

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2003**

**SENATE BILL 648
RATIFIED BILL**

**AN ACT TO ESTABLISH AN AD HOC CERVICAL CANCER ELIMINATION
TASK FORCE TO THE ADVISORY COMMITTEE ON CANCER
COORDINATION AND CONTROL.**

The General Assembly of North Carolina enacts:

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

SECTION 1.(b) The Task Force shall have 24 members. The Chair and Vice-Chair of the Advisory Committee on Cancer Coordination and Control, the Director of the Division of Public Health in the Department of Health and Human Services, the Director of the Division of Medical Assistance in the Department of Health and Human Services, and the Chair and Vice-Chair of the North Carolina's Legislative Women's Caucus, or their designees, shall be members of the Task Force. The following additional members shall be appointed:

- (1) By the President Pro Tempore of the Senate, as follows:
 - a. One member of the Senate;
 - b. Two representatives from the North Carolina's Legislative Women's Caucus;
 - c. A representative of a women's health organization;
 - d. A representative from the American Academy of Pediatrics; and
 - e. A certified schoolteacher.
- (2) By the Speaker(s) of the House of Representatives, as follows:
 - 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 who is an oncologist;
 - 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. 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 obtain from the Division of Public Health the Division's review of statistical and qualitative data on the prevalence and burden of cervical cancer.
- (2) In collaboration with the Advisory Committee on Cancer Coordination and Control and the Division of Public Health of the Department of Health and Human Services, 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.
- (3) To identify priority strategies, new technologies, or newly introduced vaccines which are effective in preventing and controlling the risk of cervical cancer.
- (4) To identify and examine the limitations of existing laws, regulations, programs, and services with regard to coverage and awareness issues for cervical cancer, including amending G.S. 58-51-57 to require every policy or contract of accident or health insurance, and every preferred provider benefit plan under G.S. 58-50-56, that is issued, renewed, or amended on or after January 1, 2004, to provide coverage for PAP smears and mammograms in accordance with the most recently published American Cancer Society guidelines.
- (5) To develop a statewide comprehensive Cervical Cancer Prevention Plan and strategies for Plan implementation and for promoting the Plan to the general public, State and local elected officials, and various public and private organizations, associations, businesses, industries, and agencies.
- (6) To identify strategies to facilitate specific commitments to help implement the Plan from the entities listed in subdivision (8) of this subsection.
- (7) To facilitate coordination of and communication among State and local agencies and organizations regarding current or future involvement in achieving the aims of the Cervical Cancer Task Force Plan.
- (8) To receive and to consider reports and testimony from individuals, local health departments, community-based organizations, voluntary health organizations, and other public and private organizations

statewide to learn more about their contributions to cervical cancer diagnosis, prevention, and treatment and more about their ideas for improving cervical cancer prevention, diagnosis, and treatment in North Carolina.

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

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

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

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

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

In the General Assembly read three times and ratified this the 4th day of June, 2003.

Beverly E. Perdue
President of the Senate

Richard T. Morgan
Speaker of the House of Representatives

Michael F. Easley
Governor

Approved _____m. this _____ day of _____, 2003