1999 SENATE POLITICAL SUBDIVISIONS

SB 2045

1999 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB2045

Senate Political Subdivisions Committee

❑ Conference Committee

Hearing Date January 14, 1999

Tape Number	Side A	Side B	Meter #
1	x		2254 to end of tape
1		x	0 to 6000
1		January 29 x	3895 to 6212
2	x January 29, 1999		0 to 1187
2	xFebruary 4, 1999		2625 to 4225
Committee Clerk Signature			

Minutes:

Senator Lee: Senate Political Subdivision Reconvene with Senate Bill 2045

A bill relating to public health law and to provide a penalty

Senator Krebsbach: Introduction of bill and Jennifer Clark will proceed with further introduction

Combination of work between many entities. State health officer brought the issue to Senator Krebsbach attention. Area of attention

1. All counties be within a health unit
2. whether or not the local health officer had to be from the medical field.

Many people in support of 2045

Senator Lee: Questions

Jennifer Clark: Legislative Council recommends passage of 2045 and will proceed with further background on 2045. March of 1997, Turning Point Draft, which the department of public health. See additional testimony sheet. Any additional questions

Senator Lee: What in section 3 is new?

Jennifer Clark: The language in section three is all brand new.

Senator Lee: Any questions

Senator Nelson: Confused about code section 2, all land and state must be at a unique, then you allow for withdrawal and resolution. Conflict in what you are trying to accomplish.

Jennifer Clark: If you withdrawal from the district, you must be a entity of you own or enter another health care entity. You cannot withdraw and provide no services. You have to provide one service or another. But you wouldn't have to stay in a particular organization.

Senator Lee: Any further questions, Senator Lyson

Senator Lyson: check page nine line 8, peace officers to destroy or remove between sunset and sundown annoyance sources or smells, when did this become the sheriff's duties.

Jennifer Clark: Actually it was the old law, the intent was to keep as much of the existing law as possible.

Senator Lyson: Please check on the old law.

Jennifer Clark: Certainly.

Senator Lyson: Page 11, section 3, line 25, the way that I am reading this it seems to me we are giving the health officer authority over the sheriff to do things. An awful lot of authority is going to the health officer

Jennifer Clark: This is another provision that I will check on and it's authority

or if we have expanded the authority the authority of the health officer

Senator Lyson: The wording of this really bothers me. Lets see what the old law reads

Jennifer Clark: I will certainly check on that also

Senator Lee: Thank You, it does go beyond serving notice

Senator Watne: On page 9, I am looking at the bonding issue, (reads paragraph regarding bonding and mortgage issue) is that the same bonding authority that they had before.

Jennifer Clark: I think that it is but I will check on this while I am in the room

Senator Watne: Offices of the county commissioners, can the health authority go out and bond on a building or what ever they want.

Jennifer Clark: This is for district board of health creates a brand new umbrella over county and city health departments

Senator Watne: In Minot we have district health unit, I presumes that this covers all of ward county, If they can go out and build a new building on their own without any other entity approval.

Jennifer Clark: There is a representative here from our first health district and I am not sure what their organizational chart is..

Senator Lee: Any further questions for Jennifer?

Jennifer: Drawing remarks from the committee report.

Bryan Hoime: See testimony

Senator Lee: questions

Senator Lee: Problem at home with bill issue and jurisdiction over problem. Do the townships want ability to transfer authority to health districts.

Brian Hoime: The township owner supervisors and power to take care of problems within the townships, nuisances and problems associated with them. Township has the authority to have party clean up mess and apply cost of cleaning to the party that is responsible.

Senator Lee: Any other questions?

Murray Sagsveen: See testimony, thank existing health laws.

End of Side A

Murray Sagsveen: See related testimony

Senator Lee: questions for Murray

Senator Watne: For the four counties that are not apart of this bill, you are requiring that they join this, correct. How are they supposed to pay for this?

Murray Sagsveen: Implementation date of bill is January 1, 2001 to allow local counties and cities to join an existing health care alliance or establish their own and budget for this. Local health organizations are eligible for state matching funds. Maximum flexibility to cities and counties for establishing health alliance.

Senator Lee: Question about map. Roulette county is one county that does not have a public health unit. I assume that their is an Indian Health facility there that would be a public health

facility. Correct? Are the other three counties that do not have a public health and would there be other places of public health or is there no coverage at all

Murray Sagsveen: There is an Indian Health unit in Roulette County that serves eligible persons. Towner County has no health unit, other two counties have part time establishment with social services and some money is appropriated for that. Least difficulty to establish a local public health unit. Towner and Roulette County need the most help.

Senator Lee: Any other questions 2198 will be delayed until after 2045. Fiscal note to 2045.

Cynthia Feland: Four areas of strong concern: 1) Page 7 line 15, 11(review) 4th amendment violation against search and seizure. Has to be probable cause. (Any place) would allow health officials to enter anyone's home without cause.

2 concern) page 9 same line 7 through 11 mentioned by Senator Lyson. Same concerns with identical language since 1981 under section 23 .05-06 of existing law. We have same concerns with police officers doing sanitary cleaning and budgeting concerns. Law has never come up and burdens that come up with existing laws. Availability with law enforcement and 1989 laws and concerns with additional duties and liabilities.

3) concern, penalties and Class C misdemeanor and burden on judicial system without any input from the judicial system and jury trials vs. any other trials

Senator Watne: What kind of penalty does an infraction carry.

Cynthia Feland: Same as class B misdemeanor with no jail time and $ 500 fine and enforcing rules in a jury trial setting.

Senator Kelsh: Does this bill eliminate different types of authority in different cases

Cynthia Feland: Fine tuning the bill and clarifying what type of health unit is in charge this area

and give coordination on whom people need to go to for this type of thing

Senator Lee: Good thing we don't have health department enforce older violations!

Senator Watne: Do you have any corrections for these problems that you have pointed out.

Cynthia Feland: Mr. Mulland and I can work out minor language changes could take care of concerns. Dick Peck had researched to see if preexisting code sections were valid and roles with state health department

Keith Johnson: See attached testimony

Senator Flakoll: What violations would you see prosecutable sanctions taking place?

Keith Johnson: After we have tried several abatements and still have unhappy neighbors. scenario on farmer who threw garbage. One control, we are working through city or state attorneys already

Senator Lee: Vintage cars and scenario with shop and neighbors who have suffered grief because of this. Judgment against people whom have this problems with junk

Keith Johnson: Trained people who have provide hearings and scenario wouldn't pass this test.

Senator Lyson: Last comments would suggest that junk yards not be cleaned up.

Keith Johnson: No, law has been established for over 100 years, not reason to carry bill forward

Senator Lyson: Amendments to this bill

Keith Johnson: Health was given power to control diseases.

Break

Senator Lee: Readjourn on SB2045

Jennifer Clark: Any further questions be addressed

Lisa Clute: See testimony

Senator Lee: I would assume that you are charging a fee to person who's property is being sold.

Lisa Clute: Correct, but we would have to increase fee because of mileage and employee time

Senator Watne: Relationship with Indian Reservations

Lisa Cult: They do not deal with environmental health concerns Relationship with Indian health organizations is nonexistent. Calls mostly relate to environmental health.

Arnold Thomas - President of the North Dakota Health Care Association. I will confine comment, Senator, to bill interns of health. Support Bill. Public health is one of the most significant Great concern of hospital association that there are 4 counties around the state that do not have health care facilities. Needs for partnerships in health care around the state. Would like passage of bill, badly.

Richard Bendersh: Confused with some of bill issues. Page 2, 23.35.3 subsection 2, Lines 18, 19 and 20 " the city commission may compose with the city board" that must also include the county board

Senator Lee: Repeat confusing lines of bill.

Richard Bendersh: Line 18,19,20, no other section contributes to the county body. Subsection 5 page 3, commissioners can appoint themselves. Change in membership. We pay 60% of cost for five commissioners. Understand bill would be corrected and it was not. Little guys having power to decide bonding issues. Mult County unit has no fiscal control over budgeting. Will destroy small population budget. Voice of Champus to control impact of property taxes on county budget. Page 7, line 3 and 5 the Rule making authority, committee is kind enough to counties rule making authority, opposed to one section of the law.

Senator Lee: You have the rule making authority now. I can't keep up. Speak to Jennifer Clark

Richard Bendersh: Had opportunity to change bill earlier.

Senator Lee: Amendments to bill with no written testimony

Richard Bendersh: No written testimony. Authority is not really given to county commissioners. Rule making authority has to come from legislative assembly. Page 10 line 16-18, expenses out of general budget. Cooperative agreement between county and state with county tax and levy control. This bill will increase property taxes

Senator Lee: Concern for 53 different set of rules, one for each county. Policy were uniform throughout the state. My concern is for a major outbreak of a disease in one county, would it be better to have this problem localized. I would like to have specific control over these areas.

Richard Bendersh: Would like to have addressed these rules prior to this . Establishing rules and policies for addressing these rules and regulations for the citizens that come from city commissioners and not the state. Five city commissioners and the rule board would have rule making authority, I may be misunderstanding this point. Five year board appointments to the board (extra notes)

Senator Lee: O.K.,

Senator Kelsh: Do you have a five county health council

Richard Bendersh: We do are inspections in our five counties

Terry Traynor: There is no duplication of services

Senator Watne: What area is yours

Richard Bendersh: Morton County, Oliver County and Mercer, Grant and Souix County

Jennifer Clark: Rule making authority in Custer County 23-14-01.6. Established code.

Senator Lee: Looking at consolidating services that are already there.

Jennifer Clark: Correct, rule adoption

Terry Traynor: Association of Counties: Mandate, counties are mixed about this. All counties will be within a unit, Financial powers that county c commissioners don't have and should be given to the health board. County must have ample opportunity to have say on the board. Member of governing body cannot be appointed to a board, would like an amendment. Counties same authority as cities. Page 6 line 10, Levy on counties and growth

Senator Lee: Terry Traynor to work with Jennifer Clark on amendments to this bill.

Senator Kelsh: Minority can force majority to raise amounts of money to , no control over budget

Terry Traynor: Increase the flexibility of control over the county authority to allow budget control within the counties within a grouping of counties.

Senator Lee: Recommendations for Richard

Keith Johnson: Original law and it's effects on the board of health, budgets. Board of health is population based. Morton County has only one representative for the budget. Complicated process.

Senator Lee: Every districts board of health is population based.

Senator Watne: All appointees appointed by whom?

