HB 2339 Amend Child Abuse/Child Fatality Task Force

(primary sponsors: Weiss and Clary; co-sponsors: Alexander, Coates, Coleman, Faison, Farmer-Butterfield, Insko, Parmon)

SB 1816 Amend Child Abuse/Child Fatality Task Force

(primary sponsor: Boseman; co-sponsor: Atwater)

SB 1860 Amend Child Abuse/Child Fatality Task Force

(primary sponsor: Allran; co-sponsors: Atwater, P. Berger, Brown, Dorsett, Forrester, Hartsell, Hunt, Jacumin, Nesbitt, Purcell, Rand, Snow)

An act to increase the criminal penalty for misdemeanor child abuse and to amend the criminal offense of felony child abuse as recommended by the Child Fatality Task Force.

- North Carolina criminal law recognizes the seriousness of child abuse, and has felony charges in place to address serious injury that is intentionally inflicted on a child. However, when injury to a child is the direct result of serious neglect the only existing criminal charge is a class 1 misdemeanor—the equivalent of stealing personal property worth less than $1000.

- Three proposed additions to the existing child abuse statutes will address that gap in criminal charges for these serious incidents:

  1. **GS 14-318.2. Child Abuse a Class ~~1~~ A1 misdemeanor.**
     Raises the misdemeanor charge from a class 1 to the stronger class A1—bringing criminal charges in line with other assault charges.

  2. **GS 14-318.4. Child abuse a felony.**
     Adds section (a4) A parent or any other person providing care to or supervision of a child whose willful act or omission in the care of the child is so gross, wanton, and culpable as to show reckless disregard for human life is guilty of a Class E felony if the act or omission results in serious bodily injury to the child.
     - *"Serious bodily injury" is defined as bodily injury that creates a substantial risk of death, or that causes permanent disfigurement, coma, a permanent or protracted condition that causes extreme pain, or permanent or protracted loss or impairment of the function of any bodily member or organ, or that results in prolonged hospitalization.*

  3. **GS 14-318.4. Child abuse a felony.**
     Adds section (a5), A parent or any other person providing care to or supervision of a child whose willful act or omission in the care if the child is so gross, wanton, and culpable as to show reckless disregard for human life is guilty of a Class G felony if the act or omission results in serious physical injury to the child.
     - *"Serious physical injury" is defined as physical injury that causes great pain and suffering and also includes serious mental injury.*

- Forty-four states already have similar laws, including our neighbors: Georgia, Tennessee and Virginia.

- The bill is supported by: the Conference of District Attorneys, the NC Association of County Directors of Social Services, the Sheriffs' Association, the Covenant with NC's Children, Action for Children NC, Prevent Child Abuse NC, the NC Pediatric Society, and was written with support from the Attorney General's Office.

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May 23, 2008

SB 1733 Hospital Report Child Injuries

(primary sponsor: Purcell; co-sponsors: Allran, Atwater, Dannelly, Dorsett, Jones, Malone, Snow)

HB 2338 Hospital Report Child Injuries

(primary sponsors: Weiss, Clary, and Earle; co-sponsors: Alexander, Brisson, Coleman, Faison, Glazier, Harrison, Insko, Pierce and Wainwright)

An act to require hospitals and physicians to report serious, non-accidental trauma injuries in children to law enforcement officials, as recommended by the Child Fatality Task Force.

