

# MICROFILM DIVIDER

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ROLL NUMBER

DESCRIPTION

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Operator's Signature

Date

2003 SENATE HUMAN SERVICES

SB 2297

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Deanna Walker  
Operator's Signature

10/22/03

Date

2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2297

Senate Human Services Committee

☐ Conference Committee

Hearing Date 01/29/03

Tape Number	Side A	Side B	Meter #
1	x		2366 - end
1		x	0 - 1690
Committee Clerk Signature <i>Donna Kremer</i>			

Minutes:

Senator Lee opened the hearing on SB 2297. All members were present.

Representative Price introduced the bill. This bill is much like SB 2380, the initial tobacco legislation, from last session. Much as anything, the bill is intended to open discussion on implementing all the pieces of the legislation from last session and to review what is working and what needs to be tweaked.

On page 2, section b, they realize many public health units did not have the staff to undertake what was needed to move forward in the process and they wanted to provide some extra dollars to help them accomplish this. (Meter # 2625) There is a county by county breakdown. They now have made some progress and we may not need to provide the extra money any more.

In subsection 4 on page 4, prior to implementation, the state health officer was to report back to the interim committee and this is not required any longer.

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*10/22/03*  
Date

Page 2  
Senate Human Services Committee  
Bill/Resolution Number SB 2297  
Hearing Date 01/29/03

Regarding section 4, in the previous legislation, there was a pilot project of \$250,000 to be matched on a 50/50 basis with the cities and counties for tobacco cessation programs. Because of some of the delay in implementation, because there wasn't a state health officer at the time, because many of cities and counties already had their budgets in place, they did not have a great numbers of applications for the project. Minot had a very successful program (literature attached). They would like to run the program again. There is money left over from the initial \$250,000. Do we want to add that to the \$500,000 as a carryover? They would like to include state employees? They are also changing the cost share to 75/25.

Senator Lee said that Minot is doing a good job with tobacco cessation. (Meter # 3528)

Jean Herman from the American Heart Association testified in favor of the bill. (brochure attached) This is one of the few vehicles that encourage communities to sit down and talk about this epidemic that is occurring in all communities. Certainly need more funding to continue the program.

Senator Polovitz asked how success rates are measured?

Ms. Herman said because its a stop smoking program and that is the number that reported success. She conceded that percentages can sometimes be misleading, numbers are better.

Kathy Allen, Public Employees Retirement System, testified in favor of the bill. (written testimony) (meter # 4068)

Senator Brown asked if they have applied for a grant? Would this be open only to employees if you did apply?

Ms. Allen said they have not applied for a grant. They are looking at a program for active state employees and their families that smoke. Legislators are a part of the plan and would be eligible.

Deanna Waller  
Operator's Signature

10/22/03

Date

Page 3

Senate Human Services Committee

Bill/Resolution Number SB 2297

Hearing Date 01/29/03

Kathy Mangskau, Tobacco Program Administrator with the North Dakota Department of Health, testified in a neutral position on the bill (meter # 4369) (written testimony)

Senator Lee asked if she has any comment on the \$5,000 seed money provided initially. Is it not needed for that purpose now?

Ms. Mangskau said their analysis showed it breaks out with an urban/rural split. The communities that would get more money are the more populated ones. The local health departments said the \$5,000 was important for the smaller units.

Senator Fischer asked why only two schools adopted the policy and what schools were they?

Ms. Mangskau said the assessment looked at several factors. It takes some time to complete the assessments. There are a lot of schools in the discussion phase with their school boards.

Senator Fisher asked if there is a lot of interest in the schools.

Ms. Mangskau said the policies are not comprehensive. (meter #6230)

Senator Lee asked how you keep the staff at school from smoking? (side two, meter # 10)

Ms. Mangskau said they really want adults to be good role models for students.

Senator Polovitz asked if there is a benefit to be a combined city/county health department for the grants?

Ms. Mangskau said sometimes its beneficial to combine resources. The program is based on population, per capita allotment. (meter # 300) They haven't studied the cost efficiencies of combining city and county governments.

Senator Lee asked if there is any weight given to smokers per capita?

Ms. Mangskau said their advisory committee struggled with this. They asked the local health units to identify their disparate populations when making their grant applications.

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10/22/03  
Date

Page 4  
Senate Human Services Committee  
Bill/Resolution Number SB 2297  
Hearing Date 01/29/03

Senator Brown said they are asking for \$5.8 million and there is a \$2 million carryover?

Ms. Mangskau said there are still two more quarters of expenditures to report and they believe the \$2 million will be spent.

Terry Traynor, Association of Counties, testified in favor of the bill. (meter # 955) This program has done some marvelous work over the past two years. Its good for the state and good for their employees.

Senator Lee asked about the \$5000 allotment.

Mr. Traynor said in single county health units, it may be important. (meter # 1116)

Mary Kay Herman, Fargo Cass County Public Health, testified in favor of the bill. (meter # 1239)

Senator Lee closed the hearing on SB 2297.

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2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2297

Senate Human Services Committee

☐ Conference Committee

Hearing Date February 4, 2003

Tape Number	Side A	Side B	Meter #
1	X		0 - 2275
Committee Clerk Signature <i>Donna Kramer</i>			

Minutes:

SENATOR JUDY LEE opened the committee discussion for SB 2297 relating to the community health grant program, and to provide for an appropriation for Tobacco Cessation Program.

Roll Call was read.

SENATOR LEE reviewed page 2 of the bill regarding the overstrike. May be some merit in leaving that in for the less populated counties. (Meter # 271 - 300)

SENATOR FISCHER stated that should the bonus money go to the county. Discussion with Senator Lee and committee regarding \$5,000 base. Smaller counties want the base. The implementation of the plan was discussed. (Meter # 300 - 1046)

SENATOR LEE stated the \$5,000 balance is based on per capita basis. Smaller counties losing money. Asked for an amendment. Delete the overstrikes on lines 9 -12. (Meter # 1047 - 1418)

SENATOR BROWN moved that the amendment be approved.

SENATOR FAIRFIELD seconded the motion.

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*Donna Kramer*  
Operator's Signature

*10/22/03*  
Date

Page 2  
Senate Human Services Committee  
Bill/Resolution Number SB 2297  
Hearing Date February 4, 2003

The roll was called. Motion 5 yes 0 no and 1 absent

SENATOR FISCHER made the motion to amend deleting all overstrikes on Lines 17-19 and insert "a" report and delete December 31 and insert September 30, 2004. (Meter #1510 - 1881)

The roll was called. Motion passed. 6 yes 0 no.

Committee discussed the match of cities and counties. (Meter # 1900 - 2114)

SENATOR FAIRFIELD moved to Do Pass and rerefer to Appropriations.

SENATOR POLOVITZ seconded the motion.

The roll was read. Motion passed 6 yes and 0 no.

SENATOR FISCHER will be the carrier.

Committee discussion closed. (Meter # 2275)

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10/22/03

Date



**FISCAL NOTE**  
Requested by Legislative Council  
03/14/2003

Amendment to: SB 2297

**1A. State fiscal effect:** Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.

	2001-2003 Biennium		2003-2005 Biennium		2005-2007 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				\$750,000		\$600,000
Expenditures				\$750,000		\$600,000
Appropriations				\$750,000		\$600,000

**1B. County, city, and school district fiscal effect:** Identify the fiscal effect on the appropriate political subdivision.

2001-2003 Biennium			2003-2005 Biennium			2005-2007 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
			\$216,666			\$166,666		

**2. Narrative:** Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.

Section 4 has been added to Engrossed SB 2297 by the House. This amendment would allow any unexpended funds from Section 5 of Chapter 250 of the 2001 Session Laws to be carried over and used towards cessation programs for the 2003-05 biennium. It is estimated that there will be \$150,000 of unexpended funds at the end of the 2001-03 biennium. If the funds were expended by the cities or counties matching dollars of \$50,000 would be needed.

This bill does not identify how the funds will be distributed so matching funds for the entire amount have been included. Funds are available to cities and counties and require a 1 to 3 match; however matching funds are not required for state employee programs.

