MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION
SFN 2053 (2/85) 5M

ROLL NUMBER

DESCRIPTION

3069

2001 HOUSE HUMAN SERVICES

HCR 3069

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HCR 3069

House Human Services Committee

☐ Conference Committee

Hearing Date February 21, 2001

Tape Number	Side A	Side B	Meter #
Tape 1	X		3560 to 5450
Tape 3	X		0 to 150
Committee Clerk Signature	Corinne Easton		

Minutes:

Chairman Price, Vice Chairman Devlin, Rep. Dosch, Rep. Galvin, Rep. Klein, Rep. Pollert, Rep. Porter, Rep. Tieman, Rep. Weiler, Rep. Weisz, Rep. Cleary, Rep. Metcalf, Rep. Niemeier, Rep. Sandvig

Chairman Price: Open hearing on HCR 3069.

Rep. Niemeier: Presented bill. (See written testimony - charts attached.) Children are our most important resource. Our state's healthy future depends on health children. Despite important efforts to best serve their health care needs, there remains significant issues to be addressed, continued, and reemphasized. This study seeks to provide evidence to support legislation in that regard. Please be referred to the enclosures on these subjects. (Pointed out youth and tobacco use.) Eating disorders is another issue you see on the resolution and that is something that has largely been ignored in our concern over children's health issues.

Chairman Price: The charts on tobacco that you sent out first it is all states, then North Dakota overall, then goes down to men, women, and education - are those national figures or North Dakota figures?

Rep. Niemeier: I really can't say.

Chairman Price: I find it really interesting that less than 12 years education has the lowest smoking rate. That the higher education goes up.

Rep. Niemeier: That is interesting.

Senator Fischer: Supported resolution. When Rep. Niemeier approached me with this resolution I spotted something that I have a concern with and that is the use of Ritalin. There are certain cases in which it needs to be used, but over the past couple of years in visiting with people one of the things is they are shortening recesses, they are shortening new hours, and shortening all of the activities that kids do in school and what is happening kids are coming home from school with many living in apartments. The kids are bouncing off the wall and the first thing they do is put them on Ritalin or some other medication to calm them down and not let kids be kids. What shocked me was a small community southeast of Fargo that in the 5th grade of the school in this community over 50% of the kids are on Ritalin. I really feel that part of the study, as well as the rest of the study, needs to be looked at. To find out from the schools exactly what the usage is, and there should be some appropriate changes made so that these kids can be kids. So I support this resolution on all issues.

Rep. Galvin: Doesn't Ritalin have to be prescribed by a physician?

Senator Fischer: Yes it does.

Rep. Galvin: What do they do, randomly prescribe it then?

Senator Fischer: It is very popular. I can't speak for the physicians and why they do. I do know the use of it is very, very high.

Rep. Weisz: Senator Fischer, just a comment - we have 10 times the rate of Ritalin use per child than Europe does - western Europe.

Senator Fischer: Maybe it's because they aren't getting enough exercise during the day. In order to go outside they are wearing their coats to lunch so they can go outside because the noon hours are so short.

Linda Isakson: Executive Director of the North Dakota Children's Caucus. Many of these resolutions that you have talked about today certainly relate to children. We do support taking a look at the very important children's issues, but most important is the health of our children. One of the caucus's main concern is getting the uninsured children insured. For a variety of reasons we know that health children are better educated, and health children make health adults. We also know that healthy children under the care of a regular pediatrician reduce the at risk life styles that we talked about earlier. Obesity, eating disorders, and inactivity. We need to look at some other things such as chemical exposures. We need to look at active children who are suffering injuries in sports. We need to take a look at the stress levels in our children. The suicide rate in North Dakota are extremely high. We have to start addressing why children don't have a way to relieve themselves of stress. You talk about inactivity amount children - a lot of parents are fearful of sending their kids to the playgrounds because the equipment is not well taken care of and unsupervised. We need to talk about all of these things when we talk about children. This is a good study and a good place to begin. We ask for a DO PASS of this resolution.

Sandra Anseth: Maternal and Child Health Division Director for the Department of Health. (See written testimony.) I am here to present testimony on HCR 3069 relating to study methods to better protect the health of the children in the state. Vital record information collected by the N.D. Department of Health for unmarried teens for the past four years are (see testimony). The MCH Division has applied for federal funds the past three years for abstinence-only education. These funds are awarded to local communities to conduct community-based abstinence-only education activities. Some communities have conducted public service announcements and others provided this education through the schools.

Chairman Price: Close hearing on HCR 3069.