- Physicians and other hospital personnel are often the first professionals to see a child who has been injured. That hospital/physician's reporting response is critical to the protection of the child.
- As the law is written now, there are two statutes that govern the physician's or hospital's reporting response:
  - GS 7B-301 requires reporting of suspected child abuse or neglect to the local Department of Social Services in the county where the hospital is located.
  - GS 90-21.20 requires reporting of all cases (both adults and children) of wounds, injuries and illness that appear to be a result of a criminal act to law enforcement in the county where the hospital is located.
- There is no confusion about reporting to the Division of Social Services (DSS) under GS 7B-301. The proposed change does not alter the way reports to DSS will still be made.
- The confusion is in regards to GS 90-21.20, which describes reporting by physicians and hospitals of wounds, injuries, and illness to law enforcement. When the injured subject is a child, the majority of providers already file reports both with local department of social services and law enforcement, which is the intent of the current statute. However, some providers have assumed that reporting to social services precludes the need to report to law enforcement. The Child Fatality Task Force responded to requests from the Office of the Chief Medical Examiner, State Child Fatality Prevention Team, and the NC Pediatric Society to seek clarification on this issue.
- The Attorney General's Office informally recommended that the Child Fatality Task Force seek to amend the existing GS 90-21.20 by adding a new section that specifically relates to those children who are victims of non-accidental trauma. The proposed change to GS 90-21.20 is necessary to increase the safety of children by clarifying when hospitals and physicians make reports to law enforcement.
- The proposed language was written with support from: the College of Emergency Room Physicians, the NC Hospital Association, the NC Medical Society, and is endorsed by the NC Pediatric Society, the NC Sheriffs' Association, and the NC Association of County Directors of Social Services. All agree that this clarification is needed.

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May 23, 2008

SB 1735 Funds to Reduce Recurring Preterm Births

(primary sponsor: Purcell; co-sponsors: Allran, Atwater, Dannelly, Dorsett, Jones, Malone)

HB 2457 Funds to Reduce Recurring Preterm Births

(primary sponsors: Earle, Weiss, Pierce; co-sponsors: Bell, Clary, England, Glazier, Hall, Insko, Lucas, McLawhorn, Parmon)

An act to appropriate funds to reduce preterm births, as recommended by the Child Fatality Task Force.

- One out of every seven babies in North Carolina is born too soon. The problem is even worse for African American families where one out of every five babies arrives early. Preterm birth is the leading cause of infant death in North Carolina. Approximately 311 babies each week are born early - over 16,171 infants in North Carolina each year representing 13.5% of our births!
- The causes of preterm birth are complex. Scientists are studying ways to prevent early birth and are finding clues as they go. New research has shown that women who had a previous preterm birth and receive weekly shots of a derivative of the hormone progesterone (17P) reduce their risk of having another preterm baby by over 33%.
- For some high-risk women, 17P may allow their pregnancies to last longer, giving their babies more time to grow even if they are born early
- Studies have established 17P as a cost effective intervention that could save NC Medicaid over $6 million each year
- Women who have had one preterm birth are at high risk for having another preterm baby in a next pregnancy. In fact, a previous preterm birth is the best risk indicator for a subsequent poor birth outcome.
- Over 3,900 pregnant women each year in North Carolina fall into this risk category.
- The American College of Obstetricians and Gynecologists (2005) issued a statement encouraging all providers to use 17P with eligible women who had a previous spontaneous preterm birth. These mothers need special attention and support in their next pregnancy.
- Request $100,000 recurring funds for continued effort to reduce recurring preterm birth through:
  - Education for health care providers about the protocol for progesterone use in preterm birth prevention, where to find it and how to prepare their office to use it
  - Education for mothers who could benefit from progesterone about what it is and what it can and cannot do
  - Purchase of medication for eligible low income and minority women ($250/pregnancy)
  - Community Support for high-risk pregnant mothers
  - Ongoing efforts to work with providers statewide to address preterm birth

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May 23, 2008

SB 1732 Funds for Safe Sleep Campaign

(primary sponsor: Purcell; co: Allran, Atwater, Dannelly, Dorsett, Jones, Malone, Snow)

HB 2466 Funds for Safe Sleep Campaign

(primary sponsors: Earle, Weiss, Pierce; co-sponsors: Bell, Bryant, Clary, Cotham, Glazier, Harrison, Love, Lucas, McLawhorn, Parmon, Tolson, E. Warren, Wilkins, Wray)

An act to appropriate funds for Sudden Infant Death Syndrome (SIDS) risk reduction efforts, as recommended by the Child Fatality Task Force)

