

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2003

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HOUSE DRH70225-RM-4A* (2/24)

Short Title: Strengthen Public Health Infrastructure. (Public)

Sponsors: Representative Barnhart.

Referred to:

A BILL TO BE ENTITLED

1 AN ACT TO IMPROVE THE QUALITY AND ACCOUNTABILITY OF THE
2 PUBLIC HEALTH SYSTEM BY STRENGTHENING THE PUBLIC HEALTH
3 INFRASTRUCTURE, TO IMPROVE PUBLIC HEALTH OUTCOMES AND
4 REDUCE HEALTH DISPARITIES BY THE DEVELOPMENT OF STATE AND
5 LOCAL COMPREHENSIVE PUBLIC HEALTH PLANS, AND TO IMPROVE
6 THE PUBLIC HEALTH WORKFORCE BY ENHANCING COLLABORATION
7 WITH PUBLIC AND PRIVATE SECTOR ENTITIES AND IMPOSING
8 PERFORMANCE STANDARDS FOR PUBLIC HEALTH PRACTICE.
9

10 Whereas, North Carolina has a rich local public health heritage and wishes to
11 continue that heritage by strengthening the State's public health infrastructure;

12 Whereas, the public health system must respond to: new serious public health
13 emergencies, significant changes in population, decreasing funding, and significant
14 variations in public health protection between counties and regions;

15 Whereas, the mission of protecting and promoting the health of the public can
16 most efficiently and effectively be addressed through the coordinated efforts of State
17 and local public health agencies, the collaboration of the public and private sectors
18 within the public health system, and the consolidation of local public health agencies;

19 Whereas, a consensus for establishing, prioritizing and implementing
20 essential public health services and functions can be achieved through locally developed
21 and coordinated health plans that provide the foundation for a comprehensive statewide
22 public health plan; and

23 Whereas, the public and private sectors can demonstrate public accountability
24 and provide high quality services through accreditation, certification, credentialing, and
25 the implementation of performance standards; Now, therefore,

26 The General Assembly of North Carolina enacts:

27 **SECTION 1.** G.S. 130A-1.1 is repealed.

1 **SECTION 2.** G.S. 130A-2 reads as rewritten:

2 **"§ 130A-2. Definitions.**

3 The following definitions shall apply throughout this Chapter unless otherwise
4 specified:

5 (1) "Commission" means the Commission for Health Services.

6 (1a) "Communicable condition" means the state of being infected with a
7 communicable agent but without symptoms.

8 (1b) "Communicable disease" means an illness due to an infectious agent or
9 its toxic products which is transmitted directly or indirectly to a person
10 from an infected person or animal through the agency of an
11 intermediate animal, host, or vector, or through the inanimate
12 environment.

13 (2) "Department" means the Department of Health and Human Services.

14 (2a) "Essential public health services and functions" means those services
15 and functions listed in G.S. 130A-1.3.

16 (3) "Imminent hazard" means a situation that is likely to cause an
17 immediate threat to human life, an immediate threat of serious physical
18 injury, an immediate threat of serious adverse health effects, or a
19 serious risk of irreparable damage to the environment if no immediate
20 action is taken.

21 (3a) "Isolation authority" means the authority to issue an order to limit the
22 freedom of movement or action of a person or animal with a
23 communicable disease or communicable condition for the period of
24 communicability to prevent the direct or indirect conveyance of the
25 infectious agent from the person or animal to other persons or animals
26 who are susceptible or who may spread the agent to others.

27 (4) "Local board of health" means a district board of health or a public
28 health authority board or a county board of health.

29 (5) "Local health department" means a district health department or a
30 public health authority or a county health department.

31 (6) "Local health director" means the administrative head of a local health
32 department appointed pursuant to this Chapter.

33 (6aa) "Local public health agency" means a local health director, a local
34 board of health, and a local health department.

35 (6a) "Outbreak" means an occurrence of a case or cases of a disease in a
36 locale in excess of the usual number of cases of the disease.

37 (7) "Person" means an individual, corporation, company, association,
38 partnership, unit of local government or other legal entity.

