

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1995

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HOUSE BILL 1271*

Short Title: Public Health Authority Act.

(Public)

Sponsors: Representative Edwards.

Referred to: Rules, Calendar and Operations of the House.

May 22, 1996

A BILL TO BE ENTITLED

AN ACT TO AUTHORIZE THE ESTABLISHMENT OF LOCAL PUBLIC HEALTH
AUTHORITIES, AS RECOMMENDED BY THE NORTH CAROLINA PUBLIC
HEALTH COMMISSION.

The General Assembly of North Carolina enacts:

Section 1. Article 2 of Chapter 130A of the General Statutes is amended by
adding a new Part to read:

"PART 1A. PUBLIC HEALTH AUTHORITIES AUTHORIZED.

"§ 130A-43. Title and purpose.

(a) This Part shall be known and may be cited as the 'Public Health Authorities
Act'.

(b) The purpose of this Part is to provide an additional and alternative method for
counties to provide public health services. This Part shall not be regarded as repealing
any powers now existing under any other law, either general, special, or local.

(c) It is the policy of the General Assembly that Public Health Authorities should
have adequate authority to exercise the powers, rights, duties, functions, privileges, and
immunities conferred upon them by law. To this end the provisions of this Part shall be
broadly construed, and grants of powers shall be construed to include any powers that are
reasonably expedient to the exercise of power.

"§ 130A-44. Definitions.

1 As used in this Part, unless otherwise specified:

- 2 (1) 'Authority service area' means area within the boundaries of the
3 authority as provided for in G.S. 130A-45.4.
- 4 (2) 'Board' means a public health authority board created under this Part.
- 5 (3) 'Department' means the Department of Environment, Health, and
6 Natural Resources.
- 7 (4) 'County board of commissioners' means the legislative body charged
8 with governing the county.
- 9 (5) 'County' means the county which is, or is about to be, included in the
10 territorial boundaries of a public health authority when created
11 hereunder.
- 12 (6) 'Federal government' means the United States of America, or any
13 agency, instrumentality, corporate or otherwise, of the United States of
14 America.
- 15 (7) 'Government' means the State and federal governments and any
16 subdivision, agency, or instrumentality, corporate or otherwise, of either
17 of them.
- 18 (8) 'Public health authority' means a public body and a body corporate and
19 politic organized under the provisions of this Part.
- 20 (9) 'Public health facility' means any one or more buildings, structures,
21 additions, extensions, improvements, or other facilities, whether or not
22 located on the same site or sites, machinery, equipment, furnishings or
23 other real or personal property suitable for providing public health
24 services; and includes, without limitation, local public health
25 departments or centers; public health clinics and outpatient facilities;
26 nursing homes, including skilled nursing facilities and intermediate care
27 facilities, adult care homes for the aged and disabled; public health
28 laboratories; administration buildings, central service and other
29 administrative facilities; communication, computer and other electronic
30 facilities; pharmaceutical facilities; storage space; vehicular parking lots
31 and other such public health facilities, customarily under the jurisdiction
32 of or provided by public health departments, or any combination of the
33 foregoing, with all necessary, convenient or related interests in land,
34 machinery, apparatus, appliances, equipment, furnishings,
35 appurtenances, site preparation, landscaping, and physical amenities.
- 36 (10) 'Real property' means lands, lands under water, structures, and any and
37 all easements, franchises and incorporeal hereditaments and every estate
38 and right therein, legal and equitable, including terms for years and liens
39 by way of judgment, mortgage or otherwise.
- 40 (11) 'State' means the State of North Carolina.

41 **"§ 130A-45. Creation of a public health authority.**

42 (a) A public health authority may be created whenever a county board of
43 commissioners finds and adopts a resolution finding that it is in the interest of the public

1 health and welfare to create a public health authority to provide public health services as
2 required under G.S. 130A-34.

3 (b) A public health authority including more than one county may be formed upon
4 joint resolution of the county boards of commissioners and local boards of health having
5 jurisdiction over each of the counties involved.

6 (c) After the adoption of a resolution creating a public health authority, a public
7 health authority board shall be appointed in accordance with G.S. 130A-45.1.