- In 2006, infant deaths remained the largest percentage of overall child deaths by age.
- Historically, Sudden Infant Death Syndrome (SIDS) ranks third among all infant deaths statewide and is the leading cause of death for babies between one and twelve months of age – accounting for approximately 100 deaths each year. When compared nationally, North Carolina's SIDS rate remains higher than national average and African American babies die at twice the rate of Caucasian babies in the state.
- Although SIDS is not entirely preventable, there are factors that are known to increase the risk. Additionally, North Carolina infants continue to die from accidental asphyxiation and suffocation due to unsafe sleep environments. These deaths are totally preventable.
- With the non-recurring appropriation received in FY 07-08, the Division of Public Health contracted with the NC Healthy Start Foundation to develop and deliver a safe sleep awareness campaign. Deliverables include updated print materials in English and Spanish that include the most current information about safe sleep practices, as well as a statewide radio public service announcement campaign which is planned to roll-out in spring 2008. With funding ending in June 2008, this recommendation is to continue funding for these important efforts, and expand the reach of the messages with the goal of reducing infant deaths related to the sleep environment and unsafe sleep practices.
- Some sleep-related risk factors for SIDS and accidental asphyxiation are similar and are amenable to change. These include, but are not limited to:
  - Sleep areas not meant for a sleeping infant
  - Unsafe sleep surfaces
  - Infants co-sleeping with others
  - Sleep areas with unsafe bedding
  - Improper infant sleep position
- In addition, infant deaths due to SIDS are thought to be the result of a susceptible infant being exposed to additional risk factors such as exposure to secondhand smoke, overheating, not being breastfed, etc. These risks can be reduced through the following strategies:
- Appropriate $250,000 in recurring funds to strengthen existing SIDS risk reduction efforts and promote safe sleeping environments for infants. Funds will be used to:
  - Expand the current infant safe sleep public education campaign that addresses safe sleep positioning, safe sleep environment, co-sleeping and exposure to secondhand smoke. Priority should be given to geographic areas and populations most at risk.
  - Train healthcare providers and community-based organizations that serve women of reproductive age, families with young children and grandparents and other caregivers.
  - Expand existing hospital based initiative (Hospital Outreach and Partnerships for Education About Infant Safe Sleep - HOPES) to support and assist hospitals in developing infant safe sleep policies, staff training and parent education.

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SB 1737 Funds to Promote Women's Health/Childbearing

(primary sponsor: Purcell; co: Allran, Atwater, Dannelly, Dorsett, Jones, Malone, Snow, Weinstein)

HB 2465 Funds to Promote Women's Health/Childbearing

(primary sponsors: Earle, Weiss, Pierce, Lucas; co-sponsors: Bell, Bryant, Clary, Cotham, Farmer-Butterfield, Glazier, Hall, Harrison, Love, McLawhorn, Parmon, Tolson, E. Warren, Wilkins, Wray)

An act to appropriate funds to improve the health of women and infants in North Carolina, as recommended by the Child Fatality Task Force.

- North Carolina has struggled with one of the highest infant mortality rates in the U.S. for decades. Over half of the deaths of infants in North Carolina can be attributed to medical issues of the mother, many of which existed long before pregnancy. For some mothers, serious health conditions may surface during pregnancy that if not addressed will increase the risk that her future babies will be born with problems. It is time to take a fresh approach to reduce infant mortality by improving women's health during the childbearing years.

- Many women in North Carolina are entering pregnancy with risk factors for chronic disease that not only affect their health, but may affect the health of their baby if they become pregnant.

  - These risk factors include obesity (25%), lack of physical activity (59%), tobacco use (24%), poor mental health (23%) and alcohol misuse (8%).

  - 13% of women in this age group in North Carolina have hypertension and over 2% have diabetes. These two conditions can cause complications during pregnancy and increase the risk of delivering a preterm, low birth weight baby or a baby born with birth defects or other serious long-term medical conditions.

  - The high percentage of unintended pregnancies (44%) adds to the need to advocate for promoting women's health during the childbearing years.

- Traditionally women only receive comprehensive care when they are pregnant. There are many opportunities where their risk factors and medical conditions could be addressed when they are not pregnant, and when they seek health care and other community services.

- In conjunction with the CDC's recommendations to promote women's health before pregnancy, a state leadership team is finishing the State Action Plan with over 70 partners from public and private agencies throughout the state involved in the process. This plan will help focus a coordinated effort to promote the health of women, mothers and babies in North Carolina.