Keith Johnson: by the county commissions

Mr. Sagsveen: Amendments with the department of health

Senator Lee: opposed or neutral to bill

Motion: Close public hearing

JANUARY 29, 1999

MIKE MULLEN: see amendments proposed by the health department (see amendments)

SENATOR LEE: repeat 1st amendment page 6, line 3

Jan 29, '99

MIKE MULLEN: amendment on this line (page6, line 3) and explanation

SENATOR KELSH: line 7 number 11

MIKE MULLEN: This is on the second set of amendments that I am going to issue

SENATOR LYSON: line 10

MIKE MULLEN: Discussion on second set of amendments

DISCUSSION

SENATOR LYSON: more taxes on larger counties page 7 lines 5,6,7

FURTHER DISCUSSION

SENATOR NELSON: mill cap levy on page 6 line 10, 5 mill levy,

SENATOR LYSON: 1st amendment took care of this

MIKE MULLEN: unable to pay, 1st charge will be free, further amendments to this bill

SENATOR LEE: page 12 line 1-3 and this amendment

TAPE 2

FURTHER DISCUSSION ON SB2045 AND AMENDMENTS

MIKE MULLEN: penalty for misdemeanor

SENATOR LEE: this is not a change, questions, anything else

DISCUSSION

MIKE MULLEN: amendment by BRIAN HOIME, health dept. does not have a problems with this amendment, authorizes township to ask for assistance

Jan 29, '99

KEITH JOHNSON: inadvertant result of amendment page 12 line 22, inserted in 1983 as part of pers as a retirement system and district health system

SENATOR LYSON: if by counties and contract with pers, every person connected within the county is covered by pers

KEITH JOHNSON: Member of political subdivison and which part of pers you are connected with and the associated mandates

SENATOR LYSON: county, state, employees connected as part of pers

SENATOR LEE: discussion on amendments

SENATOR WATNE: line 22

SENATOR LYSON: fits with pers

SENATOR NELSON: how impacts the other two

SENATOR LEE: what happens to page 12 line 26

KEITH JOHNSON: not a mandate

MOTION: CLOSE PUBLIC HEARING

SENATOR LEE: fiscal impact of this bill

SENATOR LEE: three pages of amendments

SENATOR WATNE: look at this bill over the weekend

SENATOR LEE: not triing to rush action, Thursday last day for action,

DISCUSSION

MOTION: CLOSE SB2045

FEBRUARY 4, 1999 hearing on SB2045

2 VOICE VOTES ON AMENDMENTS

Feb 4, '99

1 DO PASS AS AMENDED

SB2045 IS A DO PASS AS AMENDED

FISCAL NOTE

(Return original and 10 copies)

Bill/Resolution No.: SB 2045 Amendment to: _____

Requested by Legislative Council Date of Request: 12-10-98

1. Please estimate the fiscal impact (in dollar amounts) of the above measure for state general or special funds, counties, cities, and school districts.

   Narrative: NDCC Chapter 23-35 will update the laws that govern local public health and repeal NDCC chapters 23-03, 23-04, 23-05, section 23-07-04 and chapter 23-14. Section 23-35-02 also includes language requiring all land in the state to be included in a public health unit by 1-1-2001. This would affect Rolette, Towner, LaMoure and Dickey counties which currently do not provide a formal public health structure; the cost for each of these counties would be determined by the county commissioners (counties are authorized to levy up to 5 mills for a public health district).

2. **State** fiscal effect in dollar amounts:

	1997-99 Biennium		1999-2001 Biennium		2001-03 Biennium	
	General Fund	Special Funds	General Fund	Special Funds	General Fund	Special Funds
Revenues:						
Expenditures:	None		None		None	

State Block Grant funds would be reallocated to include the four counties. No additional general funds are being requested.

3. What, if any, is the effect of this measure on the appropriation for your agency or department:
   a. For rest of 1997-99 biennium: None
   b. For the 1999-2001 biennium: None
   c. For the 2001-03 biennium: None

4. **County, City, and School District** fiscal effect in dollar amounts:

1997-99 Biennium			1999-2001 Biennium			2001-03 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
			$160,000-$400,000			$160,000-$400,000		

The cost for each county would be determined by the county commissioners, possibly based on the population and level of service to be provided. An estimate of $40,000-$100,000 per biennium for each of the 4 counties is included above.

If additional space is needed, attach a supplemental sheet.

Signed: _____

Typed Name: Robert A. Barnett

Date Prepared: 12-17-98

Department: State Department of Health

Phone Number: 701.328.2392

Amend. 1

Date: 2-5-99
Roll Call Vote #: 1

1999 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2045

Senate Political Subdivisions Committee Committee

☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken Do pass

Motion Made By Watne Seconded By Flakoll

Senators	Yes	No	Senators	Yes	No
Senator Lee (Chairman)	/				
Senator Lyson (Vice-Chaiman)	/				
Senator Flakoll	/				
Senator Watne	/				
Senator Kelsh	/				
Senator Nelson	Absent				

Total (Yes) 5 No 0

Absent Nelson

Floor Assignment Lee

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

Voice

Pg 4, Line 10

Date: 2-
Roll Call Vote #: 2

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

Senate Political Subdivisions Committee Committee

☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken _____

Motion Made By Watne Seconded By Flakoll

Senators	Yes	No	Senators	Yes	No
Senator Lee (Chairman)	/				
Senator Lyson (Vice-Chaiman)	/				
Senator Flakoll	/				
Senator Watne	/				
Senator Kelsh	/				
Senator Nelson					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

Voice

Date: 2-5-99
Roll Call Vote #: 3

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

Senate Political Subdivisions Committee Committee

☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken Do pass

Motion Made By Watne Seconded By Lyson

Senators	Yes	No	Senators	Yes	No
Senator Lee (Chairman)					
Senator Lyson (Vice-Chaiman)					
Senator Flakoll					
Senator Watne					
Senator Kelsh					
Senator Nelson					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

Voice

2-5-99

Date: ~~1-29-99~~

Roll Call Vote #:

1999 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2045

Senate Political Subdivisions Committee Committee

☐ Subcommittee on _____

or

☐ Conference Committee

Legislative Council Amendment Number Do pass as Amend

Action Taken _____

Motion Made By Lyson Seconded By Flakoll

Senators	Yes	No	Senators	Yes	No
Senator Lee (Chairman)	/				
Senator Lyson (Vice-Chaiman)	/				
Senator Flakoll	/				
Senator Watne	/				
Senator Kelsh	/				
Senator Nelson					

Total (Yes) 5 No 0

Absent 1 absent / Nelson

Floor Assignment Senator Lee

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

REPORT OF STANDING COMMITTEE

SB 2045: Political Subdivisions Committee (Sen. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (5 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). SB 2045 was placed on the Sixth order on the calendar.

Page 1, line 3, remove "and" and after "54-52-02" insert ", and subsection 13 of section 58-06-01"

Page 1, line 4, after "law" insert "and the powers and duties of boards of township supervisors"

Page 4, line 10, replace "section 54-40-08" with "chapter 54-40.3"

Page 6, line 6, after the underscored period insert "For the purpose of this section, "prorated" means that each member county's contribution must be based on an equalized mill levy throughout the district."

Page 7, replace lines 15 and 16 with:

"11. Except in the case of an emergency, may conduct a search or seize material located on private property to ascertain the condition of the property as the condition relates to public health and safety as authorized by an administrative search warrant issued under chapter 29-29.1."

Page 9, line 7, replace "The judge may issue" with "If a warrant is issued and if requested by a board of health, a county sheriff or city police department shall provide assistance to that public health unit in any action to search or seize material in or on any private property to destroy, remove, or prevent the nuisance, source of filth, or cause of sickness, if there is probable cause to believe a public health hazard or public health nuisance exists on or in that property, and shall carry out any other preventive measures the public health unit requests. For purposes of this subsection, a request from a public health unit means a request for assistance which is specific to a public health nuisance and is not a continuous request for assistance."

Page 9, remove lines 8 through 11

Page 10, line 16, replace "city auditor" with "governing body" and after "governing body" insert "or auditor"

Page 10, line 29, replace "promptly shall" with "may"

Page 11, replace lines 25 through 29 with:

"3. A local health officer may request the assistance of a county sheriff or city health department in the same manner as provided under subsection 3 of section 23-35-09."

Page 12, line 24, after "state" insert "and political subdivision"

Page 12, line 26, after "state" insert "and political subdivision"

Page 13, after line 2, insert:

"**SECTION 6. AMENDMENT.** Subsection 13 of section 58-06-01 of the North Dakota Century Code is amended as follows:

13. To ~~be and act as a~~ request assistance from a county or district board of health or the state department of health."

Renumber accordingly

1999 HOUSE POLITICAL SUBDIVISIONS

SB 2045

1999 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2045

House Political Subdivisions Committee

❑ Conference Committee

Hearing Date 3-5-99

Tape Number	Side A	Side B	Meter #
1	x		0.1--57.0
Committee Clerk Signature	Pam Dever		

Minutes: BILL SUMMARY: Relating to public health law and the powers and duties of boards of township supervisors; and to provide a penalty. Vice Chair Maragos opened the hearing with all committee present except Rep. Gunter. The Chair had to leave for a short time to testify elsewhere.

Jennifer Clark, Leg. Council Office : 1.1 testified in support of this bill. (See attached testimony) I was the council on the interim committee of Insurance and Health Care that recommended this bill.

Rep. Ekstrom : Why is there a delay in the effective date?

Jennifer : 5.3 That only applies to the one section which is the transition phase.

Debra Anderson, N.D. Dept. of Health : passed out testimony of Murray G. Sagsveen, State Health Officer, in support of the bill. (See attached testimony) Debra went on to explain each section of the testimony. (6.2-13.0)

Rep. Eckre : Are you satisfied with the senate's changes?

Debra : Yes.

Rep. Eckre : Do you have a "yes" from the four missing counties?

Debra : That varies. LaMoure County is in the process of establishing a committee to establish a local public health department. They have quite a bit of interest. LaMoure County already does provide public health services, they just don't have the advantage of getting state and federal funding. After a county spends $20,000 to provide public health, they are eligible for state funding.

Rep. Ekstrom : 14.6 Consolidation often brings conflict. In terms of the changes that are suggested to bring everything into compliance, have you had lots of complaints?

Debra : 15.1 Just the opposite. What we have done here is make things more reflective of the way things really are. Local administrators have been closely involved in this process. It's been a real growth experience for all involved.

Rep. Koppelman : 15.5 Does this structure create taxation at greater levels?

Debra : No, that is the existing. The 5 mills level is the maximum. The areas that don't have local health districts already have the ability, but have chosen not to use it. They would have to raise the money through city or county general funds or set up a separate mill lever.

Rep. Koppelman : This would set up a structure that would force then to find the funds somewhere, right?

Debra : Yes, it would.

Rep. Koppelman : I appreciate the bottoms up approach that Mr. Sagsveen talks about in his testimony, and it's a good way to go about this. The idea that all in the state must be in a public health unit and to assure that basic public health programs protect all citizens of N.D., each

county and city should be within a health unit. What is the threat to public health, now, in N.D? What is the huge threat?

Debra : Thank you for asking that question. We have areas of vulnerability in our state. If we should have some sort of disease outbreak or epidemic, there is no infrastructure in place to handle that. What's happening now, is that the surrounding counties who have public health service employees, are going in and providing services to the missing counties. And they are doing this at their own expense. The surrounding counties are picking up the tab.

Rep. Koppelman : When there are problems in the state, N.D. people are always glad and fast to rally round those in need. Why is that such a terrible way to do things, like is happening with the surrounding counties helping the missing counties? Look at the flood in Grand Forks and the help the whole state provided help. I'm not criticizing the bill, I just wonder if we need the bill.

Debra : Yes, you are right. But should something happen in one of the missing counties, we do not have a local contract person. The structure is not there. We feel that the local people are the ones who have a beat on what is going on in their county. We are also missing important features dealing with immunization.

Rep. Koppelman : 19.5 Why not go into those local areas that don't have health units and be a rallying cry and encourage the local government to establish health units. Now we, at the state level, are going to mandate this, by presenting this bill.

Debra : We are in the process of doing that. We have met with many county commissioners in the missing counties. It is a work in progress.