Section 3 of this bill contains an appropriation of \$100,000 for the purpose of funding the community health grant program advisory committee. There is also \$100,000 included in the Health Department's appropriation bill (HB1004) for the same purpose. The funds will be from the community health trust fund.

Section 4 of this bill contains an appropriation of \$500,000 for the purpose of funding grants to the cities, counties, and state employees for an employee tobacco education and cessation program. There is \$250,000 included in the Health Department's appropriation bill (HB1004) for city and county employees (not state employees) for an employee tobacco education and cessation program. Section 4 also contains a match requirement for cities and counties of one dollar for every three dollars of state funds.

**3. State fiscal effect detail:** For information shown under state fiscal effect in 1A, please:

**A. Revenues:** Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.

Funding for this bill will be from the Community Health Trust Fund.

**B. Expenditures:** Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.

Section 4 of this bill allows the carryover of unexpended funds from the 2001-03 biennium. It is estimated that \$150,000 would be unexpended and carried over to the 2003-05 biennium to be used towards cessation programs.

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Section 4 of this bill contains an appropriation of \$500,000 for the purpose of funding grants to the cities, counties, and state employees for an employee tobacco education and cessation program. There is \$250,000 included in the Health Department's appropriation bill (HB1004) for city and county employees (not state employees) for an employee tobacco education and cessation program.

**C. Appropriations:** Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.

The amendment to this bill in Section 4 allows for the carryover of estimated unexpended funds of \$150,000 to be used toward cessations programs in the 2003-05 biennium.

This bill includes an appropriation for \$600,000 to fund the activities included in the bill. Funding for part of these activities is also included in the Health Department's appropriation bill (HB 1004). See narrative.

Name:	Kathy J. Albin	Agency:	Health
Phone Number:	328-4542	Date Prepared:	03/14/2003

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10/22/03  
Date

**FISCAL NOTE**  
Requested by Legislative Council  
01/22/2003

Bill/Resolution No.: SB 2297

**1A. State fiscal effect:** Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.

	2001-2003 Biennium		2003-2005 Biennium		2005-2007 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				\$600,000		\$600,000
Expenditures				\$600,000		\$600,000
Appropriations				\$600,000		\$600,000

**1B. County, city, and school district fiscal effect:** Identify the fiscal effect on the appropriate political subdivision.

2001-2003 Biennium			2003-2005 Biennium			2005-2007 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
			\$166,666			\$166,666		

**2. Narrative:** Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.

Section 3 of this bill contains an appropriation of \$100,000 for the purpose of funding the community health grant program advisory committee. There is also \$100,000 included in the Health Department's appropriation bill (HB1004) for the same purpose. The funds will be from the community health trust fund.

Section 4 of this bill contains an appropriation of \$500,000 for the purpose of funding grants to the cities, counties, and state employees for an employee tobacco education and cessation program. There is \$250,000 included in the Health Department's appropriation bill (HB1004) for city and county employees (not state employees) for an employee tobacco education and cessation program. Section 4 also contains a match requirement for cities and counties of one dollar for every three dollars of state funds.

**3. State fiscal effect detail:** For information shown under state fiscal effect in 1A, please:

**A. Revenues:** Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.

Funding for this bill will be from the Community Health Trust Fund.

**B. Expenditures:** Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.

Section 3 of this bill contains an appropriation of \$100,000 for the purpose of funding the community health grant program advisory committee. There is also \$100,000 included in the Health Department's appropriation bill (HB1004) for the same purpose. The funds will be from the community health trust fund.

Section 4 of this bill contains an appropriation of \$500,000 for the purpose of funding grants to the cities, counties, and state employees for an employee tobacco education and cessation program. There is \$250,000 included in the Health Department's appropriation bill (HB1004) for city and county employees (not state employees) for an employee tobacco

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education and cessation program.

C. Appropriations: Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.

This bill includes an appropriation for \$600,000 to fund the activities included in the bill. Funding for part of these activities is also included in the Health Department's appropriation bill (HB 1004). See narrative.

Name:	Kathy J. Albin	Agency:	Health
Phone Number:	328.4542	Date Prepared:	01/28/2003

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Deanna Waller  
Operator's Signature

10/22/03

Date

Date: 02-04-03  
Roll Call Vote #: ①

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 3297

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken

On Page 2  
Amendment - Delete overstrikes on line

Motion Made By

Sen. Brown Seconded By Sen. Fairfield 9-12

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee - Chairman	✓				
Senator Richard Brown - V. Chair.	✓				
Senator Robert S. Erbele					
Senator Tom Fischer	✓				
Senator April Fairfield	✓				
Senator Michael Polovitz	✓				

Total (Yes) 5 No 0

Absent 1

Floor Assignment \_\_\_\_\_

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

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10/22/03  
Date

Date: 02.04.03  
Roll Call Vote #: (2)

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 2297

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken

Amendment Deleting all overstrikes on  
Series 17-19 and delete December 30, insert

Motion Made By

Sam Fisher

Seconded By

September 30, 2004

Brown

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee - Chairman	✓				
Senator Richard Brown - V. Chair.	✓				
Senator Robert S. Erbele	✓				
Senator Tom Fischer	✓				
Senator April Fairfield	✓				
Senator Michael Polovitz	✓				

Total (Yes) 6 No 0

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

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

Deleting all overstrikes on Series 17-19  
and insert "a" report (p) not later  
than Sept. 30, 2004.

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Operator's Signature

10/22/03  
Date

30585.0101  
Title.0200

Adopted by the Human Services Committee  
February 4, 2003

*[Handwritten signature]*  
2-4-03

PROPOSED AMENDMENTS TO SENATE BILL NO. 2297

Page 1, line 1, replace "sections 23-38-01 and" with "section"

Page 1, remove lines 5 through 24

Page 2, remove lines 1 through 31

Page 3, remove lines 1 through 9

Page 4, line 17, remove the overstrike over "~~The state health officer shall provide~~", after "~~reports~~" insert "a report", and remove the overstrike over "~~to the legislative~~"

Page 4, line 18, remove the overstrike over "~~council regarding the implementation of the program not later than~~"

Page 4, line 19, after "2002" insert "September 30, 2004" and remove the overstrike over "~~Upon request, the state health officer shall provide~~"

Page 4, remove the overstrike over lines 20 through 23

Renumber accordingly

Date: 02.04.03  
Roll Call Vote # (9)

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 2297

Senate Human Services

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number LC: 30585.0101

Action Taken "Do Pass" & refer to Appropriations

Motion Made By Sen. Fairfield Seconded By Sen. Polovitz

Sensors	Yes	No	Sensors	Yes	No
Senator Judy Lee - Chairman	✓				
Senator Richard Brown - V. Chair.	✓				
Senator Robert S. Erbele	✓				
Senator Tom Fischer	✓				
Senator April Fairfield	✓				
Senator Michael Polovitz	✓				

Total (Yes) 6 No 0

Absent \_\_\_\_\_

Floor Assignment Sen. Fischer

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

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Deanne Waller 10/22/03  
Operator's Signature Date



REPORT OF STANDING COMMITTEE (410)  
February 19, 2003 8:43 a.m.

Module No: SR-32-3231  
Carrier: Flecher  
Insert LC: 30585.0101 Title: .0200

**REPORT OF STANDING COMMITTEE**

SB 2297: Human Services Committee (Sen. J. Lee, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS and BE REREFERRED to the Appropriations Committee (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2297 was placed on the Sixth order on the calendar.

