

STUDY OF THE FEASIBILITY AND DESIRABILITY OF PLACING THE FORT BERTHOLD RESERVATION IN A SINGLE PUBLIC HEALTH UNIT - BACKGROUND MEMORANDUM

The Legislative Assembly approved 2011 Senate Concurrent Resolution No. 4012 ([Appendix A](#)) which provides the Legislative Management study the feasibility and desirability of placing the entire Fort Berthold Reservation in a single public health unit.

PREVIOUS STUDIES

The 2003-04 Emergency Services Committee, pursuant to 2003 House Concurrent Resolution No. 3054, studied the state's public health unit infrastructure and the ability of the public health units to respond to public health issues, including disease and other physical health, environmental, and disaster-related issues.

The committee learned during the 1997-98 interim the Legislative Council's interim Insurance and Health Care Committee studied the development of a strategic planning process for the future of public health in the state and recommended Senate Bill No. 2045 which was enacted by the 1999 Legislative Assembly. The legislation consolidated the public health law into a new chapter, unified powers and duties of local public health units, and required statewide participation in public health units.

North Dakota Century Code Chapter 23-35 contains the consolidated and updated public health law. The 1999 legislation required that all land in the state must be in a public health unit by January 1, 2001. As a result of that requirement, 28 public health units have been established. The public health units take a variety of forms, including multicounty health districts, single county health districts, city and county health departments, city and county health districts, and single county health departments.

The committee received testimony regarding the structure, funding, and core functions of the various public health units. Although all areas of the state are required to be included within a public health unit, state law does not mandate any minimum requirements or establish any expectations of services for public health units. A county may allocate funding not exceeding the amount raised by levying up to five mills to support public health units. In addition to the local tax funding, public health units are funded through state and federal grants and fees collected for services. Because funding levels and service areas vary for the 28 public health units, the services provided also vary.

The American Public Health Association has specified core functions and essential services of public health entities to serve as a guide for public health decisionmaking and operations. The three core functions identified by that association are assessment, policy development, and assurance.

With respect to services provided by public health entities, 10 services have been identified as essential. The committee heard testimony indicating that many public health units are unable to meet the goals of providing all 10 of the essential public health services under the current public health infrastructure.

The committee received testimony indicating that the role of public health units has changed significantly in the last few years. Planning to address bioterrorism threats and reacting to the emergence of new diseases have placed additional burdens on public health units. However, representatives of several public health units indicated that public health units generally have not received federal homeland security grant funds to assist in addressing the additional responsibilities that the public health units have assumed.

To assist public health units in carrying out some of the additional responsibilities, the State Department of Health has identified a lead public health unit in each of the eight regions of the state. Utilizing federal grant funds, each of the lead public health units employs a public health emergency response coordinator, a public information officer, and an environmental health practitioner to provide services to the public health units in the region. In addition, the State Department of Health provides an epidemiologist for each region.

The committee made no recommendation directly related to the study of the state's public health unit infrastructure and the ability of the public health units to respond to public health issues.

The 2005-06 Budget Committee on Human Services, pursuant to 2005 Senate Bill No. 2004, studied the state's public health unit infrastructure and the ability of the health units to respond to public health issues. The study was to include an assessment of the efficiency of operations, given the personnel and financial resources available, and the effectiveness of services, given the lines of governmental authority of the current infrastructure. In addition, the study was to include the efficiency of the food and lodging investigation services provided by the State Department of Health and the public health units and the development of a plan maximizing efficiencies through a coordinated system and fee structure.

The committee received information regarding public health structure. Chapter 23-35 includes provisions relating to establishing public health units, including the establishment of multicounty or city/county health districts and authority for health districts to merge into a single health district. Chapter 54-40.3 allows public health units to enter into joint powers agreements with other public health units

upon approval of each governing body to provide shared services. The committee learned a public health district has a separate governing board, while a public health department is an agency within a city or county government.

