

# MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

1004

2007 HOUSE APPROPRIATIONS

HB 1004

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

House Appropriations Committee  
Human Resources Division

☐ Check here for Conference Committee

Hearing Date: January 9, 2007 - Time: 8:30 am

Recorder Job Number: 790

Committee Clerk Signature

*Donna Kramer*

Minutes:

**Rep. Chet Pollert, Chairman** opened the hearing on **HB 1004**, A Bill for an Act to provide an appropriation for defraying the expenses of the state department of health. All division members present: **Representatives Larry Bellew, Vice Chairman, James Kerzman, Ralph Metcalf, Mary Ekstrom, Jon Nelson, Gary Kreidt, and Alon Wieland.**

**Dr. Terry Dwelle**, State Health Officer for the North Dakota Department of Health, testified. The Department of Health began a strategic planning process developing the department's mission, goals and objectives. Referred to department's Strategic Map detailing the department's goals in Attachment A.

Mission Statement: The mission of the North Dakota Department of Health is to protect and enhance the health and safety of North Dakotans and the environment in which we live.  
(Copy of Testimony is attached.)

Department Overview: Accomplishments during the past two years in maintaining a 90 percent or higher rate of compliance with per requirements in the air, waste, water discharge and public water supply programs. Met National Ambient Air Quality Standards. Continued tobacco prevention efforts. Continued promoting use of child passenger safety restraints.

Responded to disease outbreaks. Implemented a web-based, electronic birth registration system.

Public Health Challenges: Providing cost-effective childhood vaccinations, purchasing and maintaining a stockpile of medications to protect our citizens in the event of an influenza pandemic, decreasing high-risk behaviors that make North Dakotans sick, reduce their quality of life or cause them early deaths, and completing with other state agencies and the private sector to recruit and retain quality public health employees.

Childhood Immunizations: In the past, DOH received enough federal funding to purchase all recommended childhood vaccines and make them available to all North Dakota children at no charge. These federal dollars are being reduced, while the number of vaccines and their associated costs are increasing. A strategy for addressing this shortfall, held forums with stakeholders across the state. The option that met most of the needs identified at the forums is one we call "Provider Choice." In that plan, the DOH will purchase vaccine for providers at a lower rate; the providers will then bill insurers for the vaccine used. Refer: 07:48 – 74:42  
Department's budget request includes funding for the purchase of vaccines and two New FTEs to manage the Provider Choice programs.

**Representative Kerzman:** Question on providers purchasing vaccines cheaper than county health departments.

**Dr. Terry Dwelle:** Three levels of vaccines that can be purchased in the United States. First, federal rate ... we can only use state or federal entitlement dollars. Second, a wholesale rate pharmacies can purchase which is usually the highest rate. Third, middle rates that is right in between. Not aware of any special purchase agreement. Refer: 09:27 to 10:50.

**Wieland:** Describe what two new FTE's function would be:



**Dr. Terry Dwelle:** Need to receive orders for all 200 providers in the state every month and order vaccines. Follow to get best rate. Reference: 11:15 – 11:40,

**Chairman Pollert:** Vaccines out there before? Something new?

**Dr. Terry Dwelle:** The vaccines have been changing. Costs have been increasing. Have been forced to move away from universal vaccine status to universal select. Refer: 11:40 to 13:00.

Pandemic Influenza: Preparing to respond to a potential influenza pandemic.

Same efforts in other states are same in ND. Overall plan for response is to stockpile antiviral medications that may lessen severity of influenza if prescribed to people shortly after they are exposed. Goal is enough to treat 25% of our population. Federal funds up to 25% of the cost may be available for the purchase.

**Bellew:** Question on shelf life.

**Dr. Terry Dwelle:** Not like an inoculation. Medications and do have shelf life of 5 years. Refer: 16:15 to 17:05.

High-Risk Behaviors: Leading cases of death in ND are heart disease, cancer, chronic lung disease, accidents and diabetes. Underlying causes are high-risk behaviors like tobacco use, diet, inactivity and alcohol use. Nearly 13,000 of today's youth in ND are projected to die prematurely because of smoking. Proposed additional funding one FTE to focus on preventing our young people from smoking. Additional funding for the ND Tobacco Quitline to enhance and expand services. The Tobacco Quitline has proven to be effective. Reference: 18:00 – 20:26

**Chairman Pollert:** Question about numbers of people smoking dropping – why continue?.

**Dr. Terry Dwelle:** Concern that we are making progress but want to accelerate that progress. Refer: 20:18 to 21:37.

**Representative Kreidt:** Question on counseling position. Refer: 21:50 to 22:55

**Dr. Terry Dwelle:** The Tobacco Quitline has many different parts. Many of the people have medical questions that can only be answered between a patient and physician. That is the purpose of this counseling service.

**Dr. Terry Dwelle:** Question on treatment of 25% of ND population. Where does it come from?

**Dr. Terry Dwelle:** Antivirals are not a vaccine. Looking at 1918 pandemic, it is estimated that 25% of the population will be clinically ill with influenza.

**Representative Metcalf:** Question as to which vaccines would not be used anymore.

**Dr. Terry Dwelle:** Provider Choice will allow us to cover all the children in ND. Refer: 25:00 – 29:07

**Representative Ekstrom:** Questions regarding hospital infection rate and public health inspections.

**Dr. Terry Dwelle:** Aggressive about requirements. Regulatory programs, review processes, and state health department involvement. Refer: 30:00 – 34:00

**Representative Ekstrom:** Public concern?

**Dr. Terry Dwelle:** Many different aspects. Refer: 34:00 – 35:40

**Dr. Terry Dwelle:** Employment Recruitment and Retention: Asking for support of the 4 and 4 salary increase for state employees and the \$10 million equity funding as included by the governor in budget request. Refer: 36:00 – 38:00.

Conclusion: Introduction of **Arvy Smith, Deputy State Health Officer**, who will provide information about the programs and budget of the DOH. Refer: 38:00 – 39:15.

**Representative Metcalf:** Question regarding 110 employees leaving workforce?

**Arvy Smith:**

Response on hiring employees and staff. Refer: 39:15 - 41:00.

**Representative Ekstrom:** Request on breakdown of ages of employees.

**Arvy Smith:** Info to be provided.

**Representative Kerzman:** Question on air quality monitoring.

**Dave Glatt, Chief Environmental Health, DOH:** Technology has improved with monitors.

Refer: 44:00 – 47:00

**Representative Nelson:** Question on animal feeding inspection. Workload of monitoring?

**Dave Glatt:** Makeup in rural areas changing. Refer: 48:00 – 49:50.

**Representative Kreidt:** Question regarding 110 people lost in DOH. Includes retirees?

**Arvy Smith:** Budget Overview: Continued referring to chart on Page 6 of the handout. Refer: 50:51. The total budget for the NDDOH recommended for the 2007-09 biennium is \$154,995.011.

**Representative Metcalf:** Question on 319 funds – up or down. Refer: 52:50.

**Arvy Smith:** Will explain later.

**Representative Ekstrom:** Question whether governor increased requested amount.

**Arvy Smith:** Close to 13.4 million General Fund figure. Bulk of figure includes pandemic flu stockpile and governor's salary package - 4 and 4% this year. Refer: 54:00

**Dr. Terry Dwelle:** Requested breakdown of 4 and 4.

**Representative Kerzman & Kreidt:** Questions on Special Funds. Fees collected from operating funds goes into Special Funds and Tobacco Settlement dollars. Refer: 55:00 - 56:15

**Dr. Terry Dwelle:** Question: 7 million is 10%.

**Arvy Smith:** Most of it. Refer: 56:29 Continued testimony on page 6.

**Representative Wieland:** Question on 20 total FTE's – 8 in area?.

**Arvy Smith:** Right. Continued explanation on Governor's Salary and Benefit Package. Refer: 59:00.

**Dr. Terry Dwelle:** Question as to how many employees in Tobacco program.

**Arvy Smith:** Answered 7. Continued explanation on New Programs. Refer: 60:00

**Representative Ekstrom:** Question on number of suicides in ND yearly.

**Arvy Smith:** In 2005, 30 in ages 10 to 24. Refer: 62:00

**Dr. Terry Dwelle:** Question FTE in Suicide Program now.

**Arvy Smith:** Currently do not. Refer: 62:30

**Representative Wieland:** Question regarding grant of limited program ... employee termination clause?

**Arvy Smith:** Upfront with employees. Explanation.

**Representative Nelson:** Question on Traffic Assessment Program additional staff person. Refer 66:48

**Arvy Smith:** Explanation. Computerized system.

Continued on Domestic Violence Grants: Refer: 69:16.

**Representative Kreidt:** Question on influenza stockpile - \$2,263,000 funding ... continuous supply? Rotation process. Now, retail rate of \$70. Refer: 70:00 – 72:45

**Dr. Terry Dwelle:** Refer: 72:50. Limitation of rotation explained. Purchasing in negotiations.

**Dr. Terry Dwelle:** Question as to 2.2 million this biennium – continue every 2 years.

**Dr. Terry Dwelle:** Explanation. Continuing appropriation. Refer: 74:00 – 75:00

**Arvy Smith:** Arsenic Trioxide Program: Explanation. Refer: 75:19

Office for the Elimination of Health Disparities: Explanation. Refer: 76:44 – 78:00

**Dr. Terry Dwelle:** Question on Arsenic Program. SE ND and funds?

**Arvy Smith:** Increase to 11.4 million. Explanation of what is Federal funds. Refer 79:00.

**Arvy Smith:** Death Registry System: Explanation. There is an electronic death registration bill creating an impact.

**Representative Metcalf:** Question on "impact".

**Arvy Smith:** Reduce revenue in the counties and work. Bill is HB 1129. Refer: 80:00

**Dr. Terry Dwelle:** Acknowledged visitors from Harvey Public Health, Jamestown Area Public Health, and Beulah-Hazen who have public comments.

**Chairman Pollert** closed the hearing on HB 1004 until this afternoon. Refer: 82:00

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

House Appropriations Committee  
Human Resources Division

☐ Check here for Conference Committee

Hearing Date: January 9, 2007 - Time: 10:15 am

Recorder Job Number: 791

Committee Clerk Signature
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Minutes:

**Rep. Chet Pollert, Chairman** reopened the hearing on **HB 1004**, A Bill for an Act to provide an appropriation for defraying the expenses of the state department of health. All division members present: **Representatives Larry Bellew, Vice Chairman, James Kerzman, Ralph Metcalf, Mary Ekstrom, Jon Nelson, Gary Kreidt, and Alon Wieland.**

**Arvy Smith:** Terminated Programs/Projects: Changes to Programs: Continued testimony.

(See attachment)

**Representative Wieland:** Question on FTEs. Refer: 005:00

**Arvy Smith:** Twenty FTEs.

**Chairman Pollert:** How many employees emergency commission approved? How many new?

**Arvy Smith:** Explanation. Refer: 006:30 – 08:05

Continued explanation of employee salaries. See testimony on Page 8 of attachment.

**Chairman Pollert:** Question on whether 10 million equity is included in budget. Refer: 011:20.

**Arvy Smith:** Included in governor's budget, SB 2015. Refer: 011:30 – 012:40.

Continued explaining Community Health Trust Fund and cessation programs. (See page 8)

**Representative Kerzman:** Question on Quitline counseling rate. Refer: 015:10 – 16:00

**Chairman Pollert:** Is the 1.1 million increase in Tobacco Quitline sufficient in the governor's budget? Where from? Refer: 016:50 – 017:23

**Arvy Smith:** Budget by Section: Currently, have six major sections in department. But with new Children's Special Health Services and the Minority Health Disparities area, we are creating a new section to handle those areas. It is not in the organization chart. Refer: 017:25 – 021:03

Community Health Section: Six divisions: Cancer Prevention and Control, Chronic Disease, Family Health, Injury Prevention and Control, Nutrition and Physical Activity, and Tobacco Prevention and Control. (See pages 11 – 17) Refer: 021:49 – 027:22

**Representative Kreidt:** Question regarding salaries and wages. Refer: 027:30 – 029:00

**Chairman Pollert:** Question and discussion about classified and nonclassified employees. (See handout) Refer: 029:00 – 030:50.

**Arvy Smith:** Emergency Preparedness and Response Section: (See pages 17 and 18)

**Chairman Pollert:** Do counties have a cost for pandemic flu? Refer: 033:10

**Tim Wiedrich, DOH:** Splits between what the state's responsibility and local public health unit. Discussion. Refer: 034:00 – 36:00

**Chairman Pollert:** Unfunded state mandate in a pandemic flu? Costs to counties:

**Tim Wiedrich, DOH:** We are not.

**Chairman Pollert:** Question regarding flu shots mandate. Refer: 036:00

**Arvy Smith:** Medicaid provides an allocation of vaccine that will cover all of our children that are Medicaid eligible, that are Native American or Native Alaskan, uninsured, and under insured. Refer: 036:00 – 037:58

**Arvy Smith:** Continued with major expenses in Emergency Preparedness.

**Chairman Pollert:** How many temporary FTEs?

**Arvy Smith:** Four full time temporary and four additional at Public Health, and other temporary salaries. Refer: 039:10.

Medical Services: (Page 19 – 21)

Currently, the State Forensic Examiner position is vacant with a forensic pathologist from UND School of Medicine and Health Services currently assisting the department. Total Budget for Medical Services is \$15,252,669. Refer: 040: 00 – 044:23

**Representative Ekstrom:** Question regarding prescreening? Refer: 45:01 – 045:47

**Arvy Smith:** Health Resources Section: Consists of four divisions: Health Facilities, Office of Community Assistance, Emergency Medical Services, and Food and Lodging. (See Page 21-24)

**Representative Kreidt:** Question regarding salaries for Health Resources. Refer: 049:00 – 049:55

**Representative Kerzman:** Question regarding Safety Codes. Refer: 050:00 – 051:22

**Representative Metcalf:** Referred to the recent inspection at the Veterans Home ... buildings being a fire hazard. Refer: 052.06 – 052:53.

**Darlene Bartz, Health Resources Section Chief:** One issue at the Veterans Home – a tunnel which, in case of a fire, the fire would go throughout. It is an issue. Refer: 052:55 – 054:52.

**Representative Nelson:** Referred to "gray areas" of surveys.

**Darlene Bartz:** Try to get consistency. Refer: 055:00 – 057:20.

**Representative Wieland:** Do inspectors work with local agencies? Refer: 057.33

**Darlene Bartz:** Surveyors are trained through Federal government. Refer: 057:53 – 058:30



**Representative Metcalf:** Changes need to be made in structural facility. Refer: 059:10 – 061:02

**Darlene Bartz:** Do not make the codes and are not always in control.

**Representative Kreidt:** Question on life safety of Veterans Home. Has department done any analogy of what it would cost for any changes?

**Darlene Bartz:** Have not done any analysis. Refer: 060:00 – 063:19

**Representative Kreidt:** Who is going to pay for this?

**Chairman Pollert:** Just some concerns of committee members.

**Arvy Smith:** Environmental Health Section: Refer: 064:12

(See Page 24 -29) Five divisions within Environmental Health: Air Quality, Laboratory Services, Municipal Facilities, Waste Management and Water Quality.

Special Populations Section: Refer: 069:56

New section added for the biennium. Includes the transfer of Children's Special Health Services from the Department of Human Services and the addition of a new program called the Office for the Elimination of Health Disparities.

**Representative Ekstrom:** Question regarding transfer if to be a physical move ... people following their jobs.

**Arvy Smith:** Eight individuals ... plan to take all.

Office for the Elimination of Health Disparities: OEHD will provide leadership to develop goals, strategies, policies and programs to eliminate health disparities. Refer: 073:48

**Public Testimony:**

**Robin Iszler, Administrator of Central Valley Health District.** (Provided copy of testimony)

Requesting support of HB 1004. Refer: 078:50 – 085:22

**Representative Nelson:** Question on Environmental Health being the most important issue.

Refer: 085:44

**Representative Nelson:** How many public schools for a nurse? Refer: 086:00

**Chairman Pollert:** Question regarding 5 mills levy? Refer: 087:34

**Karen Volk, RN, Nurse Administrator and Director of Nursing from Wells County.**

Testified in support of HB 1004. Refer: 089:28 – 093:00

**Dave Peske, North Dakota Medical Association.** Stated Medical Association has an interest on a portion of the Health Department Budget of the Physician Loan Repayment Program.

**Brad Strand, Head of the Department of Health, Nutrition and Exercise Sciences at North Dakota State University.** Provided testimony regarding the Healthy North Dakota worksite wellness pilots. Refer: 095:31 – 104:15.

Meeting adjourned until after lunch.

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

House Appropriations Committee  
Human Resources Division

☐ Check here for Conference Committee

Hearing Date: January 15, 2007 - Time: 9:15 am

Recorder Job Number: 1106

Committee Clerk Signature

*Donna Kramer*

Minutes:

**Rep. Chet Pollert, Chairman** opened the hearing on **HB 1004**, A Bill for an Act to provide an appropriation for defraying the expenses of the state department of health. All division members present: **Representatives Larry Bellew, Vice Chairman, James Kerzman, Ralph Metcalf, Mary Ekstrom, Jon Nelson, Gary Kreidt, and Alon Wieland.**

**Kathy Albin, Director from the State Department of Health**, testified in place of Arvy Smith, Deputy State Health Officer, who had to attend another meeting. Gave a recap of hearings for this week.

**Kathy Albin** continued stating there would be a special presentation on the Pandemic Flu stockpile.

**Tim Wiedrich, Section Chief, DOH**, testified. Refer: 004:56.

(Copies of handouts **Pandemic Influenza Antiviral Stockpile Program Summary** and **Pandemic Influenza Antiviral Cost Description** attached) Gave an overview if there is an outbreak. Explained the difference between pandemic antiviral and vaccine. Concerns: 1) Cannot use stockpile unless the federal government declares a pandemic. 2) Cannot rotate drugs. Questions about rotation. Federal government recommends a stockpile large enough

to cover 25% of the population. What would be needed to be purchased at a state level would be roughly 65,000 courses. Questions and discussion about stockpile.

**Tim Wiedrich** continued to explain the North Dakota Plan for a stockpile for a total cost of \$2,263,000. Questions and answers regarding the rate of \$15 from the federal government negotiations and where stored. It was stated there would be 65 points of dispensing in the state. More questions and discussion on the antiviral drug stockpile and cost. The stockpile would be rotated every 5 years.

**Arvy Smith, Deputy State Health Officer**, stated the amount needed to be repurchased after 5 years, if shelf life is not extended, is \$714, 135. The \$1.2 million is a one-time cost. More discussion and questions regarding the shelf life and rotation of the antiviral medicines. It was stated the "Federal government will purchase and store 94,391 courses for ND and this would not be rotated." Refer: 36:15.

**Dr. Terry Dwelle, State Health Officer for the North Dakota Department of Health**, testified continuing to explain the shelf life, storage fees and replacement costs, and the cost of each course. Dr. Dwelle stated the \$1.2 million dollars goes to buy the initial cushion that allows us to have extra amounts of this antiviral in the state for use whether we have a pandemic or a local epidemic never declared by the federal government. Refer: 37:30 - 42:20.

**Tim Wiedrich and Dr. Terry Dwelle** continued testifying and explaining the North Dakota plan for the drug stockpile in the event of a pandemic flu epidemic. Refer: 43:00 - 51:45

**Arvy Smith, Deputy State Health Officer**, began testifying again regarding **Emergency Preparedness Response**. (Handout is attached) The columns were explained. Arvy stated the increases in this biennium are related to the pandemic flu planning. There were questions regarding emergency pool, repairs, Emergency Commission authorization, IT Contractual Services, and software with answers regarding the budget. Refer: 53:00 - 72:20

**Tim Wiedrich** explained some of the software costs and maintenance agreement. Refer:

73:00 - 74:00

**Arvy Smith** continued with questions and explanation regarding the Professional Services.

Refer: 74:50 - 80:00. Discussion continued regarding salaries budget ... 4 - 4, base salary, and increases. Refer 80:00 - 93:00

There were questions and explanation regarding equipment under \$5,000, other equipment.

Refer: 93:20 - 96:10

**Tim Wiedrich** continued to explain the equipment amount (communication packages, microscope, and satellite links equipment). Refer: 96:15 - 105:00

**Arvy Smith and Tim Wiedrich** gave an explanation as to the hiring of temporary auditors and quality performance people (who collect data). Refer: 105:40 - 110:15

### **Grant Line Items**

**Arvy Smith** reviewed the explained the Grant Line Items. Questions regarding the local public health units funding and there was continued discussion. Refer: 110:15 - 116:49

**Representative Nelson** requested information about the HRSA Grant. **Arvy Smith and Tim Wiedrich** gave an explanation of the reduction in the grant (as federal funds) had reduced and what the monies were used for. Refer: 118:00 - 124:00

### **Medical Services**

**Arvy Smith** continued with an overview of the Medical Services starting with salaries and continued. She explained the income from Provider Choice, reduction in contractual services, general funds increase (state forensic officers), and Professional Services increase. She mentioned "getting hit in federal funds." Refer: 126:40 - 143:00

Meeting adjourned until this afternoon.

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

House Appropriations Committee  
Human Resources Division

☐ Check here for Conference Committee

Hearing Date: January 15, 2007 - Time: 2:00 pm

Recorder Job Number: 1135

Committee Clerk Signature

*Donna Kramer*

Minutes:

**Rep. Chet Pollert, Chairman** reopened the hearing on **HB 1004**, A Bill for an Act to provide an appropriation for defraying the expenses of the state department of health. All division members present: **Representatives Larry Bellew, Vice Chairman, James Kerzman, Ralph Metcalf, Mary Ekstrom, Jon Nelson, Gary Kreidt, and Alon Wieland.**

**Arvy Smith, Deputy State Health Officer**, began this afternoon reviewing **Special Populations** section budget. Arvy stated this is a brand new section which accommodates new minority health program (all federal funds) and the transfer of Children's Special Health Services from the Department of Human Services. Questions and answers regarding salaries and as to when federal money becomes available. Refer: 01:00 - 05:50

**Representative Bellew** asked a question about the Grants to ND Human Services of \$248,000. **Tamara Gallup Millner, Director of Health Services**, explained that it was a county reimbursement. Questions regarding Russell Silver program and explanation. Refer: 06:40 - 15:30

**Arvy Smith** continued with the Special Populations review. Question about FTEs.

**Chairman Pollert** asked about Minority Health work.

**Dr. Terry Dwelle, State Health Officer for the North Dakota Department of Health,**

responded and defined ... diseases in high risk areas ... why Minority Health Officer ... special populations ... Refer: 17:34 - 22:50.

**Arvy Smith** continued answering questions regarding federal funds and special needs with

**Tamara Gallup Millner** explained special needs. Refer: 26:20 - 26:43

**Arvy Smith and Tamara** answered questions regarding Russell Silver program, money turned back, why more money needed and number of people affected by this. Refer: 28:00 - 36:40

**Arvy Smith** continued with Provider Choice. (Handout attached) Showed a Power Point presentation on the screen to show the complex immunization process and why they came to the conclusion to go down the road of Provider Choice. Major changes going on in the immunization program across the country. She explained the 317 Funding, Costs to Vaccinate a Child, Reasons for Increases. Arvy stated there are 10 more vaccines in progress for a variety of things that will cost more money. It was noted that changes will be in the ages of children vaccinated because of cost. Refer: 37:00 - 48:00

**Representative Ekstrom** asked about whether staph infection vaccine is one-time vaccination. **Dr. Terry Dwelle** stated that is still known, it is still in research study. Dr. Dwelle continued explaining various diseases and the vaccines.

**Arvy Smith** continued reviewing the Costs of New Vaccines, Varying Costs Per Child, Categories of Children, Total Costs to Vaccinate, Total Funding Gap, Total Funding Gap W/Catch-up, Total Funding Gap W/Catch-up, Other Considerations, Potential Options of VFC Only (All other vaccines in private market at private rates); or, Universal Coverage (VFC plus state general funds for all other children); or, Provider Choice (VFC plus state purchases non VFC to achieve best rate for non VFC using funding from providers who bill insurers for costs), and Conclusion. Out of 174,000 children, 139,000 children are getting vaccinated or 79%.

Questions regarding the 21% that need to be vaccinated and why they haven't been vaccinated. Arvy responded that ND used to be one of the top five in the nation. Reasons are the lack of knowledge.

**Dr. Terry Dwelle** stated there was a gap of kids between 6 months and school age that need vaccinations. Refer: 65:20 - 67:50

Meeting adjourned for the day.



## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

House Appropriations Committee  
Human Resources Division

☐ Check here for Conference Committee

Hearing Date: January 16, 2007 - Time: 8:30 am

Recorder Job Number: 1147

Committee Clerk Signature

*Donna Kramer*

Minutes:

**Rep. Chet Pollert, Chairman** reopened the hearing on **HB 1004**, A Bill for an Act to provide an appropriation for defraying the expenses of the state department of health. All division members present: **Representatives Larry Bellew, Vice Chairman, James Kerzman, Ralph Metcalf, Mary Ekstrom, Jon Nelson, Gary Kreidt, and Alon Wieland.**

**Arvy Smith, Deputy State Health Officer**, began with page 6 of the Immunization Funding booklet. Question regarding new vaccines and the cost. She explained what was in the gross dollars' cost and the VFC cost concern. The remaining non-VFC category is their concern. Moving into 2008, there will a \$5.9 million gap to cover. This is a problem. BCBS will cover. Can buy at a lower rate and distribute with Provider Choice option. Discussion regarding billing. Steps: BCBS gives DOH the money, DOH buys the vaccine, and BCBS reimburses for the cost of the vaccine. DOH want to switch to providers give the money, DOH purchases the vaccine, vaccine to the providers and they give the shots, and bill the insurance companies or the individual. Provider Choice option cost to the General Fund, if implemented July 1, is the \$220,000 with two people to do this. Continued discussion. Refer: 12:00 - 23:50

**Arvy Smith** continued with page 7 regarding the catch-up of 25% rate per year explanation. All of the schedules shown assume that we stay at 79% of ND children covered, **Arvy Smith**

stated. Discussion and questions. **Arvy** explained the state general funds scenario in using general funds and buy off federal vaccines and give to providers. Continued discussion. 35:00 - 37:00.

**Arvy Smith** continued with page 8 with some of the considerations. Questions and discussion on the numbers presented on the budget, numbers immunized, costs, and the options. **Arvy Smith** explained the lowest rate option. Refer: 37:10 - 53:48.

**Arvy Smith** explained the option of Universal Coverage with no insurance costs. The general fund gives the DOH money to buy vaccine at a lower rate with no insurance costs. The state would be administering and the DOH would bear the financial risk if the 79% increases or the catch-up rate is higher. Questions and discussion. Refer: 54:00 - 57:20.

Continuing with the Provider Choice option, **Arvy Smith** again explained the plan with the benefits. Questions and discussion. Refer: 57:25 - 62:22

**Arvy Smith** handed out the sheet on the Costs to Vaccinate.

**Dr. Dwelle** answered questions about mandated vaccines, if approved - when the program would be up and running, and amounts granted to public health units. 62:25 - 73:50.

Meeting adjourned for a break.

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

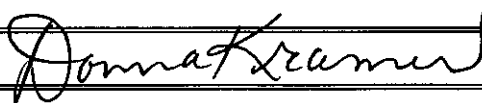
House Appropriations Committee  
Human Resources Division

☐ Check here for Conference Committee

Hearing Date: January 16, 2007 - Time: 10:00 am

Recorder Job Number: 1195

Committee Clerk Signature



Minutes:

**Rep. Chet Pollert, Chairman** reopened the hearing on **HB 1004**, A Bill for an Act to provide an appropriation for defraying the expenses of the state department of health. All division members present: **Representatives Larry Bellew, Vice Chairman, James Kerzman, Ralph Metcalf, Mary Ekstrom, Jon Nelson, Gary Kreidt, and Alon Wieland.**

**Arvy Smith, Deputy State Health Officer**, continued with **Environmental Health**. (Handout given) She stated they are looking at an increase of \$13 million. Most of it is in Federal funds ... mainly the arsenic project in southeast ND. Question and explanation about the project, FTEs, salaries, insurance, travel expense, and professional services decrease.

**Dave Glatt, Environmental Health Section Chief**, in response to a question about the Arsenic Project explained the background of the project and the expansion of the water treatment. He also talked about the 319 program, explained LUST, explained Lake Survey, and how long Arsenic Project and how funded. Refer: 11:10 - 27:30.

**Arvy Smith** continued with a definition and explanation of **Extraordinary Repairs** under Capital Assets. They are major repairs to buildings based on a formula based on the age of the building, cost, whether renovated, and such. Question regarding OMB using a formula. There was a question about the requested underground sprinklers and explanation. Continued

discussion about security, Environmental Training Center, size of buildings, other funds items, abandoned tire fund, abandoned electronics, and purchasing equipment. Refer: 27:40 - 52:00

**Arvy Smith** reviewed **Community Health**. Executive recommendation is \$53,945,823.

Questions and discussion regarding Tobacco Settlements ... FTEs .... Salaries ... Youth

Tobacco Coordinator ... Healthy Weight Coordinator ... other vacant positions listing. Request made by **Representative Metcalf** for a listing of FTEs, temporaries and their salaries.

**Don Morrisette** stated that the Legislative Council are putting together a vacant position listing and would be ready in about two weeks. More explanation on the Youth Tobacco Program.

**Karalee Harper, Tobacco Coordinator**, talked about the media efforts of the Tobacco Program stating that approximately 32 million dollars is spent from the Tobacco industry marketing this state alone. Questions and discussion regarding other approaches in getting state employees to quit smoking ... Quit Line.

Continued discussion with **Arvy** regarding the tobacco dollars settlement ... portion of money used for the dental loan repayment program and now portion going to physician loan repayment ... one person coordinating 7.5 million dollars ... goal to keep revenues and expenditures close ... cervical cancer money ... schedule mentioned of all the salaries of the Tobacco Program employees ... prescription drugs.

**Karalee Harper** explained the "Quit Line" and how it works. Refer: 091:50

Questions and discussion regarding ranking the Quit Line ... 31% quit rate after 12 months ... coordination with local public health units and the Department of Health ... bilingual - there are translators ... advisory committee - evaluation ... explanation of strategic plan on health issues.

**Recess until this pm.**

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

House Appropriations Committee  
Human Resources Division

☐ Check here for Conference Committee

Hearing Date: January 16, 2007 - Time: pm

Recorder Job Number: 1230

Committee Clerk Signature

*Donna Kramer*

Minutes:

**Rep. Chet Pollert, Chairman** reopened the hearing on **HB 1004**, A Bill for an Act to provide an appropriation for defraying the expenses of the state department of health. All division members present: **Representatives Larry Bellew, Vice Chairman, James Kerzman, Ralph Metcalf, Mary Ekstrom, Jon Nelson, Gary Kreidt, and Alon Wieland.**

**Kara Lee Harper, Tobacco Coordinator**, gave additional information about the "Quit Line" in answer to questions about translation services ... cigarette counter marketing. Questions and discussion regarding advertising ... stating point of purchase advertising works ... 32 million is spent in ND - what is spent nationwide is 15 billion.

**Arvy Smith, Deputy State Health Officer**, continued with the Budget. There were questions and discussion regarding WIC payments ... Abstinence Education Funding ... getting federal funds in and out - staff persons needed ... State Tribal Youth Suicide Prevention Grant - what information needed ... Gatekeeper training ... Grants to Encourage Arrests ... Youth Tobacco Program ... promotion of the Quit Line.

Question was asked about Family Planning and an explanation was given. Refer 32.54. Nine sites throughout the state with satellite services. Provide guidance information - women's choice. None of the money goes to any abortion clinics in the state.

Questions and explanation regarding breast and cervical cancer ... PSA - new way for paying - fee performance based payment ... Information Technology decreases ... operating expenses - decoder book.

Questions regarding federal grants for prostate screenings. **Keith Johnson, Director of Custer Health**, stated there was a program "Spirit of Eagles" - not a Federal program - which targets men. High referral rate.

**Youth Tobacco** handout attached. Discussion on website proposed.

**Deborah Knuth, Director of Government Relations for the Great West Division of the American Cancer Society**, testified in support of an amendment for Women's Way. (Written testimony attached)

In response to a question about reaching women about cancer, **Mary Ann Foss, Director, Division of Cancer Prevention & Control**, spoke about "In Reach" program working with health care providers who refer women to Women's Way. Women's Way had trained local volunteers who do one-to-one recruitment who do not get paid. Questions and discussion regarding Women's Way being federally funded at 1.3 million per year ... waiting list ... Native American Health Services.

**Deborah Knuth** gave a handout entitled "**Comprehensive Cancer Control Program**" which she read. Questions and discussion followed primary physician costs ... seeking federal money ... average age on colorectal cancer screening (age 50) ... FOBT blood tests ... Women's Way option ... demographic breakout prevalent in any area ... minorities have higher rates.

**Arvy Smith** started to review Administrative Support (handout attached).

**Keith Johnson, Administrator for Custer Health**, answered a question regarding public health mill levy and numerous public health facilities not getting 5 mills. He stated there were

many factors influencing the public health tax levy as there are for schools. Rich counties, poor counties, different situations. Two interim studies were done on how to make public health a reliable state supplier of both local public health services and emergency response. A request was made 1.9 million dollars. Questions and discussion regarding formula of distribution of 1.1 million ... commissioners look at dollar amount ... some counties do not use a mill levy ... a bill to raise mill levy ... only district health units have mill levies authorized.

**Chairman Pollert** adjourned for the day until Thursday morning when Administrative Support will be continued.

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

House Appropriations Committee  
Human Resources Division

☐ Check here for Conference Committee

Hearing Date: January 18, 2007 - Time: am

Recorder Job Number: 1335

Committee Clerk Signature

*Donna Kramer*

Minutes:

**Rep. Chet Pollert, Chairman** reopened the hearing on **HB 1004**, A Bill for an Act to provide an appropriation for defraying the expenses of the state department of health. All division members present: **Representatives Larry Bellew, Vice Chairman, James Kerzman, Ralph Metcalf, Mary Ekstrom, Jon Nelson, Gary Kreidt, and Alon Wieland.**

**Arvy Smith, Deputy State Health Officer**, gave handouts on "acronyms" and schedules to compare current budget sheets with the Executive Budget or Governor's recommendation and current budget to the '05-'07 budget. She explained the budgets. There were questions and discussion regarding salaries.

**Arvy** handed out a map of the ND Dept. of Health Labs Campus and explained. Questions and discussion ensued regarding whether there was an office in the morgue ... part of UND Medical School ... lost forensic examiner - do send bodies to UND... do 200 autopsies a year ... need to do a study ... proposed morgue building in Grand Forks with UND ... focusing on getting a forensic examiner ... autopsy costs ... get involved at the request of the local county coroner ... no land for expansion ... underground sprinklers ... square footage.



**Arvy** gave a handout on **Environmental Health Equipment less than \$5000** and explained.

Questions and discussion followed regarding fixed or used in the field ... replacements ... general funds.

**Keith Johnson, Administrator of Custer Health**, responded to a question asked previously regarding the **counties' mill levy for local public health facilities**. (Attachment) He mentioned getting the 5 mill cap lifted or funding.

**Terry Traynor, Association of Counties**, answered questions regarding county commissioners' priority ... 221 county commissioners ... property taxes hard to raise ... where dollars are going ... sharing public health officers ... combined mill levy ... disparity in mill levy ... goal of delivering services ... city budgets instead of county mill levy ... state increase in general funds ... counties increase their contributions ... 1.9 million spread out among 53 counties.

**Keith Johnson** spoke about the objective of the 1.9 million dollars resulting from an interim study to fulfill a need for more uniform services across the state including 4 large health units. Questions and discussion followed regarding receiving more state funds to get federal match ... groups providing services same as Public Health - correlate ... fill a gap.

**Lisa Clute, First District Health Unit in Minot**, spoke about the mill levy dollars and what they receive from the City of Minot. Local public health units have felt a squeeze. Federal dollars have been decreased.

**Meeting adjourned for a break.**

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

House Appropriations Committee  
Human Resources Division

☐ Check here for Conference Committee

Hearing Date: January 18, 2007 - Time: 10 am

Recorder Job Number: 1368

Committee Clerk Signature

*Donna Kramer*

Minutes:

**Rep. Chet Pollert, Chairman** reopened the hearing on **HB 1004**, A Bill for an Act to provide an appropriation for defraying the expenses of the state department of health. All division members present: **Representatives Larry Bellew, Vice Chairman, James Kerzman, Ralph Metcalf, Mary Ekstrom, Jon Nelson, Gary Kreidt, and Alon Wieland.**

**Arvy Smith, Deputy State Health Officer**, handed out the **Administrative Support** budget schedule. She began with an explanation on the salaries and wages answering questions regarding emergency commission approved ... new accountant duties ... competing with other state agencies for employees ... insurance costs - risk management ... difference in salaries. Questions were asked regarding death registry ... move to electronic death records ... operating costs for IT.

**Chairman Pollert** acknowledged the **Harvey High School Students.**

**Arvy Smith** continued answering questions regarding the death registry death certificates - fee schedule ... equipment under \$5,000 - replacement of PCs ... Federal Emergency Preparedness ... HAN Network ... Indirect Cost Pool.

**Arvy** handed out a flow-chart on "**Immunizations**" and explained. Questions answered and discussion regarding price tag ... provider choice option ... delayed implementation costs - HB

1435 for 3.5 million for one year ... provider limited to administrative costs \$8.43 - high as \$24 ... getting opinion of ability to limit charge of administration ... supply of vaccinations ... HB 1136 ... concern at DOH ... immunization records.

**Arvy Smith** gave the **Optional Package** handout and explained. (Attachment) Questions answered regarding the HB 1296 ... Youth Tobacco Coordinator ... salary package ... 10 million equity pool ... out of 10 million equity pool - theoretically can use 3 million ... number of employees part of equity pool ... state-wide school health bill. It was stated by Legislative Council that of the 10 million equity pool, \$450,000 would be slated for people who are below the midpoint in the health department.

**Arvy Smith** gave a handout on the lakes in North Dakota. She continued with the explanation on grants with **Special Populations** (attached). She gave handouts on Medical, Dental, Optical breakdown, Emergency Preparedness, and Office of Forensic Examiner budget (attached). Explained and questions answered regarding range of salary for forensic doctors ... 40 hours weekly.

Handouts given on Emergency Preparedness IT processing (attached).

**June Herman, Senior Advocacy Director for the American Heart Association**, spoke requesting funding for the Tobacco Prevention Program. (Written testimony and handouts attached)

**Arvy Smith** gave a handout on "rollup" budget on the DOH. (Attached)

**Adjournment until this afternoon.**

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

House Appropriations Committee  
Human Resources Division

☐ Check here for Conference Committee

Hearing Date: January 18, 2007 - Time: 3 pm

Recorder Job Number: 1403

Committee Clerk Signature

*Donna Kramer*

Minutes:

**Rep. Chet Pollert, Chairman** reopened the hearing on **HB 1004**, A Bill for an Act to provide an appropriation for defraying the expenses of the state department of health. All division members present: **Representatives Larry Bellew, Vice Chairman, James Kerzman, Ralph Metcalf, Mary Ekstrom, Jon Nelson, Gary Kreidt, and Alon Wieland.**

**Arvy Smith, Deputy State Health Officer**, began the budget explanation process on **Health Resources**. Questions and discussion ensued regarding traffic assessment in DOH (ambulance runs) information given to DOT ... \$190,000 increase rationale ... health surveys ... food service areas problems ... hotel swimming pools.

**Darlene Bartz, Health Resource Section**, testified stating microbiology funding was cut for testing swimming pools - now done through local public health units.

**Arvy Smith** continued to answer questions regarding rental property ... IT software which includes inflation for telephone ... advertising for vacant positions and recruiting.

**Tim Meyer, Division Director for Emergency Medical Service**, responded to a question about the Traffic Assessor position. Refer: 22:20

**Arvy Smith** continued with answering questions regarding **Professional Services** - Certificate of Public Advantage ... Health Care Analysis ... Emergency Medical Services Training ...

\$940,000 explanation ... ambulance services ... services that have volunteers ... EMS funding.

**Terry Olson, Human Resources Director**, spoke about hiring and recruitment in response to questions about advertising and how much is spent. Refer: 37:20

**Arvy Smith** continued with explanation on **Grants/Special Line Items** answering questions regarding federal funds coming down, the amount of general funds and tobacco fund dollars on physician loans and dental loans.

In response to a question regarding a bill on dental loans, **Gary Garland, DOH**, spoke about the new bill HB 1125, an amendment to the existing loaner payment program for dentists.

Refer: 46:30. Questions and discussion regarding responsibility for physician completion ... loss of federal money ... **track records - 25 physicians through program.**

**Dave Peske representing the ND Medical Association** testified in support for the Physician Loan Repayment program administrated by the DOH. (Written testimony attached) Refer: 57:00. Questions were asked regarding the three communities participating in the program which are Hillsboro, Carrington, and New Rockford.

**Dave** spoke about HB 1125 which is a bill that would create a loan program for optometrists and veterinarians. There is another bill for dentists.

**Gary Garland** explained the Rural Health Primary Care figure is the amount that DOH receives from the Federal Health Resource Services Administration and its benefits. Refer: 64:00

**Chairman Pollert** asked about the Veterans Home concern about being shut down after an inspection. **Darlene Bartz** responded by stating the Veterans Home was a basic care facility under state jurisdiction. She gave a history of the situation stating it was the venting.

**Adjournment.**

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

House Appropriations Committee  
Human Resources Division

☐ Check here for Conference Committee

Hearing Date: February 5, 2007 Time 8:00 am

Recorder Job Number: 2744

Committee Clerk Signature
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Minutes:

**Rep. Chet Pollert, Chairman** reopened the hearing on **HB 1004**, A Bill for an Act to provide an appropriation for defraying the expenses of the state department of health. All division members present: **Representatives Larry Bellew, Vice Chairman, James Kerzman, Ralph**

**Metcalf, Mary Ekstrom, Jon Nelson, Gary Kreidt, and Alon Wieland.**

**Chairman Pollert** stated there would be discussion on any proposed amendments. **Don Wolf of Legislative Council** was instructed to put all the suggested amendments into one package.

**Representative Bellew:** Proposed amendment to allow Health Department to collect fees.

**Representative Kreidt:** Proposed amendment in regard to Critical Incident Stress Management Program. Federal dollars have been dropped. Amend the budget. Explanation given.

**Representative Metcalf:** Desire to increase equity funds for salaries.

**Representative Kerzman:** Put in OAR's for discussion purposes - #4 and #2. Discussion followed.

**Representative Ekstrom:** Suggested #5, #12, and #16.

**Arvy Smith** explained. Discussion followed.

**Representative Nelson:** Put funding forward regarding colorectal screening. Discussion followed. He also mentioned the physician loan program.

**Chairman Pollert:** Suggested amendment on Community Health Trust Fund.

**Representative Bellew:** Suggested pandemic flu column reduction and FTE's in General Funds in Special Funds.

**Arvy Smith** explained HB 1084.

**Representative Bellew:** Asked for the intent of HB 1084 added into an amendment.

**Chairman Pollert:** Discussion on #18 Youth Tobacco Coordinator position, amendment of \$300,000 out of Tobacco Fund, and adding an FTE.

**Representative Wieland:** Amendment to remove sprinkler system.

**Representative Bellew:** Reduction of Russell Silver fund.

Discussion with **Arvy Smith** regarding the Tobacco programs.

Continued committee discussion on OAR's immunization, implementation of Provider Choice, HB 1435 language put in HB 1004, and 2 million dollars related to immunization.

**Don Wolf, Legislative Council,** to put suggested amendments into a draft to be presented at the next meeting.

**Adjournment.**

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

House Appropriations Committee  
Human Resources Division

☐ Check here for Conference Committee

Hearing Date: February 8, 2007 Time 8:00 am

Recorder Job Number: 3089

Committee Clerk Signature

*Donna Kramer*

Minutes:

**Rep. Chet Pollert, Chairman** reopened the hearing on **HB 1004**, A Bill for an Act to provide an appropriation for defraying the expenses of the state department of health. All division members present: **Representatives Larry Bellew, Vice Chairman, James Kerzman, Ralph Metcalf, Mary Ekstrom, Jon Nelson, Gary Kreidt, and Alon Wieland.**

**Chairman Pollert:** Reviewed amendments with discussion.

It was voted by voice vote on **#1** to keep the special funds for the fees charged - **passed.**

On **#2** for funding for critical incident stress management program was **passed** by voice vote.

On **#3** adding funding for salaries and wages to provide equity adjustments within the State Health Department **failed** by **Roll Call Vote - 5 no and 3 yes.**

Continuing with **#5** adding funding for the immunization program for the purchase of vaccines in order to maintain universal vaccination coverage was **passed** by voice vote.

**#6** increasing funds for grants to local public health units was voted by **Roll Call - Yes - 6 No - 2. Passed.**

**Item No. #4 and #7** for operating costs to enhance services provided by the Women's Way program was skipped for the time being.



**Item #8** for domestic violence was discussed. **Arvy Smith** stated there 19 domestic violence centers throughout the state. Substitute motion made to add \$150,000 - Change from 500,000. **Roll Call Vote: Yes 5 and 3 no. Passed.**

**Item #9** for grants relating to abstinence programs was passed by voice vote.

**Item #10** decreases special funds for thee Community Health Grant Program from \$100,000 to \$25,000. **Voice vote failed 1 -7.**

**Item #15** removing special funds spending authority from the community health trust fund.  
**Passed by voice vote.**

**Item #16** adding funding from the community health trust fund for Emergency Medical Services training program. **Voice vote passed.**

**Item #11** adds funding from the community health trust fund for physician loan repayment program. Motion made to change \$75,000 to \$200,000. **Roll call vote failed 4 - 4. The amendment was passed by voice vote.**

**Item #12** changes funding source for storage and administration fees relating to influenza antiviral stockpile. Discussion. **Motion made to increase to \$288, 865. Voice vote passed.**  
**Substitute motion made to add \$36,000 to the fund to take care of stockpile. Voice vote passed.**

**Item #13** changes funding source for 2 new FTE positions. **Roll call vote 2 yes and 6 no. Failed.**

**Item #14** adds funding for a grant program to provide funding for colorectal cancer screening initiatives. **Roll call vote passed with 5 yes and 3 no.**

**Adjournment until 3 pm today.**

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

House Appropriations Committee  
Human Resources Division

☐ Check here for Conference Committee

Hearing Date: February 8, 2007 Time 3:00 pm

Recorder Job Number: 3227

Committee Clerk Signature

*Donna Kramer*

Minutes:

**Rep. Chet Pollert, Chairman** reopened the hearing on **HB 1004**, A Bill for an Act to provide an appropriation for defraying the expenses of the state department of health. All division members present: **Representatives Larry Bellew, Vice Chairman, James Kerzman, Ralph Metcalf, Mary Ekstrom, Jon Nelson, Gary Kreidt, and Alon Wieland.**

**Chairman Pollert:** Reviewed amendments with discussion.

It was voted by voice vote on **#1** to keep the special funds for the fees charged - **passed**.

On **#2** for funding for critical incident stress management program was **passed** by voice vote.

On **#3** adding funding for salaries and wages to provide equity adjustments within the State Health Department **failed** by **Roll Call Vote - 5 no and 3 yes**.

Continuing with **#5** adding funding for the immunization program for the purchase of vaccines in order to maintain universal vaccination coverage was **passed** by voice vote.

**#6** increasing funds for grants to local public health units was voted by **Roll Call - Yes - 6 No - 2. Passed.**

**Item No. #4 and #7** for operating costs to enhance services provided by the Women's Way program was skipped for the time being.

**Item #8** for domestic violence was discussed. **Arvy Smith** stated there 19 domestic violence centers throughout the state. Substitute motion made to add \$150,000 - Change from 500,000. **Roll Call Vote: Yes 5 and 3 no. Passed.**

**Item #9** for grants relating to abstinence programs was passed by voice vote.

**Item #10** decreases special funds for thee Community Health Grant Program from \$100,000 to \$25,000. **Voice vote failed 1 -7.**

**Item #15** removing special funds spending authority from the community health trust fund.  
**Passed by voice vote.**

**Item #16** adding funding from the community health trust fund for Emergency Medical Services training program. **Voice vote passed.**

**Item #11** adds funding from the community health trust fund for physician loan repayment program. Motion made to change \$75,000 to \$200,000. **Roll call vote failed 4 - 4. The amendment was passed by voice vote.**

**Item #12** changes funding source for storage and administration fees relating to influenza antiviral stockpile. Discussion. **Motion made to increase to \$288, 865. Voice vote passed. Substitute motion made to add \$36,000 to the fund to take care of stockpile. Voice vote passed.**

**Item #13** changes funding source for 2 new FTE positions. **Roll call vote 2 yes and 6 no. Failed.**

**Item #14** adds funding for a grant program to provide funding for colorectal cancer screening initiatives. **Roll call vote passed with 5 yes and 3 no.**

**Adjournment until 3 pm today.**

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

House Appropriations Committee  
Human Resources Division

☐ Check here for Conference Committee

Hearing Date: February 12, 2007 Time 10:30 am

Recorder Job Number: 3386

Committee Clerk Signature
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Minutes:

**Rep. Chet Pollert, Chairman** reopened the hearing on **HB 1004**, A Bill for an Act to provide an appropriation for defraying the expenses of the state department of health. All division members present: **Representatives Larry Bellew, Vice Chairman, James Kerzman, Ralph**

**Metcalf, Mary Ekstrom, Jon Nelson, Gary Kreidt, and Alon Wieland.**

**Proposed Amendments 78004.0103 to House Bill No. 1004** was handed out and reviewed.

Motion made by **Representative Nelson** made a motion to accept the amendments.

**Seconded by Representative Wieland.**

**Don Wolf, Legislative Council**, explained the amendments as written.

Discussion.

**Roll call vote on the amendments as proposed. 5 yes and 3 no.**

**Motion for a "Do Pass" on HB 1004 as amended made by Representative Kreidt. Motion seconded by Representative Wieland.**

**Roll call vote: 7 yes and 1 no.**

**Carrier: Representative Kreidt.**

**Adjournment.**

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1004

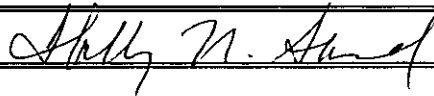
House Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: February 13, 2007

Recorder Job Number: 3432

Committee Clerk Signature



Minutes:

**Chm. Svedjan** opened the hearing on HB 1004.

Amendment .0104 (Attachment A) was distributed.

**Rep. Kreidt** motioned to adopt amendment .0104. **Rep. Wieland** seconded the motion.

**Rep. Kreidt** described the amendment and details of the house changes (see footnotes on pp. 3 and 4 of the amendment for explanations).

**Rep. Kroeber:** Did you take the \$150,000 (regarding funding for colorectal cancer screening) from the health care trust fund?

**Rep. Nelson:** It came from the community health trust fund.

**Rep. Kreidt** continued his discussion of amendment .0104.

**Rep. Hawken:** Is this the budget where Women's Way was in the last biennium?

**Rep. Pollert:** Women's Way failed in section.

**Rep. Kerzman:** Women's Way needed about \$484,000 to maintain current level. Without funding – and the Governor chose not to fund it – Women's Way will start falling behind.

**Rep. Monson:** Regarding removal of abstinence programs (federal funds) and removal of 1 FTE for youth tobacco coordinator position (special funds). Why are we taking out spending authority for federal and special funds?

**Rep. Pollert** explained that after money was taken out of some programs, the choice was made to put money into other programs such as colorectal screening, EMS grants and physician loan repayment program grants.

**Rep. Kempenich** mentioned that he would like to further amend. Most Health Department money comes from other sources. In other cases, we have added that if the other money disappears, the program and people go along with it. I don't see that language in this amendment.

**Rep. Pollert:** We did discuss that in section.

**Rep. Bellew:** I think that question was asked in section and the Health Department assured us that if the federal funds go away, the positions will go away too.

**Rep. Kerzman:** Discusses his wish that the Committee would resist this amendment because of Women's Way and other issues. I feel we are going backward.

**Rep. Bellew:** Community Health section of Health Dept. budget, there's \$2.9 million that goes to Women's Way.

**Rep. Carlson:** 20 new FTEs? Eight came over from the Dept. of Human Services, so we'll be seeing a reduction on that side?

**Rep. Pollert:** Out of the 20 FTEs, 8 FTEs came over from the children's population from the Dept. of Human Services – that's a transfer. 8 FTEs were emergency commission approved during the interim. That leaves 8 new FTE positions of which we took one out from the Youth Coordinator. The new positions are federally funded, except for two positions for Provider Choice.

**Rep. Skarphol:** On the budget green sheet, there's a \$2.263 million appropriation that adds funding for an antiviral stockpile. In amendment, #13, you have a \$12.2 million in special funds – do those need to be added together?

**Rep. Pollert:** The \$12.2 million has nothing to the \$2.2 million. The difference between the \$2.263 million and the \$2.2 million, we switched that around to make it special funds. The \$12.2 million is the cost of vaccinations.

**Rep. Skarphol:** What's the \$2 million that's left in general funds for?

**Rep. Pollert:** the \$2 million is for pandemic flu stockpile pills.

**Rep. Gulleon:** Was there any discussion of adding a position to help the Health Department take on the role in feedlot operations?

**Rep. Pollert:** There was no discussion.

**The motion to adopt amendment .0104 carried by voice vote and the amendment was adopted.**

**Rep. Kreidt motioned a Do Pass as Amended. Rep. Nelson seconded the motion.**

**Rep. Kerzman made a substitute motion to add \$484,000 for Women's Way. Rep. Ekstrom seconded the motion.**

**Rep. Bellew:** Where would those funds come from?

**Rep. Kerzman:** I'd leave that up to the Health Dept. Most of it would be federal funds.

**Rep. Skarphol:** Are there any federal funds available?

**Rep. Pollert:** It is my understanding that there are no more funds coming from the federal government.

**Rep. Bellew:** There is just short of \$3 million for Women's Way in the Health Dept. budget.

**The motion to adopt the substitute motion failed by voice vote.**

Page 4

House Appropriations Committee

Bill/Resolution No. HB 1004

Hearing Date: February 13, 2007

**The Do Pass as amended motion to HB 1004 carried by a roll call vote of 15 ayes, 9 nays and 0 absent and not voting. Rep. Kreidt was designated to carry the bill.**



Date: 02/08/07

Roll Call Vote #: 1

**2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES**  
**BILL/RESOLUTION NO. HB 1004**

House HUMAN RESOURCES DIVISION Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number Legislative Council #3

Action Taken Do Pass

Motion Made By Representative Pollet Seconded By Representative Nelson

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollet		x	Rep. Nelson		x
Vice Chairman Bellew		x	Rep. Kerzman	x	
Rep. Wieland		x	Rep. Metcalf	x	
Rep. Kreidt		x	Rep. Ekstrom	x	

Total (Yes) 3 No 5

Absent \_\_\_\_\_

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

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

**Equity adjustments within the State Department of Health.**

Date: 02/08/07

Roll Call Vote #: 2

**2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES**  
**BILL/RESOLUTION NO. HB 1004**

House HUMAN RESOURCES DIVISION

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number Legislative Council #6

Action Taken Do Pass

Motion Made By \_\_\_\_\_ Seconded By \_\_\_\_\_

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollet		x	Rep. Nelson	x	
Vice Chairman Bellew		x	Rep. Kerzman	x	
Rep. Wieland	x		Rep. Metcalf	x	
Rep. Kreidt	x		Rep. Ekstrom	x	

Total (Yes) 6 No 2

Absent \_\_\_\_\_

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

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

**Increase funding for grants to local public health units.**

Date: 02/08/07

Roll Call Vote #: 3

**2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES**  
**BILL/RESOLUTION NO. HB 1004**

House HUMAN RESOURCES DIVISION

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number Legislative Council #8 as amended

Action Taken Do Pass

Motion Made By \_\_\_\_\_ Seconded By \_\_\_\_\_

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollet		x	Rep. Nelson	x	
Vice Chairman Bellew		x	Rep. Kerzman	x	
Rep. Wieland	x		Rep. Metcalf	x	
Rep. Kreidt		x	Rep. Ekstrom	x	

Total (Yes) 5 No 3

Absent \_\_\_\_\_

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

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

**Domestic violence funding changed to \$150,000.**

Date: **02/08/07**

Roll Call Vote #: **4**

**2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES**  
**BILL/RESOLUTION NO. HB 1004**

House **HUMAN RESOURCES DIVISION**

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number **Legislative Council #11 as amended**

Action Taken **Do Pass**

Motion Made By \_\_\_\_\_ Seconded By \_\_\_\_\_

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollet		x	Rep. Nelson	x	
Vice Chairman Bellew		x	Rep. Kerzman	x	
Rep. Wieland		x	Rep. Metcalf	x	
Rep. Kreidt		x	Rep. Ekstrom	x	

Total (Yes) **4** No **4**

Absent \_\_\_\_\_

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

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

**Change from \$75,000 to \$200,000.**

Date: 02/08/07

Roll Call Vote #: 5

**2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES**  
**BILL/RESOLUTION NO. HB 1004**

House HUMAN RESOURCES DIVISION

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number Legislative Council #13

Action Taken Do Pass

Motion Made By \_\_\_\_\_ Seconded By \_\_\_\_\_

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollet		x	Rep. Nelson	x	
Vice Chairman Bellew	x		Rep. Kerzman		x
Rep. Wieland		x	Rep. Metcalf		x
Rep. Kreidt		x	Rep. Ekstrom		x

Total (Yes) 2 No 6

Absent \_\_\_\_\_

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

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

**2 new FTE positions**

Date: 02/08/07

Roll Call Vote #: 6

**2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES**  
**BILL/RESOLUTION NO. HB 1004**

House HUMAN RESOURCES DIVISION Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number Legislative Council #14

Action Taken Do Pass

Motion Made By \_\_\_\_\_ Seconded By \_\_\_\_\_

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollet		x	Rep. Nelson	x	
Vice Chairman Bellew	x		Rep. Kerzman	x	
Rep. Wieland		x	Rep. Metcalf	x	
Rep. Kreidt		x	Rep. Ekstrom	x	

Total (Yes) 5 No 3

Absent \_\_\_\_\_

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

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

**Funding for colorectal cancer screening.**

Date: 02/08/07

Roll Call Vote #: 1

**2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES**  
**BILL/RESOLUTION NO. HB 1004**

House HUMAN RESOURCES DIVISION Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number Legislative Council #18

Action Taken Do Pass

Motion Made By \_\_\_\_\_ Seconded By \_\_\_\_\_

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollet	x		Rep. Nelson		x
Vice Chairman Bellew		x	Rep. Kerzman		x
Rep. Wieland	x		Rep. Metcalf		x
Rep. Kreidt	x		Rep. Ekstrom		x

Total (Yes) 3 No 5

Absent \_\_\_\_\_

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

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

**Taking away the sprinkler system.**

Date: 02/08/07

Roll Call Vote #: 2

**2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES**  
**BILL/RESOLUTION NO. HB 1004**

House HUMAN RESOURCES DIVISION Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number Legislative Council #19 as amended

Action Taken Do Pass

Motion Made By \_\_\_\_\_ Seconded By \_\_\_\_\_

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollet	x		Rep. Nelson	x	
Vice Chairman Bellew	x		Rep. Kerzman	x	
Rep. Wieland	x		Rep. Metcalf	x	
Rep. Kreidt	x		Rep. Ekstrom	x	

Total (Yes) 8 No 0

Absent \_\_\_\_\_

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

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

**Decreases funding for Russell Silver grants.**



Date: 02/08/07

Roll Call Vote #: 3

**2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES**  
**BILL/RESOLUTION NO. HB 1004**

House HUMAN RESOURCES DIVISION Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number Legislative Council #22

Action Taken Do Pass

Motion Made By \_\_\_\_\_ Seconded By \_\_\_\_\_

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollet		x	Rep. Nelson	x	
Vice Chairman Bellew	x		Rep. Kerzman	x	
Rep. Wieland		x	Rep. Metcalf	x	
Rep. Kreidt		x	Rep. Ekstrom	x	

Total (Yes) 5 No 3

Absent \_\_\_\_\_

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

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

**Information system.**

Date: 02/08/07

Roll Call Vote #: 4

**2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES**  
**BILL/RESOLUTION NO. HB 1004**

House HUMAN RESOURCES DIVISION Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number Legislative Council #7

Action Taken Do Pass

Motion Made By \_\_\_\_\_ Seconded By \_\_\_\_\_

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollet		x	Rep. Nelson	x	
Vice Chairman Bellew		x	Rep. Kerzman	x	
Rep. Wieland		x	Rep. Metcalf	x	
Rep. Kreidt		x	Rep. Ekstrom	x	

Total (Yes) 4 No 4

Absent \_\_\_\_\_

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

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

**Women's Way.**

Date: 02/08/07

Roll Call Vote #: 5

**2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES**  
**BILL/RESOLUTION NO. HB 1004**

House HUMAN RESOURCES DIVISION Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number Amendment

Action Taken Do Pass

Motion Made By Rep. Metcalf Seconded By \_\_\_\_\_

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollet		x	Rep. Nelson		x
Vice Chairman Bellew		x	Rep. Kerzman	x	
Rep. Wieland		x	Rep. Metcalf	x	
Rep. Kreidt		x	Rep. Ekstrom	x	

Total (Yes) 3 No 5

Absent \_\_\_\_\_

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

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

**Reduce original amount of \$500,000 cut to \$250,000.**

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1004

Page 1, line 2, after "health" insert "; to create and enact a new section to chapter 23-39 of the North Dakota Century Code, relating to collecting fees for tanning facility inspections; to amend and reenact section 23-01-05.3 of the North Dakota Century Code, relating to tracking immunizations; and to provide legislative intent"

Page 1, line 20, replace "5,373,111" with "5,405,392"

Page 1, line 21, replace "7,721,693" with "19,982,693"

Page 1, line 23, replace "13,270,610" with "14,625,610"

Page 1, line 24, replace "787,559" with "233,351"

Page 2, line 2, replace "29,255,887" with "42,349,960"

Page 2, line 3, replace "24,669,963" with "36,941,901"

Page 2, line 4, replace "4,585,924" with "5,408,059"

Page 2, line 10, replace "37,715,624" with "37,747,905"

Page 2, line 11, replace "33,335,674" with "45,596,674"

Page 2, line 13, replace "55,102,776" with "56,457,776"

Page 2, line 14, replace "9,473,554" with "8,919,346"

Page 2, line 16, replace "154,995,011" with "168,089,084"

Page 2, line 17, replace "136,940,183" with "149,212,121"

Page 2, line 18, replace "18,054,828" with "18,876,963"

Page 2, after line 27, insert:

**"SECTION 6. AMENDMENT.** Section 23-01-05.3 of the North Dakota Century Code is amended and reenacted as follows:

**23-01-05.3. Immunization data.**

1. The state department of health may establish an immunization information system and may require the childhood immunizations specified in subsection 1 of section 23-07-17.1 and other information be reported to the department. A health care provider who administers a childhood immunization shall report the patient's identifying information, the immunization that is administered, and other required information to the department. The report must be submitted using electronic media, and must contain the data content and use the format and codes specified by the department.

2. Notwithstanding any other provision of law, a health care provider, elementary or secondary school, early childhood facility, public or private postsecondary educational institution, city or county board of health, district health unit, and the state health officer may exchange immunization data in any manner with one another. Immunization data that may be exchanged under this section is limited to the date and type of immunization administered to a patient and may be exchanged regardless of the date of the immunization.

**SECTION 7.** A new section to chapter 23-39 of the North Dakota Century Code is created and enacted as follows:

**License fees.** The fees established by the department must be based on the cost of conducting routine and complaint inspections, enforcement action, and preparing and sending license renewals. License fees collected pursuant to this chapter must be deposited in the department's operating fund in the state treasury and any expenditure from the fund is subject to appropriation by the legislative assembly. The department shall waive all or a portion of the license fee for any tanning facility that is subject to local jurisdiction.

The department shall accept city or county enforcement of this chapter if the department determines the city or county requirements meet or exceed the requirements of this chapter and any rules promulgated under this chapter.

**SECTION 8. LEGISLATIVE INTENT - MEDIA CAMPAIGNS.** It is the intent of the sixtieth legislative assembly that funding from the community health trust fund not be used for media campaigns to influence public opinion regarding measures on state or local ballots or proposed legislation.

**SECTION 9. ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SIXTY-FIRST LEGISLATIVE ASSEMBLY.** The total general fund appropriation line item in section 3 of this Act includes \$2,010,135 for the one-time funding items identified in this section. This amount is not a part of the agency's base budget to be used in preparing the 2009-11 executive budget. The state department of health shall report to the appropriations committees of the sixty-first legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2007, and ending June 30, 2009.

An antiviral stockpile in case of severe influenza outbreak

\$2,010,135"

Renumber accordingly

#### STATEMENT OF PURPOSE OF AMENDMENT:

#### House Bill No. 1004 - State Department of Health - House Action

	EXECUTIVE BUDGET	HOUSE CHANGES	HOUSE VERSION
Salaries and wages	\$37,715,624	\$32,281	\$37,747,905
Operating expenses	33,335,674	12,261,000	45,596,674
Capital assets	1,817,383		1,817,383
Grants	55,102,776	1,355,000	56,457,776
Tobacco prevention and control	9,473,554	(554,208)	8,919,346
WIC food payments	<u>17,550,000</u>		<u>17,550,000</u>
Total all funds	\$154,995,011	\$13,094,073	\$168,089,084
Less estimated income	<u>136,940,183</u>	<u>12,271,938</u>	<u>149,212,121</u>
General fund	\$18,054,828	\$822,135	\$18,876,963
FTE	331.50	(1.00)	330.50

# Dept. 301 - State Department of Health - Detail of House Changes

	ADDS FUNDING FOR TANNING INSPECTIONS <sup>1</sup>	ADDS FUNDING FOR EMERGENCY MEDICAL SERVICES PROGRAM <sup>2</sup>	ADDS FUNDING FOR LOCAL PUBLIC HEALTH UNITS <sup>3</sup>	ADDS FUNDING FOR DOMESTIC VIOLENCE PROGRAMS <sup>4</sup>	REMOVES FUNDING FOR ABSTINENCE PROGRAM GRANTS <sup>5</sup>	ADDS FUNDING FOR PHYSICIAN LOAN REPAYMENT PROGRAM <sup>6</sup>
Salaries and wages	\$32,281					
Operating expenses		\$25,000				
Capital assets						
Grants			\$900,000	\$150,000	(\$220,000)	\$75,000
Tobacco prevention and control						
WIC food payments						
Total all funds	\$32,281	\$25,000	\$900,000	\$150,000	(\$220,000)	\$75,000
Less estimated income	<u>32,281</u>				<u>(220,000)</u>	<u>75,000</u>
General fund	\$0	\$25,000	\$900,000	\$150,000	\$0	\$0
FTE	0.00	0.00	0.00	0.00	0.00	0.00
	CHANGES FUNDING SOURCE FOR ANTIVIRAL STOCKPILE COSTS <sup>7</sup>	ADDS FUNDING FOR STORAGE COSTS <sup>8</sup>	ADDS FUNDING FOR COLORECTAL CANCER SCREENING INITIATIVE <sup>9</sup>	REMOVES 1 FTE YOUTH TOBACCO COORDINATOR POSITION <sup>10</sup>	ADDS FUNDING FOR EMERGENCY MEDICAL SERVICES GRANTS <sup>11</sup>	DECREASES FUNDING FOR RUSSELL-SILVER SYNDROME GRANTS <sup>12</sup>
Salaries and wages		\$36,000				
Operating expenses						
Capital assets						
Grants			\$200,000		\$300,000	(\$50,000)
Tobacco prevention and control				(\$554,208)		
WIC food payments						
Total all funds	\$0	\$36,000	\$200,000	(\$554,208)	\$300,000	(\$50,000)
Less estimated income	<u>288,865</u>		<u>150,000</u>	<u>(554,208)</u>	<u>300,000</u>	
General fund	(\$288,865)	\$36,000	\$50,000	\$0	\$0	(\$50,000)
FTE	0.00	0.00	0.00	(1.00)	0.00	0.00
	ADDS FUNDING AUTHORITY FOR PROVIDERS CHOICE PROGRAM <sup>13</sup>	TOTAL HOUSE CHANGES				
Salaries and wages		\$32,281				
Operating expenses	\$12,200,000	12,261,000				
Capital assets						
Grants		1,355,000				
Tobacco prevention and control		(554,208)				
WIC food payments						
Total all funds	\$12,200,000	\$13,094,073				
Less estimated income	<u>12,200,000</u>	<u>12,271,938</u>				
General fund	\$0	\$822,135				
FTE	0.00	(1.00)				

<sup>1</sup> Adds special funds spending authority for the State Department of Health to collect fees for the inspection of tanning facilities.

<sup>2</sup> Adds funding for the North Dakota critical incident stress management program to assist emergency medical services providers in dealing with stress caused by difficult situations.

<sup>3</sup> Increases funding for grants to local public health units from \$1.1 million to \$2 million per biennium.

<sup>4</sup> Adds funding for grants to domestic violence and rape crisis agencies across the state to provide prevention and intervention services on domestic violence and sexual assault issues.

<sup>5</sup> Removes federal funds spending authority for grants relating to abstinence programs.

<sup>6</sup> Adds funding from the community health trust fund for physician loan repayment program grants.

<sup>7</sup> Changes funding source for storage and administration fees relating to the influenza antiviral stockpile program from the general fund to special funds from fees.

<sup>8</sup> Restores funding for storage costs relating to the influenza antiviral stockpile program.

<sup>9</sup> Adds funding from the general fund and community health trust fund for a grant program through the North Dakota Cancer Coalition to provide funding for colorectal cancer screening initiatives to target low-income, underinsured, uninsured, and disparity populations between ages 50 through 64 living in rural counties with a population of 15,000 or less and with a primary focus on counties with a large American Indian population. Recipients of grants will develop and provide a cohesive approach to cancer prevention, early detection, and treatment in North Dakota. In addition, the recipients, must demonstrate the existence of an established referral mechanism to providers trained to perform colonoscopies.

10 Removes special funds spending authority from the community health trust fund for 1 FTE youth tobacco coordinator position and operating costs to address youth tobacco and to implement a countermarketing campaign.

11 Adds funding from the community health trust fund for emergency medical services training grants.

12 Decreases funding for Russell-Silver Syndrome grants from \$150,000 to \$100,000.

13 Adds special funds spending authority to purchase and receive reimbursement from providers for the Providers Choice program.

Amends North Dakota Century Code Section 23-01-05.3 to provide that the State Department of Health may establish an immunization information system and may require childhood immunizations be reported to the department. This amendment incorporates the provisions of 2007 House Bill No. 1084.

Adds a section identifying one-time funding for the State Department of Health and provides that the one-time funding is not to be included in the base budget of the State Department of Health for preparing the 2009-11 executive budget. In addition, the section provides for a report to the Appropriations Committees of the 61st Legislative Assembly on the use of one-time funding.

Creates a new section to North Dakota Century Code Chapter 23-39 to provide for fees collected by the State Department of Health for regulating tanning facilities to be deposited in the department's operating fund for associated costs. House Bill No. 1154 (2007) provides for the department to regulate tanning facilities.

Adds a section of legislative intent that funding from the community health trust fund not be used for media campaigns to influence public opinion regarding measures on state or local ballots or proposed legislation.

Date: 02-12  
Roll Call Vote #: 1

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 1004

House HUMAN RESOURCES DIVISION Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 78004.0103

Action Taken Do Pass

Motion Made By Rep. Nelson Seconded By Rep. Wieland

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollet	<input checked="" type="checkbox"/>		Rep. Nelson	<input checked="" type="checkbox"/>	
Vice Chairman Bellew	<input checked="" type="checkbox"/>		Rep. Kerzman		<input checked="" type="checkbox"/>
Rep. Wieland	<input checked="" type="checkbox"/>		Rep. Metcalf		<input checked="" type="checkbox"/>
Rep. Kreidt	<input checked="" type="checkbox"/>		Rep. Ekstrom		<input checked="" type="checkbox"/>

Total (Yes) 5 No 3

Absent \_\_\_\_\_

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

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

See .0103



Date: 02-12  
Roll Call Vote #: 2

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 1004

House **HUMAN RESOURCES DIVISION** Committee

☐ Check here for Conference Committee

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

Action Taken Do Pass as amended

Motion Made By Rep Kreidt Seconded By R. W. Ueland

[illegible]

Total (Yes) 7 No 1

Absent

Floor Assignment Rep. Kreidt

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

78004.0104  
Title.0200  
Fiscal No. 3

Prepared by the Legislative Council staff for  
Representative Pollert  
February 12, 2007

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1004

Page 1, line 2, after "health" insert "; to create and enact a new section to chapter 23-39 of the North Dakota Century Code, relating to collecting fees for tanning facility inspections; to amend and reenact section 23-01-05.3 of the North Dakota Century Code, relating to tracking immunizations; and to provide legislative intent"

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Page 1, line 23, replace "13,270,610" with "14,625,610"

Page 1, line 24, replace "787,559" with "233,351"

Page 2, line 2, replace "29,255,887" with "42,349,960"

Page 2, line 3, replace "24,669,963" with "36,941,901"

Page 2, line 4, replace "4,585,924" with "5,408,059"

Page 2, line 10, replace "37,715,624" with "37,747,905"

Page 2, line 11, replace "33,335,674" with "45,596,674"

Page 2, line 13, replace "55,102,776" with "56,457,776"

Page 2, line 14, replace "9,473,554" with "8,919,346"

Page 2, line 16, replace "154,995,011" with "168,089,084"

Page 2, line 17, replace "136,940,183" with "149,212,121"

Page 2, line 18, replace "18,054,828" with "18,876,963"

Page 2, after line 27, insert:

**"SECTION 6. AMENDMENT.** Section 23-01-05.3 of the North Dakota Century Code is amended and reenacted as follows:

**23-01-05.3. Immunization data.**

1. The state department of health may establish an immunization information system and may require the childhood immunizations specified in subsection 1 of section 23-07-17.1 and other information be reported to the department. The state department of health may only require the reporting of childhood immunizations and other data upon completion of the immunization information reporting system. A health care provider who administers a childhood immunization shall report the patient's identifying information, the immunization that is administered, and other required information to the department. The report must be submitted using

electronic media, and must contain the data content and use the format and codes specified by the department.