Rep. Delmore : 20.9 On page 6, it seems to me you are deleting some important things. The notice for a request to bring up renegotiation's. Are you not going to give any notice?

Debra : We agree, but what this does is leave it at county level and not mandated. We just don't want to be the bridge.

Rep. Delmore : The next delete is "such authority of city or county to merge or expand". "Under current law the state health officer must confer individually" is deleted. Why would you want to give up that type of organization and structure? It bothers me why you would delete this.

Debra : 22.6 We are not saying that we shouldn't work together. We just feel that those folks within that area can best determine if they want to be a health unit of their own. Maybe they want to merge with someone else.

Rep. Delmore : You are asking the four counties to come aboard. I feel a real need then, for some pretty active involvement and leadership from the state health officer.

Rep. N. Johnson : 23.3 Not counting the counties that don't have health units, is this bill going to change the number of boards?

Debra : No, will not change any existing structure. Makes what we have been doing more legal.

Rep. Glassheim : 23.9 It says the health council may issue rules.....; is this in current statute or is this new language?

Debra : It should say "health officer" not "health council". We needed to word it properly.

Rep. Glassheim : At present they have the powers to make rules. On page 3; what is the current amount for board members to get paid each per day.? Is that pegged to the interim amount that the legislators make and should it go higher or keep it at $62.50 or what?

Keith Johnson, Adm. of Custer Public Health : I will try to answer that for you. The current amount is $25.00, and yes, it should be pegged to the legislature; but we didn't know at that time what it was going to be. So we used the current fee.

Rep. Glassheim : 27.2 On page 6, the powers and duties section; are there any new items in there or is this simple a clarification of existing power of boards of health? Slipping something in.

Debra : No, we are not slipping anything in.

Vice Chair Maragos : I will now turn the hearing back to Chairman Froseth.

Keith Johnson, Adm. for Custer District Health Unit, Mandan : testified in support of this bill. (See attached testimony) It's a fairness issue. We need structure at the local level.

Chairman Froseth : 33.0 The fiscal note calls for $160,000 to $400,000 per biennium per counties for the four counties. Would that cost reflect the fact that the counties formed their own?

Debra : This is an approximation. We looked at some of the counties, when we did the fiscal note. We looked at what the basic public health would cost.

Chairman Froseth : If they joined with the multi-county district, would their costs be lower? Are these costs based on a single district or based on joining in with a multi?

Debra : If they joined into a health district, they would have to levy the same number of mills. It's called equalized mill levy. The amount is determined by the equalized mill levy. If they joined, some of their administrative costs may go down.

Rep. Delmore : 35.7 Is the most the mill levy can be is 5 mills?

Debra : The average mill levy state wide is 3.8. There are only a couple of counties that have the 5 mills.

Rep. Eckre : On the chart, what are the funds from other sources?

Debra : 36.5 Grants, foundation grants are a big part.

Rep. Koppelman : 36.9 Mr. Johnson, I understand that the neighboring counties that have helped and are helping the missing counties, are not paying their fair share, etc. But if Lake Region has willing decided to help the missing county, why do we need state wide legislation to force this issue.

Keith : I think there is movement happening because the word is out that a mandate is coming. There was not movement prior to Murray Sagsveen coming aboard as state health officer. If we don't pass this, the movement will stop. We have a lot of elderly that don't have home health care so county public health is there to help the elderly with daily meds, if needed, and little visits for diabetic care and many other quite aides that are very important in N.D. This bill will insure that these basic services continue or start in some areas. We measure our successes by the epidemics that didn't happen.

Rep. Delmore : 42.3 How will Indian health services fit in with public health.

Keith : Great question. We have Standing Rock in our district. We are just now getting together. We are interfacing program by program. We try to fill in where they need us to. We are making more progress since Murray has been with us. I have been in public health for 20 years, and the progress the last two years is phenomenal.

Rep. Severson : 45.3 I know we are concerned about mandates. Our ambulance calls reduced 30%, after our county came on board as a health unit. People are taken care of daily or a few times a week. Every day maintenance, that I see happening, would be lost and would have to go on to medical professionals. I don't have a problem with this mandate, because it is in the best interest of the people.

Rep. Eckre : 46.6 Be prepared is the Boy Scout motto, and this is what this bill does.

Lisa Clute, Executive Officer of First District Health Unit; Chair of Executive Committee of the Local Public Health Administrators : testified that both groups support this bill. (See attached testimony)

Rep. Glassheim : 50.5 I'm interested that so few in the east are merged. What is the process for doing this? Also, does this bill make it easier to get into multi-county health districts?

Keith : The reason they exist this way is a matter of timing. The east was settled before the west. Right after W.W.II there was this law. There was incentive money given to western counties to get them to put in health units. Most of the eastern counties had already provided their own county structure. This amendment to the law, now, does make it easier to form districts, because it removes some of the rigid state structures. It models it more after the joint powers agreements that were in the Tool Chest Bill. We also have a difference in service delivery. Right now only 25 counties out of 53 are covered by environmental health. This is almost entirely funded locally. Only the larger districts can provide this service. We need to get it uniform throughout the entire state.

Chairman Froseth : Anymore testimony in support; any testimony against this bill. Hearing none the hearing was closed.

1999 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2045-a

House Political Subdivisions Committee

❑ Conference Committee

Hearing Date 3-12-99

Tape Number	Side A	Side B	Meter #
1	x		0.1--8.0
Committee Clerk Signature			

Minutes: Chairman Froseth : Let's take up SB 2045. All committee members present except Rep. Gunter and Rep. Eckre.

Rep. Delmore : 2.2 For purpose of discussion I move a DO PASS. Rep. Severson seconded the motion.

Rep. N. Johnson : 2.3 I'm concerned about the dollar amount that the counties who aren't on board will have to pay. There is a concern about mandating this.

Chairman Froseth : The fiscal note bothered me a bit, so I talked with the representative from the health department. The low end is estimated at $20,000 per year and the high end is $50,000 per year.

Rep. N. Johnson : Could that be lessened if the counties did it jointly?

Deb Ryan, N.D. Health Dept. : 3.5 Yes, if they go in with another county, their administrative costs could be reduced. I don't have the numbers to prove that. The counties will also be eligible for some state and federal funding, when they come aboard, so they won't have total

local funding. They would receive a minimum of $3,000 per year in state funding and $3,000 from federal.

Chairman Froseth : It was stated earlier that the average mill levy is 3.8. If a county joins an existing county, they would have to levy the same mill levy the county they are joining has.

Debra : That's correct.

Rep. Delmore : We also need to look at the other counties in the surrounding area that have been paying for services to the missing counties. It is a fairness issue. More and more things concerning public health need to be addressed.

ROLL CALL VOTE: 13 YES and 0 NO with 2 ABSENT. PASSED. Rep. Rose will carry the bill.

Please type or use black pen to complete

Date 3-17-99

Roll call vote # 1

DO NOT USE HIGHLIGHTER ON ANY FORMS

1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2045

House POLITICAL SUBDIVISIONS Committee

☐ Subcommittee on _____

☐ Conference Committee

} Identify or check where appropriate

Legislative Council Amendment Number _____

Action Taken Do Pass

Motion Made By Rep Delmore Seconded By Rep Severson

Representatives	Yes	No	Representatives	Yes	No
Chairman Froseth	✓		Rep. Wikenheiser	✓	
Vice Chair Maragos	✓				
Rep. Delmore	✓				
Rep. Disrud	✓				
Rep. Eckre					
Rep. Ekstrom	✓				
Rep. Glassheim	✓				
Rep. Gunter					
Rep. Johnson, N	✓				
Rep. Koppelman	✓				
Rep. Niemeier	✓				
Rep. Rose	✓				
Rep. Severson	✓				
Rep. Thoreson, B	✓				

Total 13 (Yes) 0 (No)

Absent 2

Floor Assignment Rep Rose

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

REPORT OF STANDING COMMITTEE

SB 2045, as engrossed: Political Subdivisions Committee (Rep. Froseth, Chairman) recommends **DO PASS** (13 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). Engrossed SB 2045 was placed on the Fourteenth order on the calendar.

1999 TESTIMONY

SB 2045

1-14-99 TESTIMONY - SENATE POLITICAL SUBDIVISIONS
JENNIFER S.N. CLARK, LEGISLATIVE COUNCIL
SENATE BILL NO. 2045

PUBLIC HEALTH STRATEGIC PLANNING STUDY

The committee was charged with studying the development of a strategic planning process for the future of public health in the state.

Background

Turning Point Grant

In March 1997 the State Department of Health applied for the Turning Point Grant from the Robert Wood Johnson and W. K. Kellogg Foundations to assist in creating a strategic plan for public health. The application proposed a complete examination of the public health system in North Dakota. Although the department did not receive the grant, the application indicates the direction strategic planning for public health is going in the state.

Public Health System Framework

The State Department of Health and several local public health departments make up the state's public health system. Additional federal public health services are provided within the state by Indian Health Service and a federal public health clinic in Fargo. The state's public health system is made up of a variety of players across the state, including county public health departments, city public health departments, multicounty public health districts, single county public health districts, and city-county public health districts. Twenty-four public health units provide public health services to 49 of the state's 53 counties. Four counties in the state are not included in a public health unit.

The duties and qualifications of public health board members and funding sources vary for each of the different types of public health units. Services provided by public health units are not consistent across the state. Services vary based on the combination of local need as determined by community assessments, emergency response, and state and federal funding priorities.

State Department of Health

The duties of the State Health Council include establishing standards and regulations necessary for the maintenance of public health. The duties of the State Health Officer include establishing and enforcing minimum standards of performance of the work of local departments of health, promoting the development of local health services, and recommending the allocation of health funds to local jurisdictions. Community, county, regional, and tribal assessments are made by the State Department of Health for many public health units.

Testimony and Committee Considerations

Turning Point Grant

The Turning Point Grant would have awarded $300,000 over two years to hire a strategic planning consultant. The State Health Officer testified that regardless of receipt of grant moneys or additional appropriations, public health strategic planning will be implemented at the state level because strategic planning is an expense of doing business. However, the committee received testimony that in order to be effective, a grassroots approach to public health strategic planning is necessary instead of a plan created at the state level.

A representative of the North Dakota Health Care Association testified that if statewide public health strategic planning occurs, although it is not reasonable to merge public and private health, it would be beneficial to clarify the public health roles and services in order to provide a seamless health system. The State Health Officer testified existing law regarding public health is spread out over four North Dakota Century Code chapters and the law is antiquated; therefore, it would be very helpful to consolidate the law in one chapter.

Public health has undergone significant changes over the last 10 to 15 years. Testimony indicated that in performing strategic planning, public health should focus on the core services and not let economic incentives dictate policy. Generally, a problem with public health systems is "following the money" as a result of dedicated funding for special interest programs. The committee received testimony that North Dakota is fortunate in this respect because it does not rely heavily on federal moneys within the public health system.

Local Public Health Unit Strategic Planning

Some local public health units perform their own strategic planning. A representative of First District Health Unit testified the local public health administrators identified the following three issues as priorities for all local public health units in the state: the development of a shared vision for public health by the local public health units and the Department of Health, the development of an effective communication system between the local public health units and the Department of Health, and the development of a continuing education and training program that includes training on essential population-based functions of public health and training on emerging trends.