Page 1, line 1, replace "sections 23-38-01 and" with "section"

Page 1, remove lines 5 through 24

Page 2, remove lines 1 through 31

Page 3, remove lines 1 through 9

Page 4, line 17, remove the overstrike over "~~The state health officer shall provide~~", after "~~reports~~" insert "a report", and remove the overstrike over "~~to the legislative~~"

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Page 4, line 19, after "2002" insert "September 30, 2004" and remove the overstrike over "~~Upon request, the state health officer shall provide~~"

Page 4, remove the overstrike over lines 20 through 23

Renumber accordingly

2003 HOUSE HUMAN SERVICES

SB 2297

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10/22/03  
Date

# 2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2297

House Human Services Committee

☐ Conference Committee

Hearing Date March 11, 2003

Tape Number	Side A	Side B	Meter #
1	x		0.5 - 26.4
		x	27.1 - 49.0
Committee Clerk Signature <i>Sharon Ingram</i>			

Minutes:

Rep. Price appeared as cosponsor stating this is the same as the tobacco bill we put in last session. Section 2 talks about money (\$100,000) to the State Health Dept. for running the advisory committee, same amount as last session. Minot had some requests from some employees that did not go through this program the first time. Those that did go through were looking at between 55 and 60% success ratio, which is a very high ratio based on the national averages. This time in the bill we've asked to double that amount of money and include state employees. Not all the original \$250,000 was used and do we want to request that money that was not used to be added to this, its a decision the committee will have to make. We don't know how much requests we are going to have from the State employees but I would like to be able to access both pieces of money if need be so that family members can go through at the same time as the employee does.

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Operator's Signature

10/22/03

Date

Page 2  
House Human Services Committee  
Bill/Resolution Number SB 2297  
Hearing Date March 11, 2003

June Herman, American Heart Association appeared in support stating she believes this is the only mechanism that really is in place to really engage communities in dealing with very complex issues, in this case helping to work with schools, business leaders of community health leaders to try to take a look at the issues involved with tobacco use and try to find community based solutions to reduce the use of tobacco for the communities.

Kathleen Mangskau, Tobacco Program Administrator with Dept. of Health appeared neutral with written testimony.

Rep. Niemeier: The 1 to 1 match in the communities were the problem, is the Dept. looking at some way to resolve that?

Answer: Match was problematic, couldn't come up with the funds, so didn't apply.

Rep. Price: would you give us a dollar amount if we refused carry over from this quarter?, would we be safe at 150?

Answer: We spent \$75,000 on cessation programs, we may have a few communities come in asking for a little bit more because they've enrolled everybody they can and used their money but probably an estimate would be in the neighborhood of \$150,000 unspent, considering we may have another \$25,000 going out in the next couple months.

Rep. Niemeier: Are you seeing any of the local health units joining forces to make better use of money?

Answer: They are working together in parts.

Closed hearing.

Rep. Amernan: The matching funds, does this come out of the County Health Dept.?

Page 3  
House Human Services Committee  
Bill/Resolution Number SB 2297  
Hearing Date March 11, 2003

Answer: Some of them access that, but the intention was, an example from Minot. Minot is a self funded insurance plan and they sell five, reducing the number of smokers on their plan, it would have a definite positive impact on their cost of health insurance. So they actually use those types of funds to pay for their match to go through the program, because of the cost of smoking on health insurance. I understand that some of them did use the 20% of the tobacco dollars for some of these others that are applying for. Basically with how the cities and counties chose to match was up to them. Some of them may even have the employee paying a piece of it. There were others that talked about it that they would pay for it up front if the employee did not complete the program and the employee would have pay the matching chair. They could basically come with that match anyway they wanted to. We left that flexibility up to the cities and counties.

Rep. Niemeier: \$166,000, is that the county match on the fiscal note?

Answer: It wouldn't be the money that's going out already in the grant program because that goes to the public health unit.

Rep. Pollert: Fiscal Note and wondered about \$250,000 and if that was designated for state employees and if the extra \$250,000 is earmarked for anything or first come first served? First come, first served.

Rep. Amerman: This is to include state employees? yes and their families.

Rep. Price explained the tobacco settlement and how funds were dispersed to the new members of the committee.

Page 4

House Human Services Committee

Bill/Resolution Number SB 2297

Hearing Date March 11, 2003

Rep. Devlin moved the amendment on the unused dollars, second by Rep. Pietsch. Section 3, \$500,000 - also to carry over the unused dollars of \$250,000 that was appropriated from this biennium. Vote: 12 - 0 - 1      Rep. Weisz absent      Amendment passed

Rep. Kreidt motioned a DO PASS As Amended and re-refer to Appropriations, second by Rep. Potter.

Rep. Potter: Has there been any discussion as to Section 1, all the different committee people, do they think that's still working for them? Answer: I think so, I haven't heard any negatives I think it took them awhile to get some of these people up to speed. This whole process was really delayed in the interim because we didn't have a State Health Officer. Actually the whole tobacco program took awhile to get implemented. Some of those grants really were delayed in getting out to the community.

Rep. Niemeier: Section 3, is this total appropriation is going to be just to fund the State employees tobacco cessation program? Yes and cities and counties.

Rep. Price: Remember that under the school, the other 2 - 40% pieces of the pot and the 20% that goes to the public health units, they are running cessation programs through those also. Part of the reason that the original 30 county pilot was in there, #1 it was requested, but #2 is we thought it was a real good measurable group to find out what type of cessation programs seem to be affected.

VOTE: 12 - 0 - 1      Rep. Price will carry the bill.

**House Amendments to Engrossed SB 2297 - Human Services Committee 03/12/2003**

Page 1, line 2, remove "and" and after "appropriation" insert "; and to provide for an exemption"

**House Amendments to Engrossed SB 2297 - Human Services Committee 03/12/2003**

Page 3, after line 7, insert:

**"SECTION 4. EXEMPTION.** The appropriation contained in section 5 of chapter 250 of the 2001 Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation are available, in addition to any other moneys appropriated, for grants for the purpose of funding city, county, and state employee tobacco education and cessation programs under section 3 of this Act, for the biennium beginning July 1, 2003, and ending June 30, 2005."

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Deanna Wallis  
Operator's Signature

10/22/03

Date

Date: March 11, 2003  
Roll Call Vote #:

2003 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. SB 2297

House HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken DP as Amended + refer to Approps.

Motion Made By Rep Kreidt Seconded By Rep Potter

Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price - Chair	✓		Rep. Sally Sandvig	✓	
Rep. Bill Devlin, Vice-Chair	✓		Rep. Bill Amerman	✓	
Rep. Robin Weisz <i>A</i>			Rep. Carol Niemeier	✓	
Rep. Vonnie Pietsch	✓		Rep. Louise Potter	✓	
Rep. Gerald Uglem	✓				
Rep. Chet Pollert	✓				
Rep. Todd Porter	✓				
Rep. Gary Kreidt	✓				
Rep. Alon Wieland	✓				

Total (Yes) 12 No 0

Absent 1

Floor Assignment Rep. Price

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

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Deanna Hall 10/22/03  
Operator's Signature Date



**REPORT OF STANDING COMMITTEE (410)**  
March 12, 2003 5:03 p.m.

Module No: HR-44-4623  
Carrier: Price  
Insert LC: 30585.0201 Title: .0300

**REPORT OF STANDING COMMITTEE**

**SB 2297, as engrossed: Human Services Committee (Rep. Price, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS and BE REREFERRED to the Appropriations Committee (12 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). Engrossed SB 2297 was placed on the Sixth order on the calendar.**

Page 1, line 2, remove "and" and after "appropriation" insert "; and to provide for an exemption"

Page 3, after line 7, insert:

**"SECTION 4. EXEMPTION. The appropriation contained in section 5 of chapter 250 of the 2001 Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation are available, in addition to any other moneys appropriated, for grants for the purpose of funding city, county, and state employee tobacco education and cessation programs under section 3 of this Act, for the biennium beginning July 1, 2003, and ending June 30, 2005."**

Renumber accordingly

2003 HOUSE APPROPRIATIONS

SB 2297

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10/22/03  
Date

2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2297

House Appropriations Committee

☐ Conference Committee

Hearing Date 03-25-03

Tape Number	Side A	Side B	Meter #
1	X		25.0 - 37.6
Committee Clerk Signature			

Minutes:

Chairman Svedjan Opened SB 2297 for discussion. A quorum was present.

Rep. Clara Sue Price Introduced the bill.

Chairman Svdedjan So additional \$250,000 is in the bill for state employees families?