8 (d) A county may join a public health authority upon joint resolution of the boards
9 of commissioners and local boards of health having jurisdiction over each of the counties
10 involved.

11 (e) A public health authority board shall govern the public health authority. All
12 powers, duties, functions, rights, privileges, or immunities conferred on the public health
13 authority may be exercised by the authority board.

14 (f) The public health authority board shall absorb the functions, assets, and
15 liabilities of the county or district boards of health, and that board is dissolved.

16 (g) For the purpose of Chapter 159 of the General Statutes, a public health
17 authority is a public authority as defined in G.S. 159-7(b)(10).

18 (h) Before adopting a resolution creating a public health authority, the county
19 board of commissioners shall hold a public hearing with notice published at least 10 days
20 before the hearing.

21 (i) For the purposes of Article 9 of Chapter 131E of the General Statutes, a public
22 health authority is a person as defined in G.S. 131E-176(19).

23 **"§ 130A-45.1. Membership of the Public Health Authority Board.**

24 (a) A public health authority board shall be the policy-making, rule-making, and
25 adjudicatory body for a public health authority and shall be composed of 19 members;
26 provided, a public health authority board of a multicounty authority may be increased up
27 to a maximum number of 25 members by agreement of the boards of county
28 commissioners in all counties that comprise the authority. The agreement shall be
29 evidenced by concurrent resolutions adopted by the participating boards of county
30 commissioners.

31 (b) The county board of commissioners shall jointly appoint the members of the
32 board, except that in a multicounty authority, the chairman of the county board of
33 commissioners of each county in the authority shall appoint one county commissioner to
34 the board. The county commissioner members of the board shall jointly appoint the other
35 members of the board.

36 (c) The members of the board must include at least one physician licensed to
37 practice medicine in this State, one licensed dentist, one licensed optometrist, one
38 licensed veterinarian, one registered nurse, one licensed pharmacist, one county
39 commissioner, one professional engineer, one certified public accountant, and one
40 representative of a local community hospital licensed under Chapter 131E of the General
41 Statutes. The composition of the board shall reasonably reflect the population makeup of
42 the entire authority service area and provide equitable authority-wide representation. All
43 members shall be residents of the authority service area. If there is not a licensed

1 physician, a licensed dentist, a licensed optometrist, a licensed veterinarian, a registered
2 nurse, a licensed pharmacist, a professional engineer, a certified public accountant, or a
3 representative of a local community hospital licensed under Chapter 131E of the General
4 Statutes for appointment, an additional representative of the general public shall be
5 appointed. If one of the designated professions has only one person residing in the
6 authority service area, the board of county commissioners shall have the option of
7 appointing that person or a member of the general public; except in multicounty
8 authorities, the county commission members of the public health authority board shall
9 have the option of appointing that person or a member of the general public.

10 (d) Except as provided in this subsection, members of the board shall serve terms
11 of three years. Two of the original members shall serve terms of one year and two of the
12 original members shall serve terms of two years. No member shall serve more than three
13 consecutive three-year terms unless the member is the only person residing in the
14 authority service area who represents one of the professions designated in subsection (b)
15 of this section. When a representative of the general public is appointed due to the
16 unavailability of a licensed physician, a licensed dentist, a licensed optometrist, a
17 licensed veterinarian, a registered nurse, a licensed pharmacist, a professional engineer, a
18 certified public accountant, or a representative of a local community hospital licensed
19 under Chapter 131E of the General Statutes, that member shall serve only until a
20 licensed physician, a licensed dentist, a licensed optometrist, a licensed veterinarian, a
21 registered nurse, a licensed pharmacist, a professional engineer, a certified public
22 accountant, or a representative of a local community hospital licensed under Chapter
23 131E of the General Statutes becomes available for appointment. The county
24 commissioner members may appoint a member for less than a three-year term to achieve
25 a staggered term structure.

26 (e) Any member who is a county commissioner serves on the board in an ex
27 officio capacity.

28 (f) Whenever a county shall join or withdraw from an existing public health
29 authority, the board shall be dissolved and a new board shall be appointed as provided in
30 subsection (b) of this section.

31 (g) Vacancies shall be filled within 120 days for any unexpired portion of a term.