39 (7a) "Private sector partner" means nongovernmental persons, including
40 community organizations, contractors, educational institutions, health
41 care facilities, health insurers, private businesses, media, nonprofit
42 organizations, and volunteers, that provide essential public health
43 services and functions or work to improve public health outcomes in
44 collaboration with the State or a local public health agency and are

- 1 identified in the local public health plans in accordance with G.S.
2 130A-2.7.
- 3 (7b) "Public health" means assuring the conditions in which the population
4 can be healthy. The term includes population-based or individual
5 efforts primarily aimed at the prevention of injury, disease, or
6 premature mortality or the promotion of health in the community, such
7 as assessing the health needs and status of the community through
8 public health surveillance and epidemiological research, developing
9 public health policy, and responding to public health needs and
10 emergencies.
- 11 (7c) "Public health agency" means a federal, tribal, State, or local public
12 health agency.
- 13 (7d) "Public health infrastructure" means the competencies and resources
14 that enable public health agencies, in collaboration with other
15 components of the public health system, to provide essential public
16 health services and functions throughout the State.
- 17 (7e) "Public health system" means State and local public health agencies
18 and their public and private sector partners.
- 19 (7f) "Public health workforce" means State and local public health agents
20 and other persons working within the public health system to provide
21 essential public health services and functions in the State.
- 22 (7g) "Public sector partner" means international, federal, tribal, or other
23 State or local governments and their public health agencies that
24 provide essential public health services and functions or work to
25 improve public health outcomes with a State or local public health
26 agency.
- 27 (7a)(7h) "Quarantine authority" means the authority to issue an order to
28 limit the freedom of movement or action of persons or animals which
29 have been exposed to or are reasonably suspected of having been
30 exposed to a communicable disease or communicable condition for a
31 period of time as may be necessary to prevent the spread of that
32 disease. Quarantine authority also means the authority to issue an order
33 to limit access by any person or animal to an area or facility that may
34 be contaminated with an infectious agent. The term also means the
35 authority to issue an order to limit the freedom of movement or action
36 of persons who have not received immunizations against a
37 communicable disease when the State Health Director or a local health
38 director determines that the immunizations are required to control an
39 outbreak of that disease.
- 40 (8) "Secretary" means the Secretary of Health and Human Services.
- 41 (8a) "State public health agency" means the Commission for Health
42 Services, the Department of Health and Human Services, and the
43 Department of Environment and Natural Resources to the extent that

1 the Department of Environment and Natural Resources has jurisdiction
2 to protect the public's health.

3 (8b) "Tribe" means the same as the term 'Indian Tribe' in 25 U.S.C. §
4 450b(e), section 4(e) of the Indian Self-Determination and Education
5 Assistance Act, Pub. L. 93-638, as amended.

6 (8c) "Tribal public health agency" means any program or organization
7 operated by a tribe or tribal organization, including boards, agencies,
8 commissions, or offices, that principally acts or is responsible to
9 protect or preserve the public's health and shall include the health
10 programs of any tribal organization that carries out essential public
11 health services and functions or otherwise acts to protect or preserve
12 the public health.

13 (8d) "Tribal organization" means the same as the term in 25 U.S.C. §
14 450b(1), section 4(1) of the Indian Self-Determination and Education
15 Assistance Act, Pub. L. 93-638, as amended.

16 (9) "Unit of local government" means a county, city, consolidated
17 city-county, sanitary district or other local political subdivision,
18 authority or agency of local government.

19 (10) "Vital records" means birth, death, fetal death, marriage, annulment
20 and divorce records registered under the provisions of Article 4 of this
21 Chapter."

22 **SECTION 3.** Part 1 of Article 1 of Chapter 130A is amended by adding the
23 following new sections to read:

24 **"§ 130A-2.1. Mission statement.**

25 (a) The policy of the State is to protect and promote the health of the public to
26 the greatest extent possible through the public health system while respecting individual
27 rights to bodily integrity, health information privacy, nondiscrimination, due process,
28 and other legally protected interests.

29 (b) The mission of the State and local public health agencies is to provide
30 leadership and protect and promote the public's health by:

31 (1) Providing essential public health services and functions as provided in
32 G.S. 130A-1.3.

