

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1995

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SENATE BILL 390

Short Title: Heart Disease/Stroke Task Force/Funds/AB.

(Public)

Sponsors: Senators Warren, Lucas, Allran, Carpenter, Albertson, Dannelly, Hoyle, Martin of Pitt, East, Cooper, Martin of Guilford, Gulley, Carrington, Foxx, and Forrester:

Referred to: Appropriations

March 16, 1995

A BILL TO BE ENTITLED

1
2 AN ACT TO ESTABLISH THE HEART DISEASE AND STROKE PREVENTION
3 TASK FORCE AND TO APPROPRIATE FUNDS TO IMPLEMENT THIS ACT.

Whereas, heart disease and stroke are major preventable killers in North Carolina; and
Whereas, it is the public policy of this State to prevent unnecessary mortality, morbidity,
and costs from heart disease and stroke wherever possible; and

Whereas, the General Assembly recognizes that prevention of heart disease and stroke is
a matter of both State and local policy and of public concern; that involving professionals
from multiple disciplines and persons from multiple sectors of society can increase the
understanding of the causes of and methods for preventing the heart disease and stroke
burden to the citizens of North Carolina; and that a coordinated, comprehensive, planned
joint public and private effort is needed to achieve the prevention of this unnecessary
burden from heart disease and stroke in North Carolina; and

Whereas, heart disease and stroke are North Carolina's leading killers, accounting for
approximately 40% of all deaths; and

Whereas, heart disease and stroke are major causes of hospitalization, disability, and
health care costs, and during a 12-month period from 1991 to 1992, \$590,000,000 was
spent by North Carolina hospitals for heart failure and shock, cerebrovascular diseases,
coronary bypass, cardiac catheterization, and heart transplants alone; and

Whereas, risk factors for developing heart disease and stroke are widespread (high blood pressure, high cholesterol, physical inactivity, overweight, smoking, diabetes), nearly all can be reduced and/or prevented; and

Whereas, a coordinated, comprehensive, long-term statewide effort to reduce risk factors in all population groups can markedly reduce the continuing toll of heart disease and stroke in North Carolina; Now, therefore,

1 The General Assembly of North Carolina enacts:

2 Section 1. (a) The North Carolina Heart Disease and Stroke Prevention Task Force
3 is created in the Division of Adult Health Promotion, Department of Environment,
4 Health, and Natural Resources.

5 (b) The Task Force shall have 27 members. The Governor shall appoint the Chair,
6 and the Vice-Chair shall be elected by the Task Force. The Director of the Division of
7 Adult Health Promotion in the Department of Environment, Health, and Natural
8 Resources, the Director of the Division of Medical Assistance in the Department of
9 Human Resources, and the Director of the Division of Aging in the Department of
10 Human Resources, or their designees, shall be members of the Task Force.

11 The following appointments shall be made by the General Assembly upon the
12 recommendation of the President Pro Tempore of the Senate:

- 13 (1) Three members of the Senate;
- 14 (2) A heart attack survivor;
- 15 (3) A local health director;
- 16 (4) A certified health educator;
- 17 (5) A hospital administrator; and
- 18 (6) A representative of the North Carolina Association of Area Agencies on
19 Aging.

20 The following appointments shall be made by the General Assembly upon the
21 recommendation of the Speaker of the House of Representatives:

- 22 (1) Three members of the House of Representatives;
- 23 (2) A stroke survivor;
- 24 (3) A county commissioner;
- 25 (4) A registered dietician;
- 26 (5) A pharmacist; and
- 27 (6) A registered nurse.

28 The remainder shall be appointed by the Governor as follows:

- 29 (1) A practicing family physician, pediatrician, or internist;
- 30 (2) A president or chief executive officer of a business upon
31 recommendation of a North Carolina wellness council which is a
32 member of the Wellness Councils of America;
- 33 (3) A news director of a newspaper or television or radio station;
- 34 (4) A volunteer of the North Carolina Affiliate of the American Heart
35 Association;
- 36 (5) A representative from the North Carolina Cooperative Extension
37 Service;