The committee considered changing the minimum qualifications of public health unit local health officers. Current law requires a local health officer to be a licensed physician. The committee considered allowing a local health officer to be a nonphysician medical provider, or to be a nonphysician if a three-physician advisory committee is formed. The committee received mixed responses to the proposed changes in local health officer qualifications.

Recommendations

The committee recommends to repeal four chapters of the North Dakota Century Code regarding public health and to create a chapter that consolidates existing public health law, unifies the powers and duties of local public health units, and requires statewide participation in some type of public health unit. Most of the substantive changes are intended to unify the law that applies to

public health units; however, one substantive change would require statewide participation in some type of public health unit. The committee worked closely with the Department of Health in consolidating and unifying the public health law, and the Department of Health worked closely with the local public health unit administrators in reviewing and making suggestions relating to the committee's bill drafts. The State Health Officer and representatives of public health administrators testified in support of the bill draft the committee recommended, but a representative of the North Dakota Association of Counties testified in opposition to the statewide public health unit requirement.

Tab 2
SB 2002

Testimony
on
SB 2045, Revision of the Public Health Laws
before the
Senate Political Subdivisions Committee
by
Murray G. Sagsveen, State Health Officer
January 14, 1999

Thank you for the opportunity to explain SB 2045, which will consolidate the laws governing public health units in our state. Before I begin, I'd like to thank the Interim Committee on Insurance and Health Care for their approval of this bill and the Legislative Council for recommending it to the 56th Legislative Assembly.

We also thank Jennifer Clark, who served as the interim committee's counsel. She provided excellent professional assistance to Department of Health in developing this legislation. Not only has Jennifer given us her time, but she has also shown great skill in merging the dissimilar language in the separate chapters of the current public health law into one – hopefully – clear, simplified chapter of the code.

Also, before I focus on Senate Bill 2045, I would like to briefly comment on the state-local public health partnership. Governor Schafer appointed me State Health Officer effective February 1, 1998. During the past year, I have been extremely impressed with the efforts of the local public health units – they are unsung heroes and they usually accomplish much with few resources.

We have attempted to strengthen this partnership in the past year. A few examples:

- We cooperated to update the existing public health laws. Senate Bill 2045 is the result.

- I designated a local health coordinator, Debra Anderson, within the office of the State Health Officer, to be the day-to-day liaison between the Department and the 24 local public health administrators.
- I meet regularly with the local public health administrators to discuss working relationships, evolving issues, and how we can jointly better serve the public.
- We have assigned epidemiologists to the public health units in Fargo, Grand Forks, Minot, Jamestown, and Dickinson.

5520

- The Department will provide $990,000 this biennium in state general fund assistance to the 24 local public health units. We are requesting $1,100,000 for the next biennium.

584

- During the recent TB outbreak in the Nelson-Griggs District Health Unit, the Department, the CDC [Centers for Disease Control and Prevention], and other public health units rallied to support Julie Ferry, the administrator. We said: "We are from the state and here to help you" (and we meant it).
- During the past year, I have personally visited most local public health units – some several times. I wanted to visit their offices, meet their staff, discuss their issues, and view their facilities.
- We have, during the past year, emphasized that the Department's role, in many programs is to support the local public health units – not attempt to control them.

* * * *

SB 2045 is the culmination of an effort among our state's 24 local public health units, the North Dakota Department of Health, and public health associations. Through this process, many state and local public health employees have gained a better

understanding of the differences and similarities in the way public health is provided in our state. Although local practices are designed to meet local needs, general guidelines such as those included in SB 2045, will provide a uniform set of legal responsibilities and duties for local city, county, and district health units.

The North Dakota Century Code now includes some laws that are more than a century old. These laws simply do not accommodate current public health practices. Therefore, this bill is intended to consolidate, simplify and update our state's public health law to be more reflective of modern-day practice.

There is one exception to this generalization about the content of SB 2045. Section 23-35-02 would require all land in the state to be in a public health unit by January 1, 2001. The counties of Rolette, Towner, LaMoure and Dickey do not have established local public health units. However, some public health services are being provided in these counties, often at the expense of the neighboring public health units. Without the appropriate public health infrastructure in place, any of these four counties could experience significant problems if a disease outbreak would occur. Equally important is the role of public health in preventing illnesses and keeping North Dakotans healthy. To be truly effective, public health must be a statewide network of services. (A chart that explains the differences between public health and medical care is attached to my testimony.)

I would like to clarify one issue, at this point, because it may help you understand some of the special features of the authority granted to local health units under current law and this bill. Under current law, there are four chapters in title 23 that define the powers and duties of local public health units. Chapter 23-03 applies to a county board

of health, chapter 23-04 applies to a city board of health, chapter 23-05 defines the powers and duties of a local board of health, and chapter 23-14, which is the chapter I will focus on, defines "health districts."

The first three chapters were enacted before 1889 by the government of Dakota Territory and subsequently incorporated into the laws of North Dakota. Chapter 23-14, authorizing the formation of Health Districts, is of a more recent vintage. According to the source notes in the Century Code, it was enacted in 1943. At first glance, it is unclear how a health district differs from a city or county health department. But there are two distinguishing features: (1) a health district may encompass the territory of more than one county (and, as you know, there are several multi-county health districts); and, (2) a health district is authorized to establish "a health district fund."

Counties comprising a *health district* are authorized to levy a tax of up to five mills on the taxable valuation of the property in each county in the district. See: NDCC § 23-14-11. This levy is "not subject to limitation on the county tax levy for general and special county purposes, and the amount derived [from this levy] shall be placed in a special health fund." Therefore, the principal features of a health district are that it can be a multi-county health unit and that a health unit so organized may raise an additional five mills of taxes to support public health programs. Moreover, these taxes are maintained in a separate health fund.

I will now explain several key features of the bill. The first, which I have previously mentioned, is the proposed section 23-35-02 which provides "*all land in the state* must be in a public health unit" (page 2, lines 13-15). This is a substantive change from existing law, one that is strongly supported by the Department. At the present time there are four

counties in North Dakota that do not have a public health department or are not included in a multi-county health district. To assure that basic public health programs will protect all of the citizens of North Dakota, each county and city should be within a public health unit. Related to this requirement, Section 23-35-02 also authorizes the State Health Officer to issue rules defining the "core functions" that must be undertaken by a qualified public health unit.

The second key issue is contained in subsection (1) of section 23-35-03 (page 2, line 17). It provides that the Department of Health shall "advise" boards of health, not "supervise" them, which the Department is not structured to accomplish.

Third, the bill eliminates the detailed specifications for the membership of a board of health. Thus, it would be up to each local governing body -- board of county commissioners, city commission, city council, etc. -- to determine the composition of their board of health. However, several local health administrators, particularly those in rural areas, strongly support requirements specifying that a board of health be composed of specific categories of individuals, such as at least one physician, one dentist, one business or professional person, and one member of the local governing body.

The bill accommodates existing arrangements, such as in the city of Bismarck, where the city commission serves as the board of health. To accommodate this arrangement, subsection 2 of section 23-35-03 provides that, in the case of a city, the board of health may be composed of the members of its governing body (page 2, lines 18-20).

Fourth, current law contains many detailed specifications regarding the formation of a public health unit, including a requirement that the State Health Officer must approve

the district's health plan. These detailed requirements are removed from the new bill because they are unnecessary.

Fifth, current law contains detailed requirements for the renegotiation of an agreement under which a city provides public health services to a county, including a specification that "notice" of a request for renegotiations must be given by certified mail at least 15 days before the date of a meeting to renegotiate an existing contract. This level of detail seems unnecessary. Cities and counties may specify in their contract for services the procedures for renewal, renegotiation, or termination of these agreements.

Sixth, section 23-35-05 sets forth the authority of a city or county to merge or expand a health district. Under current law, the State Health Officer must confer individually with each county or city seeking to expand and must affirmatively approve any such action. This requirement is deleted from the new bill. This recommendation is based on the view that local public health units and their governing bodies are in the best position to determine their needs and the best system of organization to serve their communities.

Seventh, unlike current law which contains three separate chapters dealing with boards of health (a city board, a county board, and a district board of health) and three separate sections defining the duties of a health officer (one for a city; one for a county, and one for a district health officer), the new bill defines a board of health and its duties in a single section and defines the duties of a health officer uniformly in another single section.

Finally, we have reviewed, and re-reviewed, the bill in the past several months. We are recommending several minor amendments to clarify possibly ambiguous language. The proposed amendments are attached to my testimony.

In conclusion, I urge the committee to amend, then vote "do pass" on Senate Bill 2045.

* * *

This completes my formal testimony. I will answer any questions that members of the committee may have regarding this bill or the state-local public health partnership.

NORTH DAKOTA PUBLIC HEALTH DEPARTMENTS

HEALTH DISTRICT/ LOCAL HEALTH DEPARTMENT	CONTACT PERSON	E-MAIL ADDRESS	TELEPHONE NO.	FAX NO.
[redacted]ARCK-BURLEIGH NURSING SERVICE [redacted] 5th Street, P.O. Box 5503 [redacted]rck, ND 58502-5503 (Burleigh Co.)	Paula Flanders, RN Administrator/ Director of Nursing	pflander@pioneer.state.nd.us	222-6525	221-6883
CAVALIER COUNTY HEALTH DISTRICT 901 3rd Street Langdon, ND 58249	Terri Gustafson, RN Administrator/ Director of Nursing	terri.gustafson@thor.org	256-2402	256-2566
CENTRAL VALLEY HEALTH UNIT 310 10th St. SE, P.O. Box 880 Jamestown, ND 58402-0880 (Stutsman Co.)	Sharon Unruh, RN Administrator/ Director of Nursing	sunruh@fm-net.com	252-8130	252-8137
Logan County Courthouse, P.O. Box 12 Napoleon, ND 58561	Jean Johnson, RN		754-2756	
CITY-COUNTY HEALTH DEPARTMENT 230 4th St. NW, Room 102 Valley City, ND 58072-2947 (Barnes Co.)	Marcy Grant, RN Administrator/ Director of Nursing	marcyg@vcsvr.valley-city.court.state.nd.us	845-8518	845-8542
CUSTER DISTRICT HEALTH UNIT 210 2nd Ave. NW Mandan, ND 58554 (Morton County)	Keith Johnson, Administrator Jocelyn Koch, RN, Director of Nursing	cdhu@btigate.com	667-3370	667-3371
Grant County 106 2nd Ave. NE, P.O. Box 164 Carson, ND 58529	Peggy Imhoff, RN		622-3591	
Mercer County 1020 Arthur St., P.O. Box 39 Stanton, ND 58571	Dawn Garrett, RN Sharon Huber, RN	lkdobler@westriv.com shuber@pioneer.state.nd.us	745-3599	745-3205
Oliver County 111 East Main, P.O. Box 375 Center, ND 58530	Jan Klayson, RN		794-3105	
Sioux County P.O. Box 65 Solen, ND 58570	Jeanne Geiss, RN		445-3374	
EMMONS DISTRICT HEALTH UNIT 511 Elm Street, P.O. Box 636 Linton, ND 58552	Bev Voller, RN Administrator/ Director of Nursing	beverly.voller@thor.org	254-4027	254-4531
[redacted]O CASS PUBLIC HEALTH [redacted]d Avenue North [redacted], ND 58102-4839 (Cass County)	Mary Kay Herrmann, RN Administrator/ Director of Nursing Kim Lipetzky, Public Health Nutritionist Myron Berglund, Environ. Services	mkherrmann@ci.fargo.nd.us krlipetzky@ci.fargo.nd.us envirdept@fm-net.com	241-1360	241-8559
FIRST DISTRICT HEALTH UNIT 801 11th Ave. SW, P.O. Box 1268 Minot, ND 58702-1268 (Ward County)	Lisa Clute, Exec. Officer Penny Hamilton, RN, Director of Nursing Chris Helgeson, Chief Sanitarian Larae McDonald, Nutrition Supervisor	lrclute@minot.ndak.net	852-1376	852-5043
Ward County 11 W. Division, Suite 102 P.O. Box 836 Kenmare, ND 58746	Ruth Ganes, RN		385-4328	
Bottineau County 314 5th St. W. Bottineau, ND 58318	Susan Brandvold, RN		228-3101	228-2336
Burke County 103 Main St. SE Bowbells, ND 58721	Michelle Lauckner, RN		377-2316	377-2177
McHenry County Memorial Building, P.O. Box 517 Towner, ND 58788	Nikki Medalen, RN		537-5732	537-5969
McLean County 712 5th Ave., P.O. Box 1108 Washburn, ND 58577	Sandra Birst, R		462-8541	462-3542
McLean County 141 N. Main, P.O. Box 972 Garrison, ND 58540	DeeOn Mack, RN		463-2641	
Renville County Courthouse, P.O. Box 68 Mohall ND 58761	Renee Lakefield, RN		756-6383	756-7158
[redacted]eridan County [redacted]5 E. 2nd Ave., P.O. Box 415 [redacted]Clusky, ND 58463	Susan Hellman, RN		363-2506	363-2953