32 (h) A chair shall be elected annually by a board. The local health director shall
33 serve as secretary to the board.

34 (i) A majority of the members shall constitute a quorum.

35 (j) A member may be removed from office by the board for any of the following:

36 (1) Commission of a felony or other crime involving moral turpitude.

37 (2) Violation of a State law governing conflict of interest.

38 (3) Violation of a written policy adopted by the county board of
39 commissioners of each county in the authority.

40 (4) Habitual failure to attend meetings.

41 (5) Conduct that tends to bring the office into disrepute.

42 (6) Failure to maintain qualifications for appointment required under
43 subsection (b) of this section.

1 A board member may be removed only after the member has been given written
2 notice of the basis for removal and has had the opportunity to respond.

3 (k) Board members shall receive no compensation for their services, but they shall
4 be entitled to reimbursement for subsistence and travel expenses incurred in the discharge
5 of their duties.

6 (l) The board shall meet at least quarterly. The chairperson or three of the
7 members may call a special meeting.

8 **"§ 130A-45.2. Dissolution of a public health authority.**

9 (a) Whenever the board of commissioners of each county constituting a public
10 health authority determines that the authority is not operating in the best health interests
11 of the authority service area, they may direct that the authority be dissolved. In addition,
12 whenever a board of commissioners of a county which is a member of an authority
13 determines that the authority is not operating in the best health interests of that county, it
14 may withdraw from the authority. Dissolution of an authority or withdrawal from the
15 authority by a county shall be effective only at the end of the fiscal year in which the
16 action of dissolution or withdrawal transpired.

17 (b) Notwithstanding the provisions of subsection (a) of this section, no public
18 health authority shall be dissolved without prior written notification to the Department.

19 (c) Any budgetary surplus available to a public health authority at the time of its
20 dissolution shall be distributed to those counties comprising the authority on the same pro
21 rata basis that the counties appropriated and contributed funds to the authority's budget
22 during the current fiscal year. Distribution to the counties shall be determined on the
23 basis of an audit of the financial record of the authority. The public health authority board
24 shall select a certified public accountant or an accountant who is subsequently certified
25 by the Local Government Commission to conduct the audit. The audit shall be performed
26 in accordance with G.S. 159-34. The same method of distribution of funds described
27 above shall apply when one or more counties of an authority withdraw from the
28 authority.

29 (d) Upon dissolution or withdrawal, all rules adopted by the board continue in
30 effect until amended or repealed by the new authority board or boards of health.

31 **"§ 130A-45.3. Powers of authority.**

32 (a) A public health authority shall have all the powers necessary or convenient to
33 carry out the purposes of this Part, including the following powers to:

34 (1) Construct, equip, operate, and maintain
35 public health facilities.

36 (2) Use property owned or controlled by the authority.

37 (3) Acquire real or personal property, including existing public health
38 facilities, by purchase, grant, gift, devise, lease, condemnation, or
39 otherwise.

40 (4) Establish a fee schedule for services received from public health
41 facilities and to make services available regardless of ability to pay.

42 (5) Appoint an administrator of a public health facility and necessary
43 assistants, and any and all other employees necessary or advisable, to fix

