

1999 HOUSE APPROPRIATIONS

HB 1004

1999 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 1004

House Appropriations Committee
Human Resources Division

Conference Committee

Hearing Date January 20, 1999

Tape Number	Side A	Side B	Meter #
1	x		0-end
1		x	0-end
2	x		0-end
2		x	0-end
Committee Clerk Signature <i>Paulette Cassiano</i>			

Minutes:

HB 1004-- A Bill for an Act to provide an appropriation for defraying the expenses of the state department of health.

(Tape 1, A, .4) Murray Sagsveen (State Health Officer) made the opening statement for Bill 1004. See attached testimony.

(9.7) Bob Barnett had explained page 12 of testimony, which was Request/Recommendation comparison summary.

(15.9) Rep. Kerzman asked how EMT Grants are disputed (across the state or is it on a need to need basis). Tim Wiedrich replied that it is a training grant, which is distributed between two general categories: new EMT's & continuing education.

(34.9) Rep. Delzer asked where the OTHER FUNDS comes from. Mr. Barnett stated that those moneys are licensing money for Environmental Health Practitioners and administrative functions.

(Tape 1, B, 3.8) Darleen Bartz (Director of Health Facilities Division) presented the budget for her section. See attached testimony.

No page 1 found

(10.6) Rep. Delzer asked if the state had to match the UND Grant. Mr. Barnett stated that the Department of Health does not match the grant.

(34.3) Francis Schwindt (Chief of Environmental Health Section) presented the Environmental Health portion of the budget. See attached testimony.

(47.6) Rep. Kerzman asked about the Mandan situation of tanks leaking on the railroad. Mr. Schwindt stated that they pay for some of the monitoring for the situations. Sometimes there is wide spread continuation, therefore it might require the land to be torn up.

(Tape 2, A, 4.3) Dr. Alana Knudson-Buresh (Director of Health Data) presented the budget for Health Data Department. See attached testimony.

(7.4) Rep. Svedjan asked if the revenue comes from the federal government. Ms. Alana Knudson-Buresh stated that it is 100% federal dollars.

(12.7) Rep. Svedjan asked about the small amount of other special funds. Ms Knudson-Buresh referred the question to Mr. Barnett. Mr. Barnett stated there is one-Domestic Violence , second-Laboratory Analysis Fees from the Microbiology Lab.

(20.3) Bonnie Palecek (ND Council on Abused Women's Services) spoke in support of Bill 1004. See attached testimony.

(39.8) Daine Zainhofshy (Executive Director of the Abused Adult Resource Center) spoke in support of Bill 1004. See attached testimony.

(51.) Dave Clark (President of the Abused Adult Resource Center) spoke in support of Bill 1004. See attached testimony.

General Discussion

- Committee on Committees
- Rules Committee
- Confirmation Hearings
- Delayed Bills Committee
- House Appropriations
- Senate Appropriations
- Other

Date January 22, 1999			
Tape Number	Side A	B Side	Meter #
1	x		32-55
2	x		0-8.7
Committee Clerk Signature <i>Anna G. Stein</i>			

Minutes:

CHAIRMAN SVEDJAN called the meeting for discussion on HB 1004 to order with all members present.

1A: 32.2 BOB BARNETT, Administrative Services Section Chief, appeared to clarify questions that were asked of the department at the formal hearing. (See attached testimony.)

1A: 34.4 REP. DELZER requested other information, which Mr. Barnett said he would provide later.

1A: 42.7 REP. TIMM asked about the problem of the health department giving money to private organizations. Murry Sagsveen explained the strict guidelines placed on the local public health units.

2A: 3.8 REP. DELZER requested information from Legislative Council regarding surplus property in each department. He mentioned that there are more computers than there are employees. Legislative Council will provide the requested information.

2A: 8.7 CHAIRMAN SVEDJAN closed discussion on HB 1004.

1999 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1004

House Appropriations Committee
Human Resources Division

Conference Committee

Hearing Date 2-5-99

Tape Number	Side A	Side B	Meter #
2	x		start 0 end 55
2		x	start 0 end 55
3	x		start 0 end 1.8
Committee Clerk Signature			

Minutes:

HB 1004 ND Dept. of Health

Chairman Svedjan opened the meeting. The purpose was to review costs in various areas to include variances.

Mr. Murry Sagsveen, Director of ND State Health Dept., presented budget report information that was requested from previous meeting. The amount the department had in the budget, HB 1038, was 3.8 million, however, it was amended down from that. Representative Bernstein asked what increased the ambulance service. Mr. Sagsveen indicated that several issues drive that which includes:

1. Increased requirements from rural areas
2. Aging population

3. Training costs
4. Fewer people to maintain ambulance services
5. More services provided

Sagsveen indicated more money was coming into the system through tobacco settlements for approximately 58 million into the state general fund during the biennium. This money must be appropriated and is presently not appropriated yet. Because of the settlement, price of tobacco has increased dramatically to compensate for the tax increases. If Mr. Sagsveen were to offer a suggestion on how to spend the settlement money, he and his staff would go out into the communities and provide more services. The communities should decide that issue. He would not use the funding to add additional employees.

Mr. Bob Barnett, Budget Officer, ND State Health Dept., presented information on budget costs and increases. He went on to explain areas of general fund cost increases which were:

- Environmental
- Preventive
- WIC (preventive) area

Representative Hoffner asked who goes to conferences. The response from Sagsveen and Barnett was that directors and health officers go.

Barnett went on to explain immunization costs spent. Some vaccines are provided to ND directly from federal sources and some vaccines are provide with federal money. Delzer asked how much was requested for vaccines from general funds and how much from federal funds. There was no federal money that could have used in place of the general funds. General fund money is used to supplement programs. Question by Svedjan asked how the spending was

compared to the general fund budget. Barnett said that a greater amount was requested.

Additionally, Barnett said the department waits as long as possible to spend general fund money and federal money is used first. Pharmacy costs are increasing dramatically.

Delzer wanted to know where special funds are coming from and other funds.

Bernstein asked if General, Special and Federal funds could be interchanged if some areas are short. Barnett said that at times it can. The salary increases were done by redistributing.

Svedjan asked if ratios could be supplied for categorical spending. Barnett said yes, it would take time to do it, however. Barnett said that by Monday morning he could get the schedule requested. Representative Kerzman asked if building costs could be provided. Barnett said that those costs would not be in the schedule. Hoffner asked about duplication of Adult Resource Center services versus ND Health Dept. services or others that are provided. Barnett said that the Health Department has never provided a direct service and only groups like Adult Resource Center provided the direct service. The Health Department give administrative support. Barnett said if an amendment to the budget is provided a source breakdown should be provided also. Barnett will get grant cost breakdown by divisions. Murry Sagsveen provided an immunization schedule for the record.

Chairman Svedjan stated that one of the goals of the meeting was to locate the significant variances.

Svedjan asked about the Community Assistance Program which includes employees of Fred Larson and Gary Garland. Sagsveen went on to explain the program and stated that if requested by the committee that those two people could be here in future meeting to explain the program.

Svedjan agreed that they should come and explain their efforts. The program concentrates on

long term care facilities. Long waiting lists are reality in rural areas for people to get into long term care facilities. Rural communities do not have the resources to perform the function for themselves. Hoffner asked what would happen to grant money if the program was changed for long term care conversion. Bonnie Palecheck responded that the grant was there to plan rural health. One employee is there for that purpose. One employee is funded by the Health Department. Barnett said that a good part of funding goes to medical students for medical stipends to train at various locations. ND received the money because ND is a small state and Barnett will supply information on those costs.

Hoffner asked about the \$146,000 amount for general fund in community development. Barnett said that is salary and operating expenses.

Barnett explained employee positions that open and what the status was.

Sagsveen went on to explain that if the Health Department budget is reduced that he as health officer will decide where the reductions will come from.

Barnett explained that a portion of Health Department expenditures go for grant awards to other groups that provide direct services or for other needs.

Chairman Svedjan commented that the Health Department Budget appeared to be managed and further adjourned the meeting.

General Discussion

- Committee on Committees
- Rules Committee
- Confirmation Hearings
- Delayed Bills Committee
- House Appropriations
- Senate Appropriations
- Other

Date February 8, 1999			
Tape Number	Side A	B Side	Meter #
1	x		0-end
1		x	0-48.5
Committee Clerk Signature <i>Paulette Gussone</i>			

Minutes:

A Bill for an Act to provide an appropriation for defraying the expenses of the state department of health.

(Tape 1, A, 0.0) **Chairman Svedjan** opened committee work on HB 1004. All members present.

(.6) **Murray Sogsveen** introduced Gary Garland (ND Health Department). See attached testimony.

(13.0) **Fred Larson** (ND Department of Health) testified. See attached testimony with Gary Garland.

(22.8) **Bob Barnett** was available for any questions the committee has.

General Discussion

Page 2

Human Services, Appropriations

February 8, 1999

(28.9) Chairman Svedjan asked if the executive budget proposes that one of these positions be paid out of this grant. Arvy Smith states that it does.

(Tape 1, B, 10.9) Mr. Barnett requested the committee to amend the budget for two FTE's by amending the salary line to \$145,750 and amending the operating to \$28,250.

(15.2) The committee amended the bill and discussed in detail.

(48.0) Chairman Svedjan adjourned committee work until amendments are drawn up.

General Discussion

- Committee on Committees
- Rules Committee
- Confirmation Hearings
- Delayed Bills Committee
- House Appropriations
- Senate Appropriations
- Other

Date February 12, 1999			
Tape Number	Side A	B Side	Meter #
1	x		0-28.0
Committee Clerk Signature		<i>Paulette Gussakov</i>	

Minutes:

A Bill for an Act to provide an appropriation for defraying the expenses of the state department of health.

0.0 Chairman Svedjan opened committee hearing for HB 1004. All members present.

3.1 Vice Chairman Bernstein moved to amend section 7 on amendment 98004.0103, 2nd Rep.

Kerzman.

8.0 Rep. Delzer motioned to adopt amendment 98004.0103, 2nd by Vice Chairman Bernstein.

9.1 Rep. Hoffner motioned to adopt amendment 98004.0101, 2nd Rep. Kerzman. The vote was 2 yes, 4 no, 0 absent.

19.3 The vote on amendment 98004.0103 was 6 yes, 0 no, 0 absent. The amendment pass.

25.1 Rep. Delzer moved to pass HB 1004, 2nd by Rep. Hoffner. The vote is 6 yes, 0 no, 0 absent.

Vice Chairman Bernstein will carry the bill to full committee.

General Discussion

- Committee on Committees
- Rules Committee
- Confirmation Hearings
- Delayed Bills Committee
- House Appropriations
- Senate Appropriations
- Other

Date February 15, 1999			
Tape Number	Side A	B Side	Meter #
1		x	7.5-25.6
Committee Clerk Signature <i>Casey Davis</i>			

Minutes:

HB 1004

CHAIRMAN DALRYMPLE opened discussion on HB 1004.

1B: 8.4 REP. BERNSTEIN presented the Department of Health budget along with the proposed amendments.

1B: 11.4 REP. BERNSTEIN made a motion to adopt amendments 0104 to HB 1004. The motion was seconded by Rep. Svedjan.

1B: 11.8 REP. AARSVOLD asked what the aid to local units was this biennium. Rep. Delzer said it was \$990,000.

1B: 12.6 A voice vote was taken and the motion carried.

1B: 12.7 REP. BERNSTEIN made a motion for a Do Pass as amended. The motion was seconded by Rep. Svedjan.

1B: 13.0 REP. WENTZ made a motion to further amend by adding \$180,000 to grant line 14 for the purpose of supplementing support for domestic violence programs. The motion was seconded by Rep. Carlisle.

1B: 15.4 Discussion followed regarding Rep. Wentz's proposed amendment.

1B: 20.0 A roll call vote was taken and the motion failed with 9 yeas and 11 nays.

1B: 23.0 ACTION ON BILL A roll call vote was taken on the motion for a Do Pass as amended. The motion carried with 18 yeas and 2 nays. Rep. Bernstein will carry the bill to the floor.

Date: 3-12-99
Roll Call Vote #: 21

1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House **APPROPRIATION** Committee

Subcommittee on Human Service
or
 Conference Committee

Legislative Council Amendment Number _____

Action Taken Do motion - on sections 7

Motion Made By Bernstein Seconded By Kerzman

Representatives	Yes	No	Representatives	Yes	No
Chairman Ken Svedjan	✓				
Vice Chairman LeRoy Bernstein	✓				
Rep. Jeff Delzer	✓				
Rep. Serenus Hoffner	✓				
Rep. James Kerzman	✓				
Rep. Mike Timm	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 2/12/99
Roll Call Vote #: 2

1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House **APPROPRIATION** Committee

Subcommittee on Human Service

or
 Conference Committee

Legislative Council Amendment Number 98004.0103

Action Taken _____

Motion Made By Delzer Seconded By Bernstein

Representatives	Yes	No	Representatives	Yes	No
Chairman Ken Svedjan	✓				
Vice Chairman LeRoy Bernstein	✓				
Rep. Jeff Delzer	✓				
Rep. Serenus Hoffner	✓				
Rep. James Kerzman	✓				
Rep. Mike Timm	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 2-17-99
Roll Call Vote #: 3

1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House _____ APPROPRIATIONS _____ Committee

Subcommittee on _____ HUMAN SERVICES _____
or
 Conference Committee

Legislative Council Amendment Number 98004.0101

Action Taken motion to Amend - Do Not Pass

Motion Made By Rep Hoffner Seconded By Rep Kerzman

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN KEN SVEDJAN		✓			
VICE CHAIRMAN LEROY BERNSTEIN		✓			
REP. JEFF DELZER		✓			
REP. SERENUS HOFFNER	✓				
REP. JAMES KERZMAN	✓				
REP. MIKE TIMM		✓			

Total (Yes) 4 No 2

Absent 0

Floor Assignment _____
If the vote is on an amendment, briefly indicate intent: _____

Date: 2-12-99
Roll Call Vote #: 4

1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House _____ APPROPRIATIONS _____ Committee

Subcommittee on _____ HUMAN SERVICES _____
or
 Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass

Motion Made By Dorker Seconded By Hoffner

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN KEN SVEDJAN	✓				
VICE CHAIRMAN LEROY BERNSTEIN	✓				
REP. JEFF DELZER	✓				
REP. SERENUS HOFFNER	✓				
REP. JAMES KERZMAN	✓				
REP. MIKE TIMM	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Bernstein
If the vote is on an amendment, briefly indicate intent:

Date: 2-15 99
Roll Call Vote #: 1

1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Committee

Subcommittee on _____
or
 Conference Committee

Legislative Council Amendment Number _____

Action Taken + \$180,000 for Dom. Violence

Motion Made By Wentz Seconded By Carlisle

Representatives	Yes	No	Representatives	Yes	No
Chairman Dalrymple		X	Nichols	X	
Vice-Chairman Byerly		X	Poolman		X
Aarsvold	X		Svedjan		X
Bernstein		X	Timm		X
Boehm		X	Tollefson	X	
Carlson		X	Wentz	X	
Carlisle	X				
Delzer		X			
Gulleson	X				
Hoffner	X				
Huether	X				
Kerzman	X				
Lloyd		X			
Monson		X			

Total (Yes) 9 No 11

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Intended to add \$180,000 for the Domestic violence program.

Date: 2-15-99

Roll Call Vote #: 2

1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Committee

Subcommittee on _____

or

Conference Committee

Legislative Council Amendment Number 0104

Action Taken DP as amended

Motion Made By Bernstein Seconded By Svedjan

Representatives	Yes	No	Representatives	Yes	No
Chairman Dalrymple	X		Nichols	X	
Vice-Chairman Byerly	X		Poolman	X	
Aarsvold		X	Svedjan	X	
Bernstein	X		Timm	X	
Boehm		X	Tollefson	X	
Carlson	X		Wentz	X	
Carlisle	X				
Delzer	X				
Gulleson	X				
Hoffner	X				
Huether	X				
Kerzman	X				
Lloyd	X				
Monson	X				

Total (Yes) 18 No 2

Absent _____

Floor Assignment Bernstein

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1004: Appropriations Committee (Rep. Dalrymple, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (18 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). HB 1004 was placed on the Sixth order on the calendar.

Page 1, line 10, replace "26,380,615" with "25,904,309"

Page 1, line 11, replace "15,242,307" with "15,226,857"

Page 1, line 12, replace "1,461,678" with "1,321,678"

Page 1, line 14, replace "24,134,130" with "23,984,130"

Page 1, line 16, replace "85,486,106" with "84,704,350"

Page 1, line 17, replace "70,512,102" with "70,293,306"

Page 1, line 18, replace "14,974,004" with "14,411,044"

Page 1, line 20, replace "\$300,000" with "\$250,000"

Page 2, line 19, replace "**LEGISLATIVE INTENT**" with "**DEPARTMENT OF HEALTH**", replace "**ALLOCATION**" with "**RECOVERIES**", and remove "It is the intent"

Page 2, remove lines 20 and 21

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

DEPARTMENT 301 - DEPARTMENT OF HEALTH

HOUSE - This amendment makes the following changes:

	EXECUTIVE BUDGET	HOUSE CHANGES	HOUSE VERSION
Salaries and wages	\$26,380,615	(\$476,306)	\$25,904,309
Operating expenses	15,242,307	(15,450)	15,226,857
Equipment	1,461,678	(140,000)	1,321,678
Major improvements	40,446		40,446
Grants	24,134,130	(150,000)	23,984,130
WIC food payments	<u>18,226,930</u>		<u>18,226,930</u>
Total all funds	\$85,486,106	(\$781,756)	\$84,704,350
Less special funds	<u>70,512,102</u>	<u>(218,796)</u>	<u>70,293,306</u>
General fund	\$14,974,004	(\$562,960)	\$14,411,044
FTE	305.00	(1.00)	304.00

Detail of House changes to the executive budget includes:

	REDUCE COMPENSATION PACKAGE TO 2/2	ADJUST HEALTH INSURANCE COST	REDUCE SALARIES FOR VACANT FTE POSITIONS	REDUCE FUNDING FOR ABANDONED MOTOR VEHICLES	REDUCE AID TO LOCAL HEALTH DISTRICTS TO \$1,000,000	REDUCE EQUIPMENT
Salaries and wages	(\$345,572)	\$81,829	(\$100,000)			
Operating expenses						
Equipment						(\$140,000)
Major improvements						
Grants				(\$50,000)	(\$100,000)	
WIC food payments						
Total all funds	(\$345,572)	\$81,829	(\$100,000)	(\$50,000)	(\$100,000)	(\$140,000)

REPORT OF STANDING COMMITTEE (410)
February 16, 1999 3:45 p.m.

Module No: HR-31-3189
Carrier: Bernstein
Insert LC: 98004.0104 Title: .0200

Less special funds	<u>(221,166)</u>	<u>52,370</u>	<u> </u>	<u>(50,000)</u>	<u> </u>	<u> </u>
General fund	(\$124,406)	\$29,459	(\$100,000)	\$0	(\$100,000)	(\$140,000)
	REMOVE					
	1 FTE					
	OFFICE OF					
	COMMUNITY					
	ASSISTANCE					
	AND RELATED					
	EXPENSES					
		TOTAL				
		HOUSE				
		CHANGES				
Salaries and wages	(\$112,563)	(\$476,306)				
Operating expenses	(15,450)	(15,450)				
Equipment		(140,000)				
Major improvements						
Grants		(150,000)				
WIC food payments	<u> </u>	<u> </u>				
Total all funds	(\$128,013)	(\$781,756)				
Less special funds	<u> </u>	<u>(218,796)</u>				
General fund	(\$128,013)	(\$562,960)				
FTE	(1.00)	(1.00)				

This amendment amends Section 7 relating to indirect cost reimbursement to remove legislative intent regarding the Office of Management and Budget collecting indirect cost reimbursement.

1999 SENATE APPROPRIATIONS

HB. 1004

1999 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB1004

Senate Appropriations Committee

Conference Committee

Hearing Date 2-24-99

Tape Number	Side A	Side B	Meter #
1	X		520 - 6160
		X	0 - 2320
3/31/99 1		X	800-1396
Committee Clerk Signature <i>Kathy C. Kottendorck</i>			

Minutes:

SENATOR NETHING: Opened hearing on HB 1004; A BILL FOR AN ACT TO PROVIDE AN APPROPRIATION FOR DEFRAYING THE EXPENSES OF THE STATE DEPARTMENT OF HEALTH.

MURRAY G. SAGSVEEN: State Health Officer to testify in support of HB1004 (testimony attached (tape 1, side A, meter 520-2478).

SENATOR NETHING: On Page 7, the requested amendments are listed, did you have an opportunity to talk with the House Committee about these prior to those reductions being made.

MURRAY G. SAGSVEEN: We had a number of sessions and talked about them. We were present when they told us what cuts need to be made.

SENATOR NETHING: The first 4 items are reinstated, then you talk about 2 additional. The last 2 items, the 2 additional FTEs, you want \$174,000 in federal funds so you can accept a grant, that is different than what was proposed in the original budget.

MURRAY SAGSVEEN: At the time the original budget was prepared, we did not have the information that the grants would become available.

SENATOR NETHING: Page 8, Issuing Bonds, \$3 million that was in the budget for the morgue was totally removed?

MURRAY SAGSVEEN: We estimated the \$3 million of HB1022. The numbers just come together in last couple of weeks.

SENATOR NETHING: Did they understand that you were going to make this request?

MURRAY SAGSVEEN: No, at that time HB1022 wasn't prepared and there was no discussion with the committee.

SENATOR ST. AUBYN: When you talk about the \$100,00 for salary line item and you mention that there is a 2% underfunding in the executive budget. What have you seen in terms of vacancies?

BOB BARNETT: The 2% doesn't specifically relate because of the matching formulas. The 2% was the salary mix in the department which in 35% general and 65% federal or other. Two percent of the General Fund was removed from the budget and in that removal, it was based on vacancies that occurred during the biennium. We will turn about \$300,000-\$400,000 back to the General Fund at the end of this biennium.

SENATOR ST. AUBYN: Is this typical year round? Is the 2% underfunding what you currently have?

BOB BARNETT: A 3-4% vacancy is correct in the Health Department.

SENATOR ROBINSON: What is included in the equipment line?

BOB BARNETT: The equipment line item was approximately \$1.4 million. House Committee chose to reduce the General Fund portion by 50%. The basis for that was the overanticipated cost of personal computers. In the \$1.4 million, there are 144 personal computers, laser printers, the majority of the equipment is scientific lab equipment or technical equipment.

SENATOR ROBINSON: Is the \$1.4 million somewhat normal for a biennial request?

BOB BARNETT: Somewhat normal because of the sophisticated equipment we buy to keep the labs up and running.

MURRAY SAGSVEEN: We can provide a schedule with the complete listing of the equipment.

SENATOR NETHING: We will be having a subcommittee on this budget and that will be helpful to them.

SENATOR SOLBERG: Will there be an approximate turnback of \$300,000? What has happened since January 18, when the estimated turnback was \$600,000.

BOB BARNETT: I am not aware that it ever was \$600,000.

SENATOR TOMAC: The request of 144 personal computers with 308 employees, does every employee have a personal computer and what is the replacement cycle for these.

MURRAY SAGSVEEN: Every employee has a personal computer and the turnaround time is every four years.

BOB BARNETT: One half of the personal computers are for those 308 FTE's. Our IT plan calls for a replacement every 4 years. We have a number of computers tied to lab equipment, about 10%.

SENATOR NETHING: What is the Office of Community Assistance?

MURRAY SAGSVEEN: Several people were assigned to work on data-related issues. I felt they were better assigned to help communities that were having difficulties with infrastructure problems.

SENATOR NETHING: How often do you need to determine population shift, it seems that once it is determined you don't go back and do it again.

MURRAY SAGSVEEN: The population shift is happening all the time. I wanted to provide assistance within the department to help the communities accommodate that population shifting. I assigned 2 people to the health resources section which deals with the licensing and certification of long-term care facilities and emergency medical services to work in that area to help the communities.

SENATOR ROBINSON: Please tell us briefly about the local health units across the state. You would like to see a \$100,000 restoration to that line item. I also noticed that our funding for the local health units has been very flat for the last 20 years. Talk to us about the request for the reinstatement and how you come up with your formula on a per capita basis, and how those departments are doing? What is the difference between districts and departments?

MURRAY SAGSVEEN: On pages 28-29, there are maps that show the mixture of local public health units. State law allows a county or city commission to establish a health department. Departments of the city contract with the county. A district is where a county has established a district much like a county establishes a water resource district. It gives the district authority to raise 5 additional mills and has a separate board of health. Districts can levy up to 5 additional mills, the department funding comes from the general fund of the county or city. It is in the public interest to have a healthy public health infrastructure. Over the past several years the

legislature has started appropriating \$1 million which goes out in the form of a grant. What I want to do with the budget is increase that from \$990,000 to \$1.1 million so we can provide additional state support to local public health units. The events in the past several months have indicated a need for that money i.e. with the outbreak in Williston, the vaccine alone may cost about \$100,000. That would break a local health unit. We need to have the ability to shift state monies, otherwise if there is a disaster, they could go bankrupt.

SENATOR SOLBERG: The EMT training, there is an additional \$470,000 put into that, there is also an ambulance bill, does this have anything to do with that?

MURRAY SAGSVEEN: That is HB1038 which had to do with \$3.8 million. That was deleted, and is not a part of it. What we did within the budget was to double the appropriation of training from \$470,000-\$940,000. We took money from other places in the department and moved it over to emergency medical services because it is important.

SENATOR SOLBERG: Nonpoint source pollution, what is the total budget?

FRANCIS SCHWINDT: \$5 million.

SENATOR SOLBERG: Reduced Abandoned Auto Fund again. What was that reduction and where was it transferred and what is the balance now?

FRANCIS SCHWINDT: I can't give you the balance on that but I think the reduction was reducing the amount of authority that the department had to spend on that. We have not spent up to the appropriation. The \$50,000 reduction was not transferred anywhere.

SENATOR KRAUTER: Nonpoint source pollution - of the current biennium, are we utilizing all of the federal dollars?

FRANCIS SCHWINDT: It is a combination of things, under the federal program we can use up to 10% of the total dollars that come into the state for administrative purposes. The dollars that we use within the department of health are matched within the department of health. The dollars that go out to local units or government provide the 40% match that is required. We generally do not provide that as part of our budget.

SENATOR KRAUTER: Are we utilizing all of those federal dollars?

FRANCIS SCHWINDT: Currently, all the federal funds are being moved out to local units of government or we are using them within the department. There has been a significant increase in the amount of dollars that are coming in under the president's Clean Water Initiative. We were getting \$2.5 million per year and right now that number will go up to \$5 million per year. Those projects stretch out about 5 years so we will not be expending those funds in the next biennium but I think the ability to use those may become more difficult in the future.

SENATOR NETHING: Murray, I appreciate your interest in local health districts and the fact that you did ask for an increase for them. I have been asked to let the committee know that we are looking at some decreased revenues that were not anticipated at the beginning of the session, and consequently, until we know the exact amount, it is going to be difficult to make final decisions on this budget. In the meantime, the subcommittee will be working on it.

BONNIE PALECEK: Speaking on behalf of the ND Council on Abused Women's Services to testify in support of HB1004 (testimony attached (tape 1, side B, meter 480- 1070).

SENATOR NETHING: Did you have the opportunity to testify in front of the House Committee? And was this similar testimony?

BONNIE PALECEK: Yes, the only changes were, at that time we didn't know the exact reductions of federal funds which is another area in two of our sources. The stop monies that are administered by the health department will be reduced by \$7,000 in the next funding cycle. We have also learned that the victims of crime dollars that go through the department of corrections will be reduced by \$96,000 next year.

SHARON UNRUH: Chairman Nething and members of the Appropriations Committee, I really did not come prepared to testify today so I do not have a written testimony (tape 1, side B, meter 1199-1458). But, I would like to share a couple thoughts with you on behalf of Central Valley Health Unit. I am located in Jamestown and I am the administrator. My name is Sharon Unruh. I worked in public health for 30 years so I feel I have a fairly good understanding of what public health is at the local level. I have certainly seen a lot of changes in those years but I appreciate Murray's support of local health units and that is really where the grass roots effort is. We certainly make a difference I feel in our community for the services that we provide and many people do use our services. We are seeing a continued increase of the number of people who use our services, and we are a community-based program. We are not for the indigent, we are not for the poor exclusively although the majority of the people who use our services, I think, have limited funds and use us to do some screening for them so if they do need to see the doctor they are willing to pay that but, if they don't we can provide that expertise and say let's wait a couple of days rather than having them go to the physician and charge you \$50 to say let's wait a couple days. They can use us for that. But I do support the increase back to \$1.1 million for local health departments. I am speaking exclusively for us at Central Valley Health Unit. We are at the max of 5 mills for our local health department so for us to get more local funding from the county level, it is pretty hard because the max is set at 5 mills, so our opportunity to get additional funds is limited and we look for ways to get additional funds continually. We look for grants and projects we can apply for through the Regional Children Services Coordinating Committee. So we would certainly support that increase back to \$1.1 million. We are experiencing some decrease in federal funds through the immunization program specifically through the state health department so we are trying to balance. We try to be good fiscal managers at the local level. I do invite you up to the great hall, we do have a lot of exhibits. There you can see the vast array

of types of services that we provide; from injury to prevention to immunizations to home visits to the elderly and newborns.

SENATOR ANDRIST: Where does your budget come from?

SHARON UNRUH: Handed out graph that is statewide (attached).

SENATOR NETHING: This is pretty typical.

SHARON UNRUH: Yes, and it will vary a little bit percentage wise within each health district.

SENATOR NETHING: On the funds from other sources, what kinds of things fall into that category?

SHARON UNRUH: Regional Children Services Coordinating Grants or little grants within communities that we can write for that are not federal dollar grants.

JAN TRIMMER: Administrator of Upper Missouri District Health Unit and our headquarters are located in Williston (tape 1, side B, meter 1764-1980). We provide services for the counties of Divide, Williams, Montreal, and McKenzie. First of all, I want to assure you that it is 100% safe to travel through Williston. We have gotten all kinds of attention and we got a call as far away as The Wall Street Journal. Clearly, we have seen some national attention because of the problem with minijucoccal infection that was in our community in the recent past. I am pleased to have this opportunity to visit with you folks because I want to strongly advocate for the support in the Department of Health's budget for local health departments. It has been extraordinary the kinds of things that we have experienced in the last year. As evidenced by support for local health departments by the Department of Health. The relationship is very desirable, it is very strong, it is reassuring to me as an administrator of the local health department to have the support of the Department of Health. I don't have to wonder if those folks will be there to support us. I know they will be there to support us. It means a great deal to us and certainly, in light of Williston's recent public health crisis, our ability to respond in such a responsible, swift manner, was reliant in large part to the support we received from the Department of Health. As you know, we are beholdng, to the taxpayers of the state, because the vaccine that we distribute in our community was very, very expense and did come out of the pocket of the State Health Department. Again, I want you to please know how appreciative we are and how important it is to us that you folks, at least to the best of your ability, continue to support local public health at the requested amount of the Department of Health.

SENATOR BOWMAN: When you have an outbreak like that, do you have the ability to go to your local county commissioners. Will they work with you on problems like this?

JAN TRIMMER: Absolutely, in our situation, the chairperson of our Board of Health is the chairman of the Williams County Commission. Within hours after we announced this outbreak,

I received a call from him. His form of help would have come through people who were county workers available to us to support our volunteer effort. There was no discussion of money because money is tight.

MURRAY SAGSVEEN: On the Williston situation, it is an example of a health system at work because as soon as the problem arose, we had Public Health Units and the Department of Health going up. It is an informal system that works extremely well. What we are trying to do is to have the State Department of Health and the local Public Health Units to work as one public health system in the state as a team partnership effort.

SENATOR SOLBERG: Why is the WIC in the Department of Health?

MURRAY SAGSVEEN: Because the federal law requires that.

SENATOR NETHING: Closed hearing on HB1004.

3/31/99 Tape 1, Side B, Meter 800-1396

SENATOR NETHING: Reopened the hearing on HB1004.

ALAN KNUDSON: Legislative Council explained the amendment.

SENATOR NETHING: Called for the motion.

SENATOR ANDRIST: Moved a Do Pass on the amendment to HB1004.

SENATOR GRINDBERG: Seconded the motion.

ROLL CALL: VOICE VOTE: PASSED

SENATOR ANDRIST: Moved a Do Pass as Amended on HB1004.

SENATOR ROBINSON: Seconded the motion.

ROLL CALL: 13 YEAS; 1 NAY; 0 ABSENT & NOT VOTING.

Nay: Senator Holmberg.

A Motion of Do Pass as Amended carried on HB1004.

CARRIER: SENATOR ANDRIST

SENATOR NETHING: Closed the hearing on HB1004.

Date: 3-31-99
 Roll Call Vote #: 1

1999 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. Engrossed HB 1004

Senate APPROPRIATIONS Committee

Subcommittee on _____
 or
 Conference Committee

✓ Legislative Council Amendment Number 98004.0203

Action Taken Do Pass

Motion Made By Senator Andrist Seconded By Senator Grindberg

Senators	Yes	No	Senators	Yes	No
Senator Nething, Chairman					
Senator Naaden, Vice Chairman					
Senator Solberg					
Senator Lindaas					
Senator Tallackson					
Senator Tomac					
Senator Robinson					
Senator Krauter					
Senator St. Aubyn					
Senator Grindberg					
Senator Holmberg					
Senator Kringstad					
Senator Bowman					
Senator Andrist					

Total (Yes) Voice Vote - UNANIMOUS No _____
PASSED

Absent _____

Floor Assignment Senator _____

If the vote is on an amendment, briefly indicate intent:

Date: 3-31-99
Roll Call Vote #: 1

1999 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. Engrossed HB 1004

Senate APPROPRIATIONS Committee

Subcommittee on _____
or
 Conference Committee

✓ Legislative Council Amendment Number 98004.0203

Action Taken DO PASS AS AMENDED

Motion Made By Senator _____ Seconded By Senator _____

Senators	Yes	No	Senators	Yes	No
Senator Nething, Chairman	✓				
Senator Naaden, Vice Chairman	✓				
Senator Solberg	✓				
Senator Lindaas	✓				
Senator Tallackson	✓				
Senator Tomac	✓				
Senator Robinson	✓				
Senator Krauter	✓				
Senator St. Aubyn	✓				
Senator Grindberg	✓				
Senator Holmberg		✓			
Senator Kringstad	✓				
Senator Bowman	✓				
Senator Andrist	✓				

Total (Yes) 13 No 1

Absent 0

Floor Assignment Senator Andrist

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1004, as engrossed: Appropriations Committee (Sen. Nething, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). Engrossed HB 1004 was placed on the Sixth order on the calendar.

Page 1, line 2, after "health" insert "; to provide for legislative intent; and to provide for a legislative council study"

Page 1, line 10, replace "25,904,309" with "26,162,622"

Page 1, line 11, replace "15,226,857" with "15,315,557"

Page 1, line 16, replace "84,704,350" with "85,051,363"

Page 1, line 17, replace "70,293,306" with "70,595,319"

Page 1, line 18, replace "14,411,044" with "14,456,044"

Page 2, after line 21, insert:

"SECTION 8. LEGISLATIVE COUNCIL STUDY LABORATORY SPACE AND STATE MORGUE. The state department of health shall develop a master plan for its facilities; shall develop a definitive plan and firm cost estimates for upgrading the department's laboratory facilities, for providing a state morgue for the state medical examiner, and for bringing the department's facilities into compliance with applicable building code requirements; and shall submit the plans to the legislative council during the 1999-2000 interim. The legislative council shall study the plans submitted by the state department of health and shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-seventh legislative assembly.

SECTION 9. LEGISLATIVE COUNCIL STUDY COMMUNITY HEALTH GRANT PROGRAM. The state department of health shall develop a comprehensive plan for a community health grant program and shall submit the plan to the legislative council during the 1999-2000 interim. The legislative council shall study the plan submitted by the state department of health and shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-seventh legislative assembly.

SECTION 10. LEGISLATIVE INTENT - STATE AID TO LOCAL HEALTH DISTRICTS. It is the intent of the legislative assembly that the state department of health provide aid to local health districts grants during the biennium beginning July 1, 1999, and ending June 30, 2001, totaling \$1,100,000 and that the additional \$100,000 necessary to fund that level be found by the department within its appropriation."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

DEPARTMENT 301 - DEPARTMENT OF HEALTH

SENATE - This amendment makes the following changes:

	EXECUTIVE BUDGET	HOUSE VERSION	SENATE CHANGES	SENATE VERSION
Salaries and wages	\$26,380,615	\$25,904,309	\$258,313	\$26,162,622
Operating expenses	15,242,307	15,226,857	88,700	15,315,557
Equipment	1,461,678	1,321,678		1,321,678

REPORT OF STANDING COMMITTEE (410)
March 31, 1999 6:31 p.m.

Module No: SR-58-6149
Carrier: Andrist
Insert LC: 98004.0203 Title: .0300

Major improvements	40,446	40,446		40,446
Grants	24,134,130	23,984,130		23,984,130
WIC food payments	<u>18,226,930</u>	<u>18,226,930</u>		<u>18,226,930</u>
Total all funds	\$85,486,106	\$84,704,350	\$347,013	\$85,051,363
Less special funds	<u>70,512,102</u>	<u>70,293,306</u>	<u>302,013</u>	<u>70,595,319</u>
General fund	\$14,974,004	\$14,411,044	\$45,000	\$14,456,044
FTE	305.00	304.00	3.00	307.00

Detail of Senate changes to the House version includes:

	ADD FUNDS FOR HIGH- INTENSITY DRUG TRAFFICKING CRIME LAB WORK	REINSTATE 1 FTE OFFICE OF COMMUNITY ASSISTANCE AND RELATED EXPENSES ¹	ADD FUNDS FOR STUDY OF LAB SPACE AND MORGUE	TOTAL SENATE CHANGES
Salaries and wages	\$145,750	\$112,563		\$258,313
Operating expenses	28,250	15,450	45,000	88,700
Equipment				
Major improvements				
Grants				
WIC food payments				
Total all funds	\$174,000	\$128,013	\$45,000	\$347,013
Less special funds	<u>174,000</u>	<u>128,013</u>		<u>302,013</u>
General fund	\$0	\$0	\$45,000	\$45,000
FTE	2.00	1.00	0.00	3.00

¹ House removed FTE that was funded from the general fund. This amendment allows the department to fund the position from any federal or other funds that may become available.

In addition, these amendments provide for Legislative Council studies of the laboratory facilities and state morgue and of the community health grant program and provides legislative intent that \$1,100,000 be provided for aid to local health districts, with the additional \$100,000 necessary to come from within the department's appropriation.

1999 TESTIMONY

HB 1004

1999

A North Dakota
Legislator's
Guide



to the

North Dakota Department of Health

Legislator's
Guide
to
Dept

Prepared by



North Dakota Department of Health
600 E. Boulevard Ave.
Bismarck, N.D. 58505-0200

Murray G. Sagsveen, State Health Officer
Loreeta Leer Frank, Editor
January 1999

North Dakota Department of Health Website: <http://www.health.state.nd.us>

1999 Legislator's Guide



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NORTH DAKOTA
DEPARTMENT OF HEALTH

600 E. Boulevard Avenue
Bismarck, ND 58505-0200

OFFICE OF
STATE HEALTH OFFICER
701-328-2372
FAX 701-328-4727

January 1999

Dear Legislator:

Thank you for taking the time to become better acquainted with the North Dakota Department of Health.

We have prepared *A North Dakota Legislator's Guide to the North Dakota Department of Health* as a reference for both newly elected and returning legislators who would like to know more about the health department's structure, programs and senior management. The booklet provides easy access to listed senior staff members' telephone numbers and e-mail addresses; please feel free to contact us at any time.

The North Dakota Department of Health will address many key issues this biennium, including (1) the licensure of air ambulance, rescue service and quick response units to safeguard the health and safety of our citizens, and (2) the reduction of tobacco use by North Dakotans of all ages through both legislation and locally driven programs. Other issues include adequate morgue and crime lab facilities, increased child restraint and seat belt use, and the management of waste and odors from concentrated animal feedlot operations.

I invite you to visit my office and any section or division of the state health department at any time during the legislative session. Please call my administrative assistant, Londa Rodahl, or me at 328.2372 if you would like us to make arrangements for your visit.

We look forward to working with you throughout the session; you can rely on the state health department's senior management team to be an objective source of health and environmental information.

Thank you for your interest in the health of North Dakotans.

Sincerely,

Murray G. Sagsveen
State Health Officer



Department Overview

The North Dakota Department of Health employs about 300 people dedicated to making North Dakota a healthier place to live.

The four sections of the department include:

- Administrative Services
- Preventive Health
- Health Resources
- Environmental Health

Employees in these sections provide public health services that benefit the citizens of North Dakota.

The department logo is a symbolic representation of both apples and wheat. An apple is the universal symbol for good health and well-being; it promotes the state health department's goal of assuring that North Dakota is a healthy place to live and that each person has an equal opportunity to enjoy good health. The wheat represents the richness of North Dakota's agricultural industry, the very foundation of our state's heritage.



Mission Statement

We, as public employees, are dedicated to the goal of assuring that North Dakota is a healthy place to live and to the belief that each person should have an equal opportunity to enjoy good health. To accomplish this mission, we are committed to the promotion of healthy lifestyles, protection and enhancement of the environment, and provision of quality health care services for the people of North Dakota.

State Health Council

The State Health Council serves as the North Dakota Department of Health's advisory body. The council's 11 members are appointed by the governor for three-year terms. Four members are appointed from the health care provider community, five from the public sector, one from the energy industry and one from the manufacturing and processing industry.

CHAIR

Howard C. Anderson, R.Ph., Health Care, Turtle Lake, N.D.

VICE CHAIR

Gary Riffe, Health Care, Jamestown, N.D.

SECRETARY

Darlene Rinn, Consumer, Minot, N.D.

MEMBERS

Ronald A. Anderson, Consumer, Keene, N.D.

James D. Brosseau, M.D., Health Care, Grand Forks, N.D.

Hjalmer Carlson, Jr., Consumer, Minot, N.D.

Lowell Herfindahl, Health Care, Tioga, N.D.

Clifford R. Porter, Energy Industry, Bismarck, N.D.

Joel Smith, Manufacturing and Processing Industry, Fargo, N.D.

Carmen Toman, Consumer, Grand Forks, N.D.

Lori Wightman, R.N., M.S.H.A., Consumer, Fargo, N.D.

Physician Advisory Committee

When the state health officer is not a physician, state law requires the appointment of a three-member physician advisory committee whose members are recommended by the North Dakota Medical Association.

James D. Brosseau, M.D., Grand Forks, N.D.

Julie A. Blehm, M.D., Fargo, N.D.

Dennis E. Wolf, M.D., Dickinson, N.D.

State Health Officer

The state health officer is appointed by the governor to be the chief administrative officer of the department as well as a member of the governor's cabinet. The state health officer implements state laws governing the department within the guidance of the governor and the regulations adopted by the State Health Council. In addition, the state health officer is a statutory member of about a dozen boards and commissions, such as the governing board of the Public Employees Retirement System, the Children's Services Coordinating Committee and the State Water Pollution Control Board.