The committee received information regarding public health mill levy limitations, state general fund support, core functions, and essential services. The committee learned Section 23-35-02 authorizes the Health Council to issue rules defining the core functions of a public health unit; however, state law is not specific regarding the duties and responsibilities of public health units.

The committee received the results of a 2002 national survey of local public health units involving the assessment of the three core functions of public health. The survey results indicated local public health units serving fewer than 25,000 people do not have the capability to conduct the core functions. The committee learned that in North Dakota 20 of the state's 28 local public health units serve fewer than 25,000 people each.

The committee heard reports from a number of public health units across the state regarding the services and funding of each unit and suggestions for improving public health services in the state. Concern was expressed by representatives of certain health units that counties with tribal lands are unable to generate adequate county funding because tribal lands are not subject to property taxes and the statutory mill levy for public health is limited to five mills, which does not allow additional funding to be raised at the local level for meeting program needs.

The committee made no recommendation regarding its study of public health units.

2011 LEGISLATION

The State Department of Health provided information to the Legislative Assembly regarding Senate Concurrent Resolution No. 4012. The State Department of Health testified that local public health funding is approximately 30 percent federal funds, 35 percent local funds, 5 percent state aid, and the remainder comes from third-party reimbursement and fee collections. The department indicated local public health units provide or contract for services on the reservation, but challenges include culture, capacity, geographic boundaries, and statutory authority.

The State Department of Health provided information to the Legislative Assembly in 2011 regarding a 2005 study of the tribal health system's capacity to provide the 10 essential services on four reservations. The department testified that Fort Berthold Reservation was chosen for a performance improvement plan pilot program. The Fort Berthold Reservation is served by four health units--First District Health (Minot), Upper Missouri District Health (Williston), Custer Health (Mandan), and Southwestern District Health (Dickinson). The department sought input from the four health units and tribal health and determined improved coordination

and planning at state and local levels could improve service. The department indicated a tribal local public health unit was explored.

The State Department of Health testified challenges of placing the entire Fort Berthold Reservation in a single public health unit include financial impact on local public health units, funding of a tribal public health unit, structure of the tribal public health unit, and geographic access. The State Department of Health provided a statewide map of local public health units ([Appendix B](#)), a map of reservations located in North Dakota ([Appendix C](#)), and a map of local public health units serving reservations in North Dakota ([Appendix D](#)).

STATE GENERAL FUND SUPPORT

The Legislative Assembly in 2011 provided \$3 million from the general fund for state aid to public health units during the 2011-13 biennium, an increase of \$600,000 from the 2009-11 biennium. The state aid funds are distributed to each health unit pursuant to a formula developed by the State Department of Health. The department currently provides \$400,000, \$50,000/lead unit, to the eight lead health units to provide regional environmental health services during the biennium. The eight lead health units are:

- Central Valley Health District - Jamestown;
- Custer District Health Unit - Mandan;
- Fargo Cass Public Health - Fargo;
- First District Health Unit - Minot;
- Grand Forks Public Health Department - Grand Forks;
- Lake Region District Health Unit - Devils Lake;
- Southwestern District Health Unit - Dickinson; and
- Upper Missouri District Health Unit - Williston.

The remaining funds are distributed through a formula that provides each public health unit a \$6,000 base allotment per biennium with the remainder of the funding being distributed on a per capita basis, including reservation populations.

STUDY PLAN

The committee may wish to proceed with this study as follows:

1. Receive information from representatives of the following regarding the benefits and challenges of placing the entire Fort Berthold Reservation in a single public health unit:
 - Fort Berthold Reservation.
 - State Department of Health.
 - Local public health units serving the Fort Berthold Reservation.
2. Receive information from representatives of the Tax Commissioner regarding the property tax revenue generated for local public health on the Fort Berthold Reservation.

3. Develop committee recommendations and prepare any legislation necessary to implement the committee recommendations.
4. Prepare a final report for submission to the Legislative Management.

ATTACH:4