2. Notwithstanding any other provision of law, a health care provider, elementary or secondary school, early childhood facility, public or private postsecondary educational institution, city or county board of health, district health unit, and the state health officer may exchange immunization data in any manner with one another. Immunization data that may be exchanged under this section is limited to the date and type of immunization administered to a patient and may be exchanged regardless of the date of the immunization.

**SECTION 7.** A new section to chapter 23-39 of the North Dakota Century Code is created and enacted as follows:

**License fees.** The fees established by the department must be based on the cost of conducting routine and complaint inspections, enforcement action, and preparing and sending license renewals. License fees collected pursuant to this chapter must be deposited in the department's operating fund in the state treasury and any expenditure from the fund is subject to appropriation by the legislative assembly. The department shall waive all or a portion of the license fee for any tanning facility that is subject to local jurisdiction.

The department shall accept city or county enforcement of this chapter if the department determines the city or county requirements meet or exceed the requirements of this chapter and any rules promulgated under this chapter.

**SECTION 8. LEGISLATIVE INTENT - MEDIA CAMPAIGNS.** It is the intent of the sixtieth legislative assembly that funding from the community health trust fund not be used for media campaigns to influence public opinion regarding measures on state or local ballots or proposed legislation.

**SECTION 9. ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SIXTY-FIRST LEGISLATIVE ASSEMBLY.** The total general fund appropriation line item in section 3 of this Act includes \$2,010,135 for the one-time funding items identified in this section. This amount is not a part of the agency's base budget to be used in preparing the 2009-11 executive budget. The state department of health shall report to the appropriations committees of the sixty-first legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2007, and ending June 30, 2009.

An antiviral stockpile in case of severe influenza outbreak \$2,010,135"

Renumber accordingly

**STATEMENT OF PURPOSE OF AMENDMENT:**

**House Bill No. 1004 - State Department of Health - House Action**

	EXECUTIVE BUDGET	HOUSE CHANGES	HOUSE VERSION
Salaries and wages	\$37,715,624	\$32,281	\$37,747,905
Operating expenses	33,335,674	12,261,000	45,596,674
Capital assets	1,817,383		1,817,383
Grants	55,102,776	1,355,000	56,457,776
Tobacco prevention and control	9,473,554	(554,208)	8,919,346
WIC food payments	<u>17,550,000</u>		<u>17,550,000</u>
Total all funds	\$154,995,011	\$13,094,073	\$168,089,084
Less estimated income	<u>136,940,183</u>	<u>12,271,938</u>	<u>149,212,121</u>
General fund	\$18,054,828	\$822,135	\$18,876,963
FTE	331.50	(1.00)	330.50

# Dept. 301 - State Department of Health - Detail of House Changes

	ADDS FUNDING FOR TANNING INSPECTIONS <sup>1</sup>	ADDS FUNDING FOR EMERGENCY MEDICAL SERVICES PROGRAM <sup>2</sup>	ADDS FUNDING FOR LOCAL PUBLIC HEALTH UNITS <sup>3</sup>	ADDS FUNDING FOR DOMESTIC VIOLENCE PROGRAMS <sup>4</sup>	REMOVES FUNDING FOR ABSTINENCE PROGRAM GRANTS <sup>5</sup>	ADDS FUNDING FOR PHYSICIAN LOAN REPAYMENT PROGRAM <sup>6</sup>
Salaries and wages	\$32,281					
Operating expenses		\$25,000				
Capital assets						
Grants			\$900,000	\$150,000	(\$220,000)	\$75,000
Tobacco prevention and control						
WIC food payments						
Total all funds	\$32,281	\$25,000	\$900,000	\$150,000	(\$220,000)	\$75,000
Less estimated income	<u>32,281</u>				<u>(220,000)</u>	<u>75,000</u>
General fund	\$0	\$25,000	\$900,000	\$150,000	\$0	\$0
FTE	0.00	0.00	0.00	0.00	0.00	0.00
	CHANGES FUNDING SOURCE FOR ANTIVIRAL STOCKPILE COSTS <sup>7</sup>	ADDS FUNDING FOR STORAGE COSTS <sup>8</sup>	ADDS FUNDING FOR COLORECTAL CANCER SCREENING INITIATIVE <sup>9</sup>	REMOVES 1 FTE YOUTH TOBACCO COORDINATOR POSITION <sup>10</sup>	ADDS FUNDING FOR EMERGENCY MEDICAL SERVICES GRANTS <sup>11</sup>	DECREASES FUNDING FOR RUSSELL-SILVER SYNDROME GRANTS <sup>12</sup>
Salaries and wages						
Operating expenses		\$36,000				
Capital assets						
Grants			\$200,000		\$300,000	(\$50,000)
Tobacco prevention and control				(\$554,208)		
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Total all funds	\$0	\$36,000	\$200,000	(\$554,208)	\$300,000	(\$50,000)
Less estimated income	<u>288,865</u>		<u>150,000</u>	<u>(554,208)</u>	<u>300,000</u>	
General fund	(\$288,865)	\$36,000	\$50,000	\$0	\$0	(\$50,000)
FTE	0.00	0.00	0.00	(1.00)	0.00	0.00
	ADDS FUNDING AUTHORITY FOR PROVIDERS CHOICE PROGRAM <sup>13</sup>	TOTAL HOUSE CHANGES				
Salaries and wages		\$32,281				
Operating expenses	\$12,200,000	12,261,000				
Capital assets						
Grants		1,355,000				
Tobacco prevention and control		(554,208)				
WIC food payments						
Total all funds	\$12,200,000	\$13,094,073				
Less estimated income	<u>12,200,000</u>	<u>12,271,938</u>				
General fund	\$0	\$822,135				
FTE	0.00	(1.00)				

<sup>1</sup> Adds special funds spending authority for the State Department of Health to collect fees for the inspection of tanning facilities.

<sup>2</sup> Adds funding for the North Dakota critical incident stress management program to assist emergency medical services providers in dealing with stress caused by difficult situations.

<sup>3</sup> Increases funding for grants to local public health units from \$1.1 million to \$2 million per biennium.

<sup>4</sup> Adds funding for grants to domestic violence and rape crisis agencies across the state to provide prevention and intervention services on domestic violence and sexual assault issues.

<sup>5</sup> Removes federal funds spending authority for grants relating to abstinence programs.

<sup>6</sup> Adds funding from the community health trust fund for physician loan repayment program grants.

<sup>7</sup> Changes funding source for storage and administration fees relating to the influenza antiviral stockpile program from the general fund to special funds from fees.

<sup>8</sup> Restores funding for storage costs relating to the influenza antiviral stockpile program.

<sup>9</sup> Adds funding from the general fund and community health trust fund for a grant program through the North Dakota Cancer Coalition to provide funding for colorectal cancer screening initiatives to target low-income, underinsured, uninsured, and disparity populations between ages 50 through 64 living in rural counties with a population of 15,000 or less and with a primary focus on counties with a large American Indian population. Recipients of grants will develop and provide a cohesive approach to cancer prevention, early detection, and treatment in North Dakota. In addition, the recipients, must demonstrate the existence of an established referral mechanism to providers trained to perform colonoscopies.

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12 Decreases funding for Russell-Silver Syndrome grants from \$150,000 to \$100,000.

13 Adds special funds spending authority to purchase and receive reimbursement from providers for the Providers Choice program.

Amends North Dakota Century Code Section 23-01-05.3 to provide that the State Department of Health may establish an immunization information system and may require childhood immunizations be reported to the department. This amendment incorporates the provisions of 2007 House Bill No. 1084.

Adds a section identifying one-time funding for the State Department of Health and provides that the one-time funding is not to be included in the base budget of the State Department of Health for preparing the 2009-11 executive budget. In addition, the section provides for a report to the Appropriations Committees of the 61st Legislative Assembly on the use of one-time funding.

Creates a new section to North Dakota Century Code Chapter 23-39 to provide for fees collected by the State Department of Health for regulating tanning facilities to be deposited in the department's operating fund for associated costs. House Bill No. 1154 (2007) provides for the department to regulate tanning facilities.

Adds a section of legislative intent that funding from the community health trust fund not be used for media campaigns to influence public opinion regarding measures on state or local ballots or proposed legislation.

Date: 2/13/07  
Roll Call Vote #: 1

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 1004

House Appropriations Full Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 78004 - 0104

Action Taken Adopt amend 0104

Motion Made By Kreidt Seconded By Wieland

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan					
Vice Chairman Kemperich					
Representative Wald			Representative Aarsvold		
Representative Monson			Representative Gulleason		
Representative Hawken					
Representative Klein					
Representative Martinson					
Representative Carlson			Representative Glassheim		
Representative Carlisle			Representative Kroeber		
Representative Skarphol			Representative Williams		
Representative Thoreson					
Representative Pollert			Representative Ekstrom		
Representative Bellow			Representative Kerzman		
Representative Kreidt			Representative Metcalf		
Representative Nelson					
Representative Wieland					

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

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

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

*Voices Vote - Carries*

*Substitute Motion*

Date: 2/13/07  
Roll Call Vote #: 2

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 1004

House Appropriations Full Committee

☐ Check here for Conference Committee

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

Action Taken Amend as below

Motion Made By Kerzman Seconded By Ekstrom

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan					
Vice Chairman Kempenich					
Representative Wald			Representative Aarsvold		
Representative Monson			Representative Gulleason		
Representative Hawken					
Representative Klein					
Representative Martinson					
Representative Carlson			Representative Glassheim		
Representative Carlisle			Representative Kroeber		
Representative Skarphol			Representative Williams		
Representative Thoreson					
Representative Pollert			Representative Ekstrom		
Representative Bellew			Representative Kerzman		
Representative Kreidt			Representative Metcalf		
Representative Nelson					
Representative Wieand					

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

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

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

*Add \$484,000 for Women's Way  
Voice vote - fails*

Date: 2/13/07  
Roll Call Vote #: 83

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 1004

House Appropriations Full Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 78004-0104

Action Taken No Pass as amended. 0104

Motion Made By Kreidt Seconded By Nelson

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan	✓				
Vice Chairman Kempenich	✓				
Representative Wald	✓		Representative Aarsvold		✓
Representative Monson	✓		Representative Gulleason		✓
Representative Hawken	✓				
Representative Klein	✓				
Representative Martinson	✓				
Representative Carlson	✓		Representative Glassheim		✓
Representative Carlisle	✓		Representative Kroeber		✓
Representative Skarphol	✓		Representative Williams		✓
Representative Thoreson	✓				
Representative Pollert	✓		Representative Ekstrom		✓
Representative Bellew		✓	Representative Kerzman		✓
Representative Kreidt	✓		Representative Metcalf		✓
Representative Nelson	✓				
Representative Wieland	✓				

Total (Yes) 15 No 9

Absent 0

Floor Assignment Kreidt

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



**REPORT OF STANDING COMMITTEE**

**HB 1004: Appropriations Committee (Rep. Svedjan, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (15 YEAS, 9 NAYS, 0 ABSENT AND NOT VOTING). HB 1004 was placed on the Sixth order on the calendar.

Page 1, line 2, after "health" insert "; to create and enact a new section to chapter 23-39 of the North Dakota Century Code, relating to collecting fees for tanning facility inspections; to amend and reenact section 23-01-05.3 of the North Dakota Century Code, relating to tracking immunizations; and to provide legislative intent"

Page 1, line 20, replace "5,373,111" with "5,405,392"

Page 1, line 21, replace "7,721,693" with "19,982,693"

Page 1, line 23, replace "13,270,610" with "14,625,610"

Page 1, line 24, replace "787,559" with "233,351"

Page 2, line 2, replace "29,255,887" with "42,349,960"

Page 2, line 3, replace "24,669,963" with "36,941,901"

Page 2, line 4, replace "4,585,924" with "5,408,059"

Page 2, line 10, replace "37,715,624" with "37,747,905"

Page 2, line 11, replace "33,335,674" with "45,596,674"

Page 2, line 13, replace "55,102,776" with "56,457,776"

Page 2, line 14, replace "9,473,554" with "8,919,346"

Page 2, line 16, replace "154,995,011" with "168,089,084"

Page 2, line 17, replace "136,940,183" with "149,212,121"

Page 2, line 18, replace "18,054,828" with "18,876,963"

Page 2, after line 27, insert:

**"SECTION 6. AMENDMENT.** Section 23-01-05.3 of the North Dakota Century Code is amended and reenacted as follows:

**23-01-05.3. Immunization data.**

1. The state department of health may establish an immunization information system and may require the childhood immunizations specified in subsection 1 of section 23-07-17.1 and other information be reported to the department. The state department of health may only require the reporting of childhood immunizations and other data upon completion of the immunization information reporting system. A health care provider who administers a childhood immunization shall report the patient's identifying information, the immunization that is administered, and other required information to the department. The report must be submitted using electronic media, and must contain the data content and use the format and codes specified by the department.

2. Notwithstanding any other provision of law, a health care provider, elementary or secondary school, early childhood facility, public or private postsecondary educational institution, city or county board of health, district health unit, and the state health officer may exchange immunization data in any manner with one another. Immunization data that may be exchanged under this section is limited to the date and type of immunization administered to a patient and may be exchanged regardless of the date of the immunization.

**SECTION 7.** A new section to chapter 23-39 of the North Dakota Century Code is created and enacted as follows:

**License fees.** The fees established by the department must be based on the cost of conducting routine and complaint inspections, enforcement action, and preparing and sending license renewals. License fees collected pursuant to this chapter must be deposited in the department's operating fund in the state treasury and any expenditure from the fund is subject to appropriation by the legislative assembly. The department shall waive all or a portion of the license fee for any tanning facility that is subject to local jurisdiction.

The department shall accept city or county enforcement of this chapter if the department determines the city or county requirements meet or exceed the requirements of this chapter and any rules promulgated under this chapter.

**SECTION 8. LEGISLATIVE INTENT - MEDIA CAMPAIGNS.** It is the intent of the sixtieth legislative assembly that funding from the community health trust fund not be used for media campaigns to influence public opinion regarding measures on state or local ballots or proposed legislation.

**SECTION 9. ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SIXTY-FIRST LEGISLATIVE ASSEMBLY.** The total general fund appropriation line item in section 3 of this Act includes \$2,010,135 for the one-time funding items identified in this section. This amount is not a part of the agency's base budget to be used in preparing the 2009-11 executive budget. The state department of health shall report to the appropriations committees of the sixty-first legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2007, and ending June 30, 2009.

An antiviral stockpile in case of severe influenza outbreak \$2,010,135"

Renumber accordingly

**STATEMENT OF PURPOSE OF AMENDMENT:**

**House Bill No. 1004 - State Department of Health - House Action**

	EXECUTIVE BUDGET	HOUSE CHANGES	HOUSE VERSION
Salaries and wages	\$37,715,624	\$32,281	\$37,747,905
Operating expenses	33,335,674	12,261,000	45,596,674
Capital assets	1,817,383		1,817,383
Grants	55,102,776	1,355,000	56,457,776
Tobacco prevention and control	9,473,554	(554,208)	8,919,346
WIC food payments	<u>17,550,000</u>		<u>17,550,000</u>
Total all funds	\$154,995,011	\$13,094,073	\$168,089,084
Less estimated income	<u>136,940,183</u>	<u>12,271,938</u>	<u>149,212,121</u>

General fund	\$18,054,828	\$822,135	\$18,876,963
FTE	331.50	(1.00)	330.50

**Dept. 301 - State Department of Health - Detail of House Changes**

	ADDS FUNDING FOR TANNING INSPECTIONS 1	ADDS FUNDING FOR EMERGENCY MEDICAL SERVICES PROGRAM 2	ADDS FUNDING FOR LOCAL PUBLIC HEALTH UNITS 3	ADDS FUNDING FOR DOMESTIC VIOLENCE PROGRAMS 4	REMOVES FUNDING FOR ABSTINENCE PROGRAM GRANTS 5	ADDS FUNDING FOR PHYSICIAN LOAN REPAYMENT PROGRAM 6
Salaries and wages	\$32,281					
Operating expenses		\$25,000				
Capital assets						
Grants			\$900,000	\$150,000	(\$220,000)	\$75,000
Tobacco prevention and control						
WIC food payments						
Total all funds	\$32,281	\$25,000	\$900,000	\$150,000	(\$220,000)	\$75,000
Less estimated income	<u>32,281</u>				<u>(220,000)</u>	<u>75,000</u>
General fund	\$0	\$25,000	\$900,000	\$150,000	\$0	\$0
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	CHANGES FUNDING SOURCE FOR ANTIVIRAL STOCKPILE COSTS 7	ADDS FUNDING FOR STORAGE COSTS 8	ADDS FUNDING FOR COLORECTAL CANCER SCREENING INITIATIVE 9	REMOVES 1 FTE YOUTH TOBACCO COORDINATOR POSITION 10	ADDS FUNDING FOR EMERGENCY MEDICAL SERVICES GRANTS 11	DECREASES FUNDING FOR RUSSELL-SILVER SYNDROME GRANTS 12
Salaries and wages		\$36,000				
Operating expenses						
Capital assets						
Grants			\$200,000		\$300,000	(\$50,000)
Tobacco prevention and control				(\$554,208)		
WIC food payments						
Total all funds	\$0	\$36,000	\$200,000	(\$554,208)	\$300,000	(\$50,000)
Less estimated income	<u>288,865</u>		<u>150,000</u>	<u>(554,208)</u>	<u>300,000</u>	
General fund	(\$288,865)	\$36,000	\$50,000	\$0	\$0	(\$50,000)
FTE	0.00	0.00	0.00	(1.00)	0.00	0.00

	ADDS FUNDING AUTHORITY FOR PROVIDERS CHOICE PROGRAM 13	TOTAL HOUSE CHANGES
Salaries and wages		\$32,281
Operating expenses	\$12,200,000	12,261,000
Capital assets		
Grants		1,355,000
Tobacco prevention and control		(554,208)
WIC food payments		
Total all funds	\$12,200,000	\$13,094,073
Less estimated income	<u>12,200,000</u>	<u>12,271,938</u>
General fund	\$0	\$822,135
FTE	0.00	(1.00)

1 Adds special funds spending authority for the State Department of Health to collect fees for the inspection of tanning facilities.

2 Adds funding for the North Dakota critical incident stress management program to assist emergency medical services providers in dealing with stress caused by difficult situations.

3 Increases funding for grants to local public health units from \$1.1 million to \$2 million per biennium.

4 Adds funding for grants to domestic violence and rape crisis agencies across the state to provide prevention and intervention services on domestic violence and sexual assault issues.

- 5 Removes federal funds spending authority for grants relating to abstinence programs.
- 6 Adds funding from the community health trust fund for physician loan repayment program grants.
- 7 Changes funding source for storage and administration fees relating to the influenza antiviral stockpile program from the general fund to special funds from fees.
- 8 Restores funding for storage costs relating to the influenza antiviral stockpile program.
- 9 Adds funding from the general fund and community health trust fund for a grant program through the North Dakota Cancer Coalition to provide funding for colorectal cancer screening initiatives to target low-income, underinsured, uninsured, and disparity populations between ages 50 through 64 living in rural counties with a population of 15,000 or less and with a primary focus on counties with a large American Indian population. Recipients of grants will develop and provide a cohesive approach to cancer prevention, early detection, and treatment in North Dakota. In addition, the recipients, must demonstrate the existence of an established referral mechanism to providers trained to perform colonoscopies.
- 10 Removes special funds spending authority from the community health trust fund for 1 FTE youth tobacco coordinator position and operating costs to address youth tobacco and to implement a countermarketing campaign.
- 11 Adds funding from the community health trust fund for emergency medical services training grants.
- 12 Decreases funding for Russell-Silver Syndrome grants from \$150,000 to \$100,000.
- 13 Adds special funds spending authority to purchase and receive reimbursement from providers for the Providers Choice program.

Amends North Dakota Century Code Section 23-01-05.3 to provide that the State Department of Health may establish an immunization information system and may require childhood immunizations be reported to the department. This amendment incorporates the provisions of 2007 House Bill No. 1084.

Adds a section identifying one-time funding for the State Department of Health and provides that the one-time funding is not to be included in the base budget of the State Department of Health for preparing the 2009-11 executive budget. In addition, the section provides for a report to the Appropriations Committees of the 61st Legislative Assembly on the use of one-time funding.

Creates a new section to North Dakota Century Code Chapter 23-39 to provide for fees collected by the State Department of Health for regulating tanning facilities to be deposited in the department's operating fund for associated costs. House Bill No. 1154 (2007) provides for the department to regulate tanning facilities.

Adds a section of legislative intent that funding from the community health trust fund not be used for media campaigns to influence public opinion regarding measures on state or local ballots or proposed legislation.

2007 SENATE APPROPRIATIONS

SB 1004

## 2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 1004

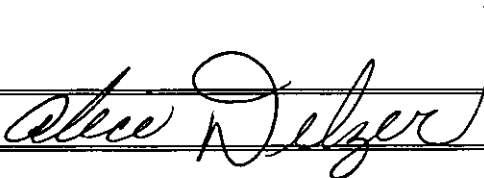
Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 02-22-07

Recorder Job Number: 3718

Committee Clerk Signature



Minutes:

**Chairman Holmberg** opened the hearing on HB 1004 on February 22, 2007 regarding the Health Department. He announced the Subcommittee members are: **Chairman – Senator Kilzer, and Senators Mathern and Holmberg.**

**Dr. Terry Dwelle, State Health Officer of North Dakota Department of Health** presented written testimony (1) and oral testimony in support of HB 1004. He stated the Mission Statement of the Department is to protect and enhance the health and safety of all North Dakotans and the environment in which we live. He also gave the Department Overview as is in his written testimony. He listed the Public Health Challenges:

1. Childhood Immunizations (which in that column explains "the Provider Choice Program"
2. Pandemic Influenza
3. High-Risk Behaviors like tobacco use, diet, inactivity and alcohol use.

Budget needs were discussed.

**Chairman Holmberg** asked the Department to inform this committee as they go through the budget requests if the amount is already in the budget and they are just making mention of it.

**Dr. Dwelle** gave more information regarding the antiviral medications concerning the Pandemic Influenza and the fact that North will plan to stockpile these medications.

**Senator Krebsbach** asked how long the shelf life is for these medications.

**Dr. Dwelle** stated the shelf life is generally 5 years. He talked at length concerning the High-Risk Behaviors, particularly smoking and the effects it has on the body. It is associated with the killers: heart disease, cancer and chronic lung disease. They had asked for a FTE for the Tobacco Quitline, but it was removed in the House.

**Chairman Holmberg** asked Don Wolf from Legislative Council about the green sheets and if the only bills we will see are the ones that survived the first half.

**Arvy Smith, Deputy State Health Officer** introduced the Budget Overview on page 5 of Written testimony (1). He stated concerns regarding salary issues, FTE's, the loss of a Forensic Examiner and the problems in trying to fill that position.

**Senator Mathern** had questions regarding the Department working with UND School of Medicine. He was informed that the Department does contract with UND.

**Senator Robinson** asked if there was anything preventing the Department from offering a higher salary for the Forensic Examiner. He was told funding is limited.

**Senator Krauter** inquired why the Forensic Examiner left and he was told it was for personal reasons.

**Arvy Smith** listed the major changes to the department's budget that was done in the House this session;

1. Transfer of Children's Special Health Services from DHS to Special Health Services
2. Governor's Salary and Benefit Package
3. Tobacco Programs.
4. New Programs/Projects (bulk of these are federal funding)
5. Terminated Programs/Projects
6. Changes to Programs

This information is listed at length on pages 6 and 7 of written testimony (1)

**Senator Christmann** asked what we do with that money to encourage arrests. He was informed that that is programs that go to a variety of partners including law enforcement that help with training with them so at least they're not avoiding arrests so that they have a proper education that will assist them in making arrests relating to domestic violence.

Written testimony (2) was distributed and explained to the committee. They were asked to refer to Attachment 3 (Summary of Budget Changes)

**Senator Krauter** had questions regarding the total tobacco settlement program. He later had questions regarding the budget and the money that is cut back from the federal government. He made comment that as he looked at the green sheets a lot of the FTE's and a lot of the programs are federal dollars. What is the Department's concerns about that?

**Senator Mathern** asked if section 8 regarding the tobacco money section would change the budget.

**Senator Christmann** asked about the added funding and where this money was listed before.

**Arvy Smith** stated that the Department has some federal money and Marriage License Fees money, and some federal grants relating to domestic violence. She stated that the Department is very dependent upon federal funds and lately there have been cuts.

**Senator Krauter** asked for a report to be submitted to the committee.

**Senator Kilzer** had questions concerning Women's Way and the Colon Cancer Screening.

**Chairman Holmberg** made comments concerning the Subcommittee's research they will have to do regarding this bill.

**Gary Liguori, Department of Health, Nutrition and Exercise Sciences at NDSU** presented written testimony (3) and oral testimony in support of HB 1004. He gave the background of the Worksite Wellness Pilot Program.

**Senator Krauter** asked if there were concerns regarding federal funding.



**Senator Christmann** asked about the radio and TV ads concerning seat belts and who pays for them.

**Senator Fischer** commented about someone from eastern North Dakota or Minnesota is doing a lot of advertising.

**Chairman Holmberg** stated he thought there would be testimony later on regarding this issue.

**Senator Krebsbach** had questions about the average age of people who were screened regarding personal wellness profiles.

**Chairman Holmberg** asked if anyone was here to testify in opposition to the bill.

**Vicki Voldal Rosenau** presented written testimony (4) regarding tobacco Prevention in North Dakota. In her oral testimony she stated she felt section 8 amended to the bill was unnecessary and urged the committee to delete it. She said we are charged to educate the public.

**Senator Christmann** asked who she was representing. She stated she was representing the North Dakota Public Education on Tobacco Media Campaign.

**Chairman Holmberg** stated that the legal staff should look at section 8.

**Deborah Knuth, Director of Government relations for the Great West Division of the American Cancer Society in North Dakota** presented written testimony (5) and oral testimony in support of HB 1004. She also asked the committee to amend the bill regarding the dollar amount for Women's Way. She presented written testimony (60 a map of North Dakota showing the Women's Way LCU Stats.

**Renaë Byre, Breast Cancer Survivor** presented written testimony (7) and oral testimony in support of HB 1004 and asked the committee to support the Women's Way Program. She stated that Women's Way saved her life.

**Kathryn Wentz, Cancer Survivor** testified in support of HB 1004 and the Women's Way Program and how that program helped her financially to get medical attention and saved her life.

**Lisa Clute, Executive Officer of First District Health Unit** presented written testimony (8) and oral testimony in support of HB 1004. She shared her concern regarding the fact that not all health units have Environmental Health Practitioners (EHPs) and that the House passed two bills that requires tanning beds be inspected and the regulation of body art and piercing facilities. We need to assure that local public health units have the resources to employ EHPs to carry out these responsibilities. She submitted written testimony (9) (Talking Points for Increased Local Health Funding in HB 1004) and (10) (state Aid Survey Responses).

**Senator Krauter** asked for the history regarding funding for the last 2 bienniums regarding Women's Way and local health funding.

**Dave Peske, North Dakota Medical Association** publicly thanked the Health Department for working with the Medical Association with Healthy Steps in providing for you a January and a March health screening. We consider this your work place, it certainly is my work place for 3 months out of every other year and we did blood sugar, cholesterol and blood pressure screening in January that you took advantage of. We will do that again in March. We are able to do that here in the capitol because the Agency does sponsor that. In March there will be a personal wellness assessment take place. We will be back in front of the subcommittee and specifically focus on the Physician Loan Repayment Program. As you recall last session we brought you SB 2266 working with the Health Department and the School of Medicine which improved the physician loan program trying to get physicians to commit to practices in the rural areas of North Dakota.

**Chairman Holmberg** closed the hearing on HB 1004.

## 2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 1004

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 03-13-07

Recorder Job Number: 4999

Committee Clerk Signature



Minutes:

**Chairman Kilzer** opened the subcommittee hearing on HB 1004 regarding the Health Department at 3:30 pm on March 13, 2007. Senators Mathern and Holmberg were present.

**Senator Mathern** wanted Arvy Smith from the Health Department to share the critical issues that we need to address.

**Senator Holmberg** made mention that the subcommittee will look at other appropriation bills that are in conjunction with this bill concerning the Health Department.

**Arvy Smith, Deputy State Health Officer** went over the House adjustments on attachment 3 (1) stating their biggest concern is #10, loss of Youth Tobacco Coordinator. That was funded with tobacco settlement dollars in the community health trust fund. The House decided not to fund the whole area and use that funding in #11, #9 and #6, so that tobacco money was used. We'd like to see that Youth Coordinator back. However, on doing that we already are concerned about the tobacco settlement fund. Attachment #4 (2) shows what is going on in that community health trust fund and that fund in serious trouble because there are some other bills that hit that fund, namely SB 2313 and SB 2276.

**Senator Mathern** asked what things they need in the budget.

**Arvy Smith** stated the Youth Tobacco Coordinator position with an appropriation of \$554,208.00 on the one FTE and then from that point on the House did not make any cuts that

concerned us at all. I will direct you to attachment #2, (3) the optional package and that is where we stated our priorities when we put our budget together. Our # 1 optional request is the state equity salary package. We are still behind compared to other state agencies even with consideration of SB 2189.

**Senator Mathern** asked her if these optional items are in order of their priorities. He was told yes.

**Senator Holmberg** asked if any of these items are in the budget at this time and if some are in separate bills.

**Arvy Smith** stated she would confirm which items were in the governor's budget and went through the list, which is inclusive on written testimony 3 (attachment #2) She stated that the Youth Tobacco Coordinator is not listed in optional requests and was taken out by the House but that is their very 1<sup>st</sup> request. The Optional Requests are:

1. Salary Package
2. Immunization (House kept in, no longer a factor) relates to HB 1435.
3. Pandemic Flu Stockpile, the House adjusted, but the Department is ok with it.
4. Women's Way Maintenance (not funded).
5. Suicide General Fund (we get federal funding)
6. Adult Tobacco Survey (not funded)
7. Statewide School Health Nurse (House moved it out, not funded)
8. Roughrider Follow-up (Previously a grant – may be back in)
9. Food and Lodging Position (not funded)

The tanning bill and tattoo bill are out there and require us to regulate and that looks like that could be a FTE but we are able to generate fees for it.

**Senator Kilzer** stated that sometimes the State Health Department did the inspections and sometimes the local health units did them and it seemed the establishments had the choice whether they wanted to use the state or local units do the inspections. Which ones are most widely used now? He was informed it is about the same. We do about 1/3 of them. He asked if you do them will fees cover your expenses.

**Arvy Smith** stated that it should be close to covering the expenses but we need other transitions and so far a FTE has not been added. We have gotten the revenue bill in so far for those programs. HB 1505 is the tattoo bill and HB 1154 is the tanning bill.

**Senator Kilzer** stated the tanning bill passed in the Senate and so if the governor signs it it's in. He was told they are only getting into the high risk facilities once a year and according to the federal government we should be in there 2 or 3 times a year.

10. Physician Loan (some federal funding has been cut)

11. Salary package Market Equity (She referred to SB 2189)

**Senator Mathern** asked if we can take the allocation from SB 2189 and delete it from this dollar amount. He had questions concerning the allocation to the Health Department in SB 2189. He was informed that cannot be determined yet, but the 4 and 4 also helps with equity.

12. Women's Way Enhancement

13. Community based nutrition

14. Youth Tobacco (which is moved to the # 1 priority because it was in the governor's budget and removed by the House).

15. Quitline- Additional Enhancement (some is funded in governor's budget through tobacco funding)

16. Domestic Violence (two bills concerning this HB 1004 and SB 2302.

**Senator Holmberg** asked if SB 2302 were to pass would you be in good shape.

17. EMS Training Grants (not funded by the governor but House did an adjustment on this).

18. Septic Tanks (Issues in local health, an environmental issue – not funded by governor's budget but the House did some adjustments which can be used by the local health)

**Senator Kilzer** asked if there were some federal mandates regarding this. He also had questions regarding Women's Way and does the Human Services get funding for this. He was told yes. He asked if Women's Way is financed through the Health Department? He was told the federal government did allow carry over funding and now they don't so we took a big hit there. Plus the costs through Blue Cross has increased. Senator Kilzer distributed the amendments .0202 from Senator Hacker that relates to the morgue at the Medical School of Grand Forks. The state forensic examiner has retired so Dr. Senns comes to Bismarck two days a week and does autopsies that are needed. He asked how that was going. He also asked if the 5 employees at the medical examiner's office have work to do.

**Arvy** said there are only 3 FTE's. There are a couple of employees that are autopsy assistants. We refer some autopsies up to UND when Dr. Senns cannot come to Bismarck. We do have a commitment to hire a new forensic examiner starting July 1. That is great news but will also put a hole in our salary project.

**Senator Kilzer** had questions regarding reimbursement for autopsies and exams. Are the counties billed? He was told not by us. She further explained the process. He also asked if the county coroner is asked or even mandated to ask for a forensic examination where do we decide to send the body. The coroner consults with a forensic examiner on some cases and there are some they can handle. But there are certain rules and good consultation takes place with the forensic examiner and those bodies do come to Bismarck. She thought most Grand Forks bodies go to the University. But in any case anyone coming to us only have to pay the transportation costs, they do not pay any fees for autopsies. We have assigned a pathologist

to look at some of these issues. When you look at national statistics, Dr. Senns said we should be doing about 600 autopsies a year and we do about 350. We get a fair amount of death certificates that have unknown causes of death on them. We need to review that as well. There is concern regarding a 7% undiagnosed cancer rate that she autopsies.

**Senator Kilzer** asked if that excludes skin cancer. That would present itself as a wonderful medic study and that rate needs to be addressed. There are two things about legislative intent that he wanted to discuss. 1<sup>st</sup> is Section 8.

**Arvy** I am concerned how we would go about implementing this. This came about because of the legislators concern about the ad campaign that went on last summer that pushed the issue that all people need to be protected from second hand smoke in all work places including bars. Questions were brought up concerning what funding sources were paying for that. It was from local public health funding from the tobacco settlement money.

**Senator Kilzer** I would hope that as member of the committee to remove that or turn the tables on the idea in it because it is one of the missions of the health department to put on public ad campaigns. I certainly don't like the way that sits right now.

**Senator Holmberg** made comment about getting that paper from the ad council and that was distributed to the committee members.

**Senator Mathern** agreed to take it out.

**Senator Kilzer** asked if there would be any problems if we removed it. He was informed it does not hamper anything.

**Senator Holmberg** said he would not have a problem removing it and then having the House looking at it again.

**Senator Kilzer** stated the decision is to remove Section 8 if all three of us are thinking that way. The second thing is about the legislative intent regarding the Hacker amendment (4)

about the morgue at UND School of Medicine, (UNDSM) because this sets up to some extent the duplication of forensic services and the very last statement on this amendment where it says the facility is to be located at and under the control of the UNDSM and Health Sciences and the dean of the medical school has reassured me that everything is in harmony at the present time, I would like a little legislative intent there. We need to have some sort of coordinated effort by the two institutions that offer this service, the Health Department and the UNDSM.

**Senator Mathern** stated he would be happy to work with the dean and the Health Department to come up with the language for it if Senator Kilzer agreed.

**Senator Holmberg** suggested the legal staff of the Legislative Council, not the fiscal staff, be involved. It has to be spelled out so there is one head office for the State Forensic Examiner.

**Senator Kilzer** had comments regarding the past and today the need for an examiner

**Arvy** felt the central filing needs to be with the Health Department. Also the salary of the forensic examiner needs further discussion. Right now there is a contract with UND regarding this position. Further discussion followed regarding the salary needs for this position, the absence program, Russell Silver Syndrome, and Children's Special Health Services.

**Senator Kilzer** stated we will try for next Thursday for another meeting. The subcommittee hearing on HB 1004 was closed.



## 2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 1004

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: March 15, 2007

Recorder Job Number: 5178

Committee Clerk Signature



Minutes:

**Chairman Kilzer** opened the subcommittee hearing on HB 1004. Senators Holmberg and Mathern were present. He stated he would like to get more input on this, we will start with the biggest project which is the morgue. To be directly connected to the UND school of medicine we had asked for a friendly kind of amendment to be drafted because we want to keep that at peace in the coming years as new forensic pathologists come and go. Is there any progress made in that area?

**Senator Mathern-** I did tell the folks at UND that that was one of the issues and had talked to two individuals about intent language to be drafted and I see no problem with it.

**Arvy Smith** (ND Health Department)-I am not sure the direction of the language, what are you trying to clarify?

**Senator Mathern-** one of the issues that you raised was even with the records, making sure that all of the records are in your control so that would be a part of it. I think that it is the whole issue of proper coroner's records. I don't think that we want to start a new system.

**Senator Holmberg-** I am trying to think of another example of how I am using this.

**Arvy Smith-** under normal circumstances we don't have a contract with UND.

**Chairman Kilzer-** I think that as long as the state is paying for an autopsy or is responsible or is directing it or whatever it should probably come out of the Bismarck office, there does need to be a central repository for the billing part of it in addition to the medical record part of it.

**Arvy Smith-** anything paid for by the government, co pay for travel of movement of body.

**Senator Mathern-** the medical school is hoping that they will get other funds to equip them.

**Arvy Smith-** How will it work, the appropriations is in our budget so as far as our contracts go will it all be under our name under our control?

**Chairman Kilzer-** that is what Dr. Wilson told me.

**Senator Mathern-** I was wondering if it is an option for a grant that the Department could make to the Medical School in this amount and they would manage the contracts. The Department of Health would not have to manage the contracts.

**Arvy** that would take the burden off of us. I don't know we are going to manage that project. We would need an arrangement with the medical school.

**Senator Holmberg** they are well versed in construction and the simpler it is for the Health Department the better it is. A grant would be ok.

**Senator Mathern** sated they have other uses for this. I think they should eat the cost of the plant and all that.

**Arvy** I don't know why. I am assuming there is a reason why the appropriation was not made directly to UND.

**Senator Holmberg** stated yes, this is a collaboration of Dept of Health and UND.

**Arvy** we would like a certain amount of control.

**Senator Holmberg** The budget of Higher education is also into this issue and this is something that really is the Department of Health and the University working together to solve the problem

**Senator Mathern** said Dr. Dwelle is Chief Officer at Dept. of Health and we want to make sure that he is involved in the issues of the morgue at UND.

**Senator Holmberg** we'll give it to them and then tell them that they will be working for the Dept. of Health. I think it sends a stronger message if you send them the check.

**Arvy** if I grant it to them will I lose a certain amount of control?

**Senator Holmberg** stated the language is important.

**Arvy** our administrator of the morgue certainly has experience and our input would be helpful and needed. The budget is tight and small, we need to keep a handle on that. She asked Kathy questions regarding the general fund.

**Senator Mathern** can't we put a certain percentage in the language?

**Senator Holmberg** up to 25%.

**Arvy** made further comments regarding this.

**Senator Mathern** The morgue is going to cost a lot more than this appropriation. That is why we don't want you to get into too many details or you are going to have more obligations. Let's let UND Medical School come up with the other money.

**Arvy** asked about approval of the IP's.

**Senator Holmberg** Can't it be in collaboration with UND. It needs to be a joint project.

**Senator Mathern** I would say if you writing the check for the grant Dr. Wilson is going to make sure that they communicate with you and that it meets your approval.

**Arvy** should we write something in the grant concerning us co-signing?

**Chairman Kilzer** I know the selection of the site and how it fits in physically with the rest of the plant and all those things are pretty clear in Dr. Wilson's mind. They need your

collaboration on RFP's. Is there anything else on the morgue?

**Arvy** I haven't had the chance to contact our people on the morgue. I have to work with Don Wolf on the language.

**Don Wolf, Legislative Council** I'll have to rely quite a bit on the Health Department to put the language together so it meets their needs.

**Senator Mathern** we are having a meeting tomorrow morning with folks from UND, depending on the weather. He was asked if the Medical School people were coming and Senator Mathern said yes, but the weather might be disrupting that. But we can be in touch with those folks. I am concerned a little bit about Public Health Units and what the House did. I got a list basically and we're working on about 14 items that we talked about yesterday but I didn't understand in those items where it is we are looking at public health units and are we ok there?

**Arvy** Local Health had requested \$1.9 million and the House budget \$.9 million, it is the last item on the list.

**Keith Johnson, Custer District Health** there is an interim study committee that works with local health. Basically in 1999 we put the local public health in every county in the state, now we are trying to make them reliable partners so that we can run the state programs reliably through local health, one of the biggest in environmental health. From Highway 83 west you've got 4 units that provide all the services; from Highway 83 east you've got 24 units and they get very small and not all of them have environmental health and not all of them have a full range of services so we have statewide programs versus like tattoo or tanning parlors or those sorts of things we don't have a reliable local presence to actually carry out the inspections. He was asked what we will be losing considering federal funding. One of the big ones we will be losing if the 24/7 response, the second one is for community assessment and planning. We will be trimming the environmental health down. We don't anticipate the federal funding is going to

last because the federal requirements have limited those people. So we hope we can fund partly at least have one sanitarian in each of these 8 regions that can serve all the counties.

(The recorder picked up conversations from other meeting, so recording very hard to understand)

**Senator Mathern** asked for more explanation regarding the 24/7 response.

**Keith Johnson** emergency preparedness, which has been the big focus from the state dealing with local public health. One of the big things they are relying on is to be able to respond, to be able to be contacted at any time of the day, nurses, environmental people, that are actually there on the ground that can respond, for example a community losing it's water source, and other health emergencies.

**Senator Mathern** How would you get that money back in? Can it be grants from counties?

**Arvy** The local public health unit funded it before. It wasn't put back in because the local health units didn't ask for it. It depends on local population. There is certain criteria that must be met.

**Keith** explained that criteria in detail and stated that is why we have to go regional. He gave the example of Wells County and their mills being tapped out.

**Chairman Kilzer** closed the hearing. This subcommittee will meet end of next week sometime.

## 2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1434, 1435, 1004

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 03-22-07

Recorder Job Number: 5482

Committee Clerk Signature

Minutes:

Senator Kilzer opened the subcommittee committee discussion on HB 1334, 1335, 1004, and Senator Kilzer indicated what had transpired to day on HB 1434, after questions were responded to the committee decided to accept HB 1434. He then discussed what had transpired to date on HB 1435 as well as the appropriations that are currently in it. He distributed an amendment concerning the morgue in Grand Forks.

Senator Mathern expressed concerns on the language in the appropriations. The differences between the 0207 and 0208 amendments were then discussed together with the appropriations.

Senator Mathern indicated he talked with Dr. Wilson, Dept. of Health, and asked Don Morrisette to prepare amendments. The amendment has the same language as that from the oil tax fund. The only difference is one has \$25,000 and the other has the new figure of \$75,000.

Arvy Smith worked with UND on that to see how to deal with it and they indicated it would take about one year to construct the building and one year to begin autopsy operations.

Senator Kilzer discussed the \$75,000 and referenced \$125,000. He then questioned where the other location is.

Don Morrisette indicated it is strictly in section 4.

Senator Kilzer questioned about Section 6. The response was that emails were sent. The only other item recalled was to remove section 8 out of bill.

Don Morrisette stated that page 4 removes legislative intent and is part of the corrected amendment.

Senator Mathern stated he would like to see section 6 amended. After yesterday's meeting did spend some time on this and would like the opportunity to go thru 1-16 and see if we can include some of them in the recommendations we make.

He stated this set of amendments is the same as yours with the removal of section 8 and then lists other items. They are in a different rank order. He asked the department of health to put them in their order.

Arvy Smith presented comments on section 18.

Senator Mathern stated one item on school health we could be open to other methods of funding and consideration of the fact that we passed a bill that supports school nursing. He has amendments that are an option to fund that. We take the language of what was passed in a senate bill and school nursing bill and pass it in this format by taking the money from DPI and moving it to the health department.

Senator Kilzer indicated schools already receive tobacco funds from three sources. This would increase that by \$1million to permit the schools to expand school nursing program.

Senator Kilzer asked if SB 2385 is still around. The response was that the house defeated it.

Senator Mathern indicated this takes a different approach as to how to fund it and it requires a local match. I haven't spoken with Dr Sanstead but they have seen the language and agree.

Senator Mathern looked for state equity in salary adjustments. The Health Department did not get the same funding as other agencies did.

Arvy Smith indicated the adjustments are now all 17 percent below others state agencies.

Senator Mathern stated in some agencies there was direct funding but not in the health dept

Senator Kilzer stated as he remembers to bring people to 90 percent of marketable salary would take \$50 million.

Senator Mathern stated #9 relates to bringing greater eligibility to women's way. Item 3 replaces federal dollars. Item 4 relates to the survey. The response was the federal government requires evaluations and tries to do this every four years.

Senator Mathern continued discussing each item in the amendments and Arvy Smith responded or added to statements in many areas.

Discussion took place on licensing fees, costs increasing, and federal and state decreases in programming. There was continued discussion on the programs that are funded together with amounts of funding.

The next meeting schedule was discussed.

Senator Kilzer closed the subcommittee session.



## 2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 1004

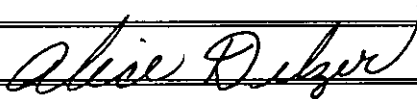
Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 03-23-07

Recorder Job Number: 5489

Committee Clerk Signature



Minutes:

**Chairman Kilzer** opened the subcommittee hearing at 7:45 am on March 23, 2004 regarding the Health Department. Senators Holmberg and Mathern were also present. Amendments 0208 were handed out.

**Senator Mathern** handed out amendments 0206 and 0209 and explained them to the subcommittee. He stated 0206 includes 16 items; 0209 includes 5 items. Some of the items he discussed were some salary adjustments; Women's Way, Food and Lodging, add Youth Tobacco Coordinator (was put in by the Governor, taken out in the House) Domestic Violence grants, adding nurses working in schools and matching money.

**Senator Holmberg** had questions about equity and asked Leg. Council for the dollar amount.

**Senator Mathern** stated we are way off compared to other agencies.

**Arvy Smith** address the Forensic Examiner salary also.

**Senator Holmberg** had questions regarding the Food and Lodging position and the relationship of the two bills dealing with tattoo and tanning and the FTE funding. He stated concern about going over the House level and had questions regarding the difference between the general fund and the governor's budget.

**Senator Mathern** talked about the funding for the FTE funding and stated we are over \$3 million from the House on salary and wages, a total of about \$9 million overall. He stated we

needed to put these items in so that the conference committee has something to work with.

Otherwise, there would not be enough difference. More discussion followed regarding equity, federal funding and salaries.

**Arvy** we need a certain amount of general fund match.

Further discussion followed regarding looking at the federal money and the equity pool and the FTE position. This will all be looked at in conference committee. The hearing was closed.

## 2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 1004

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 03-26-07

Recorder Job Number: 5522

Committee Clerk Signature

*Janet Quirk (a.B.)*

Minutes:

Chairman Holmberg opened the hearing on HB 1004 with the discussion of the amendment on HB 1004 .0210.

Senator Kilzer explained amendment .0210 indicating it does three things; building of a morgue at UND School of Medicine out of the permanent oil trust fund and operated by the Medical School for forensic services for tissue and not organ donations for the Medical School. The second item is the addition of an FTE without additional funding to work within the food and lodging inspection area, also part-time FTE needed for the tanning booth situation. The third item is to remove sect 8 from the bill, which would restrict the Dept of Health and how to advertise against smoking, etc.

Senator Kilzer moved do pass on the amendment Senator Mathern seconded. Discussion followed:

Senator Krauter questioned what will happen with the existing morgue in Bismarck.

Senator Kilzer indicated when the forensic examiner was hired 10 yrs ago and now this person averages over 200 autopsy each year. Even after Dr Mizell is doing more then usual amount there are doctors in Grand Forks and Minot doing autopsies. It is estimated the number of forensic autopsy should be 600 per year in state like ND, now there are 400 a year. As far as the location Bismarck built because it is centralized. Dr. Wilson desires to have a morgue as part of the Medical School, now his doctor comes to Bismarck.

Senator Tallackson agreed that one is needed in the Eastern part of the state. The Medical School is in Grand Forks. The lady who does forensics from there now serves part of MN. It would be big advantage to the eastern part of the state.

Chairman Holmberg indicated it would be branch of the unit in Bismarck, it would not be a stand alone morgue. Records would be kept with the Dept of Health. The cost of running that would be through the Medical School.

Senator Kilzer indicated the state assumes the charge for services. It runs about \$1950 per autopsy. Counties assume the cost of moving the body. The autopsies should not be in hospitals as decomposing bodies are not good in hospitals.

Senator Krauter questioned the addition of one FTE and that person will get paid with no money added. It was indicated the Health Dept has funds for many part time employees and they need authority to hire resulting in no additional cost.

Senator Mathern clarified his support of the amendment but will ask to consider adding other things to the Dept budget after address this. Also, on morgue issue, 7 percent of cases of autopsies are showing there is cancer even though the person didn't die of cancer. We need to figure what go on, and adding the other units gives this potential for more in depth analysis as to what is going on with the health of people in our state.

Senator Lindaas, questioned Senator Kilzer if this morgue has identical capabilities as the one in Bismarck for criminal investigations.

Senator Kilzer indicated the person doing autopsies is to do routine autopsies. The Forensic pathologist has additional training for gathering and correct preservation of tissues and procedures. The proposed one in Grand Forks has about 10,000 square feet and the one in Bismarck is 4800 square feet. The reason for size is that Grand Forks will have more students observing etc and will be having a separate room to recover tissue.

Senator Bowman indicated this is same argument as several years ago. Can they hire one more person here versus building a building.

Senator Kilzer, indicated distance is factor, and there are more autopsies out there then known

Senator Bowman indicated that is why Bismarck was selected because it is centrally located.

Chairman Holmberg indicated the morgue in Bismarck has the capability to have more then one forensic pathologist. If you remember, we didn't know how many autopsies there would be and we are now finding more autopsies are being performed then one can do, it is a growing field, and the standards indicate ND should have about 600 a yr.

Senator Krauter indicated when her read the line that morgue will be under control of UND, are they accepting all liability.

Senator Kilzer indicated we didn't want battles cropping up between the Dept of Health and the UND School of Medicine. Dr. Wilson and the Dept of Health have had several discussions and agreed to this.

Senator Krauter asked is UND School of Health Sciences assuming all responsibility for liability.

Senator Kilzer indicated as a branch under their control, certainly they are.

Senator Krauter asked but if they go to court and they question results of the autopsy, is UND liable or is the state liable.

Senator Kilzer stated whoever is at fault by error or omission, would be carrying the liability.

An oral vote was taken on amendment 0210. The motion carried.

Senator Mathern distributed amendment 0204 to address the needs for the school of nursing and the Dept of Health has an optional adjustment which provides grant funding in education to the School of Nursing puts money in to expand nursing services

Senator Mathern moved a do pass on amendment 0204. Senator Robinson seconded. Discussion followed.

Senator Christmann questioned whether this would come out of foundation aid.

Chairman Holmberg stated it is from the foundation aid program out of funding left over.

Senator Christmann questioned if school Boards choosing where to put funding, if do this will it go to the Health Dept to hire one more person.

Senator Mathern this will require match dollars to get this going,

Senator Wardner felt the need to have nursing in schools but has concerns about taking this out of schools because of funding source.

Senator Mathern indicated DPI is supportive. There was additional discussion of this.

An oral vote was taken resulting in a do pass on 0204.

Senator Mathern distributed amendment 0209 describing it.

Senator Mathern moved a do pass on amendment 0209, Senator Krauter seconded. Discussion followed. A roll call vote was taken resulting in a do not pass on amend 0209

Senator Mathern discussed footnote 5 (domestic violence) of the bill amendment 0209. Senator Krauter seconded. An oral vote was taken resulting in a do pass of section 5.

Senator Mathern moved a do pass on footnote 2 (women's way), Senator Krauter seconded. A roll call vote was taken resulting in 8 yes, 6 no, and 0 absent. The motion carried.

Senator Mathern moved a do pass on HB 1004 as amended w 0204, 0210 and ft note 2 and 5 of 0209 Krauter seconded a roll call vote was taken resulting in 12 yes 2 no and 0 absent. The motion carried and Senator Kilzer will carry the bill.

Chairman Holmberg closed the hearing on HB 1004.

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

Page 2, after line 21, insert:

**"SECTION 4. APPROPRIATION.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$1,500,000, or so much of the sum as may be necessary, to the state department of health to construct a facility to be used as a branch of the state morgue at the university of North Dakota school of medicine and health sciences, for the biennium beginning July 1, 2007, and ending June 30, 2009. The facility shall be under the control of the university of North Dakota school of medicine and health sciences."

Page 4, line 6, remove "line item"

Page 4, line 7, replace "section" with "sections", after "3" insert "and 4", replace "\$2,010,135" with "\$3,510,135", and replace "this" with "these"

Page 4, line 8, replace "section" with "sections"

Page 4, after line 12, insert:

"State morgue university of North Dakota branch facility	<u>1,500,000</u>
Total	\$3,510,135"

Renumber accordingly

**STATEMENT OF PURPOSE OF AMENDMENT:**

**House Bill No. 1004 - State Department of Health - Senate Action**

This amendment appropriates \$1.5 million from the general fund to the State Department of Health to construct a morgue branch facility at the University of North Dakota School of Medicine and Health Sciences. The facility is to be located at and under the control of the University of North Dakota School of Medicine and Health Sciences.

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

Page 1, line 4, after "Code" insert "and section 28 of chapter 167 of the 2005 Session Laws", after "immunizations" insert "and the contingent distribution of state school aid payments", and remove "and"

Page 1, line 5, after "intent" insert "; and to declare an emergency"

Page 4, after line 12, insert:

**"SECTION 10. AMENDMENT.** Section 28 of chapter 167 of the 2005 Session Laws is amended and reenacted as follows:

**SECTION 28. CONTINGENCY.** If any moneys appropriated for per student payments and transportation payments in the grants - state school aid line item in House Bill No. 1013, as approved by the fifty-ninth legislative assembly, remain after payment of all statutory obligations for per student and transportation payments during the biennium beginning July 1, 2005, and ending June 30, 2007, and after the superintendent of public instruction has fulfilled any directives contained in section 27 of this Act, the superintendent shall distribute the remaining moneys as follows:

1. The superintendent of public instruction shall use the first \$450,000, or so much of that amount as may be necessary, to provide additional payments to school districts serving English language learners in accordance with section 15.1-27-12.
2. The superintendent of public instruction shall use the next \$1,000,000, or so much of that amount as may be necessary, for the purpose of providing additional per student payments to school districts participating in eligible educational associations in accordance with section 32 of this Act.
3. The superintendent of public instruction shall transfer the next \$1,000,000, or so much of that amount as may be necessary, to the state department of health for the purpose of providing grants to single school districts, multiple school districts, or educational associations governed by joint powers agreements, to initiate or enhance school nursing services. Grants awarded under this subsection are conditioned upon the recipient contributing a matching amount. The state department of health may use up to \$120,000 of the amount provided in this subsection to employ one individual, on a full-time equivalent basis, for the purpose of implementing, overseeing, and evaluating the program.
4. The superintendent of public instruction shall use the remainder of the moneys to provide additional per student payments on a prorated basis according to the latest available average daily membership of each school district.

**SECTION 11. SPECIAL FUNDS APPROPRIATION - SCHOOL NURSES.**

There is appropriated \$1,000,000, as made available pursuant to section 10 of this Act, to the state department of health to initiate or enhance school nursing services for the biennium beginning July 1, 2007, and ending June 30, 2009.

**SECTION 12. EMERGENCY.** Section 10 this Act is declared to be an emergency measure."

Renumber accordingly



## PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

Page 1, line 3, after the semicolon insert "and"

Page 1, line 4, replace "; and" with a period

Page 1, remove line 5

Page 1, line 23, replace "5,405,392" with "7,940,974"

Page 1, line 24, replace "19,982,693" with "20,961,601"

Page 2, line 2, replace "14,625,610" with "18,325,610"

Page 2, line 3, replace "233,351" with "929,951"

Page 2, line 5, replace "42,349,960" with "50,261,050"

Page 2, line 6, replace "36,941,901" with "37,451,507"

Page 2, line 7, replace "5,408,059" with "12,809,543"

Page 2, line 13, replace "37,747,905" with "40,283,487"

Page 2, line 14, replace "45,596,674" with "46,575,582"

Page 2, line 16, replace "56,457,776" with "60,157,776"

Page 2, line 17, replace "8,919,346" with "9,615,946"

Page 2, line 19, replace "168,089,084" with "176,000,174"

Page 2, line 20, replace "149,212,121" with "149,721,727"

Page 2, line 21, replace "18,876,963" with "26,278,447"

Page 2, after line 21, insert:

**"SECTION 4. APPROPRIATION - MORGUE BRANCH LOCATION.** There is appropriated out of special funds in the permanent oil tax trust fund the sum of \$1,500,000, or so much of the sum as may be necessary, to the state department of health to construct a facility to be used as a branch of the state morgue at the university of North Dakota school of medicine and health sciences, for the biennium beginning July 1, 2007, and ending June 30, 2009. The state department of health may use up to \$75,000 of this amount for its expenses in providing oversight of the project and to provide funding for coroner-requested autopsies at the new morgue during the remainder of the biennium. The project may be augmented with additional federal funding, grants, and other funding sources from the university of North Dakota or the state department of health. The morgue branch facility is to be under the control of the university of North Dakota school of medicine and health sciences. The university of North Dakota and the state department of health shall jointly sign all requests for proposal, construction contracts, and change orders relating to the project. The state

department of health shall reimburse the university of North Dakota for the project based on final expenditure reports of actual project costs. In order to facilitate addressing public health issues related to death investigations, state forensic examiner services will continue to be provided by the state department of health, and the department will be the central repository for all coroner reports and autopsy reports for the coroner death investigations."

Page 4, remove lines 1 through 4

Page 4, line 6, remove "general fund" and remove "line item"

Page 4, line 7, replace "section" with "sections", after "3" insert "and 4", and after "\$2,010,135" insert "from the general fund and \$1,500,000 from the permanent oil tax trust fund", and replace "this" with "these"

Page 4, line 8, replace "section" with "sections"

Page 4, after line 12, insert:

"State morgue university of North Dakota branch facility	1,500,000
Total	\$3,510,135"

Renumber accordingly

## STATEMENT OF PURPOSE OF AMENDMENT:

### House Bill No. 1004 - State Department of Health - Senate Action

	EXECUTIVE BUDGET	HOUSE VERSION	SENATE CHANGES	SENATE VERSION
Salaries and wages	\$37,715,624	\$37,747,905	\$2,535,582	\$40,283,487
Operating expenses	33,335,674	45,596,674	978,908	46,575,582
Capital assets	1,817,383	1,817,383		1,817,383
Grants	55,102,776	56,457,776	3,700,000	60,157,776
Tobacco prevention and control	9,473,554	8,919,346	696,600	9,615,946
WIC food payments	17,550,000	17,550,000		17,550,000
Total all funds	\$154,995,011	\$168,089,084	\$7,911,090	\$176,000,174
Less estimated income	136,940,183	149,212,121	509,606	149,721,727
General fund	\$18,054,828	\$18,876,963	\$7,401,484	\$26,278,447
FTE	331.50	330.50	5.00	335.50

### Dept. 301 - State Department of Health - Detail of Senate Changes

	ADDS FUNDING FOR SALARY EQUITY FUNDING 1	ADDS FUNDING FOR FORENSIC EXAMINER SALARY ADJUSTMENT 2	ADDS FUNDING FOR WOMEN'S WAY MAINTENANCE 3	ADDS FUNDING FOR AN ADULT TOBACCO SURVEY 4	ADDS FUNDING FOR STATEWIDE SCHOOL HEALTH 5	ADDS FUNDING FOR FOOD AND LODGING POSITION 6
Salaries and wages	\$1,077,905	\$45,000			\$104,922	\$83,902
Operating expenses			\$484,000		40,078	26,483
Capital assets						
Grants					855,000	
Tobacco prevention and control				\$75,000		
WIC food payments						
Total all funds	\$1,077,905	\$45,000	\$484,000	\$75,000	\$1,000,000	\$110,385
Less estimated income	509,606					
General fund	\$568,299	\$45,000	\$484,000	\$75,000	\$1,000,000	\$110,385
FTE	0.00	0.00	0.00	0.00	1.00	1.00

	ADDS FUNDING FOR PHYSICIAN LOAN REPAYMENT PROGRAM 7	ADDS FUNDING FOR MARKET EQUITY ADJUSTMENTS 8	ADDS FUNDING FOR WOMEN'S WAY ENHANCEMENT 9	ADDS FUNDING FOR COMMUNITY- BASED NUTRITION 10	ADDS FUNDING FOR YOUTH TOBACCO COORDINATOR POSITION 11	ADDS FUNDING FOR QUITLINE ENHANCEMENT 12
Salaries and wages		\$1,000,000				
Operating expenses			\$282,200			
Capital assets						
Grants	\$75,000			\$600,000		
Tobacco prevention and control					\$551,600	\$70,000
WIC food payments						
Total all funds	\$75,000	\$1,000,000	282,200	\$600,000	\$551,600	\$70,000
Less estimated income						
General fund	\$75,000	\$1,000,000	282,200	\$600,000	\$551,600	\$70,000
FTE	0.00	0.00	0.00	1.00	0.00	0.00

	FUNDING FOR DOMESTIC VIOLENCE GRANTS 13	ADDS FUNDING FOR EMERGENCY MEDICAL SERVICES GRANTS 14	ADDS FUNDING FOR SEPTIC TANK PROGRAM 15	ADDS FUNDING FOR GRANTS TO LOCAL PUBLIC HEALTH 16	TOTAL SENATE CHANGES
Salaries and wages			\$223,853		\$2,535,582
Operating expenses			146,147		978,908
Capital assets					
Grants	\$500,000	\$640,000	30,000	\$1,000,000	3,700,000
Tobacco prevention and control					696,600
WIC food payments					
Total all funds	\$500,000	\$640,000	\$400,000	\$1,000,000	\$7,911,090
Less estimated income					509,606
General fund	\$500,000	\$640,000	\$400,000	\$1,000,000	\$7,401,484
FTE	0.00	0.00	2.00	0.00	5.00

1 Adds funding for state equity salary adjustments.

2 Adds funding for a salary adjustment for the forensic examiner.

3 Adds funding for maintaining the Women's Way program.

4 Adds funding for an adult tobacco survey.

5 Adds funding to provide school health and wellness services in schools, including 1 FTE program manager.

6 Adds funding for 1 FTE field environmental practitioner for food and lodging inspections.

7 Adds funding for the physician loan repayment program.

8 Adds funding for market salary adjustments.

9 Adds funding to enhance the Women's Way program.

10 Adds funding for grants to promote community-based nutrition.

11 Restores funding for a youth tobacco coordinator position and operating costs to address youth tobacco and to implement a countermarketing campaign.

12 Adds funding to enhance the tobacco quitline.

13 Adds funding for additional domestic violence grants.

14 Adds funding for emergency medical services grants.

15 Adds funding for 2 FTE positions to implement an onsite sewage treatment system program.

16 Increases funding for grants to local public health units.

This amendment appropriates \$1.5 million from the permanent oil tax trust fund to the State Department of Health to construct a morgue branch facility at the University of North Dakota School of Medicine and Health Sciences.

This amendment removes the intent in Engrossed House Bill No. 1004 relating to use of funding from the community health trust fund for media campaigns.

## PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

Page 1, line 3, after the semicolon insert "and"

Page 1, line 4, replace "; and" with a period

Page 1, remove line 5

Page 2, after line 21, insert:

**"SECTION 4. APPROPRIATION - MORGUE BRANCH LOCATION.** There is appropriated out of special funds in the permanent oil tax trust fund the sum of \$1,500,000, or so much of the sum as may be necessary, to the state department of health to construct a facility to be used as a branch of the state morgue at the university of North Dakota school of medicine and health sciences, for the biennium beginning July 1, 2007, and ending June 30, 2009. The state department of health may use up to \$25,000 of this amount for its expenses in providing oversight of the project. The project may be augmented with additional federal funding, grants, and other funding sources from the university of North Dakota or the state department of health. The morgue branch facility is to be under the control of the university of North Dakota school of medicine and health sciences. The university of North Dakota and the state department of health shall jointly sign all requests for proposal, construction contracts, and change orders relating to the project. The state department of health shall reimburse the university of North Dakota for the project based on final expenditure reports of actual project costs. In order to facilitate addressing public health issues related to death investigations, state forensic examiner services will continue to be provided by the state department of health, and the department will be the central repository for all coroner reports and autopsy reports for the coroner death investigations."

Page 4, remove lines 1 through 4

Page 4, line 6, remove "general fund" and remove "line item"

Page 4, line 7, replace "section" with "sections", after "3" insert "and 4", after "\$2,010,135" insert "from the general fund and \$1,500,000 from the permanent oil tax trust fund", and replace "this" with "these"

Page 4, line 8, replace "section" with "sections"

Page 4, after line 12, insert:

"State morgue university of North Dakota branch facility  
Total

1,500,000  
\$3,510,135"

Renumber accordingly

**STATEMENT OF PURPOSE OF AMENDMENT:**

**House Bill No. 1004 - State Department of Health - Senate Action**

This amendment appropriates \$1.5 million from the permanent oil tax trust fund to the State Department of Health to construct a morgue branch facility at the University of North Dakota School of Medicine and Health Sciences.

This amendment removes the intent section in Engrossed House Bill No. 1004 relating to use of funding from the community health trust fund for media campaigns.

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

Page 1, line 3, after the semicolon insert "and"

Page 1, line 4, replace "; and" with a period

Page 1, remove line 5

Page 2, after line 21, insert:

**"SECTION 4. APPROPRIATION - MORGUE BRANCH LOCATION.** There is appropriated out of special funds in the permanent oil tax trust fund the sum of \$1,500,000, or so much of the sum as may be necessary, to the state department of health to construct a facility to be used as a branch of the state morgue at the university of North Dakota school of medicine and health sciences, for the biennium beginning July 1, 2007, and ending June 30, 2009. The state department of health may use up to \$75,000 of this amount for its expenses in providing oversight of the project and to provide funding for coroner-requested autopsies at the new morgue during the remainder of the biennium. The project may be augmented with additional federal funding, grants, and other funding sources from the university of North Dakota or the state department of health. The morgue branch facility is to be under the control of the university of North Dakota school of medicine and health sciences. The university of North Dakota and the state department of health shall jointly sign all requests for proposal, construction contracts, and change orders relating to the project. The state department of health shall reimburse the university of North Dakota for the project based on final expenditure reports of actual project costs. In order to facilitate addressing public health issues related to death investigations, state forensic examiner services will continue to be provided by the state department of health, and the department will be the central repository for all coroner reports and autopsy reports for the coroner death investigations."

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Page 4, line 6, remove "general fund" and remove "line item"

Page 4, line 7, replace "section" with "sections", after "3" insert "and 4", after "\$2,010,135" insert "from the general fund and \$1,500,000 from the permanent oil tax trust fund", and replace "this" with "these"

Page 4, line 8, replace "section" with "sections"

Page 4, after line 12, insert:

"State morgue university of North Dakota branch facility  
Total

1,500,000  
\$3,510,135"

Renumber accordingly

**STATEMENT OF PURPOSE OF AMENDMENT:**

**House Bill No. 1004 - State Department of Health - Senate Action**

This amendment appropriates \$1.5 million from the permanent oil tax trust fund to the State Department of Health to construct a morgue branch facility at the University of North Dakota School of Medicine and Health Sciences.

This amendment removes the intent section in Engrossed House Bill No. 1004 relating to use of funding from the community health trust fund for media campaigns.

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

Page 1, line 3, after the semicolon insert "and"

Page 1, line 4, replace "; and" with a period

Page 1, remove line 5

Page 1, line 23, replace "5,405,392" with "6,199,148"

Page 1, line 24, replace "19,982,693" with "20,748,893"

Page 2, line 2, replace "14,625,610" with "14,975,610"

Page 2, line 3, replace "233,351" with "784,951"

Page 2, line 5, replace "42,349,960" with "44,811,516"

Page 2, line 6, replace "36,941,901" with "37,451,507"

Page 2, line 7, replace "5,408,059" with "7,360,009"

Page 2, line 13, replace "37,747,905" with "38,541,661"

Page 2, line 14, replace "45,596,674" with "46,362,874"

Page 2, line 16, replace "56,457,776" with "56,807,776"

Page 2, line 17, replace "8,919,346" with "9,470,946"

Page 2, line 19, replace "168,089,084" with "170,550,640"

Page 2, line 20, replace "149,212,121" with "149,721,727"

Page 2, line 21, replace "18,876,963" with "20,828,913"

Page 2, after line 21, insert:

**"SECTION 4. APPROPRIATION - MORGUE BRANCH LOCATION.** There is appropriated out of special funds in the permanent oil tax trust fund the sum of \$1,500,000, or so much of the sum as may be necessary, to the state department of health to construct a facility to be used as a branch of the state morgue at the university of North Dakota school of medicine and health sciences, for the biennium beginning July 1, 2007, and ending June 30, 2009. The state department of health may use up to \$75,000 of this amount for its expenses in providing oversight of the project and to provide funding for coroner-requested autopsies at the new morgue during the remainder of the biennium. The project may be augmented with additional federal funding, grants, and other funding sources from the university of North Dakota or the state department of health. The morgue branch facility is to be under the control of the university of North Dakota school of medicine and health sciences. The university of North Dakota and the state department of health shall jointly sign all requests for proposal, construction contracts, and change orders relating to the project. The state



department of health shall reimburse the university of North Dakota for the project based on final expenditure reports of actual project costs. In order to facilitate addressing public health issues related to death investigations, state forensic examiner services will continue to be provided by the state department of health, and the department will be the central repository for all coroner reports and autopsy reports for the coroner death investigations."

Page 4, remove lines 1 through 4

Page 4, line 6, remove "general fund" and remove "line item"

Page 4, line 7, replace "section" with "sections", after "3" insert "and 4", after "\$2,010,135" insert "from the general fund and \$1,500,000 from the permanent oil tax trust fund", and replace "this" with "these"

Page 4, line 8, replace "section" with "sections"

Page 4, after line 12, insert:

"State morgue university of North Dakota branch facility	1,500,000
Total	\$3,510,135"

Renumber accordingly

#### STATEMENT OF PURPOSE OF AMENDMENT:

#### House Bill No. 1004 - State Department of Health - Senate Action

	EXECUTIVE BUDGET	HOUSE VERSION	SENATE CHANGES	SENATE VERSION
Salaries and wages	\$37,715,624	\$37,747,905	\$793,756	\$38,541,661
Operating expenses	33,335,674	45,596,674	766,200	46,362,874
Capital assets	1,817,383	1,817,383		1,817,383
Grants	55,102,776	56,457,776	350,000	56,807,776
Tobacco prevention and control	9,473,554	8,919,346	551,600	9,470,946
WIC food payments	<u>17,550,000</u>	<u>17,550,000</u>		<u>17,550,000</u>
Total all funds	\$154,995,011	\$168,089,084	\$2,461,556	\$170,550,640
Less estimated income	<u>136,940,183</u>	<u>149,212,121</u>	<u>509,606</u>	<u>149,721,727</u>
General fund	\$18,054,828	\$18,876,963	\$1,951,950	\$20,828,913
FTE	331.50	330.50	2.00	332.50

#### Dept. 301 - State Department of Health - Detail of Senate Changes

	ADDS FUNDING FOR SALARY EQUITY FUNDING <sup>1</sup>	ADDS FUNDING FOR WOMEN'S WAY PROGRAM <sup>2</sup>	ADDS FOOD AND LODGING POSITION <sup>3</sup>	ADDS FUNDING FOR YOUTH TOBACCO COORDINATOR POSITION <sup>4</sup>	ADDS FUNDING FOR DOMESTIC VIOLENCE GRANTS <sup>5</sup>	TOTAL SENATE CHANGES
Salaries and wages	\$793,756					\$793,756
Operating expenses		\$766,200				766,200
Capital assets						
Grants					\$350,000	350,000
Tobacco prevention and control				\$551,600		551,000
WIC food payments						
Total all funds	\$793,756	\$766,200	\$0	\$551,600	\$350,000	\$2,461,556
Less estimated income	<u>509,606</u>					<u>509,606</u>
General fund	\$284,150	\$766,200	\$0	\$551,600	\$350,000	\$1,951,950
FTE	0.00	0.00	1.00	1.00	0.00	2.00

<sup>1</sup> Adds funding for state equity salary adjustments.

<sup>2</sup> Adds funding for the Women's Way program.

3 Adds 1 FTE field environmental health practitioner for food and lodging inspections.

4 Restores funding for a youth tobacco coordinator position and operating costs to address youth tobacco and to implement a countermarketing campaign.

5 Adds funding for additional domestic violence grants.

This amendment appropriates \$1.5 million from the permanent oil tax trust fund to the State Department of Health to construct a morgue branch facility at the University of North Dakota School of Medicine and Health Sciences.

This amendment removes the intent section in Engrossed House Bill No. 1004 relating to use of funding from the community health trust fund for media campaigns.