Murray G. Sagsveen was appointed state health officer by Governor Edward T. Schafer on Feb. 1, 1998. Before his appointment, he assisted the governor as the state flood recovery coordinator from June 1997 through January 1998. In previous years, Murray was a partner in the Zuger Kirmis & Smith law firm, the general counsel for the North Dakota Medical Association and the senior judge advocate in the Army National Guard of the United States. In addition, he served as counsel for the Garrison Diversion Conservancy District, the North Dakota Insurance Reserve Fund and Bismarck Parks and Recreation Department. Murray retired from the Army National Guard as a brigadier general in 1996, and Governor Schafer promoted him to major general in 1997. Originally from Lansford, N.D., Murray graduated from Concordia College and the University of North Dakota School of Law.

Phone: 328.2372 E-mail: sagsveen@state.nd.us

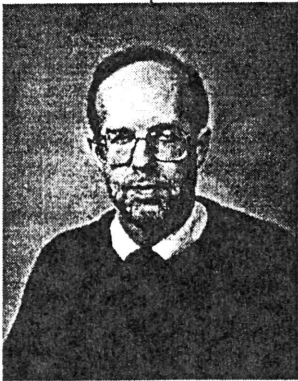


*Murray G. Sagsveen
State Health Officer*



Chief Medical Officer

The chief medical officer provides medical direction to programs throughout the North Dakota Department of Health. Areas of emphasis include the health aspects of environmental pollution, newborn metabolic screening, communicable disease control, immunizations, infant mortality, adolescent suicide, cancer cluster investigations and the Children's Health Insurance Program.



*Stephen McDonough, M.D.
Chief Medical Officer*

Stephen McDonough, M.D., worked for five years as a pediatrician with the Grand Forks Clinic before joining the North Dakota Department of Health. He served as chief of the Preventive Health Section from 1985 until he became the department's chief medical officer in 1998. Dr. McDonough graduated from the University of Minnesota Medical School in 1977 and finished his pediatric residency program at the University of Colorado in 1980. He serves on the governor's committee on the Children's Health Insurance Program, the Maternal Mortality Committee, the Child Fatality Review Committee and the HIV/AIDS Medical Advisory Board.

Phone: 328.4527 E-mail: smcdonou@state.nd.us



Local Health Coordinator

The local health coordinator acts as liaison between the North Dakota Department of Health and local public health units and other key public and private partners. The local health coordinator administers the State Block Grant, which provides funding to local public health units, and advises the state health officer about issues related to local public health. In addition, the local health coordinator is involved in response to public health units during infectious disease outbreaks and natural disasters.



*Debra Anderson
Local Health Coordinator*

Debra Anderson joined the state health department in 1996 as the public information specialist and became the local health coordinator in March 1998. She is a member of the North Dakota Public Health Association and the Association of State and Territorial Local Health Liaison Officials. Before returning to North Dakota in 1996, she worked in advertising and public relations at Blue Cross and Blue Shield of Oklahoma. A graduate of the University of North Dakota, Debra now is working on a master's degree in public administration. In addition to her role as local health coordinator, she is the health department's distance learning coordinator. Debra is a native of Westhope, N.D.

Phone number: 328.4619 E-mail: daanders@state.nd.us

Office of Health Data

The Office of Health Data supports the North Dakota Department of Health by providing consultation on health-related data and research projects. A primary role of the director is to coordinate the data systems used by various programs at the state and local levels. The director incorporates the health care claims system and other data sources to assess the health of North Dakotans and to evaluate the effectiveness of department programs. In addition, the director provides training and technical assistance to public health professionals.

Alana Knudson-Buresh received a bachelor's degree from Luther College before earning a dual master's degree and a doctorate from Oregon State University. Dr. Knudson-Buresh's doctorate is in public health with emphases in health policy and statistics. She was a research analyst for the North Dakota Department of Health and the North Dakota Health Task Force, a Robert Wood Johnson Foundation State Initiatives Program.

Dr. Knudson-Buresh served as chief of the Preventive Health Section until her appointment as director of the Office of Health Data in January 1999; in addition, she serves as the principal investigator for the Robert Wood Johnson Foundation Family Health Insurance Survey project, which examines the effects of the 1997 Red River flood on the health insurance status of North Dakotans. A native of Towner, N.D., Dr. Knudson-Buresh also holds a clinical assistant professor appointment at the University of North Dakota School of Medicine and Health Sciences.

Phone number: 328.2493 E-mail: alknudso@state.nd.us



*Alana Knudson-Buresh, Ph.D.
Office of Health Data Director*

Administrative Assistant

Londa Rodahl began working for the North Dakota Department of Health in August 1975 in the Environmental Health Section. She moved to her current position as administrative assistant to the state health officer in May 1992. Londa also provides assistance to people who request information about the programs and services of the North Dakota Department of Health. She is originally from Minot, N.D.

Phone: 328.2372 E-mail: lrodahl@state.nd.us



*Londa Rodahl
Administrative Assistant*



Administrative Services Section

The Administrative Services Section provides support services to all divisions of the North Dakota Department of Health and assists in coordinating department activities. Staff members provide services in the areas of personnel administration, fiscal management and public information. Services available to the public include certification of vital events and provision of health statistics and research. Section employees also provide toxicology and forensic science services to the law enforcement community.

The section consists of the following divisions and offices:

- Accounting
- Personnel
- Public Information
- State Toxicologist
- Vital Records
- Forensic Examiner
- Crime Laboratory



Robert Barnett
Administrative Services Section Chief

Bob Barnett joined the North Dakota Department of Health in 1981 and served as interim state health officer from December 1992 to April 1993 and again from September 1997 to February 1998. He received a bachelor's degree in business administration from the University of North Dakota and did graduate work at the University of North Dakota, the University of Minnesota and the University of Michigan. Before returning to North Dakota, Bob worked as a CPA for an accounting firm in Minneapolis, concentrating on manufacturing auditing and Securities and Exchange Commission work. He is a member of the American Institute of Certified Public Accountants. Bob is a Bismarck, N.D., native.

Phone: 328.2392 E-mail: rbarnett@state.nd.us

Division of Accounting

The Division of Accounting provides accounting and financial control records which comply with state and federal requirements. This data is distributed monthly to division directors to assist them in monitoring federal and state grant expenditures, revenue and state appropriations. The division prepares financial reports, reviews grant applications, collects revenue, pays expenses, processes the payroll and submits the department's biennial budget. The division uses the Internet to share data with state and federal agencies and various other users, providing rapid access to current information.

Kathy Albin graduated from North Dakota State University in 1976 and began working as an accountant for the North Dakota Department of Health the same year. In 1983 she was promoted to director of the Division of Accounting. Kathy is a native of Mandan, N.D.

Phone: 328.2392 E-mail: kalbin@state.nd.us



*Kathy Albin
Division of Accounting Director*

Division of Personnel

The Division of Personnel provides a variety of services to the North Dakota Department of Health, including recruiting and training employees, classifying positions, administrating salaries and developing policies.

Jennifer Bandy joined the North Dakota Department of Health in November 1997. Previously, she worked as the regional human resources manager for Ameritech and the human resources manager for The Dial Corp., both in Chicago, Ill. Jennifer graduated from Michigan State University with a bachelor's degree in employee relations and a master's degree in labor and industrial relations. She is a member of the Central Dakota Human Resources Association and the Society for Human Resources Management. Jennifer is originally from Troy, Mich.

Phone: 328.3321 E-mail: jbandy@state.nd.us



*Jennifer Bandy
Personnel Director*



Office of Public Information

The public information specialist supports the department's communication of public health information, policies and resources to the citizens of North Dakota. Duties include coordinating media relations; preparing newsletters, brochures and other materials; coordinating special events; providing or arranging communication training; releasing information through the media; and working with various groups to promote public health.



*Loreeta Leer Frank
Public Information Specialist*

Loreeta Leer Frank joined the North Dakota Department of Health in September 1998. A graduate of Minot State University, Loreeta taught English in public schools for 11 years. Most recently, she was a college communications instructor. Loreeta is a member of the National Public Health Information Coalition and the Bismarck chapter of the International Association of Business Communicators. She is a native of Alexander, N.D.

Phone: 328.1665 E-mail: rfrank@state.nd.us



Office of State Toxicologist

The state toxicologist provides services to law enforcement, coroners, the state forensic examiner and other people or agencies. Such services include (1) approving methods and devices used to determine blood and breath alcohol concentration for traffic safety, hunting, and boating safety; (2) providing training to law enforcement personnel in chemical testing for alcohol; (3) assisting coroners and the state forensic examiner in death investigations through chemical analysis; and (4) testing for alcohol, carbon monoxide and other drugs in specimens from accidental deaths involving motor vehicles.



*Aaron Rash
State Toxicologist*

Aaron E. Rash joined state government in 1961 as a chemist in the State Laboratories Department. He worked in a number of analytical areas and developed a forensic laboratory before the state laboratory's consolidation with the North Dakota Department of Health in 1987. Aaron has served as director of the Crime Laboratory Division and was named state toxicologist in March 1998. He has testified as an expert witness in numerous trials in North Dakota and other states. Aaron is a member of many organizations including the American Chemical Society, the American Academy of Forensic Scientists and the International Association of Narcotic Investigators.

A native of New Salem, N.D., Aaron graduated from North Dakota State University and received advanced training at Georgetown University.

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Division of Vital Records

The two primary functions of the Division of Vital Records are registration and certification of vital events which occur in the state, including births, deaths, fetal deaths, marriages and divorces. The goal of the division is to maintain 100 percent registration of all vital events. To achieve this goal, much querying and follow-up is done. Providing timely responses to public requests for certified copies of vital event documents is also important. This information is needed for many reasons, including passport applications, school entrance, job applications, Social Security benefits, etc.

Beverly Wittman began working for the North Dakota Department of Health in June 1967 after attending Bismarck State College. In August 1984 she was appointed director of the Division of Vital Records. Originally from Bowdon, N.D., Beverly is a member of the National Association for Public Health Statistics and Information Systems.

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*Beverly Wittman
Division of Vital Records Director*



Office of Forensic Examiner

The role of the state forensic examiner is to provide medical examiner services to county coroners and law enforcement officials in the investigation of sudden and unexpected deaths in North Dakota. Once a case has been referred to the state forensic examiner, the body is brought to Bismarck, N.D. Services provided include autopsy or examination of the body, photographic documentation, toxicological analysis, collection of evidence, follow-up with investigating agencies and certification of the death certificate.

George Mizell, M.D., became the state forensic examiner in 1996. Before joining the North Dakota Department of Health, he was the assistant medical examiner for Metropolitan Nashville Davidson County, Tenn., and the resident medical examiner in Milwaukee, Wis. Dr. Mizell received bachelor's degrees in mechanical engineering from Clemson University and in biology from the University of Central Florida. He earned his medical degree at the University of South Carolina School of Medicine. Dr. Mizell is a member of the American Society of Clinical Pathologists, the American Academy of Forensic Sciences and the National Association of Medical Examiners. He is originally from Mount Holly, N.J.

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*George Mizell, M.D.
State Forensic Examiner*



Division of Crime Laboratory

Forensic Laboratory

The Forensic Laboratory provides technical assistance to the criminal justice system in the investigation of crime. The laboratory accepts evidence from agencies, including prosecutors and law enforcement officers (local, county, state, federal and military), as well as defense counsel. This evidence is processed by various scientific techniques including examination for arson accelerates, firearm and tool mark examinations, serological tests, trace evidence examinations, special photographic techniques and latent fingerprint development. Drug identification is a major area of analysis and includes identification of clandestine drugs, pharmaceuticals and chemical compounds. The laboratory also provides urine drug screens to the state penitentiary, the Department of Parole and Probation, and several county correctional centers. The role of the Forensic Laboratory is to provide rapid, accurate analysis of criminal evidence.

Toxicology Laboratory

The Toxicology Laboratory provides technical assistance to the criminal justice system. Evidence is accepted from local, county, state, federal and military agencies. Assistance includes training officers in breath alcohol determination, maintenance of breath-testing instruments, blood alcohol analysis, and chemical drug and toxic substance analysis. The laboratory also provides expert testimony in criminal prosecutions and traffic safety hearings. The role of the Toxicology Laboratory is to provide accurate analysis of evidence and to ensure the quality of breath alcohol testing.



Kenan Bullinger

Crime Laboratory Division Director

Kenan Bullinger joined state government in 1984 as a sanitarian for the Inspection Division of the State Laboratories Department. He worked in a number of positions in that agency before its consolidation with the North Dakota Department of Health in 1987. Kenan has worked as assistant director of the laboratory branch, as well as director of the Food and Lodging Division. After serving as acting director of the Crime Laboratory Division, Kenan was named director in December 1998. Kenan is a member of the National Association of Food and Drug Officials, the North Central Association of Food and Drug Officials, and the North Dakota Environmental Health Association. Originally from Mandan, N.D., he is a graduate of Bismarck State College and the University of North Dakota.

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Preventive Health Section

The Preventive Health Section's mission is to improve the health of North Dakota citizens by working actively to promote the choice of healthy behaviors and to prevent disease and injury.

The section is responsible for coordination of public health education and intervention activities, including communicable disease control, wellness promotion and health-risk reduction, promotion of optimal nutrition, reduction of tobacco use, injury prevention and improvements in dental health. Many of the services are provided through local public health units.

Divisions in this section include:

- Disease Control
- Maternal and Child Health
- Food and Lodging
- Microbiology
- Health Promotion and Education

The Preventive Health Section can be reached at 328.2493.



Division of Disease Control

The Division of Disease Control identifies and analyzes disease trends and implements appropriate intervention activities to reduce morbidity and mortality. The division also acts as a resource for health care providers and the public regarding public health questions and issues. The division often works with the media to provide timely public education. Disease Control staff members also investigate foodborne illnesses, handle questions related to rabies and deal with other communicable disease issues.

Federally funded programs within the division include:

- **Immunization** – Ensures that children, adolescents and adults receive proper immunizations to protect against vaccine-preventable diseases; investigates cases of vaccine-preventable diseases; and initiates steps to prevent disease outbreaks. Also provides vaccines amounting to more than \$1.7 million annually to public and private health care providers.
- **Sexually Transmitted Diseases** – Works to prevent and control the spread of sexually acquired infections through education, screening, clinical services, interviews, referral for medical treatment and partner notification.
- **HIV/AIDS** – Focuses on preventing the transmission of HIV through education and counseling activities, reducing the rates of HIV incidence and death, and assisting with access to medical care, prescription drugs and counseling services.
- **Tuberculosis (TB)** – Assists in identifying TB infection and disease, in preventing the spread of TB, in providing treatment for people with TB infection and disease, and in providing consultation and education for health care professionals and the public.
- **Diabetes Control** – Implements preventive care programs that reduce the impact of the disease by enabling communities and the health care system to promote early diagnosis and control of diabetes.
- **Agriculture Health and Safety** – Works to prevent and control the occurrence of agricultural injury and death through surveillance and education.



Pamela Vukelic

Division of Disease Control Director

Pamela J. Vukelic began working for the North Dakota Department of Health in August 1994 as the HIV/AIDS Program Manager. In 1996 the position was expanded to include the Tuberculosis Control and Elimination Program. Pam was named director of the Division of Disease Control in May 1998. She is a member of the North Dakota Environmental Health Association, the American Public Health Association and the Association for Professionals in Infection Control and Epidemiology. Pam earned a master's degree from the College of Home Economics, North Dakota State University. She is originally from Maddock, N.D.

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Division of Maternal and Child Health

The mission of the Division of Maternal and Child Health is to ensure healthy women, children and families. The division supports and encourages better health through education, policy development, advocacy and partnerships.

Programs within the division include:

- **Adolescent Health/School Nursing** – Promotes the health of adolescents through abstinence education, substance abuse education and other activities.
- **Consumer Product Safety Commission** – Alerts the public about product recalls or potentially hazardous products, particularly those involving children.
- **Domestic Violence/Rape Crisis** – Provides grants to domestic violence, law enforcement and prosecution agencies to reduce and prevent violence against women.
- **Family Planning** – Assists local agencies to offer education, counseling, exams, lab testing, infertility services and contraceptives.
- **Injury Prevention** – Offers projects and education to reduce the number, severity and cost of injuries. Priorities include vehicle occupant protection, child passenger safety, fire prevention and home safety.
- **Maternal and Child Health Nurse Consulting** – Promotes healthy nutrition for high-risk pregnant women, school-age children and communities.
- **Maternal and Child Health Nutrition** – Supports public health functions through education, consultation, data collection and training.
- **Newborn Metabolic Screening** – Coordinates testing of infants for serious birth defects and other medical conditions.
- **Optimal Pregnancy Outcome Program (OPOP)** – Assists local agencies to provide nursing, social and nutritional services to pregnant women.
- **Oral Health** – Provides oral health screening and education programs; administers school fluoride programs.
- **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)** – Provides nutrition education, nutritious food, breastfeeding promotion and support, and referral for health and support services to women and children.
- **Sudden Infant Death Syndrome** – Provides education and follow-up to families affected by SIDS.



*Sandra Anseth
Maternal and Child Health
Division Director*

Sandra Anseth began working for the North Dakota Department of Health in 1989 as nurse consultant in the Family Planning Program. In 1991 she was named nurse consultant for the Division of Maternal and Child Health and was appointed division director in November 1995. Her experience with public health began in 1963 as assistant public health nurse in Richland County. Sandra also worked at First District Health Unit in Minot for over 11 years. In addition, she worked as a nurse in acute- and long-term care settings across the state. Sandra is a native of Noonan, N.D.

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Division of Food and Lodging

The Division of Food and Lodging is responsible for protecting public health through licensing and inspection of restaurants, hotels, motels, bars, mobile home parks, campgrounds, bed and breakfast facilities, retail food stores, meat markets and bakeries. Staff members also inspect preschools and day care centers which prepare food. The division provides educational courses in safe food handling, reviews plans for new establishments and extensive remodeling projects, and helps investigate possible foodborne-illness outbreaks. In addition, the division serves as the Food and Drug Administration's liaison in the state on food-related issues.



*Mike Walton
Food and Lodging Division
Acting Director*

Mike Walton joined the North Dakota Department of Health in September 1989 as an environmental health practitioner (inspector). Originally from Colorado, he earned a bachelor's degree in environmental conservation from the University of Colorado in 1982. In August 1998 Mike became acting director of the Division of Food and Lodging. In addition, he serves as president of the North Dakota Environmental Health Association.

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Division of Microbiology

The Division of Microbiology provides diagnostic and referral services to physicians, veterinarians, clinics, hospitals, local public health units, other state agencies and the public in the areas of bacteriology, mycology, mycobacteriology, parasitology, immunology, virology, and dairy and water bacteriology. The laboratory also conducts testing for many exotic diseases and emerging infections that private hospitals and clinics do not have the resources to provide.



*James D. Anders
Microbiology Division Director*

James Anders joined the North Dakota Department of Health in 1965 as a microbiologist in the Grand Forks Public Health Laboratory and was promoted to chief microbiologist and division director in 1981. Jim is a member of the Association of Public Health Laboratories, the American Public Health Association, and the American Society for Microbiology. In addition, he was appointed by Governor Schafer to the Board of Clinical Laboratory Practice. A graduate of North Dakota State University, Jim also attended the University of Colorado and the University of North Dakota. He received a master's degree in epidemiology/laboratory practice from the University of Michigan School of Public Health. Jim is a native of Cogswell, N.D.

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North Dakota Department of Health

Division of Health Promotion and Education

The mission of the Division of Health Promotion and Education is to enable communities to promote healthy behaviors that prevent and control chronic disease, thus reducing health care costs and improving the quality of life.

Programs and services within the division include:

- **Cancer Prevention and Control** – Works to reduce mortality from breast and cervical cancer by increasing education and screening among low-income, underserved, high-risk and minority women.
- **Cardiovascular Disease Prevention** – Seeks to improve cardiovascular health of North Dakotans by promoting healthy lifestyles.
- **Tobacco Prevention and Control** – Serves nearly one-half of the state's population through local coalition efforts.
- **School and Community Health** – Seeks to increase the number of schools that provide quality health education with an emphasis on lifetime health-related skills.
- **Behavioral Risk Factor Surveillance System (BRFSS)** – Conducts yearly telephone interviews of North Dakotans concerning health behaviors that place them at risk and gives survey results to program managers and policymakers.
- **Youth Risk Behavior Survey (YRBS)** – Conducts biennial surveys of middle and high school students about health behaviors; uses results to improve health education and to monitor behavior trends.
- **Cancer Registry** – Collects cancer incidence, survival and mortality data to assist in the development of cancer education and screening programs.
- **Resource Library** – Makes videos, displays, teaching aids, pamphlets and other resources about various health topics available to every citizen in North Dakota.



*Sandra Adams
Health Promotion and Education
Division Director*

Sandra Adams has been director of the Division of Health Promotion and Education since 1985. She received a bachelor's degree from North Dakota State University and a master's degree from Indiana University. Before joining the North Dakota Department of Health, Sandra was an instructor at NDSU and the University of Minnesota, a research dietitian, and a nutritionist and faculty member at the University of North Dakota Family Practice Center. She is a member of the executive board for the Association of State and Territorial Directors of Health Promotion and Public Health Education as well as the Centers for Disease Control's Nutrition and Physical Activity Work Group. Originally from Tappen, N.D., Sandra was the 1994 recipient of the North Dakota Governor's Award for Excellence in Public Service and is a 1998-1999 Public Health Education Leadership Institute fellow.

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Senior Advisor for Health Policy

The senior advisor for health policy reviews North Dakota Department of Health programs and policies and makes recommendations on program development to the state health officer and the State Health Council. In addition, the senior advisor prepares reports about the cost and utilization of health care services and drafts legislation and testimony related to health care issues.



Michael J. Mullen
Senior Advisor for Health Policy

Michael J. Mullen joined the state health department in 1994 and became senior advisor for health policy in July 1998. Previously, he was an insurance regulation consultant and served as executive director of the National Association of Insurance Brokers. Michael also served as counsel to the U.S. Senate Committee on the Judiciary and as chief counsel of the Consumer Subcommittee of the Senate Committee on Commerce, Science and Transportation in Washington, D.C. A native of Grand Forks, N.D., he received a bachelor's degree in chemical engineering from the University of Notre Dame and a juris doctorate from Georgetown University Law Center.

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State Epidemiologist

The primary responsibilities of the state epidemiologist include coordinating epidemiological studies, investigations, and surveillance activities; conducting data analysis; and providing technical expertise and consultation with public and private health professionals. Additional responsibilities include collaborating with other state and federal health professionals to conduct disease surveillance, control, prevention and health intervention activities. The state epidemiologist also provides public health information to health care providers, community organizations and the media.



Larry Shireley
State Epidemiologist

Larry Shireley joined the North Dakota Department of Health in 1989 and became the state epidemiologist in 1990. Prior to that, he was a member of the U.S. Air Force at Grand Forks Air Force Base. Larry continues to serve in the North Dakota Air National Guard as a public health officer and has attained the rank of lieutenant colonel. Originally from Indiana, Larry has bachelor's and master's degrees from Purdue University, as well as a master's degree in public health from Tulane University.

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Health Resources Section

The Health Resources Section consists of three divisions: Health Facilities, Emergency Health Services and the Office of Community Assistance.

The section is responsible for licensing hospitals, nursing homes, basic care facilities, home health agencies, ambulance services, hospice programs, electrologists and electronic hair removal technicians. Staff members conduct certification surveys of all health care facilities and programs that serve Medicare and Medicaid beneficiaries, as well as Clinical Laboratory Improvement Amendment laboratories. In addition, the section coordinates training and provides testing and certification of emergency medical technicians. The section administers the Alternative Health Care Projects Program; the nurse aide training and competency programs; the health professional loan repayment programs; the Critical Access Hospital Program; the Emergency Medical Services Training grant; and the U.S. Public Health Service Community Development Program. The section also provides technical assistance for policy/plan development and grant writing in support of health care services and personnel in rural areas.

Some of the issues faced by the Health Resources Section include:

- Critical Access Hospital designation and certification for rural North Dakota hospitals
- Implementation and automation of the Outcome and Assessment Information Set for Medicare-certified home health agencies
- Implementation of the Health Care Financing Administration's data-driven certification process for nursing facilities
- Development and maintenance of sustainable rural health care services and networks in areas experiencing population loss
- Recruitment and retention of rural health professionals
- Transition from the institutional, medically biased, long-term care delivery system to a more cost-effective residential/social model

The Health Resources Section can be reached at 328.2352.



Division of Health Facilities

The Division of Health Facilities works to ensure that people receive appropriate, acceptable services in a safe environment. This is done by evaluating the programs, services, staff, buildings and equipment of the inpatient care facilities and outpatient programs to ensure they meet state licensure and federal certification standards and provide services consistent with generally accepted practice.

Division staff members conduct surveys to determine licensure and certification compliance. The division is also responsible for investigating complaints in all licensed and/or certified programs. Licensure and certification surveys are conducted by qualified surveyors who represent a wide range of professional disciplines including registered nurses, licensed registered dietitians, licensed social workers, certified laboratory technologists, qualified mental retardation professionals and fire safety surveyors.

Licensed and certified programs and facilities include 46 general acute hospitals, three specialized hospitals, 88 nursing facilities, 45 home health agencies and 15 hospice programs.

Certified-only facilities include 38 hospital swing bed programs, 75 rural health clinics, 66 intermediate care facilities for the mentally retarded, 10 ambulatory surgical centers, 16 end-stage renal dialysis units, three portable x-ray units and 146 Clinical Laboratory Improvement Amendment laboratories.

Licensed-only programs and facilities include 42 basic care facilities, 22 electrologists and two electronic hair removal technicians.



Darleen Bartz
Health Facilities Division Director

Darleen Bartz joined the North Dakota Department of Health, Division of Health Facilities, in 1989 and has been the division director since March 1998. She earned master's degrees in nursing and management from the University of Mary and attained a post-graduate certificate as a family nurse practitioner from Clarkson College, Omaha, Neb. Darleen is a licensed advanced practice registered nurse in North Dakota and is a nationally certified family nurse practitioner. She currently is the Region VIII representative on the Association of Health Facility Survey Agencies Board and is a member of the North Dakota Nurses Association and the American College of Nurse Practitioners. Before joining the state health department, Darleen worked as a manager and staff nurse in a variety of health care settings in North Dakota and Minnesota. She is a native of Crosby, N.D.

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Division of Emergency Health Services

The Division of Emergency Health Services is the lead agency for North Dakota's Emergency Medical Services (EMS) system. The EMS system consists of ambulance services that provide medical care and transportation, quick response units that provide treatment to patients until ambulances arrive, rescue services that extricate people who are entrapped, and hospitals that provide emergency room and trauma services.

The division carries out the following functions:

- Annually licenses 142 ground ambulance services that meet standards for service availability, equipment and personnel training
- Updates and maintains training, testing and certification programs for about 5,000 EMS personnel, including emergency medical technicians and paramedics
- Administers an EMS grant program for training expenses by distributing grants of \$235,000 per year
- Provides technical assistance to local emergency medical services, including patient care issues, system design, administration and operation
- Maintains an EMS personnel data system that contains about 10,000 certification records
- Maintains an ambulance run report data system which collects about 30,000 records each year and generates reports to ambulance services, state agencies and others
- Provides critical incident stress debriefing services to law enforcement, fire and EMS personnel engaged in EMS
- Implements and maintains a statewide trauma system
- Provides continuing education to EMS personnel through distance learning and videotape presentations
- Maintains a certified nurse aide registry

Tim Wiedrich joined the North Dakota Department of Health in 1984 as a program representative for the Division of Emergency Health Services. He became the training coordinator in 1986 and was appointed director in 1988. Tim received bachelor's and master's degrees in business administration and management from the University of Mary. He is president of the National Association of State Emergency Medical Services Directors and a board member of the Commission on Accreditation of Medical Transport Systems. Before joining the state health department, Tim served as chief investigator for the North Dakota Attorney General's Consumer Fraud and Antitrust Division. He is a native of Beulah, N.D., where he was a member of the volunteer ambulance service for 10 years.

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1999 Legislator's Guide



*Tim Wiedrich
Emergency Health Services
Division Director*



Office of Community Assistance

The Office of Community Assistance administers state and federal programs designed to improve the supply and distribution of health care services, programs and personnel. Programs include state and federal loan repayment programs for health professionals, the Critical Access Hospital Program, the J-1 visa waiver program for foreign physicians and the U.S. Public Health Service Community Development grant. As rural communities experience population loss, they need new types of health services, facilities and personnel. The Office of Community Assistance works with state agencies, community leaders, health care providers and others to promote sustainable health care services and to address health care availability problems faced by rural North Dakota communities.

The office provides assistance in the following areas:

- Alternative health services projects
- Co-location of local resources
- Critical Access Hospital designation
- Refocusing on outpatient services/primary care
- Health care facility debt refinancing option review
- Long-term care modifications
- Corporate restructuring
- Health professional recruitment
- Facility reconfiguration
- Network development
- Market niche development/analysis
- Health professionals' loan repayment for local, state and federal programs
- Legislative advocacy
- Regulatory analysis and option review
- Multi-community joint ventures



*Gary Garland
Office of Community Assistance
Director*

Gary Garland received bachelor's and master's degrees in sociology/statistics from the University of North Dakota and worked on a doctorate at Wayne State University, Detroit, Mich. He joined the North Dakota Department of Health in 1976 and was named director of the Office of Community Assistance in 1998. Gary provides technical assistance to the state health officer, the State Health Council and legislative committees. In addition, he serves as a principal researcher and writes technical documents that serve as the foundation for program development and direction, legislation, rules, legislative testimony, grants and other projects.

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Environmental Health Section

The goal of the Environmental Health Section is to safeguard the quality of North Dakota's air, land and water resources. The section deals with issues that affect the comfort, health, safety and well-being of North Dakota citizens and their environment.

Primary functions and responsibilities include coordinating communications with the U.S. Environmental Protection Agency (EPA) regarding state programs and related environmental issues, monitoring and enforcing compliance with state and federal environmental laws, and carrying out environmental chemistry analyses.

The Environmental Health Section's priorities include:

- Implementing strategies to address environmental impacts and problems associated with new developments
- Administering a state hazardous waste management program
- Administering a water quality management program for cleaning up targeted lakes and rivers
- Protecting groundwater and drinking water aquifers
- Controlling air, radiation, noise and solid waste pollution

The section consists of the following divisions:

- Water Quality
- Chemistry
- Waste Management
- Environmental Engineering
- Municipal Facilities



*Francis J. Schwindt
Environmental Health Section Chief*

Francis J. "Fritz" Schwindt joined the health department in 1972 as an environmental engineer. In 1982 he became director of the Division of Water Supply and Pollution Control and in 1990 was named chief of the Environmental Health Section. A graduate of North Dakota State University, Fritz earned a master's degree in agricultural engineering from Montana State University. He is a member of many professional organizations and currently serves as chair of the Western States Water Council, as a member of the EPA Small Community Advisory Subcommittee, and as director of the North Dakota Water Education Foundation. Fritz is a native of Killdeer, N.D.

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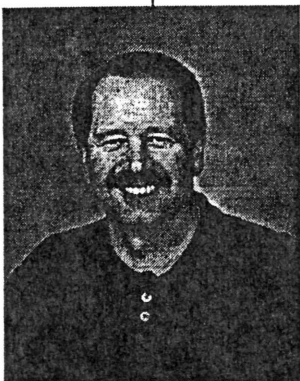


Division of Water Quality

The federal Clean Water Act of 1972 was enacted to provide for water quality protection. But even before the federal act, North Dakota had its own law – the North Dakota Water Pollution Control Act of 1967. The North Dakota Department of Health is largely responsible for monitoring the quality of the state's lakes, streams and rivers. The Division of Water Quality helps to ensure that water stays clean for people today, as well as for future generations.

Programs in the division include:

- **Pollutant Discharge Elimination System Permit Program** – Issues wastewater discharge and storm water discharge/runoff permits.
- **Surface Water Program** – Monitors surface water quality across the state to assess water quality trends and to describe the general chemical character of the state's major river basins.
- **Nonpoint Source Pollution Management Program** – Provides financial support through the administration of federal grants to state or local groups which work to control nonpoint source pollution.
- **Groundwater Program** – Works to control potential sources of contamination to the state's groundwater.
- **Wellhead Protection Program** – Protects groundwater resources by addressing the link between land uses and groundwater quality.
- **Underground Injection Control Program** – Helps prevent contamination of underground sources of drinking water by injection wells such as domestic or industrial wastewater disposal wells.



*Dennis Fewless
Division of Water Quality Director*

Dennis Fewless joined the North Dakota Department of Health in 1975 and worked as a program supervisor and assistant director of the Water Supply and Pollution Control Division. In 1990 he was named director of the Division of Water Quality. Dennis earned a bachelor's degree in environmental health from Ferris State University, Big Rapids, Mich., and did coursework in environmental management at the University of Southern California. Currently, he is working on a master's degree in public administration from Montana State University. Dennis is co-chair of the North Dakota Nonpoint Source Task Force Committee, co-chair of the Souris River Bilateral Monitoring Group (U.S. and Canada) and a member of the board of directors of the Association of State and Interstate Water Pollution Control Agencies. Dennis is originally from Leroy, Mich.

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Division of Chemistry

The Division of Chemistry provides analytical services and laboratory certification to a variety of environmental protection, public health, and agricultural and petroleum regulatory programs. The North Dakota Department of Health's environmental protection programs use data generated by the chemistry laboratory to regulate air quality; solid and hazardous waste; municipal wastewater; agricultural runoff; surface, ground and drinking water quality; petroleum products; and other media of environmental and public health concerns.

The division consists of one laboratory certification program and seven analytical laboratory areas that conduct specific analyses in response to private and public requests.

The analytical laboratory areas include:

- **Biochemical Oxygen Demands Analytical Lab** – Performs tests and provides analytical data to determine compliance of municipal and industrial wastewater discharges with permit requirements.
- **Feed and Fertilizer Lab** – Provides analytical data to the Department of Agriculture and tests agricultural feeds and fertilizers, pet foods, and lawn and garden fertilizers to determine compliance with regulations.
- **Mineral Lab** – Tests a variety of substances for minerals such as sodium, chloride and nitrates.
- **Organic Lab** – Provides identification and quantification of various substances, such as insecticides and herbicides, in multiple matrices; for example, drinking water, soil and fish tissue.
- **Petroleum Lab** – Tests the quality of petroleum products such as gasoline and diesel.
- **Radiation Lab** – Identifies and quantifies radioactive elements in samples collected from various sites, including abandoned uranium mines, indoor air quality monitors and public drinking water supply systems.
- **Spectroscopy Lab** – Identifies and quantifies metal concentrations in environmental matrices such as drinking water sources, river and lake sediments, and solid waste.

Myra J. Kosse began working as a chemist for the North Dakota State Laboratories Department in 1981 and joined the analytical staff of the North Dakota Crime Lab a few months later. After the State Laboratories Department and North Dakota Department of Health consolidated, she became the laboratory's lead analyst in 1989. Myra was named director of the Chemistry Division in 1993. Originally from Beach, N.D., she received a bachelor's degree in chemistry from North Dakota State University.

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Myra Kosse
Division of Chemistry Director



Division of Waste Management

The Division of Waste Management administers several programs that safeguard the safety and environmental health of North Dakota's citizens. These programs are designed for generators of solid and hazardous waste and operators of underground storage tanks.

The division manages the following programs:

- **Hazardous Waste Program** – Regulates facilities that generate, store, treat, dispose of and transport hazardous waste. Works to ensure safe waste management so that hazardous waste in North Dakota doesn't adversely affect human health or the environment.
- **Polychlorinated Biphenyls (PCB) Inspection Program** – Conducts inspections at facilities known or suspected to have equipment containing PCBs.
- **Solid Waste Program** – Regulates the safe collection, transportation, storage and disposal of inert, industrial, special and municipal solid wastes. Promotes resource recovery and recycling systems.
- **Abandoned Motor Vehicle Program** – Provides for the collection of abandoned motor vehicles and other scrap metals to reduce health and safety hazards, improve the appearance of the landscape and recycle useful metals.
- **Underground Storage Tank Program** – Defines the types of tanks which may be installed, establishes technical standards for underground storage tanks, maintains a tank notification program, establishes financial responsibility requirements for tank owners and provides state inspection and enforcement.



*Neil Knatterud
Division of Waste Management
Director*

Neil M. Knatterud began working for the North Dakota Department of Health as a chemist in the Chemistry Division in 1975 and transferred to the Solid Waste Division in 1980. In 1987 he became assistant director of the Waste Management Division and was named division director in 1992. Neil is a member of the Association of State and Territorial Solid Waste Management Officials' Hazardous Waste Committee. Originally from Maddock, N.D., he graduated from North Dakota State University with a bachelor's degree in pharmacy and chemistry. Before joining the state health department, Neil worked as a pharmacist in Bismarck, N.D., and served in the U.S. Air Force as a pharmacy and medical supply officer.

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Division of Environmental Engineering

Responsibilities of the Division of Environmental Engineering include air pollution control, radiation control and occupational safety and health onsite consultation. Staff members also provide technical assistance during emergency responses.

Programs in the division are:

- **Air Pollution Control Program** – Protects the state's air quality resources. Promotes clean air activities and controls major air pollution sources through permitting and compliance programs. Operates 12 ambient air quality monitoring sites and requires three industrial sources to operate nine source-specific monitoring sites. Provides protection indoors through indoor air quality, radon and asbestos programs that emphasize both regulatory and public awareness efforts.
- **Radiation Control Program** – Monitors development and use of ionizing and non-ionizing radiation sources to protect the health and safety of North Dakotans and the environment. Licenses radioactive material users; registers x-ray facilities and inspects them for compliance with the North Dakota Radiological Health Rules.
- **Occupational Safety and Health Program** – Provides onsite safety and health consultation surveys that focus on physical and chemical hazards found in the workplace. Conducts training for small businesses to reduce or eliminate occupational injury and illness. Interprets federal standards for workplace safety and health.



*Dana Mount
Environmental Engineering Division
Director*

Dana Mount joined the North Dakota Department of Health in 1967 as an environmental engineer in the Air Pollution Control Program and was promoted to director of the Division of Environmental Engineering in 1979. He serves as the administrative officer of the North Dakota Air Pollution Control Advisory Council and is the state health officer's designee to the North Dakota Small Business Air Pollution Compliance Advisory Board. Dana has served as chairman of the Southwestern Low Level Radioactive Waste Commission since 1992. He graduated from the University of North Dakota with a bachelor's degree in civil engineering and a master's degree in sanitary engineering. A native of Bismarck, N.D., Dana is a registered professional engineer.

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Division of Municipal Facilities

The Division of Municipal Facilities assists communities, industries and citizens of North Dakota in protecting public health and the environment. This is accomplished through the regulatory and funding activities of the division's four programs.

The programs include:

- **Drinking Water Program** – Works with more than 600 public water systems to ensure the provision of safe drinking water that meets all standards established under the Safe Drinking Water Act.
- **Operator Training and Certification and Facility Inspections Program** – Trains and certifies about 750 water and wastewater system operators. Also conducts inspections of public water and wastewater systems and inert landfills.
- **Clean Water State Revolving Fund Program** – Provides low-interest loans to fund conventional wastewater and nonpoint source pollution control needs. Funded by 80 percent federal dollars and 20 percent state match through the sale of bonds. Has loaned \$82 million for construction or upgrades of wastewater systems. When fully funded, about \$110 million will be available for loans.
- **Drinking Water State Revolving Loan Fund Program** – Provides loans to fund improvements to drinking water systems. Funded by 80 percent federal dollars and 20 percent state match through the sale of bonds. Has received approval for \$30 million in loans; may receive approval for an additional \$78 million by the year 2003.



*Jack Long
Division of Municipal Facilities
Director*

Jack Long joined the North Dakota Department of Health in 1978 as an environmental engineer. He served as manager of the Drinking Water Program from 1982 until 1988, when he became director of the Division of Food and Lodging. In 1990 Jack was named director of the Division of Municipal Facilities. He serves as a director of the North Dakota Water and Pollution Control Board and secretary of the North Dakota Section of the American Water Works Association's Water Utility Council. A native of Upham, N.D., Jack holds bachelor's degrees in education from Mayville State University and in engineering from the University of North Dakota.

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Appendix



Local Public Health Units

North Dakota's public health system is made up of 24 single- and multi-county local public health units (LPHUs).

Services offered by each public health unit vary, but all health units provide services in the areas of maternal and child health, health promotion and education, and disease prevention and control. Some local public health units maintain environmental health programs; others partner with the North Dakota Department of Health to provide environmental services such as public water system inspections, nuisance and hazard abatement, and food service inspections.

Local public health activities are financed by a combination of mill levy funding and/or city or county general funds, state aid and federal funding. Dickey, LaMoure, Rolette and Towner counties do not have organized local public health units. If enacted, N.D.C.C. Chapter 23-35 will require establishment of local public health units in these counties.