- 1 their compensation, to adopt necessary rules governing their
2 employment, and to remove employees.
- 3 (6) Delegate to its agents or employees any powers or duties as it may deem
4 appropriate.
- 5 (7) Employ its own counsel and legal staff.
- 6 (8) Adopt, amend, and repeal bylaws for the conduct of its business.
- 7 (9) Enter into contracts for necessary supplies, equipment, or services for
8 the operation of its business.
- 9 (10) Act as an agent for the federal, State, or local government in connection
10 with the acquisition, construction, operation, or management of a public
11 health facility, or any part thereof.
- 12 (11) Insure the property or the operations of the authority against risks as the
13 authority may deem advisable.
- 14 (12) Sue and be sued.
- 15 (13) Accept donations or money, personal property, or real estate for the
16 benefit of the authority and to take title to the same from any person,
17 firm, corporation, or society.
- 18 (b) A public health authority shall have the power to establish and operate health
19 care networks and may contract with or enter into any arrangement with other public
20 health authorities or local health departments of this or other states, federal, or other
21 public agencies, or with any person, private organization, or nonprofit corporation or
22 association for the provision of public health services, including managed health care
23 activities; provided, however, that for the purposes of this subsection only, a public health
24 authority shall be permitted to and shall comply with the requirements of Article 67 of
25 Chapter 58 of the General Statutes to the extent that such requirements apply to the
26 activities undertaken by the public health authority pursuant to this subsection. The
27 public health authority may pay for or contribute its share of the cost of any such contract
28 or arrangement from revenues available for these purposes, including revenues arising
29 from the provision of public health services.
- 30 (c) A public health authority may lease any public health facility, or part, to a
31 nonprofit association on terms and conditions consistent with the purposes of this Part.
32 The authority will determine the length of the lease. No lease executed under this
33 subsection shall be deemed to convey a freehold interest.
- 34 (d) A public health authority shall not sell nor convey any rights of ownership the
35 county has in any public health facility, including the buildings, land and equipment
36 associated with the facility, to any corporation or other business entity operated for profit,
37 except that nothing herein shall prohibit the sale of surplus buildings, surplus land or
38 surplus equipment by an authority to any corporation or other business entity operated for
39 profit. For purposes of this subsection, 'surplus' means any building, land or equipment
40 which is not required for use in the delivery of public health care services by a public
41 health facility at the time of the sale or conveyance of ownership rights.

1 (e) A public health authority may lease any public health facility, or part, to any
2 corporation, foreign or domestic, authorized to do business in North Carolina on terms
3 and conditions consistent with the purposes of this Part and with G.S. 160A-272.

4 (f) A public health authority may exercise any or all of the powers conferred upon
5 it by this Part, either generally or with respect to any specific public health facility or
6 facilities, through or by designated agents, including any corporation or corporations
7 which are or shall be formed under the laws of this State.

8 (g) An authority may contract to insure itself and any of its board members,
9 agents, or employees against liability for wrongful death or negligent or intentional
10 damage to person or property or against absolute liability for damage to person or
11 property caused by an act or omission of the authority or of any of its board members,
12 agents, or employees when acting within the scope of their authority and the course of
13 their employment. The board shall determine what liabilities and what members, agents,
14 and employees shall be covered by any insurance purchased pursuant to this subsection.

15 Purchase of insurance pursuant to this subsection waives the authority's governmental
16 immunity, to the extent of insurance coverage, for any act or omission occurring in the
17 exercise of a governmental function. Participation in a local government risk pool
18 pursuant to Article 23 of Chapter 58 of the General Statutes shall be deemed to be the
19 purchase of insurance for the purposes of this section. By entering into an insurance
20 contract with the authority, an insurer waives any defense based upon the governmental
21 immunity of the authority.

22 (h) If an authority has waived its governmental immunity pursuant to subsection
23 (g) of this section, any person, or if he dies, his personal representative, sustaining
24 damages as a result of an act or omission of the authority or any of its board members,
25 agents, or employees, occurring in the exercise of a governmental function, may sue the
26 authority for recovery of damages. To the extent of the coverage of insurance purchased
27 pursuant to subsection (g) of this section, governmental immunity may not be a defense
28 to the action. Otherwise, however, the authority has all defenses available to private
29 litigants in any action brought pursuant to this section without restriction, limitation, or
30 other effect, whether the defense arises from common law or by virtue of a statute.

31 Despite the purchase of insurance as authorized by subsection (g) of this section, the
32 liability of an authority for acts or omissions occurring in the exercise of governmental
33 functions does not attach unless the plaintiff waives the right to have all issues of law or
34 fact relating to insurance in the action determined by a jury. The judge shall hear and
35 determine these issues without resort to a jury, and the jury shall be absent during any
36 motion, argument, testimony, or announcement of findings of fact or conclusions of law
37 relating to these issues unless the defendant requests a jury trial on them.