33 (2) Encouraging collaboration among public and private sector partners in
34 the public health system.

35 (3) Seeking adequate funding to provide essential public health services
36 and functions and to accomplish public health goals from public or
37 private sources.

38 (c) Nothing in this section shall be construed to require the State or local public
39 health agencies or an individual or agency within the public health system to provide
40 specific health services or to implement unfunded programs.

41 **"§ 130A-2.2. Responsibilities of State and local governments; private sector**
42 **collaboration.**

43 (a) The State and counties are responsible for assuring that the public health
44 system accomplishes the mission of public health.

1 (b) State and local public health agencies shall collaborate with public and
2 private sector partners within the public health system to provide essential public health
3 services and functions listed in G.S. 130A-33-55.

4 (d) State or local public health agencies may contract with contractors or other
5 private sector partners for the purpose of providing essential health services and
6 functions directly through these private sector entities if:

7 (1) The contractor has the potential to improve public health outcomes
8 without causing harm to individuals or the public health system.

9 (2) Privatized services are fully and regularly monitored by the contracting
10 public health agency or others within the public health system.
11 Nothing in this subdivision shall be construed to require private sector
12 entities to be monitored by other public agencies providing services
13 within the public health system. The State public health agency shall
14 devise, in consultation with others within the public health system,
15 evaluation criteria to be used in conducting performance reviews of
16 any private sector partner that provides privatized services or
17 functions.

18 (3) Privatized services or functions are subject to other federal, State, or
19 local laws.

20 **"§ 130A-2.3. Essential public health services and functions.**

21 (a) State and local public health agencies, in collaboration with public and
22 private sector partners, shall provide the following essential public health services and
23 functions:

24 (1) Monitor health status to identify and solve community health
25 problems.

26 (2) Diagnose and investigate health problems and health hazards in the
27 community.

28 (3) Inform people about health issues.

29 (4) Develop policies and plans that support individual and community
30 health efforts.

31 (5) Enforce laws and regulations that protect health and ensure safety.

32 (6) Link individuals to needed personal health services and facilitate the
33 provision of health care when not otherwise available.

34 (7) Monitor and ensure the competency of the public health workforce.

35 (8) Evaluate effectiveness, accessibility, and quality of personal and
36 population-based health services.

37 (9) Conduct research to identify new insights and innovative solutions to
38 health problems.

39 (10) Promote the availability and accessibility of quality health care
40 services through health care facilities or providers.

41 (11) When not otherwise available through the private sector, collaborate
42 with other public sector partners to promote the availability of and
43 access to preventive and primary health care, including acute and
44 episodic care, prenatal and postpartum care, child health, family

1 planning, school health, chronic disease preventions, child and adult
2 immunization, dental health, nutrition, and health education and
3 promotion services.

4 (b) The essential public health services and functions listed in subsection (a) of
5 this section shall not be construed to limit or restrict the powers and duties of the
6 Commission, the Department, or the Department of Environment and Natural Resources
7 as otherwise conferred by State law.

8 **"§ 130A-2.4. Public health infrastructure.**

9 (a) The Secretary shall coordinate State and local public health agencies and their
10 public and private sector partners to do the following to strengthen and maintain
11 stability of the public health infrastructure:

- 12 (1) Identify and provide leadership for the provision of essential public
13 health services and functions;
- 14 (2) Develop management standards for the public health system and
15 workforce that are tied to improvements in public health outcomes or
16 other measures;
- 17 (3) Develop and provide effective training for members of the public
18 health workforce that is focused on performance-based standards;
- 19 (4) Evaluate performance management standards and training efforts
20 within the public health system; and
- 21 (5) Comprehensively plan and set priorities for the efficient and effective
22 accomplishment of essential public health services and functions.

23 (b) In performing the duties set forth in subsection (a) of this section, State and
24 local public health agencies and their public and private sector partners shall consult
25 with and utilize national guidelines, initiatives, programs, and recommendations relating
26 to improvements in public health infrastructure that are consistent with accomplishing
27 the mission of public health in the State.