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FOSTER COUNTY HEALTH DEPARTMENT 1000 Central Ave. Carrington, ND 58421	Jean Kulla, RN, Administrator/ Director of Nursing	jean.kulla@thor.org	652-3087	652-2173
[redacted]ND FORKS PUBLIC HEALTH DEPT. [redacted]outh 5th Street, Ste. 210 Grand Forks, ND 58201	Don Shields, CHE, Director Debbie Swanson, RN, Director of Nursing Wally Helland, R.S., Environ. Health Supervisor Bev Benda-Moe, LRD, Nutrition Supervisor	donnodak@aol.com swanson@corpcomm.net envhealth@corpcomm.net bendamoe@corpcomm.net	787-8100	746-2[redacted]
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LAKE REGION DISTRICT HEALTH UNIT 524 4th Avenue, #9 Devils Lake, ND 58301 (Ramsey County)	Karen Halle, RN Administrator/Director of Nursing Allen McKay, RS, Environ. Health Ramsey County Nurse	karen.halle@thor.org	662-7035	662-7097
Benson County Westbay Homes, #5, 201 Main St. W. Minnewaukan, ND 58351	Shelley Aabrekke, RN	shelly.aabrekke@thor.org	473-5444	473-2564
Eddy County 16 South 8th Street New Rockford, ND 58356	Danette Schmid, RN	danette.schmid@thor.org	947-5311	947-5213
Pierce County 240 SE 2nd St. Rugby, ND 58368	Jeanette Mygland, RN	jeanette.mygland@thor.org	776-6783	776-7609
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PEMBINA COUNTY HEALTH DEPARTMENT [redacted]Dakota St. W., #2 [redacted]ier, ND 58220-4100	Mary Sandison, RN Administrator/Director of Nursing	mary.sandison@thor.org	265-4248	265-4876
[redacted]SOM COUNTY HEALTH DEPARTMENT 205 5th Ave W., P.O. Box 89 Lisbon, ND 58054	Deb Bergstrom, RN Administrator/Director of Nursing	kathy.edland@thor.org	683-5823 ext. 140	683-44[redacted]
RICHLAND COUNTY HEALTH DEPARTMENT 413 3rd Avenue North Wahpeton, ND 58075	Kathy McKay, RN Administrator/Director of Nursing	kmckay@pioneer.state.nd.us	642-7735	642-7826
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SOUTHWESTERN DISTRICT HEALTH UNIT 2869 3rd Avenue West Dickinson, ND 58601 (Stark County)	Carlotta Ehlis, Administrator Doreen Ott, RN, Director of Nursing Kevin Pavlish, EHP, Environ. Health Dept. Head Barb Olson, LN, Nutrition Dept. Head	ehli102w@cdc.gov ott1102w@cdc.gov pavl100w@cdc.gov olso115w@cdc.gov	483-0171	483-4097
Adams County 609 2nd Ave., P.O. Box 227 Hettinger, ND 58639	Katie Manning, RN	mann111w@cdc.gov	567-2720	
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Bowman/Slope Counties 202 6th Ave. SW, P.O. Box 94 Bowman, ND 58623	Colleen Stebbins, RN	steb101w@cdc.gov	523-3144	
Dunn County 215 Central Ave, P.O. Box 111 Killdeer, ND 58640	Ruby Perhus, RN	perh102w@cdc.gov	764-5513	764-5070
Hettinger County 309 Millionnaire Avenue, P.O. Box 575 Mott, ND 58646	Jodi Olson, RN	olso116w&cdc.gov	824-3215	
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[redacted]LL DISTRICT HEALTH UNIT [redacted]W. Caledonia, P.O. Box 58 Hillsboro, ND 58045	Brenda Stallman, RN Administrator/Director of Nursing Goodwin Hoff, Sanitarian	bstallma@pioneer.state.nd.us	436-4434	436-43[redacted]

HEALTH DISTRICT/ LOCAL HEALTH DEPARTMENT	CONTACT PERSON	E-MAIL ADDRESS	TELEPHONE NUMBER	FAX NO.
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Divide County 300 2nd Ave. N., P.O. Box 69 Crosby, ND 58730	Barbara Andrist, RN	barbara.andrist@thor.org	965-6813	965-6943
McKenzie County 201 W. 5th St., P.O. Box 1066 Watford City, ND 58854	Karen Bingeman, RN	karen.bingeman@thor.org	842-3449	842-3916
Mountrail County Memorial Building, P.O. Box 925 Stanley, ND 58784	Debra Lund, RN	debbie.lund@thor.org	628-2951	628-2231
WALSH COUNTY HEALTH DEPARTMENT 638 Cooper Grafton, ND 58237	Betty Jo Misialek, RN Administrator/Director of Nursing	pam.welter@thor.org	352-0251	352-0982
WELLS COUNTY DISTRICT HEALTH UNIT 101 N. Railway Street, P.O. Box 6 Fessenden, ND 58438	Karen Volk, RN Administrator/Director of Nursing	llynmiller@juno.com	547-3756	547-2535

There are no local health departments in Dickey, LaMoure, Rolette, and Towner Counties.

1/99

Estimated 1998 Local Public Health Unit Funding and FTEs

Local Health Unit	Population Served*	A Statutory authority in dollars (maximum mills)	B Authorized mill levy in dollars	C City or county general funds*	D State aid	E Federal funding†	F Fee for services/ donations††	G Funds from other sources	H Total annual budgeted revenue (B+C+D+E+F+G)	I FTEs for preventive health programs§	J FTEs for environmental health programs	K 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
Traill 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.

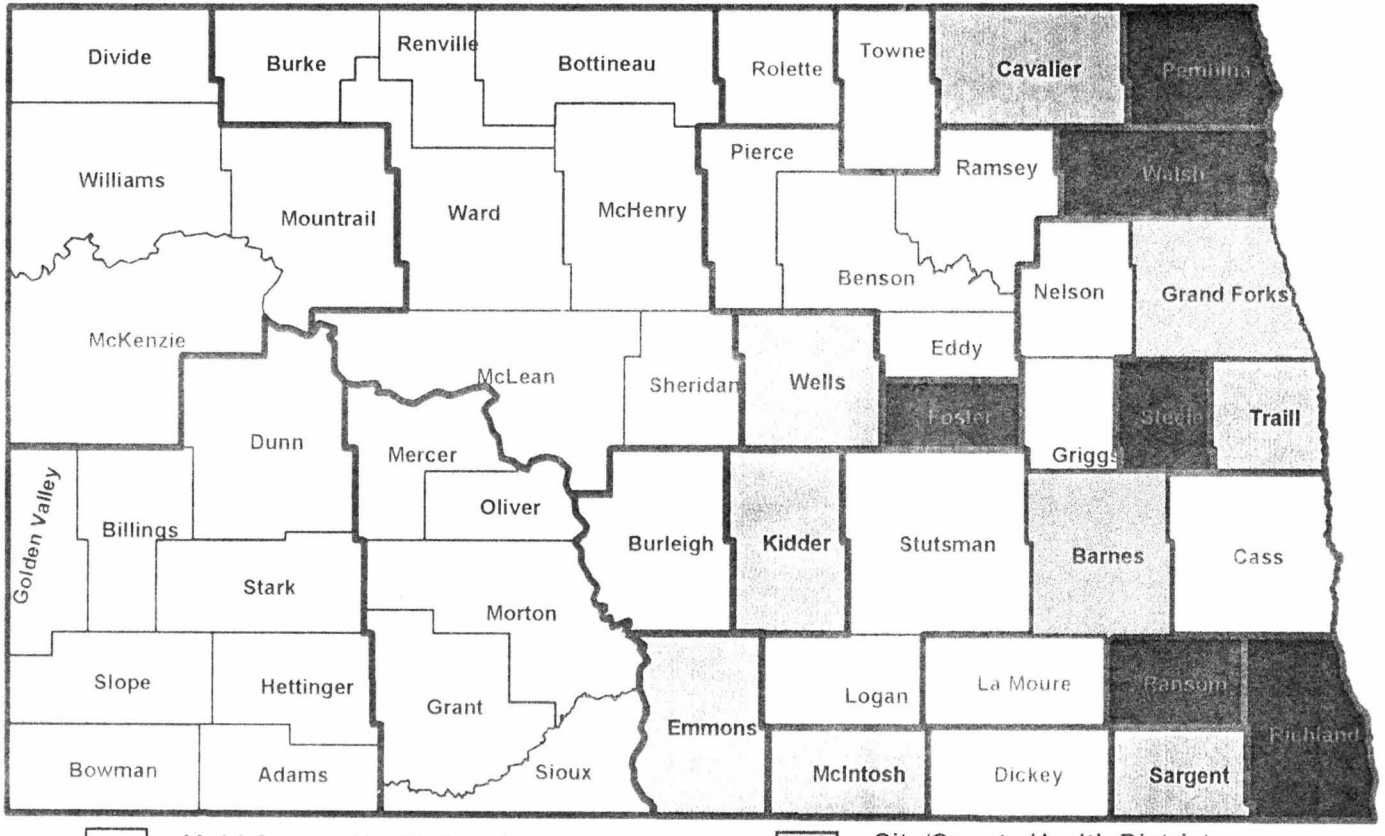
††Includes Medicaid and Medicare reimbursement

§Includes administrative personnel

Services offered by each local public health unit may vary.