38 **"§ 130A-45.4. Boundaries of the authority.**

39 (a) A public health authority may provide or contract to provide public health
40 services and to acquire, construct, establish, enlarge, improve, maintain, own, or operate,
41 and contract for the operation of any public health facilities outside the territorial limits,
42 within reasonable limitation, of the county or counties creating the authority, but in no
43 case shall a public health authority be held liable for damages to those outside the

1 territorial limits of the county or counties creating the authority for failure to provide any
2 public health service.

3 **"§ 130A-45.5. Medical review committee.**

4 (a) A member of a duly appointed medical review committee who acts without
5 malice or fraud shall not be subject to liability for damages in any civil action on account
6 of any act, statement, or proceeding undertaken, made, or performed within the scope of
7 the functions of the committee.

8 (b) The proceedings of a medical review committee, the records and materials it
9 produces and the materials it considers shall be confidential and not considered public
10 records within the meaning of G.S. 132-1, "' Public records" defined', and shall not be
11 subject to discovery or introduction into evidence in any civil action against a public
12 health authority or a provider of professional health services which results from matters
13 which are the subject of evaluation and review by the committee. No person who was in
14 attendance at a meeting of the committee shall be required to testify in any civil action as
15 to any evidence or other matters produced or presented during the proceedings of the
16 committee or as to any findings, recommendations, evaluations, opinions, or other actions
17 of the committee or its members. However, information, documents, or records otherwise
18 available are not immune from discovery or use in a civil action merely because they
19 were presented during proceedings of the committee. A member of the committee or a
20 person who testifies before the committee may testify in a civil action but cannot be
21 asked about his testimony before the committee or any opinions formed as a result of the
22 committee hearings.

23 **"§ 130A-45.6 Confidentiality of patient information.**

24 (a) Medical records compiled and maintained by public health authorities in
25 connection with the admission, treatment, and discharge of individual patients are not
26 public records as defined by Chapter 132 of the General Statutes.

27 (b) Charges, accounts, credit histories, and other personal financial records
28 compiled and maintained by public health authorities in connection with the admission,
29 treatment, and discharge of individual patients are not public records as defined by
30 Chapter 132 of the General Statutes.

31 **"§ 130A-45.7. Confidentiality of personnel information.**

32 (a) Except as provided in subsection (b) of this section, the personnel files of
33 employees or former employees, and the files of applicants for employment maintained
34 by a public health authority are not public records as defined by Chapter 132 of the
35 General Statutes.

36 (b) The following information with respect to each employee of a public health
37 authority is a matter of public record: name; age; date of original employment or
38 appointment; beginning and ending dates, position title, position descriptions, and total
39 compensation of current and former positions; and date of the most recent promotion,
40 demotion, transfer, suspension, separation, or other change in position classification. In
41 addition, the following information with respect to each licensed medical provider
42 employed by or having privileges to practice in a public health facility shall be a matter
43 of public record: educational history and qualifications, date and jurisdiction or original

1 and current licensure; and information relating to medical board certifications or other
2 qualifications of medical specialists.

3 (c) Information regarding the qualifications, competence, performance, character,
4 fitness, or conditions of appointment of an independent contractor who provides health
5 care services under a contract with a public health authority is not a public record as
6 defined by Chapter 132 of the General Statutes. Information regarding a hearing or
7 investigation of a complaint, charge, or grievance by or against an independent contractor
8 who provides health care services under a contract with a public health authority is not a
9 public record as defined by Chapter 132 of the General Statutes. Final action making an
10 appointment or discharge or removal by a public health authority having final authority
11 for the appointment or discharge or removal shall be taken in an open meeting, unless
12 otherwise exempted by law. The following information with respect to each independent
13 contractor of health care services of a public health authority is a matter of public record:
14 name; age; date of original contract; beginning and ending dates; position title; position
15 descriptions; and total compensation of current and former positions; and the date of the
16 most recent promotion, demotion, transfer, suspension, separation, or other change in
17 position classification.

18 **"§ 130A-45.8. Confidentiality of credentialing information.**

19 Information acquired by a public health authority or by persons acting for or on behalf
20 of a public health authority in connection with the credentialing and peer review of
21 persons having or applying for privileges to practice in a public health facility is
22 confidential and is not a public record under Chapter 132 of the General Statutes;
23 provided that information otherwise available to the public shall not become confidential
24 merely because it was acquired by the authority or by persons acting for or on behalf of
25 the authority.

