

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1993

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SENATE BILL 490*

Children and Human Resources Committee Substitute Adopted 4/19/93

Short Title: Child Fatality Priv. System.

(Public)

Sponsors:

Referred to: Appropriations.

March 16, 1993

A BILL TO BE ENTITLED

1 AN ACT TO IMPLEMENT RECOMMENDATIONS OF THE CHILD FATALITY
2 TASK FORCE TO PHASE IN A MULTIDISCIPLINARY STATE CHILD
3 FATALITY PREVENTION SYSTEM BY ESTABLISHING COMMUNITY
4 CHILD PROTECTION TEAMS IN EACH COUNTY, TO ADD ONE MEMBER
5 TO THE CHILD FATALITY TASK FORCE, TO DIRECT THE STATE CENTER
6 FOR HEALTH STATISTICS TO STUDY CHILDHOOD DEATHS IN THE
7 STATE, AND TO MAKE AN APPROPRIATION.
8

9 The General Assembly of North Carolina enacts:

10 Section 1. Article 62 of Chapter 143 of the General Statutes reads as
11 rewritten:

12 **"ARTICLE 62.**

13 **~~"NORTH CAROLINA CHILD FATALITY REVIEW TEAM; NORTH CAROLINA~~**
14 **~~CHILD FATALITY TASK FORCE AND STUDY. PREVENTION SYSTEM.~~**

15 **"§ 143-571. Declaration of public policy.**

16 The General Assembly finds that it is the public policy of this State to prevent the
17 abuse and neglect of children and child deaths. The General Assembly further finds that
18 the prevention of the abuse and neglect of children and child deaths is a community
19 responsibility; that professionals from disparate disciplines have responsibilities for
20 children and have expertise that can promote child safety and well-being; and that
21 multidisciplinary reviews of the abuse and neglect of children and child deaths can lead
22 to a greater understanding of the causes and methods of preventing these deaths. It is,
23 therefore, the intent of the General Assembly, through this Article, to establish a

1 ~~multidisciplinary task force to study the incidence and causes of child deaths and to develop a~~
2 ~~mechanism for multidisciplinary child death reviews. It is further the intent of the General~~
3 ~~Assembly that the task force, based upon its study and its expertise, make recommendations to~~
4 ~~the General Assembly and the Governor for changes to law, rule, and policy that will support~~
5 ~~the safe and healthy development of our children. It is also the intent of the General Assembly~~
6 ~~to establish a State Child Fatality Review Team to review certain child deaths. a statewide~~
7 multidisciplinary, multiagency child fatality prevention system, to be phased in by July
8 1, 1995, consisting of the State Team established in G.S. 143-575 and the Local Teams
9 established in G.S. 143-576.1. The purpose of the system is to assess selected cases in
10 which children are being served by child protective services and all deaths of children in
11 North Carolina from birth to age 18 in order to (i) understand the causes of
12 childhood deaths, (ii) identify opportunities for prevention of childhood deaths, (iii)
13 foster accountability among public agencies, and (iv) make and implement
14 recommendations for changes to laws, rules, and policies that will support the safe and
15 healthy development of our children and prevent future deaths.

16 **"§ 143-572. Definitions.**

17 The following definitions apply in this Article:

- 18 (1) ~~Local team. — A local multidisciplinary child abuse and neglect~~
19 ~~review team established for a county.~~ Team. — A Community Child
20 Protection Team.
21 (2) ~~State Team. — The North Carolina Child Fatality Review-Prevention~~
22 ~~Team.~~
23 (3) ~~Task Force. — The North Carolina Child Fatality Task Force.~~
24 (4) Team Coordinator. — The Child Fatality Prevention Team Coordinator.

25 **"§ 143-573. Task Force – creation; membership; vacancies.**

26 (a) There is created the North Carolina Child Fatality Task Force within the
27 Department of Environment, Health, and Natural Resources for budgetary purposes
28 only.