Health Unit

Bismarck-Burleigh Nursing Service
Bismarck, N.D.
(Burleigh County)

Cavalier County Health District
Langdon, N.D.
(Cavalier County)

Central Valley Health Unit
Jamestown, N.D.
(Logan and Stutsman counties)

City-County Health Department
Valley City, N.D.
(Barnes County)

Custer District Health Unit
Mandan, N.D.
(Grant, Mercer, Morton,
Oliver and Sioux counties)

Emmons District Health Unit
Linton, N.D.
(Emmons County)

Fargo Cass Public Health
Fargo, N.D.
(Cass County)

First District Health Unit
Minot, N.D.
(Bottineau, Burke, McHenry,
McLean, Renville, Sheridan and Ward counties)

Administrator

Paula Flanders, RN
222.6525
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Terri Gustafson, RN
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Lisa Clute
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Health Unit

Administrator

Foster County Health Department
Carrington, N.D.
(Foster County)

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652.3087
jean.kulla@thor.org

Grand Forks Public Health Department
Grand Forks, N.D.
(Grand Forks County)

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donnodak@aol.com

Kidder County District Health Unit
Steele, N.D.
(Kidder County)

Lana Fischer
475.2582
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Lake Region District Health Unit
Devils Lake, N.D.
(Benson, Eddy, Pierce and Ramsey counties)

Karen Halle, RN
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McIntosh District Health Unit
Ashley, N.D.
(McIntosh County)

Maureen Kosiak, RN
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Nelson/Griggs District Health Unit
McVille, N.D.
(Griggs and Nelson counties)

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Pembina County Health Department
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(Pembina County)

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(Ransom County)

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Richland County Health Department
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(Richland County)

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Health Unit

Administrator

Sargent County District Health Unit
Forman, N.D.
(Sargent County)

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Southwestern District Health Unit
Dickinson, N.D.
(Adams, Billings, Bowman, Dunn,
Golden Valley, Hettinger, Slope and Stark counties)

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Steele County Public Health Department
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(Steele County)

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Traill District Health Unit
Hillsboro, N.D.
(Traill County)

Brenda Stallman, RN
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bstallma@pioneer.state.nd.us

Upper Missouri District Health Unit
Williston, N.D.
(Divide, McKenzie,
Mountrail and Williams counties)

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Walsh County Health Department
Grafton, N.D.
(Walsh County)

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Wells County District Health Unit
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(Wells County)

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The North Dakota Department of Health issues many reports, newsletters and brochures designed to help the state's citizens enjoy good health in a clean environment. The following is a list of recent state health department publications:

Administrative Services

North Dakota Resident Vital Events Summary Data, 1981-1997
(Division of Vital Records)
Biennial Report: July 1, 1995 – June 30, 1997

Preventive Health Section

1997 Youth Risk Behavior Survey (YRBS)
1998 Report on Breastfeeding in North Dakota
Building Blocks to Safety
Dakota's Best Healthy Kids
Directory of Services (Division of Microbiology)
Epidemiologic Report on Tuberculosis
Focus on Fluoride
Health Audiovisual and Resource Catalog
HIV Quarterly Report
In Good Health
Micro Report
North Dakota Epidemiology Report
Summary of the 1997 Behavioral Risk Factor Surveillance System (BRFSS)

Health Resources Section

A Guide to Nursing Facility Charges
North Dakota Rural Health Access and Critical Access Plan
Report of the Task Force on Long-Term Care Planning

Environmental Health Section

1998 305(b) Water Quality Trends Report
Indoor Air Quality News
North Dakota Air Pollution Control Rules
North Dakota Air Quality Monitoring Data Summary 1997 Annual Report
North Dakota Livestock News: Managing Waste, Protecting Water
North Dakota Radiological Health Rules
State/Industry Network Air Quality Report
Update: Environment



Health-Related Websites

The Internet contains a wealth of information about health-related issues, all accessible with just the click of a mouse. A sampling of the information available on the World Wide Web follows:

American Academy of Pediatrics: <http://www.aap.org>

American Lung Association: <http://www.lungusa.org>

American Public Health Association: <http://www.apha.org>

American Public Health Service: <http://phs.os.dhhs.gov/phs/phs.html>

American Water Works Association: <http://www.awwa.org>

Association of State and Territorial Health Officials: <http://www.astho.org>

Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov>

Environmental Protection Agency: <http://www.epa.gov>

Food and Drug Association: <http://www.fda.gov>

Health Care Financing Administration: <http://medicare.hcfa.gov>

Health Information A to Z: <http://www.cdc.gov/health/diseases.htm>

Links to U.S. State Health Agencies: <http://www.ehdp.com/vitalnet/shas.htm>

National Center for Environmental Health: <http://www.cdc.gov/nceh/ncehome.htm>

New England Journal of Medicine: <http://www.nejm.org/content/index.asp>

North Dakota Department of Health: <http://www.health.state.nd.us>

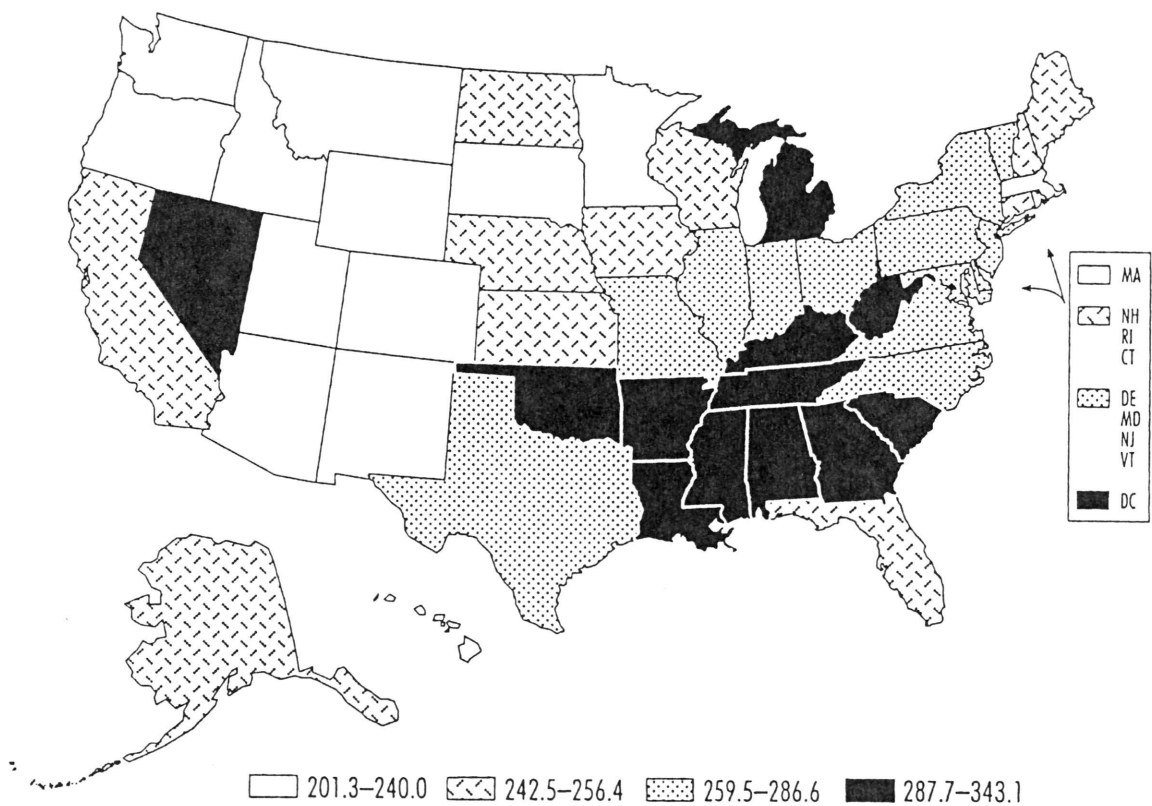
United States Department of Health and Human Services: <http://www.os.dhhs.gov>

United States National Library of Medicine (Medline): <http://www.nlm.nih.gov>

Western States Water Council: <http://www.westgov.org/wswc>

How healthy are we? The following maps compare the health status of North Dakotans to that of other Americans.

Total Cardiovascular Diseases: 1995 Death Rate per 100,000 Population*

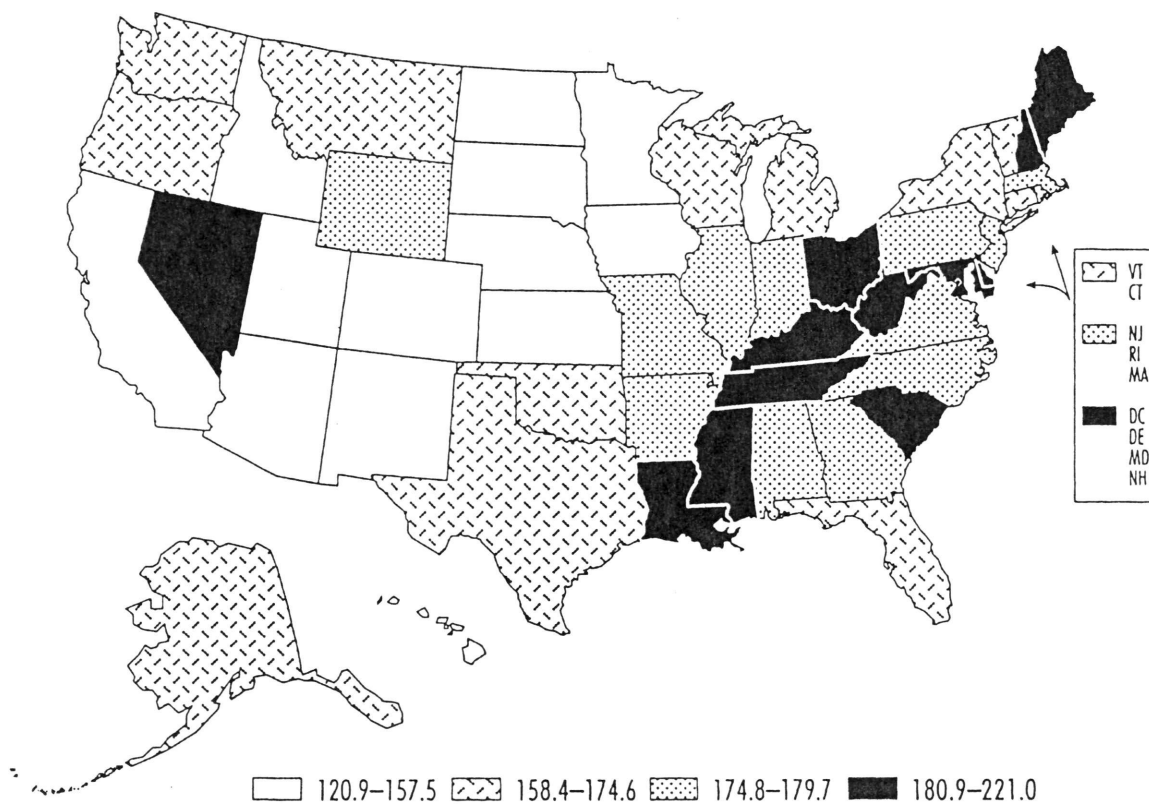


* All data are age adjusted, 1970 total U.S. population.

Source: Centers for Disease Control and Prevention

Cardiovascular diseases (principally coronary heart or artery disease and stroke) are the nation's most common cause of death among both men and women. Three health-related behaviors – tobacco use, insufficient physical activity and poor nutrition – are the major risk factors for these diseases. In North Dakota, coronary heart disease is the leading cause of death.

All Cancers: 1995 Death Rate per 100,000 Population*



* All data are age adjusted, 1970 total U.S. population.

Source: Centers for Disease Control and Prevention

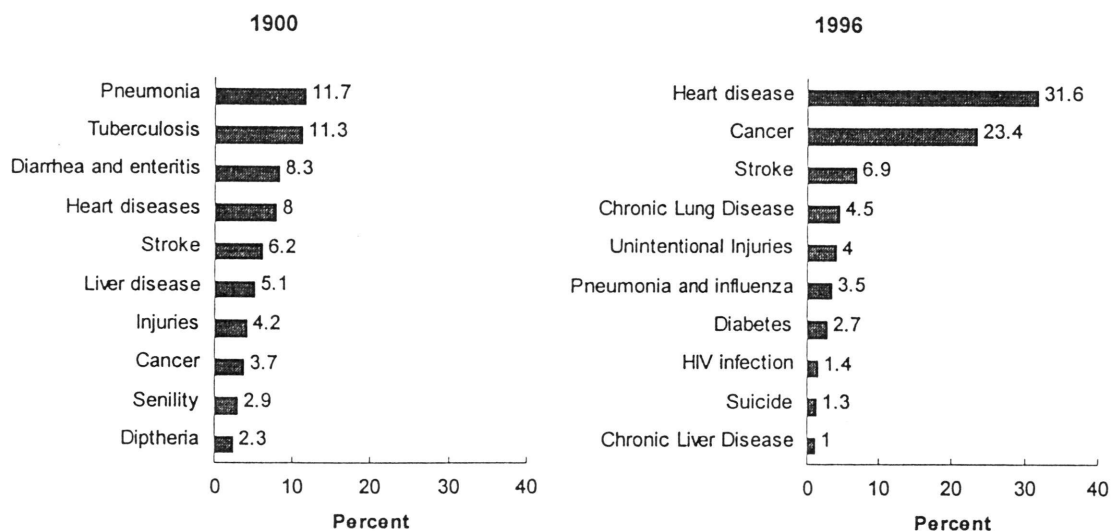
Cancer is the second most common cause of death in both North Dakota and the United States. The National Cancer Institute estimates that about 7.4 million Americans alive today have a history of cancer. Risk factors include tobacco use, poor nutrition and sun exposure.

All cancers caused by cigarette smoking could be prevented. Instead, 170,000 Americans will lose their lives to tobacco-related cancer this year.

In North Dakota, lung cancer is the leading cause of cancer deaths among men and the second-leading cause of cancer deaths among women. Breast cancer is the leading cause of cancer deaths among North Dakota women.

The lifestyles of most Americans have changed since the beginning of the 20th century. Fewer people engage in physical labor; smoking and other risky behaviors have become prevalent; and the American diet contributes to high cholesterol levels in many adults. It is no wonder that the causes of death have changed along with the change in lifestyles.

The 10 Leading Causes of Death as a Percentage of All Deaths: United States, 1900 and 1996



Source: Centers for Disease Control and Prevention

A nutritious diet low in saturated fats plays a key role in maintaining good health. In North Dakota, however, between 79.3 percent and 86.4 percent of adults eat fewer than the recommended five servings of fruits and vegetables each day. In addition, up to 34.4 percent of residents report they are overweight.

Physical activity reduces the risk of early death in general and of heart disease, high blood pressure, colon cancer and diabetes in particular. It also has been shown to reduce the severity of arthritis symptoms. In North Dakota, 28.0 percent to 33.5 percent of people reported no leisure-time physical activity.

The North Dakota Department of Health is committed to improving the health of North Dakota's citizens through the promotion of healthy lifestyles, the protection and enhancement of the environment, and the provision of quality health care services for the people of North Dakota.



Emergency Medical Policy

Facility Management has issued the following policy in the event of any medical situation at the Capitol Complex:

The first person on the scene of a medical emergency should call 9.911. The North Dakota Department of Health's first-responder team is dispatched automatically when 9.911 is dialed.

The person experiencing the medical emergency has the right to refuse ambulance services; he or she will not be charged for that service. If the North Dakota Department of Health responder team is unavailable, the ambulance service will do the assessment and advise the person with the medical emergency.

Facility Management will be on hand to assist in any way possible. After-hours security personnel will be wearing a pager that is activated by dispatch (to provide after-hour access to buildings on the complex). This pager will be transferred to each night security person in the Capitol after closing at 6 p.m. weekdays and all day on weekends and holidays.



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Department 301 - State Department of Health
 House Bill No. 1004, 1022

	FTE Positions	General Fund	Other Funds	Total
1999-2001 Executive Budget	305.00	\$14,974,004	\$73,512,102 *	\$88,486,106
1997-99 Legislative Appropriations	308.00	14,934,440	62,020,071 **	76,954,511
Increase (Decrease)	(3.00)	\$39,564	\$11,492,031	\$11,531,595

* Of this amount, \$3,000,000 is included in House Bill No. 1022 for bonding of laboratory and morgue facilities.

** In addition, \$1,638,000 of federal fund authority was approved by the Emergency Commission.

Major Items Affecting State Department of Health 1999-2001 Budget

	General Fund	Other Funds	Total
1. Deletes funding for 1 FTE position in the Office of Community Assistance	(\$145,387)	(\$4,503)	(\$149,890)
2. Increases federal funds and reduces general fund support for the Office of Community Assistance, net of reduction in FTE position above	(171,438)	229,447	58,009
3. Increases aid to local health districts grants from \$990,000 to \$1,100,000	110,000		110,000
4. Increases funding for EMT training; provides a total of \$940,000 from the general fund for EMT training grants	470,000		470,000
5. Provides funding from bonding for construction and remodeling of laboratory and morgue facilities (HB 1022)		3,000,000	3,000,000
6. Increases federal funds for breast and cervical cancer screenings - Operating		2,313,852	2,313,852
7. Increases federal funds to reduce nonpoint source pollution - Grants		2,162,160	2,162,160
8. Reduces salaries for expected vacant positions at 2 percent of general fund salaries	(170,775)		(170,775)

Major Legislation Affecting the State Department of Health

House Bill No. 1022 authorizes the issuance of bonds for a laboratory and morgue facility with \$1 million to be available from nongeneral fund sources to assist in the retirement of the evidences of indebtedness.

House Bill No. 1004, Section 7, provides legislative intent that the Office of Management and Budget collect from state agencies amounts for indirect cost reimbursements for which appropriations are provided and that the State Department of Health be allowed to deposit indirect cost recoveries in its operating budget.

House Bill No. 1038 provides a \$3,800,000 general fund appropriation for prehospital emergency medical services for the 1999-2001 biennium.

analysis
of
budget

LEGISLATIVE COUNCIL
ANALYSIS OF LEGISLATIVE CHANGES
AS OF FEBRUARY 18, 1999

BILL #/DEPARTMENT	LINE	EXECUTIVE BUDGET	HOUSE VERSION	HOUSE DIFF TO EXEC BUDGET	SENATE VERSION	SENATE DIFF TO EXEC BUDGET	DIFF BETWEEN HOUSE & SENATE
HB1004	SALARIES AND WAGE	26,380,615	25,904,309	476,306-	0	0+	0+
STATE HEALTH DEPARTMENT	OPERATING EXPENSE	15,242,307	15,226,857	15,450-	0	0+	0+
	EQUIPMENT	1,461,678	1,321,678	140,000-	0	0+	0+
	MAJOR IMPROVEMENT	40,446	40,446	0+	0	0+	0+
	GRANTS	24,134,130	23,984,130	150,000-	0	0+	0+
	WIC FOOD PAYMENTS	18,226,930	18,226,930	0+	0	0+	0+
	TOTAL	85,486,106	84,704,350	781,756-	0	0+	0+
301	SPECIAL FUNDS	70,512,102	70,293,306	218,796-	0	0+	0+
	GENERAL FUND	14,974,004	14,411,044	562,960-	0	0+	0+
BILL TOTAL	TOTAL	85,486,106	84,704,350	781,756-	0	0+	0+
HB1004	SPECIAL FUNDS	70,512,102	70,293,306	218,796-	0	0+	0+
	GENERAL FUND	14,974,004	14,411,044	562,960-	0	0+	0+

STATEMENT OF PURPOSE OF AMENDMENT:

DEPARTMENT 301 - DEPARTMENT OF HEALTH

HOUSE - This amendment makes the following changes:

	EXECUTIVE BUDGET	HOUSE CHANGES	HOUSE VERSION
Salaries and wages	\$26,380,615	(\$476,306)	\$25,904,309
Operating expenses	15,242,307	(15,450)	15,226,857
Equipment	1,461,678	(140,000)	1,321,678
Major improvements	40,446		40,446
Grants	24,134,130	(150,000)	23,984,130
WIC food payments	18,226,930		18,226,930
Total all funds	\$85,486,106	(\$781,756)	\$84,704,350
Less special funds	70,512,102	(218,796)	70,293,306
General fund	\$14,974,004	(\$562,960)	\$14,411,044
FTE	305.00	(1.00)	304.00

See the following page for the detail of House changes.

LEGISLATIVE COUNCIL
 ANALYSIS OF LEGISLATIVE CHANGES
 AS OF FEBRUARY 18, 1999

FEBRUARY 19, 1999

Detail of House changes to the executive budget includes:

	REDUCE COMPENSATION PACKAGE TO 2/2	ADJUST HEALTH INSURANCE COST	REDUCE SALARIES FOR VACANT FTE POSITIONS	REDUCE FUNDING FOR ABANDONED MOTOR VEHICLES	REDUCE AID TO LOCAL HEALTH DISTRICTS TO \$1,000,000	REDUCE EQUIPMENT
Salaries and wages	(\$345,572)	\$81,829	(\$100,000)			
Operating expenses						
Equipment						(\$140,000)
Major improvements						
Grants				(\$50,000)	(\$100,000)	
WIC food payments						
Total all funds	(\$345,572)	\$81,829	(\$100,000)	(\$50,000)	(\$100,000)	(\$140,000)
Less special funds	(221,166)	52,370		(50,000)		
General fund	(\$124,406)	\$29,459	(\$100,000)	\$0	(\$100,000)	(\$140,000)
	REMOVE 1 FTE OFFICE OF COMMUNITY ASSISTANCE AND RELATED EXPENSES					
		TOTAL HOUSE CHANGES				
Salaries and wages	(\$112,563)	(\$476,306)				
Operating expenses	(15,450)	(15,450)				
Equipment		(140,000)				
Major improvements						
Grants		(150,000)				
WIC food payments						
Total all funds	(\$128,013)	(\$781,756)				
Less special funds		(218,796)				
General fund	(\$128,013)	(\$562,960)				
FTE	(1.00)	(1.00)				

This amendment amends Section 7 relating to indirect cost reimbursement to remove legislative intent regarding the Office of Management and Budget collecting indirect cost reimbursement.

Testimony
on
House Bill 1004
before the
Human Resources Division
House Appropriations Committee
by
Murray G. Sagsveen, State Health Officer
Tuesday, January 19, 1999

see attachments
to Sagsveen's
Senate testimony

Murray
Sagsveen

Good morning, Mr. Chairman and committee members. I Murray Sagsveen,
State Health Officer, North Dakota Department of Health.

Agenda

With your permission, we propose the following agenda:

- Overview of the Department of Health
 - Mission statement
 - Organizational chart
 - Introduction of key staff (distribution of *Legislator's Guide*)
- Historical perspective of the department
 - General fund
 - FTEs
- The general-federal-special funding mix
- Section-by-section review of the department
 - Key programs
 - Proposed budget
 - Proposed FTEs
- Q&A

Mission of the Department of Health

The department has adopted by following mission statement:

The North Dakota Department of Health remains dedicated to the goal of assuring that North Dakota is a healthy place to live and that each person should have an equal opportunity to enjoy good health. To accomplish this mission, the agency is committed to the promotion of healthy lifestyles, protection and enhancement of the environment, and the provision of quality health care services for the people of North Dakota.

Organization and Function

The State Department of Health is organized into the Health Council, the Office of the State Health Officer, and four sections: *Administrative Services, Health Resources, Preventive Health, and Environmental Health*

The *Health Council* is appointed by the governor to monitor overall health care costs and quality of health care in the state, recommend to the legislature changes to the health care system in the state, publish an annual report on health care in the state, and approve any department regulations (N.D.C.C. § 23-01-03.2).

The *Office of the State Health Officer* provides overall coordination and support to the department and local public health units:

- The State Health Officer is the administrative officer of the department (N.D.C.C. § 23-01-05). A physician advisory committee, appointed by the governor, provides professional assistance to the State Health Officer.
- The Chief Medical Officer provides professional medical advice and services throughout the department and to other departments (e.g., the Department of Human Services).
- The Local Health Coordinator provides day-to-day liaison and support to the 24 local public health units in the state. The State Health Officer is a statutory advisor to the local public health units (N.D.C.C. § 23-01-05(2)).
- The Office of Health Data provides support to the Health Council (N.D.C.C. § 23-01-24 and Chap. 23-01.1), the department, the Legislative Assembly, and other departments.

The *Administrative Services Section* provides accounting, personnel administration, fiscal and data management support to the department. In addition, the section contains several separate divisions:

- The Division of Vital Records maintains health statistical data and provides certified copies of vital records to North Dakota residents.

- The Crime Lab Division provides technical assistance to the criminal justice system in the investigation of crime as well as providing the state with toxicology services.
- The Office of the Medical Examiner provides autopsy and expert witness services to coroners and law enforcement officials throughout the state.

The *Health Resources Section* is primarily responsible for the statewide healthcare infrastructure. The three divisions within the section are:

- The Health Facilities Division licenses and certifies healthcare facilities, long term care facilities, home health agencies, hospices, electrologists, etc.
- The Emergency Health Services Division regulates and supports the state's emergency medical services program.
- The Office of Community Assistance provides technical assistance to communities that need assistance related to the rapidly changing healthcare environment.

The *Preventive Health Section's* programs are administered through several divisions:

- The Disease Control Division focuses on preventing communicable diseases and containing disease outbreaks.
- The Food & Lodging Division is responsible for food and lodging inspections in areas where public health units do not provide such services.
- The Health Promotion and Education Division, which is entirely federally funded, primarily promotes healthy lifestyles through educational programs.
- The Maternal and Child Health Division manages a variety of categorical grants that are primarily implemented at the local public health units.

Laboratory analysis of various diseases including childhood and infectious diseases is provided by the

- Division of Microbiology. Provides laboratory support to the section, to local public health units, and other organizations.

The *Environmental Health Section* works closely with the federal Environmental Protection Agency to protect the state's environment. The section contains several divisions:

- The Chemistry Lab provides laboratory services to the section.
- The Environmental Engineering Division primarily focuses on air pollution and radiation control programs.
- The Municipal Facilities Division assists communities to provide safe drinking water in public water systems.
- The Waste Management Division works with the handling and disposal of solid and hazardous wastes.
- The Water Quality Division focuses on the protection of surface and ground water quality.

Historical Perspective of the Department

We prepared charts to illustrate the growth of the department, from a general fund and FTE, perspective, since 1987.

- The first chart (page 7) shows the growth in dollars from \$11,972,221 in the 1987-89 biennium to the proposed \$14,974,004 in the next biennium.
- The second chart (page 8) shows the percentage growth, using the 1987-89 biennium as the base line. The growth is 106% over five biennia – far less than the consumer price index (CPI).

We also prepared a chart to illustrate the initial growth –then downsizing – of the department, from a FTE perspective, during the same period. The chart at page 9 shows the authorized FTEs increased from 280.25 during 1987-89 biennium to

319 during the 1993-95 biennium, then decreased to 305 in the proposed executive budget.

The General-Federal-Special Funding Mix

The department has attempted to leverage the scarce state general fund dollars at every opportunity. The enclosed charts show the department-wide funding mix (page 10) and illustrate the section-by-section fund mix within the department (page 11).

Budget Highlights

The department's proposed budget is summarized in the *OMB Request/Recommendation Comparison Summary* (page 12).

We requested the following budget in July (consistent with the governor's request to request 5% less from the general fund than appropriated for the current biennium):

General funds	\$14,149,413
Federal funds	\$63,912,435
Special funds	<u>\$05,106,976</u>
Total	\$83,168,824

We requested authority to spend an additional \$6 million in federal funds to accommodate the expansion of two federal programs:

- The Breast and Cervical Cancer Program that provides a screening program for improving early detection and control of breast and cervical cancer.
- The Nonpoint Source Water Pollution Program that funds various water projects to control the runoff from such sources as construction sites, city streets, and agricultural lands.

Other funds decreased due to the discontinuance of private foundation funding from the Robert Wood Johnson Foundation. These funds were used to hire a consultant to study health related issues caused by flooding in Grand Forks.

Included in the executive budget recommendations and made a part of our appropriation request are several program enhancements.

- The governor has approved the inclusion of two FTE's in the Office of Community Assistance. They will assist rural communities with their health infrastructure. With the declining population in many of our smaller cities and counties, it is critically important to maintain a healthy health infrastructure in order to provide necessary services to the residents and to attract economic development. Funding for this enhancement will be provided with a mix of general funds (\$142,597) and federal funds (\$670,000).
- The governor also approved funding to enhance our emergency medical services training program. Our 95% budget included \$550,000 of grant funds for EMT training. An additional \$390,000 was approved by OMB providing a total of \$940,000 for next biennium. This increase of \$470,000 is twice their current appropriation. These funds will be used to offset expensive training incurred by emergency medical personnel. North Dakota's ambulance services rely heavily on volunteer personnel and in order to recruit and retain these volunteers, financial obstacles must be reduced or eliminated.
- The governor also approved increased general funds for local public health units, from \$990,000 to \$1,100,000.

Section-by-Section Review of the Department Budget

[Discussion of section spreadsheets by State Health Officer, section chiefs, director of the accounting division.]

Special Issues

- The Department has increased its support to local public health units. \$990,000 during the current biennium to \$1,100,000 for the next biennium. Information about the local public health units and mix of funding for the units is at pages 26-29. This amount will increase the per capita general fund support from 77¢ to 86¢ per year.
- The Executive Budget proposed \$940,000 for emergency health services – double the amount appropriated for the current biennium. House Bill 1038 seeks an additional \$3,800,000 for emergency medical services. In addition, Senate Bill 2012 appropriates funds to the Department of Human Services for Medicaid reimbursement.
- The budget before you requests \$140,000 for the next biennium to continue its statutory responsibilities concerning health care data. Based on the capabilities of the current data system, the Health Resources and Services Administration (HRSA) has indicated an interest in funding a pilot project in North Dakota that would enhance the number of data sources that we are able to link to the claims data. Collaboration with HRSA could also provide opportunities for federal fiscal support for the data activities of the Department.
- House Bill 1022 requests a \$3 million bonding authorization for the Office of the Medical Examiner and to upgrade laboratory and off-site office facilities (see my testimony to the Appropriations Committee on January 18).
- Attorney General Heitkamp has recently advised that funding for two additional positions in the Crime Lab may be available as early as February 1, 1999. Accordingly, we may seek an amendment to HB1004 for the funding and the FTEs.

- Governor Schafer requested, in the State of the State Message, that 10% of all tobacco settlement payments be allocated to public health efforts. We anticipate that 100% of the 10% will be passed through to local public health units and other community-based programs (i.e., we are not now requesting an amendment to House Bill 1004). Governor Schafer and the leadership are preparing legislation to implement the governor's request in the State of the State Message. Other legislation has also been introduced (and we expect that more legislation will soon be introduced) concerning the allocation of the tobacco settlement money.

Conclusion

Thank you for the time to present these issues to the committee. We will answer any questions that you may have.

Executive Budget Recommendation

State Department of Health

Object Code	Object Description	1999-01 Executive Recommendation	1997-99 Budget	Increase/ Decrease	% Change
1000	FTE EMPLOYEES (Number)	305.0	308.0	(3.0)	-0.97%
	SALARIES AND WAGES				
1001	Salaries	20,319,534	19,012,253	1,307,281	6.88%
1002	Temporary, Overtime	373,080	416,124	(43,044)	-10.34%
1008	Benefits	5,858,776	5,423,224	435,552	8.03%
1900	Salary Budget Adjustment	(170,775)	0	(170,775)	0.00%
	TOTAL	<u>26,380,615</u>	<u>24,851,601</u>	<u>1,529,014</u>	<u>6.15%</u>
	OPERATING EXPENSES				
3002	Data Processing	245,364	187,267	58,097	31.02%
3003	Telecommunications - ISD	393,049	384,739	8,310	2.16%
3004	Travel	1,363,880	1,343,331	20,549	1.53%
3006	Utilities	252,428	245,076	7,352	3.00%
3007	Postage	374,809	367,892	6,917	1.88%
3011	Lease/Rentals - Equipment	163,359	158,600	4,759	3.00%
3012	Lease/Rentals-- Buildings./Land	981,564	953,946	27,618	2.90%
3013	Professional Development	283,188	283,071	117	0.04%
3014	Operating Fees & Services	1,825,379	1,916,648	(91,269)	-4.76%
3016	Repairs	613,075	595,985	17,090	2.87%
3018	Professional Services	5,022,723	3,646,111	1,376,612	37.76%
3019	Insurance	17,428	16,921	507	3.00%
3021	Office Supplies	587,873	569,615	18,258	3.21%
3024	Printing	429,842	424,483	5,359	1.26%
3025	Professional Supplies & Materials	814,790	776,883	37,907	4.88%
3027	Food & Clothing	5,846	18,087,711	(18,081,865)	-99.97%
3029	Medical, Dental, and Optical	1,631,195	1,503,859	127,336	8.47%
3030	Buildings/Vehicle Maint. Supplies	117,500	124,328	(6,828)	-5.49%
3033	Miscellaneous Supplies	83,556	106,715	(23,159)	-21.70%
3900	Operating Budget Adjustment	35,459	0	35,459	0.00%
	TOTAL	<u>15,242,307</u>	<u>31,693,181</u>	<u>(16,450,874)</u>	<u>-51.91%</u>
	EQUIPMENT				
4001	Office Equipment & Furniture	554,768	540,406	14,362	2.66%
4003	Other Equipment	906,910	855,034	51,876	6.07%
	TOTAL	<u>1,461,678</u>	<u>1,395,440</u>	<u>66,238</u>	<u>4.75%</u>
	CAPITAL IMPROVEMENTS				
5005	Land & Buildings	40,446	28,143	12,303	43.72%
	TOTAL	<u>40,446</u>	<u>28,143</u>	<u>12,303</u>	<u>43.72%</u>
	GRANTS				
6006	Grants	24,134,130	20,624,146	3,509,984	17.02%
	TOTAL	<u>24,134,130</u>	<u>20,624,146</u>	<u>3,509,984</u>	<u>17.02%</u>
3027	WIC FOOD PAYMENTS				
	Food & Clothing	18,226,930	0	18,226,930	100.00%
	TOTAL	<u>18,226,930</u>	<u>0</u>	<u>18,226,930</u>	<u>100.00%</u>
	SECTION TOTAL	<u><u>85,486,106</u></u>	<u><u>78,592,511</u></u>	<u><u>6,893,595</u></u>	<u><u>8.77%</u></u>
9991	General Fund	14,974,004	14,934,440	39,564	0.26%
9992	Federal Funds	65,405,126	57,621,609	7,783,517	13.51%
9993	Other Funds	5,106,976	6,036,462	(929,486)	-15.40%

Hearing on House Bill 1004
before the
Senate Appropriations Committee
Murray G. Sagsveen, State Health Officer
February 24, 1999

Good morning. Our testimony will focus on several key issues:

- Department of Health responsibilities.
- Recent and proposed funding for the Department.
- The general, special, and federal funding mix.
- Significant features of the proposed budget.
- Department facilities.
- Action by the House on House Bill 1004 and House Bill 1022.
- Requested amendments to House Bill 1004.

Department of Health Responsibilities

The Department of Health has several major statutory responsibilities, including the following:

- The department is "the primary state environmental agency" (N.D.C.C. § 23-01-01.2).
- The Department licenses and certifies most health facilities in the state.
- The Department provides assistance and training to local emergency medical services.
- The Crime Lab and the Medical Examiner provide support to law enforcement authorities and county coroners.
- The Department provides support and technical assistance to local public health units (see the maps at pages 28-29) with programs such as:
 - Immunizations.
 - Disease outbreaks (such as the recent outbreaks of TB in Lakota and meningococcal bacteria in Williston).
 - The Micro Lab.
- The Department maintains vital birth, death, and other records for the state.

- The Department inspects and licenses food and lodging businesses in areas that are not inspected by local authorities.

The organizational chart for the Department is at page 11.

Recent and Proposed Funding for the Department

The Department's funding has been relatively stable since 1987 (see the charts at pages 14-16). Specifically, general fund appropriations have increased only 6% since 1991 (see the chart at page 15). Similarly, the authorized FTEs have also been relatively stable since 1987 (see the chart at page 16).

The General, Special, and Federal Funding Mix

The Department relies on a mix of general, special, and federal funds. The charts at pages 17-18 illustrate the mix of funding throughout the Department.

Significant Features of the Proposed Budget

The schedule at page 12 summarizes the executive recommendation for the next biennium. The key features of the proposed budget were:

- The general fund component would have increased by only \$39,564 (0.26%).
- We decreased the authorized FTEs from 308 to 305.
- By reorganizing priorities within the Department, we had:
 - Increased general fund support to local public health units from \$990,000 to \$1,100,000 (see the chart at page 30).
 - Increased general fund support to emergency medical services training from \$470,000 to \$940,000.
 - Reassigned two personnel to an Office of Community Assistance to provide technical assistance to communities concerning health-related infrastructure changes.

The schedules at pages 19 through 23 summarize the executive budget recommendations for the Department and each major section within the Department.

The schedule at page 13 summarizes the amendments adopted in the House.

Department Facilities

Background

After the Department submitted its proposed budget to OMB, I requested Department staff (who inspect long term care facilities and hospitals) to inspect five

Department buildings to determine whether they complied with the Life Safety Code. The inspections revealed major structural deficiencies that posed significant safety hazards for Department employees.

Also after the Department submitted its proposed budget to OMB, OMB staff inspected the buildings, primarily to provide a second opinion concerning a report by a consulting engineer who had identified major deficiencies in the heating, ventilation, and air conditioning (HVAC) systems. The OMB inspection confirmed that we had major (and potentially expensive) problems with the HVAC systems.

In addition, in November 1998, St. Alexius Medical Center notified me that it would no longer authorize the Medical Examiner, Dr. George Mizell, to use its morgue (the Medical Examiner had been using the morgues at St. Alexius Medical Center and MedCenter One on a six-month rotation since the Office of the Medical Examiner was established several years ago). Accordingly we immediately started searching for a suitable facility to establish a permanent state morgue (we inspected buildings in Bismarck and Mandan, the UND School of Medicine and Health Sciences building in Grand Forks, and the Veterans Administration Hospital in Fargo).

We had not completed our investigations when the executive budget was submitted to the legislature in December. Accordingly, OMB inserted a proposed authorization in House Bill 1022 for the Department to issue bonds totaling \$3 million to finance construction or reconstruction of the necessary facilities. Our work was not completed by crossover, so the provision was deleted from House Bill 1022.

The Laboratories

The Department of Health operates several major laboratories to support state and local agencies.

- The Crime Lab (which includes the State Toxicologist) provides essential and specialized services to about 200 law enforcement agencies, coroners, and state's attorneys (additional details are provided at pages 24-25). The workload at the Crime Lab has significantly increased and has become more complex in recent years as a result of additional federal financial support to state and local law enforcement agencies – the workload has increased and is more complex because the lab is testing more blood and urine samples for

“traditional” and “boutique” drugs and chemicals. We believe there is no viable alternative to upgrading the Crime Lab, so we will request an amendment for additional federally funded FTEs (explained in more detail below).

- The Microbiology Lab provides essential and specialized services to state agencies (e.g., the Department of Corrections) and local public health units (additional details are provided at page 26). The workload of this laboratory has remained relatively constant during the past several years, but the focus has shifted because of new diseases (e.g., human immunodeficiency virus [HIV], chlamydia, antibiotic resistant tuberculosis, hepatitis [A, B, and C], etc.), increasingly complex foodborne issues (e.g., listeriosis [associated with the recent Land O'Lakes recall]), potentially dangerous disease outbreaks in ND communities (e.g., TB in Lakota and meningococcal bacteria in Williston), specialized techniques and equipment, and an increasing national emphasis on improving the capabilities within each state to better respond to a pandemic or bioterrorist attack. We have briefly evaluated the option of outsourcing the Microbiology Lab, but we believe that option would be significantly more expensive than operating the lab. We are seeking funding for 17 FTEs from three sources: the general fund (\$1,392,733 – 59%), federal funds (\$855,648 – 35%), and special funds (\$125,000 – 6%).
- Similarly, the Chemistry Lab provides essential and specialized services to state agencies and local agencies (additional details are provided at page 27). This lab provides support to cities throughout the state to ensure that the public water systems comply with the Safe Drinking Water Act, routinely tests surface water supplies throughout the state as part of the delegated responsibilities from EPA, and provides assistance to state agencies, including the State Water Commission, the Department of Agriculture, and the Geological Survey. We have briefly evaluated the option of outsourcing this work, but again believe the net cost would significantly increase. We are seeking funding for 16 FTEs from three sources: the general fund (\$947,974

– 36%), federal funds (\$909,437 – 34%), and special funds (\$816,341 – 30%).

The Medical Examiner

The Medical Examiner program has been an unqualified success story. Dr. George Mizell provides expert forensic pathology services to state and local law enforcement agencies, state's attorneys, and county coroners (additional details are provided at page 31). When St. Alexius notified me that the Medical Examiner could not use that morgue after November 1, 1998 (thereby shifting all autopsies to the morgue at MedCenter One), we considered all available options:

- The UND School of Medicine and Health Sciences was an obvious option. Dr. Mizell and I personally inspected the facility. In addition, the State Facility Planner, OMB, inspected the facility and reported that remodeling alone might cost \$628,100.
- The Veteran's Hospital in Fargo was another obvious option, primarily because nearly-vacant UND offices adjacent to the facility could have provided an office suite for the Office of the Medical Examiner. Dr. Mizell and I personally inspected this morgue and agreed that the VA morgue was not suitable for a high volume operation. This option would have required a lease from the federal hospital, relocation of the Medical Examiner, and some modifications to the VA morgue.
- The former hospital building in Mandan (now owned by MedCenter One) was also an option because the now-vacant operating rooms could have been converted to a morgue. However, MedCenter One would not commit to a long-term lease for that space.
- Constructing a new building or remodeling an existing building in Bismarck is also an option, and we have explored a number of possibilities. The most attractive site is a building owned by MedCenter One at 6th and C in Bismarck. According to the State Facility Planner, the cost to purchase and remodel the building would be \$530,000.
- Constructing a state morgue within the existing East Main lab is also an option – because of the proximity to the Crime Lab and the State Toxicologist

and because the facility could be remodeled to accommodate the Medical Examiner without major work to the HVAC system (which would be required if the labs would remain in the same space).

Recommendation

It is now our recommendation that:

- A chemistry lab (7,000 square feet) and a microbiology lab (7,000 square feet) be constructed adjacent to the existing laboratory on East Main. When constructed the lease on the existing microbiology lab north of the Missouri Office Building would be terminated.
- When the chemistry lab relocates to the new facility, the vacated space in the East Main lab could be remodeled to accommodate the Office of the Medical Examiner. Other remodeling work at the lab could be accomplished at the same time.

We believe the work described above could be accomplished with little impact on the general fund – and no impact this biennium. Our projections are summarized below:

- If the bonds are issued at a 5% interest rate over 20 years, the debt service would be \$321,000 per year (the debt service at 6% would be about \$349,000 per year). Based on existing federal-state arrangements, we believe that up to 60% of the debt service could be paid through rent collections of estimated income.
- Beginning with the 2001-2003 biennium, the additional general fund appropriation to provide new lab facilities, to provide a state morgue, to upgrade the HVAC system in the East Main lab, and to provide a much safer working environment (that also complies with the appropriate codes) for the affected state employees would be approximately \$136,800 general funds (per biennium) as follows:

Total debt service	\$642,000
Less 60% as estimated income	<u>\$385,200</u>
Subtotal	\$256,800
Less current general funds for Micro Lab	<u>\$120,000</u>
Additional general funds request per biennium	<u>\$136,800</u>

Requested Amendments to House Bill 1004

We request the following amendments to House Bill 1004:

- Reinststate \$100,000 to the salary line item. We are currently having problems recruiting for essential environmental engineering and information technology positions. If the \$100,000 is not reinstated in the salary line item, we will have significantly diminished ability to fill key positions (which will result in additional vacancies during the biennium, which will trigger additional underfunding during the next budget cycle, which will continue the vicious cycle).
- Reinststate \$100,000 to the funding for local public health units. Our goal was to increase per capita general fund support of local public health units from 77¢ to 86¢ per year (a very modest amount). I believe additional state support of local public health units is in the public interest.
- Reinststate only \$70,000 to the equipment line item. Our funding request for equipment was correct when submitted in mid-1998, but computer prices have substantially decreased our funding needs.
- Reinststate \$128,013 and 1 FTE to the Office of Community Assistance. If the legislature wants the Department of Health to participate in future analysis of long term care needs (such as a continuation of the Long Term Care Task Force into the next biennium in support of possible studies authorized by HCR3001, HCR3002, HCR3004, and SCR4004), rural hospital issues (in support of a possible study authorized by HCR3046), and health-related issues (in support of a possible study authorized by HCR3070), funding for this position is essential. Also, this funding is important if the legislature wants this Department to assist rural communities adapt their health-related infrastructure to changing demographics, priorities, and needs.
- Authorize 2 additional FTEs and \$174,000 in federal funds for the Crime Lab so that the Department can accept a Department of Justice grant (\$145,750 for salaries and \$28,250 for operating expenses).