26 **"§ 130A-45.9. Confidentiality of competitive health care information.**

27 Information relating to competitive health care activities by or on behalf of public
28 health authorities shall be confidential and not a public record under Chapter 132 of the
29 General Statutes; provided that any contract entered into by or on behalf of a public
30 health authority shall be a public record unless otherwise exempted by law."

31 Sec. 2. (a) G.S. 130A-2(4) reads as rewritten:

32 "(4) 'Local board of health' means a district board of health or a public health
33 authority board or a county board of health."

34 (b) G.S. 130A-2(5) reads as rewritten:

35 "(5) 'Local health department' means a district health department or a public
36 health authority or a county health department."

37 Sec. 3. G.S. 105-164.14(c)(9) of the General Statutes reads as written:

38 "(9) ~~A district health department.~~ district health department, or a public health
39 authority created pursuant to Part 1A of Article 2 of Chapter 130A of
40 the General Statutes."

41 Sec. 4. G.S. 128-37 of the General Statutes reads as rewritten:

42 **"§ 128-37. Membership of employees of ~~district health departments.~~ district health**
43 **departments, or public health authorities.**

1 Under such rules and regulations as the Board of Trustees shall establish and
2 promulgate, the boards of county commissioners of any group of counties composing a
3 district health department, or the governing board of any public health authority, or the
4 board of county commissioners of any county as to county boards of health, or the
5 governing authorities of any county and/or city as to city-county boards of health, may
6 elect that employees of such health departments may be members of the North Carolina
7 Local Governmental Employees' Retirement System to the extent of that part of their
8 compensation paid by the various counties composing said district health department."

9 Sec. 5. G.S. 153A-77.1 of the General Statutes reads as rewritten:

10 **"§ 153A-77.1. Single portal of entry.**

11 A county may develop for human services a single portal of entry, a consolidated case
12 management system, and a common data base; provided that if the county is part of a
13 district health department or multicounty public health authority or a ~~multi-county~~
14 multicounty area mental health, developmental disabilities, and substance abuse
15 authority, such action must be approved by the district board of health or public health
16 authority board or the area mental health, developmental disabilities, and substance abuse
17 board to affect any matter within the jurisdiction of that board. Nothing in this section
18 shall be construed to abrogate a patient's right to confidentiality as provided by law."

19 Sec. 6. G.S. 153A-149(13) of the General Statutes reads as rewritten:

20 "(13) Health. – To provide for the county's share of maintaining and
21 administering services offered by or through the ~~county or district~~ local
22 health department."

23 Sec. 7. G.S. 106-266.17 reads as rewritten:

24 **"§ 106-266.17. Marketing agreements not to be deemed illegal or in restraint of**
25 **trade; conflicting laws.**

26 The making of marketing agreements between producers' cooperative marketing
27 associations and distributors and producer- distributors under the provisions of this
28 Article shall not be deemed a combination in restraint of trade or an illegal monopoly, or
29 an attempt to lessen competition or fix prices arbitrarily nor shall the marketing contract
30 or agreements between the association and the distributors and producer-distributors, or
31 any agreements authorized in this Article, be considered illegal or in restraint of trade. All
32 laws and clauses of laws in conflict with the provisions of this Article are hereby repealed
33 to the extent necessary for the full operation of this Article. No provisions of this Article
34 shall be deemed in conflict with Articles 28 and 28A of Chapter 106 of the General
35 Statutes. No provisions of this Article shall be deemed in conflict with the authority
36 granted to ~~county, city-county and district~~ local boards of health by G.S. 130-19, 130-20,
37 130-66, to make and enforce rules and regulations governing milk sanitation or with the
38 authority granted to the Department of Human Resources by G.S. 130-3 to make sanitary
39 inquiries and investigations."

