

**GENERAL ASSEMBLY OF NORTH CAROLINA**  
**SESSION 2003**

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**SENATE DRS35432-LCx-221 (5/12)**

Short Title: Finance Cancer Center & Cardio Institute. (Public)

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Sponsors: Senators Jenkins, Kerr, Albertson, Holloman, Swindell, and Thomas.

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Referred to:

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A BILL TO BE ENTITLED

1  
2 AN ACT TO IMPROVE HEALTH CARE BY AUTHORIZING SPECIAL  
3 INDEBTEDNESS TO FINANCE A CANCER TREATMENT CENTER AT THE  
4 UNIVERSITY OF NORTH CAROLINA HOSPITALS AT CHAPEL HILL AND A  
5 CARDIOVASCULAR DISEASES INSTITUTE AT EAST CAROLINA  
6 UNIVERSITY.

7       Whereas, the University of North Carolina at Chapel Hill, with its Hospitals,  
8 Health Care System, and Lineberger Comprehensive Cancer Center, is emerging as a  
9 national leader in cancer prevention, early detection, and therapy – an intertwined  
10 approach to reduce the burden of cancer in North Carolina. To complete this mission, an  
11 expanded, \$180-million, freestanding North Carolina Clinical Cancer Center replacing  
12 its antiquated facility is needed; and

13       Whereas, because cancer increases ten-fold at 65 years of age, demographic  
14 trends and the attractiveness of the region for retirees will nearly double the number of  
15 cancers; and

16       Whereas, in addition, the number of cancer patients seen at UNC from across  
17 the State is increasing yearly due to its multidisciplinary approach to cancer care; and

18       Whereas, enhanced clinical research opportunities afforded by the new  
19 Clinical Cancer Center will bring the highest level of care and innovation to the citizens  
20 of North Carolina; and

21       Whereas, quality of care amenities and support services for all patients,  
22 especially those volunteering for clinical trials, are inadequate and will be incorporated  
23 in the new Clinical Cancer Center; and

24       Whereas, seamless integration of high-technology imaging and genetic  
25 analysis for early detection and therapeutic interventions will improve cancer care and  
26 will require a specifically designed facility; and

1           Whereas, space is needed for a cancer prevention clinic focused on surviving  
2 patients, their families, and high-risk individuals, integrating all forms of prevention and  
3 early detection research; and

4           Whereas, cutting-edge therapeutic research engendered by the new Clinical  
5 Cancer Center will stimulate the State's biotechnology and pharmaceutical industry; and

6           Whereas, genetics and technology will drive the next era of cancer care.  
7 Genetic targeting of prevention, early detection, and therapy will become modern  
8 medicine's dominant paradigm. Therapy will be followed with new imaging techniques.  
9 These developments will drive both the standard of care and the clinical research  
10 agenda at world-class institutions. UNC's new Clinical Cancer Center, complete with a  
11 nationally recognized clinical and prevention research agenda, will bring these benefits  
12 to all citizens of North Carolina; and

13           Whereas, genetic analysis will identify high-risk families. Knowledge of  
14 inherited genes will provide clues about families that need special attention. Targeted  
15 prevention strategies and sophisticated detection techniques, such as using computerized  
16 mammography or proteomic analysis of blood for tumor markers, will be applied to  
17 high-risk families; and

18           Whereas, gene expression patterns will guide treatment and novel imaging  
19 techniques will follow responses. Genetic technology will measure gene expression  
20 patterns in patients' cancers, allowing doctors to accurately predict response to therapy  
21 and to select individualized treatment. The multiple gene mutations that cause each  
22 cancer produce subtle changes in expression of the 35,000 genes encoded in our DNA.  
23 Bioinformatics algorithms will catalog these complex patterns from breast, colon, lung,  
24 prostate, leukemia, lymphoma, melanoma, and other cancers, providing a precise  
25 molecular signature of a patient's cancer with a predictive power that greatly exceeds  
26 current technology; and

27           Whereas, as these tests are perfected, medical science will be able to  
28 categorize for example, which women's breast cancer will respond to conventional  
29 therapy and which will not. For the former, patient confidence in the chosen  
30 chemotherapy or biologic therapy will be high. For the latter, the psychological impact  
31 will be great, but rather than waiting for therapeutic failure, patients and doctors can  
32 choose other options, like a trial of experimental therapy specifically designed for that  
33 patient's molecular subtype. The effect of standard and experimental therapies will be  
34 followed by novel imaging technologies, such as PET scans, that assess a tumor's  
35 biologic activity and not just its size; and

36           Whereas, the State of North Carolina has one of the highest incidences of  
37 advanced cardiovascular disease in the nation, killing one in four North Carolinians  
38 yearly; and

39           Whereas, in North Carolina cardiovascular diseases lead hospital admissions  
40 and in the years 1995 and 1996 alone resulted in over 304,000 inpatient admissions with  
41 parallel associated costs exceeding over \$4 billion; and

42           Whereas, this State has the fifteenth highest death rate from cardiac illnesses  
43 in the country and the fourth highest death rate from stroke in the United States; and

1           Whereas, the 29 counties of Eastern North Carolina are plagued by a  
2 multiplier of the average death rate because of limited access to clinical care, inadequate  
3 diagnostic outreach, a paucity of new technology and lagging prevention methods; and

4           Whereas, working together through the University Health Systems of Eastern  
5 Carolina, the Brody School of Medicine at East Carolina University and Pitt County  
6 Memorial Hospital have become the major resources for treatment, education, and  
7 research for these costly diseases and in recent years have extended services and  
8 programs to the entire State; and

9           Whereas, there is both a desire and a need to expand the clinical and basic  
10 research efforts at the Brody School of Medicine, and to provide education and training  
11 through a new multidisciplinary, internationally recognized cardiovascular disease  
12 institute that would serve all citizens of the State; and

13           Whereas, the broad areas of focus of this expanded clinical and research  
14 effort would include heart and vascular disease, hypertension, and stroke, as well as  
15 developing new technologies in surgery and medicine; and

16           Whereas, this effort would be comprised of two structural components: a  
17 cardiovascular clinical research and education center and a basic science research  
18 center; and

19           Whereas, an integrative approach would be used that would effectively  
20 integrate cardiovascular service lines; and

21           Whereas, these centers would also house a central cardiovascular data center  
22 that would be a repository for all images, diagnostic and medical records, and  
23 hemodynamic demographic data related to the hospital and center; Now, therefore,  
24 The General Assembly of North Carolina enacts:

25           **SECTION 1.** In accordance with G.S. 142-83, this section authorizes the  
26 issuance or incurrence of special indebtedness in the following maximum aggregate  
27 principal amounts to finance the costs of acquiring, constructing, and equipping the  
28 following projects. The State, with the prior approval of the State Treasurer and the  
29 Council of State, as provided in Article 9 of Chapter 142 of the General Statutes, is  
30 authorized to issue or incur special indebtedness in order to provide funds to the State to  
31 be used, together with other available funds, to pay the cost of these projects.

32           (1) One hundred eighty million dollars (\$180,000,000) for a new cancer  
33 rehabilitation and treatment center and adjacent physicians' office  
34 building to be located at the University of North Carolina Hospitals at  
35 Chapel Hill.

36           (2) Sixty million dollars (\$60,000,000) for the North Carolina  
37 Cardiovascular Diseases Institute at East Carolina University.

38           **SECTION 2.** This act is effective when it becomes law.