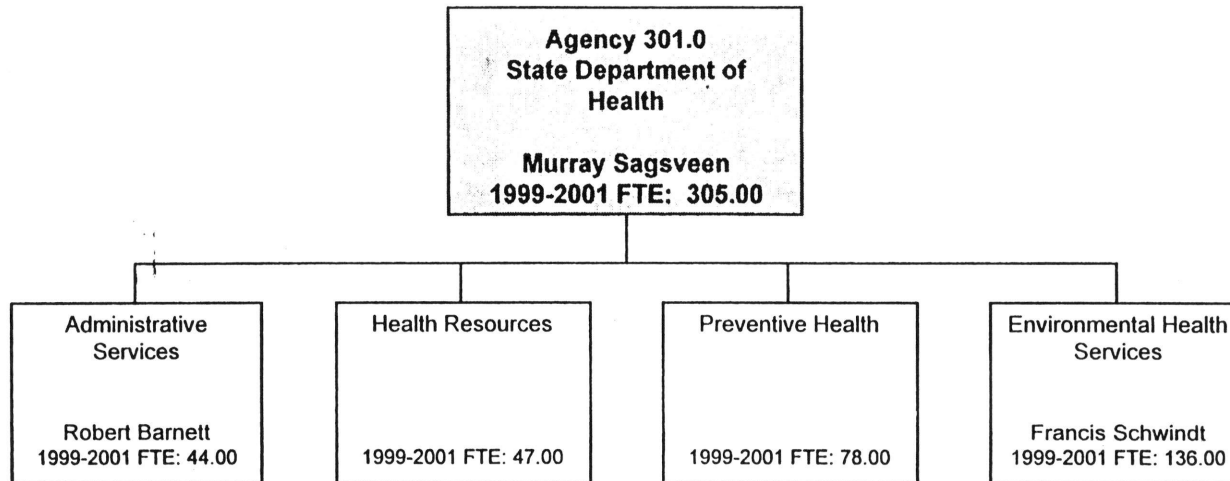
- Authorize the Department to issue bonds totaling \$4 million so that we can construct a chemistry lab, construct a microbiology lab, provide an Office of the Medical Examiner (with a morgue) in the existing laboratory at East Main, and update the remaining HVAC system in the East Main lab.

Conclusion

The key Department of Health staff are here to answer any questions that you may have.

Appendix

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Statutory Authority – North Dakota Century Code Title 19, 23, 25, and 61.

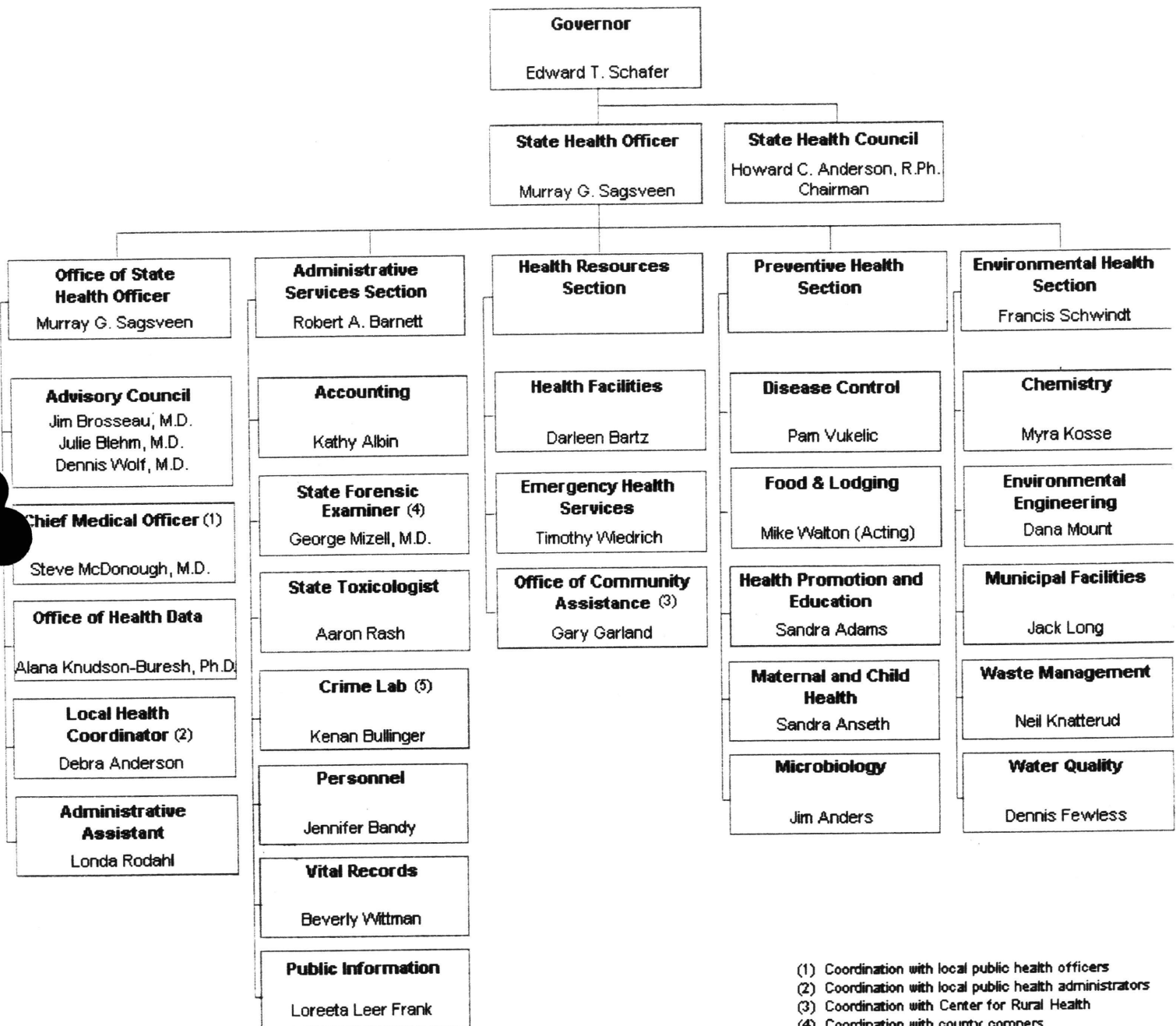
Mission Statement – We, as public employees, are dedicated to the goal of assuring that North Dakota is a healthy place to live and to the belief that each person should have an equal opportunity to enjoy good health. To accomplish this mission, we are committed to the promotion of healthy lifestyles, protection and enhancement of the environment, and provision of quality health care services for the people of North Dakota.

Executive Budget Recommendation –

- Adds back the Office of Community Assistance which was removed in the 95% budget request. Provides funding for 2.00 FTE, operating expenses of \$35,459 and a grant to the UND Center for Rural Health for \$562,597.
- Provides \$940,000 for grants to local ambulance services, twice that of the current biennium of \$470,000.
- Underfunds the payplan by 2% of the general fund portion of the salaries line item or \$170,775.
- Includes \$3,000,000 in bonding funds for renovation and addition to the East Lab to provide morgue and lab facilities.
- The general fund recommendation, excluding the compensation package, is \$423,205 under the 1997-99 budget.

Organizational Chart

Click boxes for contact information or search the more detailed information farther down on this page. If you know the name of the person you wish to contact, [click here for a complete E-mail directory listing sorted by name.](#)



- (1) Coordination with local public health officers
- (2) Coordination with local public health administrators
- (3) Coordination with Center for Rural Health
- (4) Coordination with county coroners
- (5) Coordination with law enforcement

REQUEST / RECOMMENDATION COMPARISON SUMMARY

301 ND Department of Health
Biennium 1999-2001
Bill #HB1004

Description	Expenditures	Present	1999-2001		Requested	1999-2001		Executive
	Prev Biennium 1995-97	Budget 1997-1999	Incr (Decr)	% Change	Budget 1999-2001	Incr (Decr)	% Change	Recommendation 1999-2001
BY MAJOR PROGRAMS								
Administrative Services	4,237,021	5,891,308	(405,156)	-6.9%	5,486,152	(382,569)	-6.5%	5,508,739
Health Resources	5,032,506	6,174,991	(791,767)	-12.8%	5,383,224	614,423	10.0%	6,789,414
Preventive Health	39,442,180	46,545,069	2,752,467	5.9%	49,297,536	3,062,404	6.6%	49,607,473
Environmental Health	16,848,869	19,981,143	3,020,769	15.1%	23,001,912	3,599,337	18.0%	23,580,480
Total Major Programs	65,560,576	78,592,511	4,576,313	5.8%	83,168,824	6,893,595	8.8%	85,486,106
BY LINE ITEM								
Salaries & Wages	22,395,330	24,851,601	199,788	0.8%	25,051,389	1,529,014	6.2%	26,380,615
Operating Expenses	27,125,138	31,693,181	(16,486,333)	-52.0%	15,206,848	(16,450,874)	-51.9%	15,242,307
Equipment	1,229,012	1,395,440	66,238	4.7%	1,461,678	66,238	4.7%	1,461,678
Capital Improvements	27,726	28,143	12,303	43.7%	40,446	12,303	43.7%	40,446
Grants	14,783,370	20,624,146	2,557,387	12.4%	23,181,533	3,509,984	17.0%	24,134,130
WIC Food Payments	0	0	18,226,930	0.0%	18,226,930	18,226,930	0.0%	18,226,930
Total Line Items	65,560,576	78,592,511	4,576,313	5.8%	83,168,824	6,893,595	8.8%	85,486,106
BY FUNDING SOURCE								
General Fund	14,366,079	14,934,440	(785,027)	-5.3%	14,149,413	39,564	0.3%	14,974,004
Federal Fund	46,258,590	57,621,609	6,290,826	10.9%	63,912,435	7,783,517	13.5%	65,405,126
Special Fund	4,935,907	6,036,462	(929,486)	-15.4%	5,106,976	(929,486)	-15.4%	5,106,976
Total Funding Source	65,560,576	78,592,511	4,576,313	-9.7%	83,168,824	6,893,595	8.8%	85,486,106
Total FTE	306.00	308.00	(5.00)	-25.1%	303.00	(3.00)	-1.0%	305.00

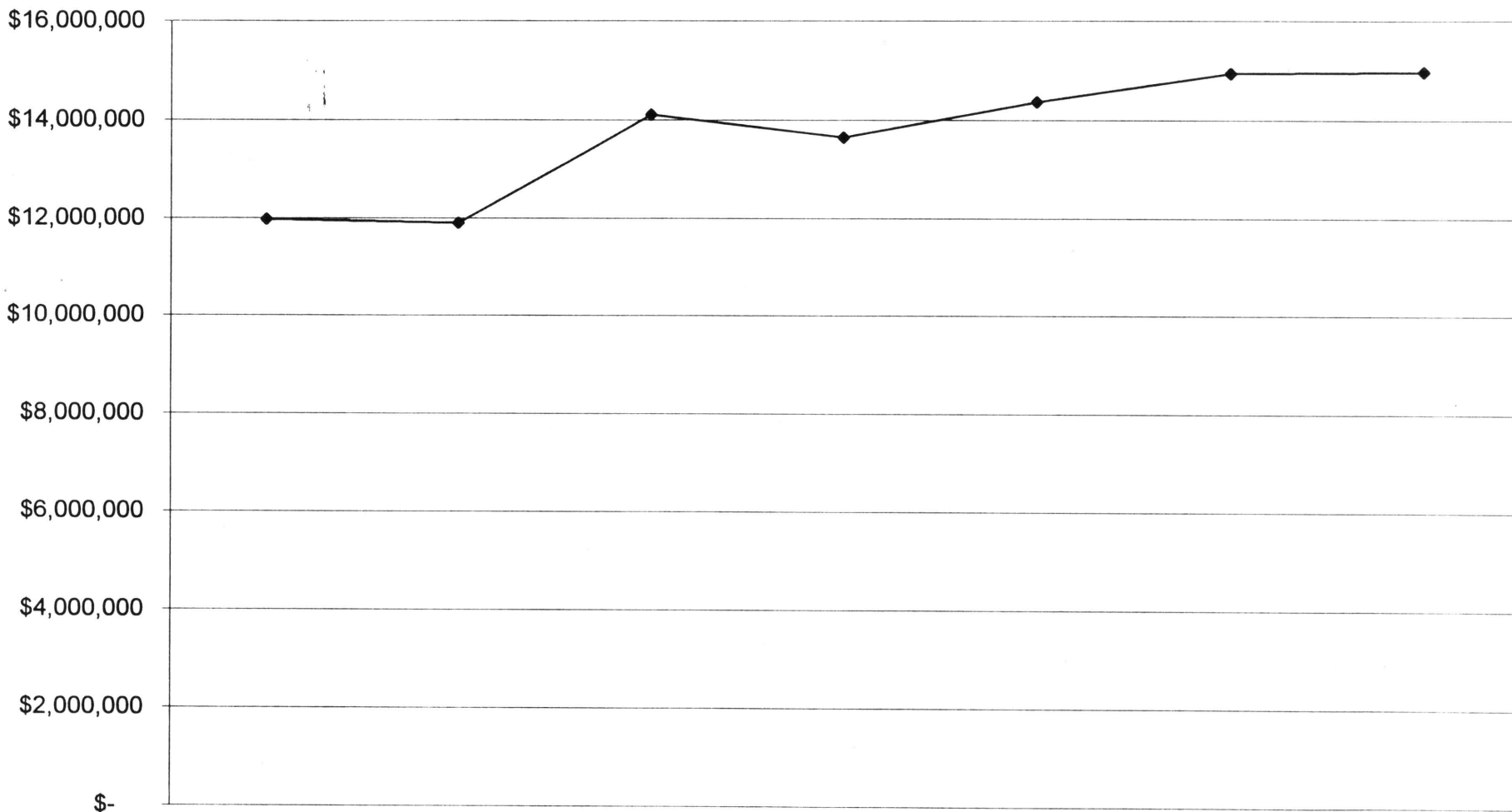
**House Amendments to Executive Budget
State Department of Health
1999-2001**

	99-01 Executive Recomm.	Reduce Comp. Pkg 2/2	Adjust Hlth Care Costs	Reduce Funding Vacant Positions	Reduce Abandon Auto	Reduce Local Health Units	Reduce Equipment	Remove part of Off of Com Assist	Total House Changes	1999-2001 Adjusted Budget
Salaries & Wages	26,380,615	(345,572)	81,829	(100,000)				(112,563)	(476,306)	25,904,309
Operating Expenses	15,242,307							(15,450)	(15,450)	15,226,857
Equipment	1,461,678						(140,000)		(140,000)	1,321,678
Capital Improvements	40,446								0	40,446
Grants	24,134,130				(50,000)	(100,000)			(150,000)	23,984,130
WIC Food	18,226,930								0	18,226,930
Total	85,486,106	(345,572)	81,829	(100,000)	(50,000)	(100,000)	(140,000)	(128,013)	(781,756)	84,704,350
General	14,974,004	(124,406)	29,459	(100,000)		(100,000)	(140,000)	(128,013)	(562,960)	14,411,044
Federal	65,405,126	(221,166)	52,370						(168,796)	65,236,330
Special	5,106,976				(50,000)				(50,000)	5,056,976
Total	85,486,106	(345,572)	81,829	(100,000)	(50,000)	(100,000)	(140,000)	(128,013)	(781,756)	84,704,350
FTE	305							(1)	(1)	304

**State Department of Health
General Fund
1987-2001**

General Fund Appropriations

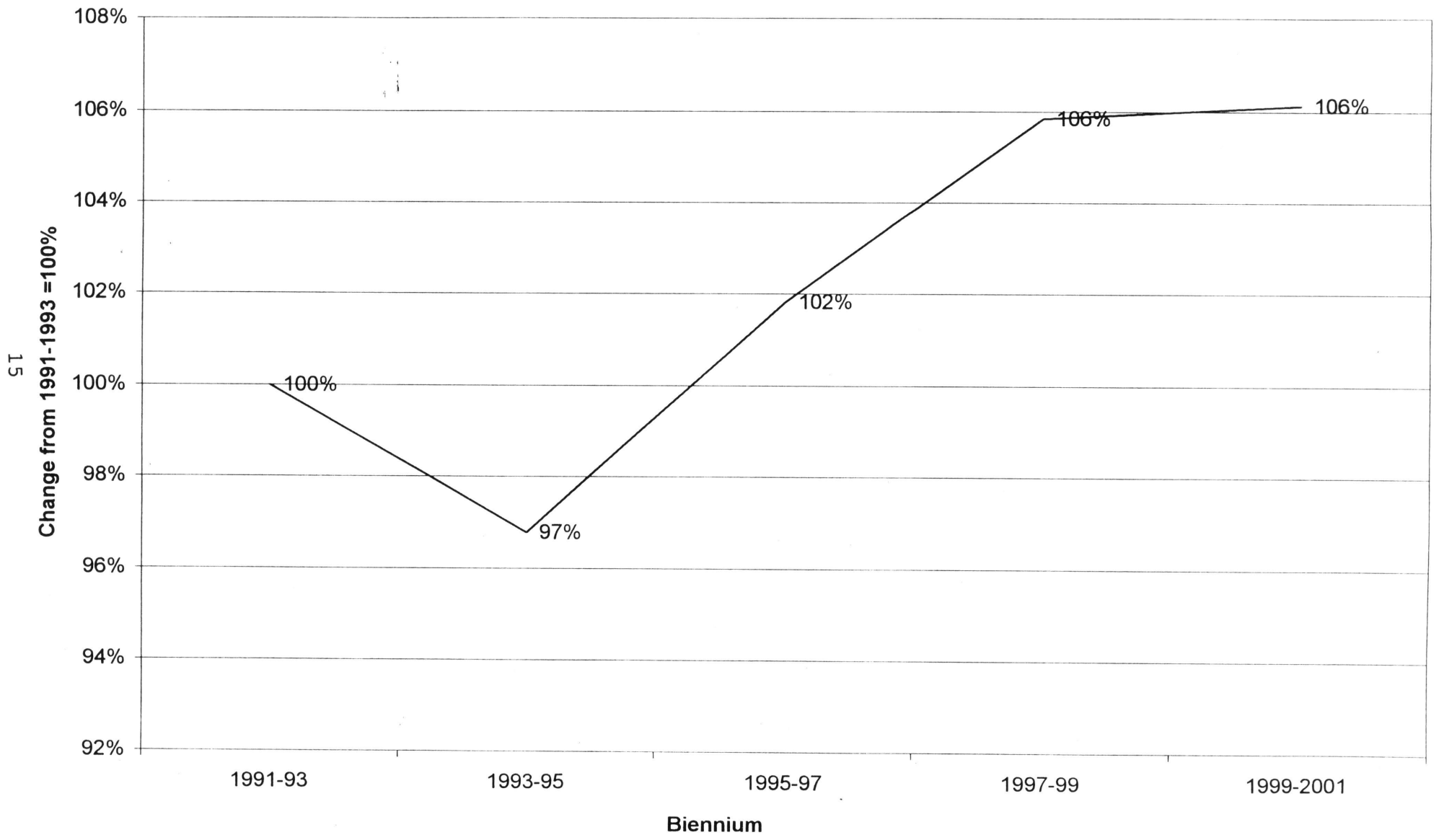
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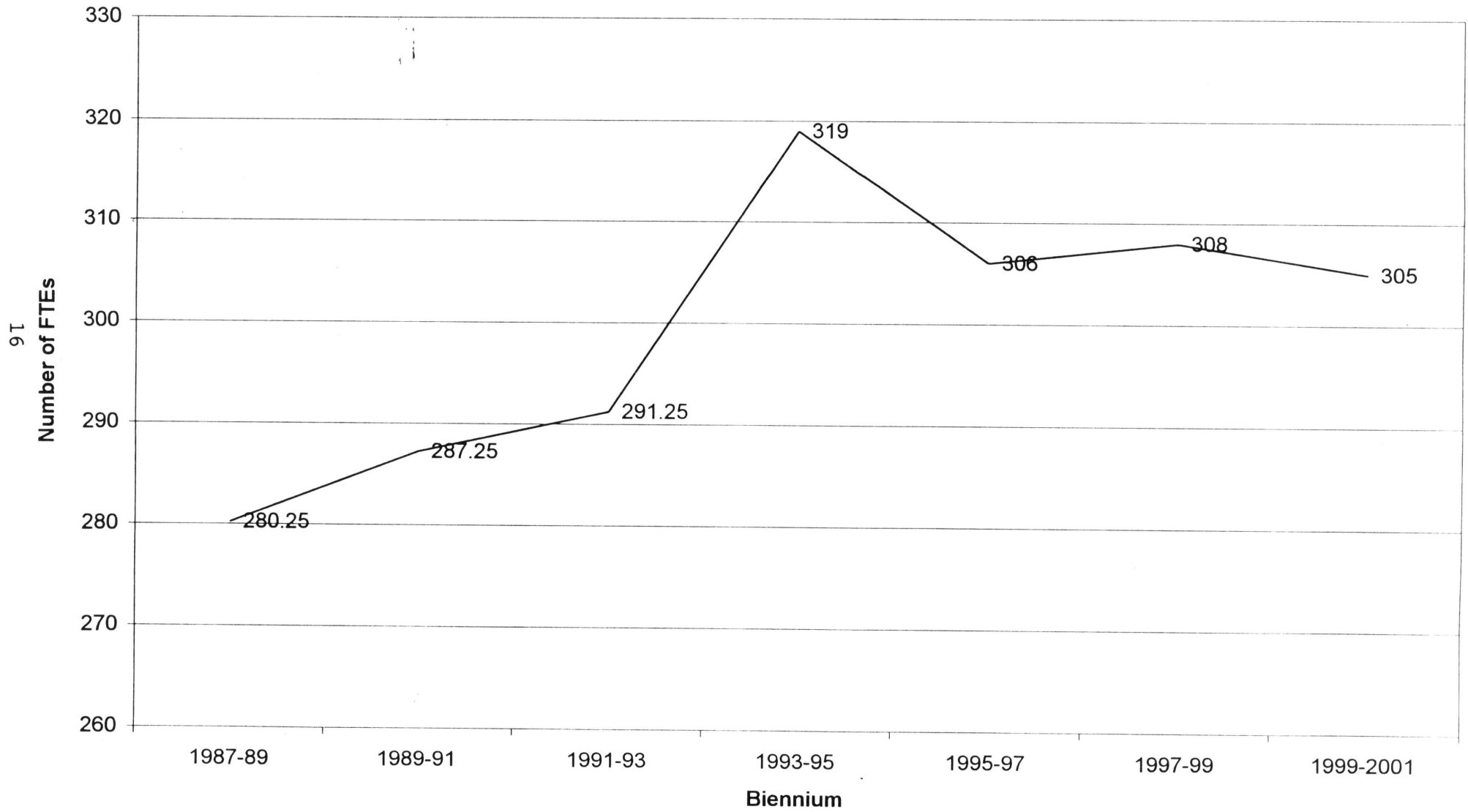
	1987-89	1989-91	1991-93	1993-95	1995-97	1997-99	1999-2001
◆ General Fund	\$11,972,221	\$11,902,613	\$14,109,924	\$13,655,186	\$14,366,079	\$14,934,440	\$14,974,004

Biennium

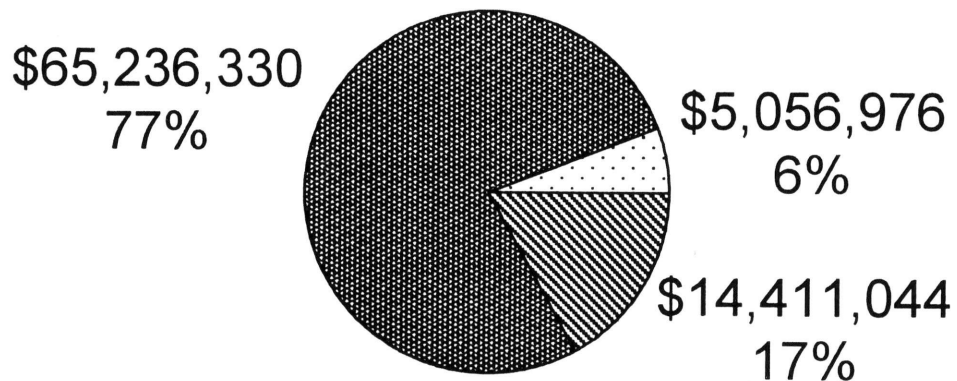
State Department of Health
Comparison of General Funds
1991-93 through 1999-2001 Biennia



State Department of Health
Summary of FTEs
1987-2001

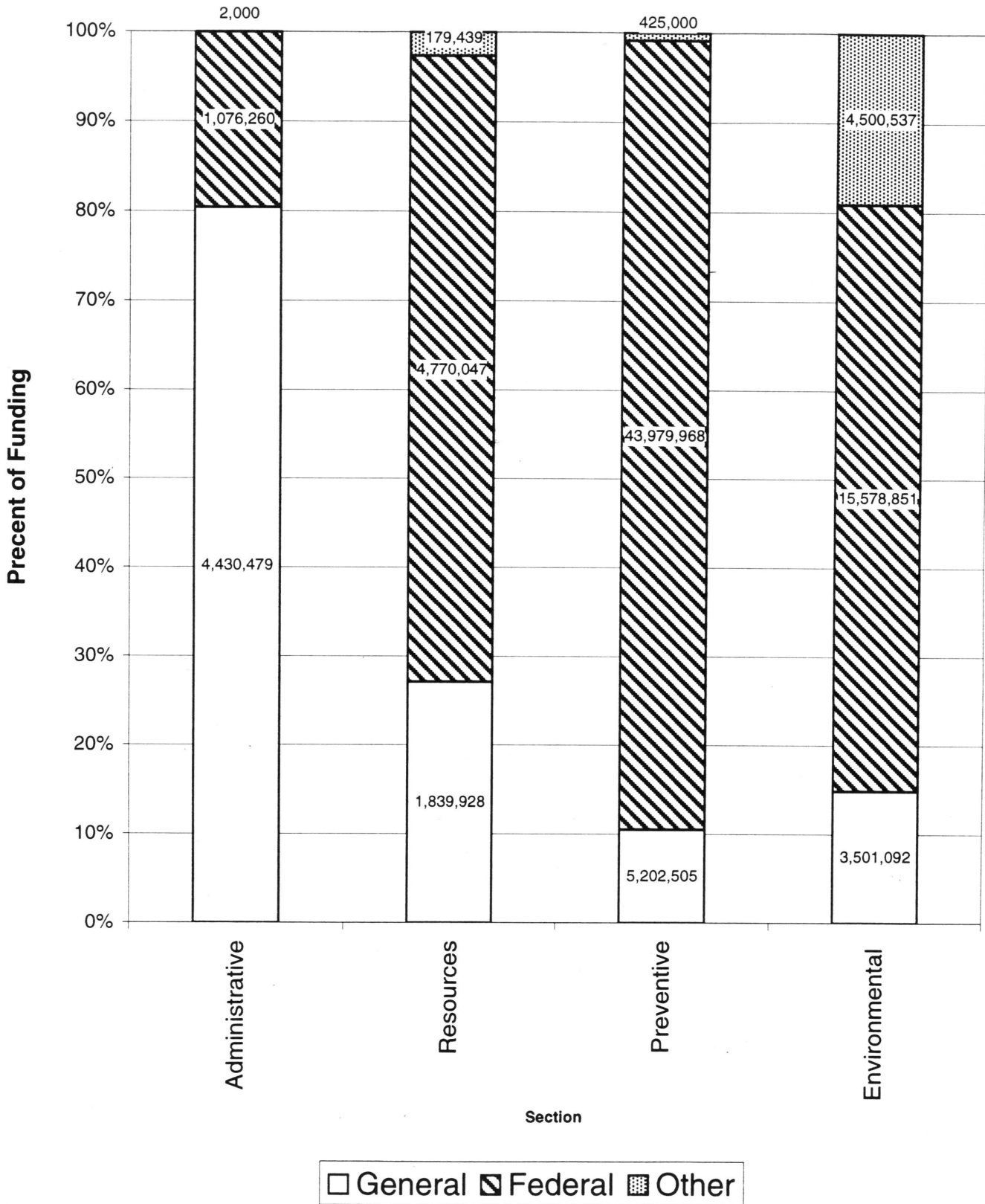


Funding Sources State Department of Health 1999-2001

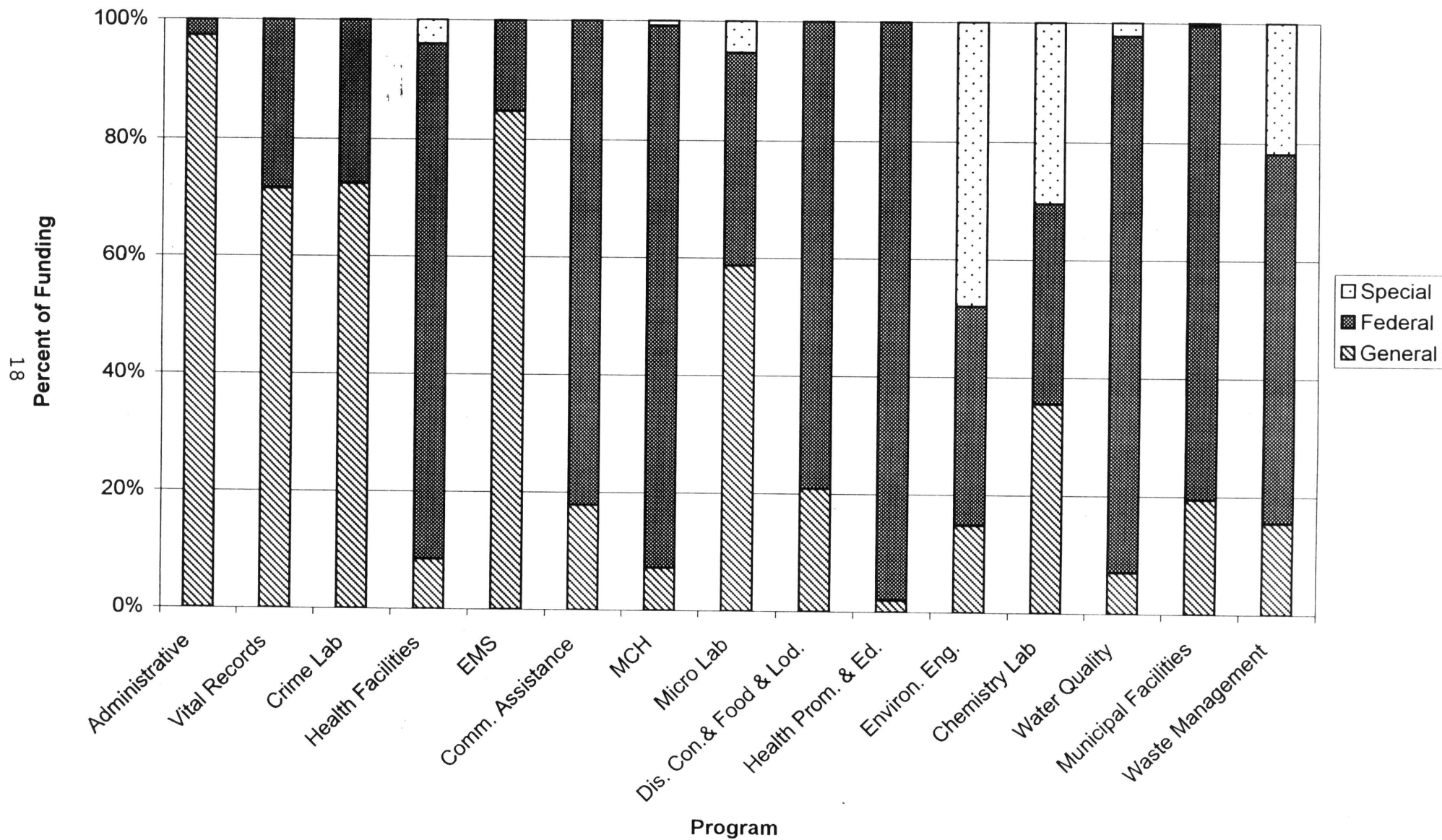


▨ General Funds ■ Federal Funds □ Special Funds

State Department of Health Funding Sources by Section 1999-2001



**State Department of Health
Funding Sources by Program
1999-2001**



Executive Budget Recommendation

State Department of Health

	<u>1999-01 Executive Recommendation</u>	<u>1997-99 Budget</u>	<u>Increase/ Decrease</u>	<u>% Change</u>
FTE EMPLOYEES (Number)	305.0	308.0	(3.0)	-0.97%
SALARIES AND WAGES	26,380,615	24,851,601	1,529,014	6.15%
OPERATING EXPENSES	15,242,307	31,693,181	(16,450,874)	-51.91%
EQUIPMENT	1,461,678	1,395,440	66,238	4.75%
CAPITAL IMPROVEMENTS	40,446	28,143	12,303	43.72%
GRANTS	24,134,130	20,624,146	3,509,984	17.02%
WIC FOOD PAYMENTS	18,226,930	0	18,226,930	100.00%
SECTION TOTAL	<u>85,486,106</u>	<u>78,592,511</u>	<u>6,893,595</u>	<u>8.77%</u>
General Fund	14,974,004	14,934,440	39,564	0.26%
Federal Funds	65,405,126	57,621,609	7,783,517	13.51%
Other Funds	5,106,976	6,036,462	(929,486)	-15.40%

Executive Budget Recommendation

State Department of Health Administrative Services Section

	<u>1999-01 Executive Recommendation</u>	<u>1997-99 Budget</u>	<u>Increase/ Decrease</u>	<u>% Change</u>
FTE EMPLOYEES (Number)	44.0	44.0	0	0.00%
SALARIES AND WAGES	3,855,307	3,769,893	85,414	2.27%
OPERATING EXPENSES	1,173,484	1,446,752	(273,268)	-18.89%
EQUIPMENT	479,948	449,663	30,285	6.74%
CAPITAL IMPROVEMENTS	0	0	0	0.00%
GRANTS	0	225,000	(225,000)	-100.00%
WIC FOOD PAYMENTS	0	0	0	0.00%
SECTION TOTAL	<u>5,508,739</u>	<u>5,891,308</u>	<u>(382,569)</u>	-6.49%
General Fund	4,430,479	4,756,151	(325,672)	-6.85%
Federal Funds	1,076,260	1,134,157	(57,897)	-5.10%
Other Funds	2,000	1,000	1,000	100.00%

Executive Budget Recommendation

State Department of Health Administrative Services Section

Object Code	Object Description	1999-01 Executive Recommendation	1997-99 Budget	Increase/ Decrease	% Change
1000	FTE EMPLOYEES (Number)	44.0	44.0	0.0	0.00%
	SALARIES AND WAGES				
1001	Salaries	3,074,828	2,893,481	181,347	6.27%
1002	Temporary, Overtime	80,016	72,403	7,613	10.51%
1008	Benefits	871,238	804,009	67,229	8.36%
1900	Salary Budget Adjustment	(170,775)	0	(170,775)	0.00%
	TOTAL	<u>3,855,307</u>	<u>3,769,893</u>	<u>85,414</u>	<u>2.27%</u>
	OPERATING EXPENSES				
3002	Data Processing	67,164	59,059	8,105	13.72%
3003	Telecommunications - ISD	49,266	47,832	1,434	3.00%
3004	Travel	93,193	88,699	4,494	5.07%
3006	Utilities	80,249	77,912	2,337	3.00%
3007	Postage	57,080	55,418	1,662	3.00%
3011	Lease/Rentals - Equipment	4,894	4,751	143	3.01%
3012	Lease/Rentals-- Buildings./Land	0	0	0	0.00%
3013	Professional Development	56,537	60,716	(4,179)	-6.88%
3014	Operating Fees & Services	48,407	66,731	(18,324)	-27.46%
3016	Repairs	148,236	143,918	4,318	3.00%
3018	Professional Services	147,888	415,911	(268,023)	-64.44%
3019	Insurance	16,465	15,986	479	3.00%
3021	Office Supplies	84,860	82,388	2,472	3.00%
3024	Printing	73,037	70,910	2,127	3.00%
3025	Professional Supplies & Materials	99,641	99,495	146	0.15%
3027	Food & Clothing	1,998	1,940	58	2.99%
3029	Medical, Dental, and Optical	108,562	105,400	3,162	3.00%
3030	Buildings/Vehicle Maint. Supplies	20,676	30,324	(9,648)	-31.82%
3033	Miscellaneous Supplies	15,331	19,362	(4,031)	-20.82%
3900	Operating Budget Adjustment	0	0	0	0.00%
	TOTAL	<u>1,173,484</u>	<u>1,446,752</u>	<u>(273,268)</u>	<u>-18.89%</u>
	EQUIPMENT				
4001	Office Equipment & Furniture	117,338	112,370	4,968	4.42%
4003	Other Equipment	362,610	337,293	25,317	7.51%
	TOTAL	<u>479,948</u>	<u>449,663</u>	<u>30,285</u>	<u>6.74%</u>
	CAPITAL IMPROVEMENTS				
5005	Land & Buildings	0	0	0	0.00%
	TOTAL	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.00%</u>
	GRANTS				
6006	Grants	0	225,000	(225,000)	-100.00%
	TOTAL	<u>0</u>	<u>225,000</u>	<u>(225,000)</u>	<u>-100.00%</u>
3027	WIC FOOD PAYMENTS				
	Food & Clothing	0	0	0	0.00%
	TOTAL	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.00%</u>
	SECTION TOTAL	<u><u>5,508,739</u></u>	<u><u>5,891,308</u></u>	<u><u>(382,569)</u></u>	<u><u>-6.49%</u></u>
9991	General Fund	4,430,479	4,756,151	(325,672)	-6.85%
9992	Federal Funds	1,076,260	1,134,157	(57,897)	-5.10%
9993	Other Funds	2,000	1,000	1,000	100.00%

Executive Budget Recommendation

State Department of Health Health Resource Section

	<u>1999-01 Executive Recommendation</u>	<u>1997-99 Budget</u>	<u>Increase/ Decrease</u>	<u>% Change</u>
FTE EMPLOYEES (Number)	47.0	48.0	(1.0)	-2.08%
SALARIES AND WAGES	4,193,240	3,989,437	203,803	5.11%
OPERATING EXPENSES	1,024,847	1,129,054	(104,207)	-9.23%
EQUIPMENT	68,730	59,500	9,230	15.51%
CAPITAL IMPROVEMENTS	0	0	0	0.00%
GRANTS	1,502,597	997,000	505,597	50.71%
WIC FOOD PAYMENTS	0	0	0	0.00%
SECTION TOTAL	<u>6,789,414</u>	<u>6,174,991</u>	<u>614,423</u>	9.95%
General Fund	1,839,928	1,505,603	334,325	22.21%
Federal Funds	4,770,047	4,476,162	293,885	6.57%
Other Funds	179,439	193,226	(13,787)	-7.14%

Executive Budget Recommendation

State Department of Health Health Resource Section

Object Code	Object Description	1999-01 Executive Recommendation	1997-99 Budget	Increase/ Decrease	% Change
1000	FTE EMPLOYEES (Number)	47.0	48.0	(1.0)	-2.08%
	SALARIES AND WAGES				
1001	Salaries	3,203,693	3,061,653	142,040	4.64%
1002	Temporary, Overtime	56,016	54,902	1,114	2.03%
1008	Benefits	933,531	872,882	60,649	6.95%
1900	Salary Budget Adjustment	0	0	0	0.00%
	TOTAL	<u>4,193,240</u>	<u>3,989,437</u>	<u>203,803</u>	<u>5.11%</u>
	OPERATING EXPENSES				
3002	Data Processing	19,435	18,722	713	3.81%
3003	Telecommunications - ISD	56,394	57,889	(1,495)	-2.58%
3004	Travel	369,940	377,208	(7,268)	-1.93%
3006	Utilities	8,976	8,715	261	2.99%
3007	Postage	56,861	59,203	(2,342)	-3.96%
3011	Lease/Rentals - Equipment	18,540	18,000	540	3.00%
3012	Lease/Rentals-- Buildings./Land	123,231	120,613	2,618	2.17%
3013	Professional Development	18,683	20,445	(1,762)	-8.62%
3014	Operating Fees & Services	100,673	184,483	(83,810)	-45.43%
3016	Repairs	24,111	24,177	(66)	-0.27%
3018	Professional Services	42,267	70,162	(27,895)	-39.76%
3019	Insurance	0	0	0	0.00%
3021	Office Supplies	59,961	66,565	(6,604)	-9.92%
3024	Printing	55,860	61,393	(5,533)	-9.01%
3025	Professional Supplies & Materials	24,112	25,255	(1,143)	-4.53%
3027	Food & Clothing	0	0	0	0.00%
3029	Medical, Dental, and Optical	396	384	12	3.13%
3030	Buildings/Vehicle Maint. Supplies	7,148	6,940	208	3.00%
3033	Miscellaneous Supplies	2,800	8,900	(6,100)	-68.54%
3900	Operating Budget Adjustment	35,459	0	35,459	0.00%
	TOTAL	<u>1,024,847</u>	<u>1,129,054</u>	<u>(104,207)</u>	<u>-9.23%</u>
	EQUIPMENT				
4001	Office Equipment & Furniture	45,730	59,500	(13,770)	-23.14%
4003	Other Equipment	23,000	0	23,000	0.00%
	TOTAL	<u>68,730</u>	<u>59,500</u>	<u>9,230</u>	<u>15.51%</u>
	CAPITAL IMPROVEMENTS				
5005	Land & Buildings	0	0	0	0.00%
	TOTAL	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.00%</u>
	GRANTS				
6006	Grants	1,502,597	997,000	505,597	50.71%
	TOTAL	<u>1,502,597</u>	<u>997,000</u>	<u>505,597</u>	<u>50.71%</u>
3027	WIC FOOD PAYMENTS				
	Food & Clothing	0	0	0	0.00%
	TOTAL	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.00%</u>
	SECTION TOTAL	<u><u>6,789,414</u></u>	<u><u>6,174,991</u></u>	<u><u>614,423</u></u>	<u><u>9.95%</u></u>
9991	General Fund	1,839,928	1,505,603	334,325	22.21%
9992	Federal Funds	4,770,047	4,476,162	293,885	6.57%
9993	Other Funds	179,439	193,226	(13,787)	-7.14%

Executive Budget Recommendation

State Department of Health Preventive Health Section

	<u>1999-01 Executive Recommendation</u>	<u>1997-99 Budget</u>	<u>Increase/ Decrease</u>	<u>% Change</u>
FTE EMPLOYEES (Number)	78.0	80.5	(2.5)	-3.11%
SALARIES AND WAGES	6,381,938	6,009,612	372,326	6.20%
OPERATING EXPENSES	7,919,372	24,349,584	(16,430,212)	-67.48%
EQUIPMENT	211,700	232,567	(20,867)	-8.97%
CAPITAL IMPROVEMENTS	0	0	0	0.00%
GRANTS	16,867,533	15,953,306	914,227	5.73%
WIC FOOD PAYMENTS	18,226,930	0	18,226,930	100.00%
SECTION TOTAL	<u>49,607,473</u>	<u>46,545,069</u>	<u>3,062,404</u>	6.58%
General Fund	5,202,505	5,211,679	(9,174)	-0.18%
Federal Funds	43,979,968	40,222,390	3,757,578	9.34%
Other Funds	425,000	1,111,000	(686,000)	-61.75%