FT Note  
5 approve  
oral

Date: 3/22/08  
Roll Call Vote #: 1

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 1004

Senate Appropriations

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken

Women  
Way

FT Note 2

gr 0209

Motion Made By

MATH

Seconded By

Krauter

Senators	Yes	No	Senators	Yes	No
Senator Ray Holmberg, Chrm		✓	Senator Aaron Krauter	✓	
Senator Bill Bowman, V Chrm		✓	Senator Elroy N. Lindaas	✓	
Senator Tony Grindberg, V Chrm		✓	Senator Tim Mathern	✓	
Senator Randel Christmann		✓	Senator Larry J. Robinson	✓	
Senator Tom Fischer	✓		Senator Tom Seymour	✓	
Senator Ralph L. Kilzer		✓	Senator Harvey Tallackson	✓	
Senator Karen K. Krebsbach	✓				
Senator Rich Wardner		✓			

Total (Yes) 8 No 6

Absent

Floor Assignment

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

## PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

Page 1, line 3, after the semicolon insert "and"

Page 1, line 4, replace "; and" with a period

Page 1, remove line 5

Page 2, after line 21, insert:

**"SECTION 4. APPROPRIATION - MORGUE BRANCH LOCATION.** There is appropriated out of special funds in the permanent oil tax trust fund the sum of \$1,500,000, or so much of the sum as may be necessary, to the state department of health to construct a facility to be used as a branch of the state morgue at the university of North Dakota school of medicine and health sciences, for the biennium beginning July 1, 2007, and ending June 30, 2009. The state department of health may use up to \$75,000 of this amount for its expenses in providing oversight of the project and to provide funding for coroner-requested autopsies at the new morgue during the remainder of the biennium. The project may be augmented with additional federal funding, grants, and other funding sources from the university of North Dakota or the state department of health. The morgue branch facility is to be under the control of the university of North Dakota school of medicine and health sciences. The university of North Dakota and the state department of health shall jointly sign all requests for proposal, construction contracts, and change orders relating to the project. The state department of health shall reimburse the university of North Dakota for the project based on final expenditure reports of actual project costs. In order to facilitate addressing public health issues related to death investigations, state forensic examiner services will continue to be provided by the state department of health, and the department will be the central repository for all coroner reports and autopsy reports for the coroner death investigations."

Page 4, remove lines 1 through 4

Page 4, line 6, remove "general fund" and remove "line item"

Page 4, line 7, replace "section" with "sections", after "3" insert "and 4", after "\$2,010,135" insert "from the general fund and \$1,500,000 from the permanent oil tax trust fund", and replace "this" with "these"

Page 4, line 8, replace "section" with "sections"

Page 4, after line 12, insert:

"State morgue university of North Dakota branch facility  
Total

1,500,000  
\$3,510,135"

Renumber accordingly

## STATEMENT OF PURPOSE OF AMENDMENT:

### House Bill No. 1004 - State Department of Health - Senate Action

	EXECUTIVE BUDGET	HOUSE VERSION	SENATE CHANGES	SENATE VERSION
Salaries and wages	\$37,715,624	\$37,747,905		\$37,747,905
Operating expenses	33,335,674	45,596,674		45,596,674
Capital assets	1,817,383	1,817,383		1,817,383
Grants	55,102,776	56,457,776		56,457,776
Tobacco prevention and control	9,473,554	8,919,346		8,919,346
WIC food payments	<u>17,550,000</u>	<u>17,550,000</u>		<u>17,550,000</u>
Total all funds	\$154,995,011	\$168,089,084	\$0	\$168,089,084
Less estimated income	<u>136,940,183</u>	<u>149,212,121</u>		<u>149,212,121</u>
General fund	\$18,054,828	\$18,876,963	\$0	\$18,876,963
FTE	331.50	330.50	1.00	331.50

### Dept. 301 - State Department of Health - Detail of Senate Changes

	ADDS FOOD AND LODGING POSITION <sup>1</sup>	TOTAL SENATE CHANGES
Salaries and wages		
Operating expenses		
Capital assets		
Grants		
Tobacco prevention and control		
WIC food payments		
Total all funds	\$0	\$0
Less estimated income		
General fund	\$0	\$0
FTE	1.00	1.00

<sup>1</sup> Adds authority for 1 FTE field environmental health practitioner for food and lodging inspections.

This amendment appropriates \$1.5 million from the permanent oil tax trust fund to the State Department of Health to construct a morgue branch facility at the University of North Dakota School of Medicine and Health Sciences.

This amendment removes the intent section in Engrossed House Bill No. 1004 relating to use of funding from the community health trust fund for media campaigns.

amend 0210 pass  
amend 0204 pass

STNOTE 5  
2 & 5  
pass  
Date: 0209  
Roll Call Vote #:

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 1604

Senate Appropriations

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken

D P as amend

Motion Made By

Math

Seconded By

Krauter

Senators	Yes	No	Senators	Yes	No
Senator Ray Holmberg, Chrm	✓		Senator Aaron Krauter	✓	
Senator Bill Bowman, V Chrm		✓	Senator Elroy N. Lindaas	✓	
Senator Tony Grindberg, V Chrm		✓	Senator Tim Mathern	✓	
Senator Randel Christmann	✓		Senator Larry J. Robinson	✓	
Senator Tom Fischer	✓		Senator Tom Seymour	✓	
Senator Ralph L. Kilzer	✓		Senator Harvey Tallackson	✓	
Senator Karen K. Krebsbach	✓				
Senator Rich Wardner	✓				

Total (Yes)

12

No

2

Absent

Floor Assignment

Kilzer

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

**REPORT OF STANDING COMMITTEE**

**HB 1004, as engrossed: Appropriations Committee (Sen. Holmberg, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (12 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1004 was placed on the Sixth order on the calendar.

Page 1, line 4, after "Code" insert "and section 28 of chapter 167 of the 2005 Session Laws", after "immunizations" insert "and the contingent distribution of state school aid payments", and after "and" insert "to declare an emergency."

Page 1, remove line 5

Page 1, line 24, replace "19,982,693" with "20,748,893"

Page 2, line 2, replace "14,625,610" with "14,975,610"

Page 2, line 5, replace "42,349,960" with "43,466,160"

Page 2, line 7, replace "5,408,059" with "6,524,259"

Page 2, line 14, replace "45,596,674" with "46,362,874"

Page 2, line 16, replace "56,457,776" with "56,807,776"

Page 2, line 19, replace "168,089,084" with "169,205,284"

Page 2, line 21, replace "18,876,963" with "19,993,163"

Page 2, after line 21, insert:

**"SECTION 4. APPROPRIATION - MORGUE BRANCH LOCATION.** There is appropriated out of special funds in the permanent oil tax trust fund the sum of \$1,500,000, or so much of the sum as may be necessary, to the state department of health to construct a facility to be used as a branch of the state morgue at the university of North Dakota school of medicine and health sciences, for the biennium beginning July 1, 2007, and ending June 30, 2009. The state department of health may use up to \$75,000 of this amount for its expenses in providing oversight of the project and to provide funding for coroner-requested autopsies at the new morgue during the remainder of the biennium. The project may be augmented with additional federal funding, grants, and other funding sources from the university of North Dakota or the state department of health. The morgue branch facility is to be under the control of the university of North Dakota school of medicine and health sciences. The university of North Dakota and the state department of health shall jointly sign all requests for proposal, construction contracts, and change orders relating to the project. The state department of health shall reimburse the university of North Dakota for the project based on final expenditure reports of actual project costs. To facilitate addressing public health issues related to death investigations, state forensic examiner services must continue to be provided by the state department of health, and the department must be the central repository for all coroner reports and autopsy reports for the coroner death investigations."

Page 4, remove lines 1 through 4

Page 4, line 6, remove "general fund" and remove "line item"

Page 4, line 7, replace "section" with "sections", after "3" insert "and 4", after "\$2,010,135" insert "from the general fund and \$1,500,000 from the permanent oil tax trust fund", and replace "this" with "those sections"

Page 4, line 8, remove "section"

Page 4, after line 12, insert:

"State morgue - University of North Dakota branch facility	1,500,000
Total	\$3,510,135

**SECTION 10. AMENDMENT.** Section 28 of chapter 167 of the 2005 Session Laws is amended and reenacted as follows:

**SECTION 28. CONTINGENCY.** If any moneys appropriated for per student payments and transportation payments in the grants - state school aid line item in House Bill No. 1013, as approved by the fifty-ninth legislative assembly, remain after payment of all statutory obligations for per student and transportation payments during the biennium beginning July 1, 2005, and ending June 30, 2007, and after the superintendent of public instruction has fulfilled any directives contained in section 27 of this Act, the superintendent shall distribute the remaining moneys as follows:

1. The superintendent of public instruction shall use the first \$450,000, or so much of that amount as may be necessary, to provide additional payments to school districts serving English language learners in accordance with section 15.1-27-12.
2. The superintendent of public instruction shall use the next \$1,000,000, or so much of that amount as may be necessary, for the purpose of providing additional per student payments to school districts participating in eligible educational associations in accordance with section 32 of this Act.
3. The superintendent of public instruction shall transfer the next \$1,000,000, or so much of that amount as may be necessary, to the state department of health for the purpose of providing grants to single school districts, multiple school districts, or educational associations governed by joint powers agreements, to initiate or enhance school nursing services. Grants awarded under this subsection are conditioned upon the recipient contributing a matching amount. The state department of health may use up to \$120,000 of the amount provided in this subsection to employ one individual, on a full-time equivalent basis, for the purpose of implementing, overseeing, and evaluating the program.
4. The superintendent of public instruction shall use the remainder of the moneys to provide additional per student payments on a prorated basis according to the latest available average daily membership of each school district.

**SECTION 11. SPECIAL FUNDS APPROPRIATION - SCHOOL NURSES.** There is appropriated \$1,000,000, as made available pursuant to section 10 of this Act, to the state department of health to initiate or enhance school nursing services for the biennium beginning July 1, 2007, and ending June 30, 2009.

**SECTION 12. EMERGENCY.** Section 10 this Act is declared to be an emergency measure."

Renumber accordingly



**STATEMENT OF PURPOSE OF AMENDMENT:**

**House Bill No. 1004 - State Department of Health - Senate Action**

	EXECUTIVE BUDGET	HOUSE VERSION	SENATE CHANGES	SENATE VERSION
Salaries and wages	\$37,715,624	\$37,747,905		\$37,747,905
Operating expenses	33,335,674	45,596,674	\$766,200	46,362,874
Capital assets	1,817,383	1,817,383		1,817,383
Grants	55,102,776	56,457,776	350,000	56,807,776
Tobacco prevention and control	9,473,554	8,919,346		8,919,346
WIC food payments	<u>17,550,000</u>	<u>17,550,000</u>		<u>17,550,000</u>
Total all funds	\$154,995,011	\$168,089,084	\$1,116,200	\$169,205,284
Less estimated income	<u>136,940,183</u>	<u>149,212,121</u>		<u>149,212,121</u>
General fund	\$18,054,828	\$18,876,963	\$1,116,200	\$19,993,163
FTE	331.50	330.50	1.00	331.50

**Dept. 301 - State Department of Health - Detail of Senate Changes**

	ADDS FOOD AND LODGING POSITION <sup>1</sup>	ADDS FUNDING FOR WOMEN'S WAY PROGRAM <sup>2</sup>	ADDS FUNDING FOR DOMESTIC VIOLENCE GRANTS <sup>3</sup>	TOTAL SENATE CHANGES
Salaries and wages				
Operating expenses		\$766,200		\$766,200
Capital assets				
Grants			\$350,000	350,000
Tobacco prevention and control				
WIC food payments				
Total all funds	\$0	\$766,200	\$350,000	\$1,116,200
Less estimated income				
General fund	\$0	\$766,200	\$350,000	\$1,116,200
FTE	1.00	0.00	0.00	1.00

<sup>1</sup> Adds authority for 1 FTE field environmental health practitioner for food and lodging inspections.

<sup>2</sup> The Senate added funding for the Women's Way program.

<sup>3</sup> The Senate added funding for domestic violence grants.

The Senate appropriated \$1.5 million from the permanent oil tax trust fund to the State Department of Health to construct a morgue branch facility at the University of North Dakota School of Medicine and Health Sciences.

The Senate removed the intent section in Engrossed House Bill No. 1004 relating to use of funding from the community health trust fund for media campaigns.

The Senate provided a contingent appropriation from the balance of per student payments and transportation payments available as of June 30, 2007, for providing grants on a matching basis for school nursing services.

2007 HOUSE APPROPRIATIONS

CONFERENCE COMMITTEE

HB 1004

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

House Appropriations Committee  
Human Resources Division

☒ Check here for Conference Committee

Hearing Date: April 5, 2007

Recorder Job Number: 791

Committee Clerk Signature
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Minutes:

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

**Conference Committee met in the Roughrider Room with Representative Bellew, Chairman, Representatives Kreidt and Kerzman, Senators Kilzer, Holmberg, and Mathern.**

**The Conference Committee met to review the First Engrossment with Senate Amendments Engrossed House Bill No. 1004.**

**Senator Ralph Kilzer** reviewed the amendments beginning with the addition of the 1 FTE to do various inspections. The Senate appropriated 1.5 million from the permanent oil trust fund to the State Department of Health to construct a morgue branch facility at UND School of Medicine and Health Sciences. This was a late request that came in from the dean of the Medical School and his advisory committee. The present forensic examiner is located in the Department of Health and his physical location is here in Bismarck. He is the official forensic examiner who does over 200 autopsies a year. He has resigned and there is a new man coming on board the 1<sup>st</sup> of July. There is also a need and plenty of work for somebody to be in the eastern part of the state. That is basically what this is. There is a forensic pathologist on

the staff of the UND School of Medicine that does forensic autopsies and she does more than 100 a year. The problem is that hospitals and the joint commission on the accreditation of health care facilities do not like outside autopsies to be done in hospitals. Because, when you do that, sometimes have to bring in badly decomposed bodies and that is not a good thing for a hospital. In addition, this would also be a good educational experience for medical students. If you look at the floor plan of this proposed facility ... about twice the size of the facility in Bismarck. The immediate control would be under the Medical School, but the repository for permanent records and the official location of the forensic pathology would be in Bismarck. The next item, the Senate removed the intent section relating to the use of funding from the Community Health Trust Fund for media campaigns. Explanation. Refer: 04:10

The third item: Contingent appropriation from the balance of per student payments and transportation payments available as of June 30 for providing grants on a matching basis for school nursing services. Explanation. Refer: 05:00

**Senator Mathern:** Amendments brought to the committee and were adopted by the committee were: 1. Women's Way Program: Handout "Memo" from Mary Ann Foss, Women's Way Program Director, was given. (Attachment) Senate looked at Women's Way Program. Looked at two levels of the program. Reviewed the memo. Way to prevent major expenditures for treatment to women, but getting screening for breast and cervical cancer. Amendments combine, originally offered, 2 levels of the program - the basic level and the enhanced level. Concern for Native American women ... more outreach.

2. Domestic Violence: Added \$350,000. Explanation that the original request was for \$500,000.

**Senator Kilzer:** Questioned the amounts of funding for both programs.

**Senator Mathern:** Stated there was decrease of Federal funds for Women's Way ... we are replacing these dollars ... additional costs.

Domestic Violence: Will get full picture of where the money comes from.

**Representative Kreidt:** Stated the funding for Domestic Violence that went over to the Senate was \$360,000 included in the budget. With the \$360,000 and the \$350,000, we are actually at \$710,000.

**Don Wolf of the Legislative Council** stated this was correct. There are also Federal funds available within the Health Department budget. Discussion. The total he received was 3.8 million including the General Fund portion of it.

**Senator Mathern:** One of the issues that the original amount covered was the operation of the centers. Some other have happened ... two additional service sites were added ... the actual sexual assault is up 15%. The additional money was to deal with the two sites and the caseload going up.

**Representative Kerzman:** Had an amendment to pass around for your approval. He is asking for an EMS study at a critical crisis in southwest North Dakota. Former medical providers in all areas not the same ... outposts have been lost ... in Mott limited to 5 days a week ... if Regent goes down, Mott and Hettinger will have to pick up slack. Need to set a regional system, with more emphasis on people. It is now dependent on volunteers who leave their jobs and close businesses for ambulances runs. Paperwork and administration lacks a little bit. Medicaid reimbursement the lowest. If we don't do anything, a lot of these small ambulance services are going to fold up.

**Senator Holmberg:** Is there any study?

**Don Wolf of the Legislative Council** stated that HB 1296 there is a funding of \$30,000 to the State Department of Health and they're to do an assessment of the state's emergency medical services system and provide a report to Legislative Council.

**Representative Kerzman:** I was aware of that, but that is a different kind of study. That is not a legislative study. I want the legislators to look at what is going on. Because, every time we bring up the issue ... there is no understanding of the issue.

**Senator Kilzer:** There is also the Trauma Study which does include ambulances ... it is still alive.

**Senator Holmberg:** I have served on the council and when we have issues like this, many times we will have 2 or 3 issues that are actually melded together and given to a committee. It is certainly not unheard of to pass something that is parallel.

**Senator Mathern:** Supportive of the study, also. Asked how new information should be given.

**Representative Bellew:** Delivered before next meeting.

**Representative Kerzman:** Stated in his notes the Women's Way has been flat lined for a number of years.

**Recess until Monday.**

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

House Appropriations Committee  
Human Resources Division

☒ Check here for Conference Committee

Hearing Date: April 9, 2007

Recorder Job Number: 5833

Committee Clerk Signature
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Minutes:

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

**Conference Committee met in the Roughrider Room with Representative Bellew, Chairman, Representative Kreidt, Senators Kilzer, Holmberg, and Mathern. Absent: Representative Kerzman.**

**The Conference Committee met to review the First Engrossment with Senate Amendments Engrossed House Bill No. 1004.**

**Chairman Bellew** requested further explanations on amendments. He asked what where floor amendments.

**Senator Mathern:** For clarification, there were no floor amendments.

**Chairman Bellew:** Requested further explanation on Section 4 to take money out of the permanent oil tax trust fund for a new morgue at UND.

**Senator Kilzer:** Request comes largely from UND School of Medicine and Dean Wilson.

Have had a state forensic pathologist for 10 years who has been more than busy because more than 200 autopsies per year are done in Bismarck. In addition at the present time, more than 100 are done in Grand Forks and about 50 in Minot each year. To have a branch morgue

in Grand Forks would satisfy several needs. (1) Transportation needs - because most of the deaths in the forensic area do occur in the Red River Valley area where the population is; (2) There is a forensic pathologist on staff at UND School of Medicine who is qualified and who does these already; (3) It is a good thing for medical students to participate in autopsies; (4) When you have a forensic pathology facility, it needs to be located outside of a hospital. A hospital is supposed to be a clean place and you do not like to bring in additional bad infectious potential problems. When you have decomposed bodies, it is better to have them in a facility outside of the hospital. Regular or routine autopsies are done in hospitals, but this avoids exposing new infectious agents. Dr. Wilson requests a morgue that about twice as many square feet as the one in Bismarck ... he would like a tissue lab where skin and bone could be harvested from proper cadavers.

**Senator Mathern:** Amendment is drafted in such a way to permit other funding.

**Senator Holmberg:** The language has worked to make it clear that the Health Department will continue to be the repository of the records, coroner reports and such. We looked at this as a one investment because the medical school and the folks involved would be the ones responsible for the ongoing running of the place. There is no money put in for ongoing expenditures.

**Senator Mathern:** Did get an e-mail this morning from forensic person at UND who was unable to be here today. She puts on a lot of miles coming here to help.

**Representative Bellew:** Requested funding source from tax trust fund.

**Senator Holmberg:** It is a source particularly at this time of the session when we are making sure that our ending fund balance is a positive thing. This is a unique situation, it could warrant looking at that ... it was there and it was available. All of these amendments came from full committee and there was a lot of interest in this.



**Representative Kreidt:** There has been an amendment that came forward on the Veterans Home using 6.5 million dollars of the permanent oil trust fund - has not come to the House floor as yet.

**Senator Holmberg:** At this stage, we are looking at ways to close this up.

**Representative Kreidt:** We did look at a number of options in regards to funding that particular project. A revenue bond ... by going that direction it would have applied to the facility to pay that bond back. It would have raised the cost of their rentals to the point to the point where it just wouldn't work. So, we are doing some revenue bonds to the amount of 2.5 million dollars. The facility can handle that through their payment system with equalization of rates in the case mix system. But, beyond that, it would have been detrimental to the facility and we didn't want to see that happen.

**Representative Bellew:** Don of Legislative Council, could you give us a balance of the overall tax trust fund?

**Donald Wolf:** Yes, the balance we have is from April 5<sup>th</sup> shows \$155,550,862 and that includes the 6.5 million dollars for the Veterans Home facility. Discussion. Refer: 12:50

**Senator Holmberg:** Point 5 million already reflected in this report?

**Donald Wolf:** Correct.

**Representative Bellew:** Questioned whether the control be more appropriate in the higher education budget.

**Senator Holmberg:** This is one of the instances of having agencies working together for the common good. First of all, having the autopsies being done and also having the students have the benefit of that exposure. But, one could argue that because they are a branch of the Health Department, we could ask the Health Department and the Medical School to come up with language that would make it work. This is the language that was agreed upon by the

various parties as being the appropriate language. The morgue works for the Health Department in its autopsies, et cetera. It is a hybrid.

**Senator Kilzer:** This is a service to the state to have forensic services available. Criminal justice system and counties are interested in autopsies. It is more than a higher ed long term issued. I admit this bill did come in a little late, so it was not in the Medical School budget.

**Senator Mathern:** Another matter that came to us is the forensic officer found out there were a number of problems being brought up ... health kind of conditions that were really not the reason for the autopsy but were found as part of the autopsy that were interesting to the Department of Health. Seven percent of the autopsies showed some sort of cancer that wasn't related to the first forensic request for the autopsy. Kind of information important to the DOH more than the Department of Education.

**Representative Bellew:** Requested discussion on the School Nurses ... more input on the funding source ... 1 FTE to evaluate the program.

**Senator Mathern:** We saw adding additional duties to the DOH without adding staff to assure they could carry out those duties. This nursing issue for schools was one of those things. It seemed in the amendment for school nurses, we were not only just delivering money to schools, we were looking at some way we would be leveraging additional resources. So, it is kind of in a match format. So, that requires a staff person - somebody to develop the matching concepts, develop some sort of system to compare requests and developing a mechanism to make sure that we have good data in the future. We have seen this School of Nursing request many sessions and we had a bill that passed the Senate overwhelmingly on a matching program like this. So, we know there is interest in this. And, we also learned that if there aren't sick children, there are issues of maybe children being hungry or depressed, maybe some bullying issues, stress that take away from teachers' time. It was from that concept that

if there is interest in expanding this, we need to know how to expand it correctly. So, we need that evaluation component. This is helping teachers, so we need to take the funding from that area. We have an assumption of how many children are in each school district and, when we distribute money based on that assumption, sometimes there are fewer students than we had anticipated. So, there is some money left over from entire amount we allocated to the amount that was used by the school districts. It is that money that would be used to fund this School Nurses match grant program. We heard that the Department of Public Instruction, by the fact they supported the Nursing bill originally, was supportive of this concept.

**Senator Kilzer:** Questioned whether it was the School Nursing Bill that passed the Senate but was defeated in the House.

**Representative Bellew:** It was defeated in the House.

**Senator Mathern:** No, it is not the same, but similar concepts are there in terms of getting this amount of money to the school districts.

**Senator Holmberg:** This method of funding was relatively new. It is money that does not show up on our bill status ... financial status reports. Because it is money that the state is never going to get and never anticipated getting.

**Representative Bellew:** Questioned the Legislative Council as amount of money that was in that fund.

**Don Wolf:** Stated he would have the amount by the next meeting.

**Senator Holmberg:** We had asked that question. You will get a range of 10 - 12 million dollars.

**Representative Kreidt:** Questioned the 1 million dollar figure. Everybody out there is looking for nurses ... there seems to be shortage of nurses. Now we are going to get more nurses into schools. How far will a million dollars go ... are we going to have a nurse in every school out

there ... how are we going to do this ... is there going to be nurse come in for an hour every other week or something like that. The schools that are already doing this are probably not interested in this particular program. The schools that don't have nurses, I foresee them having a real difficult time in trying to obtain a nurse. These were some of the thoughts and questions I had when we defeated it in the House because I just didn't really see going anywhere.

**Senator Mathern:** Referred to an e-mail he had received regarding schools with this kind of service ... increased attendance ... decreased dropouts. These are things we anticipate ... we want to make sure there is some data to support that ... the reason for the million dollars because there is skepticism about it. Had some preliminary work done in larger cities ... haven't had a full attempt at comparing.

**Representative Bellew:** Thank you committee.

**Adjournment.**

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

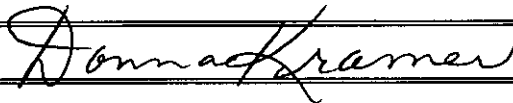
House Appropriations Committee  
Human Resources Division

☒ Check here for Conference Committee

Hearing Date: April 10, 2007

Recorder Job Number: 5862

Committee Clerk Signature



Minutes:

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

**Conference Committee met in the Roughrider Room with Representative Bellew,**

**Chairman, Representatives Kreidt, Kerzman; Senators Kilzer, Holmberg, and Mathern.**

**The Conference Committee met to review the First Engrossment with Senate Amendments Engrossed House Bill No. 1004.**

**Chairman Bellew** stated all the Senate's amendments have been heard and why they were added. Stated would like to give House's concerns of some of these amendments and discuss them. In next meeting or two, would like proposals or suggestions or motions to get the discussion further. First thing to talk about is the morgue at UND. Some concerns expressed are: we just built a new morgue here in Bismarck in 2005 - not at full capacity at this morgue. Another question - what was the testimony concerning the morgue in the 2005 session - was this morgue supposed to last X number of years. I am trying to get all of that testimony now. The other thing that was of concern was the ongoing cost for the morgue in Grand Forks. On the paper received from the Health Department, we have no ongoing cost for autopsy, no total

cost. Don't know if this morgue in GF will employ one coroner pathologist or two or three, because it says it has capacity for three. These are the major concerns the House has.

**Senator Mathern** had information to provide to the committee. Two handouts "**Funding for State Morgue Branch in Grand Forks,**" and "**Forensic Examiner Branch Data Sheet.**"

(Attachments) Explained the one page summary which outlined the need for the morgue and noted on the bottom information regarding the Total Request for \$1.5 million in construction - recurring costs through DOH and SMHS budgets. For more specific data to deal with that cost issue, it was the Branch Data Sheet from the medical school. The second page relates to the branch at UND he said.

Summarized it by saying the operation of the morgue would be a combination of the payment for the services that are provided on a per autopsy basis. That payment would come from roughly 2/3 of autopsies done in the state, then another group done for out of state. So, there is a generation of income from those autopsies, income from the teaching and research efforts of the medical school itself, and the general operating budget of the medical school that would be an on-going basis. Spoke with Randy Eiken at UND and he felt comfortable with their ability to deal with the on-going operating costs of the branch morgue.

**Senator Holmberg:** Fact is that new morgue was built here in Bismarck recently ... they are kind of at full capacity with one forensic pathologist here. They are doing roughly 200 a year, which is about what they can do. Location is a big factor ... that we wouldn't gain much in adding another forensic pathologist here in Bismarck when the business is out in the eastern part of the state. Question about whether this would have the capacity for more than one pathologist ... that would be a legislative decision. (UND) Do autopsies from Minnesota where they would gain some funding.

**Senator Kilzer:** Stated one pathologist at Grand Forks at present time.

**Representative Kerzman:** Who brought this forward?

**Senator Kilzer:** It was the medical school and Dr. Wilson, the dean, who is doing the promoting.

**Senator Holmberg:** Sometime back, we set up a statutory medical center advisory council which is made up of people in the health industry, legislators, et cetera. They came forth with a series of initiatives to improve medical services in the state and the medical school. Those suggestions came in after the budgetary cycle had gone through. And there was a little dust about why the medical school coming here and asking for these things. The response that I have heard along was that we had this statutory committee that came in with their recommendations. They felt an obligation to present those suggestions to the legislature. A number of those suggestions are on the cutting floor, they have not made it this far. But, this was one of them of two that are still percolating along. This was the one that had the one time funding.

**Representative Kreidt:** It would be interesting to go back and see the history. Maybe we made a mistake when we built the morgue in Bismarck. Sound like the activity is on the eastern side of the state. Unfortunately, we have a new facility and we are looking at another facility. We have the capacity here in Bismarck, we are not using that.

**Senator Kilzer:** Responded that the facility in Bismarck when it was conceived 10 years ago, there was a question as to whether or not ND even has enough work to keep one forensic pathologist busy. You're talking about sharing a forensic pathologist with SD. But, I think the 10 year history shows that Bismarck has more than enough cases in the area to keep one person busy. It's averaged over 200 cases a year. And, since the new facility has been up and running for a couple of years, it has been 250 cases. A forensic autopsy takes some time, not only to do the autopsy, but to do the microscopic part of it and to fill out the paper work.

So, there isn't any question about the facility here in Bismarck in the future to be running at full capacity. Now, the people who are in the know about forensic pathology say that you should have one forensic autopsy for every 1,000 citizens per year. With our population of over 600,000, that forecast we should have around 600 or a few more cases that are referred for forensic pathology. Granted our prison population is down, so maybe we don't have a much crime and as much need for forensic services, but the ideal number is around 600 autopsies per year. Hopefully, there will a lot more general autopsies than that, but the forensic ones should number that many. We are not reaching 600 a year, so there are some cases that are not being done.

**Senator Mathern:** There is less and less people that were formerly doing these things as coroners that feel comfortable in doing it. Some of the folks doing autopsies in other parts of the state are no longer willing to do those. So, that is going to increase the caseload in Bismarck and push for that need in Grand Forks. No indication from the Senate that Bismarck isn't being used. In fact, being used well and needs the support from additional autopsies being done in GF. Heard that there is a need for these people to be working back and forth. It is pretty difficult to have person available all the time. Having some sort of partnership with another place makes for a good working relationship. The Medical Center Advisory Committee which includes health care practitioners from around the state, administrators of hospitals, and legislators. Those legislators are: Senator Erbele, myself, Representative Metcalf, and Representative Svedjan brought forth that medical school advisory committee suggestion. The dean raise those at the hearing wherein he was asked to present the medical school budget in higher education. At that point, it was suggested in the House that this "deal on the morgue" be moved over to the Department of Health budget. And, we already had it in the Senate



when that happened. So, that is how this got into the Department of Health as soon as a health issue and primarily and secondarily as an education issue.

**Representative Kreidt:** We have the option to hire another forensic pathologist in Bismarck and increase the capacity up to the 600 autopsies here. Is that option being looked at?

**Senator Holmberg:** The discussion has always been around "do we have enough capacity right now in the state to perform the autopsies?" The answer we were hearing was "no, we do not have the capacity." Then the question becomes the policy one of do we then expand here in Bismarck - hire another pathologist and still not address the travel issue of transporting bodies from the east where the people are dying in larger numbers. Do we push that issue aside and do we push aside the issue of the synergy possibilities between the medical school utilizing this as a teaching tool for these students who would look at going into forensic pathology. Do we have business for two? The answer is probably yes. Should they both be located in the same site or should we taken advantage of the opportunities for teaching, et cetera. And, the fact that we already have that second pathologist in GF who is very interested in working on this particular issue.

**Representative Kerzman:** Remembering previous discussions, one of the things that was really a concern of mine and few other legislators that were involved was the close connection that we had with the crime lab and the DOH for a lot of the cross references you might have with the state morgue. You feel comfortable the relationship would be extended in the Grand Forks area or how is that going to work? We talk about distances in hauling bodies, but there has to be a lot of information shared, a lot of testing that has done especially if there is any kind of crime involved.

**Senator Holmberg:** Recalled discussion years ago about the site because one of the big topics was to be located with the medical school then. I would go back to the issue of

transporting. It is a lot cheaper to transport tissue samples back and forth than it is the bodies.

We got the impression that the Health Department and those folks that had been working on this were not troubled by that particular issue. Because those things can be transported back and forth.

**Representative Kreidt:** Have produced some quality physicians out of the medical school for many years without having a morgue up there. They work with cadavers all the time. Don't understand why and what the benefit would be to the medical student?

**Senator Kilzer:** There are some special things about a forensic autopsy that has value to people in training. It is not only a gross specimen level but it is also a microscopic level or the "special studies" as they're called. It is good to have medical students involved and it is also good to have other people in training who are involved in laboratory technicians. It is also good to have somebody to teach in law enforcement training centers. Give on-going classes to law enforcement people as how to set a crime site so the best evidence can be obtained. Its good medical training and good law enforcement training. Can serve educational service in eastern part of the state.

**Representative Bellew:** Another concern was the school of nursing. Two concerns expressed to me were the funding source and that the House defeated the bill. Another concern with your amendments that have been expressed to me is 1 million in general fund spending, \$776,000 to Women's Way and \$350,000 to Domestic Violence. You added an employee to the Food and Lodging position and removed Section 8 out of our bill.

**Senator Holmberg:** The reason we added that one FTE was because we had passed a couple of bills which already had some funding mechanisms in them. It was just they needed the authorization for the FTE.

**Senator Mathern:** Have spoken with persons in the DOH, folks at Dakota Medical

Foundation, and some folks in Public Health just to see if there would be some other way to bring down those costs for the nursing program and look at it from another prospective in terms of some partnership. Will bring to next meeting.

**Senator Holmberg:** Going to conference committee that has the nursing money in it because it is 2013.

**Adjournment.**

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

House Appropriations Committee  
Human Resources Division

☒ Check here for Conference Committee

Hearing Date: April 11, 2007

Recorder Job Number: 5887

Committee Clerk Signature

*Donna Krammes*

Minutes:

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

**Conference Committee met in the Roughrider Room with Representative Bellew,**

**Chairman, Representatives Kreidt, Kerzman; Senators Kilzer and Mathern. Senator Holmberg was delayed.**

**The Conference Committee met to review the First Engrossment with Senate Amendments Engrossed House Bill No. 1004.**

**Chairman Bellew** opened the meeting stating we are in the final days of the session and it is going to come to the time when we have to do some number crunching. Read to the committee some of the numbers compared to the 2005-07 budget for the Health Department. In General Funds alone, if we include the increases for all the bills that were passed on both sides, there is a 64.4% increase in this budget right now. In total funds, there is an increase of 39.6%. We all know that we are under a constitutional directive or mandate to balance the budget. We are going to have to make some decisions on this budget during the next day or two. Any comments or discussion.

**Senator Mathern:** Concerned about some of the things that were put into this department that we wanted them to do that they haven't done in the past ... that is part of rationale for that number you're suggesting. I went through the budget status report today ... the bottom line is that we have also an economy that we are fortunate to be part of ... that is growing. As of today, the estimated fund balance for the General Fund for the Permanent Oil Trust Fund and the Stabilization Fund is 353 million dollars. Another part of our discussion to recognize that we have also received some income and some of that income could go back to some of these services that people want.

**Senator Kilzer:** Questioned increase in general fund ... include morgue proposal for 1.5 million dollars in the oil tax trust fund?

**Chairman Bellew:** That's another fund - not part of it. But, it is part of the overall increase. Part of the 39% increase but not the 64%.

**Senator Kilzer:** What about the proposed school nurse?

**Chairman Bellew:** That's also in other funds. Out of the DPI.

**Senator Mathern:** Did check with the possibility of the foundation helping with the administration of the nursing program as a way to reduce the costs that would be incurred in terms of a FTE in the DOH. There is some interest in doing that ... would be an area that I would be glad to come in with some proposal on.

**Chairman Bellew:** It is should all of our concerns - the sustainability of the budget. Do not want to come back in two years and propose a tax increase, especially when with the enormous tax surplus we have now. Refer: 5:10

**Senator Mathern:** Also aware of the Governor's message about continuing improvement in our economy. I feel hopeful that the message was accurate ... that we can forward to our state finally benefiting from some of the investments we have made in the past years.

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House Appropriations Committee

Human Resources Division

Bill/Resolution No. 1004

Hearing Date: April 11, 2007

**Representative Kreidt:** Motion to stand at ease until Senator Holmberg gets here.

**Recess.**

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

House Appropriations Committee  
Human Resources Division

☒ Check here for Conference Committee

Hearing Date: April 11, 2007

Recorder Job Number: 5888

Committee Clerk Signature
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Minutes:

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

**Conference Committee met in the Roughrider Room with Representative Bellew, Chairman, Representatives Kreidt, Kerzman; Senators Kilzer and Mathern. Senator Holmberg was delayed.**

**The Conference Committee met to review the First Engrossment with Senate Amendments Engrossed House Bill No. 1004.**

**Chairman Bellew** reopened the meeting after the arrival of Senator Holmberg. He stated it was time the committee made some movement ... start getting things settled. He asked any proposals or amendments at this time.

**Senator Mathern:** Not as a formal motion, it would be good if we figure out a way where the House accedes to the Senate amendments with the additions of the study amendment regarding emergency services. Then, we look at another way of doing the nursing program.

**Senator Kilzer:** Maybe, we can take these items one at a time. Let's list the items and then take votes on each one of them.

**Chairman Bellew:** Acceptable to the rest of the committee?

**Senator Kilzer:** Items would include the morgue, school nurses, Representative Kerzman's proposed amendment about studying the ambulance problems. Had a question about Section 8.

**Chairman Bellew:** Section 8 is a moot point at this time. We're willing to concede that to you.

**Senator Kilzer:** Will we need a motion?

**Don Wolf of Legislative Council:** If you want to do it that way. You will still need a final approval of all.

**Chairman Bellew:** Not necessary, Senator Kilzer. We also agree with the Food and Lodging position ... concede to that. The list: the morgue, the school nurses, the funding for Women's Way, and funding for Domestic Violence.

**Representative Kreidt:** Would like to include the Program 2 under Women's Way, that we remove the \$766,200. For the incoming biennium, we are including 2.6 million already in that fund. That is satisfactory going into the next biennium.

**Senator Mathern:** I would hope that we would not do that ... keep the \$766,200 in. The majority is to make up for what we are losing in terms of Federal funding. If we eliminate the entire amount, we wouldn't be doing any maintenance of our screening efforts, and the referral effort of the women that we find that have cancer. The other money is involved in terms of providing service. But, this money that we have in the Senate amendments is doing the screening and doing the education to get these people into care.

**Representative Kerzman:** Have to agree with the Senator. This is a very cost effective program in early detection and screening ... especially with cancer related diseases. Once it gets beyond a certain point, it's really costly to site and take care of these problems. It is a proven program ... I support it.

**Representative Kreidt:** Made a motion that we remove the \$766, 200.



**Senator Holmberg:** Stated not sure if we could accomplish things by less money. In General Funds, we are about 2 million dollars apart. Not sure about what to do. Refer: 07:48

**Representative Kreidt:** Can live with the \$250,000 for Domestic Violence. Refer: 09:05

**Roll Call Vote:** Chairman Bellew - yes, Representative Kreidt - yes, Representative Kerzman - no, Senator Kilzer - yes, Senator Holmberg - yes, and Senator Mathern - no.

**Motion does carry.**

**Senator Holmberg:** Question about leaving money in for Domestic Violence.

**Don Wolf of Legislative Council:** This is an informal agreement, but once you agree to everything, you need to combine everything in and make a formal motion. It depends upon whether you recede and further amend. You have to agree to what you want to include.

**Senator Mathern:** Made a motion that we include the maintenance part of the Women's Way Program into our approval. There were two positions coming from the Senate. We had the \$484,000 which was just to maintain the program as it is. We had the \$282,200 which was to enhance the program. I would move that we add the Women's Way Program just at the maintenance level at \$484,000.

**Representative Kerzman:** Seconded the motion.

**Senator Kilzer:** Asked for a definition of "maintenance" because there are changes at the Federal and may even be some changes in Human Services. Used to be Women's Way was the diagnostic and screening part which was done by the DOH. Most of the treatment was done by some DHS division. Is that still the case?

**Senator Mathern:** Referred to memo dated April 5, 2007 which gives the full description of the proposal. The description includes the fact that the cost of doing this kind of assessment has gone up. The DOH has worked with the local public health units. The years we have in place, they really can't do the same amount of work without some increased funding. So, the

\$484,000 is just to make sure that there is enough money that goes out to the local public health units ... to make sure that they can continue this assessment and screening work. No major change in how things are going on. The \$484,000 would just make sure that we have done is maintained. It would not screen more women, doing more education, hiring a person to make some special outreach efforts to Native Americans ... that would be eliminated by this motion.

**Representative Bellew:** Stated the motion is reinstate \$484,000 to the Women's Way Maintenance Fund.

**Roll Call Vote:** Chairman Bellew - no, Representative Kreidt - no, Representative Kerzman - yes, Senator Kilzer - no, Senator Holmberg - yes, and Senator Mathern - yes.

**Motion failed.**

**Senator Holmberg:** Stated he was going to make a motion on the two programs, Women's Way and Abuse Violence, we settle up no more than \$600,000 in the two programs and then decide how the money should be split.

**Adjournment.**

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

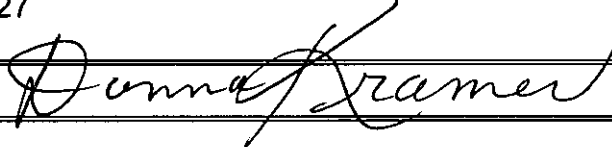
House Appropriations Committee  
Human Resources Division

☒ Check here for Conference Committee

Hearing Date: April 11, 2007

Recorder Job Number: 5927

Committee Clerk Signature



Minutes:

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

**Conference Committee met in the Roughrider Room with Representative Bellew, Chairman, Representatives Kreidt, Kerzman; Senators Kilzer and Mathern and Holmberg.**

**The Conference Committee met to review the First Engrossment with Senate Amendments Engrossed House Bill No. 1004.**

**Chairman Bellew** reopened the Conference Committee Meeting.

**Senator Mathern:** Gave two handouts - one was a statement regarding the school nursing program and the other was a copy of an e-mail from Mary Ann Foss, Women's Way Director. Mentioned he had gotten e-mails regarding the school nursing program. The suggestion he brought was reducing the appropriation of the school nursing program to the amount of \$500,000 providing the money to the DOH and giving them more room to administer that money. Further explanation was given. Refer: 03:18. **Motion was made for amendment to provide \$500,000 to the Women's Way Program.**

**Representative Kerzman: Seconded the Motion.**

**Representative Bellew:** Where does the money come from?

**Senator Mathern:** The money would come from the roll over dollars that we anticipate being left over after the distribution is made for the per pupil funding to the Dept. of Public Instruction. Only changing the amount from 1 million to 500,000 dollars and changing the manner in which it is distributed.

**Senator Kilzer:** This was a bill was tagged onto the DPI budget and it was lined up with about a dozen other things. If there is money left over in the per pupil payment and the transportation costs beyond 1.45 million dollars at the end of the present biennium, that there would be 1 million dollars go to this matching school nurse program. And then the next million dollars would be back on per pupil payment. This is kind of evasive into the DPI budget. The DPI committees had not reviewed this. I encourage that we resist it.

**Senator Homberg:** There are 12 different items - footnotes as it were - on SB2013 right now. About 5 sessions ago when we quit fighting about what was going to happen to the excess money left in the account, the legislature, determined that the end of biennium instead of fighting about it, passed Item 12 on that list. It was just that any money left over goes back to the schools. Since that time, we have added 3 different items to this. We have reviewed that and we have a handout from DPI. Will get copies. The committee on DPI is cognizant of this motion. When we look at the things that have come through the policy committee, for the most part they all direct money out to schools to help children. There are a couple of exceptions. There are two items on that list having to do with redoing the computer program for Foundation Aid in the DPI and some money for Teachers Standards. It is money that goes out schools - it's a policy decision. The estimate of the money in there is up to 14 million. Will provide sheet ... it is money that goes out to help schools.

**Representative Kerzman:** Senator Holmberg, how much would this reduce this 500,000 - reduce the first payment if you say it is around \$50? Would it be a couple dollars per student?

**Senator Holmberg:** It would be about \$5. Refer: 09:50. Money spent on helmets .....

**Representative Kerzman:** Don't you think this would be a more viable use - short of nurses ... encourage people to go more in that direction.

**Senator Holmberg:** School I taught at had the nursing program in the schools ... think it is a very positive program.

**Chairman Bellew:** For the committee's information, Minot also has a school nursing program. And, if something like this were to pass - even that \$500,000 would reduce funding for Minot Public Schools by \$32,500.

**Senator Mathern:** Rationale for this program of having nurses in schools is to assist the education process so that the teachers aren't spending as much time with nursing issues, and, so that we identify children earlier that need medical attention. That helps in overall savings at the school.

**Roll Call Vote on the amendment to provide \$500,000 in lieu of the 1 million:**

**Bellew - no, Kriedt - no, Kerzman - yes, Kilzer - no, Holmberg - yes, Mathern - yes.**

**Motion fails.**

**Senator Holmberg:** Stated there is close to 2 million in general fund. Made a **motion we expend \$600,000 on two programs (Women's Way and Domestic Violence) to be determined how to be divided up.**

**Representative Kerzman: Seconded.**

**Senator Mathern:** We still have a million dollars.

**Senator Holmberg:** I am not touching that.

**Chairman Bellew:** I would disagree. We removed \$760,000 this morning on Women's Way.

**Senator Holmberg:** Yes, we did.

**Senator Mathern:** The way I hear the motion is it is an attempt to start with a clean slate.

Offer \$600,000 to those two programs in some manner.

**Senator Kilzer:** This is not the only funding for those programs. There are Federal pass through funds. There is 2.6 million for Women's Way and 5.9 million for Domestic Violence. Even a majority of that money does not go for clinical purposes, but it is for those programs.

**Senator Mathern:** Referred to handouts about Women's Way. Basically, there is an attempt to keep the funding from the Federal level at the same level. (See Attachments)  
Hope to restore money.

**Representative Kreidt:** Have we used general funds in the past?

**Senator Holmberg:** No. Senator Mathern made a point. If this motion fails, I would suggest we move on.

**Roll Call Vote on motion to add \$600,000 to Women's Way and Domestic Violence.**

**Bellew - no, Kreidt - no, Kerzman - yes, Kilzer - yes, Homberg - yes, Mathern yes.**

**Motion fails.**

**Representative Kreidt:** Have discussed the school nursing program ... the dollar amounts. This bill was defeated on the floor of the school. This money would go back to the schools for student payment if this money was not used. I think we are trying to do something here with a million dollars with regards to having nurses for in the schools. Think with the nurse shortage, we're not going to be able to accomplish that at all. Refer: 20:32.

**Motion to remove Section 11.**

**Representative Bellew:** Don, would he remove other sections? Refer: 21:16

**Don Wolf of Legislative Council:** Section 10, 11 and 12 could be removed - all related.

**Representative Bellew:** Seconded the motion.

**Senator Holmberg:** We have by either vote or consensus have accepted the Food and Lodging FTE, we have accepted the Abuse and Violence - \$350,000, we have removed the funding for Women's Way, the House has gone along with the Senate did on Section 8, we have the study of Ambulance Problems - that is in the bill by consensus. Two issues left.

Refer: 23:00

**Representative Kerzman:** I'll resist at this time. A lot of schools could utilize this.

**Representative Kreidt:** Addressed the nurses shortage. Looking at a million dollars and hiring nurses - two year time span - probably hiring 12 nurses, how are you going to be able to hire part time nurses? A nurse in every school? Headed in the wrong direction on this. Refer: 25:00

**Senator Mathern:** This is a grant program that relates to matching dollars. DOH is involved, they'd involve the local public health units. Could see nurses around the state spending time at different schools. Refer: 26:00

**Senator Holmberg:** This legislature has already passed up the opportunity to do a great deal for the nursing profession. This issue will be back.

**Representative Kerzman:** Would envision contract basis.

**Roll Call Vote on motion to remove school nursing program from this bill.**

**Bellew - yes, Kreidt - yes, Kerzman - no, Kilzer - yes, Holmberg - yes, Mathern - no.**

**Motion passes.**

**Representative Bellew:** One unresolved issue. The morgue.

**Adjournment until tomorrow.**

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

House Appropriations Committee  
Human Resources Division

☒ Check here for Conference Committee

Hearing Date: April 12, 2007

Recorder Job Number: 5971

Committee Clerk Signature

*Donna Kramer*

Minutes:

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

**Conference Committee met in the Roughrider Room with Representative Bellew, Chairman, Representatives Kreidt, Kerzman; Senators Kilzer and Mathern and Holmberg.**

**Chairman Bellew** reopened the Conference Committee Meeting.

**Senator Kilzer:** Spoke about the proposed branch morgue at the Medical School in Grand Forks ... immediately adjacent to the Medical School. Several concerns expressed by the House members when we first started our conference committee about the need and the reasonableness of having a second morgue within the state of ND. Major concerns had been expressed ... we had just built a morgue in Bismarck. Question was whether it was operating at full capacity, how long was it supposed to last, and how could we justify building another one in Grand Forks when we had just built this one. Historically, we have the state forensic examiner in Bismarck for 10 years ... the latest total year forensic autopsies were 240. That is the maximum that one forensic pathologist can reasonably complete and fill out all the reports, do all the microscopic analyses and sending away some of the toxicology studies and things



like that. Additional duties to a forensic pathologist and these include such things as additional teaching - not only of medical students who happen to be rotating through the Bismarck area or in Grand Forks, they would probably use it for the second year medical school students who are not out on clinical experiences. So, they would be in the basic pathology course where there is a need for students to be involved with forensic pathology. In addition, the forensic pathologist teaches law enforcement people about how to best preserve human specimens and forensic sites.

The building is designed to be a permanent building. It is built in such a way that there is a proper private entrance in the back for law enforcement to deliver post mortem human bodies. There are properly designed tables and floor drains and the right temperature areas for preserving specimens for the proper preparation for microscopic examination. The unit that is being designed for GF has a room for tissue where cadaver skin and bone could be harvested and reused for living patients for bone graft and skin graft.

Referred to handout (Attachment A) that comes from the Medical School and reviewed. Refer:  
05:33 - 09:27

**Chairman Bellew:** Why is this in this budget and not in the Department of Education budget? Seems more the function of higher education than state health department.

**Senator Kilzer:** Forensic pathology is a service to ND ... there are county coroners who request this service. They are many instances of sudden death without explanation. The primary function of a forensic pathologist is the service to the state of ND in explaining unanticipated or sudden death ... number one reason. Many state agencies including law enforcement, the attorney general's office, the various health agencies are all interested not only in an investigation as to the reason why somebody died or under what circumstances did they die. Also, for educational service.

Remember Morton County twenty years ago, homicides and not proper investigations. Not specifically in the higher education budget because it is not a primary educational issue.

**Representative Kerzman:** Is there anything on the other side of the river similar to this that the state utilizes now or contracts with?

**Senator Kilzer:** I don't know of any forensic pathology services until you get to St. Cloud and probably in Duluth.

**Chairman Bellew:** Would the Medical School share in the operating costs of this since using to educate students?

**Senator Kilzer:** Dr. Sens' salary is paid by the Medical School. The control of this branch would be under the control of the Medical School and therefore they would have the routine costs of facility running. Records would come to Bismarck.

**Representative Kreidt:** Talking about \$1.5 million out of the Permanent Oil Tax Trust Fund. This would be the only cost to the state except for funding that goes to the School of Medicine.

**Senator Holmberg:** Arrived.

**Chairman Bellew:** This portion of the bill ... I don't think the House will accept. The reason is we just built a new one two years ago ... we are not at full capacity here. Before this, we didn't have a morgue in ND and now in 2 years time, we need two of them.

**Senator Kilzer:** If somebody charges that we are not at full capacity here, I would say that 240 is full capacity.

**Senator Holmberg:** Let's ask the House and bring it up on the floor, let them do their debate.

**Chairman Bellew:** We'll stand at ease until the next meeting.

**Adjournment.**

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

House Appropriations Committee  
Human Resources Division

☒ Check here for Conference Committee

Hearing Date: April 13, 2007

Recorder Job Number: 5981

Committee Clerk Signature
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Minutes:

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

**Conference Committee met in the Roughrider Room with Representative Bellew, Chairman, Representatives Kreidt, Kerzman; Senators Kilzer and Mathern and Holmberg.**

**Chairman Bellew** reopened the Conference Committee Meeting.

**Representative Kreidt:** Reviewed the **amendment** that was passed out yesterday.

(Attachment with 04-12-07 minutes) **It was on Page 3 - Section 12 - Demonstration Project for voluntary surveys during a major construction or a renovation of a basic care or long term care facility. This amendment would allow the life safety survey during a building project. Three million dollars or more would trigger this. Right now, there are two nursing home projects that are above that amount. We will now have the Veterans Home ... at the request of the facility if they want this particular survey to be done. Pilot project.**

Continued explanation. Refer: 02:21

**Motion made to adopt this amendment.**

**Chairman Bellew:** Seconded the motion.

**Senator Holmberg:** This isn't from a bill that either body has defeated ... this is something new?

**Representative Kreidt:** Did have on a previous bill. This is very restrictive. Before we didn't have the 3 million dollar trigger ... it was more of an open type of amendment. We've fine tuned this so we don't violate any Federal requirements that are associated with the Medicare certification. In compliance with the regulations.

**Senator Holmberg:** No criticism - you have made a very good case.

**Senator Mattern:** Questioned number 2 on Section 12 ... charge for the time of the person? Staff?

**Representative Kreidt:** The original amendment, without the 3 million dollars trigger, the department would have gone out on a lot of little projects. This could be performed within 15 months. Eliminate facility doing little projects. Could absorb those costs within the department.

**Senator Mattern:** Great idea ... no problem at all with this. Does the DOH have the staff to do this?

**Representative Kerzman:** Don't they do something like this prior to licensure? What kind of teeth would the department have to enforce something like this. Authority?

**Senator Mattern:** They would be able to alert the administrator who could then come back ... opportunity to go back to the contractor and architect.

**Senator Mattern:** Would you willing, Representative Kreidt, just to add the words "personnel costs?"

**Representative Kreidt:** If the requests become too numerous for the department to handle, they could say we just have the personnel now. They can report back to Legislative Council on how those went. At this point, our funds are capped out. Pilot project. Refer: 14:10

**Senator Holmberg:** Agree with Representative Kreidt. They will design the program.

**Representative Kreidt:** Restrictive with the dollar amounts ... gives the department the flexibility.

**Chairman Bellew:** Informed by Legislative Council that we need to add an expiration date on Section 13.

**Representative Kreidt:** There is an expiration date in Section 12. Section 12 and 13 included in motion.

**Chairman Bellew:** Seconded the motion.

**Roll Call Vote:** Bellew - yes, Kreidt - yes, Kerzman - yes, Kilzer - yes, Holmberg - yes, Mathern - no.

**Motion carried. Amendment attached.**

**Chairman Bellew:** Two verbal amendments would like to the committee. **First, is removing \$100,000 General Funds from the Domestic Violence fund.** Explanation.

**Representative Kreidt:** Seconded the motion.

**Senator Mattern:** Question on the adoption of the amendment. Objection.

**Senator Holmberg:** One could argue that the removal of \$100,000 would have a huge impact on the Domestic Violence programs, but it would have a larger on them than would be the addition of another 100 thousand in the General Fund.

**Representative Kerzman:** Recalled they needed \$350,000 to move a project to Bismarck area.

**Roll Call Vote: Bellew - yes, Kreidt - yes, Kerzman - no, Kilzer - no, Holmberg - no, Mathern - no.**

**Motion fails.**

**Chairman Bellew: Motion to remove the morgue out of the Senate amendments.**

**Representative Kreidt: Seconded the motion.**

**Representative:** Resist this motion. Ironical that we going to spend more money looking at dead people than we're going to spend at surveying and testing of human beings to see that they don't get some kind of fatal disease. Cutting back on screening of cervical and breast cancer of Women's Way. Will support the morgue.

**Roll Call Vote: Bellew - yes, Kreidt - yes, Kerzman - no, Kilzer - no, Holmberg - no, Mathern - no.**

**Motion failed.**

**Senator Holmberg:** Ran through what was in the amendments. **Section 4 is (morgue) is in; removed money for Women's Way - \$766,000 but \$350,000 for Domestic Violence; special funds for school nurses was removed; we added the demonstration project for voluntary services - Sections 12 and 13; EMS study approved, agreed to an employee and remove Section 8. Motion to approve. Refer: 22:05**

**Don Wolf of Legislative Council** stated the **proper motion was that the Senate accede and further amend.**

**Senator Mathern:** Think this is a major step in going backwards in terms of Women's Way program, in the school nurse program.

**Senator Kreidt: Seconded the Motion.**

**Roll Call Vote: Bellew - yes, Kreidt - yes, Kerzman - no, Kilzer - aye, Holmberg - aye, Mathern - no.**

**Motion passes.**

**Chairman Bellew:** With that this conference committee is officially over.

**Senator Mathern:** Would like to see these amendments.

**Don Wolf of Legislative Council** stated the amendments would be distributed prior to the bill going to the floor of the House.

**Adjournment.**

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

House Appropriations Committee  
Human Resources Division

☒ Check here for Conference Committee

Hearing Date: April 18, 2007

Recorder Job Number: 6126

Committee Clerk Signature
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Minutes:

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

**Conference Committee met in the Roughrider Room with Representative Bellew, Chairman, Representatives Kreidt, Kerzman; Senators Kilzer and Mathern and Holmberg.**

**Chairman Bellew** reopened the Conference Committee Meeting. He stated that the decision of the previous Conference Committee was taken to the House floor. The decision was defeated on the House floor by a vote of 14 -80. So, we are back to square one.

**Senator Holmberg:** I was not there, but listened to debate and heard some people saying they voted the way they did because of Women's Way not being part of it. Was part of the vocal discussion on the floor?

**Representative Kerzman:** It was part of the discussion on the floor. There was just about as much discussion on the removal of the Women's Way as there was with the morgue.

**Representative Bellew:** Is it your contention, Senator, that it was Women's Way and not the morgue?

**Senator Holmberg:** There is no way that I can validate that.



**Senator Mathern:** I heard was that there were a lot of people concerned that we didn't fund Women's Way and they hoped we would take another shot at it.

**Representative Bellew:** It was my position and the majority of the House side that it was the morgue. We also all agreed to delete the school nurses, we agreed to delete Women's Way, we agreed to leave the FTE in. We agreed to take out Section 8 of the House bill. We agreed to add two more sections.

**Don Wolf of Legislative Council:** \_\_\_\_\_ and Emergency Study. Refer: 02:50

**Representative Bellew:** It is still our position to remove the morgue, remove Women's Way funding, and remove school nurses. Our leadership has directed us a little differently. They would like to find a million dollars in General Funds to take out of this budget. Good starting point to discuss.

**Senator Mathern:** Stated he wanted to handout something regarding salaries.

**Representative Bellew:** That is not open for discussion.

**Senator Mathern:** You talk about 1 million dollars. It would affect salaries.

**Representative Bellew:** That is not part of the conference committee.

**Representative Kerzman:** Questioned the million over ... we took a million out for the nurses.

**Representative Bellew:** We're talking about a million dollars General Funds plus the morgue and the nurses. It doesn't have to come from Women's Way or Domestic Violence. It can come any other part of the budget. Open for suggestions.

**Senator Mathern:** That is why I would like to hand out some information to demonstrate that there are needs in the department ... that taking a million dollars would be problematic.

**Representative Bellew:** There are needs in every department - we have to balance the budget before we leave here.

**Senator Holmberg:** The difference in the Senate and the House was a little over a million dollars. Are you offering suggestions as to where those million dollars should come from?

**Representative Bellew:** Open to suggestions. Repeated House's goal.

**Senator Mathern:** Would like to hand out information.

**Representative Bellew:** We had received this information when we heard the budget.

**Representative Kreidt:** Looking at General Funds, we talked about Women's Way of \$466,000 - in prior years there were no General Funds there. The other option would be to look at the Domestic Violence grants. Taking another \$230,000 out of there would give us the dollar amount we are looking for. We could all live with that and probably bring this to a conclusion.

**Senator Kilzer:** The Health Department has another need and another bill and that's HB 1435 which has to do with vaccination. I don't if you and your leadership are tuned in that bill because that's going to be another expense that's going to be a problem. Because, the Federal government is not going to be furnishing free vaccine very much longer. Provider choice is going to increase the costs to recipients and to the families. Do need to keep in mind. Federal government is shifting vaccines over to non-Federal third party payers.

**Representative Bellew:** We on the House side do realize that.

**Representative Kerzman:** This budget is highly Federal funded. How many Federal dollars are we jeopardize by taking out of the budget. Have you been directed to do the same - commence a reduction on all the budgets? Or we just picking on several budgets?

**Representative Bellew:** I haven't been directed. The way it was phrased to me was that we would like to find a million General funds in the health department budget. (Read some figures as to what had been previously passed by the House and Senate.) It is the opinion of our

leadership that those figures are not sustainable. The total increase is 64.4% to the Health Department's general fund.

**Representative Kerzman:** Our state's economy has picked up and we expected to step up to the plate a little more, keep the services in place.

**Representative Bellew:** Must proceed ... anything we can resolve today, get done.

**Senator Mathern:** Have concerns about the salary issues - will hand out individually.

Expressed concerns about the Women's Way. Suggested taking some money that had been anticipated for the morgue and moving it to Women's Way for the maintenance part of the budget. **Suggested \$384,000 from the morgue amount and fund the Women's Way program which is the maintenance level - eliminating the recruitment imitative and eliminating the new outreach to the Native American community. Money to be taken out of Permanent Oil Trust Fund.**

**Senator Mathern:** Made this a motion.

**Representative Kerzman:** Seconded the motion.

**Senator Kilzer:** One and half million for the morgue based upon the facility built in Bismarck. I don't think there is any cheaper way of building that unit. It is pretty hard to build  $\frac{3}{4}$  of a building. It's all or none type of situation.

**Representative Bellew:** Was part of your motion to remove the morgue?

**Senator Mathern:** No. Realize that we are looking for a good portion of the morgue funding coming from special funds, coming from Federal funds, and essentially this would create a bigger challenge. It would create a bigger pressure to raise additional money. I'd rather 1.5 million were there, but looking for a way to satisfy what I saw as concerns on part of the House and from the Women's Way, satisfy the concerns of the House leadership not willing to put

more money in, and does create an additional burden for the medical school. I understand that. I am hoping that we would meet that additional burden in some other way.

**Representative Bellew:** It was the morgue, the morgue was the issue on the House floor.

Continued discussion.

**Roll Call Vote:** Bellew - no, Kreidt - no, Kerzman - yes, Kilzer - no, Holmberg - no, Mathern - yes.

**Motion Failed.**

**Representative Bellew:** Let's talk about the morgue. I will contend that was what most of the vote on the House floor was about - the removal of the morgue.

**Representative Kerzman:** Did you survey the people that voted it down? Refer: 20:40 - 21:00

**Senator Kilzer:** It is regrettable that when the bill was first heard in committee that the morgue was not included at the House side. The House side did hear the testimony and I don't know if that was the reason for some of the misinformation that I have heard about. Some statements are incorrect. Like to see accuracy. Room and need for another facility.

**Representative Bellew:** Hope I gave accurate numbers. Used the morgue data sheet.

**Representative Kreidt:** Stated he remembered the discussion statement was that the new morgue would twice the size of the one we have here in Bismarck. There wasn't any debate.

**Representative Bellew:** Will reschedule.

**Adjournment.**

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

House Appropriations Committee  
Human Resources Division

☒ Check here for Conference Committee

Hearing Date: April 19, 2007

Recorder Job Number: 6172

Committee Clerk Signature

Minutes:

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

**Conference Committee met in the Roughrider Room with Representative Bellew, Chairman, Representatives Kreidt, Ekstrom; Senators Kilzer and Mathern and Holmberg.**

**Chairman Bellew** reopened the Conference Committee Meeting. He asked for amendments. Presented an amendment .0222 which relates to HB 1435 saying monies appropriated can be used only for the purchases of vaccine for the provider choice program. He stated he was given this amendment by the chairman of House Human Services Committee.

**Senator Holmberg:** Is there a fiscal impact on this amendment?

**Representative Bellew:** On this amendment, there is not.

**Senator Mathern:** You are saying HB 1435 is not available for action. Why are bringing it to this committee?

**Representative Bellew:** Because HB 1435 is passed, the money will go into the Health Department for the Provider Choice Program. She wants to make sure the money is used for vaccines only.

**Senator Kilzer:** I was on that conference committee and we met this morning and passed out the bill. So, you will be seeing it on the floor, I presume, shortly. The fiscal note will be \$2 million dollars.

**Senator Holmberg:** I will certainly support this, but not support it as written. **I would make that motion that we add this to those amendments.**

**Senator Mathern:** Would like to hear from the DOH about these amendments. Is it consistent with the intent here or are we changing the policy?

**Senator Kilzer:** Deferred to the department.

**Arvy Smith of DOH:** Have not seen the amendment. I am not sure what this is attempting to do. I know we agreed that the funding for provider choice can be put in a special line so that we can't use it all for entirely different purposes. I am little bit concerned about the word vaccine. There could be some technology costs implementing provider choice and that prohibit me from doing that. There may be technology costs to interface with the payment processing related to provider choice ... I am little concerned about the restrictiveness of it.  
Continued statements. Refer: 08:13

**Senator Holmberg:** Proper to give Arvy some time.

**Representative Bellew:** Presented amendment .0220. The Senate recedes from its amendments and be amended as follows: Removes the morgue, removes school nurses, removes the Women's Way funding of \$776,200. It keeps the FTE, keeps the Domestic Violence grants, keeps the Emergency Medical Services, and keeps Sec. 10 - Demonstration Project for Voluntary Surveys. The morgue is now missing out of this proposal.

**Senator Holmberg:** Is this the extent of your red envelopes? Another option?

**Senator Mathern:** Have been doing some research on what has come to this committee.

There was a handout regarding the morgue. Handed out another piece of information.

(ATTACHMENT)

**Representative Bellew:** Senator, this information was handed out to every House member.

Reiterated it was the wish of House that along with what we had done previously, the morgue was the reason why the Conference Committee was defeated on the House floor.

**Senator Holmberg:** Would the other amendment that you have also include this plus something else? Were you adding back in money in the other one?

**Representative Bellew:** No, we're not adding back in money.

**Representative Kreidt:** Made a motion to approve .0220.

**Representative Bellew:** Seconded the motion.

**Senator Kilzer:** This is a comprising committee, supposedly. There is no trade off here.

This is a one item amendment. The morgue as proposed has tremendous merit - not only to the medical school, to the citizens of eastern ND, to the counties, to the anticipated and very realistic the number of forensic autopsies that should be done in the state. The project has tremendous merit and should go forward. This stymies the whole thing.

**Representative Ekstrom:** Stated when she lost her husband two years ago, it was a burden to have his body shipped to Bismarck from Fargo. The run up to GF is lot less time.

**Roll Call Vote for Amendment .0220:** Bellew - yes, Kreidt - yes, Ekstrom - no, Kilzer - no, Holmberg - no, Mathern - no.

**Motion Fails.**

**Representative Bellew:** Stated he had another envelope. As stated yesterday, the House wants to remove at least 1 million dollars from the General Funds of this budget. They have changed their mind and want \$870,000 removed. When the House had the budget, we

readded \$900,000 to local public health units. With this proposal, we would remove \$100,000 of that increase if we keep the \$766,000 for Women's Way. Passed out Amendment .0221.

**Senator Kilzer:** The Domestic Violence would be in and the Women's Way of \$766,000 is out?

**Representative Bellew:** Not official until we act on it.

**Don Wolf:** The way the bill stands now, we are looking at the engrossed House version. Morgue still is in.

**Representative Bellew:** A miscommunication here. Mull over it.

**Adjournment.**



## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

House Appropriations Committee  
Human Resources Division

☒ Check here for Conference Committee

Hearing Date: April 20, 2007

Recorder Job Number: 6201

Committee Clerk Signature
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Minutes:

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

**Conference Committee met in the Sakakawea Room with Representative Bellew, Chairman, Representatives Kreidt, Ekstrom; Senators Kilzer and Mathern and Holmberg.**

**Chairman Bellew** reopened the Conference Committee Meeting. At a stalemate.

**Senator Mathern:** Want to see your amendments. Hope to talk to the Senators about some other options, but have not received the amendments at this time.

**Representative Bellew:** Have some amendments. This one we talked about yesterday from HB 1435. We changed the wording around. Intent language changed in Section 9.

(Attachment Amendment .0225) This language was okay with the department.

**Senator Holmberg:** This was changed because the amendment the other day said vaccine.

**Representative Bellew:** That is correct.

**Representative Ekstrom:** I would like to hear from the department in terms of their discussions with Representative Price.

**Arvy Smith of DOH:** We had discussions with Rep. Price and we were on the same page when we all came out of the House Bill 1435 Conference Committee. It was just a misunderstanding somewhere along the line. We were able to square that along. Everybody's happy.

**Representative Kreidt:** Made motion to move the amendment.

**Representative Bellew:** Seconded the motion.

**Senator Holmberg:** I would resist unless we were just adding Section 9 to the bill rather than receding from the Senate amendments. We still have some more discussion. I have no problem with this language.

**Representative Bellew:** It was my purpose to add Section 9. The language is okay with me if it is with the rest of the committee.

**Don Wolf of Legislative Council:** It is okay.

**Roll Call Vote on Section 9:** Bellew - yes, Kreidt - yes, Ekstrom - yes, Kilzer - yes, Holmberg - yes, Mathern - yes.

**Motion Carried.**

**Representative Bellew:** Continued with review of decisions and what was agreed.

**Senator Mathern:** Agreed to study in Section 8?

**Representative Bellew:** Yes.

**Senator Holmberg:** Do not have a formal amendment prepared yet as Senator Mathern is working on an amendment.

**Senator Mathern:** It is on its way. Needs discussion.

**Representative Bellew:** Stand in recess for 5 minutes.

**Representative Bellew:** Reopened meeting.

**Senator Mathern:** These would be considered as Senate suggestions. We have noted the loss of the nurses program, the loss of Women's Way program.

**Representative Bellew:** The Women's Way still has a program.

**Senator Mathern:** In terms of the funding that we wanted to add. Suggest that we add \$250,000 to Women's Way Program. That we add \$250,000 to the morgue project. Remove 1 million dollars funding from the morgue project. That we move forward with authorizing the School of Medicine in cooperation with the Department of Health (just like we had it before) to seek alternative sources of funding. We adopt all the things that we have agreed on thus far. Close this conference committee with that comprise. Source of funding would stay the same. We had 1 ½ million in the Permanent Oil Trust Fund. This would reduce that to \$500,000 from the Permanent Oil Trust Fund and split between those two areas. There is no change between Domestic Violence - that would stay in.

**Senator Holmberg:** If those amendments are adopted, this immunization language would also be included. One of the reasons that we have been adamant about the morgue (1) we are convinced that it is the right thing to do (2) we have had broad support and we have not in the Senate had any discussion about the parochial jealousies that go on between the north and the south half of the Red River Valley. It has been everyone pulling together on this particular issue. Senator Kilzer has certainly expressed the rationale from the standpoint of public policy. Representative Kerzman had talked about how this impacts people in the eastern part of the state. I hope we can support this amendment.

**Representative Bellew:** I must remind the committee that we did take the morgue to the House floor and it was defeated 14 - 80. It is going to get passed on the House floor. We will discuss this more.

**Representative Ekstrom:** In five sessions, have looked at changes in demographics and the age of our population. The shift in population to the eastern part of the state. Some are not facing reality about the future of North Dakota. All sorts of possibilities. By 2015, twenty percent of every county will be over 65 years of age.

**Representative Bellew:** We still have a budget to balance. We have to sustain the budget. Possible tax increases next biennium.

**Senator Holmberg:** Recognizing that the \$250,000 suggested in this amendment for the morgue is a one-time funding item. Not unlike for example we're looking at the higher ed budget which is around \$90 million dollars more than the current budget. Forty million of that is one-time investment. We haven't passed any general tax increases. Refer: 16:31

**Representative Ekstrom:** Not unaware of the need to balance. Even if there is drought, we have something. The oil is not going to stop. Supported by economists. Unless we provide, there will be out migration.

**Senator Holmberg:** Referred to the 400 million dollars in the bank. My theory is that out budget forecasts are conservative.

**Representative Bellew:** Let's talk about the morgue. Disagreed with the one-time expense. Stated there would on going costs. Refer: 22:10

**Representative Ekstrom:** Folks in the east are not getting autopsies done because of the time delay. There are new diseases.

**Representative Kreidt:** Referenced driving time - is one hour and 20 minutes going to make the difference.

**Senator Holmberg:** Dealing with counties - who pays. Time and expenses the counties pay. The on-going expenses would have to be approved by the very body.

**Representative Bellew:** If it's built, it will be approved.

**Senator Mathern:** Added another dimension - we have a medical school getting the best physicians out across ND ... the education component of this. The another thing is the tissue program - the dimension there that we are adding.

Handed out amendment .0224. (Attachment) Reviewed. He stated the agreement between the ND School of Medicine and the State Department of Health would be the same as was outlined earlier. Refer: 29:30

**Senator Holmberg:** As the Senator has described - the Senate amendments on the nurses program has been removed. This was really updated.

**Representative Bellew:** Questioned Section 4 regarding funds going back to the school.

**Senator Mathern:** UND could take additional any funds. Goal - DOH and School of Medicine work hand in hand.

**Representative Bellew:** Questioned language.

**Senator Mathern:** Language assures and clarifies that this is a ND project.

**Representative Bellew:** Once the project is built, UND has control?

**Senator Mathern:** School of Medicine would be in charge of the facility. However, the DOH is the central repository for all the coronary reports and autopsy reports.