29 (b) The Task Force shall be composed of ~~29~~30 members, 12 of whom shall be ex
30 officio members, ~~three~~four of whom shall be appointed by the Governor, seven of
31 whom shall be appointed by the Speaker of the House of Representatives, and seven of
32 whom shall be appointed by the President Pro Tempore of the Senate. The ex officio
33 members other than the Chief Medical Examiner may designate representatives from
34 their particular departments, divisions, or offices to represent them on the Task Force.
35 The members shall be as follows:

- 36 (1) The Chief Medical Examiner;
37 (2) The Attorney General;
38 (3) The Director of the Division of Social Services;
39 (4) The Director of the State Bureau of Investigation;
40 (5) The Director of the Division of Maternal and Child Health of the
41 Department of Environment, Health, and Natural Resources;
42 (6) The Director of the Governor's Youth Advocacy and Involvement
43 Office;
44 (7) The Superintendent of Public Instruction;

- 1 (8) The Chairman of the State Board of Education;
- 2 (9) The Director of the Division of Mental Health, Developmental
- 3 Disabilities, and Substance Abuse Services;
- 4 (10) The Secretary of the Department of Human Resources;
- 5 (11) The Secretary of the Department of Environment, Health, and Natural
- 6 Resources;
- 7 (11.1) The Director of the Administrative Office of the Courts;
- 8 (12) A director of a county department of social services appointed by the
- 9 Governor upon recommendation of the President of the North Carolina
- 10 Association of County Directors of Social Services;
- 11 (13) A representative from a Sudden Infant Death Syndrome counseling
- 12 and education program appointed by the Governor upon
- 13 recommendation of the Director of the Division of Maternal and Child
- 14 Health of the Department of Environment, Health, and Natural
- 15 Resources;
- 16 (14) A representative from the North Carolina Child Advocacy Institute
- 17 appointed by the Governor upon recommendation of the President of
- 18 the Institute;
- 19 (14.1) A director of a county department of health, appointed by the
- 20 Governor upon the recommendation of the President of the North
- 21 Carolina Association of Local Health Directors;
- 22 (15) A representative from a private group, other than the North Carolina
- 23 Child Advocacy Institute, that advocates for children, appointed by the
- 24 Speaker of the House of Representatives upon recommendation of
- 25 private child advocacy organizations;
- 26 (16) A pediatrician, licensed to practice medicine in North Carolina,
- 27 appointed by the Speaker of the House of Representatives upon
- 28 recommendation of the North Carolina Pediatric Society;
- 29 (17) A representative from the North Carolina League of Municipalities
- 30 appointed by the Speaker of the House of Representatives upon
- 31 recommendation of the League;
- 32 (18) Two public members appointed by the Speaker of the House of
- 33 Representatives;
- 34 (19) A county or municipal law enforcement officer appointed by the
- 35 President Pro Tempore of the Senate upon recommendation of
- 36 organizations that represent local law enforcement officers;
- 37 (20) A district attorney appointed by the President Pro Tempore of the
- 38 Senate upon recommendation of the President of the North Carolina
- 39 Conference of District Attorneys;
- 40 (21) A representative from the North Carolina Association of County
- 41 Commissioners appointed by the President Pro Tempore of the Senate
- 42 upon recommendation of the Association;
- 43 (22) Two public members appointed by the President Pro Tempore of the
- 44 Senate; and

1 (23) Two members of the Senate appointed by the President Pro Tempore
2 of the Senate and two members of the House of Representatives
3 appointed by the Speaker of the House of Representatives.

4 (c) All members of the Task Force are voting members. Vacancies in the
5 appointed membership shall be filled by the appointing officer who made the initial
6 appointment. The Speaker of the House of Representatives shall call the first meeting no
7 later than October 1, 1991. At the first meeting the members shall elect a chair who
8 shall preside for the duration of the Task Force.