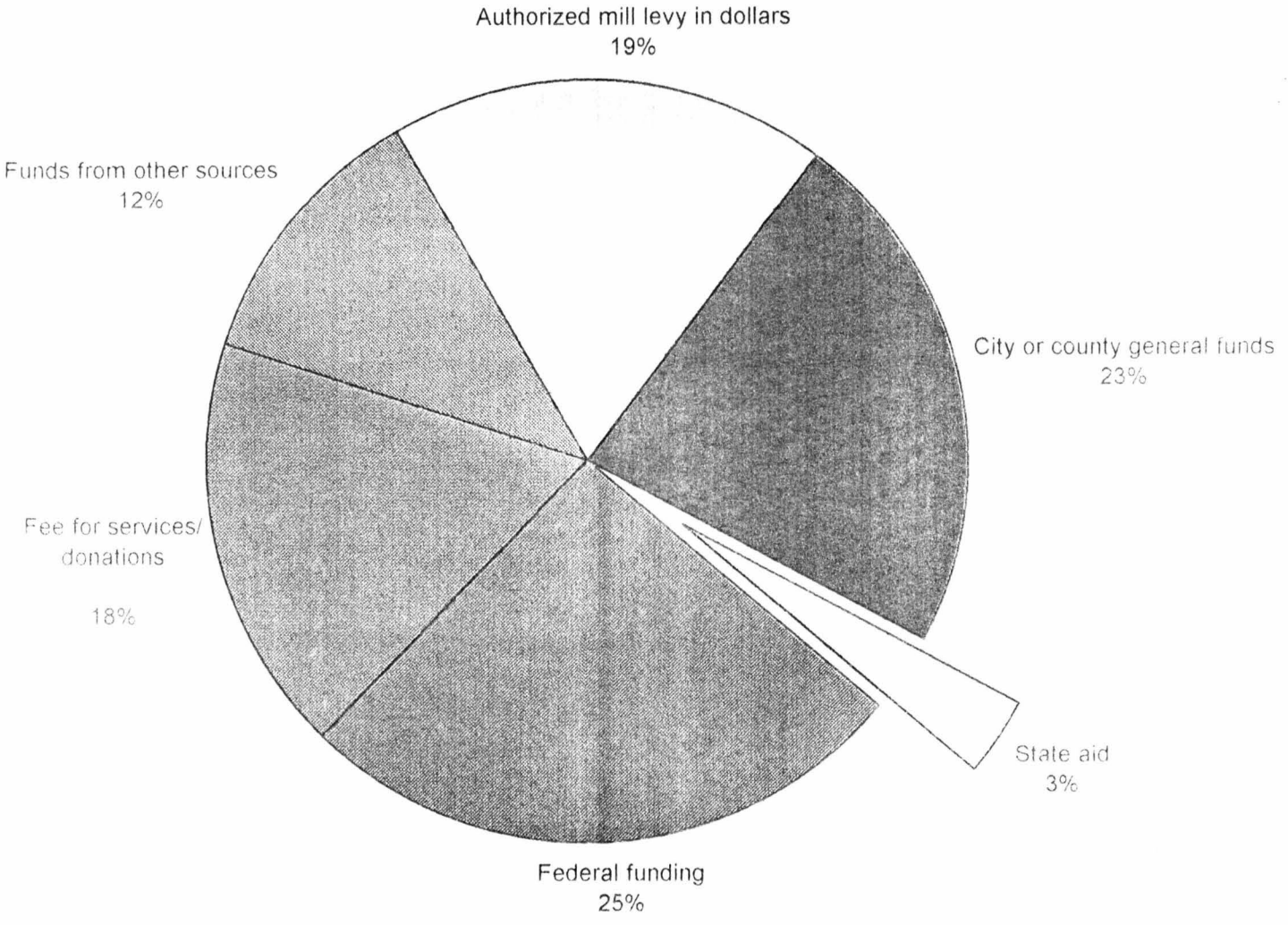
1/13/99 (Information gathered in late 1998)

Local Public Health Units



January 1999

Estimated 1998 Local Public Health Unit Funding

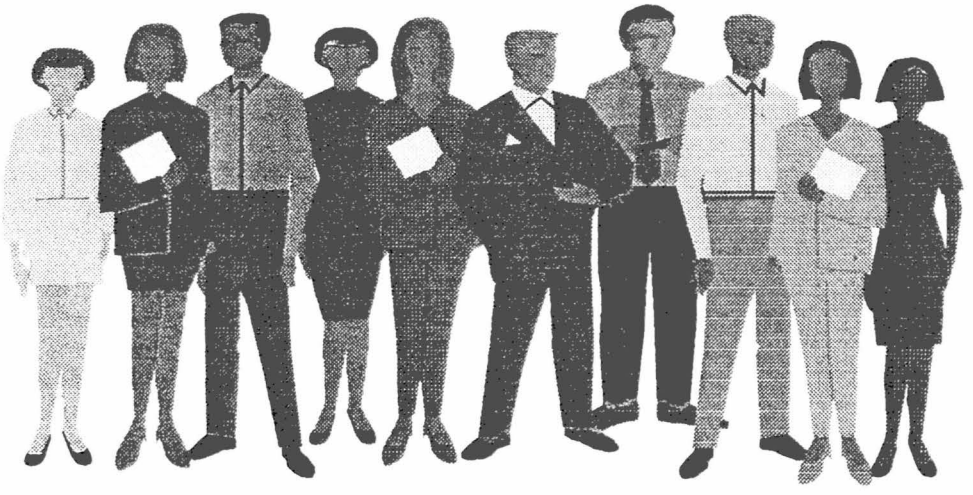


What Does Public Health Do?

Core public health functions are those activities that lay the groundwork for healthy communities. They protect us from diseases and injuries we cannot prevent and help change behaviors which could harm us.

Principles and Characteristics

Public Health Focus	Clinical Focus
Population based	Focus on the individual
Community health	Personal health
Risk factors (among the population)	Signs and symptoms of an individual
Reduce risk in a target group	Cure, reduce disability in an individual
Broad definition of health	Focus on specific condition
Prevention, promotion, protection	Treatment, therapy
Health as an individual and societal responsibility	Health as an individual responsibility



Testimony on:

Revision of the Public Health Laws

before the:

Senate Political Subdivision Committee

January 14, 1999

Good morning Madam Chair and Members of the Committee. I am Lisa Clute, Executive Officer of First District Health Unit and Chair of the North Dakota Local Health Services Executive Committee. I am here today representing the Executive Committee and to voice our support for SB 2045.

Mr. Sagsveen has reviewed for you the content of the bill and pertinent issues that relate to local Board of Health structure, functions, and responsibilities. Local Public Health administrators have been active participants in the formation of this bill. The Bill presented to you today represents a collaborative effort between the local Public Health Agencies and the State Department of Health. We have appreciated the opportunity to work with representatives from Legislative Counsel and Mr. Sagsveen and his staff.

Thank you for your time and attention. I will be happy to answer any questions.

Testimony for Senate Bill No. 2045
Prepared by Bryan Hoime
North Dakota Township Officers Association

Chairman Lee, members of the Senate Political Subdivision committee. I appear before you not in favor of or opposed to Senate Bill No. 2045, although I feel it does clean up the sections of law referenced. I'm here for a more important role, that of notifying this committee of a conflict with existing law.

Under existing law and according to NDCC 58-06-01, subsection 13 , it is a power and a duty of a board of township supervisors "To be and act as a board of health." if it so desires.

The 1989 Legislative Assembly amended sections of code which are contained in the bill before you today. It was the last major rewrite of the laws governing boards of health. After reading the testimony of Senate Bill No. 2200 of the 1989 Session, there were no discussions at all about the repeal of one section of code NDCC 23-03-11 which states:

23-03-11. Township boards of health - Who constitute.- The supervisors of each civil township shall constitute the township board of health. Such boards of health shall be under the supervision of the county superintendent of public health and the state department of health.

Herein lies the conflict, two sections of code saying the opposite. I can't say how often a township may act as a "board of health" although I recently heard of a township using the board of health authority granted it to clean up an existing junk yard within its jurisdiction. I know townships don't have the expertise dealing with matters of public health and that concerns me as well.

Senate Bill No. 2045 has in place city, county, and district boards of health. I feel that those jurisdictions have their health interests covered. As a township we're left out there hanging. I do feel that a township has the right to ask for assistance under current and proposed law. However to insure that it has that ability I'd like to offer these amendments which cleans up the problem with the conflicting sections of current law.. and which ensures that boards of township supervisors don't loose the connection and the communication link between us and board of health authorities.

The proposed amendments I'm offering will correct the title of Senate Bill No. 2045, will on page 13 insert the proper amendment correcting subsection 13 of section 58-06-01, will correct the section enumerations, and as always renumber accordingly.

Chairman Lee, members of the committee, whatever you do decide to do with Senate Bill No. 2045, the least that needs to be accomplished I feel, is correcting this conflict of law. If this committee feels townships should remain empowered to be and act as a board of health.. I feel subsection 13 should provide reference to 23-35-08 (page 6 of this bill) which clarifies its powers and duties and puts it under the supervision of a county or district board of health or the state board of health.

SB 2045
Keith Johnson

TESTIMONY IN SUPPORT OF SB2045
Before the Senate Political Subdivisions Committee, January 14, 1999.

Keith Johnson, R.S., Administrator, Custer District Health Unit, Mandan, ND
Representing : ND Public Health Association and
ND Environmental Health Association.

I am here to support the update and consolidation of the Century Code sections regarding the provision of local public health services. This has been a cooperative effort that involved both the Public Health Association and the Environmental Health Associations. Both groups favor passage of this bill. These associations represent about 300 nurses, dietitians, environmental health practitioners, educators, health officers, and administrators of public health programs throughout the state. Mr. Sagsveen worked very hard to include the viewpoints of all concerned.

The reasons for passage of this bill have already been presented. Let me briefly address why having a public health entity in every county in the state is a good idea.

Public health services are essential. You must get your shots. Your restaurants, schools, and swimming pools must be inspected for safety. Nuisances and hazards must be abated. These examples point out the fact that it is not really a county's choice as to whether their residents receive public health services. Their only choice is who provides those services.

I grew up in Towner County, one of the counties which currently has no local public health. My brother drove his children 60 miles to Devils Lake to get their immunizations at Lake Region Health Unit. Lake Region willingly provides this service, but talks with Towner County Commissioners about joining the District have been fruitless. This doesn't seem fair to Benson, Eddy, Ramsey, and Pierce Counties, who have supported the Health District all these years. Similar situations occur in the counties surrounding the other three counties in the state who have no local agencies.

I support the bill. I will be available for any questions I can answer.

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 7, 1999

LaMoure County Commissioners
202 4th Ave. N.E.
LaMoure, N.D. 58458

Dear LaMoure County Commissioners:

Let me begin by congratulating the commissioners who recently were re-elected. Your return to office is an expression of the confidence placed in you by residents of LaMoure County. I'd also like to congratulate those of you who are newly elected. As you may know, public service is both challenging and rewarding.

I believe one of the best decisions you could make during your term in office would be to strengthen the existing public health presence in LaMoure County by establishing a local public health unit. With a health unit in place, state and federal funding would be available to augment the money you already spend on public health activities. The following information will give you a brief overview of the value of a local public health unit and how to go about establishing one.

Understanding the Role of Public Health

Some people believe public health serves those who cannot afford to receive care through the traditional medical system. Notions such as this are not true. In fact, public health serves the entire population. Immunizations, for example, must be given to everyone susceptible to a disease in order to truly prevent it from spreading. And as many communities have found, the best way to deal with an outbreak of head lice is to take care of it in the schools before it invades the community. These are just two examples that illustrate why it is appropriate to think of public health as "community health."

