



NCALHD

North Carolina Association
of Local Health Directors

NC Association of Local Health Directors 2017-2018 NCALHD Legislative Priorities

TIER 1 (NCALHD Will Lead These Efforts)

1. **Oppose any bill or amendment that weakens the ability of local health departments to protect and promote the public's health.**
2. **Update Current Rabies Control Laws in North Carolina:** The 2016 National Association of State Public Health Veterinarians Compendium of Animal Rabies Prevention and Control was published on March 1, 2016 in the Journal of the American Veterinary Medical Association. The compendium is the authoritative document for rabies control and prevention and is used as the reference for North Carolina rabies statutes and rules. The compendium makes significant changes to rabies postexposure management recommendations. Adoption or incorporation of these changes into current law (N.C.G.S. 130A-197) would potentially result in: Improved guidance for local health director on the management of actual and/or suspected rabies exposures; allow for the efficient and effective management of animals suspected of having been exposed to rabies (e.g. fewer animals euthanized; and, more never vaccinated dogs and cats placed under quarantine (not euthanized) for shorter period of time – 4 months); and, a decreased financial burden to pet owners.
SB 74 – Updated Rabies Control Laws [S74 \(select to see bill\)](#)
3. **Increase funding to Local Public Health to Address Rapidly Emerging Infectious Disease (e.g. ZIKA, Hepatitis C, Escherichia coli (E. coli) O121 or E. coli O26, Antibiotic Resistant Infections, , Coronavirus (MERS), Meningitis, Drug Resistant Tuberculosis, Influenza, etc.)).** In light of recent national and international concern around communicable disease outbreaks, it is imperative that local health departments have a minimum set of resources available to perform local communicable disease control and community and public health surveillance activities, and to communicate clearly about disease threats within their jurisdictions. Support for the basic core functions of local public health departments is waning, along with infrastructure funding, impacting local public health ability to accomplish mandated services. Local control of communicable diseases is a well-recognized core public health function here in NC and nationally, a role comparable to the public safety mission of law enforcement.
4. **Tobacco 21:** The National Youth Tobacco Survey reports that in 2014 overall use of tobacco among youth rose, exposing dangerous new trends. Clever marketing of emerging tobacco products (i.e. electronic cigarettes, hookah, and flavored cigars) have reversed the downward trend of overall tobacco use among youth in North Carolina and is putting millions of youth at risk of lifelong lethal nicotine addiction. An estimated 180,000 children now under the age of 18 in North Carolina will eventually die early due to smoking, with 6,800 children in North Carolina becoming daily smokers each year. Between 2011 and 2015, use of electronic cigarettes among North Carolina high school students increased by 888% (from 1.7% to 16.8%). Between 2011 and 2013, overall tobacco use increased by 3.9% from 25.8% to 29.7% due to the increased use of emerging tobacco products.

TIER 2 (NCALHD Will Support Others In These Efforts)

1. **Needle Exchange:** Use of public funding for purchasing needles, hypodermic syringes, and other needed injectable supplies for implementation and management of a successful needle exchange program. Current N.C.G.S. § 90-113.27 does not allow for the use of public funds to purchase needles, hypodermic syringes, or other injection supplies.
2. **Address local health departments' ability to charge for well water testing** in migrant housing/camps, childcare centers, and food and lodging facilities as part of the permitting and inspections process. Currently, North Carolina law does not allow boards of health to impose fees for services other than for Wastewater Systems, Public Swimming Pools, and Tattooing (N.C.G.S. 130A-39); and for the Permitting of private drinking water wells (N.C.G.S. 87-97).

3. **Restore all funding from the Women's & Children's Health Block Grant to local public health** in order to provide intended evidence-based programs in local communities for women and children.
4. **Appropriate Master Settlement funds** for the purpose of public health improvements in North Carolina, as originally intended.
5. **Raising the state tax on tobacco**, including electronic cigarettes, to the national average.

TIER 3 (NCALHD Will Encourage Others In Their Efforts)

1. **Regulation of the body art industry:** Current in North Carolina regulation of the body art industry only makes it unlawful for a person to pierce any part of the body other than ears of another person under the age of 18 (N.C.G.S. 14-400). Traditionally piercings were limited to the ears; now however, piercings and implants can be placed virtually anywhere on the human body. Requiring a permit prior to performing any body piercing, branding, dermal anchors and implants/three-dimensional art or body modifications such as beading is necessary. The objective of this regulation is to reduce unnecessary exposures to blood borne pathogens. The pathogens of primary concern are human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV). The primary routes of exposure include needlestick and other sharps injuries, and mucous membrane and skin exposures. Regulation should target implementation of engineering controls and work practices, similar to those for the tattoo industry, which prevent blood borne pathogen exposure for the artist and the client.
2. **Stricter penalties for tattooing without a permit:** Tattooing is currently regulated by N.C.G.S. 130A-283 and 14-400 and Permitting required by 15A NCAC 18A .3202. The problem is tattooing without a permit and the tattooing of those under 18 are only considered class 2 misdemeanors.
3. **Expansion of Medicaid** in North Carolina to improve access to care, save lives, and increase funding for health care providers which in turn, saves and adds jobs.