COMMITTEE WORK:

CHAIRMAN PRICE: HCR 3069.

REP. WEISZ: I would like to move an amendment on 3069 on line 5, it would say "the high incidents of uninsured children may result in untreated illness" and delete "is".

REP. PORTER: Second.

CHAIRMAN PRICE: All those in favor signify by saying Aye (12 Yes, 0 No., 2 Abs.nt). We have an amended resolution in front of us.

REP. PORTER: I move a Do Pass as amended.

REP. KLEIN: Second.

CHAIRMAN PRICE: **A DO PASS as amended and placed on the Consent Calendar. All in favor signify by saying Aye.**

12 YES 0 NO 2 ABSENT CARRIED BY REP. NIEMEIER

13126.0101
Title.0200

Adopted by the Human Services Committee
February 22, 2001

VR
2/22/01

HOUSE AMENDMENTS TO HCR 3069 HOUSE HS 2-22-01

Page 1, line 5, replace "is resulting" with "may result"

Renumber accordingly

Date: 2-21-01
Roll Call Vote #: 1

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HCR 3069

House Human Services Committee

☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken Moved Amendment

Motion Made By Rep. Weisz Seconded By Rep. Porter

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairman	✓		Audrey Cleary		
William Devlin - V. Chairman	✓		Ralph Metcalf	✓	
Mark Dosch			Carol Niemeier	✓	
Pat Galvin	✓		Sally Sandvig	✓	
Frank Klein	✓				
Chet Pollert	✓				
Todd Porter	✓				
Wayne Tieman	✓				
Dave Weiler	✓				
Robin Weisz	✓				

Total (Yes) 12 No 0

Absent 2

Floor Assignment _____

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

Date: 2-21-01
Roll Call Vote #: 2

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HCR 3069

House Human Services Committee

☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken DO PASS as amended & placed on Consent Calendar

Motion Made By Rep. Porter Seconded By Rep. Klein

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairman	✓		Audrey Cleary		
William Devlin - V. Chairman	✓		Ralph Metcalf	✓	
Mark Dosch			Carol Niemeier	✓	
Pat Galvin	✓		Sally Sandvig	✓	
Frank Klein	✓				
Chet Pollert	✓				
Todd Porter	✓				
Wayne Tieman	✓				
Dave Weiler	✓				
Robin Weisz	✓				

Total (Yes) 12 No 0

Absent 2

Floor Assignment Rep. Niemeier

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

REPORT OF STANDING COMMITTEE (410)
February 22, 2001 11:51 a.m.

Module No: HR-33-4378
Carrier: Niemeier
Insert LC: 13126.0101 Title: .0200

REPORT OF STANDING COMMITTEE

HCR 3069: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE PLACED ON THE CONSENT CALENDAR** (12 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). HCR 3069 was placed on the Sixth order on the calendar.

Page 1, line 5, replace "is resulting" with "may result"

Renumber accordingly

2001 SENATE HUMAN SERVICES

HCR 3069

2001 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HCR 3069

Senate Human Services Committee

☐ Conference Committee

Hearing Date March 14, 2001

Tape Number	Side A	Side B	Meter #
1		X	54
Committee Clerk Signature	Carol Kolodziejczyk		

Minutes:

The hearing was opened on HCR 3069.

REPRESENTATIVE CAROL NIEMEIER, Sponsor, introduced bill. (Written testimony)

Students from Rita Murphy school were welcomed to the Human Services committee. Senator Kilzer explained the bill process and what the committee was in the process of doing.

There was no other testimony. The hearing was closed.

Discussion of the resolution ensued. SENATOR MATHERN moved a DO PASS on 3068. SENATOR FISHCER seconded the motion. Roll call vote carried 5-1-0. SENATOR POLOVITZ will carry the bill.

Date: 3/14/01

Roll Call Vote #: 1

2001 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 3069

Senate HUMAN SERVICES Committee

☐ Subcommittee on _____

or

☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass

Motion Made By Sen Mathern Seconded By Sen Fischer

Senators	Yes	No	Senators	Yes	No
Senator Lee, Chairperson		✓	Senator Polovitz	✓	
Senator Kilzer, Vice-Chairperson	✓		Senator Mathern	✓	
Senator Erbele	✓				
Senator Fischer	✓				

Total (Yes) 5 No 1

Absent 0

Floor Assignment Senator Polovitz

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

REPORT OF STANDING COMMITTEE (410)
March 16, 2001 2:47 p.m.