28 **"§ 130A-2.5. Public health workforce.**

29 (a) The State public health agency shall manage the public health workforce
30 performance related to public health infrastructure and capacity, processes, and
31 outcomes at the State and local levels. The State public health agency shall establish and
32 implement performance standards, measures, and processes for quality or performance
33 improvement that are accessible, affordable, and nonpunitive. These include the
34 following:

- 35 (1) Performance measurement standards for the public health system. –
36 Consistent with the National Public Health Performance Standards
37 Program, the State public health agency shall adopt and administer
38 performance measurements within the public health system as a means
39 of improving the quality of State and local public health practice and
40 improving system accountability.
- 41 (2) Accreditation of local public health agencies. – The State public health
42 agency shall adopt and administer a mandatory accreditation program
43 for local public health agencies. The accreditation program shall be
44 based on criteria developed by the State public health agency that

1 focus on the ability of agencies to provide essential public health
2 services and functions.

3 (3) Certification or credentialing for the public health workforce. –
4 Consistent with any national system of public health workforce
5 certification or credentialing, the State public health agency shall adopt
6 and administer public health workforce certification or credentialing
7 programs for members of the public health workforce. These programs
8 shall be designed to develop knowledge, skills, and abilities in relevant
9 and contemporary public health practice areas and must be based on:

10 a. Basic, core, or technical competencies for public health
11 workers; or

12 b. Professional codes for public health professionals.

13 (b) The State public health agency shall, directly or in conjunction with
14 educational institutions or others within the public health system, make available or
15 assure effective programs, continuing education, or other tools for training public health
16 agents and others within the public health workforce.

17 (c) The State public health agency may require individuals within the public
18 health system to meet minimal training requirements to assist the individual in
19 providing essential public health services and functions.

20 (d) The State public health agency may provide incentives to meet performance
21 management or training requirements, including:

22 (1) Organizational accountability awards.

23 (2) Accreditation recognition for public health agencies or their
24 contractors or volunteers.

25 (3) Certification or credentialing titles or recognition for individuals.

26 (4) Other career development initiatives, including financial benefits.

27 (e) The State public health agency shall:

28 (1) Adopt a framework for the evaluation of the performance of the local
29 public health agency workforce.

30 (2) Develop standards to consistently evaluate the effectiveness and
31 delivery of training programs, continuation education, and other tools.

32 (3) Consistently evaluate performance management and training
33 programs, continuing education, and other tools pursuant to these
34 frameworks or standards.

35 **§ 130A-2.6. Comprehensive public health plan.**

36 (a) The State public health agency shall develop a comprehensive public health
37 plan ("Plan") that assesses and sets priorities for the State public health system. The
38 State public health agency shall develop the Plan in consultation with representatives
39 from its public and private sector partners and in consideration of local public health
40 plans submitted in accordance with G.S. 130A-2.7. The Plan may rely on existing or
41 available surveillance data or other formation available to the State public health
42 agency, as well as national guidelines or recommendations concerning public health
43 outcomes and improvements. The Plan shall cover five years and shall be reviewed

1 annually. Future Plans shall be developed every five years. The Plan shall include the
2 following:

- 3 (1) Identification and quantification of existing public health problems,
4 disparities, or threats at the State and local levels.
- 5 (2) Identification of areas needing greater resource allocation to
6 effectively combat public health threats or decrease disparities in the
7 provision of essential public health services and functions.
- 8 (3) Goals for targeting essential public health services and functions to
9 address prioritized public health problems, disparities, or threats
10 through program development, implementation, and evaluation and
11 specific recommendations, strategies, and schedules for meeting these
12 goals.
- 13 (4) Identification of specific at-risk populations targeted, including criteria
14 for identifying targeted populations.
- 15 (5) Goals for increasing the efficiency and effectiveness of the public
16 health system and specific recommendations, strategies and schedules
17 for meeting these goals.
- 18 (6) Strategies for coordinating service delivery within the public health
19 system.
- 20 (7) Measurable indicators of effectiveness and success.
- 21 (8) Identification of public and private sector partners.

22 (b) The State public health agency shall submit a copy of the comprehensive
23 State public health plan required under this section annually to the Governor and the
24 General Assembly upon its convening or reconvening, including any recommendations
25 for legislative amendments.