9 **"§ 143-574. Task Force – duties.**

10 The Task Force shall:

- 11 (1) Undertake a statistical study of the incidence and causes of child
12 deaths in this State during 1988 and 1989, and establish a profile of
13 child deaths. The study shall include (i) an analysis of all community
14 and private and public agency involvement with the decedents and
15 their families prior to death, and (ii) an analysis of child deaths by age,
16 cause, and geographic distribution;
- 17 (2) Develop a system for multidisciplinary review of child deaths. In
18 developing such a system, the Task Force shall study the operation of
19 existing local teams. The Task Force shall also consider the feasibility
20 and desirability of local or regional review teams and, should it
21 determine such teams to be feasible and desirable, develop guidelines
22 for the operation of the teams. The Task Force shall also examine the
23 laws, rules, and policies relating to confidentiality of and access to
24 information that affect those agencies with responsibilities for
25 children, including State and local health, mental health, social
26 services, education, and law enforcement agencies, to determine
27 whether those laws, rules, and policies inappropriately impede the
28 exchange of information necessary to protect children from
29 preventable deaths, and, if so, recommend changes to them;
- 30 (3) Receive and consider reports from the State Team; and
- 31 (4) Perform any other studies, evaluations, or determinations the Task
32 Force considers necessary to carry out its mandate.

33 **"§ 143-575. State Team – creation; membership; vacancies.**

34 (a) There is created the North Carolina Child Fatality ~~Review-Prevention~~ Team
35 within the Department of Environment, Health, and Natural Resources for budgetary
36 purposes only.

37 (b) The State Team shall be composed of ~~nine-11~~ members of whom ~~eight-nine~~
38 members are ex officio and ~~one-is-two~~ are appointed. The ex officio members other than
39 the Chief Medical Examiner may designate a representative from their departments,
40 divisions, or offices to represent them on the State Team.

- 41 (1) The Chief Medical Examiner, who shall chair the State Team;
- 42 (2) The Attorney General;
- 43 (3) The Director of the Division of Social ~~Services;-Services, Department~~
44 of Human Resources;

- 1 (4) The Director of the State Bureau of Investigation;
 2 (5) The Director of the Division of Maternal and Child Health ~~Division~~ of
 3 the Department of Environment, Health, and Natural Resources;
 4 (6) The Superintendent of Public Instruction;
 5 (7) The Director of the Division of Mental Health, Developmental
 6 Disabilities, and Substance Abuse ~~Services; and~~ Services, Department
 7 of Human Resources;
 8 (7.1) The Director of the Administrative Office of the Courts;
 9 (8) The pediatrician appointed pursuant to G.S. 143-573(b)(16) to the
 10 Task ~~Force~~ Force;
 11 (9) A public member, appointed by the Governor; and
 12 (10) The Team Coordinator.

13 (c) All members of the State Team are voting members. Vacancies in the
 14 appointed membership shall be filled by the appointing officer who made the initial
 15 appointment.

16 **"§ 143-576. State Team – duties.**

17 The State Team shall:

- 18 (1) Review current deaths of children when those deaths are attributed to
 19 child abuse or neglect or when the decedent was reported as an abused
 20 or neglected juvenile pursuant to G.S. 7A-543 at any time before
 21 death; ~~and~~
 22 (2) Report to the Task Force during the existence of the Task Force, in the
 23 format and at the time required by the Task Force, on the State Team's
 24 activities and its recommendations for changes to any law, rule, and
 25 policy that would promote the safety and well-being of children; ~~and~~
 26 (3) Upon request of a ~~local team~~, Local Team that reviews cases of child
 27 fatalities, provide technical assistance to the ~~team~~ Team;
 28 (4) Periodically assess the operations of the multidisciplinary child fatality
 29 prevention system, and make recommendations for changes as needed;
 30 (5) Work with the Team Coordinator to develop guidelines for selecting
 31 child deaths to receive detailed, multidisciplinary death reviews by
 32 Local Teams; and
 33 (6) Receive reports of findings and recommendations from Local Teams
 34 that review cases of child fatalities, and work with the Team
 35 Coordinator to implement recommendations.