Module No: SR-46-5935
Carrier: Polovitz
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HCR 3069, as engrossed: Human Services Committee (Sen. Lee, Chairman) recommends **DO PASS** (5 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). Engrossed HCR 3069 was placed on the Fourteenth order on the calendar.

2001 TESTIMONY

HCR 3069

HOUSE CONCURRENT RESOLUTION NO. 3069

Rep. Carol A. Niemeier, Buxton, Dist. 20

Children are our most important resource. Our State's healthy furture depends on healthy children. Despite important efforts to best serve their health care needs, there remain significant issues to be addressed, continued and re-emphasised. This study seeks to provide evidence to support legislation in that regard.

Please be referred to the enclosures on these several subjects.

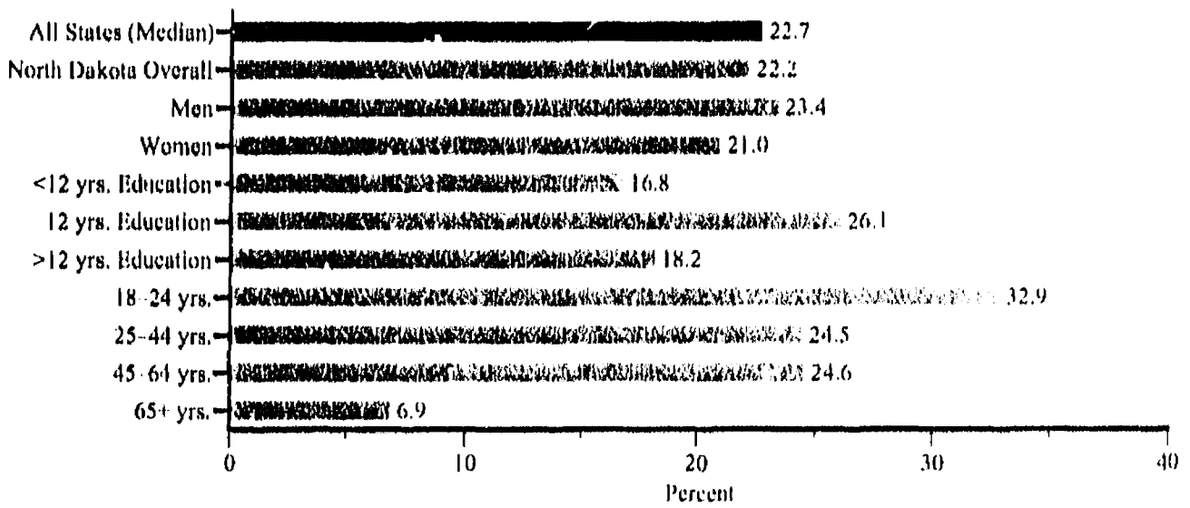
I will be pleased to answer questions from the committee. Thank you.

North Dakota

Number of North Dakota youth projected to die prematurely from their smoking: 12,272

Adult Tobacco Use in North Dakota

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		*Grades 9–12*	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
ND†	Data are not available		40.6%	Data are not available
Boys†			40.2%	
Girls†			41.0%	

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: North Dakota Youth Risk Behavior Survey, 1999.

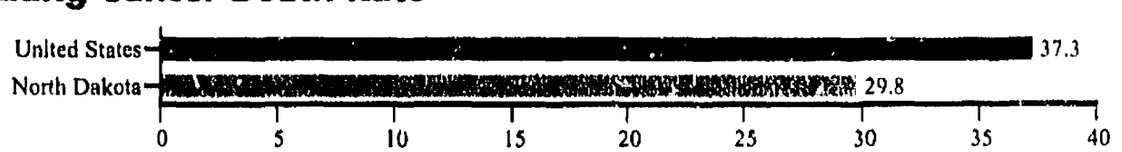
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		*Average Annual Years of Potential Life Lost,* 1990–1994*	*Medical Costs Related to Smoking, 1993*	
Overall	968	12,033 years or an average of 12.4 years for each death due to smoking.	Ambulatory	$28,050,000
Men	721		Hospital	$39,360,000
Women	247		Nursing Home†	$52,630,000
Death Rate	280/100,000		Drug	$6,540,000
Rank (No. 1 is lowest death rate)	3	*Calculated to life expectancy	Other	$13,500,000
			Total	**$140,080,000**

Smoking-attributable Medicaid expenditures, North Dakota, fiscal year 1993: $19,056,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

CDC

Testimony on HCR 3069
Information Provided by the Department of Health
Regarding Study Methods to Better Protect the Health of Children in the State
Before the
House Human Services Committee
by
Sandra Anseth, Department of Health
February 21, 2001

Good morning, Madam Chairwoman and members of the Committee. I am Sandra Anseth, Maternal and Child Health Division Director for the Department of Health. I am here to present testimony on HCR 3069 relating to study methods to better protect the health of children in the state.