There are some difficult steps in there. Infrastructure has been used by more than one entity. New ideas in terms of tissue harvesting.

**Senator Holmberg:** This is a partnership that we are developing.

**Senator Holmberg:** The language from what we have had before is only in the area of the amount of money that is going to come from the Permanent Oil Trust Fund.

**Senator Kilzer:** Your concern about who has control - there has to be a cooperative agreement. Pathologists cover for each other.

**Representative Bellew:** Agree. Facility in Bismarck built two years ago.

**Senator Holmberg:** Gave example of a farmer building a grain bin one year and then building another one. Morgues are a hard sell.

**Senator Mathern:** Appealed to the chairman personally.

**Representative Kreidt:** In going through the amendments, the morgue has become more or less an expanded classroom for UND.

**Senator Mathern:** Made a motion to accept Amendments 0224.

**Senator Holmberg:** Seconded the motion.

**Roll Call Vote:** Bellew - yes, Kreidt - yes, Ekstrom - yes, Kilzer - yes, Holmberg - yes, Mathern - yes.

**Motion Passes.**

**Adjournment.**

## 2007 HOUSE STANDING COMMITTEE MINUTES

### Bill No. HB 1004

House Appropriations Committee  
Human Resources Division

☒ Check here for Conference Committee

Hearing Date: April 21, 2007

Recorder Job Number: 6246

Committee Clerk Signature



Minutes:

**Chairman Bellew** called the conference committee hearing on HB 1004 to order. Roll call taken: Rep. Bellew, Rep. Kreidt, Rep. Ekstrom, Senator Kilzer, Senator Holmberg, Senator Mathern all here.

**Motion Made by Senator Holmberg to take** out all reference to the morgue in the bill.

Seconded By Senator Kilzer.

Discussion:

**Senator Holmberg:** Part of the struggle has been the body of the House did not have a lot of time to digest this that made for problems with the bill.

Vote 4 Yes 2 No 0 Absent Carried.

**Senator Kilzer made a motion that we put in funding at the maintenance level, which is \$484,000. Seconded By Rep. Ekstrom.**

Discussion:

**Chairman Bellew:** That would be general funds.

**Senator Holmberg:** In the bill now there is \$500,000 that came from the oil trust fund. But we removed the references so right now there is \$250,000 from the oil trust fund.

**Chairman Bellew:** I don't think there is we killed the conference committee report. I think all references to the Women's Way is gone now.

**Don:** Mr. Chairman I think Senator Holmberg is correct that technically the unofficial version right now is what was adopted by the committee and then killed by the House until further motion is approved because it would be going back to the Senate version so the motion to make it clear would be that you want a total of \$484,000 from whatever funding source that you want to be included in the amendment for clarification purposes, might be the easiest way to go about it.

**Chairman Bellew:** The conference committee report is the bill right now?

**Don:** It is kind of the unofficial version of the bill right now. It is the House version with conference committee amendments.

**Chairman Bellew:** My understanding is there is \$250,000 of Women's Way funding coming from the oil tax trust fund. Your motion was to add \$484,000 on top of that or bring that up to \$484,000?

**Senator Kilzer:** My motion was to bring it to a total of \$484,000.

Discussion:

**Rep. Ekstrom:** In our discussions in the House we did discuss whether or not that shouldn't come from the tobacco settlement dollars, but because that fund has been tapped so often during the session we did not feel we had the money to transfer from there so we were looking to the general fund or some other source.

**Senator Holmberg:** For now let's say general fund, but we are still looking at where it should come out of.

**Chairman Bellew:** If I have your motion correctly you want to raise the total to \$484,000 with \$250,000 coming from the oil tax trust and \$234,000 from the general fund.



**Senator Kilzer:** I want to be sure we are at the maintenance level for the present biennium because the federal funds are decreasing. Sources you mentioned are fine.

**Chairman Bellew:** right now there is \$250,000 in there coming out of the trust fund?

**Senator Kilzer:** Yes.

**Don:** Maybe to clarify things we should accept the previous amendments that we adopted without references to the morgue location and add in the \$234,000. from the general fund.

The way we are now, we are at the previous amendment, and we have already taken out any reference to the morgue location and we are adding in \$234,000 on top of the \$250,000 from the permanent trust fund that we already had.

**Vote: 4      Yes    2      No    0      Absent      Motion Failed**

**Don:** The 225 version includes everything in the 223 version with childhood immunization section in.

**Chairman Bellew:** Why don't I have that version? (Passed out proposed amendment .0223).

This does not have the section in that has the childhood shots. This amendment removed from general funds an additional \$100,000 from a local public health units. The House gave them an extra \$900,000 in their version of the bill and this will take that down to \$800,000.

**Rep. Ekstrom:** Rational for this?

**Chairman Bellew:** We are trying to still balance the budget. We need to find some general funds to get that done.

**Senator Holmberg:** We are setting in conference committees where the House is asking to add \$15 million dollars to the prison from what the Senate level was so this is going to help pay for that?

**Chairman Bellew:** I hope not. I understand what you are saying though.

**Senator Kilzer:** Your chamber raised the another \$11 million of general funds in the 5-5 of the human services budget. I think the places where the House made the raises would be the first place to look.

**Chairman Bellew:** It is my understanding the Senators made more raises than the House. Just kidding...

**Senator Mathern:** Just for clarification. This would take this money out of the purchase of vaccines?

**Chairman Bellew:** No, they get to the local public health there is \$2 million. When we came into session that figure was \$1.1 million. The House added \$900,000; this would reduce that amount to \$1.9 million.

**Senator Mathern:** What would not be done by the public health units?

**Chairman Bellew:** I don't know. I don't think anything. I think they will get along just fine. There is still an \$800,000 increase still represents a 40% increase.

**Senator Mathern:** I think we heard a specific list of things they do and taking this out would reduce that somewhat. I would like to know exactly what they will do less.

**Senator Holmberg:** I think one of the problems we have on this it is not what they do, because it is all additional money; it is what they would do if they got the \$900,000 vs. what they would do if they only got \$800,000.

**Rep. Kreidt:** I agree with Senator Holmberg, I don't think their delivery is going to change of the services that they are providing. They are going to be doing more. We added in a substantial amount of dollars. I think that \$100,000 is a reasonable amount of dollars to get us where we are at a comfortable level for this bill and for us to be able to pass it on the house floor and move forward. Discussion on fact that the 5% has to cover all overhead items.

**Senator Holmberg:** Then we should use just concrete numbers so the end result would be that if we pass this amendment we would have \$412,500 in the bank or if we pass this amendment we would end up with \$412,600 in the bank because that is where the money is going.

**Chairman Bellew:** We will have the clerk call the roll on amendment 0225.

**Motion Made By Rep. Kreidt. Seconded by Chairman Bellew**

**Vote   3      Yes   3      No   0      Absent      Failed**

**Chairman Bellew:** Just so you know it is the goal of the House to get another \$100,000 out of this budget so we are not ready to close the conference committee at this point. Our next place to go is the domestic violence fund that you guys increased \$350,000.

Adjourned.

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

House Appropriations Committee  
Human Resources Division

☒ Check here for Conference Committee

Hearing Date: April 21, 2007

Recorder Job Number: 6261

Committee Clerk Signature
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Minutes:

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

**Conference Committee met in the Sakakawea Room with Representative Bellew, Chairman, Representatives Kreidt, Ekstrom; Senators Kilzer and Mathern and Holmberg.**

**Chairman Bellew** reopened the Conference Committee Meeting. Asked for any reconsideration on the part of the Senate.

**Senator Holmberg:** There has been some movement on least another bill that deals with money that was a difference between the House and Senate ... that was P & A. **Move that we leave the bill as it is except we take from the \$900,000 that you added, - we take \$100,000 out from the grant line to health units.**

**Representative Bellew:** Want to make sure that he had it right. Had passed out .0223 this morning that had the language in there. Section 9, is that in there?

**Senator Holmberg:** Oh, definitely.

**Senator Kilzer:** Seconded the motion.

**Senator Holmberg:** Left the committee room.

**Representative Ekstrom:** Questioned the status of Women's Way in terms of money.

**Representative Bellew:** Right now, if this amendment passes the \$776,000 will be removed.

No additional monies added to it.

**Senator Kilzer:** There still is the base appropriation of Women's Way?

**Representative Bellew:** Correct. The DOH has 2.6 million dollars in their base budget.

Human Services also has 970,000 dollars for treatment. Add those two together, it's roughly between 1/2 million and something like that.

**Senator Mathern:** That would mean we would be serving fewer people in the next biennium.

**Representative Bellew:** The Federal dollars are the same. I made a mistake, you are probably right.

**Senator Kilzer:** That was what my proposed amendment was about this morning - was to make up for lost Federal dollars. I made the motion for \$484,000 - that is how much it would take to come back to the level with what the present biennium is. So, we will be short \$300,000.

**Representative Ekstrom:** The concern is that we are now holding even. Talked about expanding and it is an investment.

**Senator Kilzer:** This is a significant item and even though I seconded the motion, I wanted to discuss it. If the Women's Way is not going to be brought back, then I will vote against this motion.

**Representative Bellew:** Stand at ease until Senator Holmberg gets here.

**Representative Bellew:** Back to order ... stated to remeet at 6 o'clock.

**Adjournment.**

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

House Appropriations Committee  
Human Resources Division

☒ Check here for Conference Committee

Hearing Date: April 21, 2007 - 6:00 pm

Recorder Job Number: 6264

Committee Clerk Signature
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Minutes:

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

**Conference Committee met in the Sakakawea Room with Representative Bellew, Chairman, Representatives Kreidt, Ekstrom; Senators Christman and Mathern and Holmberg.**

**Chairman Bellew** reopened the Conference Committee Meeting.

**Senator Holmberg:** Mr. Chairman, you had some P & A a little bit ago, and there was some compromise made. **Made a motion that we take the bill as it is and remove the \$100,000 for grants to local health units.** The Governor's budget was increased to \$900,000 in the House and we are paring that back to \$800,000 increase.

**Representative Bellew:** All of Women's Way is gone?

**Senator Holmberg:** That is gone.

**Representative Kreidt:** Seconded the motion.

Discussion.

**Representative Ekstrom:** Would like to further amend to put \$250,000 back into Women's Way from the Oil and Gas Trust Fund.

**Senator Mathern: Seconded the motion.**

**Senator Holmberg: I would ask that we divide the question on the vote.**

**Representative Bellew: Two motions and two seconds.**

Any discussion? Do want a division on when we vote.

**Senator Mathern:** The \$250,000 amount from Women's Way is approximately one half of what is needed just to maintain the current level of this program to screen and educate the persons for cervical and breast cancer.

**Representative Bellew:** Any further discussion on either motion?

**Roll Call Vote on amendment for Women's Way first: Rep. Bellew - no, Rep. Kreidt - no, Rep. Ekstrom - yes, Sen. Christman - no, Sen. Holmberg - no, Mathern - no.**

**Motion failed.**

**Representative Ekstrom: Requested a divided committee report.**

**Representative Bellew: Cannot do on a conference committee. Will find out.**

Discussion.

**Roll Call Vote on motion that we take the bill as it is and remove the \$100,000 for grants to local health units: Rep. Bellew - yes, Rep. Kreidt - yes, Rep. Ekstrom - no, Sen.**

**Christman - yes, Sen. Holmberg - yes, Sen. Mathern - no.**

**Motion passed.**

**Adjournment.**

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1004

House Appropriations Committee  
Human Resources Division

☒ Check here for Conference Committee

Hearing Date: April 23, 2007

Recorder Job Number: 6291

Committee Clerk Signature
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Minutes:

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

**Conference Committee met in the Sakakawea Room with Representative Bellew, Chairman, Representatives Kreidt, Ekstrom; Senators Kilzer and Mathern and Holmberg.**

**Chairman Bellew** reconvened the Conference Committee Meeting.

**Senator Holmberg:** Proposed amendment .0215 was passed out to be changed to HB 1004.

**Motion to reconsider our action by which we adopted amendments to 1004 and we consider further amending.**

**Senator Mathern:** Seconded the motion.

**Voice Vote:** Passed.

**Representative Bellew:** Asked for discussion.

**Senator Kilzer:** Questioned about the number of the amendment.

**Don Wolf of Legislative Council:** We will have to add this amendment to what we have adopted and agreed to on Saturday. This will get worked into these minutes.

**Senator Holmberg:** Has to do with the number on the amendment.



**Don Wolf:** Will have a new LC number for the health department.

**Senator Holmberg:** All we're doing is Section 22. Whatever the new number is.

**Don Wolf:** There will be a new section number in the health department bill - whatever it is - everything else will be the same.

**Senator Holmberg:** A problem arose in this particular case. If a measure has been rejected by the legislature Section 5416 precludes them from accepting Federal money that may come for a life project, and 541604.2 talks about private money coming in. What this amendment would do - it would say that if we pass this amendment and they are receiving gifts of money - in this case they could get the approval of the budget section to accept it. If we don't pass this, even they had the money on the table; the budget section would not be allowed to accept the money even if all 30 members of the budget section thought it was a good idea.

**Representative Bellew:** Question for council regarding the first line, "The sixtieth legislative assembly's action on House Bill 1004." Is that still pertinent?

**Don Wolf:** Yes, I think it is pertinent because the action here would prevent the budget section and the Emergency Commission from accepting any money on it. It is pertinent language on how it is written.

**Senator Holmberg:** Motion to move the amendment.

**Senator Kilzer:** Seconded the motion.

**Roll Call Vote on the amendment:** Rep. Bellew - yes, Rep. Kreidt - yes, Rep. Ekstrom - yes, Sen. Kilzer - yes, Sen. Holmberg - yes, Sen. Mathern - yes.

**Motion passes.**

**Representative Bellew:** Offered a verbal amendment to add \$100,000 of General Fund money to the Women's Way.

**Senator Holmberg:** Seconded the motion.

**Representative Bellew:** Explained that he knew that it was not the amount they wanted or needed, but thought it was a start in the right direction. Kind of a compromise on some of our parts.

**Senator Mathern:** I do appreciate that imitative. Basically, I just ask you to consider a compromise ... why not go to the \$384,000 here - the first number which is basically just looking at keeping a maintenance level without recruiting new people. Refer: 06:40

**Representative Bellew:** I am offering \$100,000.

**Senator Holmberg:** This session isn't over, but we do have to start putting closure on some bills. Earlier action that Senator Mathern had led had been rejected. We can't do everything. I am going to vote for this particular measure.

**Senator Mathern:** Just to clarify - I asked for half. We clarify that we give latitude to the department on how to spend that \$100,000. Refer: 09:00

**Representative Bellew:** It is my assumption that this go would go out into the grants line item in the Women's Way funding program.

**Don Wolf:** It is an operating line item.

**Representative Ekstrom:** Will accept unwillingly. For the record, we have to note that they will be decreasing the number of people that they're going to be able to serve.

**Representative Bellew:** Motion and seconded, any discussion?

**Roll Call Vote:** Rep. Bellew - yes, Rep. Kreidt - yes, Rep. Ekstrom - yes, Sen. Kilzer - yes, Sen. Holmberg - yes, Sen. Mathern - yes.

**Motion passes.**

**Senator Mathern:** Asked to put \$100,000 back into the DOH for the grants line for the health care units. This reduction for the Women's Way program, they're just not going to be able to do what they had hoped to do. Refer: 11:00

Page 4  
House Appropriations Committee  
Human Resources Division  
Bill/Resolution No. 1004  
Hearing Date: April 21, 2007

**Representative Ekstrom: Second the motion.**

**Representative Bellew:** Asked for discussion. We have already added \$100,000 to the grants line item.

**Roll Call Vote:** Rep. Bellew - no, Rep. Kreidt - no, Rep. Ekstrom - yes, Sen. Kilzer - no, Sen. Holmberg - no, Sen. Mathern - yes.

**Motion Fails.**

**Adjournment.**

**Note from Donna Kramer, Committee Clerk:**

**After the meeting, I talked with Chairman Bellew and Representative Kriedt about which vote to use as the final vote. It was decided by Chairman Bellew to use the first vote (Page 2) with the motions made by Senator Holmberg and seconded by Senator Kilzer to be used as the final vote.**

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

That the Senate recede from its amendments as printed on pages \_\_\_\_\_ - \_\_\_\_\_ of the House Journal and on pages 990-992 of the Senate Journal and that Engrossed House Bill No. 1004 be amended as follows:

Page 1, line 4, after "Code" insert "and section 28 of chapter 167 of the 2005 Session Laws", after "immunizations" insert "and the contingent distribution of state school aid payments; to provide for a demonstration project; to provide a continuing appropriation; to provide an expiration date", and after "and" insert "to declare an emergency."

Page 1, remove line 5

Page 1, line 24, replace "19,982,693" with "20,748,893"

Page 2, line 2, replace "14,625,610" with "14,975,610"

Page 2, line 5, replace "42,349,960" with "43,466,160"

Page 2, line 7, replace "5,408,059" with "6,524,259"

Page 2, line 14, replace "45,596,674" with "46,362,874"

Page 2, line 16, replace "56,457,776" with "56,807,776"

Page 2, line 19, replace "168,089,084" with "169,205,284"

Page 2, line 21, replace "18,876,963" with "19,993,163"

Page 2, after line 21, insert:

**"SECTION 4. APPROPRIATION - MORGUE BRANCH LOCATION.** There is appropriated out of special funds in the permanent oil tax trust fund the sum of \$1,500,000, or so much of the sum as may be necessary, to the state department of health to construct a facility to be used as a branch of the state morgue at the university of North Dakota school of medicine and health sciences, for the biennium beginning July 1, 2007, and ending June 30, 2009. The state department of health may use up to \$75,000 of this amount for its expenses in providing oversight of the project and to provide funding for coroner-requested autopsies at the new morgue during the remainder of the biennium. The project may be augmented with additional federal funding, grants, and other funding sources from the university of North Dakota or the state department of health. The morgue branch facility is to be under the control of the university of North Dakota school of medicine and health sciences. The university of North Dakota and the state department of health shall jointly sign all requests for proposal, construction contracts, and change orders relating to the project. The state department of health shall reimburse the university of North Dakota for the project based on final expenditure reports of actual project costs. To facilitate addressing public health issues related to death investigations, state forensic examiner services must continue to be provided by the state department of health, and the department must be the central repository for all coroner reports and autopsy reports for the coroner death investigations."

Page 4, remove lines 1 through 4

Page 4, line 6, remove "general fund" and remove "line item"

Page 4, line 7, replace "section" with "sections", after "3" insert "and 4", after "\$2,010,135" insert "from the general fund and \$1,500,000 from the permanent oil tax trust fund", and replace "this" with "those sections"

Page 4, line 8, remove "section"

Page 4, after line 12, insert:

"State morgue - University of North Dakota branch facility	1,500,000
Total	\$3,510,135

**SECTION 10. AMENDMENT.** Section 28 of chapter 167 of the 2005 Session Laws is amended and reenacted as follows:

**SECTION 28. CONTINGENCY.** If any moneys appropriated for per student payments and transportation payments in the grants - state school aid line item in House Bill No. 1013, as approved by the fifty-ninth legislative assembly, remain after payment of all statutory obligations for per student and transportation payments during the biennium beginning July 1, 2005, and ending June 30, 2007, and after the superintendent of public instruction has fulfilled any directives contained in section 27 of this Act, the superintendent shall distribute the remaining moneys as follows:

1. The superintendent of public instruction shall use the first \$450,000, or so much of that amount as may be necessary, to provide additional payments to school districts serving English language learners in accordance with section 15.1-27-12.
2. The superintendent of public instruction shall use the next \$1,000,000, or so much of that amount as may be necessary, for the purpose of providing additional per student payments to school districts participating in eligible educational associations in accordance with section 32 of this Act.
3. The superintendent of public instruction shall transfer the next \$1,000,000, or so much of that amount as may be necessary, to the state department of health for the purpose of providing grants to single school districts, multiple school districts, or educational associations governed by joint powers agreements, to initiate or enhance school nursing services. Grants awarded under this subsection are conditioned upon the recipient contributing a matching amount. The state department of health may use up to \$120,000 of the amount provided in this subsection to employ one individual, on a full-time equivalent basis, for the purpose of implementing, overseeing, and evaluating the program.
4. The superintendent of public instruction shall use the remainder of the moneys to provide additional per student payments on a prorated basis according to the latest available average daily membership of each school district.

**SECTION 11. SPECIAL FUNDS APPROPRIATION - SCHOOL NURSES.**

There is appropriated \$1,000,000, as made available pursuant to section 10 of this Act, to the state department of health to initiate or enhance school nursing services for the biennium beginning July 1, 2007, and ending June 30, 2009.

**SECTION 12. DEMONSTRATION PROJECT FOR VOLUNTARY SURVEYS DURING MAJOR CONSTRUCTION OR RENOVATION OF BASIC CARE AND LONG-TERM CARE FACILITIES - CONTINUING APPROPRIATION - REPORT TO LEGISLATIVE COUNCIL.**

1. During the 2007-09 biennium, the state department of health shall design and implement a demonstration project through which the department offers a life safety survey process for basic care facilities and long-term care facilities to access voluntarily during and at the conclusion of a construction project, renovation project, or construction and renovation project that costs more than three million dollars.
2. The department may charge a reasonable fee for a life safety survey performed under this section in order to cover the food, lodging, and transportation expenses of surveyors performing the surveys. Revenues derived from the fees collected under this subsection must be deposited in the state department of health's operating fund in the state treasury and are appropriated as a continuing appropriation to the state department of health for the purpose of funding the demonstration project under this section.
3. The department shall design and perform the demonstration project in a manner that will provide the surveyor who performs a life safety survey under this section does not violate the federal requirements associated with medicare certified life safety surveys. The department shall perform the demonstration project within the department's 2007-09 appropriation and staffing levels.
4. Before August 1, 2008, the department shall provide a report to the legislative council regarding the status of the demonstration project, including the feasibility and desirability of making the program permanent and whether the department will be recommending any legislation to make the program permanent.

**SECTION 13. EXPIRATION DATE.** Section 12 of this Act is effective through June 30, 2009, and after that date is ineffective.

**SECTION 14. EMERGENCY.** Section 10 of this Act is declared to be an emergency measure."

Renumber accordingly

(1)

**REPORT OF CONFERENCE COMMITTEE  
(ACCEDE/RECEDE)**

Bill Number HB 1004 (, as (re)engrossed):

Date: 04-11-07

Your Conference Committee Human Resources

**For the Senate:**

**For the House:**

YES / NO		YES / NO	
<u>Sen. Kilgus</u>	<u>X</u>	<u>Chairman</u>	<u>X</u>
<u>Sen. Holmberg</u>	<u>X</u>	<u>Rep. Bellew</u>	<u>X</u>
<u>Sen. Mather</u>	<u>X</u>	<u>Rep. Kreidt</u>	<u>X</u>
		<u>Rep. Keryman</u>	<u>X</u>

Amendment \$500,000  
recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) \_\_\_\_\_

\_\_\_\_, and place \_\_\_\_\_ on the Seventh order.

\_\_\_\_, adopt (further) amendments as follows, and place \_\_\_\_\_ on the Seventh order:

\_\_\_\_, having been unable to agree, recommends that the committee be discharged and a new committee be appointed.

((Re)Engrossed) \_\_\_\_\_ was placed on the Seventh order of business on the calendar.

DATE: \_\_\_\_\_

CARRIER: \_\_\_\_\_

LC NO.	of amendment
LC NO.	of engrossment
Emergency clause added or deleted	
Statement of purpose of amendment	

**MOTION MADE BY:** \_\_\_\_\_

**SECONDED BY:** \_\_\_\_\_

**VOTE COUNT**       YES       NO       ABSENT

2

REPORT OF CONFERENCE COMMITTEE  
(ACCEDE/RECEDE)

Bill Number HB 1004 (, as (re)engrossed):

Date: 04-11-07

Your Conference Committee Human Resources

For the Senate:

For the House:

YES / NO		YES / NO	
Sen. Kilger	X	Chairman Rep. Bellew	X
Sen. Holmberg	X	Rep. Kreidt	X
Sen. Mather	X	Rep. Herzman	X

\$600,000  
recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) failed --

\_\_\_\_, and place \_\_\_\_\_ on the Seventh order.

\_\_\_\_, adopt (further) amendments as follows, and place \_\_\_\_\_ on the Seventh order:

\_\_\_\_, having been unable to agree, recommends that the committee be discharged and a new committee be appointed.

((Re)Engrossed) \_\_\_\_\_ was placed on the Seventh order of business on the calendar.

DATE: \_\_\_\_\_

CARRIER: \_\_\_\_\_

LC NO.	of amendment
LC NO.	of engrossment
Emergency clause added or deleted	
Statement of purpose of amendment	

MOTION MADE BY: \_\_\_\_\_

SECONDED BY: \_\_\_\_\_

VOTE COUNT    YES    NO    ABSENT



3

REPORT OF CONFERENCE COMMITTEE  
(ACCEDE/RECEDE)

Bill Number HB1004 (, as (re)engrossed): Date: 04-11-07

Your Conference Committee Human Resources

For the Senate:

For the House:

YES / NO		YES / NO	
Sen. Kilger	X	Chairman	
Sen. Holmberg	X	Rep. Bellew	X
Sen. Mathern	X	Rep. Kreidt	X
		Rep. Keryman	X

Remove Sections 11 & 12 Sc  
recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) \_\_\_\_\_ -- \_\_\_\_\_

\_\_\_\_, and place \_\_\_\_\_ on the Seventh order.

\_\_\_\_, adopt (further) amendments as follows, and place \_\_\_\_\_ on the  
Seventh order:

\_\_\_\_, having been unable to agree, recommends that the committee be discharged  
and a new committee be appointed.

((Re)Engrossed) \_\_\_\_\_ was placed on the Seventh order of business on the calendar.

DATE: \_\_\_\_\_

CARRIER: \_\_\_\_\_

LC NO.	of amendment
LC NO.	of engrossment
Emergency clause added or deleted	
Statement of purpose of amendment	

MOTION MADE BY: \_\_\_\_\_

SECONDED BY: \_\_\_\_\_

VOTE COUNT    \_\_ YES    \_\_ NO    \_\_ ABSENT

REPORT OF CONFERENCE COMMITTEE  
(ACCEDE/RECEDE)

Bill Number HB1004 (, as (re)engrossed):

Date: 04-11-07

Your Conference Committee Human Resources

For the Senate:

For the House:

YES / NO

YES / NO

P	Sen. Kilger	X		Chairman	Rep. Bellew	X		P
P	Sen. Holmberg	X			Rep. Kreidt	X		P
P	Sen. Mather	X			Rep. Heryman	X		P

Motion that \$766,200 be removed from Women's Way.  
recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) \_\_\_\_\_ -- \_\_\_\_\_

\_\_\_\_\_, and place \_\_\_\_\_ on the Seventh order.

\_\_\_\_\_, adopt (further) amendments as follows, and place \_\_\_\_\_ on the Seventh order:

\_\_\_\_\_, having been unable to agree, recommends that the committee be discharged and a new committee be appointed.

((Re)Engrossed) \_\_\_\_\_ was placed on the Seventh order of business on the calendar.

DATE: \_\_\_\_\_

CARRIER: \_\_\_\_\_

LC NO.	of amendment
LC NO.	of engrossment
Emergency clause added or deleted	
Statement of purpose of amendment	

MOTION MADE BY: \_\_\_\_\_

SECONDED BY: \_\_\_\_\_

VOTE COUNT    YES    NO    ABSENT

(2)

REPORT OF CONFERENCE COMMITTEE  
(ACCEDE/RECEDE)

Bill Number HB 1004 (, as (re)engrossed): Date: 04-11-07

Your Conference Committee Human Resources

For the Senate:

For the House:

YES / NO		YES / NO	
Sen. Kilger	X	Chairman	X
Sen. Holmberg	X	Rep. Bellew	X
Sen. Mathernt	X	Rep. Kreidt	X
		Rep. Kernman	X

*Add Women's Way funding \$484,000 for maintenance.*  
recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) \_\_\_\_\_ -- \_\_\_\_\_

\_\_\_\_\_, and place \_\_\_\_\_ on the Seventh order.

\_\_\_\_\_, adopt (further) amendments as follows, and place \_\_\_\_\_ on the Seventh order:

\_\_\_\_\_, having been unable to agree, recommends that the committee be discharged and a new committee be appointed.

((Re)Engrossed) \_\_\_\_\_ was placed on the Seventh order of business on the calendar.

DATE: \_\_\_\_\_

CARRIER: \_\_\_\_\_

LC NO.	of amendment
LC NO.	of engrossment
Emergency clause added or deleted	
Statement of purpose of amendment	

MOTION MADE BY: \_\_\_\_\_

SECONDED BY: \_\_\_\_\_

VOTE COUNT    YES    NO    ABSENT

3

REPORT OF CONFERENCE COMMITTEE  
(ACCEDE/RECEDE)

Bill Number 1004 (, as (re)engrossed):

Date: 04-13-07

Your Conference Committee Human Resources

For the Senate:

For the House:

YES / NO		YES / NO	
Sen. Kilger	<input checked="" type="checkbox"/>	Chairman	<input checked="" type="checkbox"/>
Sen. Holmberg	<input checked="" type="checkbox"/>	Rep. Bellev	<input checked="" type="checkbox"/>
Sen. Mathern	<input checked="" type="checkbox"/>	Rep. Kreidt	<input checked="" type="checkbox"/>
		Rep. Herzman	<input checked="" type="checkbox"/>

Remove \$100,000 from Domestic  
recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from) Violence

the (Senate/House) amendments on (SJ/HJ) page(s) \_\_\_\_\_ -- \_\_\_\_\_

\_\_\_\_, and place \_\_\_\_\_ on the Seventh order.

\_\_\_\_, adopt (further) amendments as follows, and place \_\_\_\_\_ on the  
Seventh order:

\_\_\_\_, having been unable to agree, recommends that the committee be discharged  
and a new committee be appointed.

((Re)Engrossed) \_\_\_\_\_ was placed on the Seventh order of business on the calendar.

DATE: \_\_\_\_\_

CARRIER: \_\_\_\_\_

LC NO.	of amendment
LC NO.	of engrossment
Emergency clause added or deleted	
Statement of purpose of amendment	

MOTION MADE BY: \_\_\_\_\_

SECONDED BY: \_\_\_\_\_

VOTE COUNT    YES    NO    ABSENT

Revised 4/1/05

3

REPORT OF CONFERENCE COMMITTEE  
(ACCEDE/RECEDE)

Bill Number 1004 (, as (re)engrossed):

Date: 04-13-07

Your Conference Committee Human Resources

For the Senate:

For the House:

YES / NO		YES / NO	
Sen. Kilger	X	Chairman	
Sen. Holmberg	X	Rep. Bellev	X
Sen. Mather	X	Rep. Kreidt	X
		Rep. Herzman	X

Pilot project under Sec 11412.  
recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

6-1

the (Senate/House) amendments on (SJ/HJ) page(s) \_\_\_\_\_ -- \_\_\_\_\_

\_\_\_\_, and place \_\_\_\_\_ on the Seventh order.

\_\_\_\_, adopt (further) amendments as follows, and place \_\_\_\_\_ on the  
Seventh order:

\_\_\_\_, having been unable to agree, recommends that the committee be discharged  
and a new committee be appointed.

Passed

((Re)Engrossed) \_\_\_\_\_ was placed on the Seventh order of business on the calendar.

DATE: \_\_\_\_\_

CARRIER: \_\_\_\_\_

LC NO.	of amendment
LC NO.	of engrossment
Emergency clause added or deleted	
Statement of purpose of amendment	

MOTION MADE BY: \_\_\_\_\_

SECONDED BY: \_\_\_\_\_

VOTE COUNT \_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ ABSENT

4

REPORT OF CONFERENCE COMMITTEE  
(ACCEDE/RECEDE)

Bill Number 1004 (, as (re)engrossed):

Date: 04-13-07

Your Conference Committee Human Resources

For the Senate:

For the House:

YES / NO		YES / NO	
Sen. Kilger	<input checked="" type="checkbox"/>	Chairman Rep. Bellev	<input checked="" type="checkbox"/>
Sen. Holmberg	<input checked="" type="checkbox"/>	Rep. Kreidt	<input checked="" type="checkbox"/>
Sen. Mathern	<input checked="" type="checkbox"/>	Rep. Keryman	<input checked="" type="checkbox"/>

Remove motion  
recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) \_\_\_\_\_ -- \_\_\_\_\_

\_\_\_\_\_, and place \_\_\_\_\_ on the Seventh order.

\_\_\_\_\_, adopt (further) amendments as follows, and place \_\_\_\_\_ on the Seventh order:

\_\_\_\_\_, having been unable to agree, recommends that the committee be discharged and a new committee be appointed.

((Re)Engrossed) \_\_\_\_\_ was placed on the Seventh order of business on the calendar.

DATE: \_\_\_\_\_

CARRIER: \_\_\_\_\_

LC NO.	of amendment
LC NO.	of engrossment
Emergency clause added or deleted	
Statement of purpose of amendment	

MOTION MADE BY: \_\_\_\_\_

SECONDED BY: \_\_\_\_\_

VOTE COUNT    YES    NO    ABSENT

Revised 4/1/05

5

REPORT OF CONFERENCE COMMITTEE  
(ACCEDE/RECEDE)

Bill Number 1004 (, as (re)engrossed):

Date: 04-13-07

Your Conference Committee Human Resources

For the Senate:

For the House:

YES / NO		YES / NO	
Sen. Kelzer	X	Chairman	
Sen. Holmberg	X	Rep. Bellew	X
Sen. Mather	X	Rep. Kreidt	X
		Rep. Keryman	X

recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) 1370 - 1372

and place \_\_\_\_\_ on the Seventh order.

, adopt (further) amendments as follows, and place \_\_\_\_\_ on the  
Seventh order:

having been unable to agree, recommends that the committee be discharged  
and a new committee be appointed.

((Re)Engrossed) \_\_\_\_\_ was placed on the Seventh order of business on the calendar.

DATE: \_\_\_\_\_

CARRIER: \_\_\_\_\_

LC NO.	of amendment
LC NO.	of engrossment
Emergency clause added or deleted	
Statement of purpose of amendment	

MOTION MADE BY: Sen. Holmberg

SECONDED BY: Rep. Kreidt

VOTE COUNT    YES    NO    ABSENT

(4)

REPORT OF CONFERENCE COMMITTEE  
(ACCEDE/RECEDE)

Bill Number 1004 (, as (re)engrossed):

Date: 04-13-07

Your Conference Committee Human Resources

For the Senate:

For the House:

YES / NO		YES / NO	
Sen. Kilger	X	Chairman	
Sen. Holmberg	X	Rep. Bellev	X
Sen. Mather	X	Rep. Kreidt	X
		Rep. Herzman	X

recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) 1370 - 1372

\_\_\_\_, and place \_\_\_\_\_ on the Seventh order.

\_\_\_\_, adopt (further) amendments as follows, and place \_\_\_\_\_ on the Seventh order:

\_\_\_\_, having been unable to agree, recommends that the committee be discharged and a new committee be appointed.

((Re)Engrossed) \_\_\_\_\_ was placed on the Seventh order of business on the calendar.

DATE: \_\_\_\_\_

CARRIER: \_\_\_\_\_

LC NO.	of amendment
LC NO.	of engrossment
Emergency clause added or deleted	
Statement of purpose of amendment	

MOTION MADE BY: Sen. Holmberg

SECONDED BY: Rep. Kreidt

VOTE COUNT \_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ ABSENT



**REPORT OF CONFERENCE COMMITTEE**

**HB 1004, as engrossed:** Your conference committee (Sens. Kilzer, Holmberg, Mathern and Reps. Bellew, Kreidt, Kerzman) recommends that the **SENATE RECEDE** from the Senate amendments on HJ pages 1370-1372, adopt amendments as follows, and place HB 1004 on the Seventh order:

That the Senate recede from its amendments as printed on pages 1370-1372 of the House Journal and pages 990-992 of the Senate Journal and that Engrossed House Bill No. 1004 be amended as follows:

Page 1, line 4, after "immunizations" insert "; to provide for a demonstration project; to provide for a legislative council study" and after "and" insert "to provide an expiration date."

Page 1, remove line 5

Page 2, line 2, replace "14,625,610" with "14,975,610"

Page 2, line 5, replace "42,349,960" with "42,699,960"

Page 2, line 7, replace "5,408,059" with "5,758,059"

Page 2, line 16, replace "56,457,776" with "56,807,776"

Page 2, line 19, replace "168,089,084" with "168,439,084"

Page 2, line 21, replace "18,876,963" with "19,226,963"

Page 2, after line 21, insert:

**"SECTION 4. APPROPRIATION - MORGUE BRANCH LOCATION.** There is appropriated out of special funds in the permanent oil tax trust fund the sum of \$1,500,000, or so much of the sum as may be necessary, to the state department of health to construct a facility to be used as a branch of the state morgue at the university of North Dakota school of medicine and health sciences, for the biennium beginning July 1, 2007, and ending June 30, 2009. The state department of health may use up to \$75,000 of this amount for its expenses in providing oversight of the project and to provide funding for coroner-requested autopsies at the new morgue during the remainder of the biennium. The project may be augmented with additional federal funding, grants, and other funding sources from the university of North Dakota or the state department of health. The morgue branch facility is to be under the control of the university of North Dakota school of medicine and health sciences. The university of North Dakota and the state department of health shall jointly sign all requests for proposal, construction contracts, and change orders relating to the project. The state department of health shall reimburse the university of North Dakota for the project based on final expenditure reports of actual project costs. To facilitate addressing public health issues related to death investigations, state forensic examiner services must continue to be provided by the state department of health, and the department must be the central repository for all coroner reports and autopsy reports for the coroner death investigations."

Page 4, replace lines 1 through 4 with:

**"SECTION 9. LEGISLATIVE COUNCIL STUDY - EMERGENCY MEDICAL SERVICES.** The legislative council shall consider studying, during the 2007-08 interim, the emergency medical services system within the state, including the funding, demographics, and impact on rural areas. The legislative council shall report its

findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-first legislative assembly."

Page 4, line 6, remove "general fund" and remove "line item"

Page 4, line 7, replace "section" with "sections", after "3" insert "and 4", after "\$2,010,135" insert "from the general fund and \$1,500,000 from the permanent oil tax trust fund", and replace the second "this" with "these"

Page 4, line 8, replace "section" with "sections"

Page 4, after line 12, insert:

"State morgue - University of North Dakota branch facility	<u>1,500,000</u>
Total	\$3,510,135

**SECTION 11. DEMONSTRATION PROJECT FOR VOLUNTARY SURVEYS DURING MAJOR CONSTRUCTION OR RENOVATION OF BASIC CARE AND LONG-TERM CARE FACILITIES - CONTINUING APPROPRIATION - REPORT TO LEGISLATIVE COUNCIL.**

1. During the 2007-09 biennium, the state department of health shall design and implement a demonstration project through which the department offers a life safety survey process for basic care facilities and long-term care facilities to access voluntarily during and at the conclusion of a construction project, renovation project, or construction and renovation project that costs more than three million dollars.
2. The department may charge a reasonable fee for a life safety survey performed under this section to cover the food, lodging, and transportation expenses of surveyors performing the surveys. Revenues derived from the fees collected under this subsection must be deposited in the state department of health's operating fund in the state treasury and are appropriated as a continuing appropriation to the state department of health for the purpose of funding the demonstration project under this section.
3. The department shall design and perform the demonstration project in a manner that will provide the surveyor who performs a life safety survey under this section does not violate the federal requirements associated with medicare certified life safety surveys. The department shall perform the demonstration project within the department's 2007-09 appropriation and staffing levels.
4. Before August 1, 2008, the department shall provide a report to the legislative council regarding the status of the demonstration project, including the feasibility and desirability of making the program permanent and whether the department will be recommending any legislation to make the program permanent.

**SECTION 12. EXPIRATION DATE.** Section 11 of this Act is effective through June 30, 2009, and after that date is ineffective."

Renumber accordingly

Engrossed HB 1004 was placed on the Seventh order of business on the calendar.

**REPORT OF CONFERENCE COMMITTEE  
(ACCEDE/RECEDE)**

Bill Number HB 1004 (, as (re)engrossed):

Date: 4/18/07

Your Conference Committee Human Resources

**For the Senate:**

**For the House:**

YES / NO		YES / NO	
Sen. Kelzer	X	Chairman	
Sen. Holmberg	X	Rep. Bellew	X
Sen. Mather	X	Rep. Kreidt	X
		Rep. Kernman	X

*Remove \$384,000 from mortgage to*  
 recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from) *funnel*  
*Women's Way.*  
 the (Senate/House) amendments on (SJ/HJ) page(s) \_\_\_\_\_

\_\_\_\_, and place \_\_\_\_\_ on the Seventh order.

\_\_\_\_, adopt (further) amendments as follows, and place \_\_\_\_\_ on the Seventh order:

\_\_\_\_, having been unable to agree, recommends that the committee be discharged and a new committee be appointed.

((Re)Engrossed) \_\_\_\_\_ was placed on the Seventh order of business on the calendar.

DATE: \_\_\_\_\_

CARRIER: \_\_\_\_\_

LC NO.	of amendment
LC NO.	of engrossment
Emergency clause added or deleted	
Statement of purpose of amendment	

MOTION MADE BY: \_\_\_\_\_

SECONDED BY: \_\_\_\_\_

VOTE COUNT    YES    NO    ABSENT

Revised 4/1/05

*Motion fails*

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

That the Senate recede from its amendments as printed on pages 1370-1372 of the House Journal and pages 990-992 of the Senate Journal and that Engrossed House Bill No. 1004 be amended as follows:

Page 1, line 4, after "immunizations" insert "; to provide for a demonstration project; to provide for a legislative council study" and after "and" insert "to provide an expiration date."

Page 1, remove line 5

Page 2, line 2, replace "14,625,610" with "14,975,610"

Page 2, line 5, replace "42,349,960" with "42,699,960"

Page 2, line 7, replace "5,408,059" with "5,758,059"

Page 2, line 16, replace "56,457,776" with "56,807,776"

Page 2, line 19, replace "168,089,084" with "168,439,084"

Page 2, line 21, replace "18,876,963" with "19,226,963"

Page 4, replace lines 1 through 4 with:

**"SECTION 8. LEGISLATIVE COUNCIL STUDY - EMERGENCY MEDICAL SERVICES.** The legislative council shall consider studying, during the 2007-08 interim, the emergency medical services system within the state, including the funding, demographics, and impact on rural areas. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-first legislative assembly."

Page 4, after line 12, insert:

**"SECTION 10. DEMONSTRATION PROJECT FOR VOLUNTARY SURVEYS DURING MAJOR CONSTRUCTION OR RENOVATION OF BASIC CARE AND LONG-TERM CARE FACILITIES - CONTINUING APPROPRIATION - REPORT TO LEGISLATIVE COUNCIL.**

1. During the 2007-09 biennium, the state department of health shall design and implement a demonstration project through which the department offers a life safety survey process for basic care facilities and long-term care facilities to access voluntarily during and at the conclusion of a construction project, renovation project, or construction and renovation project that costs more than three million dollars.
2. The department may charge a reasonable fee for a life safety survey performed under this section to cover the food, lodging, and transportation expenses of surveyors performing the surveys. Revenues derived from the fees collected under this subsection must be deposited in the state

department of health's operating fund in the state treasury and are appropriated as a continuing appropriation to the state department of health for the purpose of funding the demonstration project under this section.

3. The department shall design and perform the demonstration project in a manner that will provide the surveyor who performs a life safety survey under this section does not violate the federal requirements associated with medicare certified life safety surveys. The department shall perform the demonstration project within the department's 2007-09 appropriation and staffing levels.
4. Before August 1, 2008, the department shall provide a report to the legislative council regarding the status of the demonstration project, including the feasibility and desirability of making the program permanent and whether the department will be recommending any legislation to make the program permanent.

**SECTION 11. EXPIRATION DATE.** Section 10 of this Act is effective through June 30, 2009, and after that date is ineffective."

Renumber accordingly

**STATEMENT OF PURPOSE OF AMENDMENT:**

**House Bill No. 1004 - State Department of Health - Conference Committee Action**

	EXECUTIVE BUDGET	HOUSE VERSION	CONFERENCE COMMITTEE CHANGES	CONFERENCE COMMITTEE VERSION	SENATE VERSION	COMPARISON TO SENATE
Salaries and wages	\$37,715,624	\$37,747,905		\$37,747,905	\$37,747,905	
Operating expenses	33,335,674	45,596,674		45,596,674	46,362,874	(\$766,200)
Capital assets	1,817,383	1,817,383		1,817,383	1,817,383	
Grants	55,102,776	56,457,776	\$350,000	56,807,776	56,807,776	
Tobacco prevention and control	9,473,554	8,919,346		8,919,346	8,919,346	
WIC food payments	17,550,000	17,550,000		17,550,000	17,550,000	
Morgue branch location					1,500,000	(1,500,000)
School nursing services					1,000,000	(1,000,000)
Total all funds	\$154,995,011	\$168,089,084	\$350,000	\$168,439,084	\$171,705,284	(\$3,266,200)
Less estimated income	<u>136,940,183</u>	<u>149,212,121</u>		<u>149,212,121</u>	<u>151,712,121</u>	<u>(2,500,000)</u>
General fund	\$18,054,828	\$18,876,963	\$350,000	\$19,226,963	\$19,993,163	(\$766,200)
FTE	331.50	330.50	1.00	331.50	332.50	(1.00)

**Dept. 301 - State Department of Health - Detail of Conference Committee Changes**

	ADDS FOOD AND LODGING POSITION <sup>1</sup>	ADDS FUNDING FOR DOMESTIC VIOLENCE GRANTS <sup>2</sup>	TOTAL CONFERENCE COMMITTEE CHANGES
Salaries and wages			
Operating expenses			
Capital assets			
Grants		\$350,000	\$350,000
Tobacco prevention and control			
WIC food payments			
Morgue branch location			
School nursing services			
Total all funds	\$0	\$350,000	\$350,000
Less estimated income			
General fund	\$0	\$350,000	\$350,000
FTE	1.00	0.00	1.00

<sup>1</sup> Adds authority for 1 FTE field environmental health practitioner for food and lodging inspections. The conference committee agreed to the Senate action for this position.

<sup>2</sup> The Senate added funding for domestic violence grants. The conference committee agreed to this action.

The Senate removed the intent section in Engrossed House Bill No. 1004 relating to use of funding from the community health trust fund for media campaigns. The conference committee agreed to this action.

The Senate provided a contingent appropriation from the balance of per student payments and transportation payments available as of June 30, 2007, for providing grants on a matching basis for school nursing services. The conference committee removed this funding.

The conference committee added a section providing for a Legislative Council study of emergency medical services during the 2007-08 interim.

The conference committee added a section providing for a demonstration project to be conducted during the 2007-09 biennium for voluntary surveys during major construction or renovation of basic care and long-term care facilities.

The conference committee removed the \$1.5 million appropriation from the permanent oil tax trust fund for the morgue branch location at the University of North Dakota School of Medicine and Health Sciences.

**REPORT OF CONFERENCE COMMITTEE  
(ACCEDE/RECEDE)**

Bill Number HB1004 (, as (re)engrossed): ~

Date: 4-14-09

Your Conference Committee Human Resources

**For the Senate:**

**For the House:**

	YES / NO		YES / NO
<u>Sen. Kelzer</u>	<u>X</u>	<u>Chairman</u>	
<u>Sen. Holmberg</u>	<u>X</u>	<u>Rep. Bellew</u>	<u>X</u>
<u>Sen. Mathernd</u>	<u>X</u>	<u>Rep. Kreidt</u>	<u>X</u>
		<u>Rep. Westrom</u>	
		<u>Rep. Keryman</u>	<u>X</u>

Amendments 0220  
recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) \_\_\_\_\_ -- \_\_\_\_\_

\_\_\_\_\_, and place \_\_\_\_\_ on the Seventh order.

\_\_\_\_\_, adopt (further) amendments as follows, and place \_\_\_\_\_ on the Seventh order:

\_\_\_\_\_, having been unable to agree, recommends that the committee be discharged and a new committee be appointed.

((Re)Engrossed) \_\_\_\_\_ was placed on the Seventh order of business on the calendar.

DATE: \_\_\_\_\_

CARRIER: \_\_\_\_\_

LC NO.	of amendment
LC NO.	of engrossment
Emergency clause added or deleted	
Statement of purpose of amendment	

MOTION MADE BY: \_\_\_\_\_

SECONDED BY: \_\_\_\_\_

VOTE COUNT       YES       NO       ABSENT

Revised 4/1/05

*Motion fails*

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

That the Senate recede from its amendments as printed on pages 1370-1372 of the House Journal and pages 990-992 of the Senate Journal and that Engrossed House Bill No. 1004 be amended as follows:

Page 1, line 4, after "immunizations" insert "; to provide for a demonstration project; to provide for a legislative council study" and after "and" insert "to provide an expiration date."

Page 1, remove line 5

Page 2, line 2, replace "14,625,610" with "14,875,610"

Page 2, line 5, replace "42,349,960" with "42,599,960"

Page 2, line 7, replace "5,408,059" with "5,658,059"

Page 2, line 16, replace "56,457,776" with "56,707,776"

Page 2, line 19, replace "168,089,084" with "168,339,084"

Page 2, line 21, replace "18,876,963" with "19,126,963"

Page 2, after line 21, insert:

**"SECTION 4. APPROPRIATION - MORGUE BRANCH LOCATION.** There is appropriated out of special funds in the permanent oil tax trust fund the sum of \$1,500,000, or so much of the sum as may be necessary, to the state department of health to construct a facility to be used as a branch of the state morgue at the university of North Dakota school of medicine and health sciences, for the biennium beginning July 1, 2007, and ending June 30, 2009. The state department of health may use up to \$75,000 of this amount for its expenses in providing oversight of the project and to provide funding for coroner-requested autopsies at the new morgue during the remainder of the biennium. The project may be augmented with additional federal funding, grants, and other funding sources from the university of North Dakota or the state department of health. The morgue branch facility is to be under the control of the university of North Dakota school of medicine and health sciences. The university of North Dakota and the state department of health shall jointly sign all requests for proposal, construction contracts, and change orders relating to the project. The state department of health shall reimburse the university of North Dakota for the project based on final expenditure reports of actual project costs. To facilitate addressing public health issues related to death investigations, state forensic examiner services must continue to be provided by the state department of health, and the department must be the central repository for all coroner reports and autopsy reports for the coroner death investigations."

Page 4, replace lines 1 through 4 with:

**"SECTION 9. LEGISLATIVE COUNCIL STUDY - EMERGENCY MEDICAL SERVICES.** The legislative council shall consider studying, during the 2007-08 interim,



the emergency medical services system within the state, including the funding, demographics, and impact on rural areas. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-first legislative assembly."

Page 4, line 6, remove "general fund" and remove "line item"

Page 4, line 7, replace "section" with "sections", after "3" insert "and 4", after "\$2,010,135" insert "from the general fund and \$1,500,000 from the permanent oil tax trust fund", and replace the second "this" with "these"

Page 4, line 8, replace "section" with "sections"

Page 4, after line 12, insert:

"State morgue - University of North Dakota branch facility	<u>1,500,000</u>
Total	\$3,510,135

**SECTION 11. DEMONSTRATION PROJECT FOR VOLUNTARY SURVEYS DURING MAJOR CONSTRUCTION OR RENOVATION OF BASIC CARE AND LONG-TERM CARE FACILITIES - CONTINUING APPROPRIATION - REPORT TO LEGISLATIVE COUNCIL.**

1. During the 2007-09 biennium, the state department of health shall design and implement a demonstration project through which the department offers a life safety survey process for basic care facilities and long-term care facilities to access voluntarily during and at the conclusion of a construction project, renovation project, or construction and renovation project that costs more than three million dollars.
2. The department may charge a reasonable fee for a life safety survey performed under this section to cover the food, lodging, and transportation expenses of surveyors performing the surveys. Revenues derived from the fees collected under this subsection must be deposited in the state department of health's operating fund in the state treasury and are appropriated as a continuing appropriation to the state department of health for the purpose of funding the demonstration project under this section.
3. The department shall design and perform the demonstration project in a manner that will provide the surveyor who performs a life safety survey under this section does not violate the federal requirements associated with medicare certified life safety surveys. The department shall perform the demonstration project within the department's 2007-09 appropriation and staffing levels.
4. Before August 1, 2008, the department shall provide a report to the legislative council regarding the status of the demonstration project, including the feasibility and desirability of making the program permanent and whether the department will be recommending any legislation to make the program permanent.

**SECTION 12. EXPIRATION DATE.** Section 11 of this Act is effective through June 30, 2009, and after that date is ineffective."

Renumber accordingly

**STATEMENT OF PURPOSE OF AMENDMENT:**

## House Bill No. 1004 - State Department of Health - Conference Committee Action

	EXECUTIVE BUDGET	HOUSE VERSION	CONFERENCE COMMITTEE CHANGES	CONFERENCE COMMITTEE VERSION	SENATE VERSION	COMPARISON TO SENATE
Salaries and wages	\$37,715,624	\$37,747,905		\$37,747,905	\$37,747,905	
Operating expenses	33,335,674	45,596,674		45,596,674	46,362,874	(\$766,200)
Capital assets	1,817,383	1,817,383		1,817,383	1,817,383	
Grants	55,102,776	56,457,776	\$250,000	56,707,776	56,807,776	(100,000)
Tobacco prevention and control	9,473,554	8,919,346		8,919,346	8,919,346	
WIC food payments	17,550,000	17,550,000		17,550,000	17,550,000	
Morgue branch location			1,500,000	1,500,000	1,500,000	
School nursing services					1,000,000	(1,000,000)
Total all funds	\$154,995,011	\$168,089,084	\$1,750,000	\$169,839,084	\$171,705,284	(\$1,866,200)
Less estimated income	136,940,183	149,212,121	1,500,000	150,712,121	151,712,121	(1,000,000)
General fund	\$18,054,828	\$18,876,963	\$250,000	\$19,126,963	\$19,993,163	(\$866,200)
FTE	331.50	330.50	1.00	331.50	332.50	(1.00)

### Dept. 301 - State Department of Health - Detail of Conference Committee Changes

	ADDS FOOD AND LODGING POSITION <sup>1</sup>	ADDS FUNDING FOR DOMESTIC VIOLENCE GRANTS <sup>2</sup>	ADDS FUNDING FOR MORGUE BRANCH LOCATION <sup>3</sup>	REMOVES FUNDING FOR LOCAL PUBLIC HEALTH <sup>4</sup>	TOTAL CONFERENCE COMMITTEE CHANGES
Salaries and wages					
Operating expenses					
Capital assets					
Grants		\$350,000		(\$100,000)	\$250,000
Tobacco prevention and control					
WIC food payments					
Morgue branch location			\$1,500,000		1,500,000
School nursing services					
Total all funds	\$0	\$350,000	\$1,500,000	(\$100,000)	\$1,750,000
Less estimated income			1,500,000		1,500,000
General fund	\$0	\$350,000	\$0	(\$100,000)	\$250,000
FTE	1.00	0.00	0.00	0.00	1.00

<sup>1</sup> Adds authority for 1 FTE field environmental health practitioner for food and lodging inspections. The conference committee agreed to the Senate action for this position.

<sup>2</sup> The Senate added funding for domestic violence grants. The conference committee agreed to this action.

<sup>3</sup> The Senate added funding from the permanent oil tax trust fund to the State Department of Health to construct a morgue branch facility at the University of North Dakota School of Medicine and Health Sciences. The conference committee agreed to this action.

<sup>4</sup> The conference committee reduced funding for grants to local public health units from \$2 million to \$1.9 million per biennium.

The Senate removed the intent section in Engrossed House Bill No. 1004 relating to use of funding from the community health trust fund for media campaigns. The conference committee agreed to this action.

The Senate provided a contingent appropriation from the balance of per student payments and transportation payments available as of June 30, 2007, for providing grants on a matching basis for school nursing services. The conference committee removed this funding.

The conference committee added a section providing for a Legislative Council study of emergency medical services during the 2007-08 interim.

The conference committee added a section providing for a demonstration project to be conducted during the 2007-09 biennium for voluntary surveys during major construction or renovation of basic care and long-term care facilities.

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

That the Senate recede from its amendments as printed on pages 1370-1372 of the House Journal and pages 990-992 of the Senate Journal and that Engrossed House Bill No. 1004 be amended as follows:

Page 4, after line 4, insert:

**"SECTION 9. LEGISLATIVE INTENT - PROVIDER CHOICE PROGRAM FUNDING.** It is the intent of the sixtieth legislative assembly that the funding appropriated in House Bill No. 1435 be used only for the purchase of vaccines for the provider choice program and is limited to the lesser of the total appropriation or the amount necessary for the purchase of vaccines for the provider choice program."

Renumber accordingly

**STATEMENT OF PURPOSE OF AMENDMENT:**

**House Bill No. 1004 - State Department of Health - Conference Committee Action**

The conference committee added an intent section providing that the appropriation in 2007 House Bill No. 1435 be limited to the amount needed for the purchase of vaccines under the provider choice program.

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

That the Senate recede from its amendments as printed on pages 1370-1372 of the House Journal and pages 990-992 of the Senate Journal and that Engrossed House Bill No. 1004 be amended as follows:

Page 1, line 4, after "immunizations" insert "; to provide for a demonstration project; to provide for a legislative council study" and after "and" insert "to provide an expiration date."

Page 1, remove line 5

Page 2, line 2, replace "14,625,610" with "14,875,610"

Page 2, line 5, replace "42,349,960" with "42,599,960"

Page 2, line 7, replace "5,408,059" with "5,658,059"

Page 2, line 16, replace "56,457,776" with "56,707,776"

Page 2, line 19, replace "168,089,084" with "168,339,084"

Page 2, line 21, replace "18,876,963" with "19,126,963"

Page 4, replace lines 1 through 4 with:

**"SECTION 8. LEGISLATIVE COUNCIL STUDY - EMERGENCY MEDICAL SERVICES.** The legislative council shall consider studying, during the 2007-08 interim, the emergency medical services system within the state, including the funding, demographics, and impact on rural areas. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-first legislative assembly."

Page 4, after line 12, insert:

**"SECTION 10. DEMONSTRATION PROJECT FOR VOLUNTARY SURVEYS DURING MAJOR CONSTRUCTION OR RENOVATION OF BASIC CARE AND LONG-TERM CARE FACILITIES - CONTINUING APPROPRIATION - REPORT TO LEGISLATIVE COUNCIL.**

1. During the 2007-09 biennium, the state department of health shall design and implement a demonstration project through which the department offers a life safety survey process for basic care facilities and long-term care facilities to access voluntarily during and at the conclusion of a construction project, renovation project, or construction and renovation project that costs more than three million dollars.
2. The department may charge a reasonable fee for a life safety survey performed under this section to cover the food, lodging, and transportation expenses of surveyors performing the surveys. Revenues derived from the fees collected under this subsection must be deposited in the state

department of health's operating fund in the state treasury and are appropriated as a continuing appropriation to the state department of health for the purpose of funding the demonstration project under this section.

3. The department shall design and perform the demonstration project in a manner that will provide the surveyor who performs a life safety survey under this section does not violate the federal requirements associated with medicare certified life safety surveys. The department shall perform the demonstration project within the department's 2007-09 appropriation and staffing levels.
4. Before August 1, 2008, the department shall provide a report to the legislative council regarding the status of the demonstration project, including the feasibility and desirability of making the program permanent and whether the department will be recommending any legislation to make the program permanent.

**SECTION 11. EXPIRATION DATE.** Section 10 of this Act is effective through June 30, 2009, and after that date is ineffective."

Renumber accordingly

**STATEMENT OF PURPOSE OF AMENDMENT:**

**House Bill No. 1004 - State Department of Health - Conference Committee Action**

	EXECUTIVE BUDGET	HOUSE VERSION	CONFERENCE COMMITTEE CHANGES	CONFERENCE COMMITTEE VERSION	SENATE VERSION	COMPARISON TO SENATE
Salaries and wages	\$37,715,624	\$37,747,905		\$37,747,905	\$37,747,905	
Operating expenses	33,335,674	45,596,674		45,596,674	46,362,874	(\$766,200)
Capital assets	1,817,383	1,817,383		1,817,383	1,817,383	
Grants	55,102,776	56,457,776	\$250,000	56,707,776	56,807,776	(100,000)
Tobacco prevention and control	9,473,554	8,919,346		8,919,346	8,919,346	
WIC food payments	17,550,000	17,550,000		17,550,000	17,550,000	
Morgue branch location					1,500,000	(1,500,000)
School nursing services					1,000,000	(1,000,000)
Total all funds	\$154,995,011	\$168,089,084	\$250,000	\$168,339,084	\$171,705,284	(\$3,366,200)
Less estimated income	<u>136,940,183</u>	<u>149,212,121</u>		<u>149,212,121</u>	<u>151,712,121</u>	<u>(2,500,000)</u>
General fund	\$18,054,828	\$18,876,963	\$250,000	\$19,126,963	\$19,993,163	(\$866,200)
FTE	331.50	330.50	1.00	331.50	332.50	(1.00)

**Dept. 301 - State Department of Health - Detail of Conference Committee Changes**

	ADDS FOOD AND LODGING POSITION <sup>1</sup>	ADDS FUNDING FOR DOMESTIC VIOLENCE GRANTS <sup>2</sup>	REMOVES FUNDING FOR LOCAL PUBLIC HEALTH <sup>3</sup>	TOTAL CONFERENCE COMMITTEE CHANGES
Salaries and wages				
Operating expenses				
Capital assets				
Grants		\$350,000	(\$100,000)	\$250,000
Tobacco prevention and control				
WIC food payments				
Morgue branch location				
School nursing services				
Total all funds	\$0	\$350,000	(\$100,000)	\$250,000
Less estimated income				
General fund	\$0	\$350,000	(\$100,000)	\$250,000
FTE	1.00	0.00	0.00	1.00

<sup>1</sup> Adds authority for 1 FTE field environmental health practitioner for food and lodging inspections. The conference committee agreed to the Senate action for this position.

<sup>2</sup> The Senate added funding for domestic violence grants. The conference committee agreed to this action.

3 The conference committee reduced funding for grants to local public health units from \$2 million to \$1.9 million per biennium.

The Senate removed the intent section in Engrossed House Bill No. 1004 relating to use of funding from the community health trust fund for media campaigns. The conference committee agreed to this action.

The Senate provided a contingent appropriation from the balance of per student payments and transportation payments available as of June 30, 2007, for providing grants on a matching basis for school nursing services. The conference committee removed this funding.

The conference committee added a section providing for a Legislative Council study of emergency medical services during the 2007-08 interim.

The conference committee added a section providing for a demonstration project to be conducted during the 2007-09 biennium for voluntary surveys during major construction or renovation of basic care and long-term care facilities.

The conference committee removed the \$1.5 million appropriation from the permanent oil tax trust fund for the morgue branch location at the University of North Dakota School of Medicine and Health Sciences.

4

REPORT OF CONFERENCE COMMITTEE  
(ACCEDE/RECEDE)

Bill Number 1004 (, as (re)engrossed): Date: \_\_\_\_\_

Your Conference Committee Human Resources

For the Senate:

For the House:

YES / NO		YES / NO	
Sen. Kulzer	X	Chairman Rep. Pellew	X
Sen. Holmberg	X	Rep. Kreidt	X
Sen. Mather	X	Rep. Ekstrom	X

Amendment 0223  
recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) \_\_\_\_\_ -- \_\_\_\_\_

\_\_\_\_\_, and place \_\_\_\_\_ on the Seventh order.

\_\_\_\_\_, adopt (further) amendments as follows, and place \_\_\_\_\_ on the  
Seventh order:

\_\_\_\_\_, having been unable to agree, recommends that the committee be discharged  
and a new committee be appointed.

((Re)Engrossed) \_\_\_\_\_ was placed on the Seventh order of business on the calendar.

DATE: \_\_\_\_\_

CARRIER: \_\_\_\_\_

LC NO.	of amendment
LC NO.	of engrossment
Emergency clause added or deleted	
Statement of purpose of amendment	

MOTION MADE BY: \_\_\_\_\_

SECONDED BY: \_\_\_\_\_

VOTE COUNT    YES    NO    ABSENT

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

That the Senate recede from its amendments as printed on pages 1370-1372 of the House Journal and pages 990-992 of the Senate Journal and that Engrossed House Bill No. 1004 be amended as follows:

Page 1, line 4, after "immunizations" insert "; to provide legislative intent; to provide for a demonstration project; to provide for a legislative council study" and after "and" insert "to provide an expiration date."

Page 1, remove line 5

Page 1 line 24, replace "19,982,693" with "20,232,693"

Page 2, line 2, replace "14,625,610" with "14,975,610"

Page 2, line 5, replace "42,349,960" with "42,949,960"

Page 2, line 6, replace "36,941,901" with "37,191,901"

Page 2, line 7, replace "5,408,059" with "5,758,059"

Page 2, line 14, replace "45,596,674" with "45,846,674"

Page 2, line 16, replace "56,457,776" with "56,807,776"

Page 2, line 19, replace "168,089,084" with "168,689,084"

Page 2, line 20, replace "149,212,121" with "149,462,121"

Page 2, line 21, replace "18,876,963" with "19,226,963"

Page 2, after line 21, insert:

**"SECTION 4. APPROPRIATION - MORGUE BRANCH LOCATION.** There is appropriated from special funds the sum of \$1,500,000, or so much of the sum as may be necessary, \$250,000 of which is from the permanent oil tax trust fund, to the state department of health to construct a facility to be used as a branch of the state morgue at the university of North Dakota school of medicine and health sciences, for the biennium beginning July 1, 2007, and ending June 30, 2009. The state department of health may use up to \$75,000 of this amount for its expenses in providing oversight of the project and to provide funding for coroner-requested autopsies at the new morgue during the remainder of the biennium. The project may be augmented with additional federal funding, grants, and other funding sources from the university of North Dakota or the state department of health. The morgue branch facility is to be under the control of the university of North Dakota school of medicine and health sciences. The university of North Dakota and the state department of health shall jointly sign all requests for proposal, construction contracts, and change orders relating to the project. The state department of health shall reimburse the university of North Dakota for the project based on final expenditure reports of actual project costs. To facilitate addressing public health issues related to death investigations, state forensic examiner services must continue to be provided by the state department of health, and the



department must be the central repository for all coroner reports and autopsy reports for the coroner death investigations. In addition to providing autopsies, the facility is to be used by the university of North Dakota school of medicine and health sciences to address issues relating to donation and collection of tissues and organs and providing education to medical students."

Page 4, replace lines 1 through 4 with:

**"SECTION 9. LEGISLATIVE COUNCIL STUDY - EMERGENCY MEDICAL SERVICES.** The legislative council shall consider studying, during the 2007-08 interim, the emergency medical services system within the state, including the funding, demographics, and impact on rural areas. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-first legislative assembly.

**SECTION 10. LEGISLATIVE INTENT - CHILDHOOD IMMUNIZATION PROGRAM FUNDING.** It is the intent of the sixtieth legislative assembly that the funding appropriated in House Bill No. 1435 be used only for a childhood immunization program and is limited to the lesser of the total appropriation or the amount necessary for a childhood immunization program."

Page 4, line 6, remove "general fund" and remove "line item"

Page 4, line 7, replace "section" with "sections", after "3" insert "and 4", after "\$2,010,135" insert "from the general fund and \$250,000 from the permanent oil tax trust fund", and replace the second "this" with "these"

Page 4, line 8, replace "section" with "sections"

Page 4, after line 12, insert:

"State morgue - University of North Dakota branch facility	<u>250,000</u>
Total	\$2,260,135

**SECTION 12. DEMONSTRATION PROJECT FOR VOLUNTARY SURVEYS DURING MAJOR CONSTRUCTION OR RENOVATION OF BASIC CARE AND LONG-TERM CARE FACILITIES - CONTINUING APPROPRIATION - REPORT TO LEGISLATIVE COUNCIL.**

1. During the 2007-09 biennium, the state department of health shall design and implement a demonstration project through which the department offers a life safety survey process for basic care facilities and long-term care facilities to access voluntarily during and at the conclusion of a construction project, renovation project, or construction and renovation project that costs more than three million dollars.
2. The department may charge a reasonable fee for a life safety survey performed under this section to cover the food, lodging, and transportation expenses of surveyors performing the surveys. Revenues derived from the fees collected under this subsection must be deposited in the state department of health's operating fund in the state treasury and are appropriated as a continuing appropriation to the state department of health for the purpose of funding the demonstration project under this section.
3. The department shall design and perform the demonstration project in a manner that will provide the surveyor who performs a life safety survey under this section does not violate the federal requirements associated with

medicare certified life safety surveys. The department shall perform the demonstration project within the department's 2007-09 appropriation and staffing levels.

4. Before August 1, 2008, the department shall provide a report to the legislative council regarding the status of the demonstration project, including the feasibility and desirability of making the program permanent and whether the department will be recommending any legislation to make the program permanent.

**SECTION 13. EXPIRATION DATE.** Section 12 of this Act is effective through June 30, 2009, and after that date is ineffective."

Renumber accordingly

**STATEMENT OF PURPOSE OF AMENDMENT:**

**House Bill No. 1004 - State Department of Health - Conference Committee Action**

	EXECUTIVE BUDGET	HOUSE VERSION	CONFERENCE COMMITTEE CHANGES	CONFERENCE COMMITTEE VERSION	SENATE VERSION	COMPARISON TO SENATE
Salaries and wages	\$37,715,624	\$37,747,905		\$37,747,905	\$37,747,905	
Operating expenses	33,335,674	45,596,674	\$250,000	45,846,674	46,362,874	(\$516,200)
Capital assets	1,817,383	1,817,383		1,817,383	1,817,383	
Grants	55,102,776	56,457,776	350,000	56,807,776	56,807,776	
Tobacco prevention and control	9,473,554	8,919,346		8,919,346	8,919,346	
WIC food payments	17,550,000	17,550,000		17,550,000	17,550,000	
Morgue branch location			1,500,000	1,500,000	1,500,000	
School nursing services					1,000,000	(1,000,000)
<b>Total all funds</b>	<b>\$154,995,011</b>	<b>\$168,089,084</b>	<b>\$2,100,000</b>	<b>\$170,189,084</b>	<b>\$171,705,284</b>	<b>(\$1,516,200)</b>
<b>Less estimated income</b>	<b>136,940,183</b>	<b>149,212,121</b>	<b>1,750,000</b>	<b>150,962,121</b>	<b>151,712,121</b>	<b>(750,000)</b>
<b>General fund</b>	<b>\$18,054,828</b>	<b>\$18,876,963</b>	<b>\$350,000</b>	<b>\$19,226,963</b>	<b>\$19,993,163</b>	<b>(\$766,200)</b>
<b>FTE</b>	<b>331.50</b>	<b>330.50</b>	<b>1.00</b>	<b>331.50</b>	<b>332.50</b>	<b>(1.00)</b>

**Dept. 301 - State Department of Health - Detail of Conference Committee Changes**

	ADDS FOOD AND LODGING POSITION <sup>1</sup>	ADDS FUNDING FOR DOMESTIC VIOLENCE GRANTS <sup>2</sup>	ADDS FUNDING FOR MORGUE BRANCH LOCATION <sup>3</sup>	ADDS FUNDING FOR WOMEN'S WAY PROGRAM <sup>4</sup>	TOTAL CONFERENCE COMMITTEE CHANGES
Salaries and wages					
Operating expenses				\$250,000	\$250,000
Capital assets					
Grants		\$350,000			350,000
Tobacco prevention and control					
WIC food payments					
Morgue branch location			\$1,500,000		1,500,000
School nursing services					
<b>Total all funds</b>	<b>\$0</b>	<b>\$350,000</b>	<b>\$1,500,000</b>	<b>\$250,000</b>	<b>\$2,100,000</b>
<b>Less estimated income</b>			<b>1,500,000</b>	<b>250,000</b>	<b>1,750,000</b>
<b>General fund</b>	<b>\$0</b>	<b>\$350,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$350,000</b>
<b>FTE</b>	<b>1.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1.00</b>

<sup>1</sup> Adds authority for 1 FTE field environmental health practitioner for food and lodging inspections. The conference committee agreed to the Senate action for this position.

<sup>2</sup> The Senate added funding for domestic violence grants. The conference committee agreed to this action.

<sup>3</sup> The Senate added funding from the permanent oil tax trust fund to the State Department of Health to construct a morgue branch facility at the University of North Dakota School of Medicine and Health Sciences. The conference committee changed the funding source to \$250,000 from the permanent oil tax trust fund and \$1,250,000 from other funds.

<sup>4</sup> The conference committee provided \$250,000 from the permanent oil tax trust fund for the Women's Way program. The Senate provided \$766,200 for the program from the general fund.

The Senate removed the intent section in Engrossed House Bill No. 1004 relating to use of funding from the community health trust fund for media campaigns. The conference committee agreed to this action.

The Senate provided a contingent appropriation from the balance of per student payments and transportation payments available as of June 30, 2007, for providing grants on a matching basis for school nursing services. The conference committee removed this funding.

The conference committee added a section providing for a Legislative Council study of emergency medical services during the 2007-08 interim.

The conference committee added a section providing for a demonstration project to be conducted during the 2007-09 biennium for voluntary surveys during major construction or renovation of basic care and long-term care facilities.

The conference committee added an intent section providing that the appropriation in House Bill No. 1435 be limited to the amount needed for a childhood immunization program.

