

House Bill 1394 Senate Appropriations Committee March 26, 2021

Good morning Chairman Holmberg and members of the Senate Appropriations Committee. My name is Brenda Weisz and I serve as the Chief Financial Officer for the Department of Health. I am here to provide testimony in support of House Bill 1394.

Subdivision four of House Bill 1394 identifies the funding for the Department of Health in efforts related to the COVID-19 response. The funding contained in this request reflects federal authority needed in the current biennium and into the 2021 – 2023 biennium. The intended use of the funding is for the following activities:

Health Analytics	\$458,103
Outreach / Response / Public Health Hotline	\$2,170,608
Dept. Operations Costs / Warehouse / PPE	\$542,881
Contact Tracing / Case Investigation / Vaccine /	
Surveillance	\$33,333,471
Fiscal, Communications, Human Resources	\$751,128
Lab Workforce and Related Costs	\$8,150,786
Local Public Health	\$5,484,704
Testing Costs	\$49,542,715
Executive Compensation Package	\$97,836
Total	\$100,532,232

With the extension of FEMA funding and reimbursement now at 100 percent, we respectfully request HB 1394 be amended to include authority of \$73 million to cover the estimated expenditures to be charged to FEMA from January through June 2021. Prior to the extension of FEMA and the change in percentage of reimbursement, these costs were anticipated to be covered by federal Coronavirus Relief Funds (CRF). HB 1395 will include a reduction in the amount of federal CRF authority needed by the Department of Health.

Finally, while the \$100.5 million identified under Section four includes the amount approved at the federal level in December 2020, it does not reflect the amount recently passed under the American Rescue Plan (ARP). We have been notified that North Dakota will be allocated \$22.95 million from the

Centers for Disease Control and Prevention (CDC) under the epidemiology and lab capacity funding for school testing and other surveillance, contract tracing and lab costs with a required focus on health equity. We are still awaiting guidance on allowable uses of this proposed funding. Also, there is reportedly additional funding under the ARP related to vaccines. We are awaiting an estimated amount to be awarded to the Department of Health and have heard that the requirements for this funding will be very specific with a heavy emphasis on health equity and 60 percent of the allocation to be extended under contracts with external partners / entities.

This concludes my testimony. I would be happy to address any questions you may have at this time.