Vital record information collected by the ND Department of Health for unmarried teens for the past four years are as follows:

1999 had 603 out-of-wedlock births of the 711 live births to teens or 85%.
1998 had 644 out-of-wedlock births of the 781 live births to teens or 82%
1997 had 631 out-of-wedlock births of the 759 teen births in teens or 83%

The MCH Division has applied for federal funds the past three years for abstinence-only education. These funds are awarded to local communities to conduct community-based abstinence-only education activities. Some communities have conducted public service announcements and others provided this education through the schools.

Thank you.

TESTIMONY ON HCR 3069
Senate Human Services Committee, Sen. Judy Lee, Chr.
March 14, 2001

For the record, I am Rep. Carol A. Niemeier, Buxton, District 20.

Children are our most important resource. Our state's healthy future depends on healthy children. Despite important efforts to best serve their health care needs, there remain significant issues to be addressed, continued and re-emphasized. This study seeks to provide evidence to support legislation in that regard.

Please refer to enclosures on these subjects:

- Uninsured Children
- Underage alcohol usage
- Underage tobacco usage
- Ritalin use for ADD
- Unmarried teen pregnancies
- Sexual abstinence in minors

The category of eating disorders has not received attention to the extent of collecting data. The national average of girls ages 10 to 18 (and those affected are 95% girls) suffering from diagnosed anorexia , bulimia and similar disorders is 10%; there is reason to believe that North Dakota numbers are similar. Size-predjudice is said to be an increasing factor in adolescent adjustment and school discipline problems. Other issues of concern are hazardous weight loss, fasting, use of diuretics, undernourished youth, reproductive problems, diet pill abuse and potential deaths.

I ask the Committee to make a favorable recommendation on HCR 3069 and I will be pleased to respond to your questions. Thank you.

Debunking myths about underage drinking

In recent weeks The Forum has published a number of letters and commentaries in which writers have criticized community authorities for their crackdown on underage drinking. Because I have been professionally involved in studying youth drinking in this community and have taken a proactive stance in addressing these behaviors, I feel compelled to respond by delineating and debunking several myths of underage alcohol consumption.

OTHER VIEWS

KEVIN M. THOMPSON

Fargo

It's just alcohol

It amazes me that well educated persons still consider alcohol to be a victimless offense. This myth has been perpetuated repeatedly in letters and commentaries to The Forum. In one, a father reprimanded the police for curbing underage drinking at the expense of reducing crime, as if the two were mutually exclusive. In that letter, the writer reprimands the police for not enforcing laws then turns around and berates them for enforcing laws. Am I missing something? In another, a father accuses the Fargo Police of enforcing a law that officers are sworn under oath to uphold.

Juveniles have teetered on death row from alcohol poisoning.

These responses and others like them are guided by the assumption that drinking by 11- to 20-year-olds has no [illegible]ic health consequences. This of course inter[illegible]e because it is contrary to any piece of evidence that I have seen on underage drinking. As a result of years of reviewing juvenile court files, I can attest that anywhere between 40 percent to 85 percent of all delinquency implicates alcohol, depending on the offense. More evidence of this can be found in criminological data which clearly demonstrates that the causes of delinquency and alcohol consumption are precisely the same because they are behaviors found in the same person.

Consider your daughter

One commentary writer complained that he did not get the police to readily attend to the break-in of his daughter's car because they were too busy busting parties. In all likelihood, the thieves who broke into his daughter's car were too intoxicated to care about the consequences of their behavior. This of course is minor compared to the number of juveniles in this community in the past few years who have teetered on death row from alcohol poisoning.

Fathers critical of police concern for their daughters' welfare could also benefit by knowing that in drinking, their girls greatly increase their chance of falling victim to a host of negative outcomes. My own data show that compared to nondrinking girls, binge drinking girls are five times more likely to attempt suicide, 14 times more likely to use meth, and 14 times more likely to be beaten in a dating situation.

Same effect

If there is anyone in this [illegible]unity who honestly feels that a 14-year-old can handle eight to nine beers, please step forward. How about three to four beers? Still, I am struck by how often adults dismiss this behavior as a rite of passage. One of the crucial distinctions between the brain structure of adolescents and adults lies in the portion of the brain responsible for emotions. This part of the brain is largest and most active in adolescence and doesn't reach its full stage of developme[illegible] until the age of 20 or 21. It is no coincidence therefore, that we have established a 21-year-old drinking age.