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

That the Senate recede from its amendments as printed on pages 1370-1372 of the House Journal and pages 990-992 of the Senate Journal and that Engrossed House Bill No. 1004 be amended as follows:

Page 1, line 4, after "immunizations" insert "; to provide legislative intent; to provide for a demonstration project; to provide for a legislative council study" and after "and" insert "to provide an expiration date."

Page 1, remove line 5

Page 2, line 2, replace "14,625,610" with "14,975,610"

Page 2, line 5, replace "42,349,960" with "42,699,960"

Page 2, line 7, replace "5,408,059" with "5,758,059"

Page 2, line 16, replace "56,457,776" with "56,807,776"

Page 2, line 19, replace "168,089,084" with "168,439,084"

Page 2, line 21, replace "18,876,963" with "19,226,963"

Page 4, replace lines 1 through 4 with:

**"SECTION 8. LEGISLATIVE COUNCIL STUDY - EMERGENCY MEDICAL SERVICES.** The legislative council shall consider studying, during the 2007-08 interim, the emergency medical services system within the state, including the funding, demographics, and impact on rural areas. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-first legislative assembly.

**SECTION 9. LEGISLATIVE INTENT - CHILDHOOD IMMUNIZATION PROGRAM FUNDING.** It is the intent of the sixtieth legislative assembly that the funding appropriated in House Bill No. 1435 be used only for a childhood immunization program and is limited to the lesser of the total appropriation or the amount necessary for the childhood immunization program."

Page 4, after line 12, insert:

**"SECTION 11. DEMONSTRATION PROJECT FOR VOLUNTARY SURVEYS DURING MAJOR CONSTRUCTION OR RENOVATION OF BASIC CARE AND LONG-TERM CARE FACILITIES - CONTINUING APPROPRIATION - REPORT TO LEGISLATIVE COUNCIL.**

1. During the 2007-09 biennium, the state department of health shall design and implement a demonstration project through which the department offers a life safety survey process for basic care facilities and long-term care facilities to access voluntarily during and at the conclusion of a

construction project, renovation project, or construction and renovation project that costs more than three million dollars.

2. The department may charge a reasonable fee for a life safety survey performed under this section to cover the food, lodging, and transportation expenses of surveyors performing the surveys. Revenues derived from the fees collected under this subsection must be deposited in the state department of health's operating fund in the state treasury and are appropriated as a continuing appropriation to the state department of health for the purpose of funding the demonstration project under this section.
3. The department shall design and perform the demonstration project in a manner that will provide the surveyor who performs a life safety survey under this section does not violate the federal requirements associated with medicare certified life safety surveys. The department shall perform the demonstration project within the department's 2007-09 appropriation and staffing levels.
4. Before August 1, 2008, the department shall provide a report to the legislative council regarding the status of the demonstration project, including the feasibility and desirability of making the program permanent and whether the department will be recommending any legislation to make the program permanent.

**SECTION 12. EXPIRATION DATE.** Section 11 of this Act is effective through June 30, 2009, and after that date is ineffective."

Renumber accordingly

**STATEMENT OF PURPOSE OF AMENDMENT:**

**House Bill No. 1004 - State Department of Health - Conference Committee Action**

	EXECUTIVE BUDGET	HOUSE VERSION	CONFERENCE COMMITTEE CHANGES	CONFERENCE COMMITTEE VERSION	SENATE VERSION	COMPARISON TO SENATE
Salaries and wages	\$37,715,624	\$37,747,905		\$37,747,905	\$37,747,905	
Operating expenses	33,335,674	45,596,674		45,596,674	46,362,874	(\$766,200)
Capital assets	1,817,383	1,817,383		1,817,383	1,817,383	
Grants	55,102,776	56,457,776	\$350,000	56,807,776	56,807,776	
Tobacco prevention and control	9,473,554	8,919,346		8,919,346	8,919,346	
WIC food payments	17,550,000	17,550,000		17,550,000	17,550,000	
Morgue branch location					1,500,000	(1,500,000)
School nursing services					1,000,000	(1,000,000)
Total all funds	\$154,995,011	\$168,089,084	\$350,000	\$168,439,084	\$171,705,284	(\$3,266,200)
Less estimated income	<u>136,940,183</u>	<u>149,212,121</u>		<u>149,212,121</u>	<u>151,712,121</u>	<u>(2,500,000)</u>
General fund	\$18,054,828	\$18,876,963	\$350,000	\$19,226,963	\$19,993,163	(\$766,200)
FTE	331.50	330.50	1.00	331.50	332.50	(1.00)

**Dept. 301 - State Department of Health - Detail of Conference Committee Changes**

	ADDS FOOD AND LODGING POSITION 1	ADDS FUNDING FOR DOMESTIC VIOLENCE GRANTS 2	TOTAL CONFERENCE COMMITTEE CHANGES
Salaries and wages			
Operating expenses			
Capital assets			
Grants		\$350,000	\$350,000
Tobacco prevention and control			
WIC food payments			
Morgue branch location			
School nursing services			
Total all funds	\$0	\$350,000	\$350,000

Less estimated income			
General fund	\$0	\$350,000	\$350,000
FTE	1.00	0.00	1.00

<sup>1</sup> Adds authority for 1 FTE field environmental health practitioner for food and lodging inspections. The conference committee agreed to the Senate action for this position.

<sup>2</sup> The Senate added funding for domestic violence grants. The conference committee agreed to this action.

The Senate removed the intent section in Engrossed House Bill No. 1004 relating to use of funding from the community health trust fund for media campaigns. The conference committee agreed to this action.

The Senate provided a contingent appropriation from the balance of per student payments and transportation payments available as of June 30, 2007, for providing grants on a matching basis for school nursing services. The conference committee removed this funding.

The conference committee added a section providing for a Legislative Council study of emergency medical services during the 2007-08 interim.

The conference committee added a section providing for a demonstration project to be conducted during the 2007-09 biennium for voluntary surveys during major construction or renovation of basic care and long-term care facilities.

The conference committee removed the \$1.5 million appropriation from the permanent oil tax trust fund for the morgue branch location at the University of North Dakota School of Medicine and Health Sciences.

The conference committee added an intent section providing that the appropriation in House Bill No. 1435 be limited to the amount needed for the childhood immunization program.

**REPORT OF CONFERENCE COMMITTEE  
(ACCEDE/RECEDE)**

Bill Number HB1004 (, as (re)engrossed):

Date: 04-20-07

Your Conference Committee Human Resources

**For the Senate:**

**For the House:**

YES / NO		YES / NO	
Sen. Kilger	PX	Chairman	PX
Sen. Holmberg	PX	Rep. Bellew	PX
Sen. Matheis	PX	Rep. Freidt	PX
		Rep. Ekstrom	PX

Amendment 0225  
recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) \_\_\_\_\_ -- \_\_\_\_\_

\_\_\_\_\_, and place \_\_\_\_\_ on the Seventh order.

\_\_\_\_\_, adopt (further) amendments as follows, and place \_\_\_\_\_ on the  
Seventh order:

\_\_\_\_\_, having been unable to agree, recommends that the committee be discharged  
and a new committee be appointed.

((Re)Engrossed) \_\_\_\_\_ was placed on the Seventh order of business on the calendar.

DATE: \_\_\_\_\_

CARRIER: \_\_\_\_\_

LC NO.	of amendment
LC NO.	of engrossment
Emergency clause added or deleted	
Statement of purpose of amendment	

**MOTION MADE BY:** \_\_\_\_\_

**SECONDED BY:** \_\_\_\_\_

**VOTE COUNT**        YES        NO        ABSENT

(2)

REPORT OF CONFERENCE COMMITTEE  
(ACCEDE/RECEDE)

Bill Number HB1004 (, as (re)engrossed):

Date: 04-20-07

Your Conference Committee Human Resources

For the Senate:

For the House:

YES / NO		YES / NO	
Sen. Kilger	X	Chairman	
Sen. Holmberg	X	Rep. Bellew	X
Sen. Mathern	X	Rep. Kreidt	X
		Rep. Ekstrom	X

recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) 1370 -- 1372

\_\_\_\_, and place \_\_\_\_\_ on the Seventh order.

☒ (adopt (~~delete~~) amendments as follows, and place HB1004 on the Seventh order:

\_\_\_\_, having been unable to agree, recommends that the committee be discharged and a new committee be appointed.

((Re)Engrossed) HB 1004 was placed on the Seventh order of business on the calendar.

DATE: 4/20/07

CARRIER: Rep. Bellew

LC NO.	of amendment
LC NO.	of engrossment
Emergency clause added or deleted	
Statement of purpose of amendment	

MOTION MADE BY: Mathern

SECONDED BY: Holmberg

VOTE COUNT 6 YES 0 NO 0 ABSENT



**REPORT OF CONFERENCE COMMITTEE**

**HB 1004, as engrossed:** Your conference committee (Sens. Kilzer, Holmberg, Mathern and Reps. Bellew, Kreidt, Ekstrom) recommends that the **SENATE RECEDE** from the Senate amendments on HJ pages 1370-1372, adopt amendments as follows, and place HB 1004 on the Seventh order:

That the Senate recede from its amendments as printed on pages 1370-1372 of the House Journal and pages 990-992 of the Senate Journal and that Engrossed House Bill No. 1004 be amended as follows:

Page 1, line 4, after "immunizations" insert "; to provide legislative intent; to provide for a demonstration project; to provide for a legislative council study; to provide for a report to the legislative council"

Page 1, line 5, replace "legislative intent" with "an expiration date"

Page 1 line 24, replace "19,982,693" with "20,232,693"

Page 2, line 2, replace "14,625,610" with "14,975,610"

Page 2, line 5, replace "42,349,960" with "42,949,960"

Page 2, line 6, replace "36,941,901" with "37,191,901"

Page 2, line 7, replace "5,408,059" with "5,758,059"

Page 2, line 14, replace "45,596,674" with "45,846,674"

Page 2, line 16, replace "56,457,776" with "56,807,776"

Page 2, line 19, replace "168,089,084" with "168,689,084"

Page 2, line 20, replace "149,212,121" with "149,462,121"

Page 2, line 21, replace "18,876,963" with "19,226,963"

Page 2, after line 21, insert:

**"SECTION 4. APPROPRIATION - MORGUE BRANCH LOCATION.** There is appropriated from special funds the sum of \$1,500,000, or so much of the sum as may be necessary, \$250,000 of which is from the permanent oil tax trust fund, to the state department of health to construct a facility to be used as a branch of the state morgue at the university of North Dakota school of medicine and health sciences, for the biennium beginning July 1, 2007, and ending June 30, 2009. The state department of health may use up to \$75,000 of this amount for its expenses in providing oversight of the project and to provide funding for coroner-requested autopsies at the new morgue during the remainder of the biennium. The project may be augmented with additional federal funding, grants, and other funding sources from the university of North Dakota or the state department of health. The morgue branch facility is to be under the control of the university of North Dakota school of medicine and health sciences. The university of North Dakota and the state department of health shall jointly sign all requests for proposal, construction contracts, and change orders relating to the project. The state department of health shall reimburse the university of North Dakota for the project based on final expenditure reports of actual project costs. To facilitate addressing public health issues related to death investigations, state forensic examiner services must continue to be provided by the state department of health, and the department must be the central repository for all coroner reports and autopsy reports

for the coroner death investigations. In addition to providing autopsies, the facility is to be used by the university of North Dakota school of medicine and health sciences to address issues relating to donation and collection of tissues and organs and providing education to medical students."

Page 4, replace lines 1 through 4 with:

**"SECTION 9. LEGISLATIVE COUNCIL STUDY - EMERGENCY MEDICAL SERVICES.** The legislative council shall consider studying, during the 2007-08 interim, the emergency medical services system within the state, including funding, demographics, and impact on rural areas. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-first legislative assembly.

**SECTION 10. LEGISLATIVE INTENT - CHILDHOOD IMMUNIZATION PROGRAM FUNDING.** It is the intent of the sixtieth legislative assembly that the funding appropriated in House Bill No. 1435 be used only for a childhood immunization program and is limited to the lesser of the total appropriation or the amount necessary for a childhood immunization program."

Page 4, line 6, remove "general fund" and remove "line item"

Page 4, line 7, replace "section" with "sections", after "3" insert "and 4", after "\$2,010,135" insert "from the general fund and \$250,000 from the permanent oil tax trust fund", and replace the second "this" with "these"

Page 4, line 8, replace "section" with "sections"

Page 4, after line 12, insert:

"State morgue - University of North Dakota branch facility	<u>250,000</u>
Total	\$2,260,135

**SECTION 12. DEMONSTRATION PROJECT FOR VOLUNTARY SURVEYS DURING MAJOR CONSTRUCTION OR RENOVATION OF BASIC CARE AND LONG-TERM CARE FACILITIES - CONTINUING APPROPRIATION - REPORT TO LEGISLATIVE COUNCIL.**

1. During the 2007-09 biennium, the state department of health shall design and implement a demonstration project through which the department offers a life safety survey process for basic care facilities and long-term care facilities to access voluntarily during and at the conclusion of a construction project, renovation project, or construction and renovation project that costs more than three million dollars.
2. The department may charge a reasonable fee for a life safety survey performed under this section to cover the food, lodging, and transportation expenses of surveyors performing the surveys. Revenues derived from the fees collected under this subsection must be deposited in the state department of health's operating fund in the state treasury and are appropriated as a continuing appropriation to the state department of health for the purpose of funding the demonstration project under this section.
3. The department shall design and perform the demonstration project in a manner that will provide the surveyor who performs a life safety survey under this section does not violate the federal requirements associated with medicare certified life safety surveys. The department shall perform

the demonstration project within the department's 2007-09 appropriation and staffing levels.

4. Before August 1, 2008, the department shall provide a report to the legislative council regarding the status of the demonstration project, including the feasibility and desirability of making the program permanent and whether the department will be recommending any legislation to make the program permanent.

**SECTION 13. EXPIRATION DATE.** Section 12 of this Act is effective through June 30, 2009, and after that date is ineffective."

Renumber accordingly

**STATEMENT OF PURPOSE OF AMENDMENT:**

**House Bill No. 1004 - State Department of Health - Conference Committee Action**

	EXECUTIVE BUDGET	HOUSE VERSION	CONFERENCE COMMITTEE CHANGES	CONFERENCE COMMITTEE VERSION	SENATE VERSION	COMPARISON TO SENATE
Salaries and wages	\$37,715,624	\$37,747,905		\$37,747,905	\$37,747,905	
Operating expenses	33,335,674	45,596,674	\$250,000	45,846,674	46,362,874	(\$516,200)
Capital assets	1,817,383	1,817,383		1,817,383	1,817,383	
Grants	55,102,776	56,457,776	350,000	56,807,776	56,807,776	
Tobacco prevention and control	9,473,554	8,919,346		8,919,346	8,919,346	
WIC food payments	17,550,000	17,550,000		17,550,000	17,550,000	
Morgue branch location			1,500,000	1,500,000	1,500,000	
School nursing services					1,000,000	(1,000,000)
Total all funds	\$154,995,011	\$168,089,084	\$2,100,000	\$170,189,084	\$171,705,284	(\$1,516,200)
Less estimated income	136,940,183	149,212,121	1,750,000	150,962,121	151,712,121	(750,000)
General fund	\$18,054,828	\$18,876,963	\$350,000	\$19,226,963	\$19,993,163	(\$766,200)
FTE	331.50	330.50	1.00	331.50	332.50	(1.00)

**Dept. 301 - State Department of Health - Detail of Conference Committee Changes**

	ADDS FOOD AND LODGING POSITION <sup>1</sup>	ADDS FUNDING FOR DOMESTIC VIOLENCE GRANTS <sup>2</sup>	ADDS FUNDING FOR MORGUE BRANCH LOCATION <sup>3</sup>	ADDS FUNDING FOR WOMEN'S WAY PROGRAM <sup>4</sup>	TOTAL CONFERENCE COMMITTEE CHANGES
Salaries and wages					
Operating expenses				\$250,000	\$250,000
Capital assets					
Grants		\$350,000			350,000
Tobacco prevention and control					
WIC food payments					
Morgue branch location			\$1,500,000		1,500,000
School nursing services					
Total all funds	\$0	\$350,000	\$1,500,000	\$250,000	\$2,100,000
Less estimated income			1,500,000	250,000	1,750,000
General fund	\$0	\$350,000	\$0	\$0	\$350,000
FTE	1.00	0.00	0.00	0.00	1.00

<sup>1</sup> Adds authority for 1 FTE field environmental health practitioner for food and lodging inspections. The conference committee agreed to the Senate action for this position.

<sup>2</sup> The Senate added funding for domestic violence grants. The conference committee agreed to this action.

<sup>3</sup> The Senate added funding from the permanent oil tax trust fund to the State Department of Health to construct a morgue branch facility at the University of North Dakota School of Medicine and Health Sciences. The conference committee changed the funding source to \$250,000 from the permanent oil tax trust fund and \$1,250,000 from other funds.

<sup>4</sup> The conference committee provided \$250,000 from the permanent oil tax trust fund for the Women's Way program. The Senate provided \$766,200 for the program from the general fund.

The Senate removed the intent section in Engrossed House Bill No. 1004 relating to use of funding from the community health trust fund for media campaigns. The conference committee agreed to this action.

The Senate provided a contingent appropriation from the balance of per student payments and transportation payments available as of June 30, 2007, for providing grants on a matching basis for school nursing services. The conference committee removed this funding.

The conference committee added a section providing for a Legislative Council study of emergency medical services during the 2007-08 interim.

The conference committee added a section providing for a demonstration project to be conducted during the 2007-09 biennium for voluntary surveys during major construction or renovation of basic care and long-term care facilities.

The conference committee added an intent section providing that the appropriation in House Bill No. 1435 be limited to the amount needed for a childhood immunization program.

Engrossed HB 1004 was placed on the Seventh order of business on the calendar.

2

REPORT OF CONFERENCE COMMITTEE  
(ACCEDE/RECEDE)

Bill Number 1004 (, as (re)engrossed):

Date: 04-21-07

Your Conference Committee Human Resources

For the Senate:

For the House:

YES / NO		YES / NO	
Sen. Christman	X	Chairman	X
Sen. Kilgus	X	Rep. Pellew	X
Sen. Holmberg	X	Rep. Kreidt	X
Sen. Mather	X	Rep. Ekstrom	X

recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) \_\_\_\_\_ -- \_\_\_\_\_

\_\_\_\_\_, and place \_\_\_\_\_ on the Seventh order.

X, adopt (further) amendments as follows, and place HB1004 on the Seventh order:

\_\_\_\_\_, having been unable to agree, recommends that the committee be discharged and a new committee be appointed.

((Re)Engrossed) \_\_\_\_\_ was placed on the Seventh order of business on the calendar.

DATE: \_\_\_\_\_

CARRIER: \_\_\_\_\_

LC NO.	of amendment
LC NO.	of engrossment
Emergency clause added or deleted	
Statement of purpose of amendment	

MOTION MADE BY: Sen. Holmberg

SECONDED BY: Rep. Kreidt

VOTE COUNT 4 YES 2 NO 0 ABSENT

**REPORT OF CONFERENCE COMMITTEE**

**HB 1004, as engrossed:** Your conference committee (Sens. Christmann, Holmberg, Mathern and Reps. Bellew, Kreidt, Ekstrom) recommends that the **SENATE RECEDE** from the Senate amendments on HJ pages 1370-1372, adopt amendments as follows, and place HB 1004 on the Seventh order:

That the Senate recede from its amendments as printed on pages 1370-1372 of the House Journal and pages 990-992 of the Senate Journal and that Engrossed House Bill No. 1004 be amended as follows:

Page 1, line 4, after "immunizations" insert "; to provide legislative intent; to provide for a demonstration project; to provide for a legislative council study; to provide a continuing appropriation; to provide for a report to the legislative council"

Page 1, line 5, replace "legislative intent" with "an expiration date"

Page 2, line 2, replace "14,625,610" with "14,875,610"

Page 2, line 5, replace "42,349,960" with "42,599,960"

Page 2, line 7, replace "5,408,059" with "5,658,059"

Page 2, line 16, replace "56,457,776" with "56,707,776"

Page 2, line 19, replace "168,089,084" with "168,339,084"

Page 2, line 21, replace "18,876,963" with "19,126,963"

Page 4, replace lines 1 through 4 with:

**"SECTION 8. LEGISLATIVE COUNCIL STUDY - EMERGENCY MEDICAL SERVICES.** The legislative council shall consider studying, during the 2007-08 interim, the emergency medical services system within the state, including the funding, demographics, and impact on rural areas. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-first legislative assembly.

**SECTION 9. LEGISLATIVE INTENT - CHILDHOOD IMMUNIZATION PROGRAM FUNDING.** It is the intent of the sixtieth legislative assembly that the funding appropriated in House Bill No. 1435 be used only for a childhood immunization program and is limited to the lesser of the total appropriation or the amount necessary for the childhood immunization program."

Page 4, after line 12, insert:

**"SECTION 11. DEMONSTRATION PROJECT FOR VOLUNTARY SURVEYS DURING MAJOR CONSTRUCTION OR RENOVATION OF BASIC CARE AND LONG-TERM CARE FACILITIES - CONTINUING APPROPRIATION - REPORT TO LEGISLATIVE COUNCIL.**

1. During the 2007-09 biennium, the state department of health shall design and implement a demonstration project through which the department offers a life safety survey process for basic care facilities and long-term care facilities to access voluntarily during and at the conclusion of a construction project, renovation project, or construction and renovation project that costs more than three million dollars.

2. The department may charge a reasonable fee for a life safety survey performed under this section to cover the food, lodging, and transportation expenses of surveyors performing the surveys. Revenues derived from the fees collected under this subsection must be deposited in the state department of health's operating fund in the state treasury and are appropriated as a continuing appropriation to the state department of health for the purpose of funding the demonstration project under this section.
3. The department shall design and perform the demonstration project in a manner that will provide the surveyor who performs a life safety survey under this section does not violate the federal requirements associated with medicare certified life safety surveys. The department shall perform the demonstration project within the department's 2007-09 appropriation and staffing levels.
4. Before August 1, 2008, the department shall provide a report to the legislative council regarding the status of the demonstration project, including the feasibility and desirability of making the program permanent and whether the department will be recommending any legislation to make the program permanent.

**SECTION 12. EXPIRATION DATE.** Section 11 of this Act is effective through June 30, 2009, and after that date is ineffective."

Renumber accordingly

**STATEMENT OF PURPOSE OF AMENDMENT:**

**House Bill No. 1004 - State Department of Health - Conference Committee Action**

	EXECUTIVE BUDGET	HOUSE VERSION	CONFERENCE COMMITTEE CHANGES	CONFERENCE COMMITTEE VERSION	SENATE VERSION	COMPARISON TO SENATE
Salaries and wages	\$37,715,624	\$37,747,905		\$37,747,905	\$37,747,905	
Operating expenses	33,335,674	45,596,674		45,596,674	46,362,874	(\$766,200)
Capital assets	1,817,383	1,817,383		1,817,383	1,817,383	
Grants	55,102,776	56,457,776	\$250,000	56,707,776	56,807,776	(100,000)
Tobacco prevention and control	9,473,554	8,919,346		8,919,346	8,919,346	
WIC food payments	17,550,000	17,550,000		17,550,000	17,550,000	
Morgue branch location					1,500,000	(1,500,000)
School nursing services					1,000,000	(1,000,000)
Total all funds	\$154,995,011	\$168,089,084	\$250,000	\$168,339,084	\$171,705,284	(\$3,366,200)
Less estimated income	<u>136,940,183</u>	<u>149,212,121</u>		<u>149,212,121</u>	<u>151,712,121</u>	<u>(2,500,000)</u>
General fund	\$18,054,828	\$18,876,963	\$250,000	\$19,126,963	\$19,993,163	(\$866,200)
FTE	331.50	330.50	1.00	331.50	332.50	(1.00)

**Dept. 301 - State Department of Health - Detail of Conference Committee Changes**

	ADDS FOOD AND LODGING POSITION <sup>1</sup>	ADDS FUNDING FOR DOMESTIC VIOLENCE GRANTS <sup>2</sup>	REMOVES FUNDING FOR LOCAL PUBLIC HEALTH <sup>3</sup>	TOTAL CONFERENCE COMMITTEE CHANGES
Salaries and wages				
Operating expenses				
Capital assets				

Grants		\$350,000	(\$100,000)	\$250,000
Tobacco prevention and control				
WIC food payments				
Morgue branch location				
School nursing services				
Total all funds	\$0	\$350,000	(\$100,000)	\$250,000
Less estimated income				
General fund	\$0	\$350,000	(\$100,000)	\$250,000
FTE	1.00	0.00	0.00	1.00

<sup>1</sup> Adds authority for 1 FTE field environmental health practitioner for food and lodging inspections. The conference committee agreed to the Senate action for this position.

<sup>2</sup> The Senate added funding for domestic violence grants. The conference committee agreed to this action.

<sup>3</sup> The conference committee reduced funding for grants to local public health units from \$2 million to \$1.9 million per biennium.

The Senate removed the intent section in Engrossed House Bill No. 1004 relating to use of funding from the community health trust fund for media campaigns. The conference committee agreed to this action.

The Senate provided a contingent appropriation from the balance of per student payments and transportation payments available as of June 30, 2007, for providing grants on a matching basis for school nursing services. The conference committee removed this funding.

The conference committee added a section providing for a Legislative Council study of emergency medical services during the 2007-08 interim.

The conference committee added a section providing for a demonstration project to be conducted during the 2007-09 biennium for voluntary surveys during major construction or renovation of basic care and long-term care facilities.

The Senate appropriated \$1.5 million from the permanent oil tax trust fund for the morgue branch location at the University of North Dakota School of Medicine and Health Sciences. The conference committee removed this funding.

The conference committee added an intent section providing that the appropriation in House Bill No. 1435 be limited to the amount needed for the childhood immunization program.

Engrossed HB 1004 was placed on the Seventh order of business on the calendar.



*Roll call*  
**REPORT OF CONFERENCE COMMITTEE**  
**(ACCEDE/RECEDE)**

①

Bill Number 1004 (, as (re)engrossed):

Date: 04-23-07

Your Conference Committee

Human Resources

**For the Senate:**

**For the House:**

YES / NO		YES / NO	
<i>Sen. Christman</i>		<i>Chairman</i>	
<i>Sen. Kalnyer</i> P		<i>Rep. Ballew</i> P	
<i>Sen. Holmberg</i> P		<i>Rep. Kreidt</i> P	
<i>Sen. Mather</i> P		<i>Rep. Ekstrom</i> P	

recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) \_\_\_\_\_ -- \_\_\_\_\_

\_\_\_\_\_, and place \_\_\_\_\_ on the Seventh order.

\_\_\_\_\_, adopt (further) amendments as follows, and place \_\_\_\_\_ on the  
Seventh order:

\_\_\_\_\_, having been unable to agree, recommends that the committee be discharged  
and a new committee be appointed.

((Re)Engrossed) \_\_\_\_\_ was placed on the Seventh order of business on the calendar.

DATE: \_\_\_\_\_

CARRIER: \_\_\_\_\_

LC NO.	of amendment
LC NO.	of engrossment
Emergency clause added or deleted	
Statement of purpose of amendment	

**MOTION MADE BY:** \_\_\_\_\_

**SECONDED BY:** \_\_\_\_\_

**VOTE COUNT**    \_\_\_ YES    \_\_\_ NO    \_\_\_ ABSENT

Revised 4/1/05

(2)

**REPORT OF CONFERENCE COMMITTEE  
(ACCEDE/RECEDE)**

Bill Number 1004 (, as (re)engrossed):

Date: 04-23-07

Your Conference Committee Human Resources

**For the Senate:**

**For the House:**

YES / NO		YES / NO	
Sen. Kilger	X	Chairman	X
Sen. Holmberg	X	Rep. Bellow	X
Sen. Mathern	X	Rep. Kreidt	X
		Rep. Ekstrom	X

recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) \_\_\_\_\_ -- \_\_\_\_\_

\_\_\_\_\_, and place \_\_\_\_\_ on the Seventh order.

X, adopt (further) amendments as follows, and place H.B. 1004 on the Seventh order:

\_\_\_\_\_, having been unable to agree, recommends that the committee be discharged and a new committee be appointed.

((Re)Engrossed) \_\_\_\_\_ was placed on the Seventh order of business on the calendar.

DATE: \_\_\_\_\_

CARRIER: \_\_\_\_\_

LC NO.	of amendment
LC NO.	of engrossment
Emergency clause added or deleted	
Statement of purpose of amendment	

MOTION MADE BY: Sen. Holmberg

SECONDED BY: Sen. Kilger

VOTE COUNT 6 YES 0 NO 0 ABSENT

Revised 4/1/05

**REPORT OF CONFERENCE COMMITTEE  
(ACCEDE/RECEDE)**

(3)

Bill Number 1004 (, as (re)engrossed): Date: \_\_\_\_\_

Your Conference Committee Human Resources

**For the Senate:**

**For the House:**

YES / NO		YES / NO	
Sen. <del>Chapman</del> <u>Kutner</u>	<input checked="" type="checkbox"/>	Chairman Rep. <u>Bellew</u>	<input checked="" type="checkbox"/>
Sen. <u>Holmberg</u>	<input checked="" type="checkbox"/>	Rep. <u>Kreidt</u>	<input checked="" type="checkbox"/>
Sen. <u>Mather</u>	<input checked="" type="checkbox"/>	Rep. <u>Ekstrom</u>	<input checked="" type="checkbox"/>

\$100,000 to W.W.  
recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) \_\_\_\_\_ -- \_\_\_\_\_

\_\_\_\_, and place \_\_\_\_\_ on the Seventh order.

\_\_\_\_, adopt (further) amendments as follows, and place \_\_\_\_\_ on the Seventh order:

\_\_\_\_, having been unable to agree, recommends that the committee be discharged and a new committee be appointed.

((Re)Engrossed) \_\_\_\_\_ was placed on the Seventh order of business on the calendar.

DATE: \_\_\_\_\_

CARRIER: \_\_\_\_\_

LC NO.	of amendment
LC NO.	of engrossment
Emergency clause added or deleted	
Statement of purpose of amendment	

MOTION MADE BY: Rep. Bellew

SECONDED BY: Sen. Holmberg

VOTE COUNT       YES       NO       ABSENT

(4)

**REPORT OF CONFERENCE COMMITTEE  
(ACCEDE/RECEDE)**

Bill Number 1004 (, as (re)engrossed):

Date: \_\_\_\_\_

Your Conference Committee Human Resources

**For the Senate:**

**For the House:**

YES / NO		YES / NO	
Sen. <del>Registman</del> Kubner	X	Chairman Rep. Ballew	X
Sen. Holmberg	X	Rep. Kreidt	X
Sen. Mather	X	Rep. Ekstrom	X

recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) \_\_\_\_\_ -- \_\_\_\_\_

\_\_\_\_\_, and place \_\_\_\_\_ on the Seventh order.

\_\_\_\_\_, adopt (further) amendments as follows, and place \_\_\_\_\_ on the  
Seventh order:

\_\_\_\_\_, having been unable to agree, recommends that the committee be discharged  
and a new committee be appointed.

((Re)Engrossed) \_\_\_\_\_ was placed on the Seventh order of business on the calendar.

DATE: \_\_\_\_\_

CARRIER: \_\_\_\_\_

LC NO.	of amendment
LC NO.	of engrossment
Emergency clause added or deleted	
Statement of purpose of amendment	

**MOTION MADE BY:** \_\_\_\_\_

**SECONDED BY:** \_\_\_\_\_

**VOTE COUNT**    \_\_\_ YES    \_\_\_ NO    \_\_\_ ABSENT

Revised 4/1/05

(B)

**REPORT OF CONFERENCE COMMITTEE  
(ACCEDE/RECEDE)**

Bill Number 1004 (, as (re)engrossed):

Date: 04-23-07

Your Conference Committee Human Resources

**For the Senate:**

**For the House:**

YES / NO		YES / NO	
Sen. Kilger	X	Chairman	X
Sen. Holmberg	X	Rep. Pellew	X
Sen. Mather	X	Rep. Kreidt	X
		Rep. Ekstrom	X

recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) 1370 -- 1372

\_\_\_\_, and place \_\_\_\_\_ on the Seventh order.

X, adopt (further) amendments as follows, and place HB 1004 on the Seventh order:

\_\_\_\_, having been unable to agree, recommends that the committee be discharged and a new committee be appointed.

((Re)Engrossed) \_\_\_\_\_ was placed on the Seventh order of business on the calendar.

DATE: \_\_\_\_\_

CARRIER: \_\_\_\_\_

LC NO.	of amendment
LC NO.	of engrossment
Emergency clause added or deleted	
Statement of purpose of amendment	

MOTION MADE BY: Sen. Holmberg

SECONDED BY: Sen. Kilger

VOTE COUNT 6 YES 0 NO 0 ABSENT

Revised 4/1/05

**REPORT OF CONFERENCE COMMITTEE**

**HB 1004, as engrossed:** Your conference committee (Sens. Kilzer, Holmberg, Mathern and Reps. Bellew, Kreidt, Ekstrom) recommends that the **SENATE RECEDE** from the Senate amendments on HJ pages 1370-1372, adopt amendments as follows, and place HB 1004 on the Seventh order:

That the Senate recede from its amendments as printed on pages 1370-1372 of the House Journal and pages 990-992 of the Senate Journal and that Engrossed House Bill No. 1004 be amended as follows:

Page 1, line 4, after "immunizations" insert "; to provide legislative intent; to allow the acceptance and expenditure of certain moneys; to provide for a demonstration project; to provide for a legislative council study; to provide a continuing appropriation; to provide for a report to the legislative council"

Page 1, line 5, replace "legislative intent" with "an expiration date"

Page 1, line 24, replace "19,982,693" with "20,082,693"

Page 2, line 2, replace "14,625,610" with "14,875,610"

Page 2, line 5, replace "42,349,960" with "42,699,960"

Page 2, line 7, replace "5,408,059" with "5,758,059"

Page 2, line 14, replace "45,596,674" with "45,696,674"

Page 2, line 16, replace "56,457,776" with "56,707,776"

Page 2, line 19, replace "168,089,084" with "168,439,084"

Page 2, line 21, replace "18,876,963" with "19,226,963"

Page 4, replace lines 1 through 4 with:

**"SECTION 8. LEGISLATIVE COUNCIL STUDY - EMERGENCY MEDICAL SERVICES.** The legislative council shall consider studying, during the 2007-08 interim, the emergency medical services system within the state, including the funding, demographics, and impact on rural areas. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-first legislative assembly.

**SECTION 9. LEGISLATIVE INTENT - CHILDHOOD IMMUNIZATION PROGRAM FUNDING.** It is the intent of the sixtieth legislative assembly that the funding appropriated in House Bill No. 1435 be used only for a childhood immunization program and is limited to the lesser of the total appropriation or the amount necessary for the childhood immunization program.

**SECTION 10. ACCEPTANCE AND EXPENDITURE OF CERTAIN MONEYS.** The sixtieth legislative assembly's action on House Bill No. 1004 does not preclude the university of North Dakota from receiving and spending federal and other funds pursuant to North Dakota Century Code sections 54-16-04.1 and 54-16-04.2."

Page 4, after line 12, insert:

**"SECTION 12. DEMONSTRATION PROJECT FOR VOLUNTARY SURVEYS DURING MAJOR CONSTRUCTION OR RENOVATION OF BASIC CARE AND**

**LONG-TERM CARE FACILITIES - CONTINUING APPROPRIATION - REPORT TO  
LEGISLATIVE COUNCIL.**

1. During the 2007-09 biennium, the state department of health shall design and implement a demonstration project through which the department offers a life safety survey process for basic care facilities and long-term care facilities to access voluntarily during and at the conclusion of a construction project, renovation project, or construction and renovation project that costs more than three million dollars.
2. The department may charge a reasonable fee for a life safety survey performed under this section to cover the food, lodging, and transportation expenses of surveyors performing the surveys. Revenues derived from the fees collected under this subsection must be deposited in the state department of health's operating fund in the state treasury and are appropriated as a continuing appropriation to the state department of health for the purpose of funding the demonstration project under this section.
3. The department shall design and perform the demonstration project in a manner that will provide the surveyor who performs a life safety survey under this section does not violate the federal requirements associated with medicare certified life safety surveys. The department shall perform the demonstration project within the department's 2007-09 appropriation and staffing levels.
4. Before August 1, 2008, the department shall provide a report to the legislative council regarding the status of the demonstration project, including the feasibility and desirability of making the program permanent and whether the department will be recommending any legislation to make the program permanent.

**SECTION 13. EXPIRATION DATE.** Section 12 of this Act is effective through June 30, 2009, and after that date is ineffective."

Renumber accordingly

**STATEMENT OF PURPOSE OF AMENDMENT:**

**House Bill No. 1004 - State Department of Health - Conference Committee Action**

	EXECUTIVE BUDGET	HOUSE VERSION	CONFERENCE COMMITTEE CHANGES	CONFERENCE COMMITTEE VERSION	SENATE VERSION	COMPARISON TO SENATE
Salaries and wages	\$37,715,624	\$37,747,905		\$37,747,905	\$37,747,905	
Operating expenses	33,335,674	45,596,674	\$100,000	45,696,674	46,362,874	(\$666,200)
Capital assets	1,817,383	1,817,383		1,817,383	1,817,383	
Grants	55,102,776	56,457,776	250,000	56,707,776	56,807,776	(100,000)
Tobacco prevention and control	9,473,554	8,919,346		8,919,346	8,919,346	
WIC food payments	17,550,000	17,550,000		17,550,000	17,550,000	
Morgue branch location					1,500,000	(1,500,000)
School nursing services					1,000,000	(1,000,000)
Total all funds	\$154,995,011	\$168,089,084	\$350,000	\$168,439,084	\$171,705,284	(\$3,266,200)
Less estimated income	<u>136,940,183</u>	<u>149,212,121</u>		<u>149,212,121</u>	<u>151,712,121</u>	<u>(2,500,000)</u>
General fund	\$18,054,828	\$18,876,963	\$350,000	\$19,226,963	\$19,993,163	(\$766,200)
FTE	331.50	330.50	1.00	331.50	332.50	(1.00)

Dept. 301 - State Department of Health - Detail of Conference Committee Changes

	ADDS FOOD AND LODGING POSITION <sup>1</sup>	ADDS FUNDING FOR DOMESTIC VIOLENCE GRANTS <sup>2</sup>	REMOVES FUNDING FOR LOCAL PUBLIC HEALTH <sup>3</sup>	ADDS FUNDING FOR WOMEN'S WAY PROGRAM <sup>4</sup>	TOTAL CONFERENCE COMMITTEE CHANGES
Salaries and wages					
Operating expenses				\$100,000	\$100,000
Capital assets					
Grants		\$350,000	(\$100,000)		250,000
Tobacco prevention and control					
WIC food payments					
Morgue branch location					
School nursing services					
Total all funds	\$0	\$350,000	(\$100,000)	\$100,000	\$350,000
Less estimated income					
General fund	\$0	\$350,000	(\$100,000)	\$100,000	\$350,000
FTE	1.00	0.00	0.00	0.00	1.00

<sup>1</sup> Adds authority for 1 FTE field environmental health practitioner for food and lodging inspections. The conference committee agreed to the Senate action for this position.

<sup>2</sup> The Senate added funding for domestic violence grants. The conference committee agreed to this action.

<sup>3</sup> The conference committee reduced funding for grants to local public health units from \$2 million to \$1.9 million per biennium.

<sup>4</sup> The conference committee added \$100,000 of funding for the Women's Way program.

The Senate removed the intent section in Engrossed House Bill No. 1004 relating to use of funding from the community health trust fund for media campaigns. The conference committee agreed to this action.

The Senate provided a contingent appropriation from the balance of per student payments and transportation payments available as of June 30, 2007, for providing grants on a matching basis for school nursing services. The conference committee removed this funding.

The conference committee added a section providing for a Legislative Council study of emergency medical services during the 2007-08 interim.

The conference committee added a section providing for a demonstration project to be conducted during the 2007-09 biennium for voluntary surveys during major construction or renovation of basic care and long-term care facilities.

The Senate appropriated \$1.5 million from the permanent oil tax trust fund for the morgue branch location at the University of North Dakota School of Medicine and Health Sciences. The conference committee removed this funding.

The conference committee added an intent section providing that the appropriation in House Bill No. 1435 be limited to the amount needed for the childhood immunization program.

The conference committee added a section providing that the 60th Legislative Assembly's action on House Bill No. 1004 does not preclude the University of North Dakota from receiving federal and special funds for a state morgue pursuant to North Dakota Century Code Sections 54-16-04.1 and 54-16-04.2.

Engrossed HB 1004 was placed on the Seventh order of business on the calendar.



2007 TESTIMONY

HB 1004

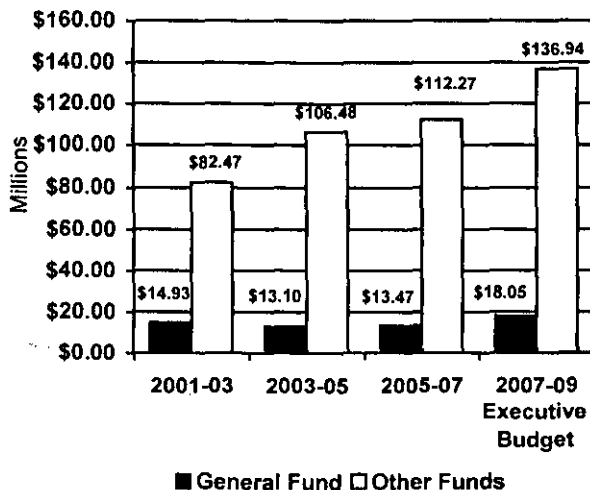
**Department 301 - State Department of Health  
House Bill No. 1004**

	FTE Positions	General Fund	Other Funds	Total
2007-09 Executive Budget	331.50	\$18,054,828	\$136,940,183	\$154,995,011
2005-07 Legislative Appropriations	311.50 <sup>1</sup>	13,468,904	112,270,220	125,739,124 <sup>2</sup>
Increase (Decrease)	20.00	\$4,585,924	\$24,669,963	\$29,255,887

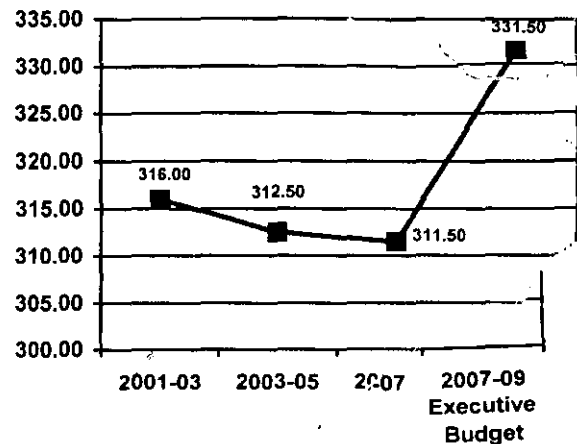
<sup>1</sup>The number of FTE positions for the 2005-07 biennium does not reflect an additional 8 FTE positions relating to the transfer of children's special health services from the Department of Human Services to the State Department of Health.

<sup>2</sup>The 2005-07 appropriation amounts do not include \$11,300,000 of additional special funds authority resulting from Emergency Commission action during the 2005-07 biennium and \$475,000 of special funds capital construction carryover. In addition, the 2005-07 appropriation amounts do not include \$2,395,153, of which \$970,134 is from the general fund and \$1,425,019 of special funds, resulting from the transfer of children's special health services from the Department of Human Services.

**Agency Funding**



**FTE Positions**



**Executive Budget Highlights**

	General Fund	Other Funds	Total
<b>Administrative Health</b>			
1. Adds federal funding for 1 FTE education technology program coordinator position		\$105,640	\$105,640
2. Adds federal funding for 1 FTE accounting budget specialist position		\$114,570	\$114,570
3. Adds federal funding for .5 FTE human resource assistant position		\$56,517	\$56,517
4. Adds federal funding for operating costs (\$120,000) and grants (\$100,000) relating to the death registry program		\$220,000	\$220,000
5. Reduces operating costs for state planning grants due to federal funding being discontinued for this program		(\$51,169)	(\$51,169)
6. Reduces federal funding for emergency preparedness programs		(\$1,685,504)	(\$1,685,504)
7. Maintains grants to local health units at \$1,100,000 from the general fund			\$0
<b>Community Health</b>			
8. Adds federal funding for 1 FTE comprehensive cancer clerical position		\$72,687	\$72,687
9. Adds federal funding for 1 FTE comprehensive cancer coordinator position		\$104,868	\$104,868
10. Adds federal funding for operating costs relating to the		\$110,000	\$110,000

comprehensive cancer program			
11. Adds federal funding for 1 FTE federal tobacco program coordinator position		\$96,917	\$96,917
12. Adds federal funding for 1 FTE family health clerical position		\$71,941	\$71,941
13. Removes 1 FTE state traumatic brain injury position due to federal funding being eliminated		(\$98,082)	(\$98,082)
14. Adds federal funding for 1 FTE suicide program administrator position		\$105,820	\$105,820
15. Adds federal funding for operating costs (\$21,918) and grants (\$650,000) for suicide prevention programs	(\$30,000)	\$701,918	\$671,918
16. Increases federal funding for the women, infants, and children (WIC) program from \$15.75 million to \$17.55 million		\$1,800,000	\$1,800,000
17. Decreases funding for operating expenses for the traumatic brain injury program due to reduction in federal funding for the program		(\$155,000)	(\$155,000)
18. Adds funding from the community health trust fund for 1 FTE youth tobacco coordinator position (\$100,522) and operating costs (\$453,686) to address youth tobacco and to implement a countermarketing campaign		\$554,208	\$554,208
19. Increases funding from the community health trust fund for the tobacco "quitline" to provide nicotine replacement therapy and cessation counseling		\$185,000	\$185,000
<b>Emergency Preparedness and Response</b>			
20. Adds federal funding for operating (\$315,500), capital assets (\$39,500), and grants (\$315,500) for a pandemic flu epidemic preparedness program		\$670,500	\$670,500
Provides funding for equipment purchases		\$202,500	\$202,500
21. Adds funding for operating costs to purchase an antiviral stockpile in case of severe flu outbreak (executive budget identifies one-time funding)	\$2,263,000		\$2,263,000
<b>Environmental Hth</b>			
23. Reduces federal funding for emergency preparedness programs		(\$377,112)	(\$377,112)
24. Adds federal funding for grants to communities in the southeast corner of the state for arsenic removal projects		\$11,412,970	\$11,412,970
25. Adds federal funding for grants which are passed through to soil conservation districts to complete water source pollution projects		\$800,000	\$800,000
26. Provides funding for bond payments for the laboratory addition	\$185,227	\$343,994	\$529,221
27. Provides funding for extraordinary repairs for the laboratory building		\$228,841	\$228,841
28. Provides funding for various equipment purchases		\$627,800	\$627,800
29. Provides funding for information technology equipment purchases		\$26,500	\$26,500
<b>Health Resources</b>			
30. Adds federal funding for 1 FTE traffic assessment analyst position		\$101,175	\$101,175
31. Adds federal funding for operating costs relating to emergency traffic assessments		\$56,356	\$56,356
<b>Medical Services</b>			
32. Reduces federal funding for emergency preparedness programs		(\$937,876)	(\$937,876)
33. Provides funding for bond payments for the state morgue building	\$163,021		\$163,021
34. Adds funding for 2 FTE positions (\$185,792) and operating costs (\$41,300) to manage immunization orders and reimbursements from providers and to provide required and recommended vaccination in the most cost-effective manner	\$227,092		\$227,092

### Special Populations

35. Transfers the children's special health services program and 8 FTE positions from the Department of Human Services to the State Department of Health, including funding for salaries and wages (\$823,010), operating costs (\$747,109), and grants (\$906,530)	\$994,696	\$1,481,953	\$2,476,649
36. Adds federal funding for operations of the Office of Minority Health to address health disparities among racial and ethnic issues		\$108,729	\$108,729
37. Adds federal funding for 1.5 FTE Office of Minority Health administrator and clerical positions		\$179,464	\$179,464

### Other Sections in Bill

Section 4 of the bill authorizes \$266,119 from the environment and rangeland protection fund for the ground water testing programs. Of this amount, \$50,000 is for a grant to the North Dakota Stockmen's Association for the environmental services program.

Section 5 of the bill allows the State Department of Health to deposit indirect cost recoveries from federal programs and special funds in its operating account.

House Bill No. 1004 as introduced includes \$125,000 from the health care trust fund for the quick response unit pilot project and \$7,280,283 from the community health trust fund for various tobacco and health-related programs. The committee may want to consider adding sections in the bill identifying these amounts appropriated to the State Department of Health from these funds.

Bioterrorism funding included in House Bill No. 1004:

	2005-07 Biennium	2007-09 Biennium (Executive Recommendation)	Increase (Decrease)
Salaries and wages	\$1,651,940	\$2,271,717	\$619,777
Operating expenses	3,770,592	3,309,852	(460,740)
Capital assets	237,471	317,745	80,274
Grants	9,876,406	8,468,122	(1,408,284)
Total	\$15,536,409	\$14,367,436	(\$1,168,973)

Bioterrorism funding sources:

	2005-07 Biennium	2007-09 Biennium (Executive Recommendation)	Increase (Decrease)
Centers for Disease Control and Prevention (CDC) Bioterrorism	\$10,938,442	\$10,189,714	(\$748,728)
CDC - Pandemic flu	0	727,722	727,722
Health Resources and Services Administration (HRSA) hospital preparedness program	4,597,967	3,450,000	(1,147,967)
Total	\$15,536,409	\$14,367,436	(\$1,168,973)

### Continuing Appropriations

**Combined purchasing with local public health units** - NDCC Section 23-01-28 - Vaccines are not always available to local health units so it is necessary for the State Department of Health to purchase the vaccine and request the payment from the local health units. When the vaccines are delivered and payment is received, the net effect is zero.

**Environmental quality restoration fund** - NDCC Sections 23-31-01 and 23-31-02 - This fund was established to allow the State Department of Health to provide immediate and timely response to catastrophic events that threaten the public and environmental health and where the responsible party is late in responding or cannot be located.

**Organ tissue transplant fund** - NDCC Sections 23-01-05.1 and 57-38-35.1 - This fund was established to provide financial assistance to organ or tissue transplant patients who are residents of North Dakota and demonstrate financial need. Tax refunds of less than \$5 are transferred to the organ tissue transplant fund. The State Health Officer is responsible for adopting rules and administering the fund, and the Tax Department collects the funds.

### Major Related Legislation

**Senate Bill No. 2027** - This bill requires individuals practicing acupuncture in this state, excluding those individuals who practice acupuncture under the scope of a profession for which they are licensed, to register with the State Department of Health.

**House Bill No. 1084** - This bill authorizes the State Department of Health to establish an immunization information system to track childhood immunizations and directs a health care provider who administers a childhood immunization to report the patient's identifying information, the immunization that is administered, and other required information to the State Department of Health.

**House Bill No. 1120** - This bill provides for disposal of scrap tires under the abandoned motor vehicle disposal fund. In addition, North Dakota Century Code Section 39-26-12 is amended to provide that the State Department of Health may retain 10 percent of the

proceeds collected each year on the tax of \$2 imposed on each initial North Dakota certificate of title issued for a passenger motor vehicle or a truck motor vehicle. If on the first day of July in any year the uncommitted money in the abandoned motor vehicle disposal fund is \$250,000 or more, the tax must be suspended and the amount in excess of \$250,000 is transferred to the highway fund. If the tax has been suspended and on the first day of July in any year the amount of uncommitted money in the abandoned motor vehicle disposal fund is \$100,000 or less, the tax must be reimposed on and after January first of the succeeding year. The executive budget recommendation authorizes \$250,000 from the abandoned motor vehicle fund to the State Department of Health, the same amount as the 2005-07 biennium.

**House Bill No. 1125** - This bill provides for and appropriates \$200,000 from the general fund to the State Health Council for providing loan repayment programs for **optometrists and veterinarians**. The State Health Council may annually select no more than three optometrists and three veterinarians to receive funds for repayment of their education loans. The veterinarian or optometrist must enter into a four-year contract to provide services to the selected community in exchange for repayment of education loans. The funds, which are payable over a four-year period, may not exceed \$80,000 per applicant. If the veterinarian or optometrist breaches the contract by failing to complete the service obligation, the total amount of the loan must be repaid. The State Health Council shall base the selection of applicants for the program on the following:

- The size of the community to be served, with small rural communities with a population of less than 2,500 receiving the highest priority.
- The number of and access to optometrists/veterinarians practicing in the community and surrounding area.
- The degree to which residents support the addition of an optometrist/veterinarian within the community.

**House Bill No. 1129** - This bill provides for a transition to an electronic birth registration system and an electronic death registration system effective January 1, 2008.

## **Testimony**

### **House Bill 1004**

#### **House Appropriations Committee Human Resources Division**

**Tuesday, January 9, 2007; 8:30 a.m.**

#### **North Dakota Department of Health**

Good morning, Chairman Pollert and members of the Human Resources Division of the House Appropriations Committee. My name is Terry Dwelle, and I am the State Health Officer of the North Dakota Department of Health. I am here today to testify in support of House Bill 1004.

#### **Mission**

Last December, the Department of Health began a strategic planning process in which we developed the department's mission, goals and objectives, as well as outcome indicators to measure our progress toward our goals. The department's Strategic Map detailing the department's goals is included as Attachment I. As this process is finalized, strategic plan information will be posted on the department's website.

The mission of the North Dakota Department of Health is to protect and enhance the health and safety of all North Dakotans and the environment in which we live. To accomplish this mission, the department is committed to improving the health status of the people of North Dakota; improving access to and delivery of quality health care; preserving and improving the quality of the environment; and promoting a state of emergency readiness and response.

#### **Department Overview**

Public health affects the lives of every North Dakotan every day. Because of the efforts of public health, we breathe clean air and drink safe water. Our garbage is picked up and disposed of properly. We can feel confident that the food we eat at restaurants is safe. Our parents and grandparents are cared for in quality nursing homes. Our children are immunized against many diseases that we hardly think about today but that struck fear into the heart of every parent just a few decades ago – diseases such as diphtheria, measles and polio.

As state health officer, I'm proud of the department's public health professionals and the work they do to safeguard the health of all North Dakotans. Consider just a few of the department's many accomplishments during the past two years:

- Maintained a 90 percent or higher rate of compliance with permit requirements in the air, waste, water discharge and public water supply programs.

- Received recognition as one of only 12 states in the nation that meet all National Ambient Air Quality Standards.
- Continued tobacco prevention efforts, including funding school and community tobacco prevention programs, employee cessation programs and a statewide tobacco quit line. Efforts such as these have resulted in a significant decline in the percentage of youth who are current smokers -- from 41 percent in 1999 to 22 percent in 2005.
- Continued promoting the use of child passenger safety restraints. The Child Passenger Safety Program efforts have resulted in an increase in the use of car safety restraints by children younger than 11 from 83 percent in 2004 to 87 percent in 2006.
- Responded promptly and effectively to disease outbreaks, such as whooping cough, West Nile virus, tuberculosis and shigellosis.
- Implemented a web-based, electronic birth registration system in all 21 birthing hospitals in the state.

### **Public Health Challenges**

Although our accomplishments are many, the department faces many challenges; for example, providing cost-effective childhood vaccinations, purchasing and maintaining a stockpile of medications to protect our citizens in the event of an influenza pandemic, decreasing high-risk behaviors that make North Dakotans sick, reduce their quality of life or cause them to die too soon, and competing with other state agencies and the private sector to recruit and retain quality public health employees.

### ***Childhood Immunizations***

Vaccination is one of the most basic and effective public health interventions of the past 100 years. In fact, immunizations today protect our children from a host of diseases, including diseases that killed many children just decades ago.

In the past, the Department of Health received enough federal funding to purchase all recommended childhood vaccines and make them available to all North Dakota children at no charge. However, those federal dollars are being reduced, while the number of vaccines and their associated costs are increasing. To develop a strategy for addressing this shortfall, the department recently held six immunization forums with stakeholders across the state. The option that met most of the needs identified at the forums is one we call "Provider Choice." In that plan, the Department of Health will purchase vaccine for providers at a lower rate; the providers will then bill insurers for the vaccine used.

The department's budget request includes funding for the purchase of vaccines and two new FTE to manage the Provider Choice program, helping to ensure we can continue to provide vaccine to North Dakota children at an affordable rate while minimizing the impact to insurance premiums.

### ***Pandemic Influenza***

Public health officials and their private health-care partners across the country and around the world currently are preparing to respond to a potential influenza pandemic. Those same efforts are underway here in North Dakota.

An influenza pandemic occurs when a new influenza virus emerges for which people have little or no immunity and for which there is no vaccine. The disease spreads easily from person to person, causes serious illness and great loss of life, and sweeps across the country and around the world in a very short time.

The H5N1 virus being reported in Asia, Africa and Europe is an influenza virus in birds that occasionally causes human illness and death. Currently, the virus is not transmitted easily from person to person. However, the concern among health professionals is that it could change so that it is easily passed from person to person, causing a pandemic.

As part of an overall plan for response to an influenza pandemic, North Dakota is developing a plan to stockpile antiviral medications that may lessen the severity of influenza if prescribed to people shortly after they are exposed to the disease. The Department of Health's goal is to stockpile enough antivirals to treat 25 percent of our population during a pandemic. Some of the medication will be held at the federal level and some at the state level. Federal funds up to 25 percent of the cost may be available for the purchase.

### ***High-Risk Behaviors***

The leading causes of death in North Dakota are heart disease, cancer, chronic lung disease, accidents and diabetes. However, the real, underlying causes of disease and death are high-risk behaviors like tobacco use, diet, inactivity and alcohol use.

Let's look at just one of those high-risk behaviors – smoking.

Although adult smoking rates in North Dakota have declined from 23 percent in 2000 to 20 percent in 2005, about 870 North Dakota adults die prematurely each year as a result of smoking. And, while youth smoking rates have declined significantly from 41 percent in 1999 to 22 percent in 2005, nearly 13,000 of today's North Dakota youth are projected to die prematurely because of smoking. In addition, tobacco use costs the state \$372 million in direct medical expenses and lost productivity each year; that's \$584 for each North Dakotan.

Smoking, the chief preventable cause of illness and death in our society, is associated with heart disease, cancer and chronic lung disease. It is imperative that we continue our aggressive approach to reducing tobacco use in North Dakota.

One initiative to address this high-risk behavior is the proposed additional funding and one FTE to focus on preventing our young people from smoking. We also are



requesting additional funding for the North Dakota Tobacco Quitline to enhance and expand services provided to North Dakotans who wish to quit tobacco use. The Tobacco Quitline has proven to be very effective; in fact, the Quitline averages 250 calls each month, and 31 percent of callers report they still are not using tobacco 12 months after using the services of the Quitline. The North Dakota quit rate exceeds rates of other quitlines, likely because of the physician counseling component in the North Dakota Tobacco Quitline.

### ***Employee Recruitment and Retention***

Employees of the Department of Health consistently provide timely and efficient services to the people of North Dakota. In order for us to maintain those services and meet the public health challenges facing our state, it is imperative that we maintain this quality workforce. Unfortunately, the department has faced growing recruitment and retention issues over the past few years.

Since January 1, 2004, 110 employees have left the Department of Health. This is equivalent to more than one-third of the department's workforce. Our turnover rate for the last two years has been more than 12 percent, which is approximately 30 percent higher than the state average.

About 60 percent of the employees who quit to work elsewhere left for higher salaries. They reported salary increases at their new jobs from \$2,400 to \$45,000 annually; many were in the \$10,000 to \$15,000 range.

The occupations experiencing the highest turnover vary by year but include health facility surveyors, environmental engineers and scientists, program administrators, lab professionals and epidemiologists. Replacements for many Department of Health professionals are often difficult to recruit.

For example, as the department addresses environmental issues related to agriculture, energy and other economic development in the state, the difficulty in recruiting and retaining qualified staff will become even more evident. New biodiesel, ethanol and other plants will result in an increase in requests for air and water quality permits. A full staff of qualified scientists will be required to handle the increased workload in a timely manner. It will be difficult for the department to provide quality services in a timely manner when we lose staff to other agencies or the private sector because of salary concerns.

To help us continue our quality service to the people of the state and to help us recruit and retain employees, we ask you to support the 4 and 4 salary increase for state employees and the \$10 million equity funding as included by the governor in his budget request.

### Conclusion

As you know, North Dakota's economy is in a period of growth. New businesses have started; established businesses have expanded. As our economy grows, it's important that our citizens have access to quality health care. A strong public health system with an emphasis in preventive health can help to keep insurance premiums lower for employers. A state that invests in the health and safety of its citizens enhances a business climate ripe for even more growth, especially since employers and workers value quality of life, including good health and a clean environment.

With me today is Arvy Smith, Deputy State Health Officer, who will provide information about the programs and budget of the Department of Health. Several other members of the department's staff are also here to respond to any questions you might have.

### **Budget Overview**

Good morning, Chairman Pollert and members of the committee. My name is Arvy Smith, and I am the Deputy State Health Officer for the North Dakota Department of Health. I am here today to provide an overview of the department's programs and budget.

A summary by line item of the department's 2005-07 original appropriation compared to the governor's recommended 2007-09 budget is as follows:

	<b>2005-07 Original Appropriation</b>	<b>2005-07 Adjusted Appropriation</b>	<b>2007-09 Governor's Recommendation</b>	<b>Percent of 07-09 Budget</b>	<b>Increase/ Decrease *</b>	<b>Inc(Dec) Percent</b>
General	\$13,468,904	\$14,439,038	\$18,054,828	12%	\$3,615,790	25%
Federal	98,781,696	100,206,715	115,227,535	74%	15,020,820	15%
Special	13,488,524	13,488,524	21,712,648	14%	8,224,124	61%
Total	<b>\$125,739,124</b>	<b>\$128,134,277</b>	<b>\$154,995,011</b>	<b>100%</b>	<b>\$26,860,734</b>	<b>21%</b>
FTE	311.5	319.5	331.5		12	4%

\*Compared to adjusted appropriation

The total budget for the North Dakota Department of Health recommended by the governor for the 2007-09 biennium is \$154,995,011. State general fund spending is \$18,054,828 or 12 percent of our budget. That is equivalent to \$14 per capita per year – less than the cost of a flu shot or one childhood vaccination. Federal funds are recommended at \$115,227,535 (74%), and special funds at \$21,712,648 (14%). FTE are recommended at 331.5.

The 2005-07 adjusted appropriation for the Department of Health is \$128,134,277, with \$14,439,038 from the general fund and 319.5 FTE. Comparison of these figures to the 2007-09 recommended budget shows a total increase of \$26,860,734 or 21 percent, a general fund increase of \$3,615,790 or 25 percent, and an increase in FTE of 12 or 4 percent. The increases are calculated using the adjusted appropriation figures in order to provide consistent comparison. The governor's recommendation includes a transfer of the Children's Special Health Services program to the Department of Health for the 2007-09 biennium, so the current budget for this program was added to the 2005-07 original appropriation to arrive at the adjusted appropriation and provide better comparison.

North Dakota has a network of 28 local public health units. Some of these are multi-county, some are city/county and others are single-county health units. In addition, many other local entities provide public health services, such as domestic violence entities, family planning entities, WIC sites and natural resource entities. Of the

department's total budget, \$72,591,713 or 47 percent is passed through to local entities to provide services. This figure includes \$55,102,776 in the grants line item, \$6,214,000 from the tobacco prevention and control grants line item, \$9,091,358 in professional fees and \$2,183,579 in tobacco professional fees. Slightly more than \$27 million goes to local public health units and more than \$29 million goes to other local entities. The remaining \$16 million goes to state agencies, medical providers, tribal units and various entities.

Major changes to the department's budget are as follows:

Transfer of Children's Special Health Services from DHS (\$970,134 general fund; 8 FTE)	\$2,395,153
Governor's Salary and Benefit Package (\$833,454 general fund)	2,708,915
Tobacco Programs	
Tobacco Quitline Increase	185,000
Youth Tobacco Program (1 FTE)	551,500
Decrease in Tobacco Cessation Programs	(135,000)
New Programs	
Traffic Assessment Program (1 FTE)	150,000
Comprehensive Cancer Program (2 FTE)	300,000
Suicide Program (1 FTE)	800,000
Domestic Violence Grants to Encourage Arrest	800,000
Pandemic Influenza Program	727,722
Pandemic Influenza Stockpile	2,263,000
Arsenic Trioxide Program	11,412,970
Office for the Elimination of Health Disparities (1.5 FTE)	433,000
Immunization Provider Choice Program (2 FTE)	7,421,896
Death Registry System	220,000
Terminated Programs/Projects	
WIC Management Information System (completed)	(752,441)
Disease Surveillance System (completed)	(600,000)
Injury Grant (1 FTE)	(253,000)
Pregnancy Risk Assessment Monitoring (PRAMS)	(300,000)
Worksite Wellness	(135,000)
State Planning Grant	(200,000)
Changes to Programs	
Increase in WIC Food Payments	1,800,000
Increase in Non Point Source Program	800,000
Decrease in Leaking Underground Storage Tanks	(300,000)
Environmental Information Exchange and One Stop Project	(350,000)

Decrease in Bioterrorism Grants to Hospitals	(675,000)
Decrease in Preventive Health Block Activities	(314,000)
New Administrative Support Positions (1.5)	74,072
Conversion of 3 temporary employees to 3 FTE	52,000

As Dr. Dwelle indicated, salary levels are a major issue for the Department of Health. In certain areas, we are starting to feel the effects of salary levels through difficulties in retaining experienced staff. We try to use savings and new federal and special funds to make salary adjustments where we can. But we must continue to provide equitable salaries within our department. Studies by motivational experts indicate that inequitable salaries cause morale problems. Some important highlights with regard to salary levels in the department are as follows:

- One out of every five of our employees who leave the department go to work for other state agencies.
- For the past two years, the department has had a 20 percent to 33 percent higher turnover rate than the state average.
- Experienced engineer and environmental scientists' salaries are 11 percent and 9 percent, respectively, below those in other agencies in the same pay grade.
- In many cases, our state employee salaries are less than those of our counterparts in city and county government.
- In at least six cases, salaries are as much as \$1,000 per month less than other states in the region.

The governor's 4 percent per year salary package is a step toward addressing compensation and turnover issues so that we can retain our professional staff and continue to provide timely assistance to citizens and industry during this period of economic development. We hope the governor's \$10 million funding for equity increases will be available to further assist us in making another step toward our salary funding needs. Our first optional budget request was \$1,077,905 (\$568,315 general fund) to increase Department of Health salaries to levels consistent with salaries of other North Dakota state employee salaries. An additional \$1,954,259 was requested to address external salary market issues.

House Bill 1004 contains an appropriation of \$7,280,283 from the Community Health Trust Fund, which holds the Department of Health's portion of the tobacco settlement dollars. This is an increase of \$670,283 over the current biennium primarily for the new Youth Tobacco Program, an increase to the Quitline and funding for the Physician Loan Repayment Program. Funding for cessation programs that isn't being accessed has been reduced to provide funding for the Tobacco Quitline, where we are seeing some very positive results. During the current biennium, the number of individuals enrolled in full counseling has more than doubled, from 490 in 2005 to 1,294 in November 2006. The number of individuals utilizing nicotine replacement therapy has more than tripled, from 226 in 2005 to 787 in November 2006. During

the past two years, the Quitline averaged 250 calls per month, and 31 percent of the participants achieved a 12 month quit rate.

### **Budget by Section**

The department's budget is organized into seven sections. The Special Populations Section is a new section containing our new minority health grant and Children's Special Health Services. Our organizational chart reflecting the current six sections is attached.

### ***Administrative Support Section***

I serve as the Section Chief of the Administrative Support Section, which provides services to support the department's various activities and programs. Within Administrative Support are the Division of Accounting, the Office of Public Information, the Information Technology Coordinator, the Division of Vital Records, the Division of Human Resources, the Division of Education Technology and the Public Health Liaison.

The Division of Accounting is responsible for:

- Preparing and monitoring the biennial budget.
- Supervising and administering fiscal transactions.
- Providing accounting, financial reporting and control systems to comply with state and federal requirements.
- Assisting division and program directors in monitoring federal grant expenditures.
- Processing contracts.
- Administering payroll functions.

The Office of Public Information supports the department's communication of public health information to the citizens of North Dakota. Responsibilities of the office include:

- Coordinating media relations.
- Preparing newsletters and other publications.
- Releasing information through the media.
- Coordinating the public information component of the state's Emergency Preparedness and Response Section.

The Information Technology Coordinator is responsible for:

- Providing leadership and coordination for information technology issues that affect the department, such as HIPAA (Health Insurance Portability and Accountability Act), data management, and hardware and software purchases.
- Developing and monitoring the department's Information Technology Plan and budget.
- Providing technology support to several divisions of the department.

The Division of Vital Records is responsible for:

- Maintaining a system to register all vital records – including birth, death, fetal death, marriage and divorce – and to issue certified copies of the records as requested by the public.
- Tabulating, analyzing and publishing data derived from the records as required by North Dakota Century Code 23-02.1 and as requested.

The Division of Human Resources provides a variety of services to the Department of Health, including:

- Recruiting and training employees.
- Classifying positions.
- Administering salaries.
- Developing and implementing policies.

The Division of Education Technology develops and delivers public health information and education through a variety of technologies. The division:

- Provides learning opportunities for public health professionals, as well as access to health information for the general public.
- Distributes emergency and non-emergency health messages through the Health Alert Network.
- Uses video-based training programs, Internet-based training, and disseminating of health alert messages to health-care providers and the general public through web pages, e-mail, faxes and telephone and pager systems.
- Is developing a partnership with the University of North Dakota and the University of Minnesota to provide academic public health education through distance learning technologies.

The Public Health Liaison acts as liaison between the Department of Health and local public health units and other key public and private partners. Responsibilities include:

- Administering the State Block Grant, which provides funding to local public health units.
- Advising the State Health Officer about issues related to local public health.
- Assisting in response of public health units during infectious disease outbreaks and natural disasters.
- Linking local public health units to department programs and staff.

Several executive office functions also are included in the budget for the Administrative Support Section, including *Healthy North Dakota*.

### Administrative Support Section Budget

The total budget for the Administrative Support Section is as follows:

General Funds	\$3,452,719
Federal Funds	3,227,292
Other Funds	5,678
Total Budget	<u>\$6,685,689</u>

The major expenditures in the Administrative Support Section are as follows:

Salaries and Wages for 36.05 FTE	\$4,174,432
IT Data Processing	318,367
Professional Services	264,997
Remaining Operating Expenses	727,893
Grants to Local Public Health Units	1,100,000
Grants for the Electronic Death Registry System	100,000
Total Budget	<u>\$6,685,689</u>

The federal funds in this section include the Preventive Health Block Grant, HHS and CDC Bioterrorism grants, federal contracts for Vital Records projects and a multitude of federal funds for indirect costs.

### ***Community Health Section***

The section is composed of six divisions: Cancer Prevention and Control, Chronic Disease, Family Health, Injury Prevention and Control, Nutrition and Physical Activity, and Tobacco Prevention and Control. Section management is provided by an innovative concept – the director from each division is a member of the Leadership Team and serves in rotation as section lead, replacing the section chief. Dr. John Joyce is on contract with the section to provide medical consultation as needed.

The section's goal is to improve the health of North Dakota citizens by working actively to promote healthy behaviors and to prevent disease and injury. Local public health units and other partners across the state provide many of these services. This section administers programs addressing the high risk behaviors that cause disease, to which Dr. Dwelle referred in his introductory remarks.

The Division of Cancer Prevention and Control works to increase cancer prevention and awareness by collecting and reporting quality data, providing public and professional education, and ensuring availability of quality services.



- The Comprehensive Cancer Control Program (CCCP) collaborates with nearly 100 stakeholders and partners representing 52 public and private organizations in a statewide cancer coalition to reduce the burden of cancer in North Dakota. In July 2006, the CCCP transitioned from a two-year planning phase to implementation with the public unveiling of *North Dakota's Cancer Control Plan 2006-2010*. The cancer plan provides specific, evidence-based strategies to reduce risk, detect cancers earlier, improve treatment, enhance survivorship and decrease health disparities. The plan stresses collaborations and partnerships to pool resources and develop collective action for sustained impact to reduce North Dakota's cancer burden.
- To create an overall picture of cancer in the state, the North Dakota Cancer Registry collects cancer incidence, survival and mortality data. The data is provided to support cancer control to target, monitor and evaluate programs promoting cancer education, prevention, screening, early detection, diagnosis and treatment to reduce the burden of cancer on North Dakota residents. Between 1997 and 2004, 25,289 new incidences of cancer were diagnosed and reported to the registry.
- The *Women's Way* program works to reduce breast and cervical cancer deaths by increasing screening among women ages 40 to 64 who are under- or uninsured and whose income is at or below 200 percent of the federal poverty level. Through the program, screening services have been provided to more than 8,300 women in North Dakota by local hospitals, clinics, Indian Health Service facilities and public health agencies. Thirteen percent of the women served are American Indian. Since September 1999, 122 breast cancers and 741 cervical dysplasias and cancers have been diagnosed. Through the special Medicaid breast and cervical cancer treatment program, 148 women have received services since July 2001.

The Division of Chronic Disease works to improve the health and quality of life for North Dakotans who have chronic diseases by promoting healthy behaviors; supporting health-care improvement measures; developing coalitions, community policies and practices; and increasing disease risk awareness. In collaboration with state partners through the Dakota Diabetes Coalition and Heart Disease and Stroke Networks, the Diabetes Prevention and Control Program and Heart Disease and Stroke Prevention Program promote disease management and control, good nutrition, increased physical activity, utilization of medical technology both in health-care facilities and patient homes, and increased access to health services.