Chairman Svedjan Yes. That second \$250,000 is in the Health Department's budget?

Rep. Price No, I'm adding \$250,00 and requesting that the carry over also go in.

Chairman Svedjan Regarding the \$100,000, is there a duplication?

Rep. Price The money for that \$100,000 should already be in the budget, so there is a duplication in the budget. Should we take \$100,000 out of this? I've talked to the Senate about this.

Don Wolf, Legislative Council We've taken out the duplication.

Rep. Timm Ssection 3, is this money going to different groups who apply to run their programs?

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Operator's Signature

Date

Page 2  
House Appropriations Committee  
Bill/Resolution Number SB 2297  
Hearing Date 03-25-03

**Rep. Price** No, this is strictly applied for by cities, counties, or state PERS programs to provide for family members for cessation. That other piece is an excess of 4 million dollars divided 40% for community education and prevention programs, 40% for school programs, and 20% goes directly out to the Public Health Units for their use in public health issues. You don't see that in this bill since we didn't make any changes to that. It is a line item in the budget though.

**Rep. Delzer** -To Legislative Council- On section 4, won't they need spending authority in the Health Department Budget to fulfill section 4?

**Wolf** This language allows for a carry over for those funds. This gives an exception to all of them to carry money forward and they won't need spending authority.

**Rep. Delzer** Do they need spending authority even though they have carried it forward?

**Wolf** No, they wouldn't.

**Rep. Delzer** With the \$600,000 we are currently spending five to six hundred thousand more than what is going into this trust fund. Doesn't that bother you?

**Rep. Price** The money is always a biennium behind. I don't have a problem with it.

**Rep. Delzer** Next biennium there won't be money for this. Hopefully the success rates will be high.

**Rep. Warnke** I move a Do Pass. 2nd by Rep. Gulleon. Motion Carries 18-1-4. **Rep. Price** will carry this bill.

**REPORT OF STANDING COMMITTEE (410)**  
March 26, 2003 7:55 a.m.

**Module No: HR-53-5756**  
**Carrier: Price**  
**Insert LC: . Title: .**

**REPORT OF STANDING COMMITTEE**

**SB 2297, as engrossed: Appropriations Committee (Rep. Svedjan, Chairman)**  
**recommends DO PASS (18 YEAS, 1 NAY, 4 ABSENT AND NOT VOTING).**  
**Engrossed SB 2297 was placed on the Fourteenth order on the calendar.**

(2) DESK, (3) COMM

Page No. 1

HR-53-5756

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10/22/03  
Date

2003 TESTIMONY

SB 2297

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10/22/03  
Date

# 2297

Community				
Upper Missouri	2000 Census	Amount with \$5000 base	Amount without \$5000 base	
Divide	2,283	\$10,972	\$6,683	
McKenzie	5,737	\$20,008	\$16,795	
Mountrail	6,831	\$22,347	\$19,412	
Williams	19,761	\$51,695	\$57,849	
Total	34,412	\$105,022	\$100,739	
Southwestern District			\$-	
Adams	2,593	\$11,783	\$7,591	
Billings	888	\$7,323	\$2,600	
Bowman	3,242	\$13,481	\$9,491	
Dunn	3,800	\$14,418	\$10,539	
Golden Valley	1,924	\$10,033	\$5,632	
Hettinger	2,715	\$12,102	\$7,948	
Slope	767	\$7,006	\$2,245	
Stark	22,636	\$59,216	\$66,265	
Total	38,365	\$135,362	\$112,311	
First District			\$-	
Bottineau	7,149	\$23,702	\$20,928	
Burke	2,242	\$10,865	\$6,563	
McHenry	5,987	\$20,662	\$17,527	
McLean	9,311	\$29,358	\$27,257	
Renville	2,610	\$11,828	\$7,641	
Sheridan	1,710	\$9,473	\$5,006	
Ward	58,795	\$153,808	\$172,119	
Total	87,804	\$259,696	\$257,041	
Central Valley			\$-	
Logan	2,308	\$11,038	\$6,757	
Stutsman	21,908	\$57,312	\$64,134	
Total	24,216	\$68,350	\$70,891	
Custer District			\$-	
Grant	2,841	\$12,432	\$8,317	
Mercer	8,644	\$27,613	\$25,305	
Morton	25,303	\$66,193	\$74,073	
Oliver	2,065	\$10,402	\$6,045	
Sioux	4,044	\$15,579	\$11,839	
Total	42,897	\$132,219	\$125,578	
Lake Region District			\$-	
Benson	6,984	\$23,218	\$20,387	
Eddy	2,757	\$12,212	\$8,071	
Pierce	4,675	\$17,230	\$13,686	
Ramsey	12,066	\$31,565	\$35,322	
Total	26,482	\$84,225	\$77,466	
Nelson/Griggs District			\$-	
Nelson	3,715	\$14,718	\$10,675	
Griggs	2,754	\$12,204	\$8,062	
Total	6,469	\$26,922	\$18,938	
			\$-	
Barnes	11,775	\$30,804	\$34,471	
Burleigh	69,416	\$181,593	\$203,211	
Cavaler	4,831	\$17,638	\$14,142	

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10/22/03

Date

Dickey	5,757	\$20,060	\$16,853
Emmons	4,331	\$16,330	\$12,679
Fargo/Cass	123,138	\$322,130	\$360,479
Foster	3,759	\$14,834	\$11,004
Grand Forks	66,109	\$172,942	\$193,530
Kidder	2,753	\$12,202	\$8,059
LaMoure	4,701	\$17,298	\$13,782
McIntosh	3,390	\$13,868	\$9,924
Pembina	8,585	\$27,458	\$25,132
Ransom	5,890	\$20,408	\$17,243
Richland	17,998	\$47,083	\$52,688
Rolette	13,874	\$35,771	\$40,030
Sargent	4,368	\$16,421	\$12,781
Steele	2,258	\$10,907	\$6,610
Towner	2,878	\$12,524	\$8,419
Trail	8,477	\$27,176	\$24,816
Walsh	12,389	\$32,410	\$36,268
Wells	5,102	\$18,347	\$14,936
			\$-
	642,200	\$1,880,000	\$1,880,000

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**Proposal  
2003 Tobacco Cessation Program For  
City of Minot Employees and Their Families**

**Submitted by:  
Cheryl Thomas, LAC, Program Coordinator Trinity Addiction Services  
Fourth Floor  
Trinity-St. Josephs Hospital**

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*10/22/03*  
Date

**Program: City of Minot Smoking Cessation Program**

**Contact Persons:**

Robert Frantsvog, Finance Director  
Bobbie Ripplinger, Human Resource Director

**Contact Address:**

515 2nd Ave. SW, Minot, ND 58701

**Contact Phone Number:**

701-857-4753

**Smoking Cessation Program Coordinator:** Cheryl Thomas, LAC  
**Medical Provider:** Tammy Uleberg, FNP-C

**Time Frame:**

6 to 12 week individual program  
Follow-up mailings and contact - one year from start of program

**Budget:**

**Individual program costs:**

NRT & Meds	3 months(approx.)	\$ 600
Medical Provider		100
Counseling/Group Sessions		300
Total per participant		\$1000
Total number of participants (25 estimated) *		
Total cost of Program:		\$25,000 *

**Discussion:**

The cost of \$1000.00 per participant is an estimate and it should be noted that some participants may require more than the \$1000.00, however it is more likely that this cost will be substantially lower per participant.

The Nicotine Replacement Therapy (NRT) and prescribed medication (Bupropion, Wellbutrin SR, and Zyban) have a range of prices. Although most participants will be prescribed medications for tobacco cessation's withdrawal symptoms, which can be

\* (City of Minot anticipating 32 participants for a total of \$32,000)

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extremely uncomfortable, some will choose not to use it for various reasons, e.g., allergies, low number of tobacco products used per day, side effects.... Prices for the NRT are around \$100.00 per month, and prescribed Rx range from \$35.00 to \$102.90. The price quote of \$600.00 is the high end. Northwest Pharmacy will be our provider for pharmaceuticals. A price of cost plus 10% has been quoted us for all tobacco cessation pharmacology, which we find very reasonable.