36 **"§ 143-576.1. Child Protection Teams; creation and duties.**

37 (a) Community Child Protection Teams are established in every county of the
 38 State. Each Local Team shall consist of (i) representatives of public and nonpublic
 39 agencies in the community that provide services to children and their families and (ii)
 40 other individuals who represent the community. No single team shall encompass a
 41 geographic or governmental area larger than one county. The director of the county
 42 department of social services and the director of the county department of health may
 43 establish more than one Local Team when needed (i) due to caseload size, (ii) to access
 44 the special expertise of existing groups, or (iii) to conduct the reviews of child fatalities.

- 1 (b) Each Local Team, or any combination of Local Teams, in a county shall:
- 2 (1) Review all cases of child fatalities.
- 3 (2) Review, in accordance with the procedures established by the director
- 4 of the county department of social services under G.S. 143-576.4,
- 5 selected active cases in which children are being served by child
- 6 protective services.
- 7 (3) Recommend, and advocate for, system improvements and needed
- 8 resources where gaps and deficiencies exist.
- 9 (4) Report findings in connection with the reviews of cases of child
- 10 fatalities to the Team Coordinator. These reports shall include:
- 11 a. A listing of the system problems identified through the review
- 12 process, and recommendations for preventive actions;
- 13 b. Any changes that resulted from the recommendations made by
- 14 the Local Team;
- 15 c. Information about each death reviewed; and
- 16 d. Any additional information requested by the Team Coordinator.

17 **§ 143-576.2. Community Child Protection Teams; composition.**

- 18 (a) Each Local Team shall consist of the following persons:
- 19 (1) The director of the county department of social services, and a member
- 20 of the director's staff;
- 21 (2) A local law enforcement officer, appointed by the board of county
- 22 commissioners;
- 23 (3) An attorney from the district attorney's office, appointed by the district
- 24 attorney;
- 25 (4) The executive director of the local community action agency, as
- 26 defined by the Division of Economic Opportunity, Department of
- 27 Human Resources, or the executive director's designee;
- 28 (5) The superintendent of each local school administrative unit located in
- 29 the county, or the superintendent's designee;
- 30 (6) A member of the county board of social services, appointed by the
- 31 chair of that board;
- 32 (7) A local mental health professional, appointed by the director of the
- 33 area authority established under Chapter 122C of the General Statutes;
- 34 (8) The local guardian **ad litem** coordinator, or the coordinator's designee;
- 35 (9) The director of the county department of public health; and
- 36 (10) A local health care provider, appointed by the county board of health.

37 In addition, a Local Team that reviews cases of child fatalities shall include the

38 following four additional members:

- 39 (1) An emergency medical services provider or firefighter, appointed by
- 40 the board of county commissioners;
- 41 (2) A district court judge, appointed by the chief district judge in that
- 42 district;
- 43 (3) A county medical examiner, appointed by the Chief Medical
- 44 Examiner; and

1 (4) A representative of a local day care facility or Head Start program,
2 appointed by the director of the county department of social services.
3 The Team Coordinator shall serve as an ex officio member of each Local Team that
4 reviews cases of child fatalities. The board of county commissioners may appoint a
5 maximum of five additional members to represent county agencies or the community at
6 large to serve on any Local Team. Vacancies on a Local Team shall be filled by the
7 original appointing authority.

8 (b) Each Local Team shall elect a member to serve as chair at the Team's
9 pleasure.

10 (c) Each Local Team shall meet at least four times each year.