Another way to understand the role of public health is to compare it to hospital or clinic-based services. Simply put, hospital and clinic-based care focus on treating the individual, while public health emphasizes population-based services that protect the general public from events such as disease epidemics and foodborne outbreaks. (See the enclosed comparison chart.)

In many communities, however, health care providers fulfill some needs traditionally thought to be the function of public health, while public health provides services often delivered in a clinical setting. For example, in recent years health care providers have begun to focus on wellness

activities once thought of as functions of public health, and some public health agencies care for individuals by making home health care visits. Such delineation of responsibilities can be done at the local level, but both roles must be fulfilled in order to adequately protect the health of residents. Most truly successful health improvement programs result from the community-based marriage of public and private health care providers.

Establishing a Local Public Health Unit

Basically, two types of local public health units exist; structure is determined by the source of funding and the governing body.

Local Public Health Departments: As departments of city or county government, these health units are financed through city or county general funds. The city council, city commission or county commission chooses whether to provide direct supervision of the health unit or to appoint a board of health. Currently, North Dakota has six single county health departments and two city/county health departments. (See the enclosed state map.)

Local Public Health Districts: According to state statute, up to five mills (in addition to the amount which a city or county can normally levy) can be levied to finance public health activities. When funded by a mill levy, a health unit is referred to as a health district; the average amount levied in North Dakota is 3.8 mills. Health districts usually are governed by a board of health. There are seven single county health districts in North Dakota, two city/county health districts and seven multi-county health districts. City/county health districts must include representation from both the city and the county on the board of health. Multi-county health districts must include representation from each county. Also, according to state statute, multi-county health districts must agree upon an equalized mill levy, and all counties must contribute the appropriate dollar amount.

To view this from a regional perspective, you may want to look at three variations in financing arrangements in your part of the state. For example, McIntosh County provides roughly $21,000 per year in mill levy funding to finance public health district activities. Ransom County provides about $55,000 of county general funds per year to finance its health department. Logan and Stutsman counties, which make up the Central Valley Health Unit, levy the full five mills. This generates about $238,000 per year; the city of Jamestown also contributes $31,000 in general funds to finance the health district. In each case, the budget is supplemented by state and federal funding and income from other sources, such as fees charged for certain services.

To sum this up, you could choose whether your county should form a local public health district or department and whether you would prefer to function as a single-county entity, partner with another health unit or join an existing multi-county health unit.

Tailoring Services to Local Needs

Establishing a local public health unit will entitle you to at least $3,000 in state general funds and at least $3,000 in federal Maternal and Child Health (MCH) Block Grant funds per year. This

may be an underrepresentation of the funding that would be available to LaMoure County, but a number of variables will need to be factored into an exact calculation. These funds are distributed with the agreement that each health unit will provide matching funds for federal programs. The money you already spend on public health activities as well as the state general funds can be used to match the federal MCH Block Grant and other federal programs. Acceptance of state and federal funding does not mean loss of local control of public health decisions.

How can this money be used? The only stipulation for receiving state general funds is that the money must be used to provide public health services. Based on local needs, you may choose to spend it on school-based health programs, wellness activities or a variety of other such efforts. The federal MCH Block Grant funds are broken into two categories: one specifies that the money must be spent on mothers and infants up to age 1, and the other is targeted at children ages 1 to 21. These monies are obtained by submitting grant proposals to the state health department. It's also important to note that additional federal funding for programs that target specific health risks such as diabetes may be available through the state health department.

As with most new ventures, start-up costs such as equipment purchases can be a concern. You may, however, be eligible for funding to cover some start-up costs and some first-year operating expenses through a grant from the Region VI Regional Children's Services Coordinating Committee (RCSCC). More information about these grants is available by calling Sharon Unruh, administrator of Central Valley Health Unit in Jamestown, at 701.252.8130.

Another important consideration is that establishing a local public health unit would allow the county to consolidate existing services such as the WIC Program and the Nursing Health Maintenance Program into one office, potentially resulting in cost-savings to the county. You also may want to consider hiring one nurse to function as both the public health nurse and the administrator. He or she would be positioned to understand the needs of county residents of all ages, including newborns, school-age children, adults and senior citizens. Some of his or her time also would need to be devoted to administrative duties, such as the grant proposal writing mentioned above.

Tapping into the Resources of the North Dakota Department of Health

Employees of the North Dakota Department of Health can provide a wealth of public health expertise, supported by the Centers for Disease Control and Prevention (CDC) and other federal agencies. From inspecting public water systems to reducing breast and cervical cancers, the state health department can help you make LaMoure County an even healthier place to live. A brief overview of each of the department's four sections follows.

Preventive Health: Perhaps the best way to describe this section would be to call it "family health." The divisions and programs within Preventive Health work to promote good health, help new mothers and young children get off to a healthy start, prevent and control diseases, ensure food safety and provide laboratory testing for the public health and medical community,

other state agencies and the public. Many of the services that will be of value to you are part of the Preventive Health Section.

A brochure about one of the Preventive Health divisions, the Division of Maternal and Child Health, is enclosed. Brochures about the other divisions are being developed, and I will mail them to you when they are available.

Environmental Health: Safeguarding the quality of North Dakota's air, land and water resources is the responsibility of this section. Environmental Health employees work closely with the U.S. Environmental Protection Agency (EPA) to monitor and enforce compliance with state and federal environmental laws. To meet these requirements, they collect and analyze numerous air and water samples, as well as train city and county employees to do the same.

At the request of a local public health unit, the section is developing a brochure about the demolition, disposal and open burning of abandoned buildings. A draft copy of this publication is enclosed.

Health Resources: This section, which focuses on community health infrastructure, licenses hospitals, nursing homes, basic care facilities, home health agencies, ambulance services and other facilities. Health Resources staff members conduct certification surveys of all health care facilities and programs that serve Medicare and Medicaid beneficiaries. They coordinate training and provide testing and certification of emergency medical technicians (EMTs). Staff members also provide technical assistance for policy/plan development and grant writing in support of health care services and personnel in rural areas.

Administrative Services: Providing support to health department programs and employees is the key role of this section. Administrative Services staff members provide fiscal management, personnel administration and media relations. Services available to the public include certification of vital events (such as births and deaths) and provision of health statistics and research. Section employees work with the law enforcement community on toxicology and forensic science activities.

This mailing also includes a copy of the 1995-1997 state health department biennial report. It provides a more thorough overview of the types and varieties of public health programs available to residents of our state. More information also is available on our website at www.health.state.nd.us. A new publication titled *A Legislator's Guide to the North Dakota Department of Health* soon will be added to the website.

Benefiting from a Strong Public Health Network

North Dakota's public health community is a closely knit, supportive group. We all hope that disease outbreaks and natural disasters will not occur, but when they do, the collaborative effort of our state's public health community is, in a word, awesome.

You may be familiar with the recent outbreak of tuberculosis in Lakota. Before Julie Ferry, administrator of Nelson-Griggs District Health, even asked for help, local and state public health workers called to volunteer their assistance. All total, employees of 10 local health units, numerous state health department employees and several CDC staff members contributed to this very successful response effort. With that many government agencies involved, it's easy to see how the local public health administrator could have been overshadowed. But as anyone who participated will tell you, Julie Ferry was in charge, and everyone else was there to support her.

A second example of the strength of our state's public health community is the tremendous outpouring of support received by Grand Forks Public Health Department in response to the Red River Valley flood in 1997. Numerous public health workers were on the scene providing immunizations, restoring the city water supply and performing a myriad of other response and recovery-related tasks. Yet another example is the state and local public health involvement in dealing with an outbreak of hepatitis A in Hillsboro in 1997. By developing a link to our state's public health community, you can ensure that this support network will be in place if it is ever needed in LaMoure County.

I hope I have provided you with enough information to understand the overall role of public health and the benefits of establishing a local public health unit. Debra Anderson, local health coordinator, and I would be happy to attend a county commission meeting where we can discuss issues that concern you.

Also enclosed is a copy of Senate Bill 2045. This bill deals primarily with consolidation of our state's public health laws. Section 23-35-02, however, includes language that would require all land in the state to be included in a public health unit by January 1, 2001. In addition to LaMoure County, three counties currently are not included in local public health units.

If you have any additional questions, please call Debra at 701.328.4619 or me at 701.328.2372. We look forward to hearing from you and to developing a strong public health presence in LaMoure County.

Sincerely,

M. G. Sagsveen

Murray G. Sagsveen
State Health Officer

Proposed Amendments to Senate Bill 2045

Page 6, line 6, after the period insert "For the purpose of this section, "prorated" means that each member county's contribution shall be based on an equalized mill levy throughout the district."

Page 10, line 16, replace "city auditor" with "governing body" and after "governing body" insert "or appropriate auditor"

Page 10, line 29, replace "shall" with "may"

Page 12, line 22, replace "district" with "local"

Page 12, line 24, after "state" insert "and local"

Page 12, line 26, after "state" insert "and local"

PROPOSED AMENDMENTS TO SENATE BILL NO. 2045

Page 4, line 4, replace "section 54-40-08" with "chapter 54-40.3"

Page 7, replace lines 15 and 16 with "11. Except in the case of an emergency, may conduct a search or seize material located on private property to ascertain the condition of the property as the condition relates to public health and safety only as authorized by an administrative search warrant issued under chapter 29-29.1."

of material

Page 9, line 7, replace "The judge may issue" with "If a warrant is issued and if requested by a board of health, a county sheriff or city police department shall provide assistance to that public health unit in any action to search or seize material in or on any private property to destroy, remove, or prevent the nuisance, source of filth, or cause of sickness, if there is probable cause to believe a public health hazard or public health nuisance exists on or in that property, and shall carry out any other preventative measures the public health unit requests. For purposes of this subsection, a request from a public health unit means a request for assistance which is specific to a particular and singular suspicion of a public health hazard or public health nuisance and is not a continuous request for assistance."

Page 9, remove lines 8 through 11

Page 11, replace line 25 with "A local health officer may request the assistance of a county sheriff or city health department in the same manner as provided under subsection 3 of section 23-35-9."

Page 11, remove lines 26 through 29

Renumber accordingly

3-5-99 TESTIMONY - HOUSE POLITICAL SUBDIVISIONS
JENNIFER S.N. CLARK, LEGISLATIVE COUNCIL
ENGROSSED SENATE BILL NO. 2045

PUBLIC HEALTH STRATEGIC PLANNING STUDY

The committee was charged with studying the development of a strategic planning process for the future of public health in the state.

Background

Turning Point Grant

In March 1997 the State Department of Health applied for the Turning Point Grant from the Robert Wood Johnson and W. K. Kellogg Foundations to assist in creating a strategic plan for public health. The application proposed a complete examination of the public health system in North Dakota. Although the department did not receive the grant, the application indicates the direction strategic planning for public health is going in the state.

Public Health System Framework

The State Department of Health and several local public health departments make up the state's public health system. Additional federal public health services are provided within the state by Indian Health Service and a federal public health clinic in Fargo. The state's public health system is made up of a variety of players across the state, including county public health departments, city public health departments, multicounty public health districts, single county public health districts, and city-county public health districts. Twenty-four public health units provide public health services to 49 of the state's 53 counties. Four counties in the state are not included in a public health unit.

The duties and qualifications of public health board members and funding sources vary for each of the different types of public health units. Services provided by public health units are not consistent across the state. Services vary based on the combination of local need as determined by community assessments, emergency response, and state and federal funding priorities.