Executive Budget Recommendation

State Department of Health Preventive Health Section

Object Code	Object Description	1999-01 Executive Recommendation	1997-99 Budget	Increase/ Decrease	% Change
1000	FTE EMPLOYEES (Number)	78.0	80.5	(2.5)	-3.11%
	SALARIES AND WAGES				
1001	Salaries	4,901,664	4,583,118	318,546	6.95%
1002	Temporary, Overtime	69,024	107,625	(38,601)	-35.87%
1008	Benefits	1,411,250	1,318,869	92,381	7.00%
1900	Salary Budget Adjustment	0	0	0	0.00%
	TOTAL	<u>6,381,938</u>	<u>6,009,612</u>	<u>372,326</u>	<u>6.20%</u>
	OPERATING EXPENSES				
3002	Data Processing	67,666	64,871	2,795	4.31%
3003	Telecommunications - ISD	133,090	129,214	3,876	3.00%
3004	Travel	351,663	344,334	7,329	2.13%
3006	Utilities	14,156	13,743	413	3.01%
3007	Postage	178,221	173,031	5,190	3.00%
3011	Lease/Rentals - Equipment	79,372	77,061	2,311	3.00%
3012	Lease/Rentals-- Buildings./Land	351,610	341,368	10,242	3.00%
3013	Professional Development	89,893	87,274	2,619	3.00%
3014	Operating Fees & Services	1,016,329	1,091,172	(74,843)	-6.86%
3016	Repairs	52,083	50,565	1,518	3.00%
3018	Professional Services	3,450,362	1,925,764	1,524,598	79.17%
3019	Insurance	0	0	0	0.00%
3021	Office Supplies	169,419	137,614	31,805	23.11%
3024	Printing	238,421	231,476	6,945	3.00%
3025	Professional Supplies & Materials	523,284	489,266	34,018	6.95%
3027	Food & Clothing	0	18,082,035	(18,082,035)	-100.00%
3029	Medical, Dental, and Optical	1,177,761	1,063,632	114,129	10.73%
3030	Buildings/Vehicle Maint. Supplies	17,141	16,642	499	3.00%
3033	Miscellaneous Supplies	8,901	30,522	(21,621)	-70.84%
3900	Operating Budget Adjustment	0	0	0	0.00%
	TOTAL	<u>7,919,372</u>	<u>24,349,584</u>	<u>(16,430,212)</u>	<u>-67.48%</u>
	EQUIPMENT				
4001	Office Equipment & Furniture	153,200	178,130	(24,930)	-14.00%
4003	Other Equipment	58,500	54,437	4,063	7.46%
	TOTAL	<u>211,700</u>	<u>232,567</u>	<u>(20,867)</u>	<u>-8.97%</u>
	CAPITAL IMPROVEMENTS				
5005	Land & Buildings	0	0	0	0.00%
	TOTAL	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.00%</u>
	GRANTS				
6006	Grants	16,867,533	15,953,306	914,227	5.73%
	TOTAL	<u>16,867,533</u>	<u>15,953,306</u>	<u>914,227</u>	<u>5.73%</u>
3027	WIC FOOD PAYMENTS				
	Food & Clothing	18,226,930	0	18,226,930	100.00%
	TOTAL	<u>18,226,930</u>	<u>0</u>	<u>18,226,930</u>	<u>100.00%</u>
	SECTION TOTAL	<u><u>49,607,473</u></u>	<u><u>46,545,069</u></u>	<u><u>3,062,404</u></u>	<u><u>6.58%</u></u>
9991	General Fund	5,202,505	5,211,679	(9,174)	-0.18%
9992	Federal Funds	43,979,968	40,222,390	3,757,578	9.34%
9993	Other Funds	425,000	1,111,000	(686,000)	-61.75%

Executive Budget Recommendation

State Department of Health Environmental Health Section

	<u>1999-01 Executive Recommendation</u>	<u>1997-99 Budget</u>	<u>Increase/ Decrease</u>	<u>% Change</u>
FTE EMPLOYEES (Number)	136.0	135.5	0.5	0.37%
SALARIES AND WAGES	11,950,130	11,082,659	867,471	7.83%
OPERATING EXPENSES	5,124,604	4,767,791	356,813	7.48%
EQUIPMENT	701,300	653,710	47,590	7.28%
CAPITAL IMPROVEMENTS	40,446	28,143	12,303	43.72%
GRANTS	5,764,000	3,448,840	2,315,160	67.13%
WIC FOOD PAYMENTS	0	0	0	0.00%
SECTION TOTAL	<u>23,580,480</u>	<u>19,981,143</u>	<u>3,599,337</u>	18.01%
General Fund	3,501,092	3,461,007	40,085	1.16%
Federal Funds	15,578,851	11,788,900	3,789,951	32.15%
Other Funds	4,500,537	4,731,236	(230,699)	-4.88%

Executive Budget Recommendation

State Department of Health Environmental Health Section

Object Code	Object Description	1999-01 Executive Recommendation	1997-99 Budget	Increase/ Decrease	% Change
1000	FTE EMPLOYEES (Number)	136.0	135.5	0.5	0.37%
	SALARIES AND WAGES				
1001	Salaries	9,139,349	8,474,001	665,348	7.85%
1002	Temporary, Overtime	168,024	181,194	(13,170)	-7.27%
1008	Benefits	2,642,757	2,427,464	215,293	8.87%
1900	Salary Budget Adjustment	0	0	0	0.00%
	TOTAL	11,950,130	11,082,659	867,471	7.83%
	OPERATING EXPENSES				
3002	Data Processing	91,099	44,615	46,484	104.19%
3003	Telecommunications - ISD	154,299	149,804	4,495	3.00%
3004	Travel	549,084	533,090	15,994	3.00%
3006	Utilities	149,047	144,706	4,341	3.00%
3007	Postage	82,647	80,240	2,407	3.00%
3011	Lease/Rentals - Equipment	60,553	58,788	1,765	3.00%
3012	Lease/Rentals-- Buildings./Land	506,723	491,965	14,758	3.00%
3013	Professional Development	118,075	114,636	3,439	3.00%
3014	Operating Fees & Services	659,970	574,262	85,708	14.92%
3016	Repairs	388,645	377,325	11,320	3.00%
3018	Professional Services	1,382,206	1,234,274	147,932	11.99%
3019	Insurance	963	935	28	2.99%
3021	Office Supplies	273,633	283,048	(9,415)	-3.33%
3024	Printing	62,524	60,704	1,820	3.00%
3025	Professional Supplies & Materials	167,753	162,867	4,886	3.00%
3027	Food & Clothing	3,848	3,736	112	3.00%
3029	Medical, Dental, and Optical	344,476	334,443	10,033	3.00%
3030	Buildings/Vehicle Maint. Supplies	72,535	70,422	2,113	3.00%
3033	Miscellaneous Supplies	56,524	47,931	8,593	17.93%
3900	Operating Budget Adjustment	0	0	0	0.00%
	TOTAL	5,124,604	4,767,791	356,813	7.48%
	EQUIPMENT				
4001	Office Equipment & Furniture	238,500	190,406	48,094	25.26%
4003	Other Equipment	462,800	463,304	(504)	-0.11%
	TOTAL	701,300	653,710	47,590	7.28%
	CAPITAL IMPROVEMENTS				
5005	Land & Buildings	40,446	28,143	12,303	43.72%
	TOTAL	40,446	28,143	12,303	43.72%
	GRANTS				
6006	Grants	5,764,000	3,448,840	2,315,160	67.13%
	TOTAL	5,764,000	3,448,840	2,315,160	67.13%
3027	WIC FOOD PAYMENTS				
	Food & Clothing	0	0	0	0.00%
	TOTAL	0	0	0	0.00%
	SECTION TOTAL	23,580,480	19,981,143	3,599,337	18.01%
9991	General Fund	3,501,092	3,461,007	40,085	1.16%
9992	Federal Funds	15,578,851	11,788,900	3,789,951	32.15%
9993	Other Funds	4,500,537	4,731,236	(230,699)	-4.88%

BUDGET OBJECT DETAIL

The following information has been prepared as a brief explanation of the types of expenditures that are budgeted under each of the object codes.

Budget Object Code

1001 Salaries & Wages

Included in the 1999-01 budget is 305 FTE's which is 3 less than our current budget. It also includes the Governor's proposed salary increase.

1002 Temporary, Overtime, & Shift Differential

The Department hires temporary employees, primarily students, during the summer months. They assist with our inspections, sample collections and analysis.

1008 Benefits

This line item is based on the employees included in our pay plan and their estimate of benefits selection.

3002 Data Processing

This is the operating and programming costs paid to ISD. The 1999-01 budget is based on anticipated usage. The increase is due to the addition of monthly access charges in year 2 of the current biennium.

3004 Travel

This includes expenses for conducting various inspections of facilities, collections of samples, employee training, and site visitations (training, education and consultation services). The slight increase is to offset costs due to inflation.

3006 Utilities

Increase is based on usage and increase in rates.

3007 Postage

The postage considers anticipated level of mailings and a slight postal increase for the upcoming biennium.

3011 Lease/Rentals – Equipment

Includes rental of copies and laboratory equipment. Slight increase to offset inflationary increases.

3012 Lease/Rentals – Building/Land

Includes rent for 3 buildings located off the Capitol Grounds which are used by the Microbiology Laboratory, the Environmental Health Section and employees located in the Judicial Wing of the Capitol.

3013 Professional Development

Includes dues, registration fees and training for employees.

3014 Operating Fees & Services

Includes expenses such as advertising, contractual fees, media campaigns, and employee awards.

3016 Repairs

Includes costs for maintenance contracts for lab and office equipment such as copiers. The increase is to offset inflationary increases expected next biennium.

3018 Professional Services

Includes payments for consultants, engineers, legal services and medical consultant services. The increase is primarily due to increase federal funding.

3019 Insurance

Includes property insurance for the Department's assets. Slight increase to offset inflationary increases.

3021 Office Supplies

Includes supplies for office and data processing operations as well as software. Slight increase to offset inflationary increases.

3024 Printing

Includes printing of various educational materials as well as necessary forms used to perform our daily activities. Slight increase to offset inflationary increases.

3025 Professional Supplies & Materials

This includes educational supplies such as books, films and periodicals and subscriptions and various types of engineering supplies.

3029 Medical, Dental, & Optical

This includes items such as laboratory supplies, vaccines, and various medical supplies. Increase is due to the increased need of medical and laboratory supplies and replacement costs that exceed inflationary costs.

3027 Food & Clothing

The decrease in this line item is due to the transfer of WIC (Women, Infants & Children) food costs which were transferred to a special line item as requested by the Legislature.

3030 Building, Grounds, Vehicle Maintenance Supplies

This includes janitorial, electrical and plumbing supplies for buildings located at 2635 East Main. The decrease reflects actual needs.

3033 Miscellaneous Supplies

This includes supplies not classified and equipment less than \$750. The decrease reflects a decrease in equipment less than \$750.

4002 Office Equipment

Includes office equipment and furniture such as desks, chairs, copiers, and computers. The increase reflects actual needs.

4020 Other Equipment

Includes laboratory, engineering, and scientific equipment. The increase reflects actual needs.

5005 Land & Buildings

This amount is based on the standard formula calculated by OMB. It will be used towards the updating of the air circulation system at the East Lab.

6006 Grants, Benefits, & Claims

Consists of payments to local health units, family planning centers, domestic violence centers, ambulance and emergency medical services and soil conservation districts. The increase is due to anticipated increase in federal funding.

3027 WIC Food Payments – Special Line Item

This line item is used to replenish a bank account at the Bank of North Dakota. Eligible WIC recipients are issued food vouchers which are accepted by grocers and processed through the Bank of North Dakota. The program is 100% federally funded.

Program: CRIME LAB

Reporting Level: 301-200-41-00-00-00

PROGRAM OBJECTIVES

To provide technical assistance to the criminal justice system in the investigation of crime, to provide toxicological services to the state, political subdivisions and people, to examine biological specimens of fatalities in accidental deaths and organize and maintain the state's chemical test program. To provide statewide medical examiner services to county coroners, law enforcement, and states attorneys offices. Conduct postmortem examinations and/or autopsies, document findings, collect evidence and appropriate toxicology materials on individuals whose deaths are being investigated by the above agencies.

SERVICES PROVIDED

- Examination of evidence provided to local, state and federal law enforcement agencies to prosecutors and defense attorneys.
- Analytical services and support in enforcement of the Controlled Substance Act.
- Toxicological services to coroners in death investigations, correctional facilities and to Parole and Probation.
- On call services for reporting and receipt of forensic examiner cases and to provide support and recommendations to on scene death investigators regarding the appropriate handling of dead bodies.
- Comprehensive investigations including selected death scene visits, postmortem examinations and/or autopsy with photographic and narrative documentation of various medical evidence, toxicology and serology, X-rays, and consultations in anthropology, odontology, or other specialties as needed to establish an accurate determination of cause and manner of death.
- Provide follow-up on referrals to local, state, and federal agencies involved in the investigation of a death.
- Laboratory services to law enforcement agencies in analysis of alcohol and drugs.
- Maintain reports, photographs, evidence, specimens, microscopic slide, tissue blocks, and toxicological materials related to forensic examiner cases.
- Training of law enforcement agents in breath alcohol analysis and other violations of state and federal laws.
- Conduct educational seminars and provide lectures designed to improve death investigation to county coroners, law enforcement, medical personnel, state and local government agencies and other groups involved with death investigation.
- Equipment selection and method development for breath alcohol analysis.
- Inspection and repair of breath alcohol testing equipment.
- Provide expert testimony in courts.
- Establish a DNA database of convicted sex offenders.
- Establish DNA analysis program.

PROGRAM STATISTICAL DATA

The services of the Crime Lab are provided to approximately 200 law enforcement agencies, coroners, medical examiner, and states attorneys' offices. During the last 12 years, the Forensic Science Lab has had a 60% increase in the number of cases submitted. The complexity of these cases and the necessity of doing more sophisticated analysis is ever increasing. During 1997, over 7,000 cases were submitted for toxicological and other forensic analysis and examinations. These cases represent approximately 19,000 items and approximately 57,000 analyses. This includes 2,136 alcohol cases (DUI), 2,553 urine drug screens, 1,629 narcotic cases, 105 cases involving latent fingerprints, 96 cases involving serology and 34 cases involving firearms. During 1997, four chemical test operator schools were conducted where 60 law enforcement officers were trained in the use of breath alcohol instruments. Thirty screening device schools (preliminary breath test) were also held during 1997 in which 486 officers were trained. In the first six months of 1998, three chemical test operator schools and eight screening device schools were conducted training 101 officers. Schools to be held in June of 1998 will recertify 550 officers in chemical testing for breath alcohol.

The position of the state forensic examiner was added to the North Dakota Department of Health in August 1996. Since that time, 290

Program: CRIME LAB

Reporting Level: 301-200-41-00-00-00

cases have been referred to the state forensic examiner for postmortem examinations and/or autopsies, and the certification of death. These referrals have come from coroners in 32 of North Dakota's 53 counties, and represent all of the major geographical regions of the state (e.g., Northwest, Southwest, Northeast, Southeast, and Central). Complete autopsies or external examination of the body were done on 289 of these referrals. A single case was investigated and the Certificate of Death signed by the forensic examiner. The classification/manner and number of these referrals are categorized as follows: natural cause - 91; accident - 96; suicide - 68; homicide - 15; and undetermined - 09. Eleven of this years cases are pending investigation. In addition to the referrals discussed above, the North Dakota state forensic examiner's office has provided consultations on 100 coroner's cases. These consultations consist of discussing the circumstances surrounding a death with the county coroners and advising them on how they could handle the case locally rather than referring it in to the forensic examiner's office.

EXPLANATION OF PROGRAM COSTS

The salaries and wages expenses are for employees who analyze and examine physical evidence and biological specimens submitted by the criminal justice system and coroners regarding violations of federal and state laws and death investigations. This also includes the preparation of laboratory reports, certified documents, data collection and associated administrative needs. The operating costs include laboratory supplies, motor pool (for court appearances), employee travel, repairs, postage and telephone. The equipment expenses are to provide up-to-date, proper operating instrumentation which is essential in meeting guidelines and needs of the courts.

Program MICROBIOLOGY LAB

Reporting Level: 301-400-21-00-00-00

PROGRAM OBJECTIVES

To maintain "state of the art" levels of quality and efficiency while providing accurate and precise laboratory results from which medical /or environmental decisions can be based.

SERVICES PROVIDED

The Division of Microbiology provides diagnostic and referral services to physicians and veterinarians, clinics, hospitals, local and district health units, the Department, communities and non-communities, the Department of Agriculture, and the general public in the disciplines of bacteriology, mycobacteriology, mycology, parasitology, virology, immunology, dairy and water bacteriology. The division supports programs to ensure the public health of North Dakota citizens. The laboratory conducts tests for many exotic diseases that private hospitals and clinics do not have the expertise to provide. The laboratory serves as a regional reference for vaccine preventable diseases such as measles, mumps, and rubella. The laboratory serves as the state central laboratory and bacteriological laboratory certifying agency for the Food and Drug Administration and Environmental Protection Agency programs. The division maintains a mosquito /arbovirus surveillance and control program.

PROGRAM STATISTICAL DATA

TESTS:

Sexually Transmitted Diseases - 47,406

HIV - 27,834

Parasitology - 4,058

Mycology - 622

Virology/Immunology - 4,892

Prenatal Hepatitis - 9,834

Mycobacteria (Tuberculosis) - 6,148

Reference Bacteriology - 3,442

Rabies - 918

Dairy Products - 14,414

Waters - 26,668

TOTAL TESTS - 146,236

CERTIFICATIONS/INSPECTIONS/PROFICIENCIES:

Grade A dairy labs - 3

Grade A dairy analysts - 7

Dairy receiving stations & other plants (drug screening) - 7

Water laboratories - 12

Dairy drug screen proficiencies to estimated 28 analysts - 7

Water proficiency to 12 labs - 1

Dairy proficiencies to 22 analysts in 12 labs (Grade A) - 2

EXPLANATION OF PROGRAM COSTS

Salaries and wages are for employees who provide laboratory analysis to hospitals, clinics, and public health units. Operating expenses include building rental, reagents, and laboratory supplies necessary to operate a laboratory.

Program: CHEMISTRY LAB	Reporting Level: 301-500-21-00-00-00
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PROGRAM OBJECTIVES

The Division of Chemistry provides prompt and accurate analyses of all samples submitted. The data generated is scientifically valid, defensible, and of known and acceptable precision and accuracy. The Division of Chemistry provides analytical reports for all samples submitted that include complete, accurate, understandable, and useable information. The Division of Chemistry also maintains a laboratory certification program for certifying laboratories analyzing water from public water systems for compliance with the Safe Drinking Water Act and for certifying laboratories providing other environmental data for use by the North Dakota Department of Health.

SERVICES PROVIDED

Services provided by the Division of Chemistry include laboratory facilities, equipment and the professional expertise needed to perform the analyses in a timely manner while maintaining the quality of work mandated by the sample source. Analytical services are provided to the various programs within this agency, other state agencies including the Department of Agriculture, State Water Commission, and State Geological Survey, county and city facilities, and private citizens. The Division of Chemistry provides assistance interpreting results and designing appropriate sample protocols. It provides these services in the most cost effective manner possible.

PROGRAM STATISTICAL DATA

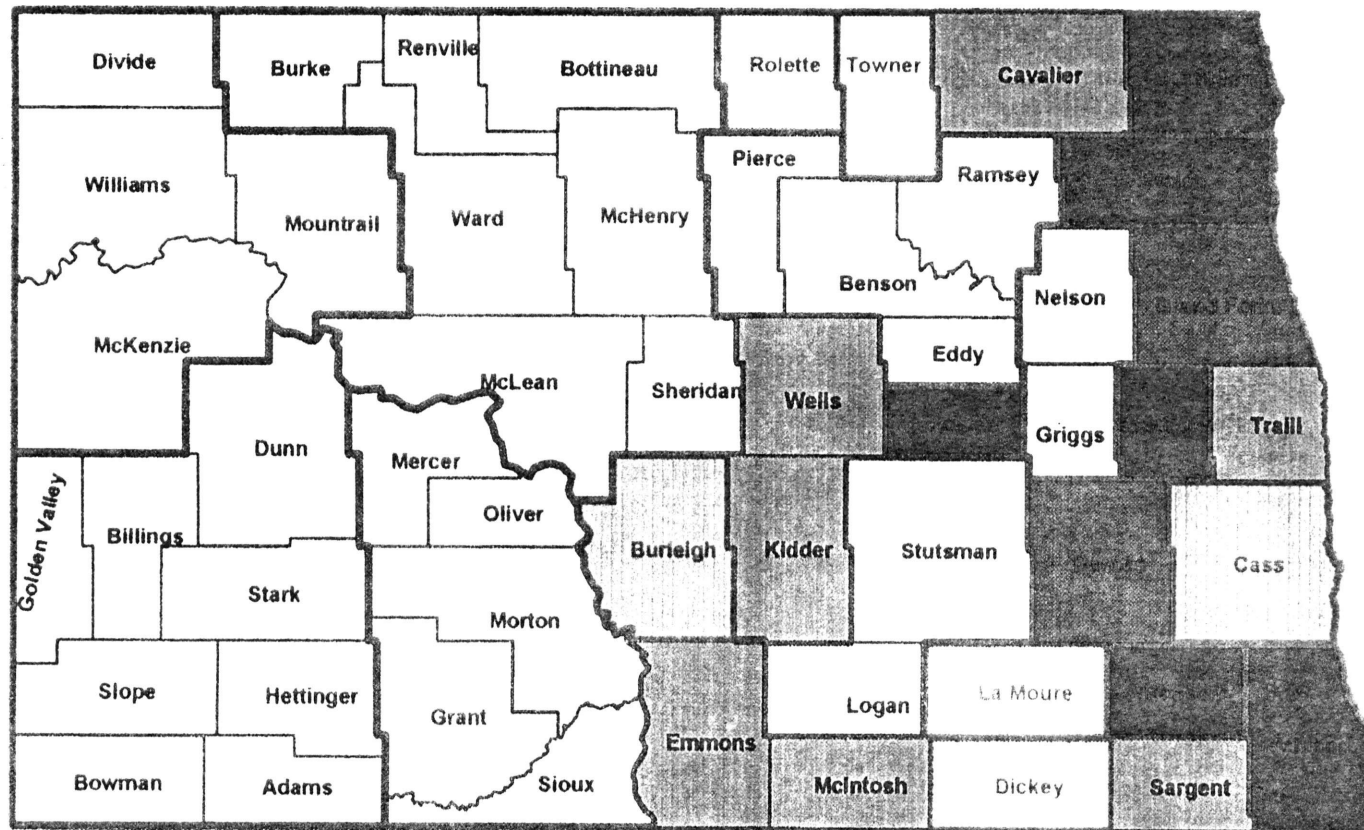
As of April 20, 1998, 13,063 samples have been received in the laboratory with a projected number for the 1997-1999 biennium to reach approximately 33,500. These 13,063 samples represent about 121,000 separate analytical tests. This represents an increase at about 16 percent over last biennium.

EXPLANATION OF PROGRAM COSTS

The salaries and wages line item funds the employees who provide the analytical services and support. The balance of the budget is for supplies, operation, equipment, and information services. The laboratory building was built in 1976 and is 22 years old. Included in the capital improvements line item are funds to provide general maintenance of the building and the special air handling techniques required in a chemistry laboratory.

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Local Public Health Units

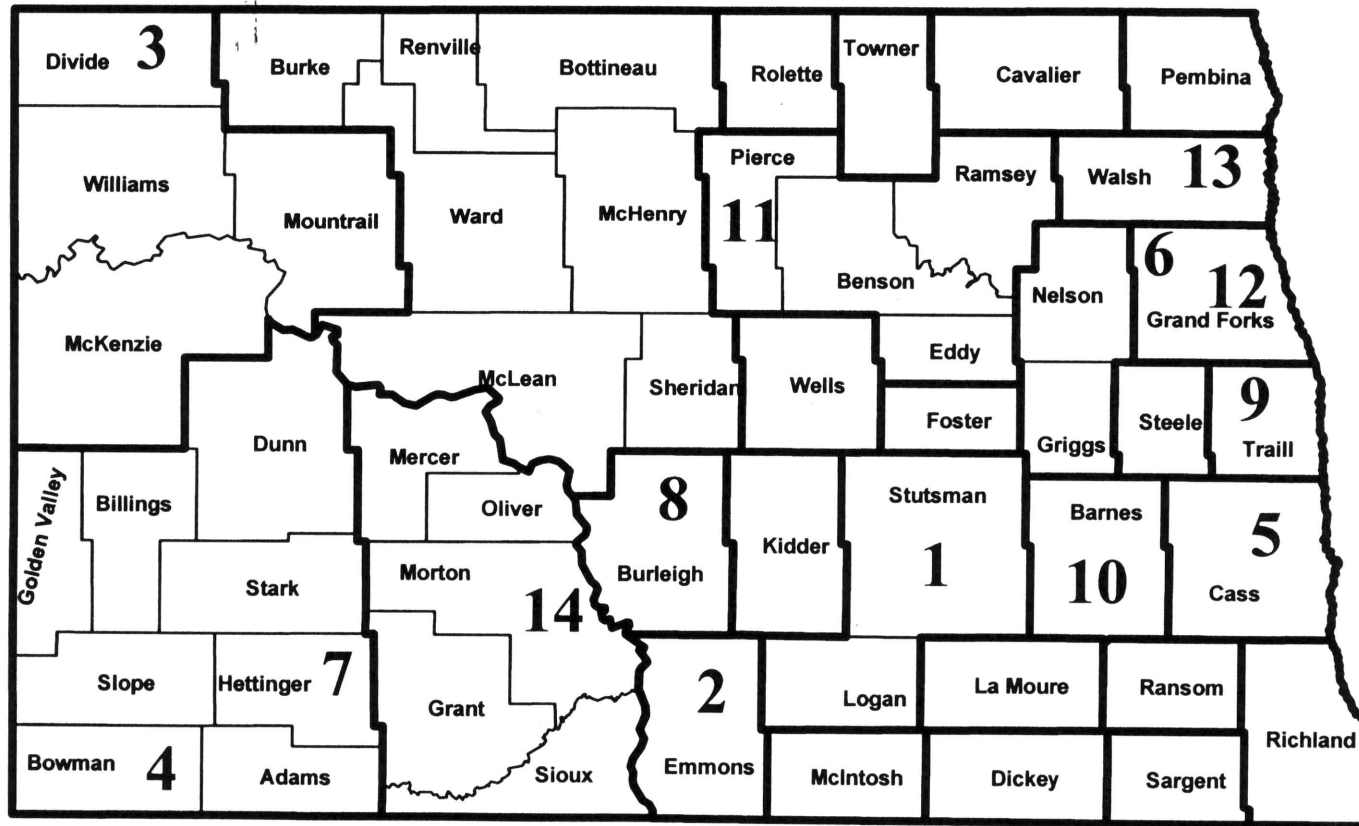


- | | | | |
|-------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------|---------------------------------|
|  | Multi County Health District |  | City/County Health District |
|  | Single County Health District |  | Single County Health Department |
|  | City/County Health Department |  | None |

January 1999



Senate Appropriations Committee



1) David Nething
 2) Pete Naaden
 3) John Andrist
 4) Bill Bowman

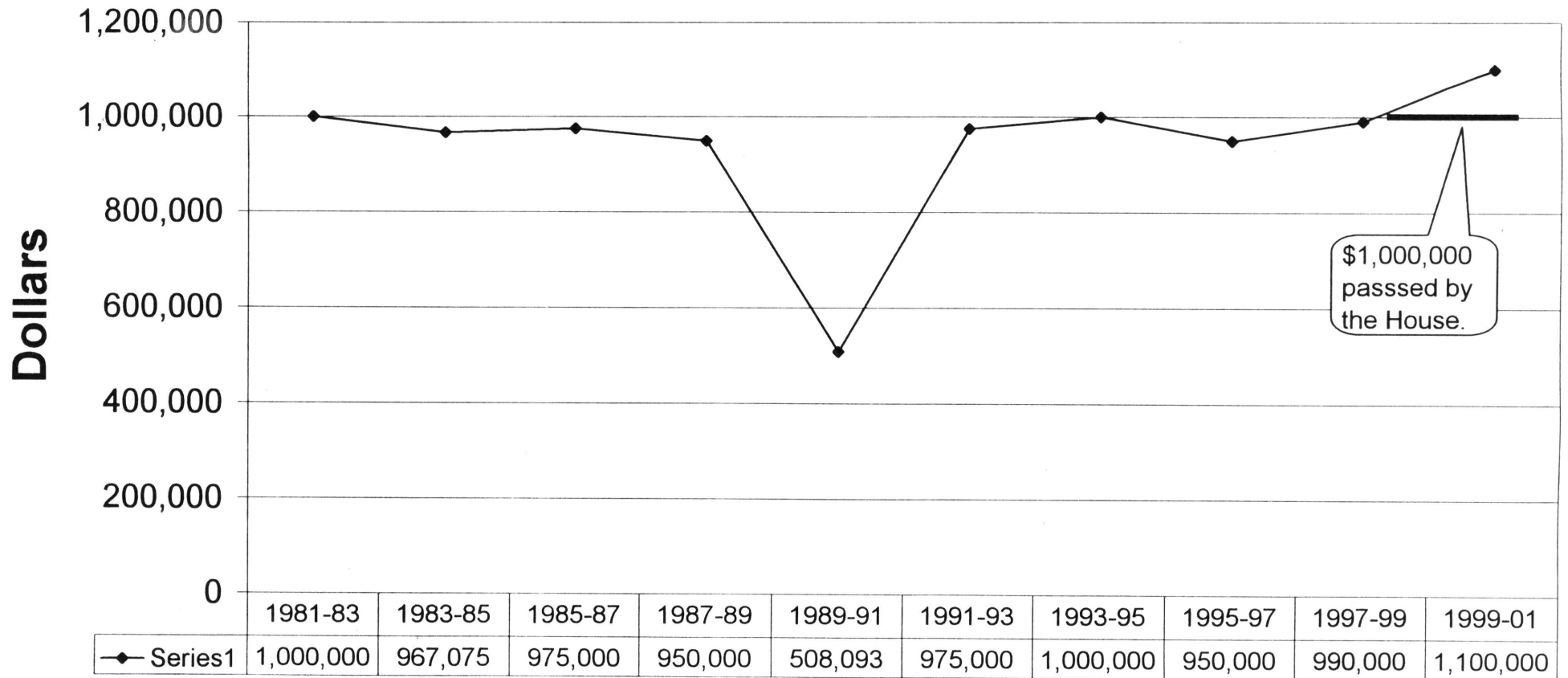
5) Tony Grindberg
 6) Ray Holmberg
 7) Aaron Krauter
 8) Ed Kringstad

9) Elroy Lindaas
 10) Larry Robinson
 11) Ken Solberg
 12) Rod St. Aubyn

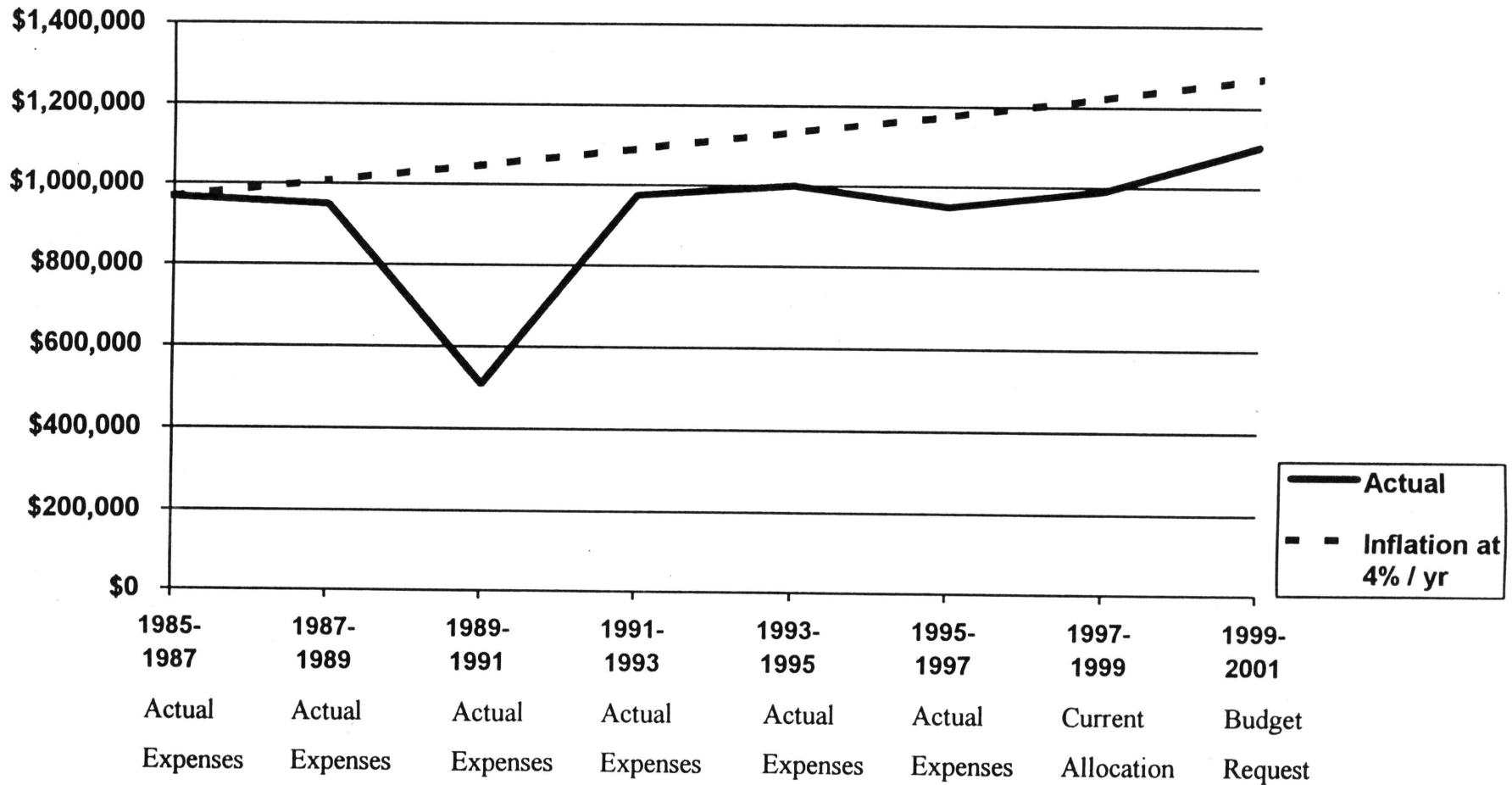
13) Harvey Tallackson
 14) Steve Tomac



General Funds to Local Units of Health State Department of Health 1981-2001



General Fund Dollars Allocated to Local Health Units State Department of Health



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Estimated 1998 Local Public Health Unit Funding and FTEs

		A	B	C	D	E	F	G	H	I	J	K
Local Health Unit	Population Served*	Statutory authority in dollars in (maximum mills)	Authorized mill levy in dollars	City or county general funds*	State aid	Federal funding†	Fee for services/donations††	Funds from other sources	Total annual budgeted revenue (B+C+D+E+F+G)	FTEs for preventive health programs§	FTEs for environmental health programs	Total FTEs (I+J)
Bismarck-Burleigh Nursing	62,889	\$ -	\$ -	\$ 720,944	\$ 34,628	\$ 188,766	\$ 215,000	\$ -	\$ 1,159,338	15	0	15
Cavalier County Health	5,306	\$ 89,175	\$ 50,000	\$ -	\$ 6,190	\$ 31,725	\$ 17,300	\$ 8,689	\$ 113,904	2.5	0	2.5
Central Valley Health	22,852	\$ 238,441	\$ 238,441	\$ 31,415	\$ 19,196	\$ 222,074	\$ 159,055	\$ 161,378	\$ 831,559	15.92	1	16.92
City-County Health Dept.	11,365	\$ 116,553	\$ 74,500	\$ -	\$ 9,598	\$ 50,500	\$ 81,000	\$ 346,280	\$ 561,878	13	0.25	13.25
Custer District Health Unit	42,274	\$ 354,874	\$ 306,074	\$ -	\$ 37,722	\$ 592,080	\$ 130,000	\$ 8,000	\$ 1,073,876	22.1	2	24.1
Emmons District Health Unit	4,302	\$ 60,180	\$ 58,750	\$ -	\$ 5,541	\$ 29,565	\$ 9,506	\$ 2,658	\$ 106,020	2.5	0.2	2.7
Fargo Cass Public Health	117,674	\$ -	\$ -	\$ 1,385,468	\$ 57,110	\$ 401,448	\$ 873,400	\$ 269,000	\$ 2,986,426	58	7	65
First District Health Unit	86,064	\$ 790,941	\$ 624,014	\$ 93,000	\$ 68,984	\$ 551,662	\$ 280,000	\$ 239,499	\$ 1,857,159	39	4.5	43.5
Foster County Health Dept.	3,546	\$ 44,440	\$ 41,951	\$ -	\$ -	\$ 1,379	\$ 2,371	\$ -	\$ 45,701	2	0	2
Grand Forks Public Health	76,172	\$ 476,115	\$ 239,713	\$ 599,596	\$ 40,178	\$ 290,302	\$ 88,052	\$ 217,456	\$ 1,475,297	22	6	28
Kidder County District Health	2,994	\$ 47,000	\$ 45,000	\$ -	\$ 4,753	\$ 2,384	\$ 10,342	\$ 2,772	\$ 65,251	3	0	3
Lake Region District Health	26,260	\$ 243,491	\$ 189,260	\$ -	\$ 26,666	\$ 321,734	\$ 139,400	\$ 26,755	\$ 703,815	16.5	1	17.5
McIntosh District Health Unit	3,395	\$ 41,244	\$ 21,120	\$ -	\$ 5,115	\$ 5,043	\$ 2,173	\$ 9,219	\$ 42,670	1	0	1
Nelson/Griggs District Health	6,879	\$ 91,116	\$ 71,330	\$ -	\$ 10,057	\$ 19,520	\$ 29,800	\$ 21,905	\$ 152,612	3.6	0	3.6
Pembina County Health Dept.	8,482	\$ -	\$ -	\$ 89,150	\$ 7,859	\$ 52,509	\$ 500	\$ -	\$ 150,018	4.86	0	4.86
Ransom County Health Dept.	5,420	\$ -	\$ -	\$ 55,000	\$ 6,114	\$ 19,845	\$ 21,500	\$ 79,856	\$ 182,315	5	0.2	5.2
Richland County Health Dept.	16,910	\$ -	\$ -	\$ 134,358	\$ 12,546	\$ 171,532	\$ 183,112	\$ 34,935	\$ 536,483	13.4	0.2	13.6
Sargent County District Health	4,113	\$ 55,951	\$ 29,091	\$ -	\$ 5,393	\$ 23,413	\$ 13,800	\$ 12,822	\$ 84,519	2.5	0	2.5
Southwestern District Health	37,772	\$ 343,357	\$ 286,162	\$ -	\$ 45,657	\$ 339,183	\$ 105,479	\$ 72,095	\$ 848,576	18.9	2.2	21.1
Steele County Public Health	2,071	\$ -	\$ -	\$ 31,057	\$ 4,273	\$ 1,785	\$ 2,800	\$ 782	\$ 40,697	1	0	1
Trail District Health Unit	8,088	\$ 97,931	\$ 76,974	\$ -	\$ 7,603	\$ 13,339	\$ 20,750	\$ 24,015	\$ 142,681	3.3	0.1	3.4
Upper Missouri District Health	34,486	\$ 304,600	\$ 246,248	\$ -	\$ 31,689	\$ 343,243	\$ 135,182	\$ 59,538	\$ 815,900	17.6	1	18.6
Walsh County Health Dept.	12,826	\$ -	\$ -	\$ 73,219	\$ 10,280	\$ 16,129	\$ 7,976	\$ 13,003	\$ 120,607	3	0	3
Wells County District Health	5,060	\$ 69,320	\$ 52,000	\$ -	\$ 6,084	\$ 29,500	\$ 7,000	\$ 29,000	\$ 123,584	2.8	0	2.8
TOTALS	607,200	\$ 3,464,729	\$ 2,650,628	\$ 3,213,207	\$463,236	\$ 3,718,660	\$ 2,535,498	\$ 1,639,657	\$ 14,220,886	288.48	25.65	314.13

*Some local public health units provide services to other health units through contractual relationships. Populations projected for year 2000 per NDSU Data Center.

*Some city health units contract to provide services to the county.

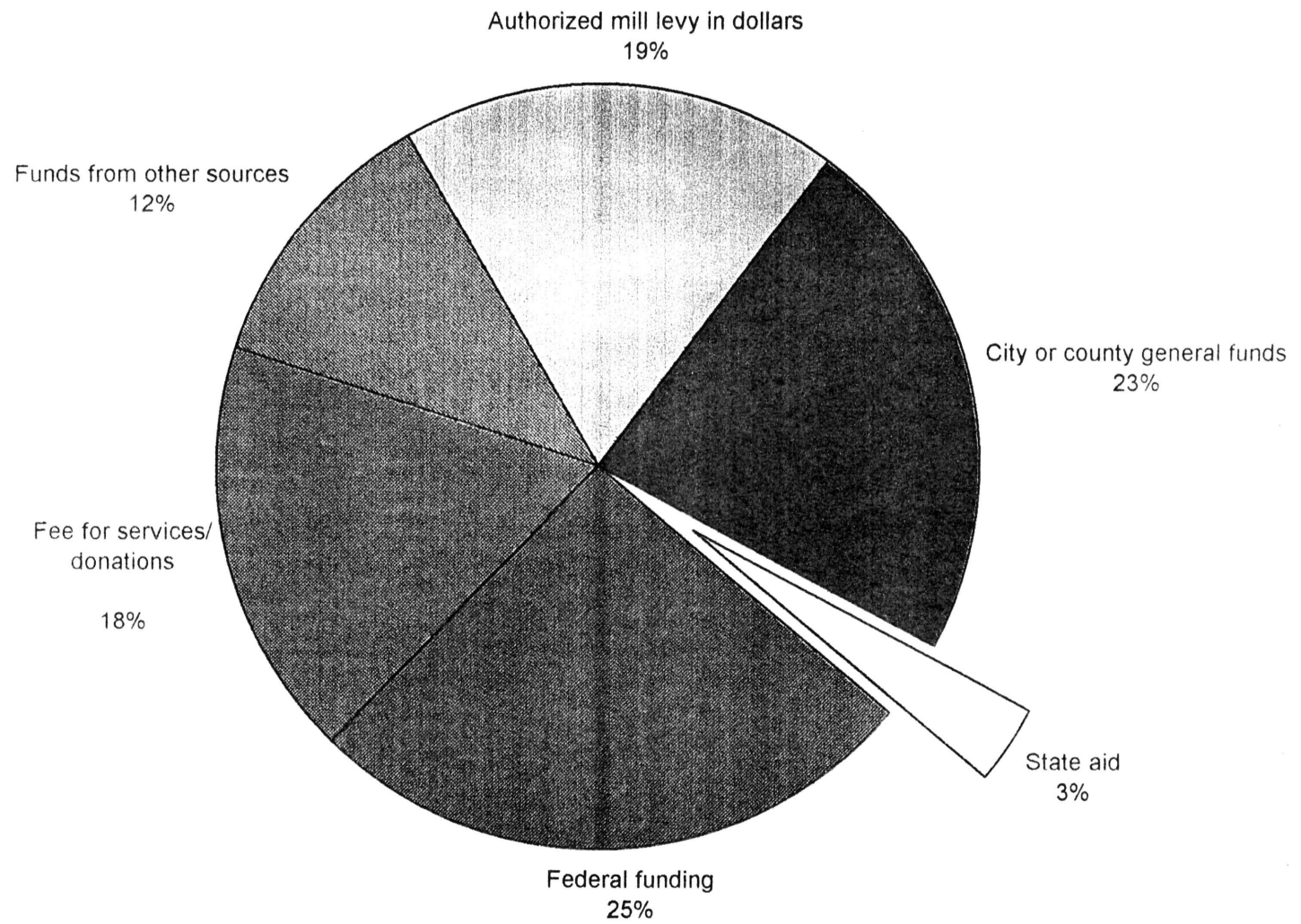
† Federal funding is allocated by the state health department; federal match is provided by the local public health units.

