

**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2003**

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**SENATE BILL 1098**

Short Title: Finance Cancer Center & Cardio Institute. (Public)

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Sponsors: Senators Jenkins, Kerr, Albertson, Holloman, Swindell, Thomas; Bingham, Blake, Carpenter, Carrington, Dalton, Dannelly, Dorsett, Forrester, Garrou, Garwood, Hargett, Hartsell, Hoyle, Hunt, Kinnaird, Lucas, Malone, Purcell, Queen, Rand, Smith, Soles, Stevens, and Weinstein.

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Referred to: Finance.

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May 17, 2004

A BILL TO BE ENTITLED

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2 AN ACT TO IMPROVE HEALTH CARE BY AUTHORIZING SPECIAL  
3 INDEBTEDNESS TO FINANCE A CANCER TREATMENT CENTER AT THE  
4 UNIVERSITY OF NORTH CAROLINA HOSPITALS AT CHAPEL HILL AND A  
5 CARDIOVASCULAR DISEASES INSTITUTE AT EAST CAROLINA  
6 UNIVERSITY.

7       Whereas, the University of North Carolina at Chapel Hill, with its Hospitals,  
8 Health Care System, and Lineberger Comprehensive Cancer Center, is emerging as a  
9 national leader in cancer prevention, early detection, and therapy – an intertwined  
10 approach to reduce the burden of cancer in North Carolina. To complete this mission, an  
11 expanded, \$180-million, freestanding North Carolina Clinical Cancer Center replacing  
12 its antiquated facility is needed; and

13       Whereas, because cancer increases ten-fold at 65 years of age, demographic  
14 trends and the attractiveness of the region for retirees will nearly double the number of  
15 cancers; and

16       Whereas, in addition, the number of cancer patients seen at UNC from across  
17 the State is increasing yearly due to its multidisciplinary approach to cancer care; and

18       Whereas, enhanced clinical research opportunities afforded by the new  
19 Clinical Cancer Center will bring the highest level of care and innovation to the citizens  
20 of North Carolina; and

21       Whereas, quality of care amenities and support services for all patients,  
22 especially those volunteering for clinical trials, are inadequate and will be incorporated  
23 in the new Clinical Cancer Center; and

1           Whereas, seamless integration of high-technology imaging and genetic  
2 analysis for early detection and therapeutic interventions will improve cancer care and  
3 will require a specifically designed facility; and

4           Whereas, space is needed for a cancer prevention clinic focused on surviving  
5 patients, their families, and high-risk individuals, integrating all forms of prevention and  
6 early detection research; and

7           Whereas, cutting-edge therapeutic research engendered by the new Clinical  
8 Cancer Center will stimulate the State's biotechnology and pharmaceutical industry; and

9           Whereas, genetics and technology will drive the next era of cancer care.  
10 Genetic targeting of prevention, early detection, and therapy will become modern  
11 medicine's dominant paradigm. Therapy will be followed with new imaging techniques.  
12 These developments will drive both the standard of care and the clinical research  
13 agenda at world-class institutions. UNC's new Clinical Cancer Center, complete with a  
14 nationally recognized clinical and prevention research agenda, will bring these benefits  
15 to all citizens of North Carolina; and

16           Whereas, genetic analysis will identify high-risk families. Knowledge of  
17 inherited genes will provide clues about families that need special attention. Targeted  
18 prevention strategies and sophisticated detection techniques, such as using computerized  
19 mammography or proteomic analysis of blood for tumor markers, will be applied to  
20 high-risk families; and

21           Whereas, gene expression patterns will guide treatment and novel imaging  
22 techniques will follow responses. Genetic technology will measure gene expression  
23 patterns in patients' cancers, allowing doctors to accurately predict response to therapy  
24 and to select individualized treatment. The multiple gene mutations that cause each  
25 cancer produce subtle changes in expression of the 35,000 genes encoded in our DNA.  
26 Bioinformatics algorithms will catalog these complex patterns from breast, colon, lung,  
27 prostate, leukemia, lymphoma, melanoma, and other cancers, providing a precise  
28 molecular signature of a patient's cancer with a predictive power that greatly exceeds  
29 current technology; and

30           Whereas, as these tests are perfected, medical science will be able to  
31 categorize for example, which women's breast cancer will respond to conventional  
32 therapy and which will not. For the former, patient confidence in the chosen  
33 chemotherapy or biologic therapy will be high. For the latter, the psychological impact  
34 will be great, but rather than waiting for therapeutic failure, patients and doctors can  
35 choose other options, like a trial of experimental therapy specifically designed for that  
36 patient's molecular subtype. The effect of standard and experimental therapies will be  
37 followed by novel imaging technologies, such as PET scans, that assess a tumor's  
38 biologic activity and not just its size; and

39           Whereas, the State of North Carolina has one of the highest incidences of  
40 advanced cardiovascular disease in the nation, killing one in four North Carolinians  
41 yearly; and

42           Whereas, in North Carolina cardiovascular diseases lead hospital admissions  
43 and in the years 1995 and 1996 alone resulted in over 304,000 inpatient admissions with  
44 parallel associated costs exceeding over \$4 billion; and

1           Whereas, this State has the fifteenth highest death rate from cardiac illnesses  
2 in the country and the fourth highest death rate from stroke in the United States; and

3           Whereas, the 29 counties of Eastern North Carolina are plagued by a  
4 multiplier of the average death rate because of limited access to clinical care, inadequate  
5 diagnostic outreach, a paucity of new technology and lagging prevention methods; and

6           Whereas, working together through the University Health Systems of Eastern  
7 Carolina, the Brody School of Medicine at East Carolina University and Pitt County  
8 Memorial Hospital have become the major resources for treatment, education, and  
9 research for these costly diseases and in recent years have extended services and  
10 programs to the entire State; and

11           Whereas, there is both a desire and a need to expand the clinical and basic  
12 research efforts at the Brody School of Medicine, and to provide education and training  
13 through a new multidisciplinary, internationally recognized cardiovascular disease  
14 institute that would serve all citizens of the State; and

15           Whereas, the broad areas of focus of this expanded clinical and research  
16 effort would include heart and vascular disease, hypertension, and stroke, as well as  
17 developing new technologies in surgery and medicine; and

18           Whereas, this effort would be comprised of two structural components: a  
19 cardiovascular clinical research and education center and a basic science research  
20 center; and

21           Whereas, an integrative approach would be used that would effectively  
22 integrate cardiovascular service lines; and

23           Whereas, these centers would also house a central cardiovascular data center  
24 that would be a repository for all images, diagnostic and medical records, and  
25 hemodynamic demographic data related to the hospital and center; Now, therefore,  
26 The General Assembly of North Carolina enacts:

27           **SECTION 1.** In accordance with G.S. 142-83, this section authorizes the  
28 issuance or incurrence of special indebtedness in the following maximum aggregate  
29 principal amounts to finance the costs of acquiring, constructing, and equipping the  
30 following projects. The State, with the prior approval of the State Treasurer and the  
31 Council of State, as provided in Article 9 of Chapter 142 of the General Statutes, is  
32 authorized to issue or incur special indebtedness in order to provide funds to the State to  
33 be used, together with other available funds, to pay the cost of these projects.

34           (1) One hundred eighty million dollars (\$180,000,000) for a new cancer  
35 rehabilitation and treatment center and adjacent physicians' office  
36 building to be located at the University of North Carolina Hospitals at  
37 Chapel Hill.

38           (2) Sixty million dollars (\$60,000,000) for the North Carolina  
39 Cardiovascular Diseases Institute at East Carolina University.

40           **SECTION 2.** This act is effective when it becomes law.