 - 15 e. A licensed registered nurse.

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

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

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

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

28 **SECTION 1.(f)** The Task Force Chair may establish committees for the
29 purpose of making special studies pursuant to its duties and may appoint
30 non-Task-Force members to serve on each committee as resource persons. Resource
31 persons shall be voting members of the committees. Committees may meet with the
32 frequency needed to accomplish the purposes of this section.

33 **SECTION 1.(g)** Members of the Task Force shall receive per diem and
34 necessary travel and subsistence expenses in accordance with G.S. 120-3.1, 138-5, and
35 138-6, as applicable.

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

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

- 39 (1) To obtain from the Division of Public Health the Division's review of
- 40 statistical and qualitative data on the prevalence and burden of cervical
- 41 cancer.
- 42 (2) In collaboration with the Advisory Committee on Cancer Coordination
- 43 and Control and the Division of Public Health of the Department of
- 44 Health and Human Services, raise public awareness on the causes and

1 nature of cervical cancer, personal risk factors, value of prevention,
2 early detection, options for testing, treatment costs, new technology,
3 medical care reimbursement, and physician education.

4 (3) To identify priority strategies, new technologies, or newly introduced
5 vaccines which are effective in preventing and controlling the risk of
6 cervical cancer.

7 (4) To identify and examine the limitations of existing laws, regulations,
8 programs, and services with regard to coverage and awareness issues
9 for cervical cancer, including amending G.S. 58-51-57 to require every
10 policy or contract of accident or health insurance, and every preferred
11 provider benefit plan under G.S. 58-50-56, that is issued, renewed, or
12 amended on or after January 1, 2004, to provide coverage for PAP
13 smears and mammograms in accordance with the most recently
14 published American Cancer Society guidelines.

15 (5) To develop a statewide comprehensive Cervical Cancer Prevention
16 Plan and strategies for Plan implementation and for promoting the Plan
17 to the general public, State and local elected officials, and various
18 public and private organizations, associations, businesses, industries,
19 and agencies.

20 (6) To identify strategies to facilitate specific commitments to help
21 implement the Plan from the entities listed in subdivision (8) of this
22 subsection.

23 (7) To facilitate coordination of and communication among State and local
24 agencies and organizations regarding current or future involvement in
25 achieving the aims of the Cervical Cancer Task Force Plan.

26 (8) To receive and to consider reports and testimony from individuals,
27 local health departments, community-based organizations, voluntary
28 health organizations, and other public and private organizations
29 statewide to learn more about their contributions to cervical cancer
30 diagnosis, prevention, and treatment and more about their ideas for
31 improving cervical cancer prevention, diagnosis, and treatment in
32 North Carolina.

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

39 (1) Progress being made in fulfilling the duties of the Task Force and in
40 developing the Cervical Cancer Plan.

41 (2) The anticipated time frame for completion of the Prevention Plan.

42 (3) Recommended strategies or actions to reduce the occurrence of and
43 burdens suffered from cervical cancer by citizens of the State.

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

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

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