- Appropriate $75,000 recurring funds to continue the efforts in promoting women's health during the childbearing years, which will help lower the death rate for North Carolina infants. Funds will be used to:

  - Educate staff of community organizations that offer local support to women about the importance of women's health.
  - Develop tool kits for communities and resources for new mothers to address health needs in between pregnancy.
  - Engage North Carolinians in the State Action Plan on Women's Health during the childbearing years through workshops and conferences with health care providers and community organizations to integrate their role in addressing risk factors with women.
  - Call attention to the impact of women's health on North Carolina's future generations.

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May 23, 2008

HB 2341 Child Passenger Safety Technician Liability

(primary sponsors: Weiss, Martin, Earle and Pierce; co-sponsors: Alexander, Folwell, Glazier, Harrison, Insko, Lucas, Neumann, Ross, Wainwright, Warren)

SB 1736 Child Passenger Safety Technician Liability

(primary sponsor: Purcell; co-sponsors: Allran, Atwater, Dannelly, Dorsett, Jones, Malone, Weinstein)

An act to limit liability for the acts of child passenger safety technicians when acting in good faith and within the scope of their training as recommended by the Child Fatality Task Force.

- Each year, around 125,000 babies are born in NC, all requiring car seats. As those babies grow, their safety needs change and different seats are needed to keep them safe. Each time a seat is removed from a vehicle and re-installed there is the possibility that the seat will not be installed correctly.
- Over 70% of child passenger restraints are misused to a degree that their effectiveness could be reduced in a crash.
- The National Standardized Child Passenger Safety Training Program was established in 1998. Child passenger safety (CPS) certification workshops are designed to teach individuals the technical and instructional skills needed to serve as child passenger safety resources for their organization, community or state.
- The CPS Technician certification courses currently being taught in North Carolina are usually taught over four days. Certification courses combine classroom instruction, hands-on work with car seats and vehicles, and a community CPS checkup event where students demonstrate proper use and installation of child restraints and safety belts and then teach these skills to parents. Successful completion of this course certifies the individual as a CPS technician for two years.
- Currently there are over 1900 certified CPS technicians in North Carolina. Many of these CPS technicians are employees of hospitals, fire departments, and law enforcement agencies, but many others are volunteers.
- More certified CPS technicians are needed to provide the training to parents and other caregivers who transport young children. The more certified CPS technicians available to educate the public, the more seats will be properly installed.
- Trying to educate a parent should not risk a law suit if the parent fails to follow instructions and wants to blame the technician. Good Samaritan protection is needed for those volunteer CPS technicians who provide such an important service to North Carolinians.
- Six states have laws that limit civil liability for CPS technicians: Georgia, Maryland, Pennsylvania, Virginia, Washington, and Wisconsin.
- The proposed Good Samaritan protection is supported by the NC Child Passenger Safety Program, the Governor's Highway Safety Program, NC Safe Kids, the NC Department of Insurance, and AAA of the Carolinas.

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May 23, 2008

SB 1924 Require Carbon Monoxide Detectors

(primary sponsors: Weiss, Glazier, Carney)

HB 2471 Require Carbon Monoxide Detectors

(primary sponsor: Purcell)

An act to authorize the North Carolina Building Code Council to adopt provisions in the Building Code pertaining to the installation of carbon monoxide detectors in certain single-family or multifamily dwellings; to require the installation of operational carbon monoxide detectors in certain residential rental property and to provide for mutual obligations between landlords and tenants regarding the installation and upkeep of carbon monoxide detectors, as recommended by the North Carolina Child Fatality Task Force.

- Carbon monoxide (CO) is a colorless, odorless gas produced as a by-product of incomplete fuel combustion. CO directly affects the human body by reducing the amount of oxygen that red blood cells can carry. The CDC and the Consumer Product Safety Commission estimate that two-thirds of Americans are at risk for CO exposure in their homes.

- Low-level exposures are characterized by headache, fatigue, shortness of breath, nausea and dizziness. At higher concentrations, CO can be fatal within minutes. Survivors of such concentrations often have long-term compromises in neurologic and cardiologic functioning. Children are particularly susceptible, as are fetuses when pregnant women are exposed.

