

CHAPTER 33-03-28
PUBLIC DISTRICT HEALTH UNITS

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~~33-03-28-01. Definitions.~~

- ~~1. "Approved health department" means a city health department which:
 - ~~a. Is in compliance with all minimum standards for core services/programs as established by the department;~~
 - ~~b. Has at a minimum, a city health officer and at least a one-half time registered nurse;~~
 - ~~c. Submits records and reports as requested by the department; and~~
 - ~~d. Is funded by the city at a level of at least two dollars and fifty cents per capita.~~~~
- ~~2. "Department" means the state department of health.~~
- ~~3. "District health unit" means one or more contiguous counties which have adopted a district health plan pursuant to North Dakota Century Code chapter 23-14. It includes all cities within the counties except those cities of greater than fifteen thousand population which have specifically rejected the plan.~~

~~History: Effective February 1, 1992.~~

~~General Authority: NDCC 23-14-01.6~~

~~Law Implemented: NDCC 23-14-01.1~~

~~33-30-28-0-2. District board of health — Name.~~

~~Each newly formed district board of health shall select a name for its district health unit. The name may be changed at any time upon a majority vote by the district board of health.~~

~~History: Effective February 1, 1992.~~

~~General Authority: NDCC 23-14-01.6~~

~~Law Implemented: NDCC 23-14-04, 23-14-09~~

~~33-03-28-03. City-county health districts—Contracts.~~

- ~~1. A contract entered into between an approved health department and a board of county commissioners pursuant to North Dakota Century Code sections 23-14-01.1 and 54-40-08 must specify the public health services and programs to be provided, the manner in which they will be provided, and the cost to the county for their provision.~~
- ~~2. The contract must be reviewed annually by the board of county commissioners and by the city health department to determine whether the services provided are adequate, whether additional needs exist, and whether any changes to the contract need to be negotiated.~~

~~History:~~ Effective February 1, 1992.

~~General Authority:~~ NDCC 23-14-01.6

~~Law Implemented:~~ NDCC 23-14-01.1

~~33-03-28-04. Equality of services provided.~~

- ~~1. The district board of health is responsible for determining which public health services and programs the district health unit will provide.~~
- ~~2. Any services provided by the district health unit must be made available to all areas within the health district.~~
- ~~3. If it is not practical for the district health unit to provide the services directly through its own staff, it may contract with another entity to deliver the services.~~
- ~~4. To maintain equality of service throughout the district, it is recommended that the district health unit employ, at a minimum, the services of at least a one-half time registered nurse for each county within the district, and that each county within the district have the services of a public health officer.~~

~~History:~~ Effective February 1, 1992.

~~General Authority:~~ NDCC 23-14-01.6

~~Law Implemented:~~ NDCC 23-14-01.6

~~33-03-28-05. Distribution of grants.~~

- ~~1. To be eligible for any grant of state moneys through the department, a district health unit must meet all of the following criteria:
 - ~~a. Be funded at a level of two dollars and fifty cents or greater for each person residing within the health district exclusive of any state grant money;~~
 - ~~b. Have an active district board of health that meets quarterly, maintains minutes of its meetings, and provides a copy of the minutes to the department;~~
 - ~~c. Have the services of at least a one-half time registered nurse for each county within the district;~~
 - ~~d. Have a health officer available for each county within the district;~~
 - ~~e. Submit records and reports as requested by the department; and~~~~

- ~~f. Be in compliance with all minimum standards for core services and programs as established by the department.~~
- ~~2. Notwithstanding the provisions of subsection 1, any district health unit may, at the department's discretion, be granted a waiver of the requirements in subdivisions a, c, and f of subsection 1 for the first three years of the district's existence.~~

~~History: Effective February 1, 1992.~~

~~General Authority: NDCC 23-14-01.6~~

~~Law Implemented: NDCC 23-14-01.6~~

33-03-28-01. Distribution of grants.

To be eligible for any grant of state monies through the department a public health unit must meet all of the criteria of North Dakota Century Code chapter 23-35 and these rules.

History:

General Authority: NDCC 23-35-02

Law Implemented: NDCC 23-35-02

33-03-28-03. Equality of services provided.