11 (d) The director of the county department of social services and the director
12 of the county department of health shall jointly call the first meeting. Thereafter, the
13 chair shall schedule the time and place of meetings, in consultation with these directors,
14 and shall prepare the agenda. The chair shall schedule Team meetings no less often
15 than once per quarter and often enough to allow adequate review of the cases selected
16 for review. Within three months of election, the chair shall participate in the
17 appropriate training developed under this Article.

18 **"§ 143-576.3. Child Fatality Prevention Team Coordinator; duties.**

19 The Child Fatality Prevention Team Coordinator shall serve as liaison between the
20 State Team and the Local Teams that review cases of child fatalities and shall provide
21 technical assistance to these Local Teams. The Team Coordinator shall:

22 (1) Develop a plan to establish Local Teams that review cases of child
23 fatalities in each county by July 1, 1995.

24 (2) Develop model operating procedures for these Local Teams that
25 address when public meetings should be held, what items should be
26 addressed in public meetings, what information may be released in
27 written reports, and any other information the Team Coordinator
28 considers necessary.

29 (3) Provide structured training for these Local Teams at the time of their
30 establishment and continuing technical assistance thereafter.

31 (4) Provide statistical information on all child deaths occurring in each
32 county to the appropriate Local Team, and assure that all child deaths
33 in a county are assessed through the multidisciplinary system.

34 (5) Monitor the work of these Local Teams.

35 (6) Receive reports of findings, and other reports that the Team
36 Coordinator may require, from these Local Teams.

37 (7) Report the aggregated findings of these Local Teams to each Local
38 Team that reviews cases of child fatalities and to the State Team.

39 (8) Evaluate the impact of local efforts to identify problems and make
40 changes.

41 **"§ 143-576.4. Community Child Protection Teams; duties of the director of the**
42 **county department of social services.**

43 In addition to any other duties as a member of the Local Team, and in connection
44 with reviews of (i) active cases in which children are being served by child protective

1 services and (ii) child fatalities due to abuse or neglect and known to child protective
2 services, the director of the county department of social services shall:

- 3 (1) Assure the development of written operating procedures in connection
4 with these reviews, including frequency of meetings, confidentiality
5 policies, training of members, and duties and responsibilities of
6 members;
- 7 (2) Assure that the Local Team defines the categories of cases that are
8 subject to its review;
- 9 (3) Determine and initiate the cases for review;
- 10 (4) Provide staff support for these reviews;
- 11 (5) Maintain records, including minutes of all official meetings, lists of
12 participants for each meeting of the Local Team, and signed
13 confidentiality statements required under G.S. 143-578, in compliance
14 with applicable rules and law;
- 15 (6) Implement the Local Team's recommendations, if any, for changes to
16 the department's procedures for providing services to children and
17 their families, including evaluating allegations of abuse or neglect, or
18 advocate for the implementation of these recommendations; and
- 19 (7) Report quarterly to the county board of social services, as required by
20 the board, on the activities of the Local Team.

21 **"§ 143-576.5 Community Child Protection Teams; duties of the director of the**
22 **county department of health.**

23 In addition to any other duties as a member of the Local Team, and in connection
24 with reviews of child fatalities, the director of the county department of health shall:

- 25 (1) Distribute copies of the written procedures developed by the Team
26 Coordinator under G.S. 143-576.3 to the administrators of all agencies
27 represented on a Local Team that reviews cases of child fatalities and
28 to all members of this Team;
- 29 (2) Maintain records, including minutes of all official meetings, lists of
30 participants for each meeting of the Local Team, and signed
31 confidentiality statements required under G.S. 143-578, in compliance
32 with applicable rules and law; and
- 33 (3) Report quarterly to the county board of health, as required by the
34 board, on the activities of the Local Team.

35 **"§ 143-576.6. Community Child Protection Teams; responsibility for training of**
36 **team members.**

37 The Division of Social Services, Department of Human Resources, shall develop and
38 make available, on an ongoing basis, for the members of Local Teams that review active
39 cases in which children are being served by child protective services, training materials
40 that address the role and function of the Local Team, confidentiality requirements, an
41 overview of child protective services law and policy, and Team record keeping.