40 Sec. 8. G.S. 88-28.1 reads as rewritten:

41 **"§ 88-28.1. Restraining orders against persons engaging in illegal practices.**

42 If it is found that any licensed cosmetologist, cosmetic art shop, or other person
43 subject to the provisions of this Chapter is violating any rules and regulations adopted by

1 the State Board of Cosmetic Art Examiners or any provisions of G.S. 88-28, then the
2 Department of Human Resources, any ~~county or district~~ local health director, or the State
3 Board of Cosmetic Art Examiners shall give notice to the person of the violation and
4 apply to the superior court for injunctive relief to restrain such person from continuing
5 such illegal practices. If, upon such application, it shall appear to the court that such
6 person has violated and/or is violating any of the said rules and regulations or any
7 provisions of Chapter 88, section 28, of the General Statutes of North Carolina G.S. 88-
8 28, the court may issue an order restraining any further violations thereof. All such
9 actions for injunctive relief shall be governed by the provisions of Article 37 of Chapter
10 1 of the General Statutes: Provided, such injunctive relief may be granted regardless of
11 whether criminal prosecution has been or may be instituted under any of the provisions of
12 this Chapter. Actions under this section shall be commenced in the county in which the
13 respondent resides or has his principal place of business or in which the alleged acts
14 occurred."

15 Sec. 9. G.S. 143-215.7 reads as rewritten:

16 **"§ 143-215.7. Effect on laws applicable to public water supplies and the sanitary**
17 **disposal of sewage.**

18 This Article shall not be construed as amending, repealing, or in any manner
19 abridging or interfering with the provisions of Article 10 of Chapter 130A of the General
20 Statutes relating to the control of public water supplies; nor shall the provisions of this
21 Article be construed as being applicable to or in anywise affecting the authority of the
22 Department to control the sanitary disposal of sewage as provided in Article 11 of
23 Chapter 130A of the General Statutes, or as affecting the powers, duties and authority of
24 ~~city, county, county-city and district~~ local health departments usually referred to as local health
25 ~~departments~~ or as affecting the charter powers, or other lawful authority of municipal
26 corporations, to pass ordinances in regard to sewage disposal."

27 Sec. 10. G.S. 130A-140 reads as rewritten:

28 **"§ 130A-140. Local health directors to report.**

29 A local health director shall report to the Department all cases of diseases or
30 conditions or laboratory findings of residents of the jurisdiction of the local health
31 department which are reported to the local health director pursuant to this Article. A
32 local health director shall report all other cases and laboratory findings reported pursuant
33 to this Article to the local health director of the ~~county or district~~ county, district or
34 authority where the person with the reportable disease or condition or laboratory finding
35 resides."

36 Sec. 11. G.S. 120-196 reads as rewritten:

37 **"§ 120-196. (See editor's note) Commission duties.**

38 The Commission shall study the availability and accessibility of public health services
39 to all citizens throughout the State. In conducting the study the Commission shall:

- 40 (1) Determine whether the public health services currently available in each
41 ~~county or district~~ local health department conform to the mission and
42 essential services established under G.S. 130A-1.1;

- 1 (2) Study the workforce needs of each ~~county or district~~ health ~~local~~
2 department, including salary levels, professional credentials, and
3 continuing education requirements, and determine the impact that
4 shortages of public health professional personnel have on the delivery of
5 public health services in ~~county and district~~ local health departments;
6 (3) Review the status and needs of local health departments relative to
7 facilities, and the need for the development of minimum standards
8 governing the provision and maintenance of these facilities;
9 (4) Propose a long-range plan for funding the public health system, which
10 plan shall include a review and evaluation of the current structure and
11 financing of public health in North Carolina and any other
12 recommendations the Commission deems appropriate based on its study
13 activities;
14 (5) Conduct any other studies or evaluations the Commission considers
15 necessary to effectuate its purpose; and
16 (6) Study the capacity of small counties to meet the core public health
17 functions mandated by current State and federal law. The Commission
18 shall consider whether the current ~~county and district~~ local health
19 departments should be organized into a network of larger multidistrict
20 community administrative units. In making its recommendations on this
21 study, the Commission shall consider whether the State should establish
22 minimum populations for local health departments, and if so, shall
23 recommend the number of and configuration for these multicounty
24 administrative units and shall recommend a series of incentives to ease
25 county transition into these new arrangements."

26 Sec. 12. This act becomes effective January 1, 1997, and applies to contracts
27 and agreements entered into on or after that date.