1. The governing body of the public health unit is responsible for ensuring the public health unit provides the minimum core functions outlined in section 9 of these rules.
2. Any services provided by the public health unit must be made available to all areas within the jurisdiction of the public health unit.
3. If it is not practical for the public health unit to provide the services directly through its own staff, it may contract with another entity to deliver the services.

33-03-28-03. Implementation plan.

The governing body of a public health unit shall submit to the department a plan indicating activities and services that will be implemented addressing the core functions of the public health unit as outlined in section 9 of these rules:

1. Upon organization of the public health unit; and
2. In June of every odd numbered year.

History:

General Authority: NDCC 23-35-02

Law Implemented: NDCC 23-35-02

33-03-28-05. Contract for services.

If a public health unit contracts with a city or county to provide core functions, the contract must specify the services that will be provided. The contract is subject to review by the department to determine whether the services provided comply with the core functions, or whether any changes to the contract need to be negotiated.

History:

General Authority: NDCC 23-35-02

Law Implemented: NDCC 23-35-02

33-03-28-06. Public health unit administrator

To ensure services provided comply with the core functions, a public health unit shall employ, at a minimum, the services of a public health unit administrator. The public health unit shall also have access to the programmatic expertise necessary to meet the core functions required by these rules.

History:

General Authority: NDCC 23-35-02

Law Implemented: NDCC 23-35-02

33-03-28-07. Foundational capabilities.

1. A public health unit shall maintain emergency preparedness and response readiness through planning and having the ability to implement response strategies in coordination with the department.
2. Identify the public health unit jurisdiction's community health needs and engage partners to address the priorities.

History:

General Authority: NDCC 23-35-02

Law Implemented: NDCC 23-35-02

33-03-28-08. Minimum core functions.

A public health unit shall provide, at a minimum, the following core functions:

1. Communicable disease control:
 - a. Conduct disease surveillance for the purpose of preventing and controlling communicable diseases with assistance from the department.
 - b. Assure the availability of community-based programs to provide communicable disease prevention and control services.
 - c. Recognize, identify and respond to communicable disease events in collaboration with the department.
2. Chronic disease and injury prevention:

Conduct programs to reduce the burden of chronic disease and injury through policy, system and environmental change approach, prevention screenings and education.
3. Environmental public health:
 - a. Prevent environmental hazards by providing information and education to facility operators/managers and community members.
 - b. Assure the availability of environmental health services to prevent and respond to community and residential environmental hazards.
4. Maternal, child and family health:
 - a. Assess and monitor maternal and child health status to identify and address problems.
 - b. Implement programs to promote the health of women, children, youth (including children and youth with special health care needs) and their families through policy, system and environmental change approaches; prevention screenings; and education.

5. Access to clinical care:

- a. Collaborate with health care system partners to foster access to clinical care.
- b. Facilitate linkages and referrals for appropriate clinical care, services and resources.

History:

General Authority: NDCC 23-35-02

Law Implemented: NDCC 23-35-02

33-03-28-09. Proof of compliance.

A public health unit shall submit all records or reports requested by the department to ensure compliance with North Dakota Century Code chapter 23-35 and these rules; including confidential information as necessary for determining compliance with program standards. Disclosed protected health information will have limited use to the minimum necessary to accomplish the regulatory purpose.

History:

General Authority: NDCC 23-35-02

Law Implemented: NDCC 23-35-02

33-03-28-10. Failure to comply.

The department, in its sole discretion, may take the following action when a public health unit fails to comply with the criteria in North Dakota Century Code chapter 23-35 and these rules:

1. Grant a public health unit a waiver of the requirements. The duration of the waiver shall be determined by the State Health Officer but may not exceed two years. In order to receive a waiver of the requirements. The department may require the public health unit to:
 - a. Provide documentation regarding any extenuating circumstances that were the cause of its failure to comply with the law and these rules.
 - b. Submit a plan of correction, subject to the approval of the department.
2. Reallocate any grant of state monies provided by the department to a public health unit that is not able to comply with the law or these rules to another entity to deliver services in that public health unit's jurisdiction.

History:

General Authority: NDCC 23-35-02

Law Implemented: NDCC 23-35-02