- Cardiovascular disease is the leading cause of mortality, accounting for 36 percent of deaths in North Dakota in 2005. The Heart Disease and Stroke Prevention Program partners with communities to limit disability and death related to heart disease and stroke by targeting high blood pressure, high blood cholesterol, tobacco use, physical inactivity, poor nutrition, overweight and obesity.

- In 2005, diabetes affected 6.7 percent of North Dakota adult citizens and their families, up from 3.7 percent in 1995, for an increase of 81 percent over the past 10 years. The Diabetes Prevention and Control Program concentrates on diabetes prevention, early diagnosis and disease management to reduce the burden of the disease and its related complications, such as heart and kidney disease and amputations.

The Division of Family Health administers state and federal programs designed to improve the health of North Dakota families. The division provides funding, technical assistance, training, needs assessment, educational materials and other resources to local public health units, schools and other public and private entities that offer health services in North Dakota communities.

Programs and services within the division include:

- Abstinence Education Program – Promotes the health of youth through abstinence-only education.
- Child and Adolescent Health Services – Provides consultation and technical assistance to state and local agencies and school nurses to promote the health of children and adolescents.
- Coordinated School Health Program – Provides a framework for schools to use in organizing and managing school health initiatives.
- Early Child Comprehensive Systems – Supports collaborations and partnerships that support families and communities in their development of children who are healthy and ready to learn at school entry.
- Family Planning Program – Provides services to women and men through education, counseling, exams, lab testing, infertility services and contraceptives.
- Newborn Screening Program – Identifies infants at risk and in need of more definitive testing to diagnose and treat affected newborns.
- Optimal Pregnancy Outcome Program – Provides nursing, social and nutritional services to pregnant women.
- Oral Health Program – Provides prevention education, screening and consultation and administers school fluoride programs.
- Title V Maternal and Child Health – Provides comprehensive services to improve the health, safety and well-being of mothers and children.
- State Systems Development Initiative – Assists the division in conducting needs assessment and collecting data for program evaluation.
- Sudden Infant Death Syndrome Program – Provides support, education and follow-up to those affected by a sudden infant death.
- Women's Health Services – Coordinates with other state and local agencies to promote women's health.

As a result of these programs/services:

- In 2005, family planning services were provided to 15,994 women and men, 64 percent of whom were at or below 150 percent of the federal poverty level.
- In 2005, the maternal and child health programs provided services to 5,656 pregnant women, 9,622 infants, and 116,909 children and adolescents.
- In 2006, more than 12,800 youth ages 10 through 17 received abstinence-only education.
- School fluoride programs served 3,784 students living in fluoride-deficient areas during the 2005-06 school year.
- North Dakota is just one of several states whose Newborn Screening Program screens for more than 40 conditions/disorders, including cystic fibrosis, which was added in January of 2006. In 2006, newborn screenings identified 18 newborns with genetic or metabolic conditions/disorders, thus improving health outcomes.
- Sixty-five school districts from across the state attended the May 2006 Coordinated School Health Roughrider Health Promotion Conference. Participants attend the conference as part of a school team, with the expectation of the development of a school health action plan that is implemented in the upcoming school year. The expected outcome of this conference is to help schools reduce priority health risks among youth, especially those risks that contribute to chronic diseases, specifically to (1) reduce tobacco use and addiction, (2) improve eating patterns, (3) increase physical activity, and (4) reduce obesity among youth.

The Division of Injury Prevention and Control administers programs to reduce the frequency and severity of intentional and unintentional injuries to North Dakotans. Programs within the division include:

- Injury/Violence Prevention Program – The overall goal of this program is to reduce both unintentional and intentional injuries to North Dakotans, with special emphasis on children and women. The program uses a variety of best practice strategies, including primary prevention theories, data collection and analysis, designing and developing interventions, training and technical assistance, policy advocacy, and evaluation.
- Domestic Violence/Rape Crisis Program – Provides grants to domestic violence/rape crisis, law enforcement, judicial, and prosecutorial agencies to reduce and prevent violence against women.
- Child Passenger Safety Program – The goal of the child passenger safety program is to decrease injuries and death to children due to motor vehicle crash events. The program uses a variety of best practice strategies, including data collection and analysis, design and development of initiatives, training and technical assistance, policy and advocacy, and evaluation.
- Lead Program – Maintains surveillance of reported childhood blood lead results and provides assistance for follow-up on elevated cases.

- Suicide Prevention Program – The overall goal of this newly funded program is to reduce the number of attempted and completed suicides of North Dakota youth ages 10 to 24 by increasing public awareness, providing trainings on recognition of at-risk behavior and referrals for effective treatment and services, and providing funds to community-based programs in six areas (four tribal areas and two rural areas) of the state and one or more universities/colleges with high rates of youth suicide mortality.

In 2005:

- Nineteen domestic violence/rape crisis agencies served 843 primary victims of sexual assault; 4,370 new victims of domestic violence and 4,961 children were impacted by domestic violence.
- Forty-three car seat distribution programs distributed 2,078 car seats to the public. Car seat trainings were provided to 314 health and safety professionals. The program provided educational contacts with 31,965 children during Child Passenger Safety Week.
- Poison consultation was provided on 4,237 poison exposure cases (this includes people and animals) in North Dakota, and poison information was given to 2,131 individuals on non-exposure inquiries through the National Poison Control Crisis Line.
- There were 30 completed suicides for youth ages 10 through 24 years.

The Division of Nutrition and Physical Activity promotes healthy eating and physical activity in order to prevent and reduce overweight, obesity and related chronic diseases.

- The Maternal and Child Health Nutrition Program provides technical assistance, plans nutrition programs and coordinates nutrition-related activities. Currently, 17 nutritionists at local public health units throughout the state participate in *Healthy North Dakota* and work on issues directed toward improving the health of children and adolescents through the promotion of increased fruit and vegetable intakes (like 5 A Day) and increased physical activity.
- The Healthy Weight Program is a new program that will help communities, schools, other health program partners and stakeholders promote, develop and implement consistent, accurate healthy weight programs. The coordinator acts as a resource for many of the department's programs and provides training and technical assistance to achieving a healthier community.
- The Supplemental Nutrition Program for Women, Infants and Children (WIC) provides healthy food for proper growth, education about choosing healthier ways of eating, and referrals to other needed services. In 2006, North Dakota WIC served more than 24,000 eligible pregnant, breastfeeding and postpartum women; infants; and children younger than 5 in all North Dakota counties. Funded by the U.S. Department of Agriculture, the WIC program also receives annually approximately \$2 million in rebates from infant formula purchased

with WIC checks. Most WIC funds are spent at the local level, with 75 percent of the dollars spent on food for at-risk clients and 23 percent for nutritional services/administration provided by the local administering agencies.

The Division of Tobacco Prevention and Control is responsible for programs and services that focus on tobacco-free lifestyles and that work to reduce disease, death and disability related to tobacco use. Tobacco Prevention and Control activities are targeted to all 53 counties, four Indian reservations and one Indian service area. In the current biennium, with special funds from the Tobacco Master Settlement Agreement, all 28 of the state's local public health units receive funding for tobacco prevention and control and cessation activities.

The Division of Tobacco Prevention and Control:

- Supported the smoke-free law that passed last legislative session and went into effect August 1, 2005, making most workplaces and public places smoke-free.
- Provided tobacco prevention services to 27,664 students and nearly 1,000 individuals enrolled in local cessation programs in 2005. In addition, more than 2,300 people called the North Dakota Tobacco Quitline, seeking assistance with quitting tobacco use.
- Worked to decrease smoking among adults. The percentage of adults who are current smokers declined from 23.2 percent in 2000 to 20.1 percent in 2005.
- Worked to decrease smoking among youth. The percentage of youth who are current smokers declined significantly from 41 percent in 1999 to 22.1 percent in 2005.

Community Health Section Budget

The total budget for the Community Health Section is as follows:

General Funds	\$933,449
Federal Funds	45,773,119
Other Funds	7,239,255
Total Budget	<u>\$53,945,823</u>

The major expenditures in the Community Health Section are as follows:

Salaries and Wages for 44.45 FTE	\$4,129,548
Blue Cross/Blue Shield Breast & Cervical Cancer Exams	1,200,000
Service Contracts to Local Public Health Units (Women's Way)	1,000,000
Professional Services (various program contracts)	1,802,563
Professional Supplies	538,000
Remaining Operating Expenses	1,290,058
Grants to Local Public Health Units (MCH)	1,663,000
Grants to Local Public Health Units (WIC)	5,257,600

Grants to Local Public Health Units (Family Planning)	2,565,500
Grants to Local Public Health Units & Tribal Governments (Suicide)	680,000
Grants to Domestic Violence Sites	5,942,000
Miscellaneous Grants	854,000
WIC Food Payments	17,550,000
Tobacco Program	8,404,554
Tobacco Quit Line (CHTF)	1,069,000
Total Budget	<u>\$53,945,823</u>

The federal funds for the Community Health section consist of a Department of Agriculture grant (WIC – Women, Infant and Children Supplemental Food Program), Health and Human Services grants (Maternal and Child Health Block Grant, Cardiovascular Health, Comprehensive Cancer Prevention, Family Planning, Preventive Health Block), and Department of Justice grants (STOP Violence Against Women, Capacity Rape Prevention, Safe Havens Supervised Visitation, Grants to Encourage Arrest).

Sources of other funding include the Community Health Trust Fund, Domestic Violence Fund and the American Legacy Foundation.

### ***Emergency Preparedness and Response Section***

The Section Chief for the Emergency Preparedness and Response (EPR) Section is Tim Wiedrich. The EPR Section is responsible for improving and maintaining public health and medical response to disasters and large-scale emergencies. The overall goal is to prepare public health and medical responses for all hazards, including intentional acts such as terrorism and unintentional acts such as epidemics, tornadoes and floods. A special emphasis is currently underway regarding preparedness for the devastating impact of pandemic influenza.

The section is funded through grants from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). The section accomplishes its mission through planning, developing biological and chemical detection systems, creating laboratory capacities, developing communications systems, supporting public information systems and providing training opportunities. Additional activities include the assessment of current disaster hospital capacity and the creation of hospital resources that can receive and treat unusually large numbers of patients.

The Emergency Preparedness and Response Section is developing infrastructure to meet CDC and HRSA requirements through the cooperation of a large group of stakeholders, including an EPR Committee comprised of the following subcommittees: Preparedness Assessment, Planning and Response; Surveillance and Epidemiology; Laboratory Capacity – Biologic Agents; Laboratory Capacity –

Chemical Agents; Health Alert Network; Public Information; Education and Training; Pandemic Influenza Response; and Hospital Surge Capacity.

The EPR Section and local public health units have established eight EPR regions. Each of these regions has a lead local public health unit, an EPR coordinator, an environmental health coordinator, a public information officer and other resources for the development of local and regional EPR plans. Four hospital and emergency medical service regions have also been created. The EPR Section works closely with the eight public health regions, the private medical sector, public safety and emergency management officials to develop integrated, coordinated public health and medical response systems.

#### Emergency Preparedness and Response Section Budget

The total budget for the Emergency Preparedness and Response Section is as follows:

General Funds	\$2,263,000
Federal Funds	11,967,937
Total Budget	<u>\$14,230,937</u>

The major expenditures in the Emergency Preparedness and Response Section are:

Salaries and Wages for 3.5 FTE	\$857,731
Rent/Building	156,000
IT Contractual Services	490,000
IT Data Processing	202,000
Professional Services	1,266,000
Pandemic Influenza Stockpile	2,263,000
Remaining Operating Expenses	286,084
Equipment over \$5,000	242,000
Grants to Local Public Health Units & Tribal Governments	5,426,544
Grants to Hospitals	2,710,986
Other Grants	330,592
Total Budget	<u>\$14,230,937</u>

The federal funds for the Emergency Preparedness & Response section consist of Centers for Disease Control and Prevention Bioterrorism grants and Health Resources Services Administration Hospital Preparedness grants.

#### *Medical Services Section*

The Section Chief for the Medical Services Section is Dr. Craig Lambrecht, whose position is budgeted at .25 FTE. Dr. Lambrecht provides leadership and medical consultation to the section.

The goal of the Medical Services Section is to promote health and prevent illness and disease. The section includes the Field Medical Officers, the Office of the State Forensic Examiner, and the Division of Disease Control.

#### Field Medical Officers

The Field Medical Officers provide medical consultation and direction to programs throughout the Department of Health, including those that deal with the environment, wellness, health resources, communicable diseases and immunizations.

#### Office of the State Forensic Examiner

The State Forensic Examiner provides medical examiner services and assists in death investigation throughout the state. The Forensic Examiner's goal is to provide vital information needed by county coroners, law enforcement, public health units, other agencies, and families of the deceased.

The Office of the State Forensic Examiner assists in the investigation of sudden and unexpected deaths that occur throughout the state. The office becomes involved with a death investigation upon request from the county coroner in the jurisdiction where the death occurred. About 200 cases each year are referred to the State Forensic Examiner, representing about 20 percent of county coroner investigations.

Other functions of the office include:

- Providing consultations to county coroners about how to handle deaths that occur in their jurisdictions.
- Providing death investigation training, seminars and lectures to improve death investigation throughout the state.
- Serving on the Child Fatality Review Committee.
- Supporting organ-procurement activities on cases referred to the office.
- Providing expert witness testimony for cases that involve criminal or civil proceedings.

Currently, the State Forensic Examiner position is vacant due to the resignation of Dr. Mizell. Mary Ann Sens, M.D., Ph.D., forensic pathologist from the UND School of Medicine and Health Sciences, is currently assisting the department with forensic services during the interim through a contractual agreement with UND until a new forensic examiner is hired.

#### Division of Disease Control

The Division of Disease Control is responsible for identifying diseases, providing follow-up and implementing intervention activities to reduce illness and death. The division also provides resources for health-care providers and the public concerning



public health issues and coordinates with the media to provide timely public education. Division programs include HIV/AIDS Prevention, Ryan White (HIV) Care, Tuberculosis (TB) Prevention, Sexually Transmitted Disease (STD) Prevention, Immunization Services and the Epidemiology and Laboratory Capacity program.

The division performs the following functions:

- Analyzes disease cases and reports to the national Centers for Disease Control and Prevention (CDC).
- Responds to public health emergencies and disease outbreaks and provides a toll-free 24-hour consultation line for health-care providers and the general public.
- Provides free TB medications, TB testing materials, STD medications in certain situations and childhood vaccines throughout North Dakota.
- Maintains the North Dakota Immunization Information System to record vaccination status of individuals.
- Administers HIV/AIDS programs that provide financial assistance for prescription drugs, outpatient medical care, continuation of insurance, referral and social assistance for people infected with HIV.
- Provides free HIV testing for people at risk of contracting the disease.
- Coordinates surveillance and follow-up of West Nile virus cases with the state veterinarian, the Division of Microbiology and local public health units.
- Maintains influenza surveillance systems to monitor influenza activity in the state.

#### Medical Services Section Budget

The total budget for the Medical Services Section is as follows:

General Funds	\$1,703,601
Federal funds	6,349,068
Other Funds	7,200,000
Total Budget	<u>\$15,252,669</u>

The major expenditures in the Medical Services Section are as follows:

Salaries and Wages for 29.25 FTE	\$3,504,564
Travel	225,000
Professional Services	908,000
Medical Supplies, Vaccines, Medications	8,400,000
Remaining Operating Expenses	906,554
Bond Payments	163,021
Grants to Local Public Health Units	1,000,530
Grants to State Universities	145,000
Total Budget	<u>\$15,252,669</u>

The federal funds for the Medical Services section include Centers for Disease Control and Prevention grants (Immunization, AIDS Prevention, AIDS Surveillance, Ryan White HIV Care, Epidemiology and Lab Capacity, Sexually Transmitted Diseases, Tuberculosis, and Bioterrorism).

Other funds for the Medical Services section include payments from clinics and local public health units to implement the new Immunization Provider Choice Program and purchase vaccines at reduced rates. Newly obtained data indicates this figure could realistically be \$19.5 million.

### ***Health Resources Section***

Darleen Bartz, Ph.D., is Section Chief for the Health Resources Section. The Health Resources Section consists of four divisions: Health Facilities, Office of Community Assistance, Emergency Medical Services, and Food and Lodging. All four divisions work to promote quality care and services for the people of North Dakota.

The Division of Health Facilities is responsible for conducting state licensure and federal Medicare and Medicaid inspection activities of health-care facilities.

State licensure and federal certification responsibilities of the division include:

- Fifty-one acute care hospitals (30 of which are critical access hospitals, which allows more flexibility and better funding for providing basic hospital services in rural areas).
- Eighty-three skilled nursing facilities.
- Thirty-one licensed home health agencies, 26 of which are certified.
- Sixteen hospice programs that provide end-of-life care to residents in a manner that preserves their dignity.
- Fifty-five basic care facilities.
- Sixty-five rural health clinics.
- Sixty-eight intermediate care facilities for the mentally retarded.
- Two renal transplantation centers and 15 end-stage renal dialysis facilities, which help people who have kidney impairment to live normal lives.
- Nineteen ambulatory surgical centers for provision of surgical services to patients who do not require hospitalization.
- Five hundred and nine laboratories to ensure compliance with the federal Clinical Laboratory Improvement Amendments of 1988.
- Life safety code surveys in hospitals, nursing facilities, basic care facilities, intermediate care for the mentally retarded, and ambulatory surgical centers.

In addition, the division:

- Certifies outpatient physical therapy and speech therapy providers.
- Licenses electrologists and electronic hair removal technicians.

- Operates the Federal Medicare & Medicaid Nurse Aide Registry, which includes investigations of possible resident abuse in nursing facilities. More than 10,000 certified nurse aides are registered in North Dakota.

The Office of Community Assistance is responsible for providing technical assistance to communities to help them maintain their health-care infrastructure. Duties include:

- Designation of workforce shortage areas.
- Management of the dental, physician and advanced practice nursing loan repayment programs, resulting in the placement of five American doctors, two midlevel practitioners and six dentists in North Dakota communities this past biennium.
- Administration of the J-1 waiver program for foreign medical graduates, resulting in the placement of 13 foreign doctors this past biennium.
- Promoting the development of Federally Qualified Health Centers – three this past biennium.
- Partnering in the review and approval of grant applications from local health-care providers to:
  - The Blue Cross Blue Shield grant program, resulting in awards of \$650,000 this past biennium.
  - The federal Medicare Rural Hospital Flexibility program for funding to improve rural health-care services, resulting in awards of \$900,000 this past biennium.

The Division of Emergency Medical Services is responsible for maintaining an efficient statewide emergency medical services system. This is accomplished through training and licensure of emergency health personnel, ambulances and quick response units.

The Division of Emergency Medical Services:

- Authorizes initial and refresher courses for first responders and emergency medical technicians and provides testing for about 600 individuals annually.
- Licenses and inspects 141 ground ambulance services, as well as four air ambulance services and 61 quick response units.
- Operates the trauma system, which designates hospitals as trauma centers.
- Houses the Emergency Medical Services for Children Program, which emphasizes patient care education, standards and protocols, injury and suicide prevention, and data analysis.
- Distributes education grants to ambulance services staffed by volunteers.

The Division of Food and Lodging is responsible for protecting public health through annual licensing and inspection of restaurants, hotels, motels, bars, mobile home parks, trailer parks, campgrounds, bed and breakfast facilities, retail food stores, meat markets, bakeries, small food manufacturers, schools, child-care centers, assisted living facilities, mobile food units, and temporary food stands.

The Division of Food and Lodging:

- Either directly or through memorandums of understanding with seven local health units, annually inspects or licenses more than 4,000 facilities. Inspection procedures ensure that these licensed facilities meet both sanitation and fire/life safety standards before opening to the public and while in operation.
- Emphasizes food-safety education because food-borne illnesses strike nearly 80 million people in the United States every year, causing 5,000 needless deaths.
- Serves as the Food and Drug Administration's liaison in the state on issues related to food recalls, manufactured food and pesticide residues in food.
- Trains and standardizes the inspection work being conducted by the local environmental health practitioners.

The Department of Health continues to work actively with providers to respond to concerns. In addition to the ongoing interaction that takes place with the advisory committees working with each of the three divisions, management staff from the Division of Health Facilities recently received training in Business Process Reengineering. The division also has formed a workgroup with representatives from the division and from the industry to examine areas of concern related to the Life Safety Code Survey Process and to identify ways to improve the process to promote consistency in the outcome of the survey process. Work in this area will continue on into the coming biennium.

Health Resources Section Budget

The total budget for the Health Resources Section is as follows:

General Funds	\$2,305,985
Federal Funds	5,963,781
Other Funds	1,490,149
Total Budget	<u>\$9,759,915</u>

The major expenditures in the Health Resources Section are as follows:

Salaries and Wages for 53.5 FTE	\$6,080,411
Travel	727,000
Professional Services	243,000
Remaining Operating Expenses	774,904
Physician Loan Repayment Grants	350,000
Dentist Loan Repayment Grants	380,000
Grants to Universities	139,600

Local Ambulance Grants	940,000
Quick Response Unit Grants	125,000
Total Budget	<u>\$9,759,915</u>

The federal funds for the Health Resources Section include Medicaid, Medicare, HHS Primary Care grant, Emergency Medical Services grants, and HRSA State Physician Loan grant.

Other funds for the Health Resources Section include Health Care Trust Fund, Community Health Trust Fund and miscellaneous fees.

### ***Environmental Health Section***

Dave Glatt is the Section Chief for the Environmental Health Section. The Environmental Health Section safeguards the quality of North Dakota's air, land and water resources. The section deals with issues that affect the comfort, health, safety and well-being of North Dakota citizens and their environment. Primary functions and responsibilities of the section include coordinating communication with the U.S. Environmental Protection Agency regarding state programs and related environmental issues; monitoring and enforcing compliance with state and federal environmental laws; carrying out environmental sample collection and analyses; and providing public education, technical assistance and training, contaminant remediation and emergency response.

The section consists of the following divisions: Air Quality, Laboratory Services, Municipal Facilities, Waste Management and Water Quality.

#### **Division of Air Quality**

The Division of Air Quality includes the following programs:

- The Air Quality Program focuses on achieving and maintaining the best air quality possible consistent with federal and state regulations. The program emphasizes inspection, public education, permitting, enforcement, monitoring and modeling programs to ensure compliance. Implementation of best available control technology for emission sources ensures protection of public and environmental health, as well as public enjoyment of the natural attractions of North Dakota.
- The Radiation Program tracks the use of radiation sources (such as X-rays and research radiation sources) to ensure the proper handling, use and disposal of radiation sources.
- The Asbestos and Lead Abatement programs provide training and certification, inspection, enforcement, and technical assistance to ensure the safe handling and disposal of lead and asbestos with the intent of limiting exposure to the public and employees.
- The Indoor Air Quality Program provides assistance to the public concerning indoor air quality, including mold and property affected by flooding.

## Division of Laboratory Services

### *Chemistry Laboratory*

The Chemistry laboratory provides state agencies and the general public with analysis of environmental samples, while ensuring that the data generated is scientifically valid, defensible and of known precision and accuracy. The laboratory is certified by the U.S. Environmental Protection Agency to complete public drinking water supply analyses required by the federally mandated Safe Drinking Water Act. In addition, the laboratory maintains a program designed to provide certification to qualifying laboratories that conduct analyses for public water supply systems in accordance with the Safe Drinking Water Act and for specific environmental analyses as required by the department. The laboratory has established competency in inorganic and organic analyses, feed and fertilizer quality determination, and petroleum product quality control.

### *Microbiology Laboratory*

The Microbiology Laboratory provides state-of-the-art laboratory testing of biological diseases and agents to physicians, veterinarians, clinics, hospitals, local health units, other interdepartmental and state agencies, communities and the general public.

The Microbiology Laboratory is the state's only designated confirmatory testing laboratory in the National Laboratory Response Network. With this designation, the laboratory provides specialized testing for many new and emerging infectious diseases and possible bioterrorism agents. The division also serves as a regional reference laboratory for vaccine-preventable diseases – such as measles, mumps and rubella – and is the state's central biological laboratory and certifying agency for the Food and Drug Administration and Environmental Protection Agency programs. The division maintains an active mosquito surveillance program.

Examples of services provided include:

- Water and dairy analysis.
- Testing for HIV, chlamydia and other sexually transmitted diseases.
- Identification of tuberculosis infections.
- Rabies analysis for human exposure.
- Testing for influenza and West Nile virus.
- Testing for other infectious diseases.

## Division of Municipal Facilities

The Division of Municipal Facilities administers the following programs to assist communities in the areas of water supply, potable water treatment, and wastewater treatment:

- Drinking Water Program – This program works with public water systems in the state (approximately 520) to ensure that drinking water meets all enforceable requirements under the Safe Drinking Water Act. This is

accomplished by monitoring for contaminants, providing operator training and certification, conducting sanitary surveys (water and wastewater facilities), ensuring proper design of upgraded/new facilities, and providing technical assistance. The program also administers the state's fluoridation program and provides technical assistance to private water systems.

- Drinking Water State Revolving Loan Fund Program – This program provides loans at below-market interest rates to help public water systems finance the infrastructure needed to maintain Safe Drinking Water Act compliance. This program also reviews drinking water projects to ensure compliance with state design criteria. Through the program, funds are also used to provide contractual assistance to public water systems (compliance, source water protection, etc.).
- Clean Water State Revolving Loan Fund Program – This program provides loans at below-market interest rates to fund conventional wastewater and non-point pollution control needs. This program also reviews wastewater projects to ensure compliance with state design criteria.

#### Division of Waste Management

The Division of Waste Management works to protect our environment from unsafe and improper handling, transportation, storage, treatment and disposal of solid and hazardous waste.

The Division of Waste Management includes the following programs:

- The Hazardous Waste Program regulates facilities that generate, store, treat, dispose of and transport hazardous waste. This is accomplished through inspections, technical assistance, enforcement and public education programs. The Polychlorinated Biphenyls (PCB) Inspection Program conducts inspections at facilities known or suspected to have equipment that contains PCBs.
- The Solid Waste Program regulates the collection, transportation, storage and disposal of inert, industrial, special and municipal solid wastes. This is accomplished through a landfill permit program, technical assistance, routine inspection, monitoring, enforcement and operator training. The program also promotes resource recovery and recycling through its Pollution Prevention Program.
- The Abandoned Motor Vehicle Program provides for the collection of abandoned motor vehicles and other scrap metals throughout the countryside to reduce health and safety hazards, improve the appearance of the landscape and recycle useful metals.
- The Underground Storage Tank Program defines the types of tanks that may be installed to store petroleum products and chemicals, establishes standards for underground storage tanks, maintains a tank notification program, establishes financial responsibility requirements for tank owners, and provides state inspection and enforcement. In circumstances where environmental

contamination occurs and a responsible party cannot be found or is financially unable to initiate a clean-up action, the Leaking Underground Storage Tank (LUST) Trust Program provides financial and technical assistance in the assessment, monitoring and, if needed, remediation of these sites to limit their overall impact on the public and environmental health.

The Division of Waste Management also administers and enforces the Petroleum Testing, Antifreeze and Brownfield programs.

#### Division of Water Quality

The Division of Water Quality is responsible for monitoring the quality of the state's lakes, rivers and groundwater. This division conducts permitting, assessment, monitoring, emergency response, remediation and educational programs that promote the protection and wise use of our water resources.

The division consists of the following programs:

- The Pollutant Discharge Elimination System Permit Program issues permits for municipal and industrial wastewater discharge and storm water runoff. Included within this program are the Animal Waste Containment (Feedlot) Program and the Industrial Pretreatment Program, which requires that industrial discharges to municipal systems be within capacity limits.
- The Surface Water Program monitors surface water quality across North Dakota to assess water quality trends and to determine the general chemical and biological character of the state's major hydrologic basins. The Nonpoint Source Pollution Management (or Section 319) Program, which is part of the Surface Water Program, provides financial support through the administration of federal grants to state and local groups working to control nonpoint source pollution.
- The Groundwater Program works to minimize and control groundwater contamination. Included in this program are the Source Water, Wellhead Protection and Underground Injection Control programs. The Source Water and Wellhead Protection programs protect drinking water resources by addressing the link between land use and surface and groundwater quality. The Underground Injection Control Program seeks to prevent contamination of underground drinking water by injection wells (such as domestic or industrial wastewater disposal wells).

The Environmental Health Section continues to be challenged in addressing highly technical and complex issues that directly impact environmental quality and economic development. Major issues that have current impacts with future implications include:

1. Energy development – Increased emphasis on the development of the state's natural resources, such as coal and oil, will result in increased pressure to evaluate new facilities and propose appropriate environmental protection controls under the requirements of the Clean Air Act, Clean Water Act, Safe Drinking Water Act and Waste Management Rules. Ongoing oversight of an



increasing number of active facilities along with periodic emergency response activities will continue to be a challenge for the current staff.

2. Agricultural and industrial development – In recent years the nature and scope of proposed and constructed agricultural operations has required increased oversight and evaluation by all divisions within the section. Large-scale confined animal feeding operations, ethanol-producing facilities and biodiesel facilities will continue to place additional burden on the existing staff related to technical permit review, inspection/compliance oversight and monitoring.
3. Employee retention and recruitment – The section is having difficulty in recruiting and retaining environmental engineers and scientists. As indicated earlier, Department of Health salaries for these positions are considerably less than counterparts in other state agencies, creating an equity issue within state government. Due to the complexity of new development and required regulatory actions needed to appropriately protect the environment, retention and recruitment of qualified employees is crucial if the department is to be able to address continuing growth in the state while protecting the quality of the state's environment.

#### Environmental Health Section Budget

The total budget for the Environmental Health Section is as follows:

General Funds	\$6,388,975
Federal funds	39,974,253
Other Funds	5,777,566
Total Budget	<u>\$52,140,794</u>

The major expenditures in the Environmental Health Section are as follows:

Salaries and Wages for 154.75 FTE	\$17,784,081
Travel	809,000
IT Data Processing	316,000
Rent/Building	788,000
Utilities (Chemistry and Microbiology Laboratory	414,000
Professional Services (LUST and legal contracts)	2,431,000
Laboratory Supplies	1,600,000
Remaining Operating Expenses	2,120,457
Equipment over \$5,000 (Air Pollution and Chemistry Lab)	654,300
Bond Payments and Extraordinary Repairs	758,062
Grants to Soil Conservation Districts/Communities (Non Point Source)	11,000,000
Grants to Communities (Arsenic Trioxide)	12,000,000
Other Grants	1,465,894
Total Budget	<u>\$52,140,794</u>

The federal funds for the Environmental Health Section include Environmental Protection Agency grants (EPA Block, PM2.5 Air Monitoring, 319 Non Point Implementation, Arsenic Trioxide Superfund, Water Quality Management, Wetland Protection, Clean and Drinking Water State Revolving, Leaking Underground Storage Tank program, Environmental Information Exchange programs).

Other funds for the Environmental Health Section consist of air contaminant permit fees, laboratory fees, miscellaneous permit fees and the Environmental Rangeland Protection fund.

### ***Special Populations Section***

This is a new section added to our budget for the 2007-09 biennium. It includes the transfer of Children's Special Health Services (CSHS) from the Department of Human Services and the addition of a new program called the Office for the Elimination of Health Disparities.

#### **Children's Special Health Services (CSHS)**

CSHS provides services for children with special health-care needs and their families and promotes family-centered, community-based services and systems of health care. Programs within CSHS include:

- The Specialty Care Diagnostic & Treatment Program, which provides payment to medical providers serving eligible children with special health-care needs. Services increase access to pediatric specialty care.
- The Multidisciplinary Clinic Program, which provides specialty medical or clinic team evaluations and coordinated care planning for children with special health care needs. Services help families effectively manage their child's chronic health condition.
- The Care Coordination Program, which provides community-based case management services for children with special health-care needs. The program helps families gain access to needed services.
- The Metabolic Food Program, which provides medical food and low-protein modified food products to individuals with phenylketonuria and maple syrup urine disease. Services increase access to necessary dietary treatment.
- The Information Resource Center, which provides public information services to families and service providers. Services increase access to health-related information and resources.
- The Russell Silver Syndrome Program, which provides growth hormone treatment and medical food for individuals with Russell Silver syndrome. Services increase access to needed treatment for children from birth through age 18.
- Data Systems within CSHS, which provide information on the health status of the maternal and child population, including children with special health-care

needs. Services increase availability of data that supports evidence-based decisions for program development and service delivery.

- The CSHS Administration, which provides leadership to state and local partners that support improvements in the health-service system.

As a result of these programs/services:

- In 2005, CSHS provided direct services to 1,416 children with special health-care needs and their families.
- In 2005, 100 percent of individuals/families served by CSHS reported services received met their needs, a result showing improved health status, chronic disease management or access to information and resources.
- In 2005, 97 percent of children receiving CSHS care coordination services had a current, written service plan.
- In 2005, 93 percent of children served by CSHS had a source of health-care coverage.
- In 2005, CSHS scored 16 points on a rating scale of 18 that measured family participation in program and policy activities submitted as part of the MCH Block Grant application.
- In 2005, 1,073 individuals received health information from CSHS through health information request cards, the Birth Review Program and Supplemental Security Income/Disability Determination Services referrals. In addition, unit staff responded to health information requests through 1,594 toll-free telephone calls and 464 unit e-mails.
- Since 2002, more than 90 percent of newborns have been screened each year for hearing impairment before hospital discharge, up from 38 percent in 1999.

#### Office for the Elimination of Health Disparities

The Office for the Elimination of Health Disparities (OEHD) will provide leadership to develop goals, strategies, policies and programs designed for a coordinated, systematic approach to eliminate health disparities in North Dakota. Health disparities are defined as differences in the presence of disease, health outcomes or access to health care among groups of people. Through collaboration with statewide partners, the division will identify health disparities and develop recommendations for effective, culturally appropriate interventions within selected populations. The division will seek improvement in health status, work to increase healthy behaviors, and coordinate efforts to increase access to health care for North Dakota's underserved and disparate populations.

### Special Populations Section Budget

The total budget for the Special Populations Section is as follows:

General Funds	\$1,007,099
Federal funds	1,972,085
Total Budget	<hr/> \$2,979,184

The major expenditures for the Special Populations Section are as follows:

Salaries and Wages for 10 FTE	\$1,184,857
Travel	80,000
Professional Services	107,000
Medical Supplies	548,000
Remaining Operating Expenses	132,797
Grants to Individuals (Russell Silver)	150,000
Grants to Clients (Diagnostic & Treatment Program)	220,056
Other Grants (Service contracts such as clinics, family support, medical home, data, etc.)	556,474
Total Budget	<hr/> \$2,979,184

The federal funds for the Special Populations Section include the Maternal and Child Health Block Grant, HRSA State Partnership Grant Program to Improve Minority Health and the HRSA State Systems Development Initiative grant.

### Worksite Wellness Pilot Project

The 59<sup>th</sup> Legislative Assembly requested the Department of Health to provide a report on the Worksite Wellness Pilot Project to the 60<sup>th</sup> Legislative Assembly. Brad Strand, Ph.D., chair of the Department of Health, Nutrition and Exercise Sciences at North Dakota State University, is here to provide that report.

### Conclusion

Chairman Pollert, members of the Committee, this concludes the department's testimony on House Bill 1004. Thank you for your consideration of our request. Our staff is available to respond to any questions you may have.

**North Dakota Department of Health  
Strategic Map: 2006-2008**

**Protect and Enhance the Health and  
Safety of All North Dakotans and  
the Environment in Which We Live**

**Improve the  
Health Status of  
the People of  
North Dakota**

Increase  
Immunization  
Rates

Achieve Healthy  
Weights  
Throughout  
the Lifespan

Prevent and Reduce  
Chronic Diseases and  
Their Complications

Prevent and Reduce  
Intentional and  
Unintentional  
Injury

Prevent and Reduce  
Tobacco Use and  
Support Other Substance  
Abuse Prevention

Reduce Infectious  
and Toxic  
Disease Rates

Ensure Safe  
Food and  
Lodging Services

**Improve Access  
to and Delivery  
of Quality  
Health Care**

Promote and Maintain  
Statewide Emergency  
Medical Services

Enhance  
the Quality  
of Health  
Care Services

Improve  
Access to and  
Utilization of  
Health Services

Reduce  
Health  
Disparities

**Preserve and  
Improve the  
Quality of the  
Environment**

Preserve  
and Improve  
Air Quality

Ensure  
Safe Public  
Drinking Water

Preserve and  
Improve Surface  
and Ground  
Water Quality

Manage  
Solid Waste

**Promote a State  
of Emergency  
Readiness  
and Response**

Prepare Public  
Health and Medical  
Emergency  
Response Systems

Maintain Hazard  
Identification  
Systems

Maintain  
Emergency  
Communication and  
Alerting Systems

Coordinate  
Public Health and  
Medical Emergency  
Response

**Achieve Strategic Outcomes Within Available Resources**

**Healthy North Dakota  
Strengthen and Sustain Stakeholder Engagement and Collaboration**

## North Dakota Department of Health Acronyms and Abbreviations

<b>Abbreviation</b>	<b>Description</b>
AED	Automated External Defibrillator
BCBS	Blue Cross and Blue Shield
BCC	Breast and Cervical Cancer Program (Women's Way)
BRFS	Behavioral Risk Factor Surveillance System Program
BT	Bioterrorism
CDC	Centers for Disease Control
CHTF	Community Health Trust Fund
Comp. Cancer	Comprehensive Cancer Program
CRI	Critical Response Initiative
DHS	Department of Human Services
DOT	Department of Transportation
DPI	Department of Public Instruction
DREAMS	Disease Reporting Epidemiologic Analysis Management System
ECCS	Early Childhood Comprehensive Systems Program
ELC	Epidemiology and Laboratory Capacity for Infectious Disease Program
EMAP	Environmental Monitoring and Assessment Program
EMS	Emergency Medical Services
EPA	Environmental Protection Agency
Epi.	Epidemiologist
EPR	Emergency Preparedness and Response Program
HANS	Health Alert Network System
HRSA	Health Resources and Services Administration
LHU	Local Public Health Units
LPU	Local Public Health Units
LUST	Leaking Underground Storage Tank Program
MCH	Maternal and Child Health Program
MSU	Minot State University
NDSU	North Dakota State University
PH Block	Preventive Health Block Program
PHU	Local Public Health Units
PIO	Public Information Officers
PRAMS	Pregnancy Risk Assessment Monitoring System Program
PSA -	Purchase of Service Agreement
SSDI	States Systems Development Initiative Program
STD	Sexually Transmitted Diseases
TMDL	Total Maximum Daily Loads Program
UND	University of North Dakota
WIC	Women, Infant and Children Program
WQ	Water Quality

(1)

**Testimony**

**House Bill 1004**

**Senate Appropriations Committee**

**Thursday, February 22, 2007; 2:30 p.m.**

**North Dakota Department of Health**

Good morning, Chairman Holmberg and members of the Senate Appropriations Committee. My name is Terry Dwelle, and I am the State Health Officer of the North Dakota Department of Health. I am here today to testify in support of House Bill 1004.

**Mission**

The mission of the North Dakota Department of Health is to protect and enhance the health and safety of all North Dakotans and the environment in which we live. To accomplish this mission, the department is committed to improving the health status of the people of North Dakota; improving access to and delivery of quality health care; preserving and improving the quality of the environment; and promoting a state of emergency readiness and response. A strategic map displaying the department's goals and objectives is included as *Attachment 1*.

**Department Overview**

Public health affects the lives of every North Dakotan every day. Because of the efforts of public health, we breathe clean air and drink safe water. Our garbage is picked up and disposed of properly. We can feel confident that the food we eat at restaurants is safe. Our parents and grandparents are cared for in quality nursing homes. Our children are immunized against many diseases that we hardly think about today but that struck fear into the heart of every parent just a few decades ago – diseases such as diphtheria, measles and polio.

As state health officer, I'm proud of the department's public health professionals and the work they do to safeguard the health of all North Dakotans. Consider just a few of the department's many accomplishments during the past two years:

- Maintained a 90 percent or higher rate of compliance with permit requirements in the air, waste, water discharge and public water supply programs.
- Received recognition as one of only 12 states in the nation that meet all National Ambient Air Quality Standards.
- Continued tobacco prevention efforts, including funding school and community tobacco prevention programs, employee cessation programs and a statewide tobacco quit line. Efforts such as these have resulted in a significant decline in the percentage of youth who are current smokers – from 41 percent in 1999 to 22 percent in 2005.

- Continued promoting the use of child passenger safety restraints. The Child Passenger Safety Program efforts have resulted in an increase in the use of car safety restraints by children younger than 11 from 83 percent in 2004 to 87 percent in 2006.
- Responded promptly and effectively to disease outbreaks, such as whooping cough, West Nile virus, tuberculosis and shigellosis.
- Implemented a web-based, electronic birth registration system in all 21 birthing hospitals in the state.

### **Public Health Challenges**

Although our accomplishments are many, the department faces many challenges; for example, providing cost-effective childhood vaccinations, purchasing and maintaining a stockpile of medications to protect our citizens in the event of an influenza pandemic, and decreasing high-risk behaviors that make North Dakotans sick, reduce their quality of life or cause them to die too soon.

### ***Childhood Immunizations***

Vaccination is one of the most basic and effective public health interventions of the past 100 years. In fact, immunizations today protect our children from a host of diseases, including diseases that killed many children just decades ago.

In the past, the Department of Health received enough federal funding to purchase all recommended childhood vaccines and make them available to all North Dakota children at no charge. However, those federal dollars are being reduced, while the number of vaccines and their associated costs are increasing. To develop a strategy for addressing this shortfall, the department recently held six immunization forums with stakeholders across the state. The option that met most of the needs identified at the forums is one we call "Provider Choice." In that plan, the Department of Health will purchase vaccine for providers at a lower rate; the providers will then bill insurers for the vaccine used.

The department's budget request includes funding for the purchase of vaccines and two new FTE to manage the Provider Choice program, helping to ensure we can continue to provide vaccine to North Dakota children at an affordable rate while minimizing the impact to insurance premiums and overall health-care costs.

### ***Pandemic Influenza***

Public health officials and their private health-care partners across the country and around the world currently are preparing to respond to a potential influenza pandemic. Those same efforts are underway here in North Dakota.

An influenza pandemic occurs when a new influenza virus emerges for which people have little or no immunity and for which there is no vaccine. The disease spreads easily from person to person, causes serious illness and great loss of life, and sweeps across the country and around the world in a very short time.



The H5N1 virus being reported in Asia, Africa and Europe is an influenza virus in birds that occasionally causes human illness and death. Currently, the virus is not transmitted easily from person to person. However, the concern among health professionals is that it could change so that it is easily passed from person to person, causing a pandemic.

As part of an overall plan for response to an influenza pandemic, North Dakota is developing a plan to stockpile antiviral medications that may lessen the severity of influenza if prescribed to people shortly after they are exposed to the disease. The Department of Health's goal is to stockpile enough antivirals to treat 25 percent of our population during a pandemic. Some of the medication will be held at the federal level and some at the state level. Federal funds of up to 25 percent of the cost may be available for the purchase.

### ***High-Risk Behaviors***

The leading causes of death in North Dakota are heart disease, cancer, chronic lung disease, accidents and diabetes. However, the real, underlying causes of disease and death are high-risk behaviors like tobacco use, diet, inactivity and alcohol use.

Let's look at just one of those high-risk behaviors – smoking.

Although adult smoking rates in North Dakota have declined from 23 percent in 2000 to 20 percent in 2005, about 870 North Dakota adults die prematurely each year as a result of smoking. And, while youth smoking rates have declined significantly from 41 percent in 1999 to 22 percent in 2005, nearly 13,000 of today's North Dakota youth are projected to die prematurely because of smoking. In addition, tobacco use costs the state \$372 million in direct medical expenses and lost productivity each year; that's \$584 for each North Dakotan.

Smoking, the chief preventable cause of illness and death in our society, is associated with heart disease, cancer and chronic lung disease. It is imperative that we continue our aggressive approach to reducing tobacco use in North Dakota.

One initiative to address this high-risk behavior is the proposed additional funding and one FTE to focus on preventing our young people from smoking. We also are requesting additional funding for the North Dakota Tobacco Quitline to enhance and expand services provided to North Dakotans who wish to quit tobacco use. The Tobacco Quitline has proven to be very effective; in fact, the Quitline averages 250 calls each month, and 31 percent of callers report they still are not using tobacco 12 months after using the services of the Quitline. The North Dakota quit rate exceeds rates of other quitlines, likely because of the physician counseling component in the North Dakota Tobacco Quitline.

### **Conclusion**

As you know, North Dakota's economy is in a period of growth. New businesses have started; established businesses have expanded. As our economy grows, it's important that our citizens have access to quality health care. A strong public health system with an emphasis in preventive health can help to keep insurance premiums lower for employers. Employers and workers value quality of life, including good health and a clean environment. A state that invests in the health and safety of its citizens enhances a business climate ripe for even more growth.

With me today is Arvy Smith, Deputy State Health Officer, who will provide information about the programs and budget of the Department of Health. Several other members of the department's staff are also here to respond to any questions you might have.

### **Budget Overview**

Good morning, Chairman Holmberg and members of the committee. My name is Arvy Smith, and I am the Deputy State Health Officer for the North Dakota Department of Health. I am here today to provide an overview of the department's programs and budget.

A summary by funding source of the department's 2005-07 original appropriation compared to the governor's recommended 2007-09 budget and the House version of House Bill 1004 is as follows:

	<b>2005-07 Original Approp.</b>	<b>2005-07 Adjusted Approp.</b>	<b>2007-09 Governor's Budget</b>	<b>Percent of 07-09 Budget</b>	<b>Increase/ Decrease *</b>	<b>Inc(Dec) Percent*</b>	<b>House Version</b>
General	\$13,468,904	\$14,439,038	\$18,054,828	12%	\$3,615,790	25%	\$18,876,963
Federal	98,781,696	100,206,715	115,227,535	74%	15,020,820	15%	115,296,400
Special	13,488,524	13,488,524	21,712,648	14%	8,224,124	61%	33,915,721
Total	<b>\$125,739,124</b>	<b>\$128,134,277</b>	<b>\$154,995,011</b>	<b>100%</b>	<b>\$26,860,734</b>	<b>21%</b>	<b>\$168,089,084</b>
FTE	311.5	319.5	331.5		12	4%	330.5

\*Compared to adjusted appropriation.

The total budget for the North Dakota Department of Health recommended by the governor for the 2007-09 biennium is \$154,995,011. State general fund spending is \$18,054,828 or 12 percent of our budget. That is equivalent to \$14 per capita per year – less than the cost of a flu shot or one childhood vaccination. Federal funds are recommended at \$115,227,535 (74%), and special funds at \$21,712,648 (14%). FTE are recommended at 331.5.

The 2005-07 adjusted appropriation for the Department of Health is \$128,134,277, with \$14,439,038 from the general fund and 319.5 FTE. Comparison of these figures to the 2007-09 recommended budget shows a total increase of \$26,860,734 or 21 percent, a general fund increase of \$3,615,790 or 25 percent, and an increase in FTE of 12 or 4 percent. The increases are calculated using the adjusted appropriation figures in order to provide consistent comparison. The governor's recommendation includes a transfer of the Children's Special Health Services program to the Department of Health for the 2007-09 biennium, so the current budget for this program was added to the 2005-07 original appropriation to arrive at the adjusted appropriation and provide better comparison.

The final column presents the House version for comparison purposes. The House made several changes to House Bill 1004, recommending \$18,876,963 general funds, \$168,089,084 total funds and 330.5 FTE. I will go over these changes later in my presentation.

North Dakota has a network of 28 local public health units. These entities are governed locally, and our relationship with them is through contractual agreements only. Some of the local public health units are multi-county, some are city/county and others are single-county health units. In addition, many other local entities provide public health services, such as domestic violence entities, family planning entities, WIC sites and natural resource entities. Of the department's total budget, \$72,591,713 or 47 percent is passed through to local entities to provide services. Slightly more than \$27 million goes to local public health units and more than \$29 million goes to other local entities. The remaining \$16 million goes to state agencies, medical providers, tribal units and various entities.

As we have testified previously before this committee, salary levels are a major issue for the Department of Health. The 4 percent per year salary package that you recently passed is a step toward addressing compensation and turnover issues so that we can retain our professional staff and continue to provide timely assistance to citizens and industry during this period of economic development. We hope the \$10 million funding for equity increases included in the salary package will be available to further assist us in making another step toward our salary funding needs. Our first optional budget request was \$1,077,905 (\$568,315 general fund) to increase Department of Health salaries to levels consistent with salaries of other North Dakota state employee salaries. An additional \$1,954,259 was requested to address external salary market issues. Our optional adjustment summary is presented for reference in *Attachment 2*.

Major changes to the department's budget are as follows:

Transfer of Children's Special Health Services from DHS (\$970,134 general fund; 8 FTE)	\$2,395,153
Governor's Salary and Benefit Package (\$833,454 general fund)	2,708,915
Tobacco Programs	
Tobacco Quitline Increase	185,000
Youth Tobacco Program (1 FTE)	554,208
Decrease in Tobacco Cessation Programs	(135,000)
New Programs	
Traffic Assessment Program (1 FTE)	150,000
Comprehensive Cancer Program (2 FTE)	300,000
Suicide Program (1 FTE)	800,000
Domestic Violence Grants to Encourage Arrest	800,000
Pandemic Influenza Program	727,722
Pandemic Influenza Stockpile	2,263,000
Arsenic Trioxide Program	11,412,970

Office for the Elimination of Health Disparities (1.5 FTE)	433,000
Immunization Provider Choice Program (2 FTE)	7,421,896
Death Registry System	220,000

#### Terminated Programs/Projects

WIC Management Information System (completed)	(752,441)
Disease Surveillance System (completed)	(600,000)
Injury Grant (1 FTE)	(253,000)
Pregnancy Risk Assessment Monitoring (PRAMS)	(300,000)
Worksite Wellness	(135,000)
State Planning Grant	(200,000)

#### Changes to Programs

Increase in WIC Food Payments	1,800,000
Increase in Non Point Source Program	800,000
Decrease in Leaking Underground Storage Tanks	(300,000)
Environmental Information Exchange and One Stop Project	(350,000)
Decrease in Bioterrorism Grants to Hospitals	(675,000)
Decrease in Preventive Health Block Activities	(314,000)
New Administrative Support Positions (1.5)	74,072
Conversion of 3 temporary employees to 3 FTE	52,000

#### **House Changes to the 2007-09 Budget**

*Attachment 3* shows the changes the House made to our budget. Many of them fit nicely with our optional package and our strategic plan. As the schedule indicates, the House added \$822,135 general funds and \$12,491,938 special funds, reduced federal funds \$220,000 and eliminated one FTE.

In addition to the 13 adjustments affecting our budget, the House added several intent sections. Section 6 requires reporting of childhood immunizations using our immunization information system. Section 7 gives the Department of Health the authority to collect fees to regulate the tanning industry. Section 8 provides that funding from the Community Health Trust Fund not be used for media campaigns to influence public opinion regarding measures on state or local ballots or proposed legislation. Section 9 identifies one-time funding and provides that the one-time funding not be included in the base budget for preparing the 2009-11 executive budget.

#### **Community Health Trust Fund**

The governor's budget includes an appropriation of \$7,280,283 in House Bill 1004 from the Community Health Trust Fund, which holds the portion of the tobacco settlement dollars for public health purposes. This is an increase of \$670,283 over the current biennium primarily for the new Youth Tobacco Program, an increase to the Quitline and funding for the Physician Loan Repayment Program. Funding for

city/county and state employee cessation programs that isn't being accessed has been reduced to provide funding for the Tobacco Quitline, where we are seeing some very positive results. During the current biennium, the number of individuals enrolled in full counseling has more than doubled, from 490 in 2005 to 1,294 in November 2006. The number of individuals utilizing nicotine replacement therapy has more than tripled, from 226 in 2005 to 787 in November 2006. During the past two years, the Quitline averaged 250 calls per month, and 31 percent of the participants achieved a 12 month quit rate.

Spending from the Community Health Trust Fund has changed somewhat from the governor's budget. As the schedule in *Attachment 4* shows, the House removed \$554,208 for the Youth Tobacco Coordinator and media campaign and added an additional \$75,000 for physician loan repayments, \$150,000 for a colorectal cancer screening pilot project, and \$300,000 for emergency medical services training grants. The net effect of this was a reduction in spending of \$29,208. Two bills that passed the Senate have also impacted the Community Health Trust Fund. Senate Bill 2313 added \$352,000 for automated external defibrillators in schools, and Senate Bill 2276 added \$440,000 for the Governor's Prevention and Advisory Council, both coming from the Community Health Trust Fund. Note that the level of spending from the Community Health Trust Fund at this point is not sustainable, with revenues at approximately \$7 million and expenses at \$8.2 million. The impact of the spending proposed is that in the 2009-11 biennium, we will need to cut almost \$200,000 in ongoing spending for current projects in order to remain solvent. In 2011-13, we will need to cut an additional \$700,000 to keep spending in line with revenue.

### **Budget by Section**

The department's budget is organized into seven sections: Administrative Support, Community Health, Emergency Preparedness and Response, Medical Services, Health Resources, Environmental Health and Special Populations. The Special Populations Section is a new section containing our new minority health grant and Children's Special Health Services. Our organizational chart reflecting the current six sections is *Attachment 5*.

Following is a description of the divisions and programs, a funding breakdown and a listing of major expenditures for each section. A listing of acronyms is included as *Attachment 6*.

### ***Administrative Support Section***

I serve as the Section Chief of the Administrative Support Section, which provides services to support the department's various activities and programs. Within Administrative Support are the Division of Accounting, the Office of Public Information, the Information Technology Coordinator, the Division of Vital Records, the Division of Human Resources, the Division of Education Technology and the Public Health Liaison.

The Division of Accounting is responsible for:

- Preparing and monitoring the biennial budget.
- Supervising and administering fiscal transactions.
- Providing accounting, financial reporting and control systems to comply with state and federal requirements.
- Assisting division and program directors in monitoring federal grant expenditures.
- Processing contracts.
- Administering payroll functions.

The Office of Public Information supports the department's communication of public health information to the citizens of North Dakota. Responsibilities of the office include:

- Coordinating media relations.
- Preparing newsletters and other publications.
- Releasing information through the media.
- Coordinating the public information component of the state's Emergency Preparedness and Response Section.

The Information Technology Coordinator is responsible for:

- Providing leadership and coordination for information technology issues that affect the department, such as HIPAA (Health Insurance Portability and Accountability Act), data management, and hardware and software purchases.

- Developing and monitoring the department's Information Technology Plan and budget.
- Providing technology support to several divisions of the department.

The Division of Vital Records is responsible for:

- Maintaining a system to register all vital records – including birth, death, fetal death, marriage and divorce – and to issue certified copies of the records as requested by the public.
- Tabulating, analyzing and publishing data derived from the records as required by North Dakota Century Code 23-02.1 and as requested.

The Division of Human Resources provides a variety of services to the Department of Health, including:

- Recruiting and training employees.
- Classifying positions.
- Administering salaries.
- Developing and implementing policies.

The Division of Education Technology develops and delivers public health information and education through a variety of technologies. The division:

- Provides learning opportunities for public health professionals, as well as access to health information for the general public.
- Distributes emergency and non-emergency health messages through the Health Alert Network.
- Uses video-based training programs, Internet-based training, and disseminating of health alert messages to health-care providers and the general public through web pages, e-mail, faxes and telephone and pager systems.
- Is developing a partnership with the University of North Dakota and the University of Minnesota to provide academic public health education through distance learning technologies.

The Public Health Liaison acts as liaison between the Department of Health and local public health units and other key public and private partners. Responsibilities include:

- Administering the State Block Grant, which provides funding to local public health units.
- Advising the State Health Officer about issues related to local public health.
- Assisting in response of public health units during infectious disease outbreaks and natural disasters.
- Linking local public health units to department programs and staff.

Several executive office functions also are included in the budget for the Administrative Support Section, including *Healthy North Dakota*.



### Administrative Support Section Executive Budget

The total budget for the Administrative Support Section is as follows:

General Funds	\$3,452,719
Federal Funds	3,227,292
Other Funds	<u>5,678</u>
Total Budget	<b>\$6,685,689</b>

The major expenditures in the Administrative Support Section are as follows:

Salaries and Wages for 36.05 FTE	\$4,174,432
IT Data Processing	318,367
Professional Services	264,997
Remaining Operating Expenses	727,893
Grants to Local Public Health Units	1,100,000
Grants for the Electronic Death Registry System	<u>100,000</u>
Total Budget	<b>\$6,685,689</b>

The federal funds in this section include the Preventive Health Block Grant, HHS and CDC Bioterrorism grants, federal contracts for Vital Records projects and a multitude of federal funds for indirect costs.

### ***Community Health Section***

The section is composed of six divisions: Cancer Prevention and Control, Chronic Disease, Family Health, Injury Prevention and Control, Nutrition and Physical Activity, and Tobacco Prevention and Control. Section management is provided by an innovative concept – the director from each division is a member of the Leadership Team and serves in rotation as section lead, replacing the Section Chief. Dr. John Joyce, the previous Section Chief, is on contract with the section to provide medical consultation as needed.

The section's goal is to improve the health of North Dakota citizens by working actively to promote healthy behaviors and to prevent disease and injury. Local public health units and other partners across the state provide many of these services. This section administers programs addressing some of the high risk behaviors that cause disease, to which Dr. Dwelle referred in his introductory remarks.

The Division of Cancer Prevention and Control works to increase cancer prevention and awareness by collecting and reporting quality data, providing public and professional education, and ensuring availability of quality services.

- The Comprehensive Cancer Control Program (CCCP) collaborates with nearly 100 stakeholders and partners representing 52 public and private organizations in a statewide cancer coalition to reduce the burden of cancer in North Dakota. In July 2006, the CCCP transitioned from a two-year planning phase to implementation with the public unveiling of *North Dakota's Cancer Control Plan 2006-2010*. The cancer plan provides specific, evidence-based strategies to reduce risk, detect cancers earlier, improve treatment, enhance survivorship and decrease health disparities. The plan stresses collaborations and partnerships to pool resources and develop collective action for sustained impact to reduce North Dakota's cancer burden.
- To create an overall picture of cancer in the state, the North Dakota Cancer Registry collects cancer incidence, survival and mortality data. The data is provided to support cancer control to target, monitor and evaluate programs promoting cancer education, prevention, screening, early detection, diagnosis and treatment to reduce the burden of cancer on North Dakota residents. Between 1997 and 2004, 25,289 new incidences of cancer were diagnosed and reported to the registry.
- The *Women's Way* program works to reduce breast and cervical cancer deaths by increasing screening among women ages 40 to 64 who are under- or uninsured and whose income is at or below 200 percent of the federal poverty level. Through the program, screening services have been provided to more than 8,300 women in North Dakota by local hospitals, clinics, Indian Health Service facilities and public health agencies. Thirteen percent of the women served are American Indian. Since September 1999, 122 breast cancers and 741 cervical dysplasias and cancers have been diagnosed. Through the special Medicaid breast and cervical cancer treatment program, 148 women have received services since July 2001.

The Division of Chronic Disease works to improve the health and quality of life for North Dakotans who have chronic diseases by promoting healthy behaviors; supporting health-care improvement measures; developing coalitions, community policies and practices; and increasing disease risk awareness. In collaboration with state partners through the Dakota Diabetes Coalition and Heart Disease and Stroke Networks, the Diabetes Prevention and Control Program and Heart Disease and Stroke Prevention Program promote disease management and control, good nutrition, increased physical activity, utilization of medical technology both in health-care facilities and patient homes, and increased access to health services.

- Cardiovascular disease is the leading cause of mortality, accounting for 36 percent of deaths in North Dakota in 2005. The Heart Disease and Stroke Prevention Program partners with communities to limit disability and death related to heart disease and stroke by targeting high blood pressure, high blood cholesterol, tobacco use, physical inactivity, poor nutrition, overweight and obesity.

- In 2005, diabetes affected 6.7 percent of North Dakota adult citizens and their families, up from 3.7 percent in 1995, for an increase of 81 percent over the past 10 years. The Diabetes Prevention and Control Program concentrates on diabetes prevention, early diagnosis and disease management to reduce the burden of the disease and its related complications, such as heart and kidney disease and amputations.

The Division of Family Health administers state and federal programs designed to improve the health of North Dakota families. The division provides funding, technical assistance, training, needs assessment, educational materials and other resources to local public health units, schools and other public and private entities that offer health services in North Dakota communities.

Programs and services within the division include:

- Abstinence Education Program – Promotes the health of youth through abstinence-only education.
- Child and Adolescent Health Services – Provides consultation and technical assistance to state and local agencies and school nurses to promote the health of children and adolescents.
- Coordinated School Health Program – Provides a framework for schools to use in organizing and managing school health initiatives.
- Early Child Comprehensive Systems – Supports collaborations and partnerships that support families and communities in their development of children who are healthy and ready to learn at school entry.
- Family Planning Program – Provides services to women and men through education, counseling, exams, lab testing, infertility services and contraceptives.
- Newborn Screening Program – Identifies infants at risk and in need of more definitive testing to diagnose and treat affected newborns.
- Optimal Pregnancy Outcome Program – Provides nursing, social and nutritional services to pregnant women.
- Oral Health Program – Provides prevention education, screening and consultation and administers school fluoride programs.
- Title V Maternal and Child Health – Provides comprehensive services to improve the health, safety and well-being of mothers and children.
- State Systems Development Initiative – Assists the division in conducting needs assessment and collecting data for program evaluation.
- Sudden Infant Death Syndrome Program – Provides support, education and follow-up to those affected by a sudden infant death.
- Women's Health Services – Coordinates with other state and local agencies to promote women's health.

As a result of these programs/services:

- In 2005, family planning services were provided to 15,994 women and men, 64 percent of whom were at or below 150 percent of the federal poverty level.
- In 2005, the maternal and child health programs provided services to 5,656 pregnant women, 9,622 infants, and 116,909 children and adolescents.
- In 2006, more than 12,800 youth ages 10 through 17 received abstinence-only education.
- School fluoride programs served 3,784 students living in fluoride-deficient areas during the 2005-06 school year.
- North Dakota is just one of several states whose Newborn Screening Program screens for more than 40 conditions/disorders, including cystic fibrosis, which was added in January of 2006. In 2006, newborn screenings identified 18 newborns with genetic or metabolic conditions/disorders, thus improving health outcomes.
- Sixty-five school districts from across the state attended the May 2006 Coordinated School Health Roughrider Health Promotion Conference. Participants attend the conference as part of a school team, with the expectation of the development of a school health action plan that is implemented in the upcoming school year. The expected outcome of this conference is to help schools reduce priority health risks among youth, especially those risks that contribute to chronic diseases, specifically to (1) reduce tobacco use and addiction, (2) improve eating patterns, (3) increase physical activity, and (4) reduce obesity among youth.

The Division of Injury Prevention and Control administers programs to reduce the frequency and severity of intentional and unintentional injuries to North Dakotans. Programs within the division include:

- Injury/Violence Prevention Program – The overall goal of this program is to reduce both unintentional and intentional injuries to North Dakotans, with special emphasis on children and women. The program uses a variety of best practice strategies, including primary prevention theories, data collection and analysis, designing and developing interventions, training and technical assistance, policy advocacy, and evaluation.
- Domestic Violence/Rape Crisis Program – Provides grants to domestic violence/rape crisis, law enforcement, judicial, and prosecutorial agencies to reduce and prevent violence against women.
- Child Passenger Safety Program – The goal of the child passenger safety program is to decrease injuries and death to children due to motor vehicle crash events. The program uses a variety of best practice strategies, including data collection and analysis, design and development of initiatives, training and technical assistance, policy and advocacy, and evaluation.
- Lead Program – Maintains surveillance of reported childhood blood lead results and provides assistance for follow-up on elevated cases.

- Suicide Prevention Program – The overall goal of this newly funded program is to reduce the number of attempted and completed suicides of North Dakota youth ages 10 to 24 by increasing public awareness, providing trainings on recognition of at-risk behavior and referrals for effective treatment and services, and providing funds to community-based programs in six areas (four tribal areas and two rural areas) of the state and one or more universities/colleges with high rates of youth suicide mortality.

In 2005:

- Nineteen domestic violence/rape crisis agencies served 843 primary victims of sexual assault; 4,370 new victims of domestic violence and 4,961 children were impacted by domestic violence.
- Forty-three car seat distribution programs distributed 2,078 car seats to the public. Car seat trainings were provided to 314 health and safety professionals. The program provided educational contacts with 31,965 children during Child Passenger Safety Week.
- Poison consultation was provided on 4,237 poison exposure cases (this includes people and animals) in North Dakota, and poison information was given to 2,131 individuals on non-exposure inquiries through the National Poison Control Crisis Line.
- There were 30 completed suicides for youth ages 10 through 24 years.

The Division of Nutrition and Physical Activity promotes healthy eating and physical activity in order to prevent and reduce overweight, obesity and related chronic diseases.

- The Maternal and Child Health Nutrition Program provides technical assistance, plans nutrition programs and coordinates nutrition-related activities. Currently, 17 nutritionists at local public health units throughout the state participate in *Healthy North Dakota* and work on issues directed toward improving the health of children and adolescents through the promotion of increased fruit and vegetable intakes (like 5 A Day) and increased physical activity.
- The Healthy Weight Program is a new program that will help communities, schools, other health program partners and stakeholders promote, develop and implement consistent, accurate healthy weight programs. The coordinator acts as a resource for many of the department's programs and provides training and technical assistance to achieving a healthier community.
- The Supplemental Nutrition Program for Women, Infants and Children (WIC) provides healthy food for proper growth, education about choosing healthier ways of eating, and referrals to other needed services. In 2006, North Dakota WIC served more than 24,000 eligible pregnant, breastfeeding and postpartum women; infants; and children younger than 5 in all North Dakota counties. Funded by the U.S. Department of Agriculture, the WIC program also receives annually approximately \$2 million in rebates from infant formula purchased

with WIC checks. Most WIC funds are spent at the local level, with 75 percent of the dollars spent on food for at-risk clients and 23 percent for nutritional services/administration provided by the local administering agencies.

The Division of Tobacco Prevention and Control is responsible for programs and services that focus on tobacco-free lifestyles and that work to reduce disease, death and disability related to tobacco use. Tobacco Prevention and Control activities are targeted to all 53 counties, four Indian reservations and one Indian service area. In the current biennium, with special funds from the Tobacco Master Settlement Agreement, all 28 of the state's local public health units receive funding for tobacco prevention and control and cessation activities.

The Division of Tobacco Prevention and Control:

- Supported the smoke-free law that passed last legislative session and went into effect August 1, 2005, making most workplaces and public places smoke-free.
- Provided tobacco prevention services to 27,664 students and nearly 1,000 individuals enrolled in local cessation programs in 2005. In addition, more than 2,300 people called the North Dakota Tobacco Quitline, seeking assistance with quitting tobacco use.
- Worked to decrease smoking among adults. The percentage of adults who are current smokers declined from 23.2 percent in 2000 to 20.1 percent in 2005.
- Worked to decrease smoking among youth. The percentage of youth who are current smokers declined significantly from 41 percent in 1999 to 22.1 percent in 2005.

#### Community Health Section Executive Budget

The total budget for the Community Health Section is as follows:

General Funds	\$933,449
Federal Funds	45,773,119
Other Funds	7,239,255
Total Budget	<u>\$53,945,823</u>

The major expenditures in the Community Health Section are as follows:

Salaries and Wages for 44.45 FTE	\$4,129,548
Blue Cross/Blue Shield Breast & Cervical Cancer Exams	1,200,000
Service Contracts to Local Public Health Units (Women's Way)	1,000,000
Professional Services (various program contracts)	1,802,563
Professional Supplies	538,000
Remaining Operating Expenses	1,290,058
Grants to Local Public Health Units (MCH)	1,663,000
Grants to Local Public Health Units (WIC)	5,257,600

Grants to Local Public Health Units (Family Planning)	2,565,500
Grants to Local Public Health Units & Tribal Governments (Suicide)	680,000
Grants to Domestic Violence Sites	5,942,000
Miscellaneous Grants	854,000
WIC Food Payments	17,550,000
Tobacco Program	8,404,554
Tobacco Quit Line (CHTF)	1,069,000
Total Budget	<u>\$53,945,823</u>

The federal funds for the Community Health section consist of a Department of Agriculture grant (WIC – Women, Infant and Children Supplemental Food Program), Health and Human Services grants (Maternal and Child Health Block Grant, Cardiovascular Health, Comprehensive Cancer Prevention, Family Planning, Preventive Health Block), and Department of Justice grants (STOP Violence Against Women, Capacity Rape Prevention, Safe Havens Supervised Visitation, Grants to Encourage Arrest).

Sources of other funding include the Community Health Trust Fund, Domestic Violence Fund and the American Legacy Foundation.

### ***Emergency Preparedness and Response Section***

The Section Chief for the Emergency Preparedness and Response (EPR) Section is Tim Wiedrich. The EPR Section is responsible for improving and maintaining public health and medical response to disasters and large-scale emergencies. The overall goal is to prepare public health and medical responses for all hazards, including intentional acts such as terrorism and unintentional acts such as epidemics, tornadoes and floods. A special emphasis is currently underway regarding preparedness for the devastating impact of pandemic influenza.

The section is funded through grants from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). The section accomplishes its mission through planning, developing biological and chemical detection systems, creating laboratory capacities, developing communications systems, supporting public information systems and providing training opportunities. Additional activities include the assessment of current disaster hospital capacity and the creation of hospital resources that can receive and treat unusually large numbers of patients.

The Emergency Preparedness and Response Section is developing infrastructure to meet CDC and HRSA requirements through the cooperation of a large group of stakeholders, including an EPR Committee comprised of the following subcommittees: Preparedness Assessment, Planning and Response; Surveillance and Epidemiology; Laboratory Capacity – Biologic Agents; Laboratory Capacity –

Chemical Agents; Health Alert Network; Public Information; Education and Training; Pandemic Influenza Response; and Hospital Surge Capacity.

The EPR Section and local public health units have established eight EPR regions. Each of these regions has a lead local public health unit, an EPR coordinator, an environmental health coordinator, a public information officer and other resources for the development of local and regional EPR plans. Four hospital and emergency medical service regions have also been created. The EPR Section works closely with the eight public health regions, the private medical sector, public safety and emergency management officials to develop integrated, coordinated public health and medical response systems.

#### Emergency Preparedness and Response Section Executive Budget

The total budget for the Emergency Preparedness and Response Section is as follows:

General Funds	\$2,263,000
Federal Funds	11,967,937
Total Budget	<u>\$14,230,937</u>

The major expenditures in the Emergency Preparedness and Response Section are:

Salaries and Wages for 3.5 FTE	\$857,731
Rent/Building	156,000
IT Contractual Services	490,000
IT Data Processing	202,000
Professional Services	1,266,000
Pandemic Influenza Stockpile	2,263,000
Remaining Operating Expenses	286,084
Equipment over \$5,000	242,000
Grants to Local Public Health Units & Tribal Governments	5,426,544
Grants to Hospitals	2,710,986
Other Grants	330,592
Total Budget	<u>\$14,230,937</u>

The federal funds for the Emergency Preparedness & Response section consist of Centers for Disease Control and Prevention Bioterrorism grants and Health Resources Services Administration Hospital Preparedness grants.

#### ***Medical Services Section***

The Section Chief for the Medical Services Section is Dr. Craig Lambrecht, whose position is budgeted at .25 FTE. Dr. Lambrecht provides leadership and medical consultation to the section.



The goal of the Medical Services Section is to promote health and prevent illness and disease. The section includes the Field Medical Officers, the Office of the State Forensic Examiner, and the Division of Disease Control.

#### Field Medical Officers

The Field Medical Officers provide medical consultation and direction to programs throughout the Department of Health, including those that deal with the environment, wellness, health resources, communicable diseases and immunizations.

#### Office of the State Forensic Examiner

The State Forensic Examiner provides medical examiner services and assists in death investigation throughout the state. The Forensic Examiner's goal is to provide vital information needed by county coroners, law enforcement, public health units, other agencies, and families of the deceased.

The Office of the State Forensic Examiner assists in the investigation of sudden and unexpected deaths that occur throughout the state. The office becomes involved with a death investigation upon request from the county coroner in the jurisdiction where the death occurred. About 200 cases each year are referred to the State Forensic Examiner, representing about 20 percent of county coroner investigations.

Other functions of the office include:

- Providing consultations to county coroners about how to handle deaths that occur in their jurisdictions.
- Providing death investigation training, seminars and lectures to improve death investigation throughout the state.
- Serving on the Child Fatality Review Committee.
- Supporting organ-procurement activities on cases referred to the office.
- Providing expert witness testimony for cases that involve criminal or civil proceedings.

Currently, the State Forensic Examiner position is vacant due to the resignation of Dr. George Mizell. Mary Ann Sens, M.D., Ph.D., forensic pathologist from the UND School of Medicine and Health Sciences, is currently assisting the department with forensic services during the interim through a contractual agreement with UND until a new forensic examiner is hired.

#### Division of Disease Control

The Division of Disease Control is responsible for identifying diseases, providing follow-up and implementing intervention activities to reduce illness and death. The division also provides resources for health-care providers and the public concerning public health issues and coordinates with the media to provide timely public education. Division programs include HIV/AIDS Prevention, Ryan White (HIV)

Care, Tuberculosis (TB) Prevention, Sexually Transmitted Disease (STD) Prevention, Immunization Services and the Epidemiology and Laboratory Capacity program.