26 **"§ 130A-2.7. Local public health plans.**

27 (a) Every county, through its local public health agency, shall provide for the
28 development, review, and approval of a local public health plan consistent with the
29 comprehensive State public health plan required under G.S. 130A-5.4. The local public
30 health plan shall address how the local public health agency will coordinate with the
31 State public health agency and others within the public health system to accomplish
32 goal and priorities identified in the comprehensive State public health plan. The local
33 public health plan shall cover five years and shall be reviewed annually. Future plans
34 shall be developed every five years. In addition to the items listed in G.S. 130A-5.4, the
35 local public health plan shall include the following:

- 36 (1) Description of the demographics and health indicators of the
37 population being served by the local public health agency.
- 38 (2) Description of the numbers and types of professionals in the local
39 public health workforce.
- 40 (3) Description of the local public health workforce training needs.
- 41 (4) Description of how the local public health agency is accountable to the
42 public in ensuring the provision of essential public health services and
43 functions.

- 1 (5) Description of how the local public health agency provides the
2 necessary leadership to ensure that public health services are managed,
3 monitored, and are of the highest quality possible.
4 (6) Description of how the local public health agency manages its finances
5 and accounts for expenditures of State, local, and all other sources of
6 revenue.
7 (7) Identification of public and private sector partners.
8 (8) Other matters determined by the Secretary to be necessary to
9 effectively and efficiently provide essential public health services and
10 functions by a local public health agency.

11 (b) The local public health plan shall be approved and submitted to the Secretary
12 no later than July 1, 2004.

13 (c) The State public health agency shall provide technical assistance to local
14 public health agencies that request assistance and shall otherwise work with local public
15 health agencies to generate the plan."

16 **SECTION 4.** G.S. 130A-5 reads as rewritten:

17 "**§ 130A-5. Duties of the Secretary.**

18 The Secretary shall have the authority:

- 19 (1) To enforce the State health laws and the rules of the Commission;
20 (2) To investigate the causes of epidemics and of infectious,
21 communicable and other diseases affecting the public health in order
22 to control and prevent these diseases; to provide, under the rules of the
23 Commission, for the prevention, detection, reporting and control of
24 communicable, infectious or any other diseases or health hazards
25 considered harmful to the public health; to obtain, notwithstanding the
26 provisions of G.S. 8-53, a copy or a summary of pertinent portions of
27 privileged patient medical records deemed necessary for investigating
28 a disease or health hazard that may present a clear danger to the public
29 health. Records shall be identified as necessary by joint agreement of a
30 Department physician and the patient's attending physician. However,
31 if the Department is unable to contact the attending physician after
32 reasonable attempts to do so, or if the Department determines that
33 contacting all attending physicians of patients involved in an
34 investigation would be impractical or would unreasonably delay the
35 inquiry and thereby endanger the public health, the records shall be
36 identified as necessary by joint agreement of a Department physician
37 and the health care facility's chief of staff. For a facility with no chief
38 of staff, the facility's chief administrator may consent to the
39 Department's review of the records. Any person, authorized to have or
40 handle such records, providing copies or summaries of privileged
41 patient medical records pursuant to this subdivision shall be immune
42 from civil or criminal liability that might otherwise be incurred or
43 imposed based upon invasion of privacy or breach of physician-patient
44 confidentiality arising out of the furnishing of or agreement to furnish;

