North Carolina Advisory Committee on Cancer Coordination and Control (Advisory Committee)

General Statutes

Chapter 130A. Public Health.
§ 130A-1. Title.
This Chapter shall be known as the Public Health Law of North Carolina. (1983, c. 891, s. 2.)

§ 130A-1.1. Mission and essential services.
  (a) The General Assembly recognizes that unified purpose and direction of the public health system is necessary to ensure that all citizens in the State have equal access to essential public health services. The General Assembly declares that the mission of the public health system is to promote and contribute to the highest level of health possible for the people of North Carolina by:
  (1) Preventing health risks and disease;
  (2) Identifying and reducing health risks in the community;
  (3) Detecting, investigating, and preventing the spread of disease;
  (4) Promoting healthy lifestyles;
  (5) Promoting a safe and healthful environment;
  (6) Promoting the availability and accessibility of quality health care services through the private sector; and
  (7) Providing quality health care services when not otherwise available.
  (b) As used in this section, the term "essential public health services" means those services that the State shall ensure because they are essential to promoting and contributing to the highest level of health possible for the citizens of North Carolina. The Departments of Environment and Natural Resources and Health and Human Services shall attempt to ensure within the resources available to them that the following essential public health services are available and accessible to all citizens of the State, and shall account for the financing of these services:

Part 4. Advisory Committee on Cancer Coordination and Control.
§ 130A-33.50. Advisory Committee on Cancer Coordination and Control established; membership, compensation.
  (a) The Advisory Committee on Cancer Coordination and Control is established in the Department.
  
  (b) The Committee shall have up to 34 members, including the Secretary of the Department or the Secretary's designee. The members of the Committee shall elect a chair and vice-chair from among the Committee membership. The Committee shall meet at the call of the chair. Six of the members shall be legislators, three of whom shall be appointed by the Speaker of the House of Representatives, and three of whom shall be appointed by the President Pro Tempore of the Senate. Four of the members shall be cancer survivors, two of whom shall be appointed by the
Speaker of the House of Representatives, and two of whom shall be appointed by the President Pro Tempore of the Senate. The remainder of the members shall be appointed by the Governor as follows:

1. One member from the Department of Environment and Natural Resources;
2. Three members, one from each of the following: the Department, the Department of Public Instruction, and the North Carolina Community College System;
3. Four members representing the cancer control programs at North Carolina medical schools, one from each of the following: the University of North Carolina at Chapel Hill School of Medicine, the Bowman Gray School of Medicine, the Duke University School of Medicine, and the East Carolina University School of Medicine;
4. One member who is an oncology nurse representing the North Carolina Nurses Association;
5. One member representing the Cancer Committee of the North Carolina Medical Society;
6. One member representing the Old North State Medical Society;
7. One member representing the American Cancer Society, North Carolina Division, Inc.;
8. One member representing the North Carolina Hospital Association;
9. One member representing the North Carolina Association of Local Health Directors;
10. One member who is a primary care physician licensed to practice medicine in North Carolina;
11. One member representing the American College of Surgeons;
12. One member representing the North Carolina Oncology Society;
13. One member representing the Association of North Carolina Cancer Registrars;
14. One member representing the Medical Directors of the North Carolina Association of Health Plans; and
15. Up to four additional members at large.

Except for the Secretary, the members shall be appointed for staggered four-year terms and until their successors are appointed and qualify. The Governor may remove any member of the Committee from office in accordance with the provisions of G.S. 143B-13. Members may succeed themselves for one term and may be appointed again after being off the Committee for one term.

(c) The Speaker of the House of Representatives, the President Pro Tempore of the Senate, and the Governor shall make their appointments to the Committee not later than 30 days after the adjournment of the 1993 Regular Session of the General Assembly. A vacancy on the Committee shall be filled by the original appointing authority, using the criteria set out in this section for the original appointment.

(d) To the extent that funds are made available, members of the Committee shall receive per diem and necessary travel and subsistence expenses in accordance with G.S. 138-5.

(e) A majority of the Committee shall constitute a quorum for the transaction of its business.
(f) The Committee may use funds allocated to it to employ an administrative staff person to assist the Committee in carrying out its duties. The Secretary shall provide clerical and other support staff services needed by the Committee.
(1993, c. 321,s. 288; 1997-443, s. 11A.75; 1998-212, s. 12.48(a).)

§ 130A-33.51. Advisory Committee on Cancer Coordination and Control; responsibilities.

(a) The Advisory Committee on Cancer Coordination and Control has the following responsibilities:

1. To recommend to the Secretary a plan for the statewide implementation of an interagency comprehensive coordinated cancer control program;
2. To identify and examine the limitations and problems associated with existing laws, regulations, programs, and services related to cancer control;
3. To examine the financing and access to cancer control services for North Carolina's citizens, and advise the Secretary on a coordinated and efficient use of resources;
4. To identify and review health promotion and disease prevention strategies relating to the leading causes of cancer mortality and morbidity;
5. To recommend standards for:
   a. Oversight and development of cancer control services;
   b. Development and maintenance of interagency training and technical assistance in the provision of cancer control services;
   c. Program monitoring and data collection;
   d. Statewide evaluation of locally based cancer control programs;
   e. Coordination of funding sources for cancer control programs; and
   f. Procedures for awarding grants to local agencies providing cancer control services.

(b) The Committee shall submit a written report not later than May 1, 1994, and not later than October 1 of each subsequent year, to the Governor and to the Joint Legislative Commission on Governmental Operations. The report shall address the progress in implementation of a cancer control program. The report shall include an accounting of funds expended and anticipated funding needs for full implementation of recommended programs.
(1993, c. 321, s. 288,)