†† Includes Medicaid and Medicare reimbursement

§ Includes administrative personnel

Services offered by each local public health unit may vary.

Estimated 1998 Local Public Health Unit Funding



Forensic Examiner

The authority and responsibilities of the North Dakota State Forensic Examiner are provided in Chapter 11-19, Sections 11-19.1-18 through 11.19.1-20 of the North Dakota Century Code.

Services provided by the Forensic Examiner's Office include:

- On call services for reporting and receipt of Forensic Examiner cases and to provide support and recommendations to on scene death investigators regarding the appropriate handling of dead bodies.
- Comprehensive investigations including selected death scene visits, postmortem examinations and/or autopsy with photographic and narrative documentation of various medical evidence, toxicology and serology, x-rays, and consultations in anthropology, odontology, or other specialties as needed to establish an accurate determination of cause and manner of death.
- Provide follow-up on referrals to local, state, and federal agencies involved in the investigation of a death.
- Inventory and control of personal property for retention as evidence or to be returned to next of kin.
- Maintain reports, photographs, evidence, specimens, microscopic slides, tissue blocks, and toxicological materials related to Forensic Examiner cases.
- Preparation of various reports and other documentation related to an individual's death, and subsequent expert testimony in judicial proceedings.
- Active involvement in the training of local, state, and federal law enforcement personnel, medical personnel, and other interest groups.
- Participate in Child Fatality Review Committee activities.

The position of the state forensic examiner was added to the North Dakota Department of Health in August 1996. Since that time, 329 cases have been referred to the State Forensic Examiner for postmortem examinations and/or autopsies, and the certification of death. These referrals have come from coroners in thirty-three of North Dakota's fifty-three counties, and represent all of the major geographical regions of the state (e.g., Northwest, Southwest, Northeast, Southeast, and Central). Complete autopsies, including CO levels, blood alcohols, and basic drug screens, were done on 322 individuals; external examinations without autopsies were done on 7 individuals; and 1 case was investigated and the Certificate of Death signed by the Forensic Examiner. The classification/manner and number of these referrals are categorized as follows: **Natural Cause - 99; Accident -114; Suicide -84; Homicide - 16; and Undetermined - 09.** Seven (07) of this years cases are pending investigation. In addition to the referrals discussed above, the North Dakota State Forensic Examiner's office has provided consultations on 115 coroner's cases. These consultations consist of discussing the circumstances surrounding a death with the county coroners and advising them on how they could handle the case locally rather than referring it in to the forensic examiner's office.

It is the Department's goal to perform these duties and provide vital information needed by law enforcement, public health officials, or family of the deceased in an effective, timely, and courteous manner. There is a need to provide the forensic examiner with an adequate facility to carry out the responsibilities as set forth by the legislature. Therefore, this request includes a capital improvement line item for the construction of a morgue facility and associated operating expenses of an approximate cost of \$650,000. The number and complexity of the cases referred to the Forensic Examiner supports the need for a morgue/office facility designed to meet the needs of death investigation. The Forensic Examiner office is currently situated in borrowed space at the Chemistry and Crime Laboratory Building on East Main Avenue, and the autopsies are done on a cost per case basis at the MedCenter One and St. Alexis morgues. The office space is extremely limited with case files, evidence, and the majority of our routine operating supplies stored in a single filing cabinet in the Forensic Examiner's personal office. Autopsy specimens and toxicology samples are stored in very limited and borrowed space in the Toxicology Laboratory. The equipment and supplies needed to perform the autopsies are hand carried from the office or from one morgue to another in tool box type carriers. There is an average of 300 square feet of morgue space available for autopsies and total cold storage for four bodies if the refrigerators in both morgues are utilized. Although both morgues are kept clean and well maintained by the respective hospitals, they are not designed for forensic autopsies and pose a myriad of problems. Some of the more problematic are:

- access to the morgue is controlled by the hospital not the forensic examiner allowing for potential breaches in the chain of custody of evidence.
- cramped working space with poor lighting and inadequate ventilation which poses the threat of personal injury and exposure to bloodborne pathogens by the forensic examiner's staff and law enforcement officials present at the autopsy.
- no secure storage space for supplies, equipment, or specimens; requiring the use of supplies which must be purchased from the hospitals, equipment which is maintained by non-autopsy personnel, and the transfer of evidence, autopsy and toxicology specimens to the Chemistry and Crime Laboratory Building via the staff's personal vehicles.
- the office facilities are detached, approximately 2 miles, from the morgue facilities, requiring administrative procedures to be completed either before or after the autopsy.
- neither the morgue or office spaces currently utilized by the Forensic Examiner meet the requirements for accreditation by the National Board of Medical Examiners.
- the hospital's staff are required to accept the extra workload imposed by the admission of forensic examiner cases to their facilities.

The Forensic Examiner's morgue will be designed to have sufficient space, equipment, and facilities to support this jurisdiction's volume of medicolegal death investigations, and to provide active involvement in death investigation training of local, state, and federal law enforcement personnel, medical personnel, and other interest groups. It will meet OSHA standards as well as accreditation standards published by the National Association of Medical Examiners. It will be equipped with the appropriate autopsy and radiographic equipment required to provide county coroners, law enforcement, medical personnel, state and local government agencies and other groups involved with death investigation dependable results on a timely basis.

**Equipment By Funding Source
State Department of Health
1999-2001**

Division	Equipment Type	# of Computers	Total Equip.	General Funds	Federal Funds	Special Funds
Administration	Personal computers	9	27,000	27,000		
	Laptop computer	2	6,000	6,000		
	Laser Printer		4,500	4,500		
	File Server		7,500	7,500		
	Power point projector		4,443	4,443		
Total		11	49,443	49,443	0	0
Vital Records	Personal computers	9	27,000	18,900	8,100	
	File Server		7,500	5,250	2,250	
	Plain paper copier		10,000	7,000	3,000	
Total		9	44,500	31,150	13,350	0
Crime Lab	Personal computers	7	21,000	1,372	19,628	
	Laser Printer		2,395	156	2,239	
	Analytical and top loading balances		3,855	251	3,604	
	Profi B6-1 IIT (DNA analysis)		19,200	1,255	17,945	
	ABI Prism 310 Genetic Analyzer (DNA analysis)		61,000	3,986	57,014	
	Drugfire workstation		50,605	3,307	47,298	
	25 Intoxilyzer 5000 (Breath testing equip)		180,000	11,764	168,236	
	Liquid chromatograph (drug analysis)		47,950	3,138	44,812	
Total		7	386,005	25,229	360,776	0
Health Facilities	Personal computers	6	18,000	3,014	14,986	
	Laptop computer	5	15,000	2,511	12,489	
	Laser Printer		3,730	625	3,105	
	Digital video equipment		23,000	3,850	19,150	
Total		11	59,730	10,000	49,730	0
Emerg. Hlth Ser.	Personal computers	2	6,000	6,000		
	Laptop computer	1	3,000	3,000		
Total		3	9,000	9,000	0	0
MCH	Personal computers	8	24,000	10,320	13,680	
	Laser Printer		3,500	1,505	1,995	
	Color plotter (GIS system)		17,000	7,310	9,690	
Total		8	44,500	19,135	25,365	0
Micro Lab	Personal computers	4	12,000	12,000		
	Autoclave w/o generator		47,000	47,000		
	Electrosteam Boiler and blow down tank		9,500	9,500		
	Programmable peristaltic pump		2,000	2,000		
Total		4	70,500	70,500	0	0
Disease Control	Personal computers	14	42,000	7,575	34,425	
	Laptop computer	3	9,000	1,622	7,378	
	Laser Printer		3,500	631	2,869	
	Multimedia Projector & folding machine		6,500	1,172	5,328	
Total		17	61,000	11,000	50,000	0
Health Prom.	Personal computers	8	24,000		24,000	
	Laptop computer	2	6,000		6,000	
	Modular office furniture		2,400		2,400	
	Laser Printer		3,300		3,300	
Total		10	35,700	0	35,700	0

*equip-
office
printing*

**Equipment By Funding Source
State Department of Health
1999-2001**

Division	Equipment Type	# of Computers	Total Equip.	General Funds	Federal Funds	Special Funds
Envir. Engineering	Personal computers	12	36,000		27,821	8,179
	Laptop computer	8	24,000		18,547	5,453
	Workgroup printer		2,000		1,545	455
	Modeling computer		3,500		2,705	795
	Calibrators		17,500		13,524	3,976
	Sulfur dioxide and oxide analyzers		74,750		57,767	16,983
	Ozone analyzers		19,500		15,069	4,431
	Air monitoring trailers (2)		13,000		10,046	2,954
	Paper chart recorders		33,150		25,618	7,532
	Ammonia analyzer		16,000		12,364	3,636
	Sampling pumps		8,900		6,877	2,023
	Organic compound detector (OSHA)		8,000		6,186	1,814
	Audio Dosimeters (OSHA)		7,500		5,795	1,705
	Various engineering equipment		15,200		11,746	3,454
	Total		20	279,000	0	215,610
Chem Lab	Personal computers	11	33,000	6,136		26,864
	Lims Server		12,500	2,325		10,175
	Simplex security system		28,000	5,206		22,794
	Capillary electrophoresis chromatography		81,000	15,061		65,939
	Flow injection analyzer		41,000	7,623		33,377
	Air generator & compressor		5,900	1,099		4,801
	Flame ionization detectors for GC's		21,000	3,904		17,096
	Automated liquid extractor		46,500	8,646		37,854
Total		11	268,900	50,000	0	218,900
Water Quality	Personal computers	14	42,000	4,388	37,612	
	Workgroup printer		2,000	208	1,792	
	Water quality multiprobe		6,000	626	5,374	
	Interface probe		2,400	250	2,150	
	Stage recorder w/datalogger (2)		3,000	313	2,687	
	Autosampler		6,500	678	5,822	
	Geographical Positions system (4)		12,000	1,253	10,747	
Total		14	73,900	7,716	66,184	0
Municipal Facilities	Personal computers	12	36,000		36,000	
	Laser printer		4,000		4,000	
	Power point projector		5,000		5,000	
Total		12	45,000	0	45,000	0
Waste Management	Personal computers	7	21,000		21,000	
	Laser printer		3,000		3,000	
	Global Positioning System receiver		6,500		6,500	
	Photonization air monitor		4,000		4,000	
Total		7	34,500	0	34,500	0
Grand Total		144	1,461,678	283,173	896,215	282,290
	Personal Computers	123	369,000	96,705	237,252	35,043
	Laptop computers	21	63,000	13,133	44,414	5,453
	Laser printers	8	27,925	7,417	20,508	0
	All other		1,001,753	165,918	594,041	241,794
	Total All Funds		1,471,678	283,173	896,215	282,290

**Office Supplies
Health Resource Section
State Department of Health
1999-2001**

<u>Description</u>	<u>Amount</u>
General office supplies/Health Facilities	\$ 16,467
Training supplies for Health Care Surveye	16,000
General office supplies/Emergency Health	6,000
Data Processing Supplies	8,994
Office software	4,500
Software special programs	8,000
Total Budget	<u><u>\$ 59,961</u></u>
General Funds	\$ 8,994
Federal Funds	50,367
Special Funds	600
Total Funds	<u><u>\$ 59,961</u></u>

**Printing By Funding Source By Program
State Department of Health
1999-2001**

OMB Printing Object includes
Copier supplies and Printing

<u>Program Name</u>	<u>Total Funds</u>	<u>General Funds</u>	<u>Federal Funds</u>	<u>Special Funds</u>
Administration	\$ 53,862 **	\$ 53,862	\$ -	\$ -
Vital Records	13,547	12,057	1,490	-
Crime Lab	5,628	5,628	-	-
Total Administrative Section	\$ 73,037	\$ 71,547	\$ 1,490	\$ -
Health Facilities	\$ 17,955	\$ 2,334	\$ 14,364	\$ 1,257
Emergency Health	37,905	31,082	6,823	-
Community Assistance				
Total Health Resource Section	\$ 55,860	\$ 33,416	\$ 21,187	\$ 1,257
MCH	\$ 123,173	\$ 9,854	\$ 113,319	\$ -
Micro Lab	10,686	10,472	-	214
Disease Control/Food & Lodging	67,077	3,354	63,723	-
Health Promotion & Ed.	37,485	-	37,485	-
Total Preventive Health Section	\$ 238,421	\$ 23,680	\$ 214,527	\$ 214
Environmental Engineering	\$ 9,407	\$ -	\$ 1,129	\$ 8,278
Chem Lab	7,388	3,916	3,103	369
Water Quality	25,753	7,468	15,967	2,318
Municipal Facilities	1,248	262	986	-
Waste Management	18,728	3,933	12,173	2,622
Total Environmental Health Section	\$ 62,524	\$ 15,579	\$ 33,358	\$ 13,587
TOTAL HEALTH DEPARTMENT	\$ 429,842	\$ 144,222	\$ 270,562	\$ 15,058
Total Department Funding Source by %	100%	33%	63%	4%

The funding allocation for each program was based on 17 months of actual data for this biennium.

** Includes copier supplies of approx. \$45,000

**Schedule of Operating Fees & Services
State Department of Health**

Division	Purpose	Amount	99-01 Total	Amount	95-97 Total	Amount	97-99 Total
Disease Control	Advertising & film developing	\$ 8,862		\$ 3,500		\$ 3,500	
	Online data services	1,600		1,550		1,550	
	Occupational Injury			223,354			
	Diabetes (media campaign)	150,000					
	Diabetes (community intervention)	<u>259,583</u>	\$ 420,045		<u>228,404</u>	\$ 275,071	\$ 280,121
Health Prom & Ed.	Behavior Risk surveys (temp services)	\$ 43,000		\$ 22,500		\$ 30,000	
	Tobacco (Training)	135,366		10,300		46,958	
	Tobacco-Locals					345,478	
	Cancer Registry (Data analysis)	70,000					
	B & C Cancer (Data analysis)	40,400		27,600			
	B & C Cancer (Media campaign)	100,000					
	Preventive Block (education services)	116,448		117,793		120,000	
	Advertising & film developing	<u>19,600</u>	\$ 524,814		<u>178,193</u>	\$ 542,436	

Operating
Fees
&
Services

**Schedule of Operating Fees & Services
For the 1999-01 Biennium**

Division	Vendor	Amount	Total
Adminstration	On line data services	10,029	
	Employee Awards	13,500	23,529
Vital Records	Contract to index birth records	13,681	13,681
Crime Lab	Advertising & Film processing	11,197	11,197
Total Administrative Section			48,407
Health Facilities	Advertising & Film processing	35,000	
	Title 18 & 19 Training consultant	64,701	99,701
Emerg. H. Service	Film developing	972	972
Total Health Resource Section			100,673
MCH	Advertising & film developing	20,769	
	WIC (follow up on passport project)	48,500	69,269
Microbiology	Kelly Services, Interpetitive Fees	2,201	2,201
DC	Advertising & film developing	8,862	
	Online data services	1,600	
	Diabetes (media campaign)	150,000	
	Diabetes (community intervention)	259,583	420,045
Health Prom & Ed.	Behavior Risk surveys (temp services)	43,000	
	Tobacco (Training)	135,366	
	Cancer Registry (Data analysis)	70,000	
	B & C Cancer (Data analysis)	40,400	
	B & C Cancer (Media campaign)	100,000	
	Preventive Block (education services)	116,448	
	Advertising & film developing	19,600	524,814
Total Preventive Health Section			1,016,329
Env. Eng./Chief	Collection of air monitoring filters	83,801	
	UND-Envir. Research Center	133,149	
	Advertising & film developing	33,595	250,545
Chem Lab	Worker's Comp Medical Fee	985	985
Water Quality	Advertising & film developing	8,000	
	Software license (rental/GIS)	10,000	
	US Geological Survey	75,000	
	Water quality monitoring research (UND,NDSU)	297,677	390,677
Municipal Facilities	Advertising & film developing	6,606	6,606
Waste Mgmt	Advertising & film developing	11,157	11,157
Total Environmental Health Section			659,970
Total Operating Fees & Services			1,825,379

**Building, Grounds, & Vehicle Maintenance
Environmental Health Section Budget
State Department of Health
1999-2001**

<u>Description</u>	<u>Amount</u>
Janitorial Services (Lab bldg & Training Facility)	\$ 21,315
Building repair parts (Lab bldg & Training Facility)	30,255
Plumbing parts	
Lab bench repairs	
Electrical parts	
Ventilation of hoods repairs	
Boiler repair parts (Lab bldg)	7,500
Engineering & monitoring equipment repair parts	5,513
Scientific laboratory equipment repair parts	6,852
Boat maintenance	1,100
Total	<u>\$ 72,535</u>
General Funds	\$ 7,254
Federal Funds	45,697
Special Funds	19,584
Total Funds	<u>\$ 72,535</u>

**Schedule of Professional Services
For the 1999-01 Biennium**

Division	Vendor	Amount	Total
Adminstration	Legal	30,000	
	Audit	25,754	
	Employee Management Training	31,406	87,160
Crime Lab	Laboratory Testing	14,378	
	Medical (Hospital & lab work for Medical Exam.)	46,350	60,728
Total Administrative Section			147,888
Health Facilities	Legal	30,880	30,880
Emerg. H. Service	Legal	2,720	
	Analysis of EHS trip tickets	8,667	11,387
Total Health Resource Section			42,267
MCH	Legal	1,200	
	Medical Services	28,710	
	Medstat (Health Care data)	140,000	169,910
Microbiology	Medical Services (Lab Testing)	14,769	14,769
DC	Legal	8,300	
	Local H. Units (Aids testing)	350,000	
	Immunization (BC/BS)	40,000	
	Medical Center (Diabetes testing)	392,144	
	Pharmacies (Ryan White)	120,000	
	Local H. Units (TB testing)	80,000	
	Local H. Units (STD testing)	23,000	1,013,444
Health Prom & Ed.	Legal	18,000	
	BC/BS (Breast & Cervical)	1,959,239	
	Local H. Units (Tobacco)	275,000	2,252,239
Total Preventive Health Section			3,450,362
Env. Engineering	Legal	33,872	
	Engineers (Air pollution)	38,988	72,860
Chem Lab	Laboratory (Sample testing)	4,367	4,367
Water Quality	Legal	45,517	45,517
Municipal Facilities	Legal	811	811
Waste Mgmt	Legal	68,300	
	Engineering contracts (Lust & Ust)	1,190,351	1,258,651
Total Environmental Health Section			1,382,206
Total Professional Fees			5,022,723

Profession
Services

**Schedule of Professional Services
State Department of Health**

Division	Purpose	Amount	99-01 Total	Amount	95-97 Total	Amount	97-99 Total
Disease Control	Legal	\$ 8,300		\$ 5,650		\$ 5,650	
	Local H. Units (Aids testing)	350,000		244,000		350,000	
	Immunization (BC/BS)	40,000		153,000		40,000	
	Medical Center (Diabetes testing)	392,144				250,000	
	Pharmacies (Ryan White)	120,000		10,547		76,949	
	Local H. Units (TB testing)	80,000		80,000		100,000	
	Local H. Units (STD testing)	<u>23,000</u>	\$ 1,013,444	<u>8,000</u>	\$ 501,197	<u>25,000</u>	\$ 847,599
Health Prom & Ed.	Legal	\$ 18,000		\$ 15,000		\$ 15,000	
	Cancer Registry			25,000		36,339	
	Behavior Risk					30,000	
	Data Management			28,091			
	BC/BS (Breast & Cervical)	1,959,239				120,000	
	Local H. Units (Tobacco)	<u>275,000</u>	\$ 2,252,239	<u>32,800</u>	\$ 100,891	<u> </u>	\$ 201,339

**Professional Development
Environmental Health Section
State Department of Health
1999-2001**

Division	Dues to Program Organizations*	Personnel Development Training	Program Specific Training	Software Training	Laboratory Equip.Trng	Total
Env. Engineering.	\$ 25,000	\$ 1,140	\$ 8,433	\$ 2,550		\$ 37,123
Chemistry Lab	2,414	580	1,610	605	10,000	15,209
Water Quality	10,000	1,076	5,713	4,150		20,939
Municipal Facilities	8,000	960	17,210	2,630		28,800
Waste Management	3,250	701	10,153	1,900		16,004
Total	\$ 48,664	\$ 4,457	\$ 43,119	\$ 11,835	\$ 10,000	\$ 118,075
General Funds						\$ 18,892
Federal Funds						74,387
Special Funds						24,796
Total Funds						\$ 118,075

* Organization	Annual Dues
Western States Water Council	\$ 12,500
AOAC International (Analytical)	1,000
American Chemical Society	207
Environmental Council of States	5,000
Association of State Drinking Water	4,000
Association of State Territorial Waste Mngt. Assoc.	1,625
	\$ 24,332

Div. Name	Grant Description	P T G	1999-01 Biennium Budget Request			
			General Fund	Federal Funds	Other Funds	Total Funds
ACCT OCA	Flood Grants to EMTs					
	Physical Loan Program		0	0		0
	Rural Health Primary Care	X		562,597		562,597
	Division Total		0	562,597	0	562,597
EHS	Emerg Medical Services Training Grant		940,000			940,000
	Division Total		940,000	0	0	940,000
MCH	MCH Block (UND)	X		33,440		33,440
	MCH Block (LHU)			1,828,973		1,828,973
	MCH - Family Planning			246,000		246,000
	WIC Food Supplement			5,529,920		5,529,920
	Family Planning			788,000		788,000
	Family Violence			860,000		860,000
	Domestic Violenc		90,000		300,000	390,000
	SSDI (Human Service)	X		190,000		190,000
	SSDI			0		0
	STOP Violence (AG's Office)	X		128,000		128,000
	STOP Violence			1,689,100		1,689,100
	Local Health		1,100,000			1,100,000
	Child Safety Program			200,000		200,000
	Shaken Baby Syndrome			100,000		100,000
	Abstinence Education			208,300		208,300
	Physical Loan Program		75,000			75,000
	Division Total		1,265,000	11,801,733	300,000	13,366,733
DC	Occupation Injury			480,000		480,000
	Immunization			450,000		450,000
	STD			11,000		11,000
	TB			66,000		66,000
	Aids			100,000		100,000
	Division Total		0	1,107,000	0	1,107,000
Hlth Prom	Preventive Health Block Grant			108,800		108,800
	Preventive Health Block / Rape			235,000		235,000
	Tobacco			920,000		920,000
	Breast & Cervical Cancer			930,000		930,000
	Cardiovascular			200,000		200,000
	Division Total		0	2,393,800	0	2,393,800
EE	State Indoor Radon Program(UND)	X		75,000		75,000
	Division Total		0	75,000	0	75,000
Wtr Qua	Water Pollution (local health units)			41,000		41,000
	Geological Survey (ND)	X		60,000		60,000
	319 Nonpoint Source (state agencies)	X		100,000		100,000
	319 Nonpoint Source			5,000,000		5,000,000
	Division Total		0	5,201,000	0	5,201,000
Mun Fac	Public Water Supervision			108,000		108,000
	Division Total		0	108,000	0	108,000
Wst Mgr	Abandoned Auto				300,000	300,000
	Large Volume Landfill				80,000	80,000
	Division Total		0	0	380,000	380,000
	GRAND TOTAL		2,205,000	21,249,130	680,000	24,134,130

Grants

Div. Name	Grant Description	P T G	1997-99 Biennium Budget Request			
			General Fund	Federal Funds	Other Funds	Total Funds
ACCT	Flood Grants to EMTs			225,000		225,000
OCA	Physical Loan Program		75,000	0		75,000
	Rural Health Primary Care	X		452,000		452,000
	Division Total		75,000	452,000	0	527,000
EHS	Emerg Medical Services Training Grant		470,000			470,000
	Division Total		470,000	0	0	470,000
MCH	MCH Block (UND)	X		40,000		40,000
	MCH Block (LHU)			1,598,064		1,598,064
	MCH - Family Planning			263,200		263,200
	WIC Food Supplement			5,426,450		5,426,450
	Family Planning			710,000		710,000
	Family Violence			800,000		800,000
	Domestic Violenc		90,000		300,000	390,000
	SSDI (Human Service)	X		160,000		160,000
	SSDI			40,000		40,000
	STOP Violence (AG's Office)	X		100,000		100,000
	STOP Violence			1,806,000		1,806,000
	Local Health		990,000			990,000
	Child Safety Program			140,000		140,000
	Shaken Baby Syndrome					
	Abstinence Education					
	Physical Loan Program			0		0
	Division Total		1,080,000	11,083,714	300,000	12,463,714
DC	Occupation Injury			568,000		568,000
	Immunization			480,000		480,000
	STD			21,000		21,000
	TB					
	Aids					
	Division Total		0	1,069,000	0	1,069,000
Health Prom	Preventive Health Block Grant			108,800		108,800
	Preventive Health Block / Rape			215,200		215,200
	Tobacco			450,000		450,000
	Breast & Cervical Cancer			1,346,592	300,000	1,646,592
	Cardiovascular					
	Division Total		0	2,120,592	300,000	2,420,592
EE	State Indoor Radon Program(UND)	X		60,000		60,000
	Division Total		0	60,000	0	60,000
Wtr Qua	Water Pollution (local health units)			66,000		66,000
	Geological Survey (ND)	X		7,500		7,500
	319 Nonpoint Source (state agencies)	X		100,000		100,000
	319 Nonpoint Source			2,865,340		2,865,340
	Division Total		0	3,038,840	0	3,038,840
Mun Fac	Public Water Supervision			100,000		100,000
	Division Total		0	100,000	0	100,000
Wst Mgr	Abandoned Auto				250,000	250,000
	Large Volume Landfill					0
	Division Total		0	0	250,000	250,000
	GRAND TOTAL		1,625,000	18,149,146	850,000	20,624,146

**Federal Tobacco Grant Budget
State Department of Health
1997-1999**

Line Items	<u>Estimate Budget</u>
Salaries & Wages (approx. 2 FTE's)	\$ 130,000
Operating Expenses (travel, supplies & education materials)	27,564
Operating Fees (Training)	46,958
Operating Fees (Locals and media campaign)	345,478
Grants (To Local Health Units)	450,000
 Total Budget	 <u>\$ 1,000,000</u>

All expenses in the tobacco program are funded with federal dollars.

**Federal Tobacco Grant Budget
State Department of Health
1999-2001**

Line Items	Estimate Budget
Salaries & Wages (approx. 2 FTE's)	\$ 130,000
Operating Expenses (travel, supplies & education materials)	39,634
Professional Fees (Media campaign, build community involvment)	275,000
Operating Fees (Training)	135,366
Grants (To Local Health Units)	920,000
 Total Budget	 <u><u>\$ 1,500,000</u></u>

All expenses in the tobacco program are funded with federal dollars.

HUMAN RESOURCES DIVISION
HOUSE APPROPRIATIONS COMMITTEE

FEBRUARY 8, 1999

TESTIMONY OF GARY GARLAND, DIRECTOR
OFFICE OF COMMUNITY ASSISTANCE DIVISION
NORTH DAKOTA HEALTH DEPARTMENT

Mr. Chairman and members of the committee, my name is Gary Garland. I'm the director of the Health Department's Office of Community Assistance (OCA). Fred Larson and I will summarize the OCA and answer any questions.

A brief overview of North Dakota's demographic picture helps lay the foundation for the activities of the OCA. As legislators, I'm sure you've encountered many challenges related to North Dakota's changing population. In many communities, for example, younger people are moving out of state or to population centers in North Dakota in search of economic, education or other opportunities. According to the U.S. Census Bureau (November, 1997), over 87% of North Dakota's 359 incorporated areas showed population loss from 1990 through 1996. Some, of the losses exceeded 2% per year and as a simple rule of mathematics, any number multiplied by 2% annually will double every 35 years. If this trend continues the population of many rural North Dakota communities will decrease by about 50% in less than one generation. Questions about efficiently

Office of
Community
Assistance

supporting local schools and school districts, local roads, water supply and treatment facilities, ambulance and emergency and disaster response systems, social services and social service boards and other types of services are increasingly being asked in the face of declining rural populations and tax bases. Current assumptions about birth rates, migratory patterns and economic opportunities in the state suggest a continued decline in North Dakota's population through 2010 (North Dakota Data Center, NDSU, 1990). The impact of this demographic problem is demonstrated in the healthcare delivery system. Rural hospitals (less than 50 beds), for example, have seen a 60% reduction in admissions for the period 1975-1995. A 1997 Health Department study based on 1996 Medicare cost reports found 67% of the state's rural hospitals had negative incomes including all sources of income like local bake sales, private contributions and local subsidies. Nursing homes and other rural health care providers show similar utilization patterns. The effect on North Dakota's rural healthcare delivery system has been significant. Seven (7) rural North Dakota hospitals have either closed or converted to other types of healthcare services from 1987 through 1997. To make matters worse hospital closures are often accompanied by the loss of healthcare personnel and ancillary services. The result is a reduction in access to local

healthcare services and personnel. Along with this, often the largest employer, and source of economic stability is lost in the community. Hospitals, nursing homes and other types of healthcare providers are integral components of economic stability and growth in rural North Dakota. They provide an infrastructure for the provision of services and the employment of people. The problems facing many rural North Dakota communities today are local healthcare infrastructures provide an abundance of hospital and nursing home capacity while populations are migrating out of the areas and some services that are provided do not meet the needs of residents. To complicate matters further, some state and federal laws and rules stand in the way of change. For rural healthcare providers in general the challenge is to reduce unnecessary institutional service capacity and to use the space for more appropriate types of healthcare or other services.

The OCA is an exciting program and the challenges before it are enormous. Health Department staff have been sensitive to the healthcare demographic destiny in North Dakota for many years, but it was Governor Schafer's rural health initiatives and Mr. Sagsveen's vision that resulted in a tangible collection of programs and personnel called the Office of Community Assistance charged with the purpose of assisting rural

communities develop sustainable healthcare services. It is felt that sustainable healthcare services in a changing world can be considered solid blocks in the foundation of rural community stability and survival. The Health Department's position is to be part of the solution rather than part of the problem. It is also recognized that health care is only part of the larger rural development equation. The OCA has recently joined forces as a member of the North Dakota Rural Development Commission to assist communities from a multidisciplinary perspective.

The Office of Community Assistance (OCA) was named on July 1, 1998, as a division within the Health Department's Health Resources Section. It is a vehicle to organize a number of state and federal programs designed to improve access to rural healthcare services and personnel under the administration of one division and to utilize these programs and staff resources to assist rural communities and healthcare providers meet the challenges of North Dakota's changing demographic landscape. The programs within the OCA include the state and federal community matching loan repayment program (NDCC 43-17.2) for primary care physicians; the state/community matching loan repayment program (NDCC 43-12.2) for physician assistants, nurse practitioners and certified midwives; the J-1 Visa Waiver Program for foreign physicians to locate in

the health professional shortage areas (HPSA) of the state; the development and implementation of the critical access hospital (CAH) plan; the development and implementation of the community development grant through the U.S. Public Health Service (Bureau of Primary Care); and OCA access to the Health Department's claims based data system that is necessary for community officials to use so they can base their decisions on local market share analysis and health system performance. Briefly, the federal and state community matching loan repayment programs involve a 50% matching financial contribution from participating communities and the state. Primary care physicians are awarded up to \$40,000, half from the state and half from the community in exchange for four (4) years of service in a selected area. Fourteen (14) physicians have or are currently participating in this program.

Midlevel practitioners (physician assistants, nurse practitioners, certified nurse midwives) are awarded up to \$10,000 under a state community matching arrangement to repay educational loans in exchange for two (2) years of obligated service. Ten (10) midlevel practitioners have or are currently participating in this program.

The J-1 Visa Waiver Program allows foreign medical graduates to practice primary health care in the health professional shortage areas of

North Dakota without fulfilling a two (2) year service requirement in their own country. They must practice three (3) years in the HPSA. Twenty-two (22) foreign physicians have used this program to locate in North Dakota over the past three years.

The OCA staff has also drafted North Dakota's Critical Access Hospital (CAH) plan. The CAH plan was approved by the Health Care Financing Administration in December 1998. It was the 12th plan approved in the country. We are currently in the final stages of completing the application packet that will be used by rural North Dakota hospitals that want to participate in the program. There is genuine interest in the program. I spoke at an informational meeting about the plan and the application process on January 20, 1999 and sixty-five (65) rural hospital representatives attended the meeting. I believe every rural hospital in the state was represented.

I spoke a few minutes ago about some federal and state laws or rules that can limit change and even require that the status quo be maintained. The CAH plan changes much of that. Rural North Dakota hospitals that participate in the program will be paid on a cost basis, rather than through the prospective rate setting method, for Medicare patients and will be excused from several state and federal regulations if they agree to certain conditions. These include not keeping any patient longer than 96 hours,

belonging to a referral network with a "full service" general acute hospital and not providing more than 25 beds if swing bed services are provided and no more than 15 of the beds can be used for acute care patients at any time. Relaxed rules include staffing and operational changes. Midlevel practitioners can be used in concert with state medical practice act provisions, and the hospital need not be open on a 24 hour basis (although emergency services must be provided). In addition to preparing the CAH application packet, we are also in the process of revising North Dakota's hospital license rules. We are revising the primary care hospital rules so they are suitable for Critical Access Hospitals. A public hearing is scheduled for March 18, 1999.

The OCA also drafted the U.S. Public Health Service (Bureau of Primary Care) grant for \$60,000 each year to fund the federal community development program. No state match is required and the grant will begin in April 1999. I was contacted by a federal official last week. She told me verbally the grant will be funded although I'm anxiously waiting the written award letter. Much of the \$60,000 will be used for salary within the OCA.

Finally, the claims based data program is a remarkable data system. It is the only system in the state that can provide information regarding the market share of each hospital. It can tell where people from any area went

for inpatient and outpatient hospital services. This is critical information for decision makers when considering development of new services or modifying existing services. It tells the number of people that utilized a local hospital and the characteristics of people that bypassed the hospital and left the community for another hospital. Over the years I've produced over 200 custom reports of this type, mostly for rural North Dakota hospitals. Over the past month I've done a market share analysis report for hospitals in Grafton, Park River, Linton, Stanley, Turtle Lake and Minot.

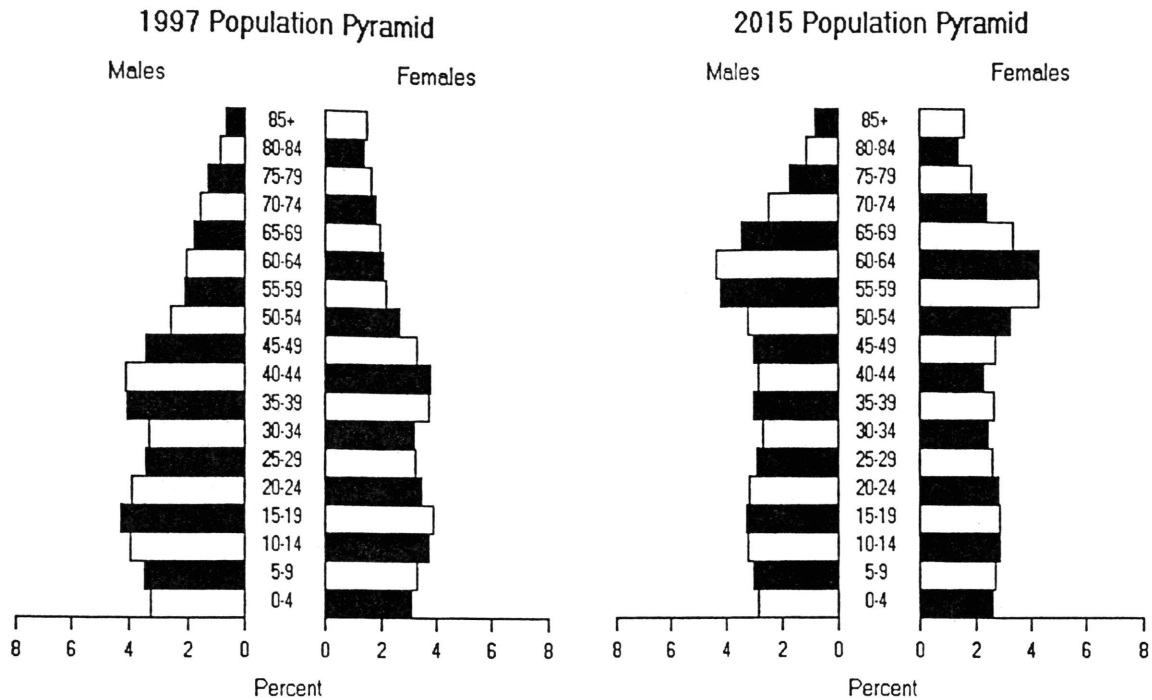
I've summarized these programs within the OCA because they are extremely important tools for assisting communities as they confront the demographic challenges of the present and future. The Critical Access Hospital Program even changes the legal environment for providing hospital care in rural areas. Many communities are well on their way to meeting the challenges I've outlined.

Fred Larson will briefly explain some of the OCA's community activities and the anticipated environment for rural healthcare change in the future.