The division performs the following functions:

- Analyzes disease cases and reports to the national Centers for Disease Control and Prevention (CDC).
- Responds to public health emergencies and disease outbreaks and provides a toll-free 24-hour consultation line for health-care providers and the general public.
- Provides free TB medications, TB testing materials, STD medications in certain situations and childhood vaccines throughout North Dakota.
- Maintains the North Dakota Immunization Information System to record vaccination status of individuals.
- Administers HIV/AIDS programs that provide financial assistance for prescription drugs, outpatient medical care, continuation of insurance, referral and social assistance for people infected with HIV.
- Provides free HIV testing for people at risk of contracting the disease.
- Coordinates surveillance and follow-up of West Nile virus cases with the state veterinarian, the Division of Microbiology and local public health units.
- Maintains influenza surveillance systems to monitor influenza activity in the state.

#### Medical Services Section Executive Budget

The total budget for the Medical Services Section is as follows:

General Funds	\$1,703,601
Federal funds	6,349,068
Other Funds	7,200,000
Total Budget	<u>\$15,252,669</u>

The major expenditures in the Medical Services Section are as follows:

Salaries and Wages for 29.25 FTE	\$3,504,564
Travel	225,000
Professional Services	908,000
Medical Supplies, Vaccines, Medications	8,400,000
Remaining Operating Expenses	906,554
Bond Payments	163,021
Grants to Local Public Health Units	1,000,530
Grants to State Universities	145,000
Total Budget	<u>\$15,252,669</u>

The federal funds for the Medical Services section include Centers for Disease Control and Prevention grants (Immunization, AIDS Prevention, AIDS Surveillance, Ryan White HIV Care, Epidemiology and Lab Capacity, Sexually Transmitted Diseases, Tuberculosis, and Bioterrorism).

Other funds for the Medical Services section include payments from clinics and local public health units to implement the new Immunization Provider Choice Program and purchase vaccines at reduced rates. Newly obtained data indicates this figure could realistically be \$19.5 million.

### ***Health Resources Section***

Darleen Bartz, Ph.D., is Section Chief for the Health Resources Section. The Health Resources Section consists of four divisions: Health Facilities, Office of Community Assistance, Emergency Medical Services, and Food and Lodging. All four divisions work to promote quality care and services for the people of North Dakota.

The Division of Health Facilities is responsible for conducting state licensure and federal Medicare and Medicaid inspection activities of health-care facilities.

State licensure and federal certification responsibilities of the division include:

- Fifty-one acute care hospitals (30 of which are critical access hospitals, which allows more flexibility and better funding for providing basic hospital services in rural areas).
- Eighty-three skilled nursing facilities.
- Thirty-one licensed home health agencies, 26 of which are certified.
- Sixteen hospice programs that provide end-of-life care to residents in a manner that preserves their dignity.
- Fifty-five basic care facilities.
- Sixty-five rural health clinics.
- Sixty-eight intermediate care facilities for the mentally retarded.
- Two renal transplantation centers and 15 end-stage renal dialysis facilities, which help people who have kidney impairment to live normal lives.
- Nineteen ambulatory surgical centers for provision of surgical services to patients who do not require hospitalization.
- Five hundred and nine laboratories to ensure compliance with the federal Clinical Laboratory Improvement Amendments of 1988.
- Life safety code surveys in hospitals, nursing facilities, basic care facilities, intermediate care for the mentally retarded, and ambulatory surgical centers.

In addition, the division:

- Certifies outpatient physical therapy and speech therapy providers.
- Licenses electrologists and electronic hair removal technicians.

- Operates the Federal Medicare & Medicaid Nurse Aide Registry, which includes investigations of possible resident abuse in nursing facilities. More than 10,000 certified nurse aides are registered in North Dakota.

The Office of Community Assistance is responsible for providing technical assistance to communities to help them maintain their health-care infrastructure. Duties include:

- Designation of workforce shortage areas.
- Management of the dental, physician and advanced practice nursing loan repayment programs, resulting in the placement of five American doctors, two midlevel practitioners and six dentists in North Dakota communities this past biennium.
- Administration of the J-1 waiver program for foreign medical graduates, resulting in the placement of 13 foreign doctors this past biennium.
- Promoting the development of Federally Qualified Health Centers – three this past biennium.
- Partnering in the review and approval of grant applications from local health-care providers to:
  - The Blue Cross Blue Shield grant program, resulting in awards of \$650,000 this past biennium.
  - The federal Medicare Rural Hospital Flexibility program for funding to improve rural health-care services, resulting in awards of \$900,000 this past biennium.

The Division of Emergency Medical Services is responsible for maintaining an efficient statewide emergency medical services system. This is accomplished through training and licensure of emergency health personnel, ambulances and quick response units.

The Division of Emergency Medical Services:

- Authorizes initial and refresher courses for first responders and emergency medical technicians and provides testing for about 600 individuals annually.
- Licenses and inspects 141 ground ambulance services, as well as four air ambulance services and 61 quick response units.
- Operates the trauma system, which designates hospitals as trauma centers.
- Houses the Emergency Medical Services for Children Program, which emphasizes patient care education, standards and protocols, injury and suicide prevention, and data analysis.
- Distributes education grants to ambulance services staffed by volunteers.

The Division of Food and Lodging is responsible for protecting public health through annual licensing and inspection of restaurants, hotels, motels, bars, mobile home parks, trailer parks, campgrounds, bed and breakfast facilities, retail food stores, meat markets, bakeries, small food manufacturers, schools, child-care centers, assisted living facilities, mobile food units, and temporary food stands.

The Division of Food and Lodging:

- Either directly or through memorandums of understanding with seven local health units, annually inspects or licenses more than 4,000 facilities. Inspection procedures ensure that these licensed facilities meet both sanitation and fire/life safety standards before opening to the public and while in operation.
- Emphasizes food-safety education because food-borne illnesses strike nearly 80 million people in the United States every year, causing 5,000 needless deaths.
- Serves as the Food and Drug Administration's liaison in the state on issues related to food recalls, manufactured food and pesticide residues in food.
- Trains and standardizes the inspection work being conducted by the local environmental health practitioners.

The Department of Health continues to work actively with providers to respond to concerns. In addition to the ongoing interaction that takes place with the advisory committees working with each of the three divisions, management staff from the Division of Health Facilities recently received training in Business Process Reengineering. The division also has formed a workgroup with representatives from the division and from the industry to examine areas of concern related to the Life Safety Code Survey Process and to identify ways to improve the process to promote consistency in the outcome of the survey process. Work in this area will continue on into the coming biennium.

Health Resources Section Executive Budget

The total budget for the Health Resources Section is as follows:

General Funds	\$2,305,985
Federal Funds	5,963,781
Other Funds	1,490,149
Total Budget	<u>\$9,759,915</u>

The major expenditures in the Health Resources Section are as follows:

Salaries and Wages for 53.5 FTE	\$6,080,411
Travel	727,000
Professional Services	243,000
Remaining Operating Expenses	774,904
Physician Loan Repayment Grants	350,000
Dentist Loan Repayment Grants	380,000
Grants to Universities	139,600
Local Ambulance Grants	940,000

Quick Response Unit Grants  
Total Budget

125,000  

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**\$9,759,915**

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The federal funds for the Health Resources Section include Medicaid, Medicare, HHS Primary Care grant, Emergency Medical Services grants, and HRSA State Physician Loan grant.

Other funds for the Health Resources Section include Health Care Trust Fund, Community Health Trust Fund and miscellaneous fees.

### ***Environmental Health Section***

Dave Glatt is the Section Chief for the Environmental Health Section. The Environmental Health Section safeguards the quality of North Dakota's air, land and water resources. The section deals with issues that affect the comfort, health, safety and well-being of North Dakota citizens and their environment. Primary functions and responsibilities of the section include coordinating communication with the U.S. Environmental Protection Agency regarding state programs and related environmental issues; monitoring and enforcing compliance with state and federal environmental laws; carrying out environmental sample collection and analyses; and providing public education, technical assistance and training, contaminant remediation and emergency response.

The section consists of the following divisions: Air Quality, Laboratory Services, Municipal Facilities, Waste Management and Water Quality.

#### **Division of Air Quality**

The Division of Air Quality includes the following programs:

- The Air Quality Program focuses on achieving and maintaining the best air quality possible consistent with federal and state regulations. The program emphasizes inspection, public education, permitting, enforcement, monitoring, and modeling programs to ensure compliance. Implementation of best available control technology for emission sources ensures protection of public and environmental health, as well as public enjoyment of the natural attractions of North Dakota.
- The Radiation Program tracks the use of radiation sources (such as X-rays and research radiation sources) to ensure the proper handling, use and disposal of radiation sources.
- The Asbestos and Lead Abatement programs provide training and certification, inspection, enforcement, and technical assistance to ensure the safe handling and disposal of lead and asbestos with the intent of limiting exposure to the public and employees.
- The Indoor Air Quality Program provides assistance to the public concerning indoor air quality, including mold and property affected by flooding.

## Division of Laboratory Services

### *Chemistry Laboratory*

The Chemistry laboratory provides state agencies and the general public with analysis of environmental samples, while ensuring that the data generated is scientifically valid, defensible and of known precision and accuracy. The laboratory is certified by the U.S. Environmental Protection Agency to complete public drinking water supply analyses required by the federally mandated Safe Drinking Water Act. In addition, the laboratory maintains a program designed to provide certification to qualifying laboratories that conduct analyses for public water supply systems in accordance with the Safe Drinking Water Act and for specific environmental analyses as required by the department. The laboratory has established competency in inorganic and organic analyses, feed and fertilizer quality determination, and petroleum product quality control.

### *Microbiology Laboratory*

The Microbiology Laboratory provides state-of-the-art laboratory testing of biological diseases and agents to physicians, veterinarians, clinics, hospitals, local health units, other interdepartmental and state agencies, communities and the general public.

The Microbiology Laboratory is the state's only designated confirmatory testing laboratory in the National Laboratory Response Network. With this designation, the laboratory provides specialized testing for many new and emerging infectious diseases and possible bioterrorism agents. The division also serves as a regional reference laboratory for vaccine-preventable diseases – such as measles, mumps and rubella – and is the state's central biological laboratory and certifying agency for the Food and Drug Administration and Environmental Protection Agency programs. The division maintains an active mosquito surveillance program.

Examples of services provided include:

- Water and dairy analysis.
- Testing for HIV, chlamydia and other sexually transmitted diseases.
- Identification of tuberculosis infections.
- Rabies analysis for human exposure.
- Testing for influenza and West Nile virus.
- Testing for other infectious diseases.

## Division of Municipal Facilities

The Division of Municipal Facilities administers the following programs to assist communities in the areas of water supply, potable water treatment, and wastewater treatment:

- Drinking Water Program – This program works with public water systems in the state (approximately 520) to ensure that drinking water meets all enforceable requirements under the Safe Drinking Water Act. This is accomplished by monitoring for contaminants, providing operator training and

certification, conducting sanitary surveys (water and wastewater facilities), ensuring proper design of upgraded/new facilities, and providing technical assistance. The program also administers the state's fluoridation program and provides technical assistance to private water systems.

- Drinking Water State Revolving Loan Fund Program – This program provides loans at below-market interest rates to help public water systems finance the infrastructure needed to maintain Safe Drinking Water Act compliance. This program also reviews drinking water projects to ensure compliance with state design criteria. Through the program, funds are also used to provide contractual assistance to public water systems (compliance, source water protection, etc.).
- Clean Water State Revolving Loan Fund Program – This program provides loans at below-market interest rates to fund conventional wastewater and non-point pollution control needs. This program also reviews wastewater projects to ensure compliance with state design criteria.

#### Division of Waste Management

The Division of Waste Management works to protect our environment from unsafe and improper handling, transportation, storage, treatment and disposal of solid and hazardous waste.

The Division of Waste Management includes the following programs:

- The Hazardous Waste Program regulates facilities that generate, store, treat, dispose of and transport hazardous waste. This is accomplished through inspections, technical assistance, enforcement and public education programs. The Polychlorinated Biphenyls (PCB) Inspection Program conducts inspections at facilities known or suspected to have equipment that contains PCBs.
- The Solid Waste Program regulates the collection, transportation, storage and disposal of inert, industrial, special and municipal solid wastes. This is accomplished through a landfill permit program, technical assistance, routine inspection, monitoring, enforcement and operator training. The program also promotes resource recovery and recycling through its Pollution Prevention Program.
- The Abandoned Motor Vehicle Program provides for the collection of abandoned motor vehicles and other scrap metals throughout the countryside to reduce health and safety hazards, improve the appearance of the landscape and recycle useful metals.
- The Underground Storage Tank Program defines the types of tanks that may be installed to store petroleum products and chemicals, establishes standards for underground storage tanks, maintains a tank notification program, establishes financial responsibility requirements for tank owners, and provides state inspection and enforcement. In circumstances where environmental contamination occurs and a responsible party cannot be found or is financially



unable to initiate a clean-up action, the Leaking Underground Storage Tank (LUST) Trust Program provides financial and technical assistance in the assessment, monitoring and, if needed, remediation of these sites to limit their overall impact on the public and environmental health.

The Division of Waste Management also administers and enforces the Petroleum Testing, Antifreeze and Brownfield programs.

#### Division of Water Quality

The Division of Water Quality is responsible for monitoring the quality of the state's lakes, rivers and groundwater. This division conducts permitting, assessment, monitoring, emergency response, remediation and educational programs that promote the protection and wise use of our water resources.

The division consists of the following programs:

- The Pollutant Discharge Elimination System Permit Program issues permits for municipal and industrial wastewater discharge and storm water runoff. Included within this program are the Animal Waste Containment (Feedlot) Program and the Industrial Pretreatment Program, which requires that industrial discharges to municipal systems be within capacity limits.
- The Surface Water Program monitors surface water quality across North Dakota to assess water quality trends and to determine the general chemical and biological character of the state's major hydrologic basins. The Nonpoint Source Pollution Management (or Section 319) Program, which is part of the Surface Water Program, provides financial support through the administration of federal grants to state and local groups working to control nonpoint source pollution.
- The Groundwater Program works to minimize and control groundwater contamination. Included in this program are the Source Water, Wellhead Protection and Underground Injection Control programs. The Source Water and Wellhead Protection programs protect drinking water resources by addressing the link between land use and surface and groundwater quality. The Underground Injection Control Program seeks to prevent contamination of underground drinking water by injection wells (such as domestic or industrial wastewater disposal wells).

The Environmental Health Section continues to be challenged in addressing highly technical and complex issues that directly impact environmental quality and economic development. Major issues that have current impacts with future implications include:

1. Energy development – Increased emphasis on the development of the state's natural resources, such as coal and oil, will result in increased pressure to evaluate new facilities and propose appropriate environmental protection controls under the requirements of the Clean Air Act, Clean Water Act, Safe Drinking Water Act and Waste Management Rules. Ongoing oversight of an

- increasing number of active facilities along with periodic emergency response activities will continue to be a challenge for the current staff.
2. Agricultural and industrial development – In recent years the nature and scope of proposed and constructed agricultural operations has required increased oversight and evaluation by all divisions within the section. Large-scale confined animal feeding operations, ethanol-producing facilities and biodiesel facilities will continue to place additional burden on the existing staff related to technical permit review, inspection/compliance oversight and monitoring.
  3. Employee retention and recruitment – The section is having difficulty in recruiting and retaining environmental engineers and scientists. Department of Health salaries for these positions are considerably less than counterparts in other state agencies, creating an equity issue within state government. Due to the complexity of new development and required regulatory actions needed to appropriately protect the environment, retention and recruitment of qualified employees is crucial if the department is to be able to address continuing growth in the state while protecting the quality of the state's environment.

#### Environmental Health Section Executive Budget

The total budget for the Environmental Health Section is as follows:

General Funds	\$6,388,975
Federal funds	39,974,253
Other Funds	5,777,566
Total Budget	<u>\$52,140,794</u>

The major expenditures in the Environmental Health Section are as follows:

Salaries and Wages for 154.75 FTE	\$17,784,081
Travel	809,000
IT Data Processing	316,000
Rent/Building	788,000
Utilities (Chemistry and Microbiology Laboratory	414,000
Professional Services (LUST and legal contracts)	2,431,000
Laboratory Supplies	1,600,000
Remaining Operating Expenses	2,120,457
Equipment over \$5,000 (Air Pollution and Chemistry Lab)	654,300
Bond Payments and Extraordinary Repairs	758,062
Grants to Soil Conservation Districts/Communities (Non Point Source)	11,000,000
Grants to Communities (Arsenic Trioxide)	12,000,000
Other Grants	1,465,894
Total Budget	<u>\$52,140,794</u>

The federal funds for the Environmental Health Section include Environmental Protection Agency grants (EPA Block, PM2.5 Air Monitoring, 319 Non Point Implementation, Arsenic Trioxide Superfund, Water Quality Management, Wetland Protection, Clean and Drinking Water State Revolving, Leaking Underground Storage Tank program, Environmental Information Exchange programs).

Other funds for the Environmental Health Section consist of air contaminant permit fees, laboratory fees, miscellaneous permit fees and the Environmental Rangeland Protection fund.

### ***Special Populations Section***

This is a new section added to our budget for the 2007-09 biennium. It includes the transfer of Children's Special Health Services (CSHS) from the Department of Human Services and the addition of a new program called the Office for the Elimination of Health Disparities.

#### **Children's Special Health Services (CSHS)**

CSHS provides services for children with special health-care needs and their families and promotes family-centered, community-based services and systems of health care. Programs within CSHS include:

- The Specialty Care Diagnostic & Treatment Program, which provides payment to medical providers serving eligible children with special health-care needs. Services increase access to pediatric specialty care.
- The Multidisciplinary Clinic Program, which provides specialty medical or clinic team evaluations and coordinated care planning for children with special health care needs. Services help families effectively manage their child's chronic health condition.
- The Care Coordination Program, which provides community-based case management services for children with special health-care needs. The program helps families gain access to needed services.
- The Metabolic Food Program, which provides medical food and low-protein modified food products to individuals with phenylketonuria and maple syrup urine disease. Services increase access to necessary dietary treatment.
- The Information Resource Center, which provides public information-services to families and service providers. Services increase access to health-related information and resources.
- The Russell Silver Syndrome Program, which provides growth hormone treatment and medical food for individuals with Russell Silver syndrome. Services increase access to needed treatment for children from birth through age 18.
- Data Systems within CSHS, which provide information on the health status of the maternal and child population, including children with special health-care needs. Services increase availability of data that supports evidence-based decisions for program development and service delivery.

- The CSHS Administration, which provides leadership to state and local partners that support improvements in the health-service system.

As a result of these programs/services:

- In 2005, CSHS provided direct services to 1,416 children with special health-care needs and their families.
- In 2005, 100 percent of individuals/families served by CSHS reported services received met their needs, a result showing improved health status, chronic disease management or access to information and resources.
- In 2005, 97 percent of children receiving CSHS care coordination services had a current, written service plan.
- In 2005, 93 percent of children served by CSHS had a source of health-care coverage.
- In 2005, CSHS scored 16 points on a rating scale of 18 that measured family participation in program and policy activities submitted as part of the MCH Block Grant application.
- In 2005, 1,073 individuals received health information from CSHS through health information request cards, the Birth Review Program and Supplemental Security Income/Disability Determination Services referrals. In addition, unit staff responded to health information requests through 1,594 toll-free telephone calls and 464 unit e-mails.
- Since 2002, more than 90 percent of newborns have been screened each year for hearing impairment before hospital discharge, up from 38 percent in 1999.

#### Office for the Elimination of Health Disparities

The Office for the Elimination of Health Disparities (OEHD) will provide leadership to develop goals, strategies, policies and programs designed for a coordinated, systematic approach to eliminate health disparities in North Dakota. Health disparities are defined as differences in the presence of disease, health outcomes or access to health care among groups of people. Through collaboration with statewide partners, the division will identify health disparities and develop recommendations for effective, culturally appropriate interventions within selected populations. The division will seek improvement in health status, work to increase healthy behaviors, and coordinate efforts to increase access to health care for North Dakota's underserved and disparate populations.

#### Special Populations Section Executive Budget

The total budget for the Special Populations Section is as follows:

General Funds	\$1,007,099
Federal funds	1,972,085
Total Budget	<u>\$2,979,184</u>

The major expenditures for the Special Populations Section are as follows:

Salaries and Wages for 10 FTE	\$1,184,857
Travel	80,000
Professional Services	107,000
Medical Supplies	548,000
Remaining Operating Expenses	132,797
Grants to Individuals (Russell Silver)	150,000
Grants to Clients (Diagnostic & Treatment Program)	220,056
Other Grants (Service contracts such as clinics, family support, medical home, data, etc.)	556,474
Total Budget	<u>\$2,979,184</u>

The federal funds for the Special Populations Section include the Maternal and Child Health Block Grant, HRSA State Partnership Grant Program to Improve Minority Health and the HRSA State Systems Development Initiative grant.

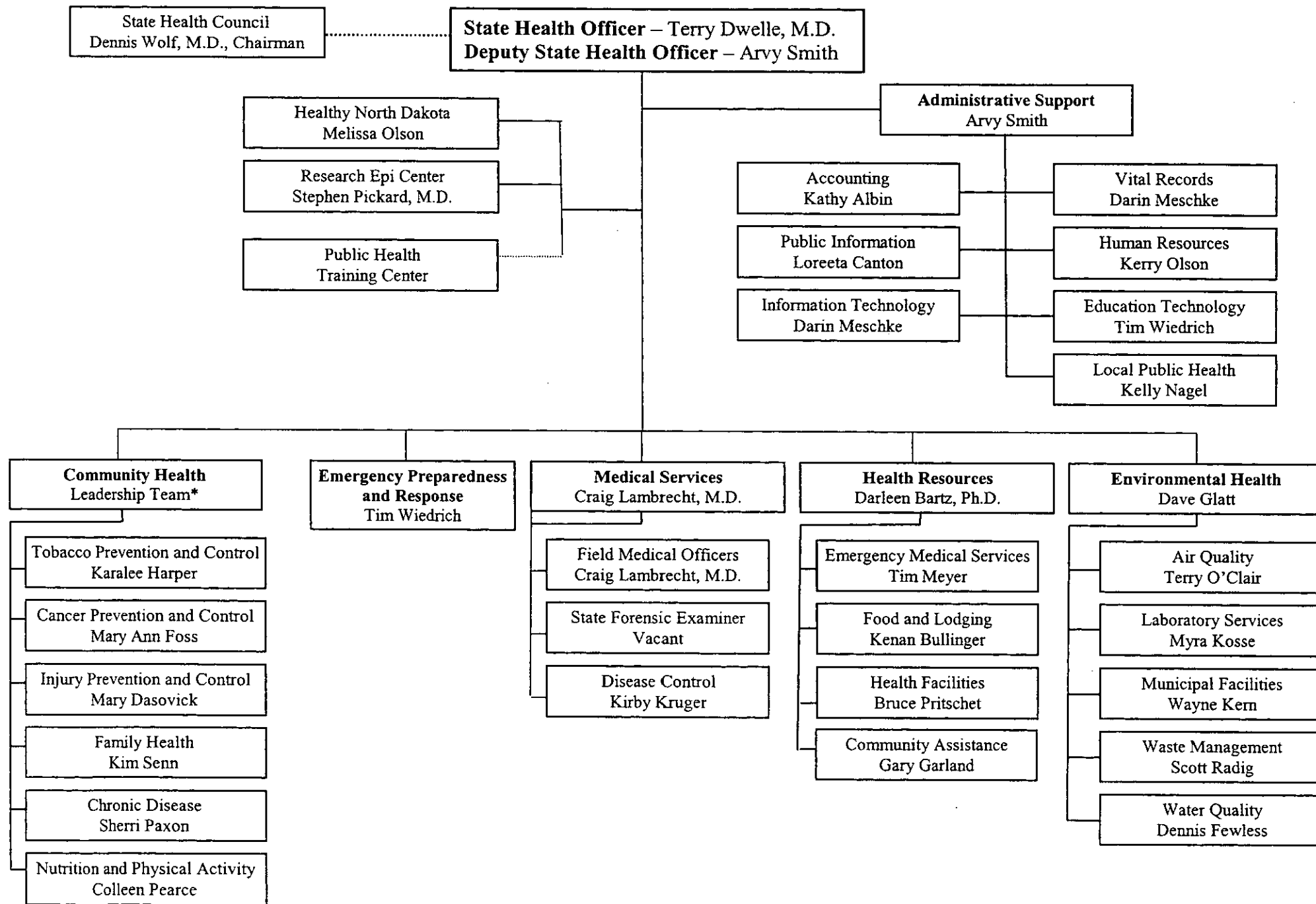
#### **Worksite Wellness Pilot Project**

The 59<sup>th</sup> Legislative Assembly requested the Department of Health to provide a report on the Worksite Wellness Pilot Project to the 60<sup>th</sup> Legislative Assembly. Brad Strand, Ph.D., chair of the Department of Health, Nutrition and Exercise Sciences at North Dakota State University, is here to provide that report.

#### **Conclusion**

Chairman Holmberg, members of the Committee, this concludes the department's testimony on House Bill 1004. Thank you for your consideration of our request. Our staff is available to respond to any questions you may have.

North Dakota Department of Health  
Organizational Chart  
February 2007



\*The six division directors share responsibility for management of the Community Health Section.

## ND DEPARTMENT OF HEALTH

**SALARIES AND WAGES****FTE EMPLOYEES (Number)**

Salaries - Permanent  
Temporary, Overtime  
Benefits

**TOTAL**

General Fund  
Federal Funds  
Other Funds

**OPERATING EXPENSES**

Travel  
Supplies - IT Software  
Supply/Material-Professional  
Food & Clothing  
Buildings/Vehicle Maintenance  
Miscellaneous Supplies  
Office Supplies  
Postage  
Printing  
Utilities  
Insurance  
Lease/Rentals - Equipment  
Lease/Rentals-- Buildings/La  
Repairs  
IT-Data Processing  
IT-Telephone  
IT - Contractual Services  
Professional Development  
**Operating Fees & Services**  
**Professional Services**  
Medical, Dental, and Optical  
Operating Budget Adjustment  
**Sub Total Operating**  
IT Equip Under \$5000  
Other Equip Under \$5000  
Office Equip Under \$5000

**TOTAL**

General Fund  
Federal Funds  
Other Funds

**CAPITAL ASSETS**

Operating Expenses  
Land and Buildings  
Other Capital Payments  
Extraordinary Repairs  
Equipment >\$5000  
IT Equip >\$5000

**TOTAL**

General Fund  
Federal Funds  
Other Funds

**CAPITAL CONST. C/O**

Land and Buildings  
General Fund  
Federal Funds  
Other Funds

**GRANTS/SPECIAL LINE ITEMS**

Grants  
WIC Food  
Tobacco Prevention Control  
Community Health Advisory

**TOTAL**

General Fund  
Federal Funds  
Other Funds

**COST CENTER TOTAL****TOTAL**

General Fund  
Federal Funds  
Other Funds

2003-05 Actual Expenditures	Exp. To Date Nov 2006	Original 2005-07 Budget	2007-09 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
312.50	0	311.50	331.50	20	6%
21,365,779	15,541,109	23,339,803	26,787,005	3,447,202	15%
600,035	577,688	807,840	967,784	159,944	20%
7,031,355	5,289,048	8,194,870	9,960,835	1,765,965	22%
<b>28,997,169</b>	<b>21,407,845</b>	<b>32,342,513</b>	<b>37,715,624</b>	<b>5,373,111</b>	<b>17%</b>
7,278,252	5,924,651	7,960,369	9,573,789	1,613,420	20%
19,058,872	12,894,771	20,956,008	24,585,364	3,629,356	17%
2,660,045	2,588,423	3,426,136	3,556,471	130,335	4%
1,821,987	1,262,335	1,928,264	2,277,345	349,081	18%
515,065	480,146	554,275	382,030	(172,245)	-31%
804,584	542,053	863,537	872,500	8,963	1%
7,875	6,407	9,076	8,848	(228)	-3%
210,238	167,458	153,749	75,734	(78,015)	-51%
95	3,850	0	4,622	4,622	100%
171,485	137,652	209,703	224,544	14,841	7%
370,551	275,143	453,067	493,884	40,817	9%
337,098	237,580	377,681	412,392	34,711	9%
225,369	263,272	417,206	454,065	36,859	9%
114,911	90,846	97,588	115,944	18,356	19%
101,789	44,956	93,621	119,206	25,585	27%
982,440	859,627	1,206,175	1,315,397	109,222	9%
513,700	465,292	615,283	619,949	4,666	1%
597,253	713,462	1,275,057	1,100,273	(174,784)	-14%
380,568	288,227	439,338	530,779	91,441	21%
3,682,194	1,361,069	1,958,009	908,593	(1,049,416)	-54%
444,946	342,868	480,790	527,936	47,146	10%
<b>678,549</b>	<b>328,145</b>	<b>442,899</b>	<b>426,952</b>	<b>(15,947)</b>	<b>-4%</b>
<b>7,968,892</b>	<b>3,727,797</b>	<b>10,309,036</b>	<b>9,091,358</b>	<b>(1,217,678)</b>	<b>-12%</b>
3,153,661	4,018,112	2,986,418	10,577,407	7,590,989	254%
0	0	0	2,304,300	2,304,300	100%
<b>23,083,250</b>	<b>15,616,297</b>	<b>24,870,772</b>	<b>32,844,058</b>	<b>7,973,286</b>	<b>32%</b>
291,183	155,563	283,893	356,400	72,507	26%
104,485	96,317	102,785	112,416	9,631	9%
175,894	339,665	356,531	22,800	(333,731)	-94%
<b>23,654,812</b>	<b>16,207,842</b>	<b>25,613,981</b>	<b>33,335,674</b>	<b>7,721,693</b>	<b>30%</b>
3,063,889	1,061,397	2,812,899	5,439,148	2,626,249	93%
19,492,988	12,315,556	20,530,194	18,514,835	(2,015,359)	-10%
1,097,935	2,830,889	2,270,888	9,381,691	7,110,803	313%
0	0	0	0	0	
958,609	0	0	0	0	
360,178	269,953	685,309	692,242	6,933	1%
1,400,359	23,682	107,960	228,841	120,881	112%
982,936	446,567	714,000	869,800	155,800	22%
13,555	0	7,200	26,500	19,300	268%
<b>3,715,637</b>	<b>740,202</b>	<b>1,514,469</b>	<b>1,817,383</b>	<b>302,914</b>	<b>20%</b>
22,395	139,199	340,636	348,248	7,612	2%
1,875,116	547,524	1,023,333	1,013,904	(9,429)	-1%
1,818,126	53,479	150,500	455,231	304,731	202%
2,692,027	0	0	0	0	
179,004	0	0	0	0	
440,157	0	0	0	0	
2,072,866	0	0	0	0	
35,505,327	26,738,533	41,832,166	55,102,776	13,270,610	32%
15,411,541	11,957,874	15,750,000	17,550,000	1,800,000	11%
7,567,088	5,419,014	8,685,995	9,473,554	787,559	9%
0	0	0	0	0	
<b>58,483,956</b>	<b>44,115,421</b>	<b>66,268,161</b>	<b>82,126,330</b>	<b>15,858,169</b>	<b>24%</b>
2,302,500	1,878,318	2,355,000	2,693,643	338,643	14%
49,485,705	37,693,455	56,272,161	71,113,432	14,841,271	26%
6,695,751	4,543,648	7,641,000	8,319,255	678,255	9%
<b>117,543,601</b>	<b>82,471,310</b>	<b>125,739,124</b>	<b>154,995,011</b>	<b>29,255,887</b>	<b>23%</b>
12,846,040	9,003,565	13,468,904	18,054,828	4,585,924	34%
90,352,838	63,451,306	98,781,696	115,227,535	16,445,839	17%
14,344,723	10,016,439	13,488,524	21,712,648	8,224,124	61%

**Department of Health  
Summary of Budget Changes  
2007-09 Executive Budget**

	2005-07 Adjusted Budget	2007-09 Requested Budget	Worksite Wellness	Healthy ND	Youth Tobacco	Quitline	Suicide	Pan Flu Stockpile	Immun. Program	Trauma Program	EMS Position	Salary Adjustments	Total Changes	2007-09 Executive Budget
Salaries & Wages	33,384,027	34,884,015							180,596			2,651,013	2,831,609	37,715,624
Operating Exp.	32,861,090	31,161,374	(130,000)					2,263,000	41,300				2,174,300	33,335,674
Total Capital Assets	1,989,469	1,817,383											0	1,817,383
Grants	47,238,696	55,132,776					(30,000)						(30,000)	55,102,776
Tobacco Program	8,685,995	8,794,052			551,600	70,000						57,902	679,502	9,473,554
WIC Food Payments	15,750,000	17,550,000											0	17,550,000
<b>Total</b>	<b>139,909,277</b>	<b>149,339,600</b>	<b>(130,000)</b>	<b>0</b>	<b>551,600</b>	<b>70,000</b>	<b>(30,000)</b>	<b>2,263,000</b>	<b>221,896</b>	<b>0</b>	<b>0</b>	<b>2,708,915</b>	<b>5,655,411</b>	<b>154,995,011</b>
General	14,439,038	14,641,478					(30,000)	2,263,000	221,896	60,000	65,000	833,454	3,413,350	18,054,828
Federal	104,781,715	113,215,729		245,000								1,766,806	2,011,806	115,227,535
Special	20,688,524	21,482,393	(130,000)	(245,000)	551,600	70,000				(60,000)	(65,000)	108,655	230,255	21,712,648
<b>Total</b>	<b>139,909,277</b>	<b>149,339,600</b>	<b>(130,000)</b>	<b>0</b>	<b>551,600</b>	<b>70,000</b>	<b>(30,000)</b>	<b>2,263,000</b>	<b>221,896</b>	<b>0</b>	<b>0</b>	<b>2,708,915</b>	<b>5,655,411</b>	<b>154,995,011</b>
<b>FTE</b>	<b>319.5</b>	<b>328.5</b>			<b>1.0</b>				<b>2.0</b>				<b>3.0</b>	<b>331.5</b>



**Department of Health**  
**Summary of 05-07 Final Budget to 05-07 Adjusted Budget**

	2005-07 Final Budget	Health Department Construction Carryover	Aug-05 Emergency C Emergency Prep. & Resp. Bioterrorism	Aug-05 Emergency C Environmental Heath Arsenic	Aug-05 Emergency C Medical Services Vaccine	Total Health Department	Childrens Special Health Services	2005-07 Adjusted Budget
Salaries & Wages	32,342,513		300,000			32,642,513	741,514	33,384,027
Operating Exp.	25,613,981			(700,000)	7,200,000	32,113,981	747,109	32,861,090
Total Capital Assets	1,514,469	475,000				1,989,469		1,989,469
Grants	41,832,166		(300,000)	4,800,000		46,332,166	906,530	47,238,696
Tobacco Program	8,685,995					8,685,995		8,685,995
WIC Food Payments	15,750,000					15,750,000		15,750,000
<b>Total</b>	<b>125,739,124</b>	<b>475,000</b>	<b>0</b>	<b>4,100,000</b>	<b>7,200,000</b>	<b>137,514,124</b>	<b>2,395,153</b>	<b>139,909,277</b>
General	13,468,904					13,468,904	970,134	14,439,038
Federal	98,781,696	475,000	0	4,100,000		103,356,696	1,425,019	104,781,715
Special	13,488,524				7,200,000	20,688,524		20,688,524
<b>Total</b>	<b>125,739,124</b>	<b>475,000</b>	<b>0</b>	<b>4,100,000</b>	<b>7,200,000</b>	<b>137,514,124</b>	<b>2,395,153</b>	<b>139,909,277</b>
 FTE	 311.5					 311.5	 8.0	 319.5

**House Amendments - Under Consideration  
House Bill No. 1004**

Prepared by the North Dakota Legislative Council  
staff

February 7, 2007

HEALTH DEPARTMENT	FTE	General Fund	Estimated Income	Total	Line Item Total	Salaries and Wages	Operating Expenses	Capital Assets	Grants	Tobacco Prevention/Cntrl	WIC Food Payments
Executive budget recommendation	331.50	\$18,054,828	\$136,940,183	\$154,995,011	\$154,995,011	\$37,715,624	\$33,335,674	\$1,817,383	\$55,102,776	\$9,473,554	\$17,550,000
Health Department -House change:	<i>Passed</i>										
1 Adds special funds spending authority for the State Department of Health to collect fees for the inspection of tanning facilities.			\$32,281	\$32,281	\$32,281		\$32,281				
2 Adds funding for the North Dakota critical incident stress management program to assist emergency medical service providers in dealing with stress caused by difficult situations.	<i>Passed</i>	\$54,954		\$54,954	\$54,954		\$54,954				
3 Adds funding for salaries and wages to provide equity adjustments within the State Department of Health.	<i>Failed</i>	\$263,500	\$236,500	\$500,000	\$500,000	\$500,000					
4 Adds funding for operating costs to maintain services provided by the Women's Way program.	1	\$484,000		\$484,000	\$484,000		\$484,000				
5 Adds funding for the immunization program for the purchase of vaccines in order to maintain universal vaccination coverage in North Dakota and to address outbreaks that occur.	<i>Passed</i>	\$2,000,000		\$2,000,000	\$2,000,000		\$2,000,000				
6 Increases funding for grants to local public health units from \$1.1 million to \$3 million per biennium.		\$1,900,000		\$1,900,000	\$1,900,000				\$1,900,000		
7 Adds funding for operating costs to enhance services provided by the Women's Way program.		\$282,200		\$282,200	\$282,200		\$282,200				
8 Adds funding for grants to domestic violence/rape crises agencies across the state to provide prevention and intervention services on domestic violence and sexual assault issues.		\$500,000		\$500,000	\$500,000				\$500,000		
9 Removes federal funds spending authority for grants relating to abstinence programs.			(\$220,000)	(\$220,000)	(\$220,000)				(\$220,000)		
10 Decreases special funds spending authority from the community health trust fund for the Community Health Grant Program Advisory Committee from \$100,000 to \$25,000.			(\$75,000)	(\$75,000)	(\$75,000)					(\$75,000)	
11 Adds funding from the community health trust fund for physician loan repayment program grants.			\$75,000	\$75,000	\$75,000				\$75,000		
12 Changes funding source for storage and administration fees relating to the influenza antiviral stockpile program from the general fund to special funds from fees.		(\$288,865)	\$288,865	\$0	\$0						

13	Changes funding source for 2 new FTE positions and the related operating costs to manage immunization orders and reimbursements from providers from the general fund to special funds from fees.		(\$227,092)	\$227,092	\$0	\$0						
	Adds funding for a grant program through the North Dakota Cancer Coalition to provide funding for colorectal cancer screening initiatives to target low-income, underinsured, uninsured and disparity populations between ages 50-64 living in rural counties with a population of 15,000 or less and with a primary focus on counties with a large American Indian population. Recipients of grants will develop and provide a cohesive approach to cancer prevention, early detection, and treatment in North Dakota. In addition, the recipients must demonstrate the existence of an established referral mechanism to providers trained to perform colonoscopies.		\$200,842		\$200,842	\$200,842			\$200,842			
5	Removes special funds spending authority from the community health trust fund for 1 FTE youth tobacco coordinator position and operating costs to address youth tobacco and to implement a countermarketing campaign.	(1.00)		(\$554,208)	(\$554,208)	(\$554,208)				(\$554,208)		
16	Adds funding from the community health trust fund for Emergency Medical Services training grants.			\$300,000	\$300,000	\$300,000			\$300,000			
1	Removes 1 FTE traffic assessment analyst position and changes the funding from salaries and wages to operations in order for the program to be contracted.	(1.00)			\$0	\$0	(\$101,175)	\$101,175				
18	Removes federal funds spending authority for extraordinary repairs to install an underground sprinkler system on the laboratory grounds			(\$20,000)	(\$20,000)	(\$20,000)			(\$20,000)			
9	Decreases funding for Russell Silver grants from \$150,000 to \$50,000		(\$100,000)		(\$100,000)	(\$100,000)			(\$100,000)			
10	Adds special funds spending authority to purchase and receive reimbursement from providers for the cost of vaccines under the providers choice program			\$12,200,000	\$12,200,000	\$12,200,000		\$12,200,000				
	<b>Total House changes</b>	<b>(2.00)</b>	<b>\$5,069,539</b>	<b>\$12,490,530</b>	<b>\$17,560,069</b>	<b>\$17,560,069</b>	<b>\$398,825</b>	<b>\$15,154,610</b>	<b>(\$20,000)</b>	<b>\$2,655,842</b>	<b>(\$629,208)</b>	<b>\$0</b>
	<b>House Version</b>	<b>329.50</b>	<b>\$23,124,367</b>	<b>\$149,430,713</b>	<b>\$172,555,080</b>	<b>\$172,555,080</b>	<b>\$38,114,449</b>	<b>\$48,490,284</b>	<b>\$1,797,383</b>	<b>\$57,758,618</b>	<b>\$8,844,346</b>	<b>\$17,550,000</b>
	Section 1 Amounts		13,468,904	112,270,220	125,739,124	125,739,124	32,342,513	25,613,981	1,514,469	41,832,166	8,685,995	\$15,750,000
	Section 2 Amounts		9,655,463	37,160,493	46,815,956	46,815,956	5,771,936	22,876,303	282,914	15,926,452	158,351	1,800,000

Other changes affecting the department:

21 Amends North Dakota Century Code Section 23-38-01, to change the current allocation of funding for the community health grant program from 40 percent for school programs, 40 percent for community programs and 20 percent for state aid to 50 percent for school and community programs and 50 percent for state aid.

22 Amends North Dakota Century Code Section 23-01-05.3, to provide that the State Department of Health may establish an immunization information system and may require childhood immunizations be reported to the department. This amendment incorporates 2007 House Bill No. 1084.

23 Adds a section to the amendment identifying one-time funding for the State Department of Health and provides that the one-time funding is not to be included in the base budget of the State Department of Health for preparing the 2009-11 executive budget. In addition the section provides for a report to the appropriations committees of the sixty-first Legislative Assembly on the use of the one-time funding.

24 Creates a new section to Chapter 23-39 of the North Dakota Century Code to provide for fees collected by the State Department of Health for regulating tanning facilities to be deposited in the department's operating fund for associated costs. House Bill No. 1154 (2007) provides for the department to regulate tanning facilities.

25 Adds a section of legislative intent that funding from the community health trust fund not be used for media campaigns to influence public opinion regarding measures on state or local ballots or proposed legislation.

26 Adds a section providing that funds collected from providers for the provider choice program will include an amount to recover costs of the administration of the program. These funds shall be deposited into the department's operating fund in the state treasury and any expenditure of these funds is subject to appropriation by the legislative assembly.

**North Dakota Department of Health  
Optional Adjustment Summary  
2007-09 Budget Request**

<b>Optional Package</b>	<b>General Funds</b>	<b>Federal Funds</b>	<b>FTE</b>
Salary Package - State equity	568,299	509,606	
Immunization	2,000,000		
Pandemic Flu Stockpile	1,670,400		
Women's Way Maintenance	484,000		
Suicide General Fund	540,000		
Adult tobacco survey	75,000		
Statewide School Health	5,000,000		1.00
Roughrider Follow-up	50,000		
Food & Lodging Pos.	110,385		1.00
Physician Loan	150,000		
Salary Package - Market equity	1,954,259		
Women's Way - Enhancement	282,200		
Community based nutrition	600,000		
Youth tobacco	551,600		1.00
Quitline - Additional Enhancement	70,000		
Domestic Violence	500,000		
EMS Training Grants	940,000		
Septic Tanks	400,000		2.00
Local Health	1,900,000		
<b>Total</b>	<b>17,846,143</b>	<b>509,606</b>	<b>5.00</b>
<b>Total Request all Funds</b>	<b>18,355,749</b>		

**North Dakota Department of Health  
Summary of Budget Changes  
2007-09 Revised HB 1004 Appropriation**

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	Total House Changes	Revised HB 1004 Appropriation
	2007-09 Executive Budget	Add Inspec. of Tanning Facilities	Add CISM	Increase Local Health Units Grants	Increase Domestic Violence Grants	Remove Abstinence Program	Increase Physician Loan Repayment	Change Admin & Storage Antiviral Stockpile	Add Storage Costs Antiviral Stockpile	Add Colorectal Cancer Screening	Remove Youth Tobacco Coord.	Increase EMS Training Grants	Reduce Russell Silver Grants	Increase Provider Choice Vaccine		
Salaries & Wages	37,715,624	32,281													32,281	37,747,905
Operating Exp.	33,335,674		25,000						36,000						12,200,000	45,596,674
Total Capital Assets	1,817,383														0	1,817,383
Grants	55,102,776			900,000	150,000	(220,000)	75,000			200,000		300,000	(50,000)		1,355,000	56,457,776
Tobacco Program	9,473,554										(554,208)				(554,208)	8,919,346
WIC Food Payments	17,550,000														0	17,550,000
<b>Total</b>	<b>154,995,011</b>	<b>32,281</b>	<b>25,000</b>	<b>900,000</b>	<b>150,000</b>	<b>(220,000)</b>	<b>75,000</b>	<b>0</b>	<b>36,000</b>	<b>200,000</b>	<b>(554,208)</b>	<b>300,000</b>	<b>(50,000)</b>	<b>12,200,000</b>	<b>13,094,073</b>	<b>168,089,084</b>
General	18,054,828		25,000	900,000	150,000			(288,865)	36,000	50,000			(50,000)		822,135	18,876,963
Federal	115,227,535					(220,000)									(220,000)	115,007,535
Special	21,712,648	32,281					75,000	288,865		150,000	(554,208)	300,000		12,200,000	12,491,938	34,204,586
<b>Total</b>	<b>154,995,011</b>	<b>32,281</b>	<b>25,000</b>	<b>900,000</b>	<b>150,000</b>	<b>(220,000)</b>	<b>75,000</b>	<b>0</b>	<b>36,000</b>	<b>200,000</b>	<b>(554,208)</b>	<b>300,000</b>	<b>(50,000)</b>	<b>12,200,000</b>	<b>13,094,073</b>	<b>168,089,084</b>
FTE	331.50										(1.00)				(1.00)	330.50

(1) Adds special funds spending authority for the State Department of Health to collect fees for the inspection of tanning facilities. (Related to HB 1154)

(2) Adds funding for the North Dakota critical incident stress management program to assist emergency medical services providers in dealing with stress caused by difficult situations.

(3) Increases funding for grants to local public health units from \$1.1 million to \$2 million per biennium.

(4) Adds funding for grants to domestic violence and rape crisis agencies across the state to provide prevention and intervention services on domestic violence and sexual assault issues.

(5) Removes federal funds spending authority for grants relating to abstinence programs.

(6) Adds funding from the community health trust fund for physician loan repayment program grants.

(7) Changes funding source for storage and administration fees relating to the influenza antiviral stockpile program from the general fund to special funds from fees.

(8) Restores funding for storage costs relating to the influenza antiviral stockpile program.

(9) Adds funding from the general fund and community health trust fund for a grant program through the North Dakota Cancer Coalition to provide funding for colorectal cancer screening initiatives to target low-income, underinsured, uninsured, and disparity populations between ages 50 through 64 living in rural counties with a population of 15,000 or less and with a primary focus on counties with a large American Indian population. Recipients of grants will develop and provide a cohesive approach to cancer prevention, early detection, and treatment in North Dakota. In addition, the recipients, must demonstrate the existence of an established referral mechanism to providers trained to perform colonoscopies.

(10) Removes special funds spending authority from the community health trust fund for 1 FTE youth tobacco coordinator position and operating costs to address youth tobacco and to implement a countermarketing campaign.

(11) Adds funding from the community health trust fund for emergency medical services training grants.

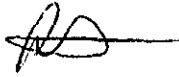
(12) Decreases funding for Russell-Silver Syndrome grants from \$150,000 to \$100,000.

(13) Adds special funds spending authority to purchase and receive reimbursement from providers for the Provider Choice program.

## North Dakota State Department of Health

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**TO:** Representative Metcalf,  
House Appropriation Committee - Human Resource Division

**FROM:** Arvy Smith,   
Deputy State Health Officer

**DATE:** January 29, 2007

**SUBJECT:** Requested Salary Information

I appreciate the opportunity to provide this information to you. The following is a brief explanation to clarify the information contained in the spreadsheet.

North Dakota Department of Health (NDDoH) salary information was based on the December 2006 payroll.

State of ND information concerning salaries by classification and grade, years of service, and number of employees was provided by Human Resources Management Services for the same timeframe.

Positions are grouped into classifications to determine average salaries for comparison with state averages.

The average salary for each NDDoH classification was compared to the average salary for all the state employees in the classification and to the state average salary for all the state employees in the assigned grade. For example, many state agencies have employees in the Office Assistant II classification, which is one of 17 classifications in grade 4. The spreadsheet compares the NDDoH average Office Assistant II salary with the average salary for all the state employees in that classification and also with the average salary for all state employees in grade 4.

The "% Difference" column identifies the NDDoH classifications that have a lower average salary than the state average for that classification, or the state average for that grade, or both. Highlighted cells indicate the largest percentage difference between the salaries being compared. In some cases the average salary for the grade may be higher and in some cases average salary for the class may be higher. This could relate to years of service or the special nature of the classification.

In many instances the NDDoH salaries could only be compared to the ND grade average rather than the ND classification average because all the employees in that specific classification were NDDoH employees. This is indicated with the abbreviation NDDoH in the "% Difference" column.

Environmental Engineers were compared to Transportation Engineers because no other agencies employ Environmental Engineers II or Senior Environmental Engineers. Transportation Engineers are the same grade as Environmental Engineers. Engineers are difficult to recruit and are generally hired at a higher salary than other classifications in the same grade. The Department of Transportation employs the largest number of engineers and faces similar challenges in recruitment.

The columns entitled "Salary Funding Splits" shows how each position is funded by percentage of general and other funds for the salary bases shown on this report. Depending on the availability of federal or other funds, funding allocation for any increases may vary from the base funding.

Thank you again for your interest in our department. My staff and I are available to discuss this report with you. I can be reached at 328.3070.



**Department of Health  
Answer to Questions  
House Bill 1004  
2007-09 Budget**

On January 9, you requested the Health Department supply some additional information on department employees:

Health Department Testimony given on January 9 stated that "Since January 1, 2004 110 employees have left the Department." You wanted to know how many of those employees were professional staff?

The answer is 96 or 88%.

You also asked for breakdown of Health Department employees by age and how many would be retiring soon?

Age of employees	
21 - 30	30
31 - 40	67
41 - 50	83
51 - 60	93
61 - 70	17

Average age - 46  
# Eligible to retire this year - 15  
# Eligible to retire in five years - 66

Is the equity pool available for classified, non classified or both classes of employees?

Based on proposed legislation (SB 2189) and after reviewing the testimony of Human Resources Management Services only classified employees would be eligible for the market equity increases.

Department of Health  
Schedule of Office Space for 2005-2007 Biennium

Office Space	Address	Square Footage	Rate per sq.ft.	Monthly Rent	Biennial Rent	FTE's per Bldg
<b>Environmental Health Section &amp; Emergency Preparedness &amp; Response</b>						
Gold Seal Building	918 East Divide Ave. Bismarck	40,025	\$11.00	\$ 36,690	\$ 880,550	110.50
Fargo, City of	2301 8th Ave N, Fargo	500	8.40	350	8,400	2.50
McHenry County	McHenry Cty Mem. Bldg, Towner	190	14.21	225	5,400	1.00
HD Laboratory Building	2635 East Main, Bismarck	30,500		State Owned		36.50
Environmental Training Center	2639 East Main, Bismarck	5,944		State Owned		7.00
Dickinson Research Station	State Ave., Dickinson			On Site		1.00
Waste Mgt - 2 Landfill operators	Quinner & Sawyer Landfills			On Site		2.00
<b>Administrative Service Section, Health Resource Section, Medical Services Section (Disease Control) and the Community Health Section</b>						
State Capital Building*	600 East Boulevard, Bismarck	27,210	8.98	13,465	323,172	128.00
* Dept. only pays federal/other funds portion of this bill - 66%						
<b>Administrative Service Section</b>						
Central Valley Health Unit	122 2nd Street NW, Jamestown	820	7.00	478	11,474	1.00
Physicians - 2						
Med Center One	Bismarck			On Site		0.50
Fargo Cass Health Unit	401 3rd Avenue N, Fargo			On Site		0.50
<b>Health Resource Section</b>						
Food & Lodging -4 inspectors	Courtenay, Manvel, Buchanan, Dickinson			Home Based		4.00
Health Facility -6 Inspectors	Redfield, SD, Jamestown, Tower City, Linton, Dickinson, Hazen			Home Based		6.00
<b>Medical Services Section</b>						
State Morgue Building	2637 East Main, Bismarck	4,837		State Owned		3.00
Grand Forks Public	151 S. 4th St, Grand Forks			213	5,100	1.00
Lake Region	524 4th Avenue NE, Devils Lake			220	5,280	1.00
Southwestern District	2869 3rd Avenue W, Dickinson			75	1,800	1.00
First District	801 11th Ave. SW, Minot			314	7,536	1.00
Upper Missouri	110 West Broadway, Williston			175	4,200	1.00
Bismarck Burleigh Public Health	500 East Front Ave. Bismarck			Inkind		1.00
Central Valley Health Unit	122 2nd Street NW, Jamestown			Inkind		1.00
Fargo Cass Health Unit	401 3rd Avenue N, Fargo			Inkind		1.00

311.50

**Department of Health**  
**Schedule of Grants**  
**Special Populations**  
**2007-09 Executive Recommendation**

**Grant Line Item**

Description	2007-09 Executive Recommendation	General Fund	Federal Fund
Grants to Individuals - Russell Silver	150,000	150,000	
Grants to Clinics	342,674	155,944	186,730
Family Support Contracts	40,400	18,382	22,018
Grants to LPH for Care Coordination	71,400	32,487	38,913
Grants to ND Human Services	248,056		248,056
Medical Home Contracts	26,000	11,830	14,170
State System & Development Initiative	48,000		48,000
<b>Total Grants</b>	<b>\$ 926,530</b>	<b>\$ 368,643</b>	<b>\$ 557,887</b>

**Department of Health**  
**Schedule of Medical, Dental, and Optical Expenditures**  
**Special Populations**

**2007-09 Executive Recommendation**

Federal funds	312,609
General funds	<u>235,828</u>
Total funds	548,437

# ADMINISTRATIVE SUPPORT

## SALARIES AND WAGES

### FTE EMPLOYEES (Number)

	2003-05 Actual Expenditures	Exp. To Date Nov 2006	Original 2005-07 Budget	2007-09 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
<b>TOTAL</b>	<b>36.55</b>		<b>34.05</b>	<b>36.05</b>	<b>2.00</b>	<b>6%</b>
Salaries	2,508,127	1,835,319	2,625,022	3,013,703	388,681	15%
Temporary, Overtime	147,410	132,439	167,368	47,592	(119,776)	-72%
Benefits	835,981	616,518	904,510	1,113,137	208,627	23%
<b>TOTAL</b>	<b>3,491,518</b>	<b>2,584,276</b>	<b>3,696,900</b>	<b>4,174,432</b>	<b>477,532</b>	<b>13%</b>
General Fund	1,454,738	1,992,769	1,912,995	2,135,546	222,551	12%
Federal Funds	2,036,239	591,507	1,783,905	2,005,018	221,113	12%
Other Funds	541	0	0	33,868	33,868	100%

## OPERATING EXPENSES

Travel	119,688	70,607	129,553	123,536	(6,017)	-5%
Supplies - IT Software	55,906	160,050	180,725	79,471	(101,254)	-56%
Supply/Material-Professional	89,089	67,557	68,410	41,563	(26,847)	-39%
Food & Clothing	0		0	0	0	
Buildings/Vehicle Maint. Supplies	24,803	3,757	10,398	10,710	312	3%
Miscellaneous Supplies	0	637	0	300	300	100%
Office Supplies	40,948	25,423	41,891	40,966	(925)	-2%
Postage	15,343	41,291	35,658	37,248	1,590	4%
Printing	49,657	38,195	46,057	46,899	842	2%
Utilities	2,208	1,233	2,479	0	(2,479)	
Insurance	113,012	89,360	95,215	112,687	17,472	18%
Lease/Rentals - Equipment	5,259	1,981	3,834	3,935	101	3%
Lease/Rentals - Buildings/Land	49,724	23,039	29,399	12,180	(17,219)	-59%
Repairs	10,331	35,148	44,645	35,984	(8,661)	-19%
IT - Data Processing	246,998	218,776	455,795	318,367	(137,428)	-30%
IT - Telephone	76,269	55,062	92,577	109,482	16,905	18%
IT - Contractual Services	717,730	32,250	50,000	0	(50,000)	
Professional Development	112,912	100,324	144,795	150,442	5,647	4%
<b>Operating Fees &amp; Services</b>	<b>83,463</b>	<b>53,921</b>	<b>42,483</b>	<b>20,290</b>	<b>(22,193)</b>	<b>-52%</b>
<b>Professional Services</b>	<b>1,930,888</b>	<b>380,517</b>	<b>614,518</b>	<b>134,997</b>	<b>(479,521)</b>	<b>-78%</b>
Medical, Dental, and Optical	0	0	0	0	0	
Operating Budget Adjustment	0	0	0	0	0	
<b>Sub Total Operating</b>	<b>3,744,228</b>	<b>1,399,128</b>	<b>2,088,432</b>	<b>1,279,057</b>	<b>(809,375)</b>	<b>-39%</b>
Equip Under \$5000	44,256	35,673	29,946	32,200	2,254	8%
Other Equip Under \$5000	31,628	43,846	30,049	0	(30,049)	
Office Equip Under \$5000	20,108	23,346	26,185	0	(26,185)	
<b>TOTAL</b>	<b>3,840,220</b>	<b>1,501,993</b>	<b>2,174,612</b>	<b>1,311,257</b>	<b>(863,355)</b>	<b>-40%</b>
General Fund	140,797	(778,507)	279,027	217,173	(61,854)	-22%
Federal Funds	3,689,993	2,276,325	1,759,585	1,122,274	(637,311)	-36%
Other Funds	9,430	4,175	136,000	(28,190)	(164,190)	

## CAPITAL ASSETS

Land and Buildings	0	0	0	0	0	
Other Capital Paymnts	0	0	0	0	0	
Extraordinary Repairs	0	0	0	0	0	
Equipment > \$5000	12,781	10,864	43,223	0	(43,223)	
IT Equipment > \$5000	13,555	0	0	0	0	
<b>TOTAL</b>	<b>26,336</b>	<b>10,864</b>	<b>43,223</b>	<b>0</b>	<b>(43,223)</b>	
General Fund	0	0	0	0	0	
Federal Funds	26,336	10,864	43,223	0	(43,223)	
Other Funds	0	0	0	0	0	

## CAPITAL CONST. C/O

Land and Buildings	0	0	0	0	0	
General Fund	0	0	0	0	0	
Federal Funds	0	0	0	0	0	
Other Funds	0	0	0	0	0	

## GRANTS/SPECIAL LINE ITEMS

Grants	2,123,208	1,164,433	2,054,692	1,200,000	(854,692)	-42%
WIC Food	0		0	0	0	
Tobacco Prevention Control	24,443		0	0	0	
Community Health Advisory	0		0	0	0	
<b>TOTAL</b>	<b>2,147,651</b>	<b>1,164,433</b>	<b>2,054,692</b>	<b>1,200,000</b>	<b>(854,692)</b>	<b>-42%</b>
General Fund	1,100,000	827,500	1,100,000	1,100,000	0	0%
Federal Funds	1,047,638	336,933	954,692	100,000	(854,692)	-90%
Other Funds	13	0	0	0	0	

## COST CENTER TOTAL

<b>TOTAL</b>	<b>9,505,725</b>	<b>5,261,566</b>	<b>7,969,427</b>	<b>6,685,689</b>	<b>(1,283,738)</b>	<b>-16%</b>
General Fund	2,695,535	2,041,762	3,292,022	3,452,719	160,697	5%
Federal Funds	6,800,206	3,215,629	4,541,405	3,227,292	(1,314,113)	-29%
Other Funds	9,984	4,175	136,000	5,678	(130,322)	-96%

**DEPARTMENT OF HEALTH**  
**Administrative Support**  
**2007-09 Executive Budget**

**Operating Fees Line Item**

Description	2005-07 Budget	2007-09 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Research/on line data	24,148	1,859	(22,289)	-92.3%
Advertising/Photo/Misc	2,922	2,556	(366)	-12.5%
Employee Awards	15,413	15,875	462	3.0%
<b>Total Operating Fees</b>	<b>\$ 42,483</b>	<b>\$ 20,290</b>	<b>\$ (22,193)</b>	<b>-52.2%</b>

**Professional Services Line Item**

Description	2005-07 Budget	2007-09 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	13,370	15,000	1,630	12.2%
Misc. Professional (Strategic Plan)	29,275	30,000	725	2.5%
Audit	35,000	30,000	(5,000)	-14.3%
Personnel - UND Training	20,000	19,997	(3)	0.0%
Healthy ND Project (Prev Blk)	177,472	40,000	(137,472)	-77.5%
Worksite Wellness	135,000	-	(135,000)	-100.0%
Web Page Design	12,000	-	(12,000)	-100.0%
Translator of Training Materials	14,000	-	(14,000)	-100.0%
PIO Needs Assessment	14,000	-	(14,000)	-100.0%
State Planning Grant	13,575	-	(13,575)	-100.0%
ND Association of Counties	137,500	-	(137,500)	-100.0%
Public Health Training	13,326	-	(13,326)	-100.0%
<b>Total Professional Fees</b>	<b>\$ 614,518</b>	<b>\$ 134,997</b>	<b>\$ (479,521)</b>	<b>-78.0%</b>

**Grant Line Item**

Description	2005-07 Budget	2007-09 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Local Public Health - BT - PIO	70,000	-	(70,000)	-100%
Local Public Health - BT - HANS	584,692	-	(584,692)	-100%
Emergency Mgmt - BT training	300,000	-	(300,000)	-100%
Electronic Death Registry	-	100,000	100,000	
Local Public Health- State Aid	1,100,000	1,100,000	-	0%
<b>Total Grants</b>	<b>\$ 2,054,692</b>	<b>\$ 1,200,000</b>	<b>\$ (854,692)</b>	<b>-41.6%</b>

**2007-09 Information Technology Contractual Services**  
**ND Department of Health**  
**Administrative Support**

Project	Vendor	2005-07	2007-09	Difference Incr/(Decr)
		Biennium Appropriation	Biennium Request	
BT Focus E - HAN Network to EPR	Proxicom	50,000	-	(50,000)
<b>ADMINISTRATIVE SUPPORT SECTION TOTAL</b>		<b>50,000</b>	<b>-</b>	<b>(50,000)</b>

**Department of Health  
Summary of Federal & Other Funds  
2007-09 Executive Budget**

<u>Administrative Service Section</u>	<u>2007-09 Executive Budget</u>
<b>Federal Funds</b>	
Preventive Health Service Block Grant	254,341
CDC Bioterrorism	779,865
Vital Records Federal Contracts	314,034
Electronic Death Registry Project	220,000
Indirect Cost Pool	<u>1,659,052</u>
<b>Total</b>	<b>3,227,292</b>
<b>Other Funds</b>	
Environmental Health Practitioner Licenses	3,000
Community Health Trust Fund	<u>2,678</u>
<b>Total</b>	<b>5,678</b>



**Department of Health  
Medical Services Section  
Answer to Questions**

How many children are insured with companies other than Blue Cross and Blue Shield ?

We estimate that number to be 21,236

## Universal

### \*VFC (Vaccines For Children)

Program: federal entitlement program for children 18 and younger and either Medicaid-eligible, Native American/Alaskan Native, Uninsured or Underinsured (has insurance, but it does not cover vaccinations).

-Underinsured must be vaccinated at Federally Qualified Health Centers (FQHCs) or Rural Health Clinics (RHCs).

State general funds are used to purchase vaccines at federal rate (reduced) for non-VFC\* children.

Health care provider orders all vaccine from NDDoH.

Health care provider may only bill insurance for \$8.43 administration fee for state-supplied vaccines.

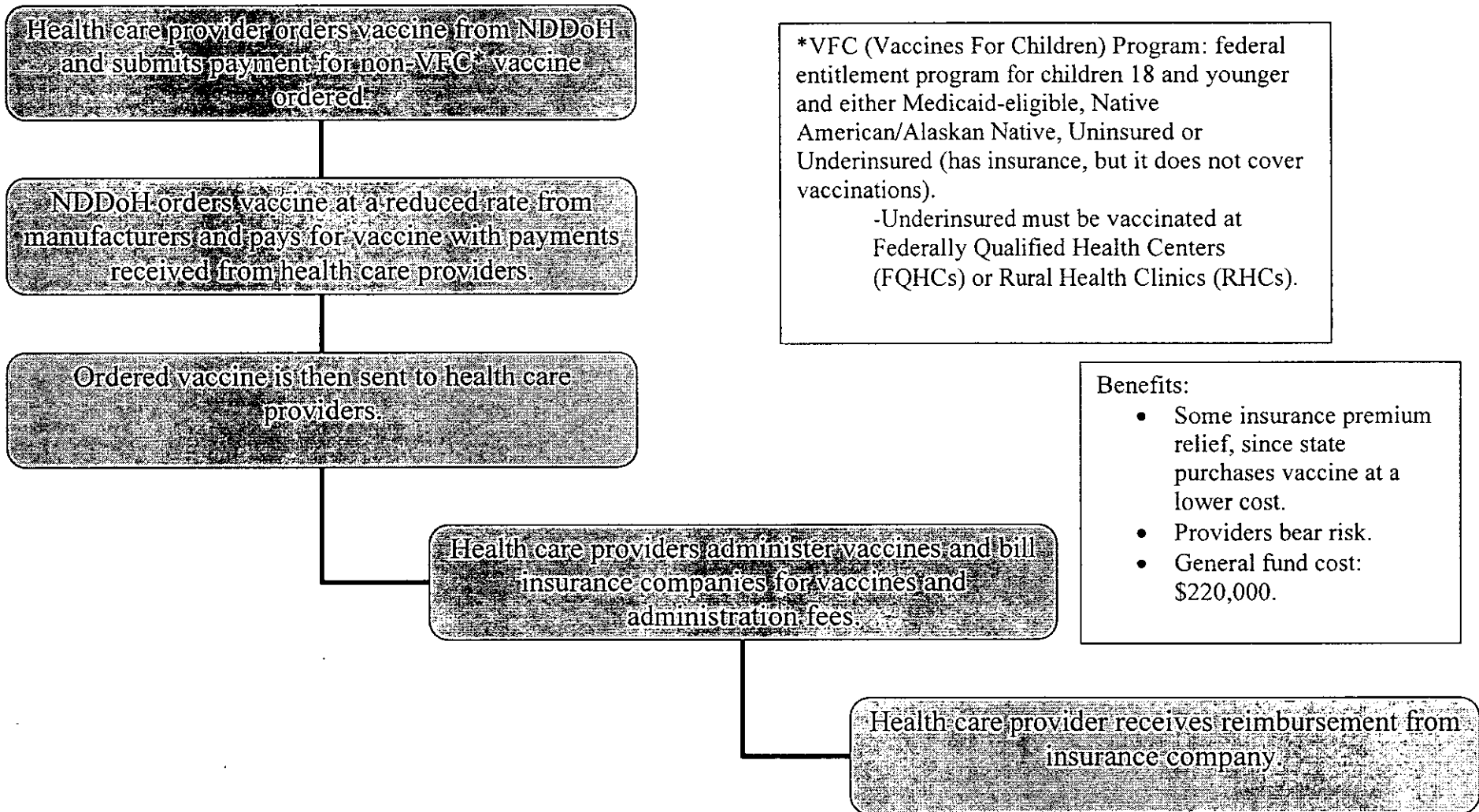
### Benefits:

- Easy to administer.
- All children are able to be vaccinated at no cost to the parent.
- No insurance premium increase.
- Children are able to be vaccinated at any clinic in the state.

### Issues:

- General fund cost of at least \$16 million per biennium plus future costs for new vaccines and increasing prices.
- Insurance companies that would cover vaccines are not being charged.
- State bears financial risk for insufficient funds.

## Provider Choice



\*VFC (Vaccines For Children) Program: federal entitlement program for children 18 and younger and either Medicaid-eligible, Native American/Alaskan Native, Uninsured or Underinsured (has insurance, but it does not cover vaccinations).

-Underinsured must be vaccinated at Federally Qualified Health Centers (FQHCs) or Rural Health Clinics (RHCs).

### Benefits:

- Some insurance premium relief, since state purchases vaccine at a lower cost.
- Providers bear risk.
- General fund cost: \$220,000.

### Issues:

- Currently, local public health units (LPHUs) cannot bill insurance companies. The NDDoH is working to create a partnership between FQHCs and LPHUs, so FQHCs can bill on LPHUs behalf.
- Currently, VFC vaccine can only be given to underinsured children at FQHCs and RHCs. The NDDoH is working to establish memorandum of understanding between LPHUs and FQHCs, so they can vaccinate underinsured VFC children on the FQHCs' behalf.
- Local public health units worried about up-front costs.
- Local public health units worried about absorbing costs if insurance companies and patients do not reimburse for full amount.

## VFC-Only

Health care providers order only VFC\* vaccine from the NDDoH.

Health care providers order vaccine for non-VFC children from manufacturers at retail rate.

Health care providers bill insurance for vaccines and their administration given to non-VFC children.

\*VFC (Vaccines For Children) Program: federal entitlement program for children 18 and younger and either Medicaid-eligible, Native American/Alaskan Native, Uninsured or Underinsured (has insurance, but it does not cover vaccinations).

-Underinsured must be vaccinated at Federally Qualified Health Centers (FQHCs) or Rural Health Clinics (RHCs).

### Benefits:

- Easy to administer.
- Providers bear risk.
- No General Fund Cost.

### Issues:

- Insurance premiums increase because providers are billing at retail rate.
- Currently, local public health units (LPHUs) cannot bill insurance companies. The NDDoH is working to create a partnership between FQHCs and LPHUs, so FQHCs can bill on LPHUs behalf.
- Currently, VFC vaccine can only be given to underinsured children at FQHCs and RHCs. The NDDoH is working to establish memorandum of understanding between LPHUs and FQHCs, so they can vaccinate underinsured VFC children on the FQHCs' behalf.
- Local public health units worried about up-front costs.
- Local public health units worried about absorbing costs if insurance companies and patients do not reimburse for full amount.

# Immunization Funding

Arvy Smith CPA CM  
Deputy State Health Officer



## Childhood Immunizations

- Important
- Complex
- Expensive



## Changes to Immunization Program

- Costs to vaccinate a child are increasing dramatically
- Federal funding is expected to decrease
- Vaccine distribution system is changing

Need to explore all options to determine the most cost-effective way to vaccinate all North Dakota children



NORTH DAKOTA  
DEPARTMENT OF HEALTH

## Types of Funding

- VFC Vaccines for children – federal entitlement for
  - Medicaid eligible
  - Uninsured
  - American Indian/Alaska Native
  - Underinsured served at federal qualified or rural health clinic



NORTH DAKOTA  
DEPARTMENT OF HEALTH

## Types of Funding

- 317 Funding
  - federal funding for special projects
  - Not intended for VFC eligible or privately insured
- Private insurance
- State funding



## Costs to Vaccinate a Child

<u>Year</u>	<u>Amount *</u>
1999	\$186
2004	\$476
2005	\$618
2006	\$1,156

\* Assumes federal purchase rate



## Reasons for Increases

- New Vaccines
  - Four in 2006
    - Menactra
    - Rotavirus
    - HPV
    - Varicella 2<sup>nd</sup> dose
  - Ten (or more) new vaccines in progress, costing potentially additional \$2,000 per child
- Price increases



## Costs of New Vaccines

	<u>Vaccine Cost *</u>	<u>One Rec. Age Group</u>	<u>Catch-Up</u>
Menactra	\$68	\$570,000	\$4.0 M
Rotavirus	\$156	\$1,307,000	0
HPV	\$288	\$1,257,150	\$8.8 M
Varicella 2	\$57	\$477,000	\$5.7 M

\* Assumes federal purchase rate





## Varying Costs Per Child

• Federal	\$1,156
• Negotiated State *	\$1,389
• Private	\$1,628

\* Cross between multi-state compact, private and federal rate where allowed



## Categories of Children

VFC	36%
BCBS	47%
Other	17%

Assumes we get all undersinsured covered by VFC in FQHCs



## Total Costs to Vaccinate

(In Millions)

	2005	2006	2007	2008
	<u>Actual</u>	<u>Est.</u>	<u>Est.</u>	<u>Est.</u>
VFC	\$2.2	\$2.8	\$2.7	\$3.2
Non VFC	\$2.4	\$4.0	\$5.9	\$6.2
Total	\$4.6	\$6.8	\$8.6	\$9.4

Assumes 79% vac. rate, no catch-up, 2008 4% inflation.



NORTH DAKOTA  
DEPARTMENT of HEALTH

## Total Funding Gap

(In Millions)

	2005	2006	2007	2008
	<u>Actual</u>	<u>Est.</u>	<u>Est.</u>	<u>Est.</u>
Non VFC	\$2.4	\$4.0	\$5.9	\$6.2
317 Est.	\$2.0	\$1.9	\$1.7	\$1.3
Total Gap	\$0.4	\$2.1	\$4.2	\$5.9

Assumes 79% vac. rate, no catch-up, 2008 4% inflation.



NORTH DAKOTA  
DEPARTMENT of HEALTH

## Total Funding Gap W/Catch-up

(In Millions – provider choice)

	2005	2006	2007	2008
	<u>Actual</u>	<u>Est.</u>	<u>Est.</u>	<u>Est.</u>
Non VFC	\$2.4	\$4.0	\$9.9	\$10.0
317 Est.	\$2.0	\$1.9	\$1.7	\$3
Total Gap	\$4	\$2.1	\$8.2	\$9.7

Assumes 79% vac. rate; 2008 4% inflation; 25% catch-up rate per year.