Our medical provider is Tammy Uleberg FNP-C, Family Nurse Practitioner, Certified and working under the supervision of Dr. Verhey, TMC's Chief of Staff. There will be at least one required visit with our medical provider to rule-out any underlying medical problems that might interfere with an individual's tobacco cessation attempt. Tammy's services will be a minimum of \$50.00.

Counseling sessions, to include individual/group sessions, will be charged at \$30.00 per hour per individual for the entire program a minimum of ten hours. We don't foresee charges beyond the \$300.00 quoted for counseling even if more than the ten-hour minimum is required for some individuals who are having a more difficult time quitting their tobacco use.

If you have any questions please contact Cheryl Thomas, LAC, Program Coordinator at 857-2465.

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Deanna Staller  
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10/22/03  
Date

## **Trinity Addiction Services**

### **Nicotine Dependence Cessation Program**

#### **Overview**

Our nicotine cessation program will offer individualized sessions, support and educational groups, pharmacological and medical services along with telephone support and follow up mailings. Each individual will receive a minimum of two individual sessions with a tobacco counselor/LAC and up to three appointments with our medical provider if needed. Individuals will be required to attend a minimum of four group educational/support sessions. A workbook will be given to each individual, to work on between group sessions, and handouts will be distributed that will include information specific to each individual's special needs. Telephone support will be made available. Our services are confidential. The only information shared will be between the medical provider and the tobacco counselor/LAC. If this service is being funded by an employer the only information that will be shared with the employer will be whether or not the individual has succeeded in remaining tobacco free.

#### **Individual sessions/appointments**

The initial appointment will involve a tobacco assessment and health history, which will be completed by the individual and tobacco counselor/LAC. A discussion will ensue about his/her smoking history to determine the stage of commitment to quitting and level of nicotine dependence, i.e., mild, moderate or severe, which will then lead to recommendations to be shared with the program's medical provider. The individual will then meet with the medical provider. If pharmacology is needed to help with the withdrawal process the medical provider will prescribe the first month's medication at that time.

After the individual's appointment with the medical provider he/she will meet again with the tobacco counselor/LAC to review his/her treatment plan and discuss perceived strengths and weaknesses. Each person is unique and recommendations will be tailored to meet his/her needs. At the end of this session an appointment will be made in 30 days for follow up with the medical provider to review progress and medications.

#### **Group Sessions**

Each individual will be required to attend one weekly support/educational group for four sessions. The first portion of these groups will be educational. Subjects covered but not limited to will include medical consequences, addiction, stress management, problem solving, nutrition and exercise, and relapse prevention. The last half of the session will be for open discussion on how each individual is doing in the process of quitting smoking and/or using spit tobacco.

#### **Telephone Support/Follow-up Mailings**

Telephone support and follow up mailings to each individual will be made beginning after individual/group sessions are completed. These will be at two weeks, one month, two months, 10 weeks, and three months to assess how each individual is doing and to encourage continued success at quitting smoking and/or using spit tobacco.

Each individual will then receive mailings at six months and nine months. After one-year completion of the program all participants will be invited to complete a satisfaction survey to assist us in quality improvement of our program services. Our goal is to assist in the nicotine cessation process in any way that we can.

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10/22/03

Date

Pilot Tobacco Cessation Program  
City of Minot  
September 24, 2002

As we continue to monitor the outcomes from the Pilot Cessation Program we are seeing continued success rates above national averages. Follow up telephone calls were made this month to see how clients were doing at the 6-month level. Through self-reporting it is noted that 57% of our clients are not using tobacco products. Although there have been some slips it is of importance to note that these clients have returned back to their care plans and have continued on in their endeavors to stop using tobacco.

Of those that have returned to their use of tobacco 50% of them are still not using at their previous levels of use. It is also important to note that of those that are using tobacco at their previous levels they still report that they felt they had come away from the program with a lot more knowledge and will use it to be successful in their next quit attempt. Of the 50% currently using tobacco only 5 clients state they "want to smoke" and have no plans in the future to quit.

75% of the clients contacted were happy to have had the experience and the opportunity to learn the skills necessary to quit their use of tobacco. They report they are satisfied with the program overall and many would like to hear how the statistics report for their class. They have demonstrated ownership and pride in their program and that is important for the success of future programs.

We still see problem areas with the weight issue once people have succeeded in quitting their use of tobacco products. This may need further examination in the future, when looking at health programs for the City of Minot employees.

Sharon Leet RN  
Program Coordinator

Kevin Collins MD  
Program Medical Director

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Date

SB 2297



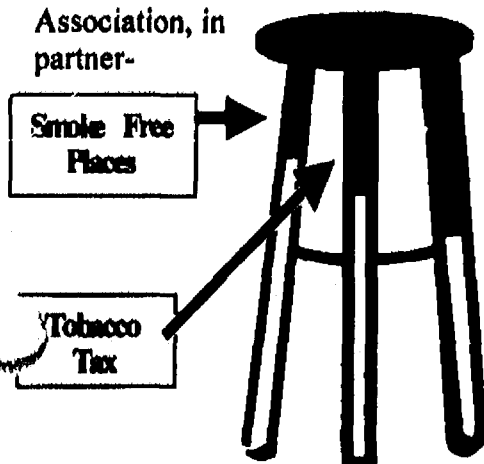
**By 2030, North Dakota will have one retiree for every two workers, and we'll be a much sicker population given current chronic disease trends. Employers, taxpayers, and individuals have already begun to pay the price through higher health costs and tax support.**  
**We can change that picture by addressing the leading preventable risk factor driving our chronic disease epidemic: tobacco use.**

**The countdown begins now!**

**Three key policies proven to reduce tobacco use**

Tobacco use does decline with effective public policy actions that impact price, limit exposure to secondhand smoke, and provide prevention and cessation support. Just as with a three-legged stool, each policy leg plays an important role. All three policy areas are being considered this legislative session.

**Pricing.** North Dakota now collects a 44-cent/pack tobacco excise tax. Gov. Hoeven proposes a 35-cent increase. The American Heart Association, in partner-



ship with numerous other health groups, is recommending a \$1 increase. North Dakota employers, taxpayers and individuals are paying a full \$7.82 per pack for the smoking-related health costs of tobacco.

**Smoke-free Policies.** Minot was the first North Dakota community to pass smoke-free policies, and many other community leaders and worksites are looking into doing the same.

For years, the cigarette companies have been adamantly opposing smoke-free workplace laws by arguing that they reduce smokers' freedoms. But the companies' own internal documents, disclosed in the tobacco lawsuits, show that the cigarette companies actually oppose smoke-free laws because they raise awareness of the dangers of secondhand smoke and reduce

smoking levels, thereby reducing the companies' sales and profits.

**Prevention and Cessation Support.** In 2001, lawmakers supported Gov. Hoeven's recommendations to provide the first-ever state-funded tobacco prevention program, providing \$4.7 million to local health units. The Governor's 2003-2005 budget proposes to increase that amount by \$800,000 to include a statewide quitline. The American Heart Association and other health groups recommend a \$10 million per year increase for community health grants, funded by a portion of the \$1 tobacco tax increase.

The countdown for the Year 2030 has already begun. For every \$1 of prevention funding, we save \$3 in health care costs. We can choose now to build a better future for our youth and our state. ♥

**American Heart Association  
Northland Affiliate  
1-800-437-9710**

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## TESTIMONY OF KATHY ALLEN ON SB 2297

Madame Chair, members of the committee, my name is Kathy Allen and I am with the Public Employees Retirement System. Part of our agency's responsibilities include the administration of the group health insurance plan for the state and our participating political subdivisions.

As you know our health costs, as well as the health costs of all employers have been increasing dramatically in recent years. We at PERS believe that in order to reduce the rate of future increases we need to become more active in promoting healthy lifestyle behaviors to our participating members. We welcome the provisions of this bill since it would allow PERS to apply for grants to offer smoking cessation programs to our state employee members. This is consistent with promoting healthy behaviors since clearly smoking is not a positive behavior and contributes to increased costs for the health plan.