State Department of Health

The duties of the State Health Council include establishing standards and regulations necessary for the maintenance of public health. The duties of the State Health Officer include establishing and enforcing minimum standards of performance of the work of local departments of health, promoting the development of local health services, and recommending the allocation of health funds to local jurisdictions. Community, county, regional, and tribal assessments are made by the State Department of Health for many public health units.

Testimony and Committee Considerations

Turning Point Grant

The Turning Point Grant would have awarded $300,000 over two years to hire a strategic planning consultant. The State Health Officer testified that regardless of receipt of grant moneys or additional appropriations, public health strategic planning will be implemented at the state level because strategic planning is an expense of doing business. However, the committee received testimony that in order to be effective, a grassroots approach to public health strategic planning is necessary instead of a plan created at the state level.

A representative of the North Dakota Health Care Association testified that if statewide public health strategic planning occurs, although it is not reasonable to merge public and private health, it would be beneficial to clarify the public health roles and services in order to provide a seamless health system. The State Health Officer testified existing law regarding public health is spread out over four North Dakota Century Code chapters and the law is antiquated; therefore, it would be very helpful to consolidate the law in one chapter.

Public health has undergone significant changes over the last 10 to 15 years. Testimony indicated that in performing strategic planning, public health should focus on the core services and not let economic incentives dictate policy. Generally, a problem with public health systems is "following the money" as a result of dedicated funding for special interest programs. The committee received testimony that North Dakota is fortunate in this respect because it does not rely heavily on federal moneys within the public health system.

Local Public Health Unit Strategic Planning

Some local public health units perform their own strategic planning. A representative of First District Health Unit testified the local public health administrators identified the following three issues as priorities for all local public health units in the state: the development of a shared vision for public health by the local public health units and the Department of Health, the development of an effective communication system between the local public health units and the Department of Health, and the development of a continuing education and training program that includes training on essential population-based functions of public health and training on emerging trends.

The committee considered changing the minimum qualifications of public health unit local health officers. Current law requires a local health officer to be a licensed physician. The committee considered allowing a local health officer to be a nonphysician medical provider, or to be a nonphysician if a three-physician advisory committee is formed. The committee received mixed responses to the proposed changes in local health officer qualifications.

Recommendations

The committee recommends to repeal four chapters of the North Dakota Century Code regarding public health and to create a chapter that consolidates existing public health law, unifies the powers and duties of local public health units, and requires statewide participation in some type of public health unit. Most of the substantive changes are intended to unify the law that applies to

public health units; however, one substantive change would require statewide participation in some type of public health unit. The committee worked closely with the Department of Health in consolidating and unifying the public health law, and the Department of Health worked closely with the local public health unit administrators in reviewing and making suggestions relating to the committee's bill drafts. The State Health Officer and representatives of public health administrators testified in support of the bill draft the committee recommended, but a representative of the North Dakota Association of Counties testified in opposition to the statewide public health unit requirement.

given by Deb Anderson

Testimony
on
SB 2045, Revision of the Public Health Laws
before the
House Political Subdivisions Committee
by
Murray G. Sagsveen, State Health Officer
March 5, 1999

Thank you for the opportunity to explain SB 2045, which will consolidate the laws governing public health units in our state. Before I begin, I'd like to thank the Interim Committee on Insurance and Health Care for their approval of this bill and the Legislative Council for recommending it to the 56th Legislative Assembly.

We also thank Jennifer Clark, who served as the interim committee's counsel. She provided excellent professional assistance to the Department of Health in developing this legislation. Not only has Jennifer given us her time, but she has also shown great skill in merging the dissimilar language in the separate chapters of the current public health law into one – hopefully – clear, simplified chapter of the code.

Also, before I focus on Senate Bill 2045, I would like to briefly comment on the state-local public health partnership. Governor Schafer appointed me State Health Officer effective February 1, 1998. During the past year, I have been extremely impressed with the efforts of the local public health units – they are unsung heroes and they usually accomplish much with few resources.

We have attempted to strengthen this partnership in the past year. A few examples:

- We cooperated to update the existing public health laws. Senate Bill 2045 is the result.

- I designated a local health coordinator, Debra Anderson, within the office of the State Health Officer, to be the day-to-day liaison between the Department and the 24 local public health administrators.
- I meet regularly with the local public health administrators to discuss working relationships, evolving issues, and how we can jointly better serve the public.
- We have assigned epidemiologists to the public health units in Fargo, Grand Forks, Minot, Jamestown, and Dickinson.
- The Department will provide $990,000 this biennium in state general fund assistance to the 24 local public health units. We are requesting $1,000,000 for the next biennium.
- During the recent TB outbreak in the Nelson-Griggs District Health Unit, the Department, the CDC [Centers for Disease Control and Prevention], and other public health units rallied to support Julie Ferry, the administrator. We said: "We are from the state and we're here to help you" (and we meant it).
- During the recent meningococcal outbreak in the Upper Missouri District Health Unit, the Department and other public health units also rallied to support Jan Trimmer, the administrator and her staff. The team administered nearly 5000 doses of vaccine to area daycare children and students.
- During the past year, I have personally visited most local public health units – some several times. I wanted to visit their offices, meet their staff, discuss their issues, and view their facilities.
- We have, during the past year, emphasized that the Department's role, in many programs is to support the local public health units – not attempt to control them.

* * * *

SB 2045 is the culmination of an effort among our state's 24 local public health units, the North Dakota Department of Health, and public health associations. Through this process, many state and local public health employees have gained a better understanding of the differences and similarities in the way public health is provided in our state. Although local practices are designed to meet local needs, general guidelines such as those included in SB 2045, will provide a uniform set of legal responsibilities and duties for local city, county, and district health units.

The North Dakota Century Code now includes some laws that are more than a century old. These laws simply do not accommodate current public health practices. Therefore, this bill is intended to consolidate, simplify and update our state's public health law to be more reflective of modern-day practice.

There is one exception to this generalization about the content of SB 2045. Section 23-35-02 would require all land in the state to be in a public health unit by January 1, 2001. The counties of Rolette, Towner, LaMoure and Dickey do not have established local public health units. However, some public health services are being provided in these counties, often at the expense of the neighboring public health units. Without the appropriate public health infrastructure in place, any of these four counties could experience significant problems if a disease outbreak would occur. Equally important is the role of public health in preventing illnesses and keeping North Dakotans healthy. To be truly effective, public health must be a statewide network of services. (A chart that explains the differences between public health and medical care is attached to my testimony.)

I would like to clarify one issue, at this point, because it may help you understand some of the special features of the authority granted to local health units under current law and this bill. Under current law, there are four chapters in title 23 that define the powers and duties of local public health units. Chapter 23-03 applies to a county board of health, chapter 23-04 applies to a city board of health, chapter 23-05 defines the powers and duties of a local board of health, and chapter 23-14, which is the chapter I will focus on, defines "health districts."

The first three chapters were enacted before 1889 by the government of Dakota Territory and subsequently incorporated into the laws of North Dakota. Chapter 23-14, authorizing the formation of Health Districts, is of a more recent vintage. According to the source notes in the Century Code, it was enacted in 1943. At first glance, it is unclear how a health district differs from a city or county health department. But there are two distinguishing features: (1) a health district may encompass the territory of more than one county (and, as you know, there are several multi-county health districts); and, (2) a health district is authorized to establish "a health district fund."

Counties comprising a *health district* are authorized to levy a tax of up to five mills on the taxable valuation of the property in each county in the district. See: NDCC § 23-14-11. This levy is "not subject to limitation on the county tax levy for general and special county purposes, and the amount derived [from this levy] shall be placed in a special health fund." Therefore, the principal features of a health district are that it can be a multi-county health unit and that a health unit so organized may raise an additional five mills of taxes to support public health programs. Moreover, these taxes are maintained in a separate health fund.

I will now explain several key features of the bill. The first, which I have previously mentioned, is the proposed section 23-35-02 that provides "*all land in the state* must be in a public health unit" (page 2, lines 13-15). This is a substantive change from existing law, one that is strongly supported by the Department. At the present time there are four counties in North Dakota that do not have a public health department or are not included in a multi-county health district. To assure that basic public health programs will protect all of the citizens of North Dakota, each county and city should be within a public health unit. Related to this requirement, Section 23-35-02 also authorizes the State Health Officer to issue rules defining the "core functions" that must be undertaken by a qualified public health unit.

The second key issue is contained in subsection (1) of section 23-35-03 (page 2, line 17). It provides that the Department of Health shall "advise" boards of health, not "supervise" them, which the Department is not structured to accomplish.

Third, the bill eliminates the detailed specifications for the membership of a board of health. Thus, it would be up to each local governing body -- board of county commissioners, city commission, city council, etc. -- to determine the composition of their board of health. However, several local health administrators, particularly those in rural areas, strongly support requirements specifying that a board of health be composed of specific categories of individuals, such as at least one physician, one dentist, one business or professional person, and one member of the local governing body.

The bill accommodates existing arrangements, such as in the city of Bismarck, where the city commission serves as the board of health. To accommodate this arrangement, subsection 2 of section 23-35-03 provides that, in the case of a city, the

board of health may be composed of the members of its governing body (page 2, lines 18-20).

Fourth, current law contains many detailed specifications regarding the formation of a public health unit, including a requirement that the State Health Officer must approve the district's health plan. These detailed requirements are removed from the new bill because they are unnecessary.

Fifth, current law contains detailed requirements for the renegotiation of an agreement under which a city provides public health services to a county, including a specification that "notice" of a request for renegotiations must be given by certified mail at least 15 days before the date of a meeting to renegotiate an existing contract. This level of detail seems unnecessary. Cities and counties may specify in their contract for services the procedures for renewal, renegotiation, or termination of these agreements.

Sixth, section 23-35-05 sets forth the authority of a city or county to merge or expand a health district. Under current law, the State Health Officer must confer individually with each county or city seeking to expand and must affirmatively approve any such action. This requirement is deleted from the new bill. This recommendation is based on the view that local public health units and their governing bodies are in the best position to determine their needs and the best system of organization to serve their communities.

Seventh, unlike current law which contains three separate chapters dealing with boards of health (a city board, a county board, and a district board of health) and three separate sections defining the duties of a health officer (one for a city; one for a county, and one for a district health officer), the new bill defines a board of health and its duties

in a single section and defines the duties of a health officer uniformly in another single section.

In conclusion, I urge the committee to vote "do pass" on Senate Bill 2045.

* * *

This completes my formal testimony. I will answer any questions that members of the committee may have regarding this bill or the state-local public health partnership.

Testimony on:

Revision of the Public Health Laws

before the:

House Political Subdivision Committee

March 5, 1999

Good morning Chairman Froseth and Members of the Committee. I am Lisa Clute, Executive Officer of First District Health Unit and Chair of the Executive Committee of the Local Public Health Administrators. Both groups favor passage of this Bill.

Members of the First District Health Unit Board of Health have reviewed this Bill and voted to support it's passage. The Board of Health is comprised of three county commissioners, one States Attorney, a Physician, a Farmer, MSU Dean of Nursing, and two county auditors.

Local Public Health administrators have been active participants in the development of this bill. The Bill presented to you today represents a collaborative effort between the local Public Health Agencies and the State Department of Health. We have appreciated the opportunity to work with representatives from Legislative Counsel and Mr. Sagsveen and his staff.

Thank you for your consideration of this important Bill. I will be happy to answer any questions.