- 1 (3) To develop and carry out ~~reasonable health programs that may be~~
2 ~~necessary for the protection and promotion of the public health and the~~
3 ~~control of diseases.~~ the comprehensive State public health plan
4 pursuant to G.S. 130A-33-58. The Commission is authorized to adopt
5 rules to carry out ~~these programs.~~ the Plan.
- 6 (4) To make sanitary and health investigations and inspections;
- 7 (5) To investigate occupational health hazards and occupational diseases
8 and to make recommendations for the elimination of the hazards and
9 diseases. The Secretary shall work with the Industrial Commission and
10 shall file sufficient reports with the Industrial Commission to enable it
11 to carry out all of the provisions of the Workers' Compensation Act
12 with respect to occupational disease.
- 13 (6) To receive donations of money, securities, equipment, supplies, realty
14 or any other property of any kind or description which shall be used by
15 the Department for the purpose of carrying out its public health
16 programs;
- 17 (7) To acquire by purchase, devise or otherwise in the name of the
18 Department equipment, supplies and other property, real or personal,
19 necessary to carry out the public health programs;
- 20 (8) To use the official seal of the Department. Copies of documents in the
21 possession of the Department may be authenticated with the seal of the
22 Department, attested by the signature or a facsimile of the signature of
23 the Secretary, and when authenticated shall have the same evidentiary
24 value as the originals;
- 25 (9) To disseminate information to the general public on all matters
26 pertaining to public health; to purchase, print, publish, and distribute
27 free, or at cost, documents, reports, bulletins and health informational
28 materials. Money collected from the distribution of these materials
29 shall remain in the Department to be used to replace the materials;
- 30 (10) To be the health advisor of the State and to advise State officials in
31 regard to the location, sanitary construction and health management of
32 all State institutions; to direct the attention of the State to health
33 matters which affect the industries, property, health and lives of the
34 people of the State; to inspect at least annually State institutions and
35 facilities; to make a report as to the health conditions of these
36 institutions or facilities with suggestions and recommendations to the
37 appropriate State agencies. It shall be the duty of the persons in
38 immediate charge of these institutions or facilities to furnish all
39 assistance necessary for a thorough inspection;
- 40 (11) To establish a schedule of fees based on income to be paid by a
41 recipient for services provided by Migrant Health Clinics and
42 Development Evaluation Centers;

- 1 (12) To establish fees for the sale of specimen containers, vaccines and
2 other biologicals. The fees shall not exceed the actual cost of such
3 items, plus transportation costs;
- 4 (13) To establish a fee to cover costs of responding to requests by
5 employers for industrial hygiene consultation services and
6 occupational consultation services. The fee shall not exceed two
7 hundred dollars (\$200.00) per on site inspection; ~~and~~
- 8 (14) To establish a fee for companion animal certificate of examination
9 forms to be distributed, upon request, by the Department to licensed
10 veterinarians. The fee shall not exceed the cost of the form and
11 shipping ~~costs~~; costs;
- 12 (15) Conduct performance management and training programs and
13 evaluations to improve the public health system and workforce; and
- 14 (16) Systematically review, on at least an annual basis, the public health
15 system to recommend modifications in its structure or other features to
16 improve public health outcomes."

17 **SECTION 5.** The Department of Health and Human Services shall do the
18 following to prepare for the development and implementation of the comprehensive
19 State public health plan and the local public health plans:

- 20 (1) Develop the State comprehensive public health plan in accordance
21 with G.S. 130A-5.2 not later than January 1, 2005.
- 22 (2) Review all rules currently in effect and adopted by the Commission for
23 Health Services and the Secretary and identify rules that are
24 inconsistent with this act.
- 25 (3) Review all oversight and monitoring functions currently implemented
26 by the Department with respect to the public health system to
27 determine the effectiveness of the activities on achieving the intent of
28 the act; and improve the oversight and monitoring functions and
29 activities, if necessary; identify areas where additional training is
30 needed and provide it.
- 31 (4) Develop service standards, outcomes, and financing strategies
32 necessary to implement this act.
- 33 (5) Develop format and required content for local public health plans.
- 34 (6) Develop a method for Departmental evaluation of local public health
35 plans.
- 36 (7) Develop contractual agreements for the provision of technical
37 assistance by the Department to local public health agencies in the
38 development of local public health plans.
- 39 (8) Report to the Joint Legislative Health Care Oversight Committee on
40 the Department's readiness to implement public health infrastructure
41 reform no later than October 1, 2003.
- 42 (9) Develop a consolidation plan that will result in no less than 10 and no
43 more than 20 local public health agencies by January 1, 2005.

1 **SECTION 6.** There is appropriated from the General Fund to the
2 Department of Health and Human Services the sum of one million dollars (\$1,000,000)
3 for the 2003-2004 fiscal year. These funds shall be used to create incentives for counties
4 to consolidate public health services into multicounty district health departments.

5 **SECTION 7.** Section 6 of this act becomes effective July 1, 2003. The
6 remainder of this act is effective when it becomes law.