The provisions of this bill would allow us to partner with smoking cessation vendors around the state to offer this program to our members. Our goal would be to reduce the number plan participants who smoke. We at PERS believe that programs such as this are a valuable tool in addressing our rising costs.

Madame Chair, members of the committee thank you for allowing us to share our thoughts with you.



**Testimony**

**Senate Bill 2297**

**Senate Human Services Committee**

**January 29, 2003**

**9:30 a.m.**

**North Dakota Department of Health**

Good morning Chairman Lee and members of the Senate Human Services Committee. My name is Kathleen Mangskau, and I am the Tobacco Program Administrator with the North Dakota Department of Health. I am here to provide neutral testimony on Senate Bill 2297 and information about the Community Health Trust Fund.

**Community Health Grant Program**

The Community Health Grant Program addresses four broad goals: (1) preventing initiation of tobacco use among youth, (2) promoting quitting among youth and adults, (3) reducing nonsmokers' exposure to secondhand smoke, and (4) identifying and eliminating disparities in tobacco use among specific population groups. During the current biennium, the Department of Health administered the Community Health Grant Program and conducted a variety of activities to empower communities and assist them in the planning process for the Community Health Grant Program.

The Department began outreach to local communities by convening four meetings with local public health unit administrators to provide information regarding the three grant programs authorized in the legislation and to provide training on Best Practices for Tobacco Control and Communities of Excellence. The purpose of the training was to provide local public health units with tools for community assessment, planning, and priority setting, as well as information about evidence-based tobacco control methods for proven, effective programs and outcomes.

By June of 2002, all 28 local public health units had applied for and received funding for tobacco prevention and control programs at the local level. Local public health units received 50 percent of the funding upon approval of their plans. The remaining 50 percent will be sent to the units on a reimbursement basis for additional expenditures incurred after the first 50 percent has been spent and reported. Only one health unit did not apply for its total allocation. To date, all but \$10,721 of the \$4.7 million for community and school programs and state aid has been allocated. Local health units were notified of the unallocated

funds and are currently preparing an application to request those funds on a project that would benefit all health units.

Throughout the biennium, Tobacco Program staff members in the Department monitor grant progress and provide technical assistance to the local grantees.

#### Advisory Committee

The Department worked with the Governor's office to establish the Grant Program's 11-member Advisory Committee, which assisted the Department in preparing grant guidance. A listing of the current Advisory Committee members is attached. Once the grant guidance was determined, Tobacco Program staff from the Department of Health provided technical assistance in grant preparation to the local public health units at a series of regional and community meetings held throughout the state.

#### Tobacco Education and Cessation Programs

Local communities, the League of Cities and the Association of Counties were notified about the funding for pilot tobacco education and cessation programs. Eleven local entities expressed interest in the program and were sent information outlining the application procedures for the funding. To date, five local communities applied for funds, including the city of Minot, Grand Forks Public Health, City County Health Department, Central Valley Health Department, and Fargo-Cass Public Health.

There are an estimated 30,000 city, county and state employees in North Dakota. This estimate is based on estimates from Job Service North Dakota, the North Dakota League of Cities and the North Dakota Association of Counties. Of this total, there are an estimated 6,600 smokers and about 3,828 want to quit. This estimate does not include family members of the employees. Based on the current participation rate in cessation programs and the current average cost per participant, the \$500,000 requested in Senate Bill 2297 could initiate the program but may not be able to provide services to all those who want to quit in the biennium.

#### Expenditures

A status report on the Community Health Grant Program is provided on the attached spreadsheet. To date, \$2,787,402 of the \$4.7 million, or 59 percent, has been expended. Based on the funds expended to date, we believe the entire amount of funds to local agencies will be expended by the end of the biennium.

Advisory Committee expenditures to date are \$7,925. We have another \$27,000 in obligated funds for technical assistance and evaluation efforts for the grant

program. The Advisory Committee also anticipates spending some additional funds to develop a baseline report on tobacco use.

Grants awarded to local communities for cessation total \$75,212 with \$35,157, or 47 percent, expended to date. Of the \$250,000 allocated for city and county cessation programs, 30 percent has been awarded in grants. Application for these grants has been slow. A number of factors may have contributed to the slow development of these programs. First, many of the communities indicated that the 1:1 hard cash match was problematic for them. Second, when this program was first initiated, there were few cessation programs available in the state. Through the Community Health Grant Program, we now have cessation programs available in almost 70 percent of the local public health units. The availability of these programs and trained cessation staff should facilitate the development and implementation of programs for city, county and state employees.

#### Progress

The local public health units are required to submit semiannual progress reports. The first formal report for the period May 2002 through December 2002 was due January 15, 2003. The Department of Health is currently in the process of compiling a summary of the progress for this period.

Local progress reports as of October 31, 2002, reflected the following accomplishments:

#### Community Health Grant Program:

- Professional staff has been hired at the local level to carry out and oversee the Community Health Grant Activities.
- 159 schools have received evidence-based tobacco prevention and life skills curricula.
- 350 teachers were trained in use of the evidence-based curricula.
- 124 school assessments were completed; two schools have adopted comprehensive tobacco policies.
- Other school resources to supplement curricula have been purchased.
- 26 local public health units have implemented Power Against Secondhand Smoke in local schools.
- Other tobacco-related training has been offered to schools, including Open Airways Training, the Tobacco Awareness Program, the Tobacco Education Group, and Teens Against Tobacco Use.
- 28 local public health units are collaborating on a statewide public education campaign about the dangers of secondhand smoke.
- 11 local public health units have expanded, enhanced, or developed new local coalitions.
- Community assessments are in progress.
- 126 individuals have been trained in cessation counseling.

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Date

- 11 local public health units are conducting other activities, such as work-site initiatives, tobacco prevention and cessation resources on the web, retailer compliance checks, and community education events.

**City County Cessation Programs:**

- Five communities have initiated cessation programs.
- 104 employees or family members are enrolled to date.
- The three-month program quit rate ranges from 27 percent to 82 percent.
- The six-month program quit rate ranges from 31 percent to 57 percent.

**Related Legislation**

Under House Bill 1004, the Department of Health has requested \$5,875,000 to fund the Community Health Grant Program for the 2003-2005 biennium. The Department requested funds to maintain the program for schools and communities, state aid, cessation programs, and the advisory committee, and requested additional funds for a statewide tobacco cessation quitline and funds for enforcement of the Master Settlement Agreement.

Community Health Grant Program	\$4,700,000
Advisory Committee	100,000
Cessation programs	250,000
Enforcement (Attorney General's Office)	25,000
Statewide quitline	<u>800,000</u>
Total	\$5,875,000

Currently, one position on the Advisory Committee is vacant – the high school student position. Senate Bill 2055 introduced in the current session could impact the high school student position because it requires that any person appointed to serve on a statutorily created entity must be a qualified elector. As such, the Committee may want to review this bill to determine if modifications are necessary to the Advisory Committee section of Senate Bill 2297.

Madame Chair, this completes my formal testimony. I am pleased to answer any questions you or other members of the committee may have regarding tobacco prevention and control issues. Thank you.