NORTH DAKOTA  
DEPARTMENT OF HEALTH

## Total Funding Gap W/Catch-up

(In Millions - general fund purchase)

	2005	2006	2007	2008
	<u>Actual</u>	<u>Est.</u>	<u>Est.</u>	<u>Est.</u>
Non VFC	\$2.4	\$4.0	\$8.0	\$8.3
317 Est.	\$2.0	\$1.9	\$1.7	\$3
Total Gap	\$4	\$2.1	\$6.3	\$8.0

Assumes gap is covered with general funds and get federal contract rate; 2008 4% inflation; 25% catch-up rate per year.



NORTH DAKOTA  
DEPARTMENT OF HEALTH

## Other Considerations

- Maintain the medical home
- All children vaccinated
- Maximize use of VFC funding
- Ease of administration
- Low administration costs
- Minimize insurance premium increases
- Equity to children and payers
- Coverage for underinsured
- Insurance mandates



## Potential Options

- VFC Only (all other vaccines in private market at private rates)
  - No state general fund cost
  - Insurance premium increases higher
  - Providers bear risk, order and bill
  - Medical home not protected
  - Not equitable to children or payers
  - May affect vaccination rates



## Potential Options

- Universal Coverage (VFC plus state general funds for all other children)
  - General fund cost at least \$16 million per biennium plus future costs to add new vaccines; assumes only 25% catch-up rate per year
  - Insurers don't pay so no increase in premiums
  - State administers, orders, bears financial risk for insufficient funds
  - All children covered
  - Medical home protected
  - Easy administration for providers



## Potential Options

- Provider Choice (VFC plus state purchases non VFC to achieve best rate for non VFC using funding from providers who bill insurers for costs)
  - General fund cost \$222,000 per biennium (2 FTE, administration)
  - Provides some insurance premium relief
  - Providers bear risk
  - State brokers the purchase for best rates
  - All children covered
  - Medical home protected



## Conclusion

- Provider Choice

## Why?

- Low general fund cost
- Provides some insurance premium relief
- Low total cost
- Medical home protected
- All children covered
- Lowest state financial risk
- No insurance mandate required
- Equitable to children and payers



NORTH DAKOTA  
DEPARTMENT of HEALTH

## Costs to Vaccinate a Child up Through 18 Years of Age

[illegible]

### Recommended Childhood Vaccinations up Through Age 18 and the Diseases they Protect Against

Vaccine	Age for Recommended Doses						Diseases the Vaccine Prevents
	Birth	1-2 months	4 months	6 months	12-15 months	4-6 years	
Hepatitis B							Prevents serious liver disease and liver cancer
Pedvax		2 months	4 months	6 months	12-15 months	4-6 years	Prevents Haemophilus influenza B - a cause of bacterial meningitis
Pediarix		2 months	4 months	6 months	12-15 months		Prevents Diphtheria, tetanus, pertussis, hepatitis B, and polio.
Rototek		2 months	4 months	6 months			Prevents severe diarrhea in infants and toddlers
DTaP		2 months	4 months	6 months	15-18 months		Prevents Diphtheria, tetanus, pertussis (whooping cough)
Prenar		2 months	4 months	6 months	12-15 months		Prevents ear infections, blood infections and pneumonia due to pneumococcal bacteria
Hepatitis A				12-23 months (2 doses)			Prevents hepatitis A, a sometimes serious liver infection that is highly contagious.
IPV		2 months	4 months		6-18 months		Prevents polio
MMR					12-15 months	4-6 years	Prevents measles, mumps and rubella (German measles)
Varicella					12-15 months	4-6 years	Prevents chickenpox
Menactra						11-12 years	Prevents a serious form of bacterial meningitis and blood infection caused by meningococcal bacteria
Tdap						11-12 Years	Prevents tetanus, diphtheria and pertussis in adolescents and adults
HPV						11-12 years	Prevents cervical cancer due to the human papillomavirus





**NORTH DAKOTA**  
DEPARTMENT of HEALTH

Federally Qualified Health Centers and Rural Health Clinics that provide NDDoH vaccine  
Current as of October 6, 2006

<b>Federally Qualified Healthcare Centers</b>		
<b>Name of Clinic</b>	<b>City</b>	<b>Phone Number</b>
Coal Country Community Health Center	Beulah	701-873-4445
Family Health Care Center	Fargo	701-239-7111
Valley Community Health Center	Northwood	701-587-6000
Northland Community Health Clinic	Rolette	701-246-3391
Northland Community Health Clinic	Turtle Lake	701-448-9225
<b>Rural Health Clinics</b>		
<b>Name of Clinic</b>	<b>City</b>	<b>Phone Number</b>
AMC Clinic	Ashley	701-288-3448
Beach Medical Clinic	Beach	701-872-3777
Garrison Memorial Hospital Missouri Slope Clinic	Beulah	701-873-4242
St. Andrew's Bottineau Clinic	Bottineau	701-228-9400
West River Health Clinic	Bowman	701-523-3271
Towner County Medical Center	Cando	701-968-3337
CliniCare	Cavalier	701-265-8461
Cooperstown Medical Center	Cooperstown	701-797-2128
Johnson Clinic P.C.	Dunseith	701-224-5694
Meritcare Clinic Edgeley	Edgeley	701-493-2245
Avera United Clinic – Ellendale	Ellendale	701-349-3666
Southeast Medical Center – Ellendale	Ellendale	701-349-3331
Southeast Medical Center – Forman	Forman	701-724-3221
Garrison Family Clinic	Garrison	701-463-2245
Grafton Family Clinic	Grafton	701-352-2000
Southeast Medical Center – Gwinner	Gwinner	701-678-2263
Garrison Memorial Hospital Hazen Family Clinic	Hazen	701-748-2256
Meritcare Clinic Hillsboro	Hillsboro	701-436-5311
Kulm Community Clinic	Kulm	701-647-2345
Meritcare Clinic Lamoure	Lamoure	701-883-5048
Southeast Medical Center – Lamoure	Lamoure	701-883-5048
Southeast Medical Center – Lidgerwood	Lidgerwood	701-538-4189
Johnson Clinic P.C.	Maddock	701-438-2555
West River Health Clinic	Mott	701-824-2391
Napolean Clinic	Napolean	701-754-2322
West River Health Clinic	New England	701-579-4507
Southeast Medical Center – Oakes	Oakes	701-742-3267
First Care Health Center	Park River	701-284-7555
Rolla Clinic	Rolla	701-477-3111
Johnson Clinic	Rugby	701-776-5235
West River Health Clinic	Scranton	701-275-6336
Mountrail County Rural Health Center	Stanley	701-638-2505
Tioga Medical Center Clinic	Tioga	701-664-3305
Johnson Clinic P.C.	Towner	701-537-5436
Washburn Family Clinic	Washburn	701-462-3396
McKenzie County Healthcare Systems Clinic	Watford City	701-842-3771
Wishek Clinic	Wishek	701-452-2364

# HEALTH RESOURCES

## SALARIES AND WAGES FTE EMPLOYEES (Number)

Salaries  
Temporary, Overtime  
Benefits

### TOTAL

General Fund  
Federal Funds  
Other Funds

## OPERATING EXPENSES

Travel  
Supplies - IT Software  
Supply/Material-Professional  
Food & Clothing  
Buildings/Vehicle Maint. Supplies  
Miscellaneous Supplies  
Office Supplies  
Postage  
Printing  
Utilities  
Insurance  
Lease/Rentals - Equipment  
Lease/Rentals - Buildings/Land  
Repairs  
IT - Data Processing  
IT - Telephone  
IT - Contractual Services  
Professional Development  
Operating Fees & Services  
Professional Services  
Medical, Dental, and Optical  
Operating Budget Adjustment

### Sub Total Operating

IT Equip Under \$5000  
Other Equip Under \$5000  
Office Equip Under \$5000

### TOTAL

General Fund  
Federal Funds  
Other Funds

## CAPITAL ASSETS

Land and Buildings  
Other Capital Paymnts  
Extraordinary Repairs  
Equipment > \$5000  
IT Equipment > \$5000

### TOTAL

General Fund  
Federal Funds  
Other Funds

## CAPITAL CONST. C/O

Land and Buildings  
General Fund  
Federal Funds  
Other Funds

## GRANTS/SPECIAL LINE ITEMS

Grants  
WIC Food  
Tobacco Prevention Control  
Community Health Advisory

### TOTAL

General Fund  
Federal Funds  
Other Funds

## COST CENTER TOTAL

### TOTAL

General Fund  
Federal Funds  
Other Funds

2003-05 Actual Expenditures	Exp. To Date Nov 2006	Original 2005-07 Budget	2007-09 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
53.50		53.50	53.50	0.00	0%
3,611,431	2,632,551	4,023,953	4,433,046	409,093	10%
4,133	7,111	15,000	15,000	0	0%
1,164,889	893,690	1,417,591	1,632,365	214,774	15%
4,780,453	3,533,352	5,456,544	6,080,411	623,867	11%
1,092,466	537,440	822,115	1,015,661	193,546	-24%
3,510,957	2,567,042	4,023,020	4,402,783	379,763	9%
177,030	428,870	611,409	661,967	50,558	8%
514,476	393,272	617,011	726,888	109,877	18%
25,888	24,731	36,659	37,759	1,100	3%
33,924	21,624	40,361	41,571	1,210	3%
0	53	145	149	4	3%
12,050	595	915	942	27	3%
0	0	0	700	700	100%
21,886	13,268	20,490	26,104	5,614	27%
54,033	31,830	55,172	60,827	5,655	10%
44,008	16,098	30,121	34,170	4,049	13%
0	0	0	0	0	
0	0	0	0	0	
10,575	2,068	4,266	4,394	128	3%
117,796	93,012	127,485	143,227	15,742	12%
8,645	975	3,253	3,351	98	3%
44,345	48,189	73,306	95,090	21,784	30%
48,820	39,984	62,843	76,412	13,569	22%
0	44,500	39,500	37,000	(2,500)	-6%
72,147	30,567	42,588	54,766	12,178	29%
18,846	9,177	13,270	23,255	9,985	75%
90,428	18,737	270,512	242,899	(27,613)	-10%
0	0	0	0	0	
0	0	0	0	0	
1,117,867	788,680	1,437,897	1,609,504	171,607	12%
36,819	19,766	69,900	104,500	34,600	49%
1,666	5,085	3,441	30,900	27,459	798%
20,469	8,424	15,050	0	(15,050)	
1,176,821	821,955	1,526,288	1,744,904	218,616	14%
253,839	119,866	224,402	275,324	50,922	23%
897,990	623,231	1,047,662	1,221,398	173,736	17%
24,992	78,858	254,224	248,182	(6,042)	-2%
0	0	0	0	0	
0	0	0	0	0	
0	0	0	0	0	
6,687	0	0	0	0	
0	0	0	0	0	
6,687	0	0	0	0	
0	0	0	0	0	
0	0	0	0	0	
0	0	0	0	0	
2,103,747	1,158,940	1,986,910	1,934,600	(52,310)	-3%
0	0	0	0	0	
0	0	0	0	0	
0	0	0	0	0	
2,103,747	1,158,940	1,986,910	1,934,600	(52,310)	-3%
992,500	846,395	1,015,000	1,015,000	0	0%
311,747	96,597	426,910	339,600	(87,310)	-20%
799,500	215,948	545,000	580,000	35,000	6%
8,067,708	5,514,247	8,969,742	9,759,915	790,173	9%
2,338,805	1,503,701	2,061,517	2,305,985	244,468	12%
4,727,381	3,286,870	5,497,592	5,963,781	466,189	8%
1,001,522	723,676	1,410,633	1,490,149	79,516	6%

**DEPARTMENT OF HEALTH**  
**Health Resources**  
**2007-09 Executive Budget**

**Operating Fees Line Item**

Description	2005-07 Budget	2007-09 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Operating Fees-Misc	534	343	(191)	-35.7%
Advertising/Photo/Misc	12,736	22,912	10,176	79.9%
<b>Total Operating Fees</b>	<b>\$ 13,270</b>	<b>\$ 23,255</b>	<b>\$ 9,985</b>	<b>75.2%</b>

**Professional Services Line Item**

Description	2005-07 Budget	2007-09 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	31,879	27,500	(4,379)	-13.7%
Certificate of Public Advantage	100,000	100,000	-	0.0%
Misc Prof Fees	4,151	-	(4,151)	-100.0%
Medical Services	3,500	4,000	500	14.3%
Web Development	7,500	-	(7,500)	-100.0%
Trauma Project	4,000	-	(4,000)	-100.0%
Traffic Assessment	-	7,500	7,500	
Emergency Medical Services Training	15,000	3,900	(11,100)	-74.0%
Health Facilities Training	64,482	59,999	(4,483)	-7.0%
Health Care Data Analysis	40,000	40,000	-	0.0%
<b>Total Professional Services</b>	<b>\$ 270,512</b>	<b>\$ 242,899</b>	<b>\$ (27,613)</b>	<b>-10.2%</b>

**Grant Line Item**

Description	2005-07 Budget	2007-09 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Physician Loan Program (General Funds)	75,000	75,000	-	0%
Physician Loan Program (Federal Funds)	300,000	200,000	(100,000)	-33%
Physician Loan Program (Special Funds)	-	75,000	75,000	
Dentist Loan Program	420,000	380,000	(40,000)	-10%
Rural Health Primary Care	126,910	139,600	12,690	10%
Emerg Medical Services Training Grant	940,000	940,000	-	0%
EMS Quick Response Units (Health Care Trust)	125,000	125,000	-	0%
<b>Total Grants</b>	<b>\$ 1,986,910</b>	<b>\$ 1,934,600</b>	<b>\$ (52,310)</b>	<b>-2.6%</b>

**2007-09 Information Technology Contractual Services**  
**Department of Health**  
**Health Resources Section**

Project	Vendor	2005-07	2007-09	Difference Incr/(Decr)
		Biennium Appropriation	Biennium Request	
Trauma - Maintenance Contract	Clinical Data Mgmt	26,000	26,000	-
Hospital Data Access System (annual fee)	Med Media	5,500	11,000	5,500
Webpage design	iNet Technologies	8,000	-	(8,000)
<b>HEALTH RESOURCES SECTION TOTAL</b>		<b>39,500</b>	<b>37,000</b>	<b>(2,500)</b>

**Department of Health  
Summary of Federal & Other Funds  
2007-09 Executive Budget**

<b>Health Resources Section</b>	<b>2007-09 Executive Budget</b>
<b>Federal Funds</b>	
Emergency Medical Services for Children Grant	231,791
ND Department of Transportation -Traffic Assessment	150,000
Federal Physician Loan Program	200,000
State Health Care Providers Certification Title 18	2,401,526
Medicaid Title 19	2,203,370
Primary Health Care	338,573
UND - Search Project	139,781
ND Dept of Trans. - Emergency Medical Services Traffic Safety	234,770
CDC Bioterrorism	63,970
<b>Total</b>	<b>5,963,781</b>
<b>Other Funds</b>	
Hospital License Fees	226,164
Food and Lodging Fees	583,985
Dental Loan Repayment Program - Community Health Trust Fund	380,000
Physician Loan Repayment Program - Comm. Health Trust Fund	75,000
Emerg. Medical Services Pilot Project - Health Care Trust Fund	125,000
Healthcare Cooperative	100,000
<b>Total</b>	<b>1,490,149</b>



**NORTH DAKOTA  
MEDICAL  
ASSOCIATION**

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Minot  
Secretary-Treasurer

**Michael Booth, MD**  
Bismarck  
Speaker of the House

**Gaylord J. Kavlie, MD**  
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AMA Delegate

**Robert W. Beattie, MD**  
Grand Forks  
Immediate Past-President

**Bruce Levi**  
Executive Director

**David Peske**  
Director of  
Governmental Relations

**Leann Tschider**  
Director of Membership  
Office Manager

**Testimony on HB 1004, Budget for the ND Department of Health  
House Appropriations Committee, Human Resources Section  
January 18, 2007**

Chairman Pollert and members of the committee, I'm David Peske, representing the ND Medical Association. The Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

The North Dakota Medical Association is in support of the Health Department's appropriation request to expand funding for the Physician Loan Repayment program administered by the Department. This program, overseen by the ND State Health Council, provides financial assistance to qualifying physicians to repay their educational loans in return for their formal commitment to practice for two years in a community experiencing a shortage of medical care.

In 2005 you approved SB 2266, which increased the amount of assistance the state would be allowed to provide to physicians from \$5000 per year in return for a four-year practice commitment, with a matching amount from the participating community, to \$22,500 per year over a two-year practice commitment. The community is required to provide at least an equal amount of funding, and may also negotiate a longer term of service.

Testimony indicated that physicians are finishing their medical training with an average educational debt of about \$120,000, and since the program offered only a maximum repayment of \$40,000 for a four-year period of service, it did not provide a meaningful incentive for them to participate. We believe the revised law has now accomplished what was intended, fostering a much stronger interest by physicians to participate. To accompany this success, an expansion of funding is now necessary to meet the goal of bringing additional physicians and medical care services to our less urban communities.

The funds appropriated for this program last session remained at the historic level of only \$75,000 for the biennium, reduced from an initially larger budget request. The rationale was 'Let's see if these changes spark an increased interest, and adjust the funds next session.' Today, there are three physicians and communities participating in the program, but because of the current appropriation limitations the Health Department is unable to provide them with the potential amount contemplated under the revised program. In addition, two more physician applications have been approved by the State Health Council to commence at the beginning of the next biennium, but will not be able to receive the assistance unless the funding is available.

The North Dakota Medical Association is thankful for the revisions enacted in 2005, and strongly supports the next step the legislature can take to fund the program by approving the Department's request for an additional \$75,000 in general funds, along with the Optional Adjustment Request for \$150,000 from other sources. We appreciate your careful consideration, and encourage your support for this request.



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**Testimony in Support of House Bill No. 1004  
Budget for the ND Department of Health  
Senate Appropriations Subcommittee  
March 15, 2007**

Chairman Kilzer and Subcommittee members, I'm David Peske, representing the ND Medical Association, the professional membership organization for North Dakota physicians, residents, and medical students.

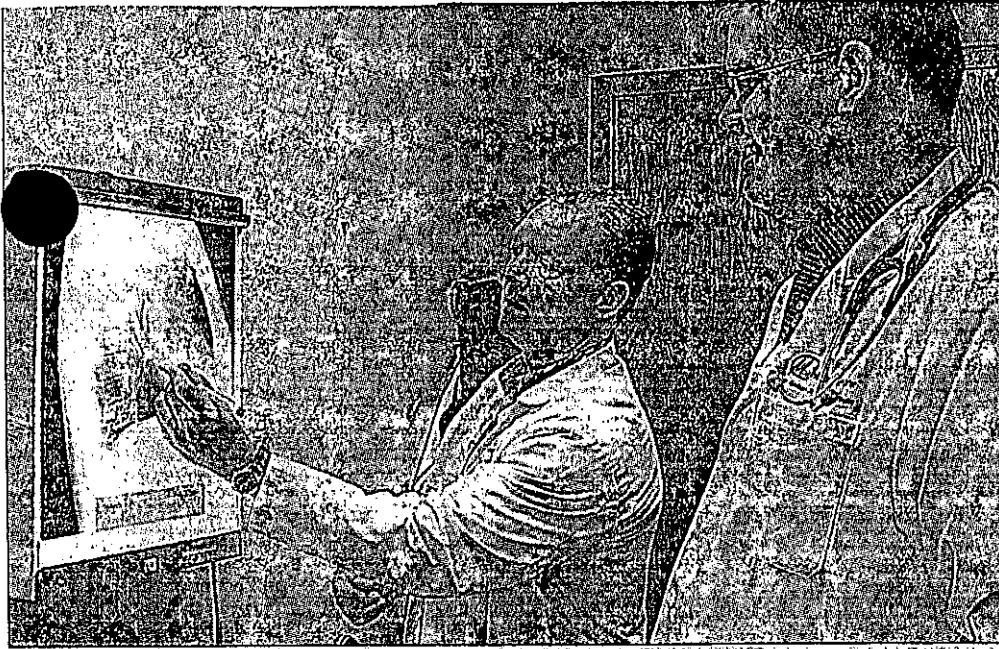
The North Dakota Medical Association is in support of the Health Department's appropriation request in House Bill 1004 to expand funding for the Physician Loan Repayment program administered by the Department. This program, overseen by the ND State Health Council, provides financial assistance to qualifying physicians to repay their educational loans in return for their formal commitment to practice for two years in a community experiencing a shortage of medical care.

In 2005 you revised the statute, increasing the amount of financial assistance the state can provide to physicians from \$5000 per year in return for a four-year practice commitment, with a matching amount from the participating community, to \$22,500 per year over a two-year practice commitment. The community is required to provide at least an equal amount of funding, and may also negotiate with the physician for a longer commitment.

Physicians today are finishing their medical training with an average educational debt of \$120,000 or more, and since the program had offered only a maximum repayment of \$40,000 for a four-year service commitment, it did not provide a meaningful incentive for them to participate. We believe the revised law is now accomplishing your intent, fostering a much stronger interest by physicians to participate. To accompany this success, an expansion of funding is now necessary to meet the goal of bringing additional physicians and medical care services to our less urban communities.

Despite the improvements made in 2005, the funds appropriated for this program remained at the historic level of only \$75,000 for the biennium, reduced from an initially larger budget request. The rationale was 'Let's see if these changes spark an increased interest, and adjust the funds next session.' Today, there are three physicians and communities participating in the program, but because of the current appropriation limitations, the Health Department is unable to provide them with the amount contemplated under the revised program. In addition, two more physician applications have been approved by the State Health Council to commence at the beginning of the next biennium, but adequate funding for these participants will not be available unless the appropriation is provided. A poll of hospitals across the state taken earlier this year indicated an immediate need for 24 family physicians, 43 primary care physicians, and 163 specialist physicians.

The North Dakota Medical Association is thankful for the revisions enacted in 2005, and now it is time to provide the necessary funds to implement the program as intended. The House did not fully fund the Department's request, and we strongly encourage you to include an additional appropriation of \$75,000 in your budget recommendations. We appreciate your careful consideration, and encourage your support for this request.



Dr. Mark Andrews, left, and Dr. Robert Heninger look over an X-ray in the Mountrail County Health Clinic on one of Andrews' last days of work, Sept. 14, in Stanley. Both were recruited from the Center for Family Medicine's residency program in Minot.

## Small towns struggle to get a doctor in the house

NOT (AP) — Since learning more than a year ago that its longtime physician was retiring, Tioga Medical Center has invested many hours and thousands of dollars in recruiting a replacement — only to be disappointed six times.

Still, the fact that six potential candidates at least showed interest in Tioga makes it the envy of many small-town hospitals struggling to get a physician to even look their way.

Physician recruiting — never easy in North Dakota — is particularly difficult for small community hospitals and clinics.

"It's a test of everyone's patience," said Randall Pederson, administrator of Tioga Medical Center.

"It's the most frustrating part of my job by far," said Mitch Leupp, administrator of Mountrail County Medical Center in Stanley.

ngs are looking up for Stanley and Tioga, though. A doctor who interviewed earlier in Tioga ranks the town high on his list and is coming back for a second look. Stanley has a candidate coming to interview this month.

The Center for Rural Medicine in Grand Forks reports 22 openings in the state's smaller hospitals for family medicine physicians — double the number of openings last year. It's not uncommon to have 20 vacancies a year in the rural areas for family medicine doctors, said Mary Amundson, assistant professor at the center. Currently, nine openings also exist for internal medicine in the rural areas.

Trinity Health in Minot is seeking a physician for the Kenmare Community Hospital, a physician or nurse practitioner for Mohall and a general surgeon for its Williston clinic.

The Kenmare hospital has been searching since learning in February that its doctor was leaving in July. Recruiting firms found two candidates, neither of whom showed up for scheduled interviews. Another candidate is supposed to come in October. Resident doctors from the University of North Dakota's Center for Family Medicine in Minot are covering in Kenmare under the direction of Dr. C. Milton Smith,

The J-1 Visa program, which requires doctors from other countries to practice for three years in an underserved area, used to provide many doctors for rural North Dakota. Those doctors now are coming in on other types of visas that don't require they practice in underserved areas.

The Tioga Medical Center, with Dr. Mukesh Patel at the helm for 19 years, has had success in recruiting J-1 physicians from India. For many other hospitals, applications have nearly dried up.

"I can't tell you the last time I got one," Kimber Wraalstad, administrator at Presentation Medical Center in Rolla said. "I used to have just piles of them."

St. Luke's Hospital in Crosby has been doctor-hunting since last December. The hospital increased its advertising and signed up with more recruiting companies.

"But it hasn't done a whole lot of good," administrator Les Urvand said.

Rolla has had a physician vacancy since November 2005.

The National Health Services Corp. offers a federal loan repayment program for rural physicians. Currently, three are practicing in North Dakota under the loan repayment program, according to the Center for Rural Health.

The 2005 North Dakota Legislature revamped the state's physician loan repayment program to increase repayment to \$90,000 and reduce service time from five to two years. Communities match state dollars to fund the program.

Because of limited state money, only a handful of physicians are enrolled. Medical groups are proposing the 2007 Legislature provide enough money to allow eight more doctors into the program in the next two years.

Filling rural vacancies always will be challenging, Pederson said, because Tioga and other communities don't want just anybody.

"We are looking for somebody that will fit into our community," he said. "You have to find the right person who wants to treat patients in a small community and help take care of us."

One source of potential doctors, the University of North Dakota School of Medicine, has helped by giving students a taste of rural medicine. Stanley's last four physicians came out of UND's medical residency program.

Tom Warssocki, a vice president at Trinity Health who works with physician recruitment, said one of the best recruitment tools is word of mouth. A number of physicians who have come to the area were invited or suggested for recruitment by physician friends already practicing in the community, he said.

Shar Grigsby, a physician recruiter at Trinity Health, said getting doctors to visit North Dakota is the biggest hurdle. Once they visit, 55 percent of physicians sign contracts.

"If you can talk somebody into coming to see it, they love it," Grigsby said.



**CHAPTER 43-17.2  
PHYSICIAN LOAN REPAYMENT PROGRAM**

**43-17.2-01. State-community matching physician loan repayment program.**

1. The North Dakota state-community matching physician loan repayment program is established as provided by this chapter.
2. The purpose of the program is to increase the number of physicians practicing medicine in North Dakota communities with defined health professional medical need.
3. Under the program, loan repayments may be made to a recipient for educational expenses incurred while the recipient was attending an accredited four-year allopathic or osteopathic medical school located in the United States, its possessions, territories, or Canada and approved by the state board of medical examiners or by an accrediting body approved by the board.
4. Each recipient is limited to a forty-five thousand dollar maximum loan repayment from the state to be paid over two years. The loan repayment from the selected community must be in an amount that equals or exceeds the amount of loan repayment provided by the state. The selected community may negotiate a period of service longer than two years.
5. The state health council may select any number of recipients and communities each year as participants in the program subject to the availability of funding.

**43-17.2-02. Powers of state health council. The state health council may:**

1. Determine eligibility and qualifications of an applicant to receive loan repayment in accordance with section 43-17.2-03.
2. Identify communities with health professional medical need and establish a priority ranking for program participation of the selected communities.
3. Determine the amount of the loan repayment an applicant may receive within the parameters of this chapter. This determination must include an investigation of the outstanding education loans incurred by the applicant.
4. Determine the condition of loan repayment to an applicant.
5. Enter into a two-year nonrenewable loan repayment program contract with the applicant and the selected community to provide repayment of education loans in exchange for the physician agreeing to practice medicine in the selected community.
6. Receive and use funds appropriated for the program.
7. Receive and use funds paid by the selected communities for repayment of education loans for physicians who apply and qualify for assistance under the program.
8. Enforce any contract under the program.
9. Cancel a contract for reasonable cause.
10. Participate in federal programs supporting repayment of loans to eligible physicians, and agree to the conditions of the federal programs.
11. Create a loan repayment application packet.

12. Accept property from any entity.
13. Work with the university of North Dakota's center for rural health in implementing this chapter.

**43-17.2-03. Physician selection criteria - Eligibility for loan repayment.**

1. The state health council shall establish criteria to apply to an applicant for a loan repayment. The criteria must include:
  - a. The extent to which an applicant's training is in a medical specialty determined by the state health council to be needed in a selected community.
  - b. The applicant's commitment to serve in a community with defined health professional medical need.
  - c. The applicant's achieving a match with a selected community.
  - d. The availability of the applicant for service, with the highest consideration being given to an applicant who is available for service at the earliest date.
  - e. The applicant's professional competence and conduct.
  - f. The applicant's willingness to accept medicare and medicaid assignment.
2. The state health council shall give priority for program participation to an applicant who:
  - a. Graduated from the university of North Dakota school of medicine and health sciences and is enrolled in or has completed a university of North Dakota school of medicine and health sciences postgraduate residency training program;
  - b. Graduated from an accredited out-of-state medical or osteopathic college and is enrolled in or has completed a university of North Dakota school of medicine and health sciences postgraduate residency training program; or
  - c. Graduated from the university of North Dakota school of medicine and health sciences and is enrolled in or has completed an accredited out-of-state postgraduate residency training program in a specialty training program not available in this state.
3. A physician who receives loan repayment under this chapter:
  - a. Must be a graduate of an accredited four-year allopathic or osteopathic medical school located in the United States, its possessions, territories, or Canada and approved by the state board of medical examiners or by an accrediting body approved by the board;
  - b. Must not have practiced full-time medicine in this state for more than one year before the date of the application;
  - c. Must have a full and unrestricted license to practice medicine in this state;
  - d. Shall submit an application to participate in the loan repayment program; and
  - e. Must have entered into an agreement with a selected community to provide full-time medical services for a minimum of two years at the selected community if the applicant receives a loan repayment program contract.

**43-17.2-04. Community selection criteria.**

1. The state health council shall apply at least the following criteria for selecting a community with defined health professional medical need:
  - a. The ratio of physicians to population in the community.
  - b. Access by the residents of the community to medical care within the community and in the surrounding area.
  - c. Assessment of the expected number of physician visits within the community per year.
  - d. The mix of physician specialties within the community.
  - e. Indications of community support for more physicians within the community.
2. The state health council shall give priority for participation to a community that:
  - a. Demonstrates a need for primary care physicians or for a physician trained in the specialty of psychiatry; or
  - b. Has a population of not more than fifteen thousand persons.
3. In selecting a community with health professional medical need, the state health council may consult public and private associations and organizations and make an onsite visit to a community for assessment.

**43-17.2-05. Eligible loans.** The state health council may provide for loan repayment to a recipient of any education loan. The council may not provide for repayment of any loan that is in default at the time of the application. The amount of repayment must be related to the applicant's outstanding education loans. No applicant may receive repayment in an amount greater than the total outstanding balance on the applicant's education loans together with applicable interest. Loan payments may not be used to satisfy other service obligations under similar programs.

**43-17.2-06. Breach of loan repayment contract.** A recipient of loan repayment under this chapter who breaches the loan repayment program contract by failing to begin or complete the obligated service is liable for twice the total uncredited amount of all loan repayment that was contracted on a prorated monthly basis. Any damages the state is entitled to recover under this chapter must be paid to the health council within one year from the date of the breach of the loan repayment program contract. Amounts not paid within the one-year period may be subject to collection through deductions in medicaid payments or other collection methods. Damages recoverable for breach of contract include all interest, costs, and expenses incurred in collection, including attorney's fees. Damages collected under this section must be prorated among the state and the involved community. The state share must be deposited in the general fund. For compelling reasons, the health council may agree to and accept a lesser measure of damages for breach of a loan repayment program contract.

**43-17.2-07. Release from contract obligation.** An applicant is released from the applicant's obligated service, without penalty, if the obligated service has been completed; the applicant is unable to complete the term of the contract because of permanent physical disability; the applicant dies; or the applicant proves extreme hardship or other good cause, to be determined by the council. A decision by the health council not to release an applicant from the applicant's obligated service without penalty is reviewable by the district court.

**43-17.2-08. Term of obligated service.** The length of the term of obligated service of a recipient of a loan repayment under this chapter is a minimum of two years.

**43-17.2-09. Payment.** No payment may be made under this chapter until the physician has practiced at least six months on a full-time basis in a selected community with health professional medical need. Any arrangement made by the state health council for loan repayment in accordance with this chapter must provide that any loan repayment for a year of obligated service be made no later than the end of the fiscal year in which the physician completes the year of obligated service.

# ENVIRONMENTAL HEALTH

## SALARIES AND WAGES

FTE EMPLOYEES (Number)

Salaries  
Temporary, Overtime

2003-05 Actual Expenditures	Exp. To Date Nov 2006	Original 2005-07 Budget	2007-09 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
156.00		155.75	154.75	(1.00)	-1%
10,969,340	7,846,283	11,952,476	12,797,306	844,830	7%
214,824	173,464	315,300	254,800	(60,500)	-19%
3,629,256	2,688,361	4,220,171	4,731,975	511,804	12%
<b>TOTAL</b>	<b>14,813,420</b>	<b>16,487,947</b>	<b>17,784,081</b>	<b>1,296,134</b>	<b>8%</b>
General Fund	3,650,566	2,489,483	4,089,980	502,395	12%
Federal Funds	8,680,380	6,062,206	9,583,240	747,830	8%
Other Funds	2,482,474	2,156,419	2,814,727	45,909	2%

## OPERATING EXPENSES

Travel  
Supplies - IT Software  
Supply/Material-Professional  
Food & Clothing  
Buildings/Vehicle Maintenance Supply  
Miscellaneous Supplies  
Office Supplies  
Postage  
Printing  
Utilities  
Insurance  
Lease/Rentals - Equipment  
Lease/Rentals - Buildings/Land  
Repairs  
IT - Data Processing  
IT - Telephone  
IT - Contractual Services  
Professional Development  
Operating Fees & Services  
Professional Services  
Medical, Dental, and Optical  
Operating Budget Adjustment  
Sub Total Operating  
IT Equip Under \$5000  
Other Equip Under \$5000  
Office Equip Under \$5000

TOTAL	7,332,904	4,964,723	10,029,664	8,478,457	(1,551,207)	-15%
General Fund	1,881,848	1,079,305	1,582,229	1,611,373	29,144	2%
Federal Funds	4,390,543	3,054,600	6,566,771	4,905,385	(1,661,386)	-25%
Other Funds	1,060,513	830,818	1,880,664	1,961,699	81,035	4%

## CAPITAL ASSETS

Land and Buildings  
Other Capital Payments  
Extraordinary Repairs  
Equipment > \$5000  
IT Equipment > \$5000

TOTAL	2,852,441	651,766	1,307,239	1,412,362	105,123	8%
General Fund	0	70,404	185,406	185,227	(179)	0%
Federal Funds	1,834,067	527,883	971,333	771,904	(199,429)	-21%
Other Funds	1,018,374	53,479	150,500	455,231	304,731	202%

## CAPITAL CONST. C/O

Land and Buildings.  
General Fund  
Federal Funds  
Other Funds

## GRANTS/SPECIAL LINE ITEMS

Grants  
WIC Food  
Tobacco Prevention Control  
Community Health Advisory

TOTAL	9,446,491	10,206,724	11,234,980	24,465,894	13,230,914	118%
General Fund	0	(5,577)	0	0	0	
Federal Funds	9,105,008	9,857,613	10,734,980	23,965,894	13,230,914	123%
Other Funds	341,483	354,688	500,000	500,000	0	0%

## COST CENTER TOTAL

2007 CENTER TOTAL						
TOTAL	37,137,283	26,531,321	39,059,830	52,140,794	13,080,964	33%
General Fund	5,711,418	3,633,615	5,857,615	6,388,975	531,360	9%
Federal Funds	24,450,155	19,502,302	27,856,324	39,974,253	12,117,929	44%
Other Funds	6,975,710	3,395,404	5,345,891	5,777,566	431,675	8%

# DEPARTMENT OF HEALTH

## Environmental Health

### 2007-09 Executive Budget

#### Operating Fees Line Item

Description	2005-07 Budget	2007-09 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Advertising/Misc	37,464	38,588	1,124	3.0%
Purchase of Service	100,312	105,053	4,741	4.7%
Film Processing	2,275	2,344	69	3.0%
Land Lease	2,500	2,500	-	0.0%
PSA's Radon and Air Monitors	25,863	25,863	-	0.0%
PM2.5 - Operators	29,375	29,375	-	0.0%
<b>Total Operating Fees</b>	<b>\$ 197,789</b>	<b>\$ 203,723</b>	<b>\$ 5,934</b>	<b>3.0%</b>

#### Professional Services Line Item

Description	2005-07 Budget	2007-09 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	400,291	390,300	(9,991)	-2.5%
Misc. Prof - Mercury Monitor Oper		10,000	10,000	100.0%
Air Quality Professional Services	33,700	33,700	-	0.0%
Title V - Misc. Prof. (Labs)	50,000	42,000	(8,000)	-16.0%
Bioterrorism Contracts - Chem Lab	105,121	2,000	(103,121)	-98.1%
Micro Lab Pathology Consultant	14,891	24,600	9,709	65.2%
Bioterrorism Contracts - Micro Lab	10,277	-	(10,277)	-100.0%
Micro Lab Misc. Prof. Fees	16,809	13,850	(2,959)	-17.6%
Water Quality Management	63,000	25,000	(38,000)	-60.3%
Arsenic Trioxide Project	700,000	-	(700,000)	-100.0%
Misc Prof Fees	104,863	-	(104,863)	-100.0%
Wetlands		145,150	145,150	100.0%
Misc Prof Fees (EMAP)	70,000	50,000	(20,000)	-28.6%
Misc Prof Fees (EPA Block)	60,000	50,001	(9,999)	-16.7%
Methyl Mercury Contamination	77,000	-	(77,000)	-100.0%
Misc Prof Fees (TMDL)	64,819	-	(64,819)	-100.0%
LUST Engineering fees	1,385,000	924,000	(461,000)	-33.3%
Targeted Brownfields Misc. Prof.	545,000	720,000	175,000	32.1%
One Stop Environmental	913	-	(913)	-100.0%
<b>Total Professional Services</b>	<b>\$ 3,701,684</b>	<b>\$ 2,430,601</b>	<b>\$ (1,271,083)</b>	<b>-34.3%</b>

#### Grant Line Item

Description	2005-07 Budget	2007-09 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Biol. Safety Cab. Certification	6,480	-	(6,480)	-100.0%
319 Nonpoint Source	10,200,000	11,000,000	800,000	7.8%
604 B Water Quality Mgmt. Prog.	20,000	-	(20,000)	-100.0%
EPA Wetlands Protection funds	-	275,894	275,894	100.0%
Arsenic Trioxide	-	12,000,000	12,000,000	100.0%
WQ Stockmen's Association	50,000	50,000	-	0.0%
EPA Total Maximum Daily Load	100,000	-	(100,000)	-100.0%
Grants to LPH (Water Dev. Trust Fund)	200,000	200,000	-	0.0%
Water Quality Monitoring funds	-	150,000	150,000	100.0%
Lake Survey Funds	-	150,000	150,000	100.0%
Grants to LPH (EPA Block)	408,500	390,000	(18,500)	-4.5%
Abandoned Auto Fund	250,000	250,000	-	0.0%
<b>Total Grants</b>	<b>\$ 11,234,980</b>	<b>\$ 24,465,894</b>	<b>\$ 13,230,914</b>	<b>117.8%</b>

## 2007-09 Information Technology Contractual Services

ND Department of Health

Environmental Health

Project	Vendor	2005-07	2007-09	Difference Incr/(Decr)
		Biennium	Biennium	
		Appropriation	Request	
StarLims Service Contract to EPR	Scientific Technologies Corporation	75,000	-	(75,000)
One Stop		260,250	200,000	(60,250)
ENVIRONMENTAL HEALTH SECTION TOTAL		335,250	200,000	(135,250)

**Department of Health  
Extraordinary Repairs  
2007-09 Executive Budget**

<b>Lab Building</b>	<b><u>Amount</u></b>
Update HVAC and controls in front office	150,000
Upgrade exterior security with cameras	30,000
Underground sprinklers	<u>20,000</u>
<b>Total</b>	<b>200,000</b>
 <b>Environmental Training Center</b>	
Repair/replace roof	20,000
Seal brick exterior / remortar bricks	<u>8,841</u>
<b>Total</b>	<b>28,841</b>
 <b>Total Extraordinary Repairs</b>	<b><u><u>228,841</u></u></b>

**Department of Health  
Summary of Federal & Other Funds  
2007-09 Executive Budget**

<b>Environmental Health Section</b>	<b>2007-09 Executive Budget</b>
<b>Federal Funds</b>	
EPA Block Grant	8,060,788
FDA Radiation & Mammography Program	103,126
EPA PM 2.5 Monitoring	365,561
CDC Bioterrorism	716,956
Maternal and Child Health Block Grant (MCH)	96,097
Epidemiology & Lab Capacity	435,413
Aids Prevention	290,137
Immunization Grant	183,989
Sexually Transmitted Disease (STD) Grant	202,408
Tuberculosis Grant	126,356
Environmental Monitoring and Assessment (EMAP)	50,000
Nonpoint Source Implementation Grant	11,821,116
Arsenic Trioxide	12,306,610
Water Quality Management	197,112
Water Quality Monitoring	340,000
Wetland Projects	475,894
Lake Survey	304,000
Drinking Water State Revolving Fund	667,266
Clean Water Revolving Fund	661,843
Outreach Operator Training Grant	37,845
State and Tribal Assistance (STAG) Grant	152,453
Counterterrorism Water Protection Grant	100,000
Targeted Brownfield Grant	800,000
Leaking Underground Storage Tank (LUST)	1,164,729
ND Environmental Exchange One STOP program	314,554
<b>Total</b>	<b>39,974,253</b>
<b>Other Funds</b>	
Air Contaminant Fees	3,128,937
Asbestos Fees & Lead Base	51,200
Radiation Control Licensing Fees	360,000
Chemistry Laboratory Analysis Fees	390,137
Microbiology Laboratory Analysis Fees	601,687
Environment & Rangeland Fund	216,119
ND Water Commission (Water Dev. Trust Fund)	250,000
Operator Certificate Fund	35,198
Large Volume Landfills	210,000
Solid Waste Permitting Fees	168,288
Petroleum Tank Release Comp Fund	116,000
Abandoned Motor Vehicle Fund	250,000
<b>Total</b>	<b>5,777,566</b>

**Department of Health**  
**Environmental Health Section**  
**Equipment > \$5,000**

Description\Narrative	Quantity	Base Price	Total Equipment
Perkin Elmer Atomic Absorption system for mercury analysis	1	25,000	25,000
Ion Chromatography system for sulfates, chlorides, and fluorides	1	55,000	55,000
Chemistry anions	1	50,000	50,000
Autotitrator for analysis of pH and alkalinity	1	30,000	30,000
Mercury combustion analyzer for mercury in fish & soil	1	20,000	20,000
Sulfur Dioxide Analyzer	2	9,100	18,200
Ozone Analyzer	4	7,500	30,000
Oxides of nitrogen analyzer	2	10,200	20,400
Ammonia Analyzer	1	21,600	21,600
Fine particulate (TEOM) analyzer	1	19,500	19,500
Infrared camera	1	25,000	25,000
X-ray fluorescence analyzer	1	20,000	20,000
kVp/Ion chamber combination meter (replacement)	1	8,000	8,000
Sulfur Dioxide Analyzer Trace level new	2	9,100	18,200
Tekran Speciated Mercury trace level analyzer (new)	1	101,900	101,900
Biosafety Cabinet	1	10,000	10,000
ABI 7500 upgrade for PCR testing	1	15,000	15,000
CO2 Incubator for culture growth	1	25,000	25,000
C1.1 water unit for media prep	1	15,000	15,000
SmartCycler for influenza testing	1	100,000	100,000
<b>Environmental Health Total</b>			<b>627,800</b>



**Department of Health  
Extraordinary Repairs  
Environmental Health Section  
Answer to Questions**

How much square footage will be covered with underground sprinklers?

There is approximately 50,000 square feet around the laboratory building.

How would the sprinkler system be designed?

The system would be designed so that each building (lab building, morgue, and training center) runs independently of each other.

# ND State Health Department

## National Lake Survey

### Lakes in North Dakota

(Green are Primary, Red are Over Sample)

<u>Lake ID No</u>	<u>County</u>	<u>Lake Name</u>
14	Sheridan	Pond East of Butte
19	Logan	Doyles Lake
62	Kidder	No Name
67	Kidder	No Name
78	McHenry	Pond W of Smokey Lake
83	McIntosh	Camp Lake
126	Stutsman	Lake NW Woodworth
195	Stutsman	Near Cleveland
222	Williams	Tioga Dam
259	LaMoure	No Name
275	McIntosh	Mud Lake
334	McHenry	Buffalo Lodge Lake
339	McIntosh	No Name
384	Divide	Willow Lake
442	Ward	Slough south of Tagus
451	Stutsman	Un-Named
506	Oliver	Flood Plain Lake
510	Ramsey	Cavanaugh Lake
512	Bottineau	Lake S of Loon Lake
515	Dickey	No Name
531	McIntosh	No Name
579	Kidder	Alkaline
634	Ward	Nice lake north of Max
640	Burke	Iverson Slough
659	Nelson	No Name Reservoir
707	Stutsman	Near Crystal Springs
718	Slope	White Lake
762	McLean	Cottonwood Lake
766	Stutsman	Spiritwood Lake
830	Stutsman	No Name
899	Stutsman	No Name
954	Ward	Unnamed lake
1006	Kidder	Lake Helen
1022	Stutsman	No Name
1027	Stutsman	Un-Named
1070	Richland	Un-Named

green  
red

# EMERGENCY PREPAREDNESS RESPONSE

## SALARIES AND WAGES FTE EMPLOYEES (Number)

Salaries  
Temporary, Overtime  
Benefits

### TOTAL

General Fund

Federal Funds

Other Funds

## OPERATING EXPENSES

Travel  
Supplies - IT Software  
Supply/Material-Professional  
Food & Clothing  
Buildings/Vehicle Maintenance Supplies  
Miscellaneous Supplies  
Office Supplies  
Postage  
Printing  
Utilities  
Insurance  
Lease/Rentals - Equipment  
Lease/Rentals - Buildings/Land  
Repairs  
IT - Data Processing  
IT - Telephone  
IT - Contractual Services  
Professional Development  
Operating Fees & Services  
Professional Services  
Medical, Dental, and Optical  
Operating Budget Adjustment  
Sub Total Operating  
Equip Under \$5000  
Car Equip Under \$5000  
Office Equip Under \$5000

### TOTAL

General Fund

Federal Funds

Other Funds

## CAPITAL ASSETS

Land and Buildings  
Other Capital Payments  
Extraordinary Repairs  
Equipment > \$5000  
IT Equipment > \$5000

### TOTAL

General Fund

Federal Funds

Other Funds

## CAPITAL CONST. C/O

Land and Buildings  
General Fund  
Federal Funds  
Other Funds

## GRANTS/SPECIAL LINE ITEMS

Grants  
WIC Food  
Tobacco Prevention Control  
Community Health Advisory

### TOTAL

General Fund

Federal Funds

Other Funds

## CENTER TOTAL

### TOTAL

General Fund

Federal Funds

Other Funds

2003-05 Actual Expenditures	Exp. To Date Nov 2006	Original 2005-07 Budget	2007-09 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
3.50		3.50	3.50	0.00	0%
258,815	223,094	292,144	366,765	74,621	26%
5,799	71,843	3,672	330,692	327,020	8906%
91,834	81,702	100,180	160,274	60,094	60%
356,448	376,639	395,996	857,731	461,735	117%
	0			0	
356,448	376,639	395,996	857,731	461,735	117%
	0			0	
70,839	50,437	50,115	50,925	810	2%
6,606	107,255	106,344	26,598	(79,746)	-75%
9,492	5,302	5,610	4,778	(832)	-15%
0	733	0	0	0	
16,120	95,217	76,960	0	(76,960)	
0	513	0	0	0	
3,091	18,234	9,340	4,620	(4,720)	-51%
1,809	708	1,880	1,778	(102)	-5%
9,327	2,272	3,860	2,415	(1,445)	-37%
0	0	0	2,602	2,602	100%
0	0	0	385	385	100%
86	212	0	0	0	
15,507	79,352	119,945	156,349	36,404	30%
36,730	36,103	2,950	102,309	99,359	3368%
10,184	8,920	12,546	202,045	189,499	1510%
14,015	24,190	27,554	18,065	(9,489)	-34%
549,594	180,099	136,924	490,093	353,169	258%
12,786	15,377	13,178	19,556	6,378	48%
59,012	23,897	19,760	0	(19,760)	
227,632	334,187	407,896	1,265,850	857,954	210%
0	142,685	19	0	(19)	
0	0	0	2,263,000	2,263,000	100%
1,042,830	1,125,693	994,881	4,611,368	3,616,487	364%
10,853	8,705	6,500	19,800	13,300	205%
1,742	0	0	29,666	29,666	100%
1,589	20,023	19,873	2,250	(17,623)	-89%
1,057,014	1,154,421	1,021,254	4,663,084	3,641,830	357%
0	0	0	2,263,000	2,263,000	100%
1,057,014	1,154,421	1,021,254	2,400,084	1,378,830	135%
0	0	0	0	0	
0	0	0	0	0	
0	0	0	0	0	
0	8,777	8,777	242,000	233,223	2657%
0	0	0	0	0	
0	8,777	8,777	242,000	233,223	2657%
0	0	0	0	0	
0	0	0	0	0	
5,604,662	4,187,652	8,646,171	8,468,122	(178,049)	-2%
0	0	0	0	0	
0	0	0	0	0	
0	0	0	0	0	
5,604,662	4,187,652	8,646,171	8,468,122	(178,049)	-2%
0	0	0	0	0	
5,604,662	4,187,652	8,646,171	8,468,122	(178,049)	-2%
0	0	0	0	0	
7,018,124	5,727,489	10,072,198	14,230,937	4,158,739	41%
0	0	0	2,263,000	2,263,000	100%
7,018,124	5,727,489	10,072,198	11,967,937	1,895,739	19%
0	0	0	0	0	

**DEPARTMENT OF HEALTH**  
**Emergency Preparedness & Response**  
**2007-09 Executive Budget**

**Operating Fees Line Item**

Description	2005-07 Budget	2007-09 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Advertising/Photo/Misc	236	-	(236)	-100.0%
Purchase of Service-Temp Service	19,524	-	(19,524)	-100.0%
<b>Total Operating Fees</b>	<b>\$ 19,760</b>	<b>\$ -</b>	<b>\$ (19,760)</b>	<b>-100.0%</b>

**Professional Services Line Item**

Description	2005-07 Budget	2007-09 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	15,000	17,600	2,600	17.3%
Architects	13,500	-	(13,500)	-100.0%
Medical-HRSA	308,096	500,000	191,904	62.3%
Professionals Services-Pan Flu	-	315,500	315,500	100.0%
ND Assoc of Counties	-	120,000	120,000	100.0%
Professionals Not Classified-Misc	71,300	312,750	241,450	338.6%
<b>Total Professional Fees</b>	<b>\$ 407,896</b>	<b>\$ 1,265,850</b>	<b>\$ 857,954</b>	<b>210.3%</b>

**Grant Line Item**

Description	2005-07 Budget	2007-09 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Grants - Public Health Agencies	4,352,546	4,202,084	(150,462)	-3.5%
Grants-Tribal Health Agencies	308,625	146,760	(161,865)	-52.4%
Grants-Div. of Emergency Mgmt	50,000	-	(50,000)	-100.0%
Grants-HRSA Local Hospitals	3,685,000	2,710,986	(974,014)	-26.4%
Grant for CRI	-	200,000	200,000	100.0%
Grants-Dept. of Agriculture	250,000	250,000	-	0.0%
LPHU Connectivity	-	562,200	562,200	100.0%
Sentinel Labs	-	59,840	59,840	100.0%
NDSU	-	20,752	20,752	100.0%
Grants-Pan Flu	-	315,500	315,500	100.0%
<b>Total Grants</b>	<b>\$ 8,646,171</b>	<b>\$ 8,468,122</b>	<b>\$ (178,049)</b>	<b>-2.1%</b>

**Department of Health  
Summary of Federal & Other Funds  
2007-09 Executive Budget**

<u>Emergency Preparedness &amp; Response Section</u>	<u>2007-09 Executive Budget</u>
<b>Federal Funds</b>	
CDC Bioterrorism	7,803,350
CDC Bioterrorism - Pandemic Flu	727,722
HRSA Bioterrorism	3,436,865
<b>Total</b>	<u>11,967,937</u>

## 2007-09 Information Technology Contractual Services

Department of Health

Emergency Preparedness Response

Project	Vendor	2005-07	2007-09	Difference Incr/(Decr)
		Biennium Appropriation	Biennium Request	
Strategic National Stockpile - Inventory Management	Caduceus Systems Services	75,000	8,853	(66,147)
Strategic National Stockpile - maintenance	Caduceus Systems Services		72,240	72,240
Dreams System from Medical Services	Scientific Technologies Corporation		240,000	240,000
Disease Tracking System from Medical Services	Scientific Technologies Corporation		14,000	14,000
StarLims Service Contract from Envir. Services	Scientific Technologies Corporation		75,000	75,000
System Development - Reporting tools	Nexus	31,000	-	(31,000)
Health Alert Network - maintenance	Proxicom	30,924	60,000	29,076
Multipoint Control Unit (MCU) maintenance			20,000	20,000
<b>EMERGENCY PREPAREDNESS RESPONSE SECTION TOTAL</b>		<b>136,924</b>	<b>490,093</b>	<b>353,169</b>

**Department of Health**  
**Schedule of Repairs**  
**Emergency Preparedness Response**  
**2007-09 Executive Recommendation**

<b>Repairs Line Item</b>	<b>2003-05 Actual Expend</b>	<b>Original 2005-07 Budget</b>	<b>2007-09 Executive Recommendation</b>	<b>Request +(-) Difference</b>	<b>Request Transferred to EPR</b>
<b>EPR</b>	<b>36,730</b>	<b>2,950</b>	<b>102,309</b>	<b>99,359</b>	
Micro Lab BT	73,247	66,559	0	(66,559)	68,556
Chem Lab BT	14,122	39,528	0	(39,528)	30,714
<b>Total Repairs</b>	<b>124,099</b>	<b>109,037</b>	<b>102,309</b>	<b>(6,728)</b>	<b>99,270</b>

**Department of Health  
IT Data Processing  
Emergency Preparedness & Response  
2007-09 Executive Budget**

	<u>Biennial Total</u>
Monthly ITD data processing for network connections	15,213.00
Oracle Hosting Costs - annual license fee for HAN servers (\$2,000/yr x 9 servers)	36,000.00 *
Connectivity of the health alert network from the Bismarck core network router to the Fargo core network router. ((\$806x2)x24 months)	38,688.00 *
Microsoft licensing for health alert network users (\$2,000/yr x 9 servers)	36,000.00 *
Maintenance agreement for health alert network infrastructure. (Core routers \$3,707/yr x 2 and server maintenance \$636/yr x 2 servers)	17,372.00 *
Mapping data for the health alert network application	12,572.00 *
Security for internet web entrance for the health alert network application	600.00 *
Computer server hosting costs (\$300/mo/server x 4 servers x 24 months)	28,800.00 *
Circuit costs for connection of HAN from the Gold Seal Building (\$700/mo x 24 months)	16,800.00 *
Total	<u><u>202,045</u></u>

**\*This activity has been transferred from the Administrative Services Section of the department**



**Pandemic Influenza Antiviral  
Stockpile Program Summary  
North Dakota Department of Health  
January 15, 2007**

**Antiviral Drugs**

- Must be given within 48 hours of becoming infected in order to be effective
- Do not prevent illness but reduce the severity of the disease
- Are different than vaccine which prevents the disease

**Federal Antiviral Program**

- Recommends a stockpile large enough to cover 25% of the population
  - Goal is based on recommendations from the World Health Organization
- Will purchase and store some of the courses
- Makes additional drugs available for purchase by the states at reduced rates and provides a 25% subsidy
- Does not allow the drugs to be used until the Secretary of Health and Human Services declares a pandemic.
- Prohibits rotating the drugs and does not allow the state portion of the stockpile to extend the shelf life beyond the five year expiration date

**North Dakota Plan**

- Stockpile enough to cover 25% of the population
  - Federal government will purchase and store 94,391 courses for North Dakota
  - North Dakota will purchase and store 47,609 courses under the federal program and receive a 25% subsidy
  - North Dakota will purchase 18,000 courses independently from the federal program
    - Can be used during local epidemics without a federal declaration
    - Can be rotated into the normal distribution system to avoid waste

**Pandemic Influenza Antiviral  
Cost Description  
North Dakota Department of Health  
January 15, 2007**

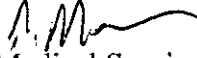
- Explanation of costs
  - State population 640,000
  - 25% equals 160,000 courses
  - Amount purchased and stored by federal government 94,391
  - Amount remaining for state purchase to achieve 25% stockpile 65,609

	Amount	Rate	Cost
Amount purchased by state at federal rate and subsidy	47,609	\$15	\$714,135
Amount purchased at wholesale rate, rotated and controlled by state	18,000	\$70	\$1,260,000
Sub Total	65,609		\$1,974,135
Storage and administration fees			\$288,865
Total Cost			\$2,263,000

1

# Memo

JB 1004  
To: Human Resources Division of the House Appropriations Committee

From: Tim Meyer, Director   
Division of Emergency Medical Services

Date: January 22, 2007

Re: Department of Health's Research Analyst Position

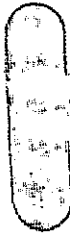
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Since the 1960's Emergency Medical Services (EMS) has had a substantial relationship with both state and federal Departments of Transportation (DOT). The Highway Safety Act of 1966 established the Emergency Medical Services Program within the U.S. Department of Transportation. The National Highway Transportation Safety Administration (NHTSA) continues to be the lead federal agency for EMS. ND DOT has funded EMS activities for decades as part of the State's Highway Safety Plan. Traditionally ND DOT funds activities in support of training, testing, and certification.

In 2001 NHTSA and the Health Resources and Services Administration (HRSA) began work to develop a national EMS database. In 2004 the ND Department of Health, Division of EMS upgraded the ambulance data collection system to be in compliance with the national standards. The Health Department also collects data from hospitals for patients with major trauma injuries; this database is known as the trauma registry. The federal government is also pursuing a national trauma data project called the National Trauma Data Bank (NTDB).

The data that is collected by the Health Department is different from the data collected by ND DOT crash reports. The crash reports that ND DOT receives are submitted by law enforcement officers and contain facts about the crash such as road conditions, speed, angle of impact, visibility etc. The data that is collected by the Health Department includes medical findings from the patient and EMS performance data such as blood pressure, injuries, response times, medications administered, pre-existing medical conditions, etc. The trauma registry is also unique in that the data comes from the hospital stay of the trauma patient.

ND DOT has a goal of zero traffic deaths. This position will assist the Department of Health in finding ways to improve emergency health care delivery, thereby reducing the morbidity associated with traffic crashes. Also, ND DOT wants to understand the health care costs associated with traffic crashes in our state. This broader understanding will assist both North Dakota Departments of Transportation and Health in making policy to diminish traffic crash deaths and disability.



## Research Analyst Position

The EMS Division has been collecting data for more than 10 years for every ambulance call in North Dakota. In the last year alone over 50,000 ambulance calls have been reported. DEMS has also been collecting data from all North Dakota Hospitals for major trauma patients. Both of these data collection systems are well developed. DEMS has not been able to fully analyze this data to produce meaningful change in our emergency health care system.

NDDOT also has interest in the EMS and Trauma data with regards to their strategic Highway Safety Plan. DOT applied and received the grant for this position from the National Highway Transportation Safety Administration.

Specific duties of this position include:

- Training end users on data submission
- First line technical support on data submission
- Ensure data accuracy and validity
- Give feedback to health care entities on data issues
- Be the liaison between software vendor and the end users
- Data analysis to determine policy and program direction

**COMMUNITY HEALTH**

**SALARIES AND WAGES**

**FTE EMPLOYEES (Number)**

Salaries  
Temporary, Overtime  
Benefits

**TOTAL**

General Fund

Federal Funds

Other Funds

**OPERATING EXPENSES**

Travel  
Supplies - IT Software  
Supply/Material-Professional  
Food & Clothing  
Buildings/Vehicle Maintenance Supplies  
Miscellaneous Supplies

Office Supplies

Postage

Printing

Utilities

Insurance

Lease/Rentals - Equipment

Lease/Rentals - Buildings/Land

Repairs

IT - Data Processing

IT - Telephone

IT - Contractual Services

Professional Development

**Operating Fees & Services**

**Professional Services**

Medical, Dental, and Optical

Operating Budget Adjustment

**Sub Total Operating**

IT Equip Under \$5000

Other Equip Under \$5000

Office Equip Under \$5000

**TOTAL**

General Fund

Federal Funds

Other Funds

**CAPITAL ASSETS**

Land and Buildings

Other Capital Paymnts

Extraordinary Repairs

Equipment > \$5000

IT Equipment > \$5000

**TOTAL**

General Fund

Federal Funds

Other Funds

**GRANTS/SPECIAL LINE ITEMS**

Grants

WIC Food

Tobacco Prevention Control

Community Health Advisory

**TOTAL**

General Fund

Federal Funds

Other Funds

**COST CENTER TOTAL**

**TOTAL**

General Fund

Federal Funds

Other Funds

	2003-05 Actual Expenditures	Exp. To Date Nov 2006	Original 2005-07 Budget	2007-09 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
<b>SALARIES AND WAGES</b>						
<b>FTE EMPLOYEES (Number)</b>	35.70		37.45	44.45	7.00	19%
Salaries	2,071,379	1,549,696	2,323,090	2,863,835	540,745	23%
Temporary, Overtime	137,224	99,176	173,000	170,700	(2,300)	-1%
Benefits	678,839	517,191	826,303	1,095,013	268,710	33%
<b>TOTAL</b>	<b>2,887,442</b>	<b>2,166,063</b>	<b>3,322,393</b>	<b>4,129,548</b>	<b>807,155</b>	<b>24%</b>
General Fund	467,238	430,034	489,407	559,984	70,577	14%
Federal Funds	2,420,204	1,732,895	2,832,986	3,569,564	736,578	26%
Other Funds	0	3,134	0	0	0	
<b>OPERATING EXPENSES</b>						
Travel	245,822	163,746	240,077	262,489	22,412	9%
Supplies - IT Software	28,649	31,963	32,915	36,202	3,287	10%
Supply/Material-Professional	418,367	305,395	503,826	537,941	34,115	7%
Food & Clothing	0	0	0	0	0	
Buildings/Vehicle Maintenance Supplies	22,119	2,021	3,383	3,484	101	3%
Miscellaneous Supplies	78	0	0	1,307	1,307	100%
Office Supplies	33,124	32,411	57,077	62,789	5,712	10%
Postage	51,857	50,527	97,162	111,577	14,415	15%
Printing	121,570	103,433	167,071	180,083	13,012	8%
Utilities	0	0	0	0	0	
Insurance	0	0	0	0	0	
Lease/Rentals - Equipment	7,805	6,018	11,718	12,070	352	3%
Lease/Rentals - Buildings/Land	103,659	82,117	110,826	118,081	7,255	7%
Repairs	6,475	2,858	5,722	5,894	172	3%
IT - Data Processing	39,455	60,698	226,206	86,970	(139,236)	-62%
IT - Telephone	40,300	34,389	53,068	69,482	16,414	31%
IT - Contractual Services	577,678	356,316	671,816	51,500	(620,316)	-92%
Professional Development	74,899	49,034	88,374	93,526	5,152	6%
<b>Operating Fees &amp; Services</b>	<b>177,326</b>	<b>66,901</b>	<b>124,907</b>	<b>128,654</b>	<b>3,747</b>	<b>3%</b>
<b>Professional Services</b>	<b>2,698,649</b>	<b>1,690,449</b>	<b>4,298,317</b>	<b>4,002,563</b>	<b>(295,754)</b>	<b>-7%</b>
Medical, Dental, and Optical	21,589	14,708	13,437	14,109	672	5%
Operating Budget Adjustment	0	0	0	0	0	
<b>Sub Total Operating</b>	<b>4,669,421</b>	<b>3,052,984</b>	<b>6,705,902</b>	<b>5,778,721</b>	<b>(927,181)</b>	<b>-14%</b>
IT Equip Under \$5000	35,762	20,103	16,754	44,000	27,246	163%
Other Equip Under \$5000	5,012	(100)	2,200	0	(2,200)	
Office Equip Under \$5000	92,417	30,256	38,381	7,900	(30,481)	-79%
<b>TOTAL</b>	<b>4,802,612</b>	<b>3,103,243</b>	<b>6,763,237</b>	<b>5,830,621</b>	<b>(932,616)</b>	<b>-14%</b>
General Fund	208,755	121,394	190,463	163,465	(26,998)	-14%
Federal Funds	4,590,857	2,981,849	6,572,774	5,667,156	(905,618)	-14%
Other Funds	3,000	0	0	0	0	
<b>CAPITAL ASSETS</b>						
Land and Buildings	0	0	0	0	0	
Other Capital Paymnts	0	0	0	0	0	
Extraordinary Repairs	0	0	0	0	0	
Equipment > \$5000	8,026	0	0	0	0	
IT Equipment > \$5000	0	0	0	0	0	
<b>TOTAL</b>	<b>8,026</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
General Fund	0	0	0	0	0	
Federal Funds	8,026	0	0	0	0	
Other Funds	0	0	0	0	0	
<b>GRANTS/SPECIAL LINE ITEMS</b>						
Grants	14,327,768	9,260,906	16,591,350	16,962,100	370,750	2%
WIC Food	15,411,541	11,957,874	15,750,000	17,550,000	1,800,000	11%
Tobacco Prevention Control	7,542,645	5,419,014	8,685,995	9,473,554	787,559	9%
Community Health Advisory	0	0	0	0	0	
<b>TOTAL</b>	<b>37,281,954</b>	<b>26,637,794</b>	<b>41,027,345</b>	<b>43,985,654</b>	<b>2,958,309</b>	<b>7%</b>
General Fund	210,000	210,000	240,000	210,000	(30,000)	-13%
Federal Funds	31,517,199	22,454,782	34,191,345	36,536,399	2,345,054	7%
Other Funds	5,554,755	3,973,012	6,596,000	7,239,255	643,255	10%
<b>COST CENTER TOTAL</b>						
<b>TOTAL</b>	<b>44,980,034</b>	<b>31,907,100</b>	<b>51,112,975</b>	<b>53,945,823</b>	<b>2,832,848</b>	<b>6%</b>
General Fund	885,993	761,428	919,870	933,449	13,579	1%
Federal Funds	38,536,286	27,169,526	43,597,105	45,773,119	2,176,014	5%
Other Funds	5,557,755	3,976,146	6,596,000	7,239,255	643,255	10%

**DEPARTMENT OF HEALTH**  
**Community Health**

**Operating Fee Line Item**

Description	2005-07 Budget	2007-09 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Advertising	30,942	31,870	928	3.0%
Purchase of Services (Temp. Agencies/Speakers)	92,612	95,391	2,779	3.0%
Misc. Operating Fees	1,353	1,393	40	3.0%
<b>Total Operating Fees</b>	<b>\$ 124,907</b>	<b>\$ 128,654</b>	<b>\$ 3,747</b>	<b>3.0%</b>

**Professional Fee Line Item**

Description	2005-07 Budget	2007-09 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	43,987	28,486	(15,481)	-35.2%
PRAMS-NDSU/DHS	287,500	-	(287,500)	-100.0%
BCC - BCBS	953,000	1,200,000	247,000	25.9%
BCC - Local Health Unit PSA	-	1,000,000	1,000,000	
BCC- Nurse Consultants	5,000	8,000	3,000	60.0%
BCC- Needs Assessments/Research	174,000	-	(174,000)	-100.0%
BCC- Reach Partners	510,000	160,000	(350,000)	-68.6%
BCC- Web Based Data	-	50,000	50,000	
Cancer Registry - Research Analyst	70,000	-	(70,000)	-100.0%
Cancer Registry - Data Consultant	170,000	170,000	-	0.0%
Cancer Registry - UND Epi. Center	65,000	70,000	5,000	7.7%
Comp. Cancer - UND Epi. Center	100,000	-	(100,000)	-100.0%
Comp. Cancer - Reach Partners	-	95,000	95,000	
BRFS-Clearwater	310,000	290,000	(20,000)	-6.5%
BRFS-UND	50,000	40,000	(10,000)	-20.0%
PH Block - Research Analyst	23,000	-	(23,000)	-100.0%
Diabetes - State Assessment & Collaborative/BCE	381,000	325,000	(56,000)	-14.7%
Cardiovascular-Consulting/Research	-	100,000	100,000	
Cardiovascular-Consulting/Research	95,000	90,000	(5,000)	-5.3%
Abstinence	220,000	-	(220,000)	-100.0%
Family Planning-Nurse Consultant/Med. Director	30,000	67,500	37,500	125.0%
Oral Health-Program Evaluator	-	30,000	30,000	
ECCS-Facilitator	65,000	35,000	(30,000)	-46.2%
SSDI - UND Epi. Center	50,000	-	(50,000)	-100.0%
DOT Child Safety Consultants	130,000	130,000	-	0.0%
State Injury Surveillance-Hospital Data/Mgmt	80,000	-	(80,000)	-100.0%
Traumatic Brain Injury-UND	125,000	-	(125,000)	-100.0%
DPI School Health-Consultant	35,000	-	(35,000)	-100.0%
Preventive Health Block/MCH- Roughrider	87,000	32,414	(54,586)	-62.7%
MCH - Parenting Newsletter	50,000	-	(50,000)	-100.0%
MCH - Maternal & Oral Hlth Consultants	35,000	50,000	15,000	42.9%
WIC-Consultant/UND	153,850	31,163	(122,687)	-79.7%
<b>Total Professional Fees</b>	<b>\$ 4,298,317</b>	<b>\$ 4,002,563</b>	<b>\$ (295,754)</b>	<b>-6.9%</b>

**Grant Line Item**

Description	2005-07 Budget	2007-09 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Abstinence Education	-	220,000	220,000	
Breast & Cervical Cancer	1,160,000	-	(1,160,000)	-100.0%
Comprehensive Cancer	-	160,000	160,000	
Cardiovascular	250,000	150,000	(100,000)	-40.0%
Child Safety Program	40,000	40,000	-	0.0%
Domestic Violence	210,000	210,000	-	0.0%
Domestic Violence	340,000	340,000	-	0.0%
Early Childhood Comprehensive Systems	150,000	139,000	(11,000)	-7.3%
Family Planning	2,206,000	2,365,500	159,500	7.2%
Family Violence	1,463,000	1,400,000	(63,000)	-4.3%
Grants to Encourage Arrest	255,000	995,500	740,500	290.4%
Title V- MCH Block (Locals)	2,014,000	1,988,000	(26,000)	-1.3%
Oral Health	7,200	60,000	52,800	733.3%
Rape Prevention	235,000	258,000	23,000	9.8%
Safe Havens	900,000	1,237,000	337,000	37.4%
State System Dev. Initiative	200,000	-	(200,000)	-100.0%
STOP Violence	1,805,000	1,461,500	(343,500)	-19.0%
Suicide Prevention	30,000	-	(30,000)	-100.0%
Youth and Tribal Suicide Prevention	-	680,000	680,000	
WIC	5,326,150	5,257,600	(68,550)	-1.3%
<b>Total Grants</b>	<b>\$ 16,591,350</b>	<b>\$ 16,962,100</b>	<b>\$ 370,750</b>	<b>2.2%</b>

## 2007-09 Information Technology Contractual Services

ND Department of Health

### Community Health

Vendor	2005-07	2007-09	Difference Incr/(Decr)
	Current Budget	Biennium Request	
CIBER/MAXIMUS	471,763	51,500	(420,263)
TO BE DETERMINED	200,053	-	(200,053)
<b>COMMUNITY HEALTH SECTION TOTAL</b>	<b>671,816</b>	<b>51,500</b>	<b>(620,316)</b>

**Department of Health  
Summary of Federal & Other Funds  
2007-09 Executive Budget**

<b>Community Health Section</b>	<b>2007-09 Executive Budget</b>
<b>Federal Funds</b>	
Chronic Disease Prevention/Health Promotion - BRFS	405,531
Chronic Disease Prevention - Tobacco Prevention	2,574,299 *
Cardiovascular Health	686,111
Breast and Cervical Cancer Program	2,977,246
Cancer Registry	550,597
Comprehensive Cancer	641,163
Abstinence Education - Unfunded	220,000
Oral Health (HRSA & CDC)	449,661
Family Planning	2,699,285
School Health	243,726
Family Violence and Prevention	1,432,940
Early Childhood Comprehensive Systems	295,759
Title V - Maternal and Child Health Block Grant (MCH)	2,980,144
Rape Prevention and Education	183,000
Rape Capacity	100,000
State/Tribal Youth Suicide Prevention	800,000
Women, Infant and Children Program (WIC)	23,570,812
Grants to Encourage Arrest Policies	1,027,000
Supervised Visitation, Safe Havens for Children	1,267,000
Child Safety Program	420,000
Stop Violence Against Women	1,586,870
DHS Parent Newsletter & Miscellaneous Grants	46,500
Diabetes Program	615,475
<b>Total</b>	<b>45,773,119</b>
<b>Other Funds</b>	
Domestic Violence Fund	340,000
Community Health Trust Fund	6,822,605 *
American Legacy Foundation	76,650 *
<b>Total</b