42 **"§ 143-577. Task Force – reports.**

43 (a) The Task Force shall provide a preliminary report to the Governor and
44 General Assembly, within the first week of the convening of the 1992 Session of the

1 1991 General Assembly. This preliminary report shall contain at least a summary of
2 preliminary conclusions and recommendations for each of the Task Force's duties, as
3 well as any other recommendations for changes to any law, rule, and policy that it has
4 determined will promote the safety and well-being of children. Any recommendations
5 of changes to law, rule, or policy shall be accompanied by specific legislative or policy
6 proposals and detailed fiscal notes setting forth the costs to the State.

7 (b) The Task Force shall provide updated reports to the Governor and General
8 Assembly within the first week of the convening of the 1993 General Assembly and
9 within the first week of the convening of the 1994 Session of the 1993 General
10 Assembly. The Task Force shall provide a final report to the Governor and General
11 Assembly within the first week of the convening of the 1995 General Assembly. The
12 final report shall include final conclusions and recommendations for each of the Task
13 Force's duties, as well as any other recommendations for changes to any law, rule, and
14 policy that it has determined will promote the safety and well-being of children. Any
15 recommendations of changes to law, rule, or policy shall be accompanied by specific
16 legislative or policy proposals and detailed fiscal notes setting forth the costs to the
17 State.

18 (c) After the Task Force provides its final report to the Governor and General
19 Assembly, the Task Force shall cease to be in existence.

20 **"§ 143-578. Access to records.**

21 ~~The Task Force and State Team~~ (a) The State Team, the Local Teams, and the
22 Task Force, during its existence, shall have access to all medical records, hospital
23 records, and records maintained by this State, any county, or any local agency as
24 necessary to carry out the purposes of this Article, including police investigations data,
25 medical examiner investigative data, health records, mental health records, and social
26 services records. ~~Task Force and State Team meetings~~ During an official meeting of a
27 Local Team, any member of that Team may share any information available to that
28 member that the Local Team needs to carry out its duties.

29 (b) Meetings of the State Team and the Local Teams are not subject to the
30 provisions of Article 33C of Chapter 143 of the General Statutes. However, the Local
31 Teams may hold periodic public meetings to discuss, in a general manner not revealing
32 confidential information about children and families, the findings of their reviews and
33 their recommendations for preventive actions. Minutes of all public meetings,
34 excluding those of executive sessions, shall be kept in compliance with Article 33C of
35 Chapter 143 of the General Statutes. Any minutes or any other information generated
36 during any executive session shall be sealed from public inspection.

37 (c) All otherwise confidential information and records acquired by the ~~Task Force~~
38 ~~or State Team~~ State Team, the Local Teams, and the Task Force during its existence, in
39 the exercise of their duties are confidential; are not subject to discovery or introduction
40 into evidence in any proceedings; and may only be disclosed as necessary to carry out
41 the purposes of the State Team, the Local Teams, and the Task Force. In addition, all
42 otherwise confidential information and records created by a Local Team in the exercise
43 of its duties are confidential; are not subject to discovery or introduction into evidence
44 in any proceedings; and may only be disclosed as necessary to carry out the purposes of

1 ~~the Local Team. No member of the Task Force, State Team, or person who attends such a~~
2 ~~meeting State Team, a Local Team, nor any person who attends a meeting of the State~~
3 ~~Team or a Local Team, may testify in any proceeding about what transpired at the~~
4 ~~meeting, about information presented at the meeting, or about opinions formed by the~~
5 ~~person as a result of the meetings. This section does subsection shall not, however,~~
6 ~~prohibit a person from testifying in a civil or criminal action about matters within that~~
7 ~~person's independent knowledge.~~

8 (d) Each member of a Local Team and invited participant shall sign a statement
9 indicating an understanding of and adherence to confidentiality requirements, including
10 the possible civil or criminal consequences of any breach of confidentiality.