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**Community Health Grant Program Advisory Committee**

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Revised 11-25-02

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Date

**Community Health Trust Fund  
Expenditures as of 1/24/2003**

	EXPENDITURES				Balance
	Appropriation	FY 02	FY 03	Total	
<b>1248-02</b>	<b>Senate Bill 2380 \$350,000</b>				
Advisory Committee	100,000.00	3,222.01	4,703.45	7,925.46	92,074.54
Tobacco Cessation	250,000.00	19,780.18	15,376.43	35,156.61	214,843.39
<b>Total</b>	<b>\$350,000.00</b>	<b>\$23,002.19</b>	<b>\$20,079.88</b>	<b>\$43,082.07</b>	<b>\$306,917.93</b>

	EXPENDITURES				Balance
	Appropriation	FY 02	FY 03	Total	
<b>1248-02</b>	<b>Senate Bill 2380 \$4,700,000</b>				
School Health	1,880,000.00	939,359.00	54,578.98	993,937.98	886,062.02
Community	1,880,000.00	935,280.00	35,884.04	970,964.04	909,035.96
State Aid	940,000.00	470,000.00	352,500.00	822,500.00	117,500.00
<b>Total</b>	<b>\$4,700,000.00</b>	<b>\$2,344,639.00</b>	<b>\$442,763.02</b>	<b>\$2,787,402.02</b>	<b>\$1,912,597.98</b>

	EXPENDITURES				Balance
	Appropriation	FY 02	FY 03	Total	
<b>1232-02</b>	<b>Dental Program</b>				
Dental Program	180,000.00	20,000.00	40,000.00	60,000.00	120,000.00
<b>Total</b>	<b>\$180,000.00</b>	<b>\$20,000.00</b>	<b>\$40,000.00</b>	<b>\$60,000.00</b>	<b>\$120,000.00</b>

<b>HD Totals</b>	<b>\$5,230,000.00</b>	<b>\$2,387,641.19</b>	<b>\$502,842.90</b>	<b>\$2,890,484.09</b>	<b>\$2,339,515.91</b>
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	EXPENDITURES				Balance
	Appropriation	FY 02	FY 03	Total	
DHS Fund 316	\$114,755.00	\$0.00	\$34,332.00	\$34,332.00	\$80,423.00

<b>GRAND TOTAL</b>	<b>\$5,344,755.00</b>	<b>\$2,387,641.19</b>	<b>\$537,174.90</b>	<b>\$2,924,816.09</b>	<b>\$2,419,938.91</b>
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*Reconciliation	
Cash Control File Inquiry	2,898,995.05
Paid 1/24/03	25,821.04
JV to correct fund	0.00
<b>Total Expenditures to Report</b>	<b>\$2,924,816.09</b>

1/27/2003 2:08 PM

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Judy E. Lee

To: S HMS NDLA/NDLC/NoDak

cc:

02/19/2003 08:03 AM

Subject: Re: SB 2297

I recall now why that was done the way it was. Because we deleted overstrikes on one paragraph, it meant that the section remained the same. As a result, it did not need to be included in the bill. Bring it down whenever you can and I'll sign it. Can I blame the cold medicine for having a foggy brain?

S HMS NDLA

S HMS NDLA

To: Judy E. Lee/NDLC/NoDak@NoDak

cc:

02/19/2003 07:45 AM

Subject: SB 2297

Good Morning Senator Lee;

About 5:30 last night, Jon Bjornson came over and wanted to know if I knew where you were. I said you had gone to a meeting at 5:15 and thought you may still be in the building. He said he had checked your desk and your lap top computer was gone.

He said that he had to talk to you about the amendments. He said that it was correct the way it was done before. So, he said he would get in touch with you this morning.

I apologize again for not seeing the bill in my folder and getting on this sooner.

Donna Kramer  
Human Services Senate Committee Clerk  
(701) 328-3518

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**Testimony**

**Senate Bill 2297**

**House Human Services Committee**

**March 11, 2003**

**8:30 a.m.**

**North Dakota Department of Health**

Good morning Chairman Price and members of the House Human Services Committee. My name is Kathleen Mangskau, and I am the Tobacco Program Administrator with the North Dakota Department of Health. I am here to provide neutral testimony on Senate Bill 2297 and information about the Community Health Trust Fund.

**Community Health Grant Program**

The Community Health Grant Program addresses four broad goals: (1) preventing initiation of tobacco use among youth, (2) promoting quitting among youth and adults, (3) reducing nonsmokers' exposure to secondhand smoke, and (4) identifying and eliminating disparities in tobacco use among specific population groups. During the current biennium, the Department of Health administered the Community Health Grant Program and conducted a variety of activities to empower communities and assist them in the planning process for the Community Health Grant Program.

The Department began outreach to local communities by convening four meetings with local public health unit administrators to provide information regarding the three grant programs authorized in the legislation and to provide training on Best Practices for Tobacco Control and Communities of Excellence. The purpose of the training was to provide local public health units with tools for community assessment, planning, and priority setting, as well as information about evidence-based tobacco control methods for proven, effective programs and outcomes.

By June of 2002, all 28 local public health units had applied for and received funding for tobacco prevention and control programs at the local level. Local public health units received 50 percent of the funding upon approval of their plans. The remaining 50 percent will be sent to the units on a reimbursement basis for additional expenditures incurred after the first 50 percent has been spent and reported. Only one health unit did not apply for its total allocation. To date, all but \$10,721 of the \$4.7 million for community and school programs and state aid has been allocated. Local health units were notified of the unallocated



funds and submitted an application to request those funds for a project that would benefit all health units.

Throughout the biennium, Tobacco Program staff members in the Department monitor grant progress and provide technical assistance to the local grantees.

#### Advisory Committee

The Department worked with the Governor's office to establish the Grant Program's 11-member Advisory Committee, which assisted the Department in preparing grant guidance. A listing of the current Advisory Committee members is attached. Once the grant guidance was determined, Tobacco Program staff from the Department of Health provided technical assistance in grant preparation to the local public health units at a series of regional and community meetings held throughout the state.

#### Tobacco Education and Cessation Programs

Local communities, the League of Cities and the Association of Counties were notified about the funding for pilot tobacco education and cessation programs. Eleven local entities expressed interest in the program and were sent information outlining the application procedures for the funding. To date, five local communities applied for funds, including the city of Minot, Grand Forks Public Health, City County Health Department, Central Valley Health Department, and Fargo-Cass Public Health.

There are an estimated 30,000 city, county and state employees in North Dakota. This estimate is based on estimates from Job Service North Dakota, the North Dakota League of Cities and the North Dakota Association of Counties. Of this total, there are an estimated 6,600 smokers and about 3,828 want to quit. This estimate does not include family members of the employees. Based on the current participation rate in cessation programs and the current average cost per participant, the \$500,000 requested in Senate Bill 2297 could initiate the program but may not be able to provide services to all those who want to quit in the biennium.

#### Expenditures

A status report on the Community Health Grant Program is provided on the attached spreadsheet. To date, \$2,863,250 of the \$4.7 million, or 61 percent, has been expended. Based on the funds expended to date, we believe the entire amount of funds to local agencies will be expended by the end of the biennium.

Advisory Committee expenditures to date are \$8,057. We have another \$27,000 in obligated funds for technical assistance and evaluation efforts for the grant

Deanna Hallen  
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Date

program. The Advisory Committee also anticipates spending some additional funds to develop a baseline report on tobacco use.

Grants awarded to local communities for cessation total \$75,212 with \$36,608 or 49 percent, expended to date. Of the \$250,000 allocated for city and county cessation programs, 30 percent has been awarded in grants. Application for these grants has been slow. A number of factors may have contributed to the slow development of these programs. First, many of the communities indicated that the 1:1 hard cash match was problematic for them. Second, when this program was first initiated, there were few cessation programs available in the state. Through the Community Health Grant Program, we now have cessation programs available in almost 70 percent of the local public health units. The availability of these programs and trained cessation staff should facilitate the development and implementation of programs for city, county and state employees.

#### Progress

The local public health units are required to submit semiannual progress reports. The first formal report for the period May 2002 through December 2002 was due January 15, 2003.

Local progress reports as of December 31, 2002, reflected the following accomplishments:

#### Community Health Grant Program:

- Professional staff has been hired at the local level to carry out and oversee the Community Health Grant Activities.
- 136 schools have received evidence-based tobacco prevention and life skills curricula.
- 405 teachers were trained in use of the evidence-based curricula.
- 10,641 students were reached in the first semester with the tobacco prevention curricula.
- 229 school assessments were completed; a number of schools strengthened their school tobacco policies and many are working toward adopting comprehensive tobacco policies.
- Other school resources to supplement curricula have been purchased.
- 26 local public health units have implemented Power Against Secondhand Smoke in local schools.
- Other tobacco-related training has been offered to schools, including Open Airways Training, the Tobacco Awareness Program, the Tobacco Education Group, and Teens Against Tobacco Use.
- 28 local public health units are collaborating on a statewide public education campaign about the dangers of secondhand smoke and a pilot project directed toward Native Americans was launched in late February.