**Office of Community Assistance
Long-Term Care Issues**

- **Surplus of Bed Capacity**
 - **National Average < 50 Nursing Facility Beds/1000 Population 65+**
 - **ND Capacity >75 Beds/1000**
 - **Capacity Problems Greatest in Rural Communities**

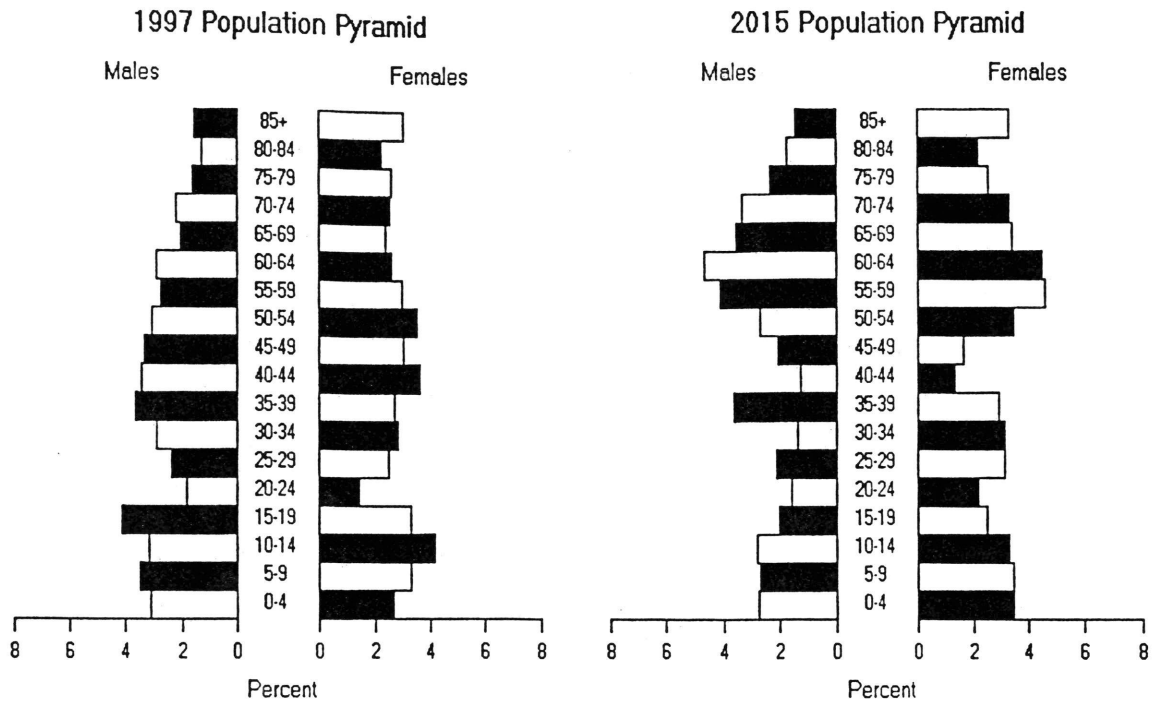
- **Population Trends Indicate Declining Rural Situation**
 - **Significant Younger Population Loss = Shortage of Service Providers**
 - **Needs of Remaining Elder Population Changing**
 - **Healthier Population Needs Increased Social & Decreased Medical Model Response**
 - **Decrease in Number of Elder Population = Decreased Institutional Bed Need**



North Dakota
Projection Series 2

3/4 1990 - 1997 Migration Rates
Age-Gender Distribution

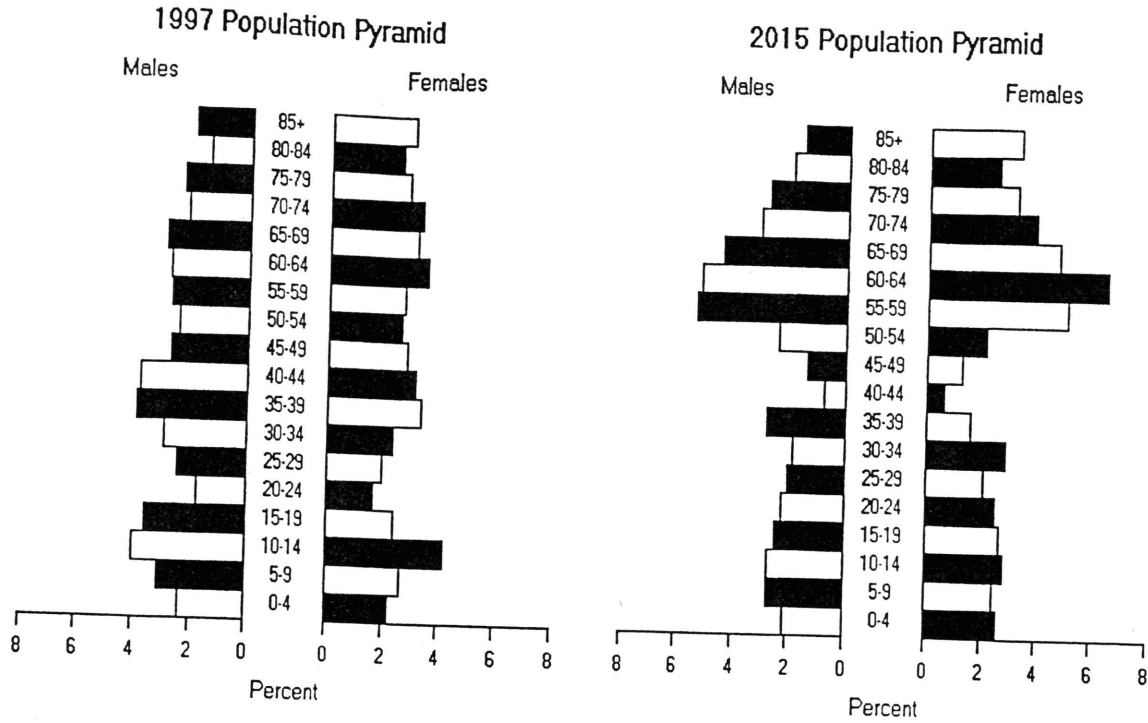
Age	1997		2000		2005		2010		2015	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0 - 4	20821	19884	20260	18910	20605	18783	20483	18745	19077	17683
5 - 9	22358	21219	20526	19525	19960	18564	20294	18495	20167	18448
10 - 14	25411	23891	23164	21777	21291	20079	20704	19123	21023	19034
15 - 19	27440	24958	24919	23193	22810	21111	21071	19559	20622	18709
20 - 24	24970	22308	26898	24370	23714	21928	21758	19993	20199	18600
25 - 29	21917	20966	21992	19703	23759	21810	20549	19408	19077	17746
30 - 34	21160	20659	20174	18943	20276	17841	21833	19971	18876	17513
35 - 39	25941	24016	20032	18831	19347	17527	19476	16540	20934	18670
40 - 44	26191	24387	26177	24040	20344	18868	19612	17566	19674	16519
45 - 49	21738	21210	26251	25102	26271	24934	20482	19812	19736	18339
50 - 54	16545	16966	21521	21872	25993	25949	26127	25992	20494	20906
55 - 59	13260	14029	16778	17309	21799	22298	26408	26514	26729	26712
60 - 64	12959	13297	13874	14083	17394	17352	22575	22361	27394	26641
65 - 69	11112	12744	12432	12572	13281	13332	16754	16490	21784	21292
70 - 74	10004	11500	10417	11988	11662	11811	12482	12555	15777	15581
75 - 79	8113	10559	8822	10968	9172	11433	10269	11319	10996	12063
80 - 84	5573	9035	5885	8492	6382	8853	6644	9241	7465	9133
85+	4208	9582	4340	10092	4552	9920	4895	10125	5129	10470
Subtotal	319721	321210	324462	321770	328612	322393	332416	323809	335153	324059
Total	640931		646232		651005		656225		659212	



Foster
Projection Series 2

3/4 1990 - 1997 Migration Rates
Age-Gender Distribution

Age	1997		2000		2005		2010		2015	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0 - 4	116	101	104	95	125	112	110	126	108	128
5 - 9	131	124	110	103	99	97	121	114	105	128
10 - 14	118	156	111	131	92	109	84	102	107	118
15 - 19	155	125	101	142	100	115	81	96	75	91
20 - 24	68	55	145	117	79	124	88	96	68	82
25 - 29	89	95	61	67	140	125	68	139	83	113
30 - 34	109	107	86	79	59	55	138	147	64	122
35 - 39	137	103	102	86	81	61	55	42	135	108
40 - 44	128	136	128	112	93	94	75	68	50	47
45 - 49	124	115	130	135	130	110	95	93	76	67
50 - 54	114	133	126	138	133	159	133	137	99	117
55 - 59	102	112	121	138	134	144	142	164	143	144
60 - 64	109	99	111	102	130	128	144	132	154	151
65 - 69	77	91	94	88	92	91	112	116	122	118
70 - 74	83	96	80	94	96	91	96	94	115	118
75 - 79	60	98	70	94	67	92	81	89	81	92
80 - 84	49	84	45	83	52	80	50	78	61	76
85+	58	115	49	115	43	114	46	112	45	108
Subtotal	1827	1945	1774	1919	1745	1901	1719	1915	1691	1928
Total	3772		3693		3646		3634		3619	



Eddy
Projection Series 2

3/4 1990 - 1997 Migration Rates
Age-Gender Distribution

Age	1997		2000		2005		2010		2015	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0 - 4	68	64	61	57	63	52	73	72	69	77
5 - 9	89	77	77	65	69	58	70	53	80	73
10 - 14	115	121	98	105	84	89	75	79	76	71
15 - 19	102	69	104	113	86	92	74	79	67	70
20 - 24	51	47	94	62	90	104	72	76	63	68
25 - 29	70	57	40	38	88	56	77	96	60	62
30 - 34	84	67	60	51	33	34	84	53	67	91
35 - 39	112	97	75	55	54	44	29	28	82	49
40 - 44	108	90	109	87	72	46	52	39	28	24
45 - 49	78	81	99	93	97	91	61	50	45	41
50 - 54	71	75	83	91	106	105	106	104	71	63
55 - 59	78	78	91	90	105	109	131	126	138	129
60 - 64	80	101	80	100	93	112	107	133	133	155
65 - 69	84	90	83	89	83	88	96	100	111	119
70 - 74	63	95	71	91	69	89	69	88	81	100
75 - 79	67	81	66	91	72	87	72	85	72	84
80 - 84	41	74	50	69	50	77	54	74	54	72
85+	57	85	41	89	41	87	41	92	43	92
Subtotal	1418	1449	1382	1436	1355	1420	1343	1427	1340	1440
Total	2867		2818		2775		2770		2780	

Office of Community Assistance
Activity Report

2/8/99

FILE# *	CITY(IES)	PRIMARY FACILITY	BRIEF PROJECT DESCRIPTION	MEETING DATES			FILE STATUS	ACTIVITY SUMMARY
				FIRST	LAST	NEXT		
OCA.001	Center	HIT Inc. TBI Facility	Construct new Basic Care (Alt. Serv. Proj.)	8/5/98	1/6/99	Open	Active	Pending HIT Inc. approval - Awaiting HIT progress report
OCA.002	Forman	Sargent Manor	Convert one wing to alternative service	9/14/98		Open	Active	Community survey next (Admin's design)
OCA.003	Cooperstown	Griggs Co. Hosp & Nsg Hm	MD/midlevel recruit/CAH designation			Open	Active	Community survey next (UND instrument)
OCA.004	Stanley	Hosp & Nursing Facility	Major restructuring	9/17/98	9/29/98	Open	Active	Plan outlined to Dept (M. Leupp) - Selected as PCO Grant Target
OCA.005	Carrington/New Rockford	Hosp & all 3 Nursing Facilities	Major restructuring	9/16/98	12/14/98	Open	Active	YHR Mtgs 9/30 - Prelim Recom. 12/14/98 - Master plan Rec'd 1/21/99
OCA.006	Arthur	Good Samaritan Center	Planning/restructuring study	9/18/98	11/19/98	Open	Active	Community survey - provided available forms -mail survey sent out
OCA.007	McVille	Comm. Hosp. & Nsg. Home	Explore conversion options	9/29/98		Open	Active	Waiting for letter from Admin. describing problems/opportunities
OCA.008	Walhalla	Pemblier Nursing Center	Study/inventory for Sale/conversions	10/6/98	12/17/98	Open	Active	Provided data/options for conversion (ARD pilot/ARCF pilot)
OCA.009	Rolla	Rep Gerry Wilkie Box 1140	New residential/congregate facility	10/12/98	10/15/98	Open	Active	Provided LTC Rept - Mtg w/Arch & Fin. 10/14/98 - will contact for mtg
OCA.010	Turtle Lake	Community Mem. Hosp	Convert to CAH/PCO Target Community	10/24/98	12/4/98	Open	Active	Provided info on our preparation for program - Pending Application
OCA.011	Cavalier	Pembina County Mem. Hosp	Conversion to CAH	12/14/98	12/23/98	Open	Active	Provided info on our preparation for program - Pending Application
OCA.012	Grafton/Park River	Hospitals	Cooperative/Joint ventures	1/5/99	1/14/99	Open	Active	Exploring options - Mtg w/UND PCO 1/14/99
OCA.013	Ft. Yates		Target Community under PCO grant	Apr-99			Pre-active	Tailgate to St Alexius Initiative (Needs identified - action plan made)
OCA.014	Belcourt		Target Community under PCO grant	Apr-99			Pre-active	
OCA.015	Crosby		Target Community under PCO grant	Apr-99			Pre-active	
OCA.016	LaMoure		Target Community under PCO grant	Apr-99			Pre-active	
OCA.017								
OCA.018								
OCA.019								
OCA.020								
OCA.021								
OCA.022								
OCA.023								

North Dakota Department of Health
Office of Community Assistance
County Profile
Institutional Long Term Care

Eddy County

Elder Population/Projections								
1990	55-59	60-64	65-69	70-74	75-79	80-84	85+	
Male	78	88	90	68	68	39	46	
Female	83	108	97	100	82	71	63	
Total	161	196	187	168	150	110	109	
Total 65+		724	Total 65-74		355	Total 75-84		260
2000	55-59	60-64	65-69	70-74	75-79	80-84	85+	
Male	57	44	62	71	58	33	30	
Female	57	60	80	104	82	75	77	
Total	114	104	142	175	140	108	107	
Total 65+		672	Total 65-74		317	Total 75-84		248
2005	55-59	60-64	65-69	70-74	75-79	80-84	85+	
Male	77	50	40	55	52	38	23	
Female	57	55	60	77	92	69	82	
Total	134	105	100	132	144	107	105	
Total 65+		588	Total 65-74		232	Total 75-84		251
2010	55-59	60-64	65-69	70-74	75-79	80-84	85+	
Male	83	67	46	35	40	34	25	
Female	77	55	55	58	68	78	79	
Total	160	122	101	93	108	112	104	
Total 65+		518	Total 65-74		194	Total 75-84		220

Long Term Care Capacity		Nursing Beds	Swing Beds	Basic Care Beds	Total LTC Beds
Community	Facility				
New Rockford	Lutheran Home of the Good Shepherd	86			86
					0
					0
					0
					0
Totals		86	0	0	86
Bed/Elder Population Ratios*		Nursing Beds		Basic Care Beds	Total LTC Beds
	Year				
	1990	118.78		0.00	118.78
	2000	127.98		0.00	127.98
	2005	146.26		0.00	146.26
	2010	166.02		0.00	166.02
State Target Ratios**		Nursing Beds		Basic Care Beds	Total LTC Beds
*Per 1000 Age 65+		60		15	75
**Basic Care by State Health Council - 1994					
Nursing Facility by ND Task Force on Long Term Care Planning - 1996					

North Dakota Department of Health
Office of Community Assistance
County Profile
Institutional Long Term Care

Foster County

Elder Population/Projections								
1990	55-59	60-64	65-69	70-74	75-79	80-84	85+	
Male	107	114	82	92	62	58	48	
Female	115	113	99	114	100	83	86	
Total	222	227	181	206	162	141	134	
Total 65+		824	Total 65-74		387	Total 75-84		303
2000	55-59	60-64	65-69	70-74	75-79	80-84	85+	
Male	80	73	82	86	55	48	32	
Female	84	90	101	96	85	92	104	
Total	164	163	183	182	140	140	136	
Total 65+		781	Total 65-74		365	Total 75-84		280
2005	55-59	60-64	65-69	70-74	75-79	80-84	85+	
Male	89	70	64	71	66	37	34	
Female	93	81	83	93	90	74	110	
Total	182	151	147	164	156	111	144	
Total 65+		722	Total 65-74		311	Total 75-84		267
2010	55-59	60-64	65-69	70-74	75-79	80-84	85+	
Male	111	78	61	55	55	45	28	
Female	90	89	74	77	87	78	97	
Total	201	167	135	132	142	123	125	
Total 65+		657	Total 65-74		267	Total 75-84		265

Long Term Care Capacity		Nursing Beds	Swing Beds	Basic Care Beds	Total LTC Beds
Community	Facility				
Carrington	Carrington Health Center	40	30		70
Carrington	Golden Acres Manor	60			60
					0
					0
					0
					0
Totals		100	30	0	130
Bed/Elder Population Ratios*		Nursing Beds		Basic Care Beds	Total LTC Beds
	Year				
	1990	121.36		0.00	121.36
	2000	128.04		0.00	128.04
	2005	138.50		0.00	138.50
	2010	152.21		0.00	152.21
State Target Ratios**		Nursing Beds		Basic Care Beds	Total LTC Beds
*Per 1000 Age 65+		60		15	75
**Basic Care by State Health Council - 1994					
Nursing Facility by ND Task Force on Long Term Care Planning - 1996					

**Office of Community Assistance
Optional Adjustment Package Funded by OMB
1999-2001 Budget**

	<u>FTE's</u>	<u>Total Amount</u>
Salaries & Wages		
Gary Garland	1.0	\$ 107,138
Fred Larson	1.0	107,403
Total	2.0	214,541
 Operating Expenses		
Data Processing		3,501
Telecommunications		3,231
Travel		4,584
Postage		4,117
Professional Development		2,375
Repairs		792
Office Supplies		11,085
Printing		3,874
Prof. Supplies & Materials		1,900
Total		35,459
 Grants		
Grant to UND (see attached)		412,597
Federal Physician Loan Program		150,000
Total		562,597
Grand Total		\$ 812,597
General Fund		\$ 142,597
Federal Fund		670,000
Total All Funds		\$ 812,597

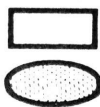
**UND CENTER FOR RURAL HEALTH
PRIMARY CARE/SEARCH GRANT
1999-2001 BUDGET**

<u>Description</u>	<u>FTE's</u>	<u>Biennial Budget</u>	<u>Totals</u>
Project Director (Mary Amundson)	1.0	\$ 81,936	
Research Analyst (Kyle Muus)	0.1	8,508	
Deborah Moreno, Res. Analyst III	0.1	2,792	
Admin. Assistant (Linda Reidhammer)	0.7	21,860	
Tracking Coordinator (Rayelle Wilson)	0.5	8,170	<u>\$ 123,266</u>
Fringe Benefits @ 28%		34,288	<u>34,288</u>
Out of state Travel (Conference)		26,636	
In State Travel		10,376	
Student Travel		10,200	
Supplies		3,800	
Communications		2,980	
Printing/Photocopy		7,551	
Seminar/Consultant fees		5,000	
Curriculum Development		10,000	
Site Coordinator Training/Development		28,500	
Fellowship stipends		90,000	
Subcontract w/ND Medical Association		60,000	<u>255,043</u>
Total Grant to UND			<u><u>\$ 412,597</u></u>

Recommended Childhood Immunization Schedule North Dakota, January-December 1999

Vaccines¹ are listed under routinely recommended ages. Vaccines listed below the dotted line are recommended for selected populations. North Dakota state law (Chapter 33-06-05-01) requires children in daycare and schools be age-appropriately immunized against diphtheria, tetanus, pertussis, *Haemophilus influenzae* type b, poliovirus, measles, mumps, and rubella.

Vaccine	Age												
	Birth	1 Mo.	2 Mos.	4 Mos.	6 Mos.	12 Mos.	15 Mos.	18 Mos.	2 Yrs.	School Entry 4-6 Yrs.	7th Grade 11-12 Yrs.	College	
Hepatitis B ²	Hep B												
		Hep B			Hep B						Hep B		
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP		DTaP ³			DTaP	Td		
<i>H. influenzae</i> type b ⁴			Hib	Hib	Hib	Hib							
Poliovirus ⁵			IPV	IPV	Polio ⁵					Polio			
Rotavirus ⁶			Rv ⁶	Rv ⁶	Rv ⁶								
Measles, Mumps, Rubella ⁷						MMR				MMR ⁷	MMR ⁷	MMR ⁷	
Varicella ⁸						Var				Var	Var ⁸		
Hepatitis A ⁹									Hepatitis A				
Influenza ¹⁰					Influenza								
Pneumococcal ¹¹									Pneumococcal				



Range of recommended ages for immunization. Any dose not given at the recommended age should be given as a "catch-up" immunization at any subsequent visit when indicated and feasible.

Vaccines to be given if previously recommended doses were missed or given earlier than the recommended minimum age.

1. This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines. Combination vaccines may be used whenever any components of the combination are indicated and its other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations.
2. Hepatitis B: **Infants born to HBsAg-negative mothers** should receive the 2nd dose of hepatitis B vaccine at least 1 month after the 1st dose. The 3rd dose should be given at least 4 months after the 1st dose and at least 2 months after the 2nd, but not before 6 months of age.
Infants born to HBsAg-positive mothers should receive hepatitis B vaccine and 0.5 mL hepatitis B immune globulin (HBIG) within 12 hours of birth at separate sites. The 2nd dose is recommended to be given at 1-2 months of age and the 3rd dose at 6 months of age.
Infants born to mothers whose HBsAg status is unknown should receive hepatitis B vaccine within 12 hours of birth. Maternal blood should be drawn at the time of delivery to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than 1 week of age).

Children and adolescents (through 18 years of age) who have not been vaccinated against hepatitis B in infancy may initiate the series during any visit.

3. Diphtheria, Tetanus, Pertussis: Children should receive DTaP (diphtheria and tetanus toxoids and acellular pertussis vaccine) instead of whole-cell DTP for all doses in the vaccination series. The 4th dose of DTaP may be given as early as 12 months of age if at least 6 months have passed since the 3rd dose, and if the child is unlikely to return at 15-18 months of age. Td (tetanus and diphtheria toxoids) is recommended at 11-12 years of age if at least 5 years have passed since the last dose of DTP, DTaP, or DT. Subsequent routine Td boosters are recommended every 10 years.
4. *Haemophilus influenzae* type b: Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB® [Merck]) is given at 2 and 4 months of age, a dose at 6 months of age is not required. After completing the primary series, any Hib conjugate vaccine may be used as a booster. Because clinical studies in infants have demonstrated that using some combination products may induce a lower immune response to the Hib vaccine component, DTaP/Hib combination products should not be used for primary immunization in infants at 2, 4, or 6 months of age, unless FDA-approved for these ages.
5. Polio: A schedule of two doses of inactivated polio vaccine (IPV) at ages 2 and 4 months followed by a dose of oral poliovirus vaccine (OPV) at age 12-18 months and at age 4-6 years continues to be recommended by the Advisory Committee on Immunization Practices (ACIP). Use of IPV for all doses is also acceptable and is recommended for immunocompromised persons and their household contacts. OPV is no longer recommended for the 1st two doses of the schedule and is acceptable only for special circumstances such as: children of parents who do not accept the recommended number of injections, late initiation of immunization which would require an unacceptable number of injections, and imminent travel to polio-endemic areas.
6. Rotavirus (Rv) vaccine is shaded and italicized to indicate: 1) health-care providers may require time and resources to incorporate this new vaccine into practice; and 2) the American Academy of Family Physicians (AAFP) feels that the decision to use rotavirus should be made by the parent or guardian in consultation with their physician or other health care provider. The first dose of Rv vaccine should not be administered before 6 weeks of age, and the minimum interval between doses is 3 weeks. The Rv vaccine series should not be initiated at 7 months of age or older, and all doses should be completed by the first birthday.
7. Measles, Mumps, Rubella: The 2nd dose of MMR is routinely recommended at 4-6 yrs but may be given during any visit, provided at least 4 weeks has elapsed since the 1st dose and both doses are administered beginning at or after 12 months of age. Those who have not **previously** received the 2nd dose should complete the schedule no later than at 11-12 years of age. MMR is available to all North Dakota college students who need two doses of MMR as required by the Board of Higher Education.
8. Varicella: Varicella vaccine is recommended to be given at any visit on or after the first birthday for susceptible children, i.e., those who lack a reliable history of chickenpox (as judged by a health care provider) and who have not been immunized. Susceptible children aged 13 years or older should receive two doses at least 4 weeks apart.
9. Hepatitis A: Hepatitis A vaccine should be administered to children aged 2 years and older and who are located in communities of increased risk. Children should receive two doses of a licensed vaccine; the booster should be given at least 6 months after the initial dose.
10. Influenza: Influenza vaccine should be given annually to children who are at least 6 months of age or older who have specific risk factors, as defined by ACIP. Children 12 years or younger should receive split virus vaccine in a dosage appropriate for their age (0.25 mL if 6-35 months of age or 0.5 mL if 3 years or older). Children less than 9 years of age who are receiving influenza vaccine for the first time should receive two doses at least 1 month apart.
11. Pneumococcal: Pneumococcal vaccine is recommended to be given to children 2 years of age or older who are at increased risk of acquiring systemic pneumococcal infections or increased risk of serious disease if they become infected. Revaccination once is recommended for persons aged 2 years of age or older who at highest risk of serious pneumococcal infection, as defined by ACIP, provided that 5 years has passed since the 1st dose. Revaccination 3 years after the previous dose may be considered for children at highest risk for severe pneumococcal disease who would be 10 years of age or younger at the time of revaccination.

Ongoing Projects



Children's Advocacy Committee - a committee to increase public awareness about the effects of domestic violence on children who have been abused or witnessed domestic violence in their home. This is accomplished in part by offering training sessions on issues of child welfare, child visitation centers and conflict resolution in classrooms.

Batterers' Treatment Forum - the forum is a joint project of NDCAWS/CASAND and the ND Division of Parole and Probation in an effort to set standards for service providers serving domestic violence offenders and to acknowledge that the safety of adult and child victims is always the issue of primary importance in providing quality services to offenders. The standards developed by the forum are not enforced by statute but currently exist as guidelines for treatment providers and those who refer to offender treatment programs.

Campus Violence Project - is a project designed to address campus violence through community mobilization, education, and policy change among the 19 private, public, and tribal colleges and universities in North Dakota. This project offers annual training sessions for peer educators and their advisors on promoting non-violence in their communities.

Women's Opportunity Scholarship Fund - began in 1987, funded by an anonymous donor in the amount of \$10,000, to offer low-income women, whose lives have been affected by violence, access to higher education and self-sufficiency.

Clothesline Project - is a public awareness tool in the form of a visual display that bears witness to the violence against women and their children. A clothesline is hung with shirts decorated to represent a particular woman or child's experience, by the survivor herself or by a loved one of the victim.

Silent Witness Project - is a national initiative intended to commemorate the lives of women murdered as a result of domestic violence and to increase awareness to the potential lethality of every domestic violence situation. We currently have six life-size wooden figures, each representing a woman whose life was ended violently in 1996.

Data Collection Projects - are ongoing statistical projects including the annual compilation of statewide domestic violence and sexual assault statistics from each of the 19 member programs throughout North Dakota.

Legal Issues Training - is a program offered for courtroom advocates to assist victims in the protection order process and is the outcome of Administrative Rule 34, which allows advocates to assist with protection order paperwork and offer information relevant to protection order proceedings as requested by a judge.

Advocate/volunteer training, testing, and certification - is a program whereby service providers receive required number of hours of training, test for certification, and are required to obtain continuing education credits to ensure that victims throughout North Dakota receive the best support and advocacy services possible.

North Dakota Domestic Violence and Sexual Assault Service Providers:

IN STATE HOTLINE 1-800-472-2911

Beulah/Mercer Co.: Women's Action & Resource Center 873-2274 office, 748-2274 crisis line

Bismarck: Abused Adult Resource Center 222-8370 office, 800-472-2911 crisis line

Bottineau: Family Crisis Center 228-2028 office, 228-3171 crisis line

Devil's Lake: Safe Alternatives For Abused Families 662-7378 office, 662-5050 & 662-5323 crisis lines

Dickinson: Domestic Violence and Rape Crisis Center 225-4506 office and crisis line

Ellendale: Kedish House 349-4729 office, 349-5118 crisis line

Ft. Yates: Tender Hearts Against Family Violence 854-3402 office, 854-7241 crisis line

Fargo: Rape and Abuse Crisis Center 293-7273 office, 800-344-7273 crisis line

Ft. Berthold: Coalition Against Domestic Violence 627-4171 office, 627-3617 crisis line

Grafton: Domestic Violence Program of Walsh Co. 352-4242 office, 352-3059 crisis line

Grand Forks: Community Violence Intervention Center 746-0405 office, 746-8900 crisis line

Jamestown: S.A.F.E. Shelter 888-353-7233 office, 251-2300 crisis line

McLean County: McLean Family Resource Center 800-651-8643 office, 462-8643 crisis line

Minot: Domestic Violence Crisis Center 852-2258 office, 857-2200 crisis line

Ransom County: Abuse Resource Network 683-5061 office & crisis line

Stanley: Domestic Violence Program NW, ND 628-3233 office & crisis line

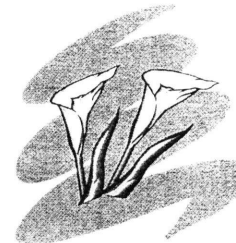
Valley City: Abused Persons Outreach Center 845-0078 office, 845-0072 crisis line

Wahpeton: Three Rivers Crisis Center 642-2115 office & crisis line

Williston: Family Crisis Shelter 572-0757 office, 572-9111 crisis line

NDCAWS/CASAND
418 E. ROSS ST #320
BISMARCK ND 58501
701-255-4240
f. 701-255-1904

North Dakota Council on Abused Women's Services Coalition Against Sexual Assault in North Dakota



MISSION

It is the mission of the North Dakota Council on Abused Women's Services/Coalition Against Sexual Assault in North Dakota (NDCAWS/CASAND) to pursue and expose the causes of domestic and sexual violence, provide direct and immediate services to those who are victimized, and support those who provide such services. We work toward these goals without discrimination based on age, race, gender, religion, political philosophy, sexual orientation, national origin, or ethnic or cultural differences. We work for the major social changes necessary to eliminate personal and societal violence against all people. We are further committed to increasing public awareness about domestic violence and sexual assault and providing viable solutions to address issues of violence.

Domestic Violence



Organization History

NDCAWS was formed in 1978 as an informal group of five programs which had organized across the state of North Dakota to provide shelter and advocacy to battered women. In June of 1980, it was incorporated in the State of North Dakota; and in October of 1983, it was formally recognized as a non-profit organization by the IRS. In 1981, a director was hired through a grant from the federal Law Enforcement Assistance Administration. Federal jobs programs like CETA and VISTA funded most local staff.

The ND Mental Health Association has provided a vital link from the beginning by agreeing to receive the federal grant and contribute match, as well as a 24 hour, statewide, toll-free hotline.

1979 was a critical year, solidifying a statewide coalition through the passage of the state's first domestic violence protection order statute.

In 1992 the Council on Abused Women's Services merged with the Coalition Against Sexual Assault in North Dakota.

CAWS/CASAND Members

Membership is available to domestic violence and sexual assault organizations in the state of North Dakota. Eligible organizations are those non-profit organizations in North Dakota which provide 24-hour crisis intervention, advocacy, protective housing, referrals, peer support, and whose primary mission is to provide the aforementioned services to victims of domestic violence and sexual assault and their dependents. There are currently 19 program members of NDCAWS/CASAND (see brochure panel).

NDCAWS/CASAND Goals Are:

- to coordinate a statewide support and referral service for sexual assault and domestic violence victims and their families.
- to educate the public and helping professionals about issues of sexual assault and domestic violence.
- to work to affect public policy as it relates to the needs of domestic violence and sexual assault victims.
- to tabulate and disseminate statistical information from service providers.
- to work toward improving a coordinated systems response to domestic violence and sexual assault; including law enforcement, medical, legal, and religious victim service.

LEGISLATION

NDCAWS/CASAND has been active in monitoring legislation relevant to victims on a state and federal level since 1979. milestones have included the passage of:

- the Protection Order Statute (1979)
- the marriage license surcharge (Domestic violence Prevention Fund, 1981)
- the domestic violence custody provisions (1989)
- the package of 21 victim rights bills (1987)
- the elimination of the marital rape exemption (1983)

Services/activities

- Public Presentations
- Research/Data Collection
- Dakota Cassandra Newsletters
- Legislative Monitoring
- Consultation/Training
- Volunteer/Court advocate Certification
- Legal Issues Training Sessions
- Committee Membership
- Educational Scholarships for Low Income Women

Information Clearinghouse



- Web site
- Library - video, books, audio
- Brochures
- Journal Subscriptions
- Statistical Information
- Research
- Calendar of events

Awareness and Prevention efforts

- Statewide Billboard Projects
- Bumper stickers
- Press Releases
- Volunteer Awareness Week
- Love without Fear Week
- Domestic Violence Unity Month
- Sexual Assault Awareness Month
- Public Education
- Media Interviews
- Public Service Announcements
- Information Clearinghouse

BISMARCK
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DEVILS LAKE
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ELLEDALE
 Kedish House
 349-4729
FARGO
 Rape and Abuse Crisis Center
 800-344-7273
FORT BERTHOLD RESERVATION
 Coalition Against
 Domestic Violence
 627-4171
FORT YATES
 Tender Heart Against
 Domestic Violence
 854-3402
GRAFTON
 Tri-County Crisis
 Intervention Center
 352-4242
GRAND FORKS
 Community Violence
 Intervention Center
 745-0505
JACKSON
 S. Jackson Shelter
 888-353-7233
MCLEAN COUNTY
 McLean Family
 Resource Center
 800-657-8643
MERCER COUNTY
 Women's Action and
 Resource Center
 873-2274
MINOT
 Domestic Violence Crisis
 Center
 852-2258
RANSOM COUNTY
 Abuse Resource Network
 683-5061
STANLEY
 Domestic Violence Program,
 NW, ND
 628-3233
VALLEY CITY
 Abused Persons Outreach
 Center
 845-0078
WAHPETON
 The Wahpeton Crisis Center
 628-3233
WILD RIVER
 Family Crisis Shelter
 572-0757

Testimony HB1004
 House Human Resources Committee
 January 19, 1999

Chair Svedjan and Members of the Committee:

My name is Bonnie Palecek, and I am speaking on behalf of the ND Council on Abused Women's Services in support of HB1004 and also additional funding for domestic violence and sexual assault services through the Domestic Violence Prevention Fund.

NDCAWS/CASAND is a non-profit network of 20 community based agencies providing direct services to victims of personal violence as well as prevention and education services to local communities. We coalesced as a network 20 years ago when the first domestic violence legislation was passed in North Dakota. A history of the evolution of those statutes is attached to your testimony.

We come before you today after much internal deliberation about the efficacy of asking for more money, and we do not do it lightly. We considered additional special taxes, and a license plate plan. We certainly discussed at length whether the energy spent here should be spent elsewhere.

In the final analysis, however, we decided that we owed it to program staffs and boards, the victims and survivors we serve, and to you, as representatives of the people of North Dakota, to articulate our need, because that need is urgent and deep, and affects the lives of North Dakota families in the most intimate ways.

First just a bit of history: The Domestic Violence Prevention Fund was created in 1981 through a \$19 surcharge on marriage licenses. Eventually, that surcharge was raised to \$29, and in addition \$45,000 a year was provided to agencies statewide in general funds. The marriage license surcharge now produces less than \$100,000 a year, and marriages in ND have been consistently declining. Thus the total domestic violence prevention fund amount you have before you in HB1202 is \$300,000.

Since 1978, when five agencies came together to promote legislation to create a protection order statute, fifteen more local agencies have evolved. They maintain core services of crisis intervention, advocacy, and prevention, and they have added batterers' treatment, visitation and exchange supervision, shelters and transitional housing, victim witness assistance, welfare to work counseling and placement, and services to child witnesses of family violence.

In 1992, we formally merged with the Coalition Against Sexual Assault in ND, and today all 20 local agencies provide services to both domestic violence and sexual assault victims, although no separate funding of sexual assault services has ever been granted out of state general funds.

As responsibility for these types of human services were passed along from the federal government to state government to counties, dollars have not always followed services, as you well know. And when counties and cities can no longer carry these burdens, they are passed along to us.

North Dakota Council on Abused Women's Services • Coalition Against Sexual Assault in North Dakota
 418 East Rosser #320 • Bismarck, ND 58501 • Phone: (701) 255-6240 • Toll Free 1-800-472-2911 • Fax: 255-1904



We fully understand that by law our responsibility as non-profits is to "lessen the burden on government," and we welcome that role. However, we are at the point at which we feel we must begin to share that fiscal burden more equitably.

Before moving into a closer look at facts and figures, I wish to speak briefly about the importance of domestic violence and sexual assault issues as public health issues. If you have any doubts, please reference an anecdotal list of injuries compiled by our office over a twelve-month period through a Bremer Foundation grant. It is not reading for the faint of heart. Our member programs deal daily with these physical effects of domestic violence, often seen in emergency rooms, as well as the longer term physical, psychological and emotional effects affecting both the children and adults in the household.

We will always be grateful to the State Department of Health for the excellent partnership we have enjoyed. Although there have been a number of staff changes over the years, any program work we engaged in was always embraced collaboratively, respectfully, and with a minimum of red tape. It is interesting to us that over the years more and more administrative functions for both domestic violence and sexual assault grants have been taken on by state health departments. In 1981, it was definitely a creative move for North Dakota. We feel it was a wise one as well.

The Fact Sheets attached to your testimony outline the need for more General Fund dollars, and provide a profile of North Dakota victims of domestic violence and sexual assault. As you can see, the agencies around the state respond to well over 6,000 incidents of domestic violence each year. They assist with over 900 protection orders, and their services impact nearly 6,000 children each year.

As you review the Fact Sheet on Funding attached to this testimony you can see that the state contribution to program budgets was only 8% in 1999. Considering only general funds and the marriage license surcharge in the Health Department budget, the contribution is only 5%. First, please look at the Fact Sheet 3rd from the back, which outlines some of the changes in our services which have contributed to the urgent need we face today.

As you can see by the next Fact Sheet, currently there is federal money, particularly through the Violence Against Women Act (also known as STOP funding). This funding is distributed in formula and is subject to the changing categories and guidelines of the federal government. VOCA, which is funded solely by fines on criminal offenses, is also anticipated to decrease significantly after a major three year penalty is expended this year.

If an additional \$500,000 were granted to domestic violence programs, the state would be contributing 15% to budgets statewide. Given that domestic violence is the major cause of homicide in North Dakota, and also constitutes a significant share of violent crimes such as simple and aggravated assault, we believe there is strong public interest at stake.

Finally, I realize that you look at millions of dollars on paper every day in this committee. No one knows better than we do what it means to set priorities, respond to the most

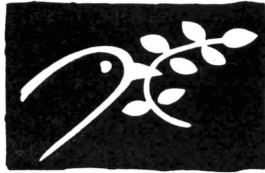
urgent needs, and keep everything with a budget. After working more than 20 years in this field I can think of no other group of people who have given more of themselves than those I have been privileged to work with.

Therefore, as I said at the onset, we come before you today with urgent needs. We fear not being able to maintain staff because of very low wages, few benefits, and crushing workloads. The fear I hear most expressed by program directors is the fear of lowering the quality of services. There is so much at stake if we make a mistake or overlook something or fail to respond.

And so we are here on behalf of the 6,000 children who witness domestic violence each year in North Dakota, the nearly 3,000 new victims we serve annually and the 20 program staffs and volunteers. Thank you for your consideration.

We urge your support of increased funding within HB1004.

Thank you.



January 19, 1999

A B U S E D
A D U L T
R E S O U R C E
C E N T E R

Testimony on HB1004
House Appropriations Committee
Human Resources Division
Rep. Ken Svedjan, Chair

Chair Svedjan and Members of the Committee:

My name is Diane Zainhofsky and I'm the Executive Director of the Abused Adult Resource Center in Bismarck. I am here today to ask you to support a \$500,000 Amendment to HB1004 in funding for domestic violence programs.

I started working with victims of domestic violence in June of 1980. At that time the Bismarck program had been in existence for four years. I have literally seen, talked, and worked with hundreds of victims of domestic violence and sexual assault. These women are not strangers they are people we work with, go to church with and farm next to. They live right here in North Dakota and they need our help. Through the years I've learned from these victims their needs and survival skills as they have shared their lives.

I've learned how difficult it is for people in relationships who thought they would last a lifetime. They work to keep the relationship together. They are not interested in ending the relationship, they just want the violence to end.

In the late 1970's there were programs throughout the state established to work with victims of domestic violence and sexual assault. At that time the primary focus was on crisis intervention, but it was impossible to ignore the needs of the children involved in these crisis situations.

It became evident that if we were ever to achieve our goal of breaking the cycle of violence we would need to provide services to children who had witnessed violence in their homes. As children "learn what they live" we realized that they needed advocacy and support groups to work through their feelings of anger, blame, shame and failure.

Programs were developed to emphasize prevention. Advocates go into the schools and to church groups to speak to youth about their relationships, the signs to look for and the danger signals to be aware of in the early stages of relationships.



Page Two

Today there are nineteen other programs in the state that provide direct service to victims. These programs started with many committed volunteers and shoestring budgets. The first year we were in operation we worked with 17 women. Last year we had 910 new adult incidents of domestic violence and 55 reported sexual assaults in our program alone. This is a 55% increase over the previous year. Today it costs many thousands of dollars to continue to provide services, but we are very efficient with how we spend every dollar we receive.

We provided sheltered 82 families, including 101 children, in our shelter for battered women and their children. Shelter residents also receive food, clothing and a full range of supportive services for a cost to our agency of \$22 per individual per day. Where else could an individual receive just a room with three meals for \$22 per day?

People like myself got involved and learned how to provide services for as few dollars as possible. The waste level in our programs does not exist. Yet we continue to be amazed at the amounts of funding that we provide for treatment and programs in institutions for perpetrators. For every perpetrator there is at least one victim whose life has been impacted by that perpetrator's crime. The funding continues to increase each year for institutional programs and services while funding for victim's programs continues to stay the same following a major reduction from the 1993 legislative session.

The days are gone when we can rely on volunteers to continue to give their time. With two parents needing to work and the fast pace of living, volunteers still give, but only on a limited basis. Even with that, last year we still recorded 35,000 hours of volunteer service - equivalent to 16.5 full time employees.

Most of the hundreds of victims I have seen throughout the years have been total strangers to me. I continue to read and update resources on how to help victims. I read the statistic that 1 out of every 4 women will be a victim of domestic violence or sexual assault and I certainly know those numbers to be true in our agency. As hard as domestic violence is difficult to listen to and difficult to talk about it is a reality in our cities, our small communities and on our farms.

It is personal. In my own personal life, I think about my priest whose brother was killed by his wife leaving six children who lived in a violent home and what it has done to those six children is something none of us can comprehend.

I think about two friends who were raped in total daylight by total strangers in the privacy of their own homes right here in Bismarck - perhaps even in the same neighborhood where you are living while residing here for the session.

Page Three

Both of these men are in prison today, but both of these innocent women are dealing with the trauma of the effects of these perpetrator's intrusion in their lives.

I think of a very good friend of mine who had a very vibrant, exuberant teenager. She was a cheerleader in high school and captain of her basketball team, very bright and full of life. She leaves Bismarck and ends up in an abusive relationship with a man who was a product of a very abusive home. This young woman thought she could fix and help him. She thought with all her positive love and influence she could change him. I remember the devastation when her parents met her at the airport and she was bruised and broken-hearted with a black eye.

Think of the people you associate with that might be that 1 in 4. These are your neighbors, your friends, your co-workers, your sisters, your daughters. Then these stats are not so alarming.

As an administrator, I continually face the job of training and re-training new staff. We are fortunate to have many individuals interested in social work and in helping others. Most of my new employees are graduates right out of college with lots of energy, new ideas and enthusiasm. After two or three years they feel burn-out. The hours for these jobs are not 8 to 5 and they start looking at positions in the community that pay three to four thousand dollars more per year in wages. It is challenging and frustrating to see good people leave positions because of our lack of funding to pay competitive wages.

Attached is a description of the programs and services we provide at the Abused Adult Resource Center. Our agency serves a ten county region in South Central North Dakota. There are nineteen other programs throughout the state who also provide these services. We impact thousands of lives every year. Please provide the additional resources we need to continue to work towards eliminating violence in our communities and in our state.

ABUSED ADULT RESOURCE CENTER

PO Box 167
Phone: 701-222-8370
Fax: 701-222-3272

Bismarck, ND 58502
Crisis Line (24 hour): 1-800-472-2911
Email Address: aarc@btigate.com

The AARC provides the following programs and services:



Domestic Violence Intervention Program: Crisis Intervention is a necessary step to breaking the cycle of violence and victimization. Advocates provide emotional support and advocacy services to victims of physical, sexual, verbal and emotional abuse through the following services: 24-hour crisis intervention; peer support group; community education; information and referrals for food, clothing, furniture, medical care, educational training, financial assistance, and social services.



Sexual Assault Support Program: Sexual Assault is NEVER the victims fault! No matter what the circumstances. The AARC offers the following confidential services free of charge to victims of sexual assault: 24 hour crisis intervention and advocacy; emergency shelter; support group; individual counseling; information and referral; and educational presentations. The AARC acquired the former Rape Crisis Center in 1994.

Criminal Justice Program: Certified domestic violence advocates assist victims experiencing adult abuse, as defined under NDCC 14-07.1-01, with the Protection Order application, courtroom advocacy, providing emotional support during the protection order hearing, follow-up and referral, assistance with crime victims compensation, and community education presentations.

Law Enforcement Domestic Violence Advocacy Program: Implemented in 1997, the LEDVA program is a collaborative program between the AARC and the Bismarck and Mandan Police Departments. LEDVA's work closely with law enforcement and the court system to assist with protection orders. LEDVA's also provide formal and informal training to police officers on Domestic Violence and Sexual Assault issues.

Pam's House: The shelter program has been developed for women and children that are victims of domestic violence. Pam's House is a temporary community living arrangement that includes: a secure, environment; 24 hour support system; case management (budgeting, goal-setting, parenting, nutrition); assistance with locating permanent housing, legal and medical needs; assistance for education and employment; activities for children; and, support groups for women and children.

New Awakenings Apartments: An extension of Pam's House, New Awakenings (est. 1997) provides an independent living situation for families. The two bedroom, townhouse apartments sub-lease from Burleigh County Housing Authority through contracted services. Tenants receive case management and support group services.

Alternative Choice Training: Acquired by the AARC in 1996, the ACT program (est. 1989) is an educational class for individuals referred through the courts, family members, counselors, and self-referral. Issues examined include anger, intimacy, trust, respect, sexuality, and better communication with one's partner. Alternatives to violence is a part of the curriculum for this education program.





Parenting Group: Parents are provided an opportunity to learn and develop skills to give them the ability and knowledge necessary to raise a child. Parents learn how to develop relationships with their children that will open lines of communication.

Children's Support Groups: Groups for children who have witnessed violence have four major goals: breaking the secret of abuse in their family; learning to protect themselves; having a positive experience; and, strengthening their self-esteem. Groups are closed and age-specific to the children attending.



Pam's House Childrens Activity Program: Children homeless because of domestic violence lose considerable school time, leave friendships behind, and cannot talk about what is going on in their lives. The activity program, established in 1991, provides individual and group educational activities for positive social interaction with others.

Mentorship Program: A cooperative effort between the Abused Adult Resource Center and the Bismarck Public School System, this program (est. 1997) provides educational support to homeless children in the community. Mentors work one to one with these students and teachers to give them an additional chance at succeeding in school.

Kid Smarts: Established in 1984 as "Our Kids Need To Know," Kid Smarts is a prevention and safety program targeted to second grade students to give them an awareness about potentially dangerous situations; personal safety skills necessary to protect themselves; and, knowledge of what to do if they experience situations of abuse.



Dating Violence, Date Rape, and HIV/AIDS Education: The AARC provides the only awareness and prevention program in South Central North Dakota targeted to junior high, senior high school and college students. The primary goal of this program is to help young people learn clear guidelines in understanding their choices when a relationship turns unhealthy or destructive.

Family Safety Center: Implemented in 1992, the Family Safety Center provides supervised visitation and exchange service for families where there has been documented, suspected, or elevated risk of physical, sexual, or emotional abuse of the child. It provides a safe and neutral place for parents to visit with children who have been put in foster care because of abuse and/or neglect.



Seeds of Hope Project: Established in 1995, Seeds of Hope is a retail gift store located in Bismarck. The store features new and used gift items, household items and some clothing. In addition to raising money to pay for existing programs, the store serves as an employment and job training site for victims of domestic violence and sexual assault. The women selected for the program are provided the opportunity to develop their personal and professional lives.



Career Closet: Implemented in 1995, the Career Closet provides interview-appropriate clothing to low income women seeking employment or for court appearances. The clothing and accessories are donated by professional women in the community and from clothing stores. Items range from suits with matching accessories to dresses, tops, skirts, dress pants and shoes. There is no charge to women receiving the clothing and referrals for low income women from other nonprofit agencies are accepted.