- The Centers for Disease Control reports that CO is the leading cause of accidental poisoning deaths in the United States. In the six year period 2000-2005 there were 78 accidental non-fire related deaths from CO poisoning in North Carolina. While the Task Force was relieved that none of these victims were children, we felt it our obligation to bring this information to the attention of the General Assembly. In addition, approximately 10% of the national deaths were in children. Thus, while NC has been fortunate in recent years, the potential for catastrophe is always imminent.

- During that same 6 year period, the Carolinas Poison Center alone handled 2,152 cases of CO exposure, of which 266 had serious symptoms and 69 had life-threatening symptoms. Eighteen percent (396) of these cases were children less than age 13.

- Potential sources of CO include gas or oil furnaces, water heaters, clothes dryers, barbecue grills, fireplaces, wood-burning stoves, gas ovens, portable generators and car exhaust fumes (particularly in garages attached to homes). The Consumer Product Safety Commission and the Centers for Disease Control estimate that more than two-thirds of Americans are at risk for CO exposure in their homes.

- Because of the high percentage of people at risk, as well as the fact that there are no warning signs for CO exposure, the Consumer Product Safety Commission recommends that homes at risk "should have a CO alarm in the hallway near bedrooms in each separate sleeping area".

- Because these alarms can detect very low concentrations of CO and provide a warning sound, the Carbon Monoxide Safety and Health Association estimates that 93% of fatal and significantly harmful accidental CO exposures can be averted.

- CO alarms cost between $25-$40 and can be found in most hardware, department and discount stores. The Hardware/Homecenter Research Industry estimates that only 27% of American homes have CO alarms. (This percentage may be lower in North Carolina.)

- Thirteen states currently require CO alarms in residences. At least four additional states are presently considering such legislation. Major cities, such as New York, Chicago and St. Louis, also have such requirements. Finally, in 2003, Mecklenburg County, NC adopted a new ordinance requiring Co alarms in residences after a December, 2002 ice storm led to 124 reported cases of CO poisoning.

- This bill is supported by NC Safe Kids, NC Department of Insurance, and the Office of the State Fire Marshall, the NC Association of Fire Chiefs, and the NC Pediatric Society.

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HB 2340 Transporting Children in Open Bed of Vehicle

(primary sponsors: Weiss, Pierce, Earle and Glazier; co-sponsors: Fisher, Parmon, Wainwright)

SB 1734 Transporting Children in Open Bed of Vehicle

(primary sponsor: Purcell; co-sponsors: Atwater, Dannelly, Dorsett, Jones, Malone, Snow)

An act to increase the protection of children who ride in the back of pickup trucks or open beds of vehicles by raising the minimum age, removing the exemptions that make allowances for small counties and adults riding with children, and increase the penalties to be in line with other child safety violations as recommended by the Child Fatality Task Force.