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- 14 local public health units have expanded, enhanced, or developed new local coalitions.
- Community assessments are in progress.
- 107 individuals have been trained in cessation counseling.
- 163 health care providers have been trained in clinical cessation models.
- 11 local public health units are conducting other activities, such as work-site initiatives, tobacco prevention and cessation resources on the web, retailer compliance checks, and community education events.
- Six local public health units developed initiatives to target specific populations with high tobacco use such as WIC clients, college students and Native Americans.

#### City County Cessation Programs:

- Five communities have initiated cessation programs.
- 104 employees or family members were enrolled as of December 31, 2002.
- The three-month program quit rate ranges from 27 percent to 82 percent.
- The six-month program quit rate ranges from 31 percent to 57 percent.

#### Related Legislation

Under House Bill 1004, the Department of Health requested \$5,875,000 to fund the Community Health Grant Program for the 2003-2005 biennium. The Department requested funds to maintain the program for schools and communities, state aid, cessation programs, and the advisory committee, and requested additional funds of \$800,000 for a statewide tobacco cessation quitline and funds of \$25,000 for enforcement of the Master Settlement Agreement. The additional funding was budgeted to come from the balance in the Community Health Trust Fund. House amendments reduced funding for the quitline to \$400,000 and removed the \$25,000 for enforcement.

Community Health Grant Program	\$4,700,000
Advisory Committee	100,000
Cessation programs	250,000
Enforcement (Attorney General's Office)	25,000
Statewide quitline	<u>800,000</u>
Total	\$5,875,000

House Bill 1004 contains an appropriation of \$100,000 for the Advisory Committee and \$250,000 for tobacco cessation programs. Senate Bill 2297 also contains an appropriation of \$100,000 for the Advisory Committee and \$500,000 for tobacco cessation programs. Adjustments may need to be made to either Senate Bill 2297 or House Bill 1004 to accurately reflect the legislature's intent regarding these two items.

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Madame Chair, this completes my formal testimony. I am pleased to answer any questions you or other members of the committee may have regarding tobacco prevention and control issues. Thank you.

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Date

**Community Health Trust Fund  
Expenditures as of 2/21/2003**

	EXPENDITURES				
	Appropriation	FY 02	FY 03	Total	Balance
1248-02	Senate Bill 2380 \$350,000				
Advisory Committee	100,000.00	3,222.01	4,834.70	8,056.71	91,943.29
Tobacco Cessation	250,000.00	19,780.18	16,827.43	36,607.61	213,392.39
Total	\$350,000.00	\$23,002.19	\$21,662.13	\$44,664.32	\$305,335.68

	EXPENDITURES				
	Appropriation	FY 02	FY 03	Total	Balance
1246-02	Senate Bill 2380 \$4,700,000				
School Health	1,880,000.00	939,359.00	59,437.38	998,796.38	881,203.62
Community	1,880,000.00	935,280.00	106,943.80	1,042,223.80	837,776.20
State Aid	940,000.00	470,000.00	352,500.00	822,500.00	117,500.00
Total	\$4,700,000.00	\$2,344,639.00	\$518,881.18	\$2,863,520.18	\$1,836,479.82

	EXPENDITURES				Balance
	Appropriation	FY 02	FY 03	Total	
1232-02	Dental Program				
Dental Program	180,000.00	20,000.00	40,000.00	60,000.00	120,000.00
Total	\$180,000.00	\$20,000.00	\$40,000.00	\$60,000.00	\$120,000.00

<b>HD Totals</b>	<b>\$5,230,000.00</b>	<b>\$2,387,641.19</b>	<b>\$580,543.31</b>	<b>\$2,968,184.50</b>	<b>\$2,261,815.50</b>
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		EXPENDITURES			
Appropriation	FY 02	FY 03	Total	Balance	
DHS Fund 316	\$114,755.00	\$0.00	\$34,332.00	\$34,332.00	\$80,423.00

<b>GRAND TOTAL</b>	<b>\$5,344,755.00</b>	<b>\$2,387,641.19</b>	<b>\$614,875.31</b>	<b>\$3,002,516.50</b>	<b>\$2,342,238.50</b>
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10/22/03

Date

**Testimony**

**Senate Bill 2297**

**House Appropriations Committee**

**March 25, 2003**

**3:30 p.m.**

**North Dakota Department of Health**

Good afternoon Chairman Svedjan and members of the House Appropriations Committee. My name is Kathleen Mangskau, and I am the Tobacco Program Administrator with the North Dakota Department of Health. I am providing neutral testimony on Senate Bill 2297 and information about the Community Health Grant Program. Our testimony relates to Section 2, Section 3 and Section 4 regarding appropriations for the advisory committee and the city, county and state employee cessation programs.

**Advisory Committee**

An 11-member Advisory Committee advises the Department on implementation of the grant program. The Advisory Committee has directed some of the \$100,000 funding contained in Section 2 for technical assistance to local communities and for evaluation of the grant program. Advisory Committee expenditures to date are \$8,057. We have another \$27,000 in obligated funds for technical assistance and evaluation efforts for the grant program. The Advisory Committee also anticipates spending additional funds in the range of \$5,000 for committee operations and an additional \$30,000 to \$35,000 for a baseline tobacco report. We estimate there may be \$25,000 to \$30,000 not expended in this category this biennium. We believe we will need the full \$100,000 next biennium because the program will be in full operation and the committee will be meeting over the full two years.

**Tobacco Education and Cessation Programs**

To date, five local communities applied for tobacco cessation funds, including the city of Minot, Grand Forks Public Health, City-County Health Department, Central Valley Health Unit, and Fargo-Cass Public Health.

Grants awarded to local communities for cessation total \$75,212, with \$37,742 or 50 percent expended to date. Of the \$250,000 allocated for city and county cessation programs, 30 percent has been awarded in grants. We estimate another \$25,000 may be requested during the current biennium for cessation

programs. Estimated unobligated funds for the current biennium are \$150,000 in this category.

Application for these grants has been slow. A number of factors may have contributed to the slow development of these programs. First, many of the communities indicated that the 1:1 hard cash match was problematic for them. Second, when this program was first initiated, there were few cessation programs available in the state. Through the Community Health Grant Program, we now have cessation programs available in almost 70 percent of the local public health units.

With the lower match requirement contained in Section 3 and Senate Bill 2297 and increased availability of cessation programs, we believe the cessation funds will be more widely used next biennium.

The House Human Services Committee has amended Senate Bill 2297 to include Section 4 appropriating any unexpended tobacco education and cessation program funding from the current biennium for programs in the 2003-2005 biennium. As stated earlier, we estimate this amount to be \$150,000.

There are an estimated 30,000 city, county and state employees in North Dakota. This estimate is based on estimates from Job Service North Dakota, the North Dakota League of Cities and the North Dakota Association of Counties. Of this total, there are an estimated 6,600 smokers, and about 3,828 want to quit. This estimate does not include family members of the employees. Based on the current participation rate in cessation programs and the current average cost per participant, the \$500,000 requested in Senate Bill 2297 plus the carryover funding estimated at \$150,000 appropriated in Section 4 could initiate the program but may not be able to provide services to all those who want to quit during the biennium.

#### Related Legislation

House Bill 1004 contains an appropriation of \$100,000 for the Advisory Committee and \$250,000 for tobacco cessation programs. Senate Bill 2297 also contains an appropriation of \$100,000 for the Advisory Committee and \$500,000 for tobacco cessation programs. It is our understanding that adjustments are being proposed to House Bill 1004 in the Senate to remove these appropriations and accurately reflect the legislature's intent regarding these two items.

Mr. Chairman, this completes my formal testimony. I am pleased to answer any questions you or other members of the committee may have regarding tobacco prevention and control issues. Thank you.