- 1 (6) A representative of the Governor's Council on Physical Fitness and
2 Health; and
- 3 (7) Two members at large.
- 4 (c) Each appointing authority shall assure insofar as possible that its appointees to
5 this Task Force reflect the composition of the North Carolina population with regard to
6 ethnic, racial, age, gender, and religious composition.
- 7 (d) The General Assembly and the Governor shall make their appointments to the
8 Task Force not later than 30 days after the adjournment of the 1995 General Assembly.
9 A vacancy on the Task Force shall be filled by the original appointing authority, using the
10 criteria set out in this section for the original appointment.
- 11 (e) The Task Force shall meet at least quarterly or more frequently at the call
12 of the Chair.
- 13 (f) The Task Force Chair may establish committees for the purpose of making
14 special studies pursuant to its duties, and may appoint non-Task Force members to serve
15 on each subcommittee as resource persons. Resource persons shall be voting members of
16 the committees and shall receive subsistence and travel expenses in accordance with G.S.
17 138-5 and G.S. 138-6. Committees may meet with the frequency needed to accomplish
18 the purposes of this section.
- 19 (g) Members of the Task Force may receive per diem and necessary travel and
20 subsistence expenses in accordance with G.S. 138-5 and G.S. 138-6.
- 21 (h) A majority of the Task Force shall constitute a quorum for the transaction
22 of its business.
- 23 (i) The Task Force shall use funds allocated to it to employ a Director, a
24 Research Associate, and an Administrative Assistant and for other expenditures needed to
25 assist the Task Force in carrying out its duties.
- 26 (j) The Heart Disease and Stroke Prevention Task Force has the following
27 duties:
- 28 (1) To undertake a statistical and qualitative examination of the incidence
29 of and causes of heart disease and stroke deaths and risks, including
30 identification of subpopulations at highest risk for developing heart
31 disease and stroke, and establish a profile of the heart disease and stroke
32 burden in North Carolina.
- 33 (2) To publicize the profile of the heart disease and stroke burden and its
34 preventability in North Carolina.
- 35 (3) To identify priority strategies which are effective in preventing and
36 controlling risks for heart disease and stroke.
- 37 (4) To identify, examine limitations of, and recommend to the Governor
38 and the General Assembly changes to existing laws, regulations,
39 programs, services, and policies to enhance heart disease and stroke
40 prevention by and for the people of North Carolina.
- 41 (5) To determine and recommend to the Governor and the General
42 Assembly the funding and strategies needed to enact new or modify
43 existing laws, regulations, programs, services, and policies to enhance

1 heart disease and stroke prevention by and for the people of North
2 Carolina.

3 (6) To adopt and promote a statewide comprehensive Heart Disease and
4 Stroke Prevention Plan to the general public, State and local elected
5 officials, various public and private organizations and associations,
6 businesses and industries, agencies, potential funders, and other
7 community resources.

8 (7) To identify and facilitate specific commitments to help implement the
9 Plan from the entities listed in subdivision (6) above.

10 (8) To facilitate coordination of and communication among State and local
11 agencies and organizations regarding current or future involvement in
12 achieving the aims of the Heart Disease and Stroke Prevention Plan.

13 (9) To receive and consider reports and testimony from individuals, local
14 health departments, community-based organizations, voluntary health
15 organizations, and other public and private organizations statewide, to
16 learn more about their contributions to heart disease and stroke
17 prevention, and their ideas for improving heart disease and stroke
18 prevention in North Carolina.

19 (k) The Task Force shall submit a preliminary report to the Governor and
20 General Assembly by January 1, 1996; an interim report within the first week of the
21 convening of the 1997 General Assembly; and a final report by October 1, 1997. The
22 reports shall address the Plan, actions, and resources needed to achieve its
23 accomplishment, and progress in achieving implementation of the Plan to reduce the
24 occurrence of and burden from heart disease and stroke in North Carolina. The reports
25 shall include an accounting of funds expended and anticipated funding needs for full
26 implementation of recommended plans and programs.

27 (l) After the Task Force provides its final report to the Governor and General
28 Assembly, the Task Force shall cease to be in existence.

29 Sec. 2. There is appropriated from the General Fund to the Department of
30 Environment, Health, and Natural Resources, Division of Adult Health Promotion, the
31 sum of one hundred seventy-five thousand dollars (\$175,000) for the 1995-96 fiscal year
32 and the sum of one hundred seventy-five thousand dollars (\$175,000) for the 1996-97
33 fiscal year to support the North Carolina Heart Disease and Stroke Prevention Task
34 Force.

35 Sec. 3. This act becomes effective July 1, 1995, and expires October 1, 1997.