- Between 2002-2006 (5 years) there were **eight accidental deaths** of child residents of NC who were riding in the backs of pick up trucks (truck beds). During that same time period there were **127 injuries** to pickup truck bed occupants aged 16 and under.
- According to the National Highway Traffic Safety Administration: "A strong child passenger safety law should prohibit all passengers from riding in the cargo areas of pickup trucks. When all passengers are prohibited, chances are increased that children will not be allowed to ride there. With or without a canopy, riding in the cargo area places all people at unnecessary risk of death or injury. In a study conducted in the State of Washington, researchers found that persons riding in cargo areas were nine times more likely to be killed when compared to the general population of those involved in crashes." source: http://www.nhtsa.dot.gov/people/injury/new-fact-sheet03/fact-sheets04/Laws-CPS.pdf
- 21 states including Arkansas, Maryland, and West Virginia do not allow children under the age of 16 to ride in the cargo area of pick up trucks.
- Current NC laws allow anyone age 12 or older to ride in the bed of a pickup truck. Current NC law also allows children under 12 years of age to ride in the back of a pick up truck if:
  - An adult is present in the bed or cargo area of the vehicle and is supervising the child
  - The child is secured or restrained by a seat belt manufactured in compliance with Federal Motor Vehicle Safety Standard No. 208
  - An emergency situation exists
  - The vehicle is being operated in a parade pursuant to a valid permit
  - The vehicle is being operated in an agricultural enterprise
  - The vehicle is being operated in a county that has no incorporated area with a population in excess of 3,500 (Counties exempted under this provision are: Alexander, Alleghany, Ashe, Avery, Bertie, Camden, Caswell, Cherokee, Clay, Currituck, Duplin, Franklin, Gates, Graham, Green, Hyde, Jackson, Jones, Macon, Madison, Mitchell, Montgomery, Northampton, Pamlico, Pender, Perquimans, Polk, Swain, Tyrrell, Warren, Yadkin, and Yancey.)
- North Carolina should also strengthen protection of our children by amending our existing laws by:
  - raising the minimum age to 16 years
  - removing the exemption "an adult is present in the bed or cargo area of the vehicle and is supervising the child" (when a crash occurs there is no way for an adult to protect an unrestrained child)
  - removing the exemption "the vehicle is being operate in a county that has no incorporated area with a population in excess of 3,500" (of the 32 exempt counties, at least 24 counties have multi-lane highways that allow for higher speeds than other roads).
  - strengthening violation charges so they are comparable to other child passenger safety infractions
- This bill is supported by the Governor's Highway Safety Program, the UNC-CH Highway Safety Research Center, NC Safe Kids, the NC Department of Insurance, the Covenant with NC's Children and the NC Pediatric Society.

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May 23, 2008

SB 1891 Change Format of Drivers Licenses/Under 21

(primary sponsor: Bingham; co-sponsors: Allran, Dorsett, Garrou, Jenkins, Jones, Malone, McKissick, Purcell, Swindell)

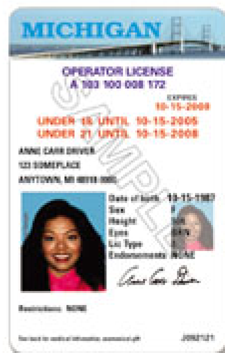
HB 2487 Change Format of Drivers Licenses/Under 21

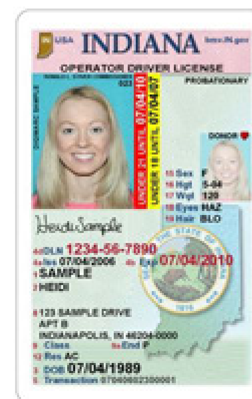
(primary sponsors: Folwell, Pierce, McElraft, Faison)

An act to change the format of a drivers license or special identification card being issued to a person less than twenty-one years of age from a horizontal format to a vertical format to make recognition of underage persons more easy for clerks dealing in restricted age sales of products such as alcoholic beverages and tobacco products as recommended by the Child Fatality Task Force.

- For children ages 1 to 17, motor vehicle crashes remain the leading cause of death. Many of these deaths are related to alcohol.
- According to Alcohol Law Enforcement (ALE) data:
    - Just under 20% of alcohol vendors sell to minors, but 58% of those who do sell to minors do so after checking the valid identification, which indicates there is a problem with those vendors accurately reading the IDs.
    - There are about 50,000 alcohol vendors in the state, and there is almost 100% turnover of those vendors each year. Thus effective education of these vendors is difficult to attain.
- 21 states use a “vertical driver’s license” to help clerks easily identify minors who are attempting to purchase alcohol. (Alabama, Connecticut, Florida, Hawaii, Illinois, Indiana, Iowa, Kansas, Maryland, Michigan, Nebraska, Nevada, North Dakota, Ohio, Pennsylvania, Rhode Island, Texas, Utah, Virginia, Washington, and Wisconsin).
- According to the Division of Motor Vehicles, it would cost North Carolina approximately $50,000 to make the computer system change needed to issue vertical driver’s licenses, which will be issued to newly licensed minors after the law becomes effective.
- Supported by NC Safe Kids, NC Department of Insurance, Division of Alcohol Law Enforcement, the Division of Motor Vehicles, and the NC Pediatric Society.

Examples of vertical licenses from other states:





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