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 WILHELMINA
 Family Crisis Shelter
 572-0757

Testimony HB1004
 Senate Appropriations
 February 24, 1999

Chair Nething and Members of the Committee:

My name is Bonnie Palecek, and I am speaking on behalf of the ND Council on Abused Women's Services in support of HB1004 and also additional funding for domestic violence and sexual assault services through the Domestic Violence Prevention Fund.

NDCAWS/CASAND is a non-profit network of 20 community based agencies providing direct services to victims of personal violence as well as prevention and education services to local communities. We coalesced as a network 20 years ago when the first domestic violence legislation was passed in North Dakota. A history of the evolution of those statutes is attached to your testimony.

We come before you today after much internal deliberation about the efficacy of asking for more money, and we do not do it lightly. We considered additional special taxes, and a license plate plan. We certainly discussed at length whether the energy spent here should be spent elsewhere.

In the final analysis, however, we decided that we owed it to program staffs and boards, the victims and survivors we serve, and to you, as representatives of the people of North Dakota, to articulate our need, because that need is urgent and deep, and affects the lives of North Dakota families in the most intimate ways.

First just a bit of history: The Domestic Violence Prevention Fund was created in 1981 through a \$19 surcharge on marriage licenses. Eventually, that surcharge was raised to \$29, and in addition \$45,000 a year was provided to agencies statewide in general funds. The marriage license surcharge now produces less than \$100,000 a year, and marriages in ND have been consistently declining. Thus the total domestic violence prevention fund amount you have before you in HB1004 is \$300,000.

Since 1978, when five agencies came together to promote legislation to create a protection order statute, fifteen more local agencies have evolved. They maintain core services of crisis intervention, advocacy, and prevention, and they have added batterers' treatment, visitation and exchange supervision, shelters and transitional housing, victim witness assistance, welfare to work counseling and placement, and services to child witnesses of family violence.

In 1992, we formally merged with the Coalition Against Sexual Assault in ND, and today all 20 local agencies provide services to both domestic violence and sexual assault victims, although no separate funding of sexual assault services has ever been granted out of state general funds.

As responsibility for these types of human services were passed along from the federal government to state government to counties, dollars have not always followed services, as you well know. And when counties and cities can no longer carry these burdens, they are passed along to us.



We fully understand that by law our responsibility as non-profits is to "lessen the burden on government," and we welcome that role. However, we are at the point at which we feel we must begin to share that fiscal burden more equitably.

Before moving into a closer look at facts and figures, I wish to speak briefly about the importance of domestic violence and sexual assault issues as public health issues. If you have any doubts, please reference an anecdotal list of injuries compiled by our office over a twelve-month period through a Bremer Foundation grant. It is not reading for the faint of heart. Our member programs deal daily with these physical effects of domestic violence, often seen in emergency rooms, as well as the longer term physical, psychological and emotional effects affecting both the children and adults in the household.

We will always be grateful to the State Department of Health for the excellent partnership we have enjoyed. Although there have been a number of staff changes over the years, any program work we engaged in was always embraced collaboratively, respectfully, and with a minimum of red tape. It is interesting to us that over the years more and more administrative functions for both domestic violence and sexual assault grants have been taken on by state health departments. In 1981, it was definitely a creative move for North Dakota. We feel it was a wise one as well.

The Fact Sheets attached to your testimony outline the need for more General Fund dollars, and provide a profile of North Dakota victims of domestic violence and sexual assault. As you can see, the agencies around the state respond to well over 6,000 incidents of domestic violence each year. They assist with over 900 protection orders, and their services impact nearly 6,000 children each year.

As you review the Fact Sheet on Funding attached to this testimony you can see that the state contribution to program budgets was only 8% in 1998. Considering only general funds and the marriage license surcharge in the Health Department budget, the contribution is only 5%. Considering General Fund dollars alone, the state's contribution is only 1% of minimum program budget needs for 1998. But first, please look at the Fact Sheet 3rd from the back, which outlines some of the changes in our services which have contributed to the urgent need we face today.

As you can see by the next Fact Sheet, currently there is federal money, particularly through the Violence Against Women Act (also known as STOP funding). This funding is distributed in formula and is subject to the changing categories and guidelines of the federal government. STOP funding to North Dakota has been reduced by \$7,000 for the next funding cycle. VOCA, which is funded solely by fines on criminal offenses, will also decrease significantly after a major three-year penalty is expended this year. Next year, that decrease will be \$96,000.00. This will be on top of last year's decrease of \$295,000.00

If an additional \$200,000 were granted to domestic violence programs, the state General Fund would be contributing 4% to budgets statewide. Given that domestic violence is the major cause of homicide in North Dakota, and also constitutes a significant share of violent crimes such as simple and aggravated assault, we believe there is strong public interest at stake.

Finally, I realize that you look at millions of dollars on paper every day in this committee. No one knows better than we do what it means to set priorities, respond to the most urgent needs, and keep everything with a budget. After working more than 20 years in this field I can think of no other group of people who have given more of themselves than those I have been privileged to work with.

Therefore, as I said at the onset, we come before you today with urgent needs. We fear not being able to maintain staff because of very low wages, few benefits, and crushing workloads. The fear I hear most expressed by program directors is the fear of lowering the quality of services. There is so much at stake if we make a mistake or overlook something or fail to respond.

And so we are here on behalf of the 6,000 children who witness domestic violence each year in North Dakota, the nearly 3,000 new victims we serve annually and the 20 program staffs and volunteers. Thank you for your consideration.

We urge your support of increased funding within HB1004.

Thank you.



The Evolution of Domestic Violence Statutes in North Dakota

1979 First Domestic Violence statute passed in North Dakota

- for the first time allowed the court to intervene in an on-going marriage
- created the Order of Protection process, which was a civil procedure with a criminal penalty if the Order was violated.
- allowed an alleged perpetrator to be removed from the home, based on the premise that the safety of household members outweighed the right to property.

1981 The scope of the Protection Order was enhanced.

- ex-spouses could also request Orders of Protection
- counseling could be required, not just recommended
- judges could award temporary custody as well as support and visitation
- specifically included children in restraining order protections

The Domestic Violence Prevention Fund was created with a \$19 surcharge on marriage licenses.

1983 A "warrantless arrest provision" to the Domestic Violence statute allowed police officers to make an arrest based on probable cause of physical injury to a spouse or other household member, even if the officer did not witness the misdemeanor assault. The officer had four hours in which to make the arrest.

The so-called "marital rape exemption" was eliminated. This meant that the spousal relationship of the parties could not be used as a consideration for deciding how to charge out a sexual assault. The charge must be based on the nature of the assault not the nature of the relationship.

1985 A new Class A Misdemeanor Assault category was added to increase chances of more severe penalties (most "domestics" were being charged as simple assaults, a Class B misdemeanor).

Adult abuse program records were declared confidential.

The "Warrantless Arrest" provision was clarified.

The Protection Order coverage was expanded to include:

- persons residing together
- persons with a child in common
- added language covering "and other person" the court determines has a relationship "sufficient to warrant the issuance of an adult abuse protection order."

County commissions were given the statutory authority to give financial assistance to "spouse abuse programs."

1985 Divorce actions could be commenced immediately and final decrees granted within six months for non residents.

1987 A package of twenty-one bills was passed enhancing the rights of all victims of crime (Governor's Commission on Victims and Witnesses of Crime). Bills relating to domestic violence included:

- providing for a guardian ad litem for children in Protection Order proceedings
- removing "voluntary companion" language which was similar to the marital rape exemption eliminated in 1983.
- creating authority for county courts to hear protection orders
- clarifying language in the "warrantless arrest" statute

1989 Enabling legislation allowed city and county courts to levy fees up to \$25, proceeds to go to victim assistance programs.

All domestic violence statutes consolidated in one section of the Code.

- also more clarification of warrantless arrest and definitions enhanced to include dating relationships

\$10 added to marriage license surcharge for Domestic Violence Prevention Fund.

Battering was added to the list of factors judges must consider in determining custody/visitation. Created a rebuttable presumption.

Reciprocal agreements were established between tribal and state courts (Three Affiliated Tribes) in domestic relations orders.

Confidentiality provisions were extended to sexual assault records.

1991 THE PROTECTION ORDER WAS CLARIFIED ONCE AGAIN INCLUDING:

- adding no contact language
- limiting mutual protection orders
- requiring officers to consider self-defense and comparative severity of injuries when arresting

A strengthened battering and custody statute was passed requiring judges to cite written findings of fact relating to domestic violence.

A statute was enacted requiring sex offenders to register with law enforcement.

- Phone companies offering "Caller ID" in North Dakota were required to provide free per line blocking.
- \$300,000 General Fund appropriation was added to the Domestic Violence Prevention Fund (First General Fund dollars)
- "Good Time" was restricted in prison sentences

1993 North Dakota's first anti-stalking law was enacted.

A "Disorderly Conduct Order" process was created to accompany the stalking law.

Persons accused of domestic violence were required to appear before a judge in person before bond could be set.

Battering and custody statute was strengthened by raising the level of proof for the rebuttable presumption to "Clear and Convincing."

Domestic Violence Statute amended to

1. clarify the definition of a domestic violence program
2. increase the penalty for violating a protection order to a Class C felony
3. clarify once again the language governing 4 hour warrantless arrest.

A "Son of Sam" bill prevented convicted felons from making a profit from selling the story of their crimes.

"Manner of Dress" was restricted as evidence in sexual assault trials.

The "Lap Law" allowed children to have support during court trials.

A Legislative Council Study resolution directed the Council to study the criminal justice system's method of gathering data on violent crime and sentencing of felonies.

1995 Arrest established was as the preferred response to domestic violence assaults.

Arrest is the mandatory law enforcement response when a protection order is violated.

All fees relating to the filing and service of Protection Orders must be waived. (Requirement of Federal Crime Bill) (Disorderly Conduct orders are not covered routinely under this law).

Law enforcement must remove specified dangerous weapons from a household if a threat of further violence exists.

"Forced sexual activity" was added as behavior which can be covered by a Protection Order.

A State Registry of Protection Orders was established.

Juvenile treatment records kept by domestic violence/sexual assault centers are confidential under certain circumstances.

The definition of stalking was broadened to include family members.

Compiled by: Bonnie Palecek
ND Council on Abused Women's Services
December, 1995

1997 Major changes to the "Battering and Custody" statute which include the following:

- a pattern of violence within a "reasonable time proximate to the proceeding"
- one incident of domestic violence resulting in serious bodily injury.
- an incident involving use of a dangerous weapon.

The court was also given more discretion in that the existence of a protection order no longer in and of itself engages the presumption.

The following changes in the Protection Order process were made:

- Clarification that the court may order the surrendering of firearms in cases of domestic violence.
- **Harassing** was added to the list of behaviors from which the respondent to a protection order may be restrained.
- Extension of the right to arrest without warrant if a no contact order is violated in a domestic violence situation.

*Compiled by: Bonnie Palecek
ND Council on Abused Women's Services
revised December, 1997*

NDCAWS/CASAND

413 E Rosser Avenue #320
Bismarck, ND 58501
701-255-6240

Intentional Injury Report
Domestic Violence Anecdotal Information - North Dakota
10.01/96 - 9/30/97

- In one incident the victim and assailant were arguing because the assailant wanted the victim to abort her 4 month pregnancy. When the victim refused, the assailant beat her until she miscarried.
- In one incident the arresting officer at the scene of a domestic dispute, was hit in the face by the suspect and was cut in the eye from his broken glasses and also sustained a bloody nose and cut lip.
- In one incident the victim was pushed down the stairs and kicked in the leg until it was discolored, swollen, and "deformed" - as it was reported by the police.
- In one incident, the assailant forced the victim to watch him inject himself with a syringe of drugs, and then attempted to inject a dose of the drugs into victim.
- One victim was murdered by 4 juveniles, one of whom was a relative. The victim was beaten, stabbed, and strangled to death.
- Assailant broke into victim's bathroom, pulled her by the hair and repeatedly bounced her face and head against the floor.
- Victim was shot in chest with a shotgun and died.
- Assailant threatened to "kick victim's ass" and then choked her, banged her head on the car, and threw her to the ground.
- In one incident the assailant hit victim in the mouth, cutting and bruising it, and then hit her on the back of the head. Their son called 911.
- In one incident assailant caused victim a broken leg, broken jaw, and abdominal injuries as a result of beating her.
- Assailant attacked victim with a screwdriver in the presence of her child.
- In one incident, the assailant kicked the victim in the leg, and also gave her a broken nose and bloody lip.
- Assailant threatened to break victim's neck and kill her and then took their daughter and left.
- Intoxicated assailant pushed and hit victim, then beat victim over the head with a wooden club until she was semi-conscious, then proceeded to kick her.

NDCAWS/CASAND

418 E Rosser Avenue #320

Bismarck, ND 58501

701-253-6240

Intentional Injury Report
Domestic Violence Anecdotal Information - North Dakota
10/01/96 - 9/30/97

- In one incident, the victim was stabbed in the back by a thrown steak knife.
- One victim was pushed down the stairs by the assailant 11 days after undergoing a hysterectomy resulting in anal bleeding.
- In one incident, the victim was fatally wounded by a gunshot to the head inflicted by the assailant.
- In one incident, the assailant broke the car window to get at the victim. Glass from the broken window cut the victim's hand and cut her baby on the cheek.
- One victim was beaten with a hammer sustaining a broken arm and a broken hand.
- In one incident, a five-and-a-half year old child attempted to protect her mother from the assailant. The assailant kicked the child resulting in injuries to her groin area.
- One victim was hit in the face with a gallon of milk and was pulled alongside the car as the assailant accelerated. Victim's body hit the ground and caused her to tumble away from the vehicle.
- In one incident, the assailant pulled out a large chunk of hair from the victim's head resulting in a large bleeding bald spot.
- In one incident the victim required 41 stitches as the assailant had stabbed the victim with a knife.
- In one incident the assailant assaulted the victim and killed her cat.
- In one incident after assaulting the victim, the assailant slit his wrists in the front of the victim's 2 year old child.
- One victim was struck with a blunt object and was knifed in the abdomen, back, and eye.
- In one incident, the assailant threw his victim to the ground and kicked, choked, and beat her while she was holding their 13 month old child.
- In one incident the assailant threatened to mutilate the victim's body and threatened to eat her tongue.

FACTS ABOUT DOMESTIC VIOLENCE IN NORTH DAKOTA

January - December 1998

- * **6,258 incidents** of domestic violence were reported to crisis intervention centers in North Dakota. *This is up by 338 incidents from 1997.*
- * At least **5,267 children** were directly impacted by these incidents; *up 261 from last year.*
- * **950 orders of protection** were filed with the assistance of domestic violence program staff, *slightly more than '97.*
- * **94%** of the victims were **women.**
- * At least **44%** of the victims were under **30**; At least **5%** were under **18** years old.
- * **10%** of the new victims were disabled; **33%** of the disabled victims were mentally ill.
- * **Weapons** were used in at least **17%** of the incidents.
- * Law Enforcement officers were called to respond in at least **44%** of the incidents; *(41% in 1997)* In at least **34%** of these incidents, an arrest was made. *down 10% from 1997.*
- * There is a **history of alcohol use by the abuser** and domestic violence incidents in at least **36%** of the cases. There is a history of alcohol use by both the abuser and the victim in at least **12%** of the cases.
- * The abuser had a **history of abuse** with other adults in at least **37%** of the cases.
- * Most abusers were charged with **simple assault (39%** of all charges).
- * Victims reported that **242 batterers violated** their protection orders; **71** were arrested for a first violation and **32** were arrested for subsequent violations.

This statistics represents a significant increase from 134 violations in 1997. More violators were also arrested for both first time and subsequent violations.

In 1998, at least 5 homicides involved domestic violence situations.

FACTS ABOUT SEXUAL ASSAULT IN NORTH DAKOTA January-June 1998

- 478 primary victims and 181 secondary victims were served by 17 sexual assault crisis centers throughout ND.
- At least 68% (325) of primary victims were under the age of 18 years old at the time of the assault/s.
- At least 90% (429) of the victims were female.
- At least 95% (453) of the assailants were male.
- At least 3% (16) of the assailants were female.
- In at least 248 of the 478 cases (61%) the crime was reported to law enforcement.
- At least 35% (165) of the victims waited 1-15+ years to contact a sexual assault center about the crime.
- At least 87% (415) of the cases were male assailant/female victim.
- At least 8% (38) of the cases were male assailant/male victim.
- At least 51% of the assaults were rape, 36% attempted rape, and 13% were sexual contact other than rape or attempted rape.
- In at least 88% (420) of the cases the assailant was known to the victim.
- In at least 44% (212) of the cases the assailant was a family member.
- In at least 37% (179) of the cases the assailant was a friend/acquaintance/date of the victim.
- At least 43% (204) of the cases were incest or indicated a history of incest.
- At least 22 (14%) of the adult victims seeking sexual assault services were assaulted by a spouse or cohabitating partner.
- At least 72% of the assaults occurred in the victim's or assailant's home.
- At least 50% (235) of the victims were referred to sexual assault service providers by themselves, friends, or family members.
- 770 calls to program hotlines were made.
- 62 training presentations were made to more than 994 professionals working with sexual assault issues.
- 410 public education presentations were made to more than 12,697 people from various groups within communities throughout ND.

ND COUNCIL ON ABUSED WOMEN'S SERVICES/ COALITION AGAINST SEXUAL ASSAULT

- There are 20 domestic violence/sexual assault centers in ND. All are individual private non-profits.

Securing funding is an ongoing struggle, however the need is particularly urgent right now for the following reasons:

Unfunded mandates: Recent requests for new services with no accompanying funding such as batterer's treatment, domestic violence assessments to implement the Family Violence Option of Welfare Reform, and child visitation services with no accompanying funding.

Victim Witness Services: Victim witness advocates provide services mandated by the Fair Treatment in the ND Century code. If a county prosecutor doesn't have staff to administer grants for victim witness services, the domestic violence programs take up the slack.

Counseling: Ongoing counseling is essential for long-term recovery and positive change for families. Domestic violence programs have had to raise their own dollars to offer professional counseling services, particularly in rural areas regarding issues of sexual assault and child sexual abuse.

- In 1981 the legislature passed a bill for a surcharge of \$19.00 on marriage licenses with the money going into the Domestic Violence Prevention Fund. At that time, there were 13 programs in the state. There are now 20. In addition, marriages have steadily declined since the Fund's inception.
- In 1991, the legislature passed (for the first time) a general appropriation bill for \$300,000 for the biennium. That amount was reduced in 1993 to \$90,000 and has remained at that level. \$45,000/year divided by 20 programs is only a little over \$2,000/program. The reduction was the result of a budget shift from general funds to "special funds", anticipating that STOP VAWA funds would make up the difference. However, STOP funds are limited to the provision of direct services (no prevention and education). We are now asking for \$500,000 per biennium to reflect the increase in client load since 1991.

Programs receive federal VOCA (Victims of Crime Act) funds and those funds have been elevated over the short-term because of two large fines levied nationally. However, once this "cushion" disappears, there will most likely be significant reductions in local allocations. In addition, several new programs have been added to the list of VOCA recipients over the past few years. Programs also receive federal STOP (Violence against Women Act) funds. However, only 25% of the state's allotment goes directly to domestic violence programs.

- Another account, the Crime Victims Account fund, is now funded by "special funds" from the Division of Field Services, Department of Corrections. We are concerned that this money may be used to pay Crime Victim's Compensation claims should that fund run out of money. Given the critical needs in the Correction budget, we fear losing CVA funds for direct service programming.
- The underlying philosophical and practical base for asking for funds from the state treasury is that we need to the state to show its support in the fight against the leading cause of homicide in this state the past several years. We as service providers are, after all:
 - ◆ Providing services to protect the basic health, welfare, and safety of the citizens of our state
 - ◆ Reducing the burden on state and local governments for providing these services
 - ◆ Providing services in an extremely cost-effective way because of our use of volunteers; ability to coordinate through a state coalition; and willingness to take risks, including operating without a profit margin.

Health Department Funding Request Fact Sheet

- The total budget requirement in 1998 for 18 domestic violence and sexual assault organizations in ND was \$3,894,813. (Fort Yates is not a functioning program right now so we did not include their awards from last year. They were granted \$45,511 and 83% of that total was from VOCA and CVA).
- The total state contribution to this budget was \$327,097, which was 8% of total budget needs. Without the Crime Victim's Account (CVA) it was 5%. The State General Fund by itself was 1%.
- \$327,097 averages out to about \$18,172/program which is not enough to cover the salary of a direct service provider.
- In 1998, the total federal and state contribution was 46% of the total budget needs, leaving programs to find the additional 54% of funding needs from community fundraisers, donors, and foundation sources, etc. The 54% programs were left to raise totaled \$2,101,048.
- STOP funding is a new source of federal money available in North Dakota for the last three years under the Violence Against Women Act. The discretionary pot of funding that domestic and sexual violence organizations can apply for is a very competitive source and cannot be guaranteed as a reliable source of funding year to year. However, in 1998, our programs were awarded \$120,127 from discretionary funds. Our programs were also able to collaborate with prosecution and law enforcement and access \$77,754 from those sources of STOP funding. However, it is important to note that additional funding typically went to video and/or camera equipment for law enforcement, training scholarships for law enforcement, victim witness personnel, and other items that do not support the general operations of the domestic and sexual violence programs across North Dakota.
- We are requesting that the state bear the cost of approximately 11% of budget needs for domestic violence and sexual assault services (this anticipates continued funding from CVA). This would be a biennium appropriation of \$500,000. The federal government would cover approximately 38% of annual budgets. The domestic violence and sexual assault agencies would then be responsible for raising the remaining 51% of their annual budget (it was 54% in 1998).

**1998 State and Federal Contributions to
ND Council on Abused Women's Services /Coalition Against Sexual Assault
Domestic Violence and Sexual Assault Service Providers**

	1998 Budget	Total State \$ CVA/SGF/ DVPF	State %of Budget	Total Gov \$	Gov % of Budget	Cash Needed
Dickinson	\$195,000.00	\$17,557.00	9.00%	\$108,112.00	55.00%	\$86,888.00
Beulah	\$130,000.00	\$10,734.00	8.26%	\$43,878.00	34.00%	\$86,122.00
Williston	\$104,623.00	\$15,655.00	14.96%	\$79,884.00	76.00%	\$24,739.00
Bismarck	\$638,244.00	\$37,131.00	5.82%	\$224,069.00	35.00%	\$414,175.00
Bottineau	\$110,517.00	\$10,203.00	9.23%	\$47,336.00	43.00%	\$63,181.00
Devil's Lake	\$151,229.00	\$27,120.00	17.93%	\$136,762.00	90.00%	\$14,467.00
Ellendale	\$83,869.00	\$15,578.00	18.57%	\$68,937.00	82.00%	\$14,932.00
Fargo	\$598,208.00	\$38,909.00	6.50%	\$263,269.00	44.00%	\$334,939.00
Ft. Berthold	\$170,000.00	\$18,878.00	11.10%	\$64,498.00	38.00%	\$105,502.00
Grafton	\$281,241.00	\$10,720.00	3.81%	\$69,121.00	25.00%	\$212,120.00
Grand Forks	\$654,881.00	\$27,381.00	4.18%	\$168,221.00	26.00%	\$486,660.00
Jamestown	\$118,805.00	\$15,127.00	12.73%	\$77,727.00	65.00%	\$41,078.00
McLean Co.	\$65,525.00	\$10,909.00	16.65%	\$50,557.00	77.00%	\$14,968.00
Minot	\$296,687.00	\$25,138.00	8.47%	\$147,073.00	50.00%	\$149,614.00
Ransom	\$67,298.00	\$10,474.00	15.56%	\$51,927.00	77.00%	\$15,371.00
Stanley	\$31,328.00	\$8,571.00	27.36%	\$29,045.00	93.00%	\$2,283.00
Valley City	\$84,008.00	\$11,978.00	14.26%	\$69,179.00	82.00%	\$14,829.00
Wahpeton	\$113,350.00	\$15,034.00	13.26%	\$94,170.00	83.00%	\$19,180.00
TOTAL	\$3,894,813.00	\$327,097.00	8.40%	\$1,793,765.00	46.00%	\$2,101,048.00

NDCAWS/CASAND
418 E Rosser Avenue #320
Bismarck, ND 58501
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**Funding Request
Budget Information for
Domestic and Sexual Violence Crisis Centers
in North Dakota**

	1998 Budget	Total State \$ CVA/SGF/ DVPF	State General Funds	
Dickinson	\$195,000.00	\$17,557.00	\$1,701.00	<p>Without the Crime Victims Account, the Health Dept. total state contribution is \$195,000 which is 5% of minimum funds required to operate domestic and sexual violence crisis centers in ND.</p> <p>State General Funds cover 1% of minimum funds required.</p> <p>We are asking for a General Fund commitment of 4% funding to address the most prevalent and deadly crime in North Dakota.</p>
Beulah	\$130,000.00	\$10,734.00	\$1,683.00	
Williston	\$104,623.00	\$15,655.00	\$2,376.00	
Bismarck	\$638,244.00	\$37,131.00	\$4,567.00	
Bottineau	\$110,517.00	\$10,203.00	\$1,679.00	
Devil's Lake	\$151,229.00	\$27,120.00	\$3,051.00	
Ellendale	\$83,869.00	\$15,578.00	\$2,597.00	
Fargo	\$598,208.00	\$38,909.00	\$4,563.00	
Ft. Berthold	\$170,000.00	\$18,878.00	\$2,597.00	
Grafton	\$281,241.00	\$10,720.00	\$1,701.00	
Grand Forks	\$654,881.00	\$27,381.00	\$3,951.00	
Jamestown	\$118,805.00	\$15,127.00	\$2,372.00	
McLean Co.	\$65,525.00	\$10,909.00	\$1,678.00	
Minot	\$296,687.00	\$25,138.00	\$3,721.00	
Ransom	\$67,298.00	\$10,474.00	\$1,683.00	
Stanley	\$31,328.00	\$8,571.00	\$1,683.00	
Valley City	\$84,008.00	\$11,978.00	\$1,696.00	
Wahpeton	\$113,350.00	\$15,034.00	\$1,701.00	
TOTAL	\$3,894,813.00	\$327,097.00	\$45,000.00	

STATE DEPARTMENT OF HEALTH
STATE CAPITOL • 600 E. BOULEVARD AVE.
BISMARCK, NORTH DAKOTA 58505-0200
TELEPHONE 701-328-2372 • FAX 701-328-4727

.....
To: Rep. Ken Svedjan, Chairman, Human Resources Division, House
Appropriations Committee
From: Murray G. Sagsveen, State Health Officer *MGS*
Subject: Response to Request for Information
Date: January 28, 1999

The additional information you and other committee members have requested from our agency is attached:

1. For the Environmental Health Section there is a schedule that identifies travel costs associated with annual dues.
2. For the Disease Control / Food & Lodging Division there is a breakdown of Object 3029 Medical, Dental & Optical which is in the Operating line item. This object is used to purchase vaccine. The schedule breaks out vaccine expenditures by month and identifies what program they were used for and the funding source. This activity is for the period of July 1995 through December 31, 1998.
3. For the Disease Control / Food & Lodging Division there is a schedule of Operating Expense as they appear in the Executive Budget. The object 3029 Medical Dental and Optical identifies what programs and what funds are included in this budget.
4. For the entire Department, there is a listing of equipment by Divisions for the 1999-2001 biennium. This listing will also identify the number of computers we plan to purchase for that same period.

*See for
Questions
Ensuwed*

**Professional Development / Dues and Travel
Environmental Health Section
State Department of Health
1999-2001**

* Organization	# Employees Attending	Annual Dues	Estimated Annual Travel
Western States Water Council		\$ 12,500	
3 Meetings per year	1 FTE		\$ 2,300
AOAC International		\$ 1,000	
Annual Meeting	1 FTE, (attendance depends on training subject)		\$ 500
Dues includes receipt of Lab Analysis Journal			
American Chemical Society*		\$ 207	
Annual Meeting	1 FTE, (attendance depends on training subject)		\$ -
Dues includes receipt of Lab Analysis Journal			
Environmental Council of States		\$ 5,000	
2 Meetings/year	1 FTE		\$ 1,900
Association of State Drinking Water Administrators		\$ 4,000	
Annual Meeting	1 FTE		\$ 900
Association of State Territorial Waste Mngt. Assoc.		\$ 1,625	
2 Meetings/year	1 FTE		\$ 115 *
*Cost for meals only -other costs paid by Association			
		<u>\$ 24,332</u>	<u>\$ 5,715</u>

Disease Control / Food & Lodging

Object 3029 Medical, Dental & Optical

History of Expenditures

July 1995 - June 1997	
Month	Total
July 1995	146
August 1995	1,404
September 1995	4,152
October 1995	3,637
November 1995	5,257
December 1995	6,414
January 1996	1,410
February 1996	10,519
March 1996	7,096
April 1996	9,427
May 1996	7,706
June 1996	5,641
July 1996	111,966
August 1996	11,041
September 1996	20,825
October 1996	41,667
November 1996	397
December 1996	18,718
January 1997	9,129
February 1997	15,943
March 1997	9,004
April 1997	40,273
May 1997	295,709
June 1997	49,841
Total	687,322

July 1997 - December 1998	
Month	Total
July 1997	2,146
August 1997	8,045
September 1997	5,192
October 1997	15,130
November 1997	3,496
December 1997	8,602
January 1998	15,414
February 1998	10,308
March 1998	6,789
April 1998	6,365
May 1998	9,556
June 1998	11,227
July 1998	24,546
August 1998	12,037
September 1998	16,962
October 1998	11,612
November 1998	28,902
December 1998	263,237
January 1999	0
February 1999	0
March 1999	0
April 1999	0
May 1999	0
June 1999	0
Total	459,566

	July 1995 - June 1997
General Funds	
Childhood Immunization	477,089
Tuberculosis	68,701
Rabies	5,667
Sexually Transmitted Disease	5,012
Other	128
Total General Funds	556,597

	July 1997 - December 1998
General Funds	
Childhood Immunization	232,232
Tuberculosis	88,044
Rabies	5,522
Sexually Transmitted Disease	930
Other	263
Total General Funds	326,991

	July 1995 - June 1997
Federal Funds	
Ryan White HIV Care Grant	130,628
Flood Relief from CDC	97
AIDS Prevention	
Total Federal Funds	130,725

	July 1997 - December 1998
Federal Funds	
Ryan White HIV Care Grant	132,135
Flood Relief from CDC	
AIDS Prevention	440
Total Federal Funds	132,575

Total Federal and General 687,322

Total Federal and General 459,566

Disease Control / Food Lodging
Summary of Operating Expenses
For the period of July 1, 1995 thru June 30, 2001

		1995-1997 Actual Expenses	1997-1999 Budget	1999-2001 Exec. Recomm.
OPERATING EXPENSES				
Data Processing	3002	9,454	12,792	14,874
Telecommunications - ISD	3003	67,214	44,578	45,916
Travel	3004	132,614	151,342	155,883
Utilities	3006	7,093	11,393	11,735
Postage	3007	48,776	47,438	48,861
Lease/Rentals - Equipment	3011	9,546	0	0
Lease \Rentals-- Buildings./Land	3012	54,884	58,285	60,033
Dues & Professional Development	3013	11,849	23,146	23,840
Operating Fees & Services	3014	228,404	280,121	420,046
Repairs	3016	1,944	8,795	9,058
Professional Services	3018	501,197	847,599	1,010,944
Insurance	3019	0	0	0
Office Supplies	3021	43,974	43,787	59,526
Printing	3024	63,890	65,123	67,077
Professional Supplies & Materials	3025	54,870	50,553	52,070
Food Supplies	3027	210	0	0
Medical, Dental, and Optical	3029	687,322	536,111	445,206
Buildings/Vehicle Maintenance Supplies	3030	1,979	1,747	1,799
Miscellaneous Supplies	3033	20,903	13,167	3,775
TOTAL		1,946,123	2,195,976	2,430,642
General Fund	3991	689,565	620,446	553,157
Federal Funds	3992	1,256,558	1,575,530	1,877,485
Other Funds	3993			
Medical, Dental, and Optical	3029	687,322	536,111	445,206
General Funds				
Childhood Immunization		477,089	314,478	240,000
Tuberculosis		68,701	120,000	120,000
Rabies		5,667	5,522	0
Sexually Trans. Disease		5,012	0	0
Other		128	809	833
Total		556,597	440,809	360,833
Federal Funds				
Ryan White Grant		130,628	95,302	84,373
Flood Relief from CDC		97		
Total		130,725	95,302	84,373
Total All Funds		687,322	536,111	445,206

**Equipment
State Department of Health
1999-2001**

<u>Division</u>	<u>Equipment Type</u>	<u>Computers</u>	<u>Total</u>	
Administration	Personal computers	9	27,000	
	Laptop computer	2	6,000	
	Laser Printer		4,500	
	File Server		7,500	
	Power point projector		4,443	
			<u>49,443</u>	
Vital Records	Personal computers	9	27,000	
	File Server		7,500	
	Plain paper copier		10,000	
			<u>44,500</u>	
Crime Lab	Personal computers	7	21,000	
	Laser Printer		2,395	
	Analytical and top loading balances		3,855	
	Profi B6-1 IIT (DNA analysis)		19,200	
	ABI Prisim 310 Genetic Anayzer (DNA analysis)		61,000	
	Drugfire workstation		50,605	
	25 Intoxilyzer 5000 (Breath testing equip)		180,000	
	Liquid chromatograph (drug analysis)		47,950	
			<u>386,005</u>	
Health Facilities	Personal computers	6	18,000	
	Laptop computer	5	15,000	
	Laser Printer		3,730	
	Digital video equipment		23,000	
				<u>59,730</u>
	Personal computers	2	6,000	
	Laptop computer	1	3,000	
				<u>9,000</u>
	MCH	Personal computers	8	24,000
		Laser Printer		3,500
Color plotter (GIS system)			17,000	
			<u>44,500</u>	
Micro Lab	Personal computers	4	12,000	
	Autoclave w/o generator		47,000	
	Electrosteam Boiler and blow down tank		9,500	
	Programmable peristaltic pump		2,000	
			<u>70,500</u>	
Disease Control	Personal computers	14	42,000	
	Laptop computer	3	9,000	
	Laser Printer		3,500	
	Multimedia Projector & folding machine		6,500	
			<u>61,000</u>	
Health Prom.	Personal computers	8	24,000	
	Laptop computer	2	6,000	
	Modular office furniture		2,400	
	Laser Printer		3,300	
			<u>35,700</u>	

**Equipment
State Department of Health
1999-2001**

<u>Division</u>	<u>Equipment Type</u>	<u>Computers</u>	<u>Total</u>
Envir. Engineering	Personal computers	12	36,000
	Laptop computer	8	24,000
	Workgroup printer		2,000
	Modeling computer		3,500
	Calibrators		17,500
	Sulfur dioxide and oxide analyzers		74,750
	Ozone analyzers		19,500
	Air monitoring trailers (2)		13,000
	Paper chart recorders		33,150
	Ammonia analyzer		16,000
	Sampling pumps		8,900
	Organic compound detector (OSHA)		8,000
	Audio Dosimeters (OSHA)		7,500
	Various engineering equipment		15,200
Chem Lab	Personal computers	11	33,000
	Lims Server		12,500
	Simplex security system		28,000
	Capillary electrophoresis chromatography		81,000
	Flow injection analyzer		41,000
	Air generator & compressor		5,900
	Flame ionization detectors for GC's		21,000
	Automated liquid extractor		46,500
Water Quality	Personal computers	14	42,000
	Workgroup printer		2,000
	Water quality multiprobe		6,000
	Interface probe		2,400
	Stage recorder w/datalogger (2)		3,000
	Autosampler		6,500
	Geographical Positions system (4)		12,000
Municipal Facilities	Personal computers	12	36,000
	Laser printer		4,000
	Power point projector		5,000
Waste Management	Personal computers	7	21,000
	Laser printer		3,000
	Global Positioning System receiver		6,500
	Photonization air monitor		4,000
	Grand Total	144	<u>1,461,678</u>
	General Funds		283,173
	Federal Funds		896,215
	Special Funds		282,290
	Total Funds		<u>1,461,678</u>



NORTH DAKOTA
DEPARTMENT OF HEALTH

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March 15, 1999

Senator David Nething
Chairman, Senate Appropriations Committee

Senator John Andrist
Subcommittee Chairman for House Bill 1004

Senator Rod St. Aubyn
Subcommittee Chairman for House Bill 1022
600 East Boulevard Avenue
Bismarck, ND 58505

RE: Tobacco Settlement Funds

Dear Senators Nething, Andrist, and St. Aubyn:

This supplements my testimony and our prior discussions concerning the allocation of tobacco settlement funds.

It is my understanding that the major tobacco companies will pay \$57.6 million to North Dakota during the next biennium as a result of the November 1998 Master Settlement Agreement. For cash flow purposes, \$32.3 million should be paid during July 2000, \$9.3 million should be paid during January 2001, and \$16.0 million should be paid during April 2001.

Governor Schafer requested, in the State of the State Message, that 10% of all tobacco settlement payments be allocated "to public health programs, including important initiatives on diabetes, drug and alcohol abuse, and tobacco prevention and cessation. This will fund programs primarily driven at the local level..."

Governor Schafer also requested, in House Bill 1022, that funds be authorized to provide a state morgue and to upgrade the microbiology and chemistry laboratories. At the time House Bill 1022 was filed, we estimated the cost to be about \$3 million.

I believe that we can accomplish several critically important objectives if at least 10% of the tobacco settlement payments during the next biennium are allocated to public health purposes. The concept is summarized below.

House Bill 1475

It was my recommendation, in the testimony provided to the Senate Appropriations Committee, that House Bill 1475 be amended by inserting the following language:

Transfers to a community health trust fund to be administered by the state department of health. The state department of health may use funds as appropriated only for community-based public health programs, with an emphasis on preventing or reducing tobacco usage in this state. Transfers under this subsection may not exceed ten percent of total annual payments from the tobacco settlement trust fund.

If House Bill 1475 is enacted with this language, \$5.76 million should be paid into the community health trust fund during the next biennium.

House Bill 1004

Governor Schafer recommended that part of the tobacco settlement money should be used to fund public health programs "primarily driven at the local level." If we assume that the tobacco settlement payments will be at least \$25 million for the next 25 years, a 10% allocation would provide \$2.5 million each year for public health programs (about \$3.90 per capita per year). As explained above, this money could be available to initiate a community health grant program (as described in my testimony on House Bill 1475) as early as the second half of the 1999-2001 biennium.

It was my recommendation, in the testimony provided on House Bill 1475, that House Bill 1004 could be amended as follows:

SECTION __. APPROPRIATION. There is hereby appropriated out of any moneys in the community health trust fund, not otherwise appropriated, the sum of \$2,500,000, or so much of the sum as may be necessary, to the state department of health for the purpose of a community health grant program, for the biennium beginning July 1, 1999, and ending June 30, 2001.

Several legislators have expressed concern that North Dakota may not receive part or all of the \$57.6 million during the next biennium. If the funds are not received, money will not be allocated to the community health trust fund and, accordingly, will not be available to fund the grant program.

If House Bill 1475 is amended to allocate 10% to public health, if \$5.76 million is allocated to a community health trust fund, and if \$2.5 million is appropriated for a community health grant program, \$3.26 million will be left in the community health trust fund.

House Bill 1022

House Bill 1022 was amended by the House to delete the \$3 million bonding authorization for the Department of Health. It is my recommendation that the bill *not* be amended in the Senate to re-insert the authorization (which could provide the committee with additional flexibility to address other necessary bonding priorities). Instead, it is my recommendation that House Bill 1004 be further amended, as follows, to take advantage of the \$3.26 million that could be available if North Dakota receives the full \$57.6 million during the next biennium and House Bill 1475 is amended to allocate 10% to public health:

SECTION __. APPROPRIATION. There is hereby appropriated out of any moneys in the community health trust fund, not otherwise appropriated, the sum of \$3,260,000, or so much of the sum as may be necessary, to the state

department of health for the purpose of leasing temporary facilities for a state morgue, constructing and remodeling the East Main laboratory facility to house the morgue and the microbiology and chemistry laboratories for the biennium beginning July 1, 1999, and ending June 30, 2001.

Again, several legislators have expressed concern that North Dakota may not receive part or all of the \$57.6 million during the next biennium. If the funds are not received, money will not be allocated to the community health trust fund and, accordingly, would not be available to fund the leasing, construction, and remodeling work described above. However, in anticipation of receiving the funds, we would proceed with all necessary preconstruction work, such as providing temporary facilities for a state morgue, retaining an architect to prepare plans and specifications for the construction and remodeling work, and obtaining bids for the construction and remodeling work.

Joel Leapaldt, the State Facility Planner, OMB, has estimated that the total cost will be about \$4 million (see his attached letter dated March 8, 1999). If so, we would seek an additional \$.75 million from the available tobacco settlement funds during the following biennium (2001-2003). The tobacco settlement payments should total over \$60 million during the biennium, so the 10% allocation should fund \$5 million for a community health grant program and up to \$1 million to complete construction.

The proposed sequence of operations would be:

- Ensure there are adequate morgue facilities and offices for Dr. Mizell and his staff during the 1999-2001 biennium (either at the Bismarck medical centers, within Department of Health facilities, or in leased space).
- Retain an architect to prepare plans and specifications for constructing new microbiology and chemistry labs at the East Main site and for remodeling the East Main lab to accommodate a state morgue.
- If funds are available, award construction contracts for new microbiology and chemistry labs at the East Main site (in order to take full advantage of the construction season, it may be necessary to borrow early construction funds from the Bank of North Dakota, which would be repaid when the January and April 2001 payments are received).
- When the labs have been constructed:
 - relocate the microbiology lab to the new facility and terminate the existing \$200,000 per biennium lease; and
 - relocate the chemistry lab from the East Main facility to the adjacent new facility.
- When the chemistry lab has vacated the East Main facility, remodel the facility to comply with the Life Safety Code, upgrade the HVAC (heating, ventilation, and air conditioning) system, and provide a state morgue for the medical examiner.
- Relocate the medical examiner and staff into the remodeled facilities.

I urge the Senate Appropriations Committee to carefully consider this concept. If the three bills are amended as described above and if the bills are enacted into law, we would have...

- Allocated a reasonable amount of the tobacco settlement money to public health purposes, as initially requested by Governor Schafer.
- Initiated a critically important community health grant program to fund community-prioritized public health programs.

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- Provided a permanent state morgue facility for the state medical examiner.
- Provided new state-of-the-art microbiology and chemistry lab facilities that fully comply with Life Safety and other applicable codes.
- Remodeled the existing East Main lab to fully comply with Life Safety and other applicable codes and upgraded the existing HVAC system.
- Completed these objectives without impacting the general fund, without bonding, without increasing the operating budget of the Department of Health, and without authorizing any additional FTEs for the Department.
- Made essential long-term infrastructure investments in North Dakota that will be funded with a partnership of state and federal money.

Please contact me (328-2372; sagsveen@state.nd.us), at your convenience, if you would like to further discuss these recommendations.

Sincerely,


Murray G. Sagsveen
State Health Officer

MGS:lrr

cc: Governor Edward T. Schafer
Bob Barnett
George Mizell, M.D.
Francis Schwindt
Jim Anders
Myra Kosse
Kenan Bullinger