11 (e) Cases receiving child protective services at the time of review by a Local
12 Team shall have an entry in the child's protective services record to indicate that the
13 case was received by that Team. Additional entry into the record shall be at the
14 discretion of the director of the county department of social services.

15 (f) The Social Services Commission shall adopt rules to implement this section
16 in connection with Local Teams that review active cases in which children are being
17 served by child protective services. The Health Services Commission shall adopt rules
18 to implement this section in connection with Local Teams that review child fatalities.
19 In particular, these rules shall allow information generated by an executive session of a
20 Local Team to be accessible for administrative or research purposes only.

21 **"§ 143-579. Administration; funding.**

22 (a) To the extent of funds available, the Chairs of the Task Force and State Team
23 may hire staff or consultants to assist the Task Force and the State Team in completing
24 their duties.

25 (b) Members, staff, and consultants of the Task Force or State Team shall receive
26 travel and subsistence expenses in accordance with the provisions of G.S. 138-5 or G.S.
27 138-6, as the case may be, paid from funds appropriated to implement this Article and
28 within the limits of those funds.

29 (c) With the approval of the Legislative Services Commission, legislative staff
30 and space in the Legislative Building and the Legislative Office Building may be made
31 available to the Task Force."

32 Sec. 2. (a) The State Center for Health Statistics, Department of Environment,
33 Health, and Natural Resources, shall:

- 34 (1) Determine the availability of databases maintained by State agencies
35 that indicate governmental agency involvement with the family of a
36 child before the child's death;
- 37 (2) Determine the feasibility of linking service delivery databases
38 maintained by State agencies;
- 39 (3) Link State agency databases annually in order to examine agency
40 involvement with children who subsequently died;
- 41 (4) Evaluate periodically the completeness of the computer match of
42 records kept by State agencies;

1 (5) Use information provided by the data linkage to examine the
2 relationship between delivery of services by State agencies and child
3 death; and

4 (6) Provide ongoing statistical support to the State Fatality Prevention
5 Team and, where feasible, to the Community Child Protection Teams
6 established in Section 1 of this act. Statistical support shall include,
7 but is not limited to, statistical consultation, and preparation of lists of
8 child deaths for review by the Teams.

9 (b) The State Center for Health Statistics, Department of Environment, Health,
10 and Natural Resources, shall report to the Joint Legislative Commission on
11 Governmental Operations and the Fiscal Research Division of the Legislative Services
12 Office not later than March 1, 1994, on its progress in providing the data and support
13 required under this section.

14 Sec. 3. G.S. 143-573 is repealed.

15 Sec. 4. G.S. 143-574 is repealed.

16 Sec. 5. G.S. 143-577 is repealed.

17 Sec. 6. (a) There is appropriated from the General Fund to the Department of
18 Environment, Health, and Natural Resources, Division of Maternal and Child Health,
19 the sum of one hundred twelve thousand six hundred eighty-five dollars (\$112,685) for
20 the 1993-94 fiscal year and the sum of one hundred forty-six thousand nine hundred
21 eighty-seven dollars (\$146,987) for the 1994-95 fiscal year to implement Section 1 of
22 this act, which shall include the funding of the position of Team Coordinator and
23 associated costs.

24 (b) There is appropriated from the General Fund to the Department of
25 Environment, Health, and Natural Resources, the State Center for Health Statistics, the
26 sum of thirty-one thousand two hundred forty-two dollars (\$31,242) for fiscal year
27 1993-94 and the sum of forty-five thousand five hundred fourteen dollars (\$45,514) for
28 fiscal year 1994-95 to implement Section 2 of this act.

29 Sec. 7. Sections 3, 4, and 5 of this act become effective February 1, 1995.
30 The remaining sections of this act are effective upon ratification.