Alcohol of course exacerbates the emotional highs and lows experienced by adolescents and makes it difficult for adolescents to control impulses. Recently The Forum ran a piece on how an adolescent's brain differs from that of an adult. While I am reticent to attach much significance to animal studies, the article went on to cite research at the University of North Carolina which found significantly more brain damage in adolescent rats following excessive alcohol consumption than that of adult rats.

It is intriguing that during the gang menace six years ago that citizens in this community were encouraging and applauding the police to enact preventive and proactive postures. Yet compared to underage drinking, the public health threats posed by gang involvement in this community are miniscule. We need citizens in this community to switch gears and adopt a similar attitude toward underage drinking. After all, they're only our kids.

(Thompson is an associate professor of sociology at North Dakota State University and is active in the Mayor's Task Force on Alcohol Abuse.)

Ritalin criticism balances what 'establishment' says

I have become the target of those who confuse the messenger with the message.

Two columns ago, I reviewed "Ritalin is Not the Answer" ($15, Jossey Bass), a book by professor and clinical psychologist David Stein. He presents not only a well-researched indictment of the use of stimulant medications (such as Ritalin) in the treatment of childhood attention deficit (hyperactivity) disorder (ADD or ADHD), but also a nonmedical treatment plan called the Caregiver Skills Program.

Not surprisingly, the column ruffled the feathers of a number of mental health professionals.

The most common complaint was that I did not present a "balanced" view concerning the controversies surrounding ADD. Right. It was my intention to present Dr. Stein's view, which is not "balanced" but rather balances what professionals who constitute what I call the ADD Establishment have been telling the American public for more than 20 years, much of which, according to Stein, consists of misinformation.

For example, Stein maintains that ADD does not qualify as a disease. This was affirmed by a consensus of participants at the 1998 National Institute of Health Conference on ADHD, so he is hardly alone in this opinion.

John Rosemond

There is, to date, no convincing proof that the symptoms of ADHD result from a physiological dysfunction or are inherited.

Stein simply proposes what is logical and rational: If ADD is not a disease, then it is not appropriate to treat it as such, as with drugs. Furthermore, he says, the drugs in question are potentially dangerous to a child's health.

A good many professionals said Stein ignores the fact that many children have been "helped" by these drugs. He responds that while a dose of such medication will indeed relieve ADD symptoms for a period of hours, there is no reliable evidence that taking one of these drugs for years produces lasting benefit.

Furthermore, because these drugs produce "instant" (albeit temporary) improvement, parents and teachers often come to rely exclusively on them instead of employing remedial methods that will produce enduring gain. Stein doesn't think this qualifies as truly helpful.

He does not have a problem with short-term use of these drugs. Unfortunately, many if not most ADD children take them for several years or more.

Stein says it is unnecessary, even manipulative, for a professional to administer any tests to diagnose ADD. That raised the hackles of a fair number of professionals. Again, Stein is dead on. The diagnostic criteria presented in the latest Diagnostic and Statistical Manual make no mention of test data. If a professional even implies that such testing is necessary to make a diagnosis, he/she is not being forthright.

If he/she presents these tests as necessary to developing a comprehensive treatment plan, that is another matter, but all too often these very expensive procedures are presented in the former light.

Finally, some professionals claimed Stein (and by association, myself) is preventing parents from seeking appropriate treatment for children with ADD.

Au contraire.

Stein is encouraging parents to look at the full range of treatment options, presenting a viable alternative to the use of drugs, and trying to prevent parents from spending their hard-earned money on inappropriate diagnostic and treatment procedures.

Stein has plenty of evidence to back his claim that the Caregiver Skills Program, when employed conscientiously, works to the long-term advantage of parent and ADD child. Some professionals retorted that if a child does not need medication, he does not truly have ADD. This is circular reasoning of the sort Stein will address in his next book, as yet untitled, due out in the fall of 2001. He told me, "Anyone upset by 'Ritalin is Not the Answer' is going to be apoplectic over the next one."

You may not agree with everything Stein has to say. Then again, you may simply not want to even consider that he has something of value to say.

In any case, his iconoclasm is thought-provoking and, for some, refreshing.

Oh, he also asked me to inform my readers that anyone who wants to contact him may do so at dstein@longwood.lwc.edu. That's called intellectual honesty.

(John Rosemond is a family psychologist. Questions of general interest may be sent to him at Affirmative Parenting, 9247 N. Meridian, Indianapolis, Ind., 46260 and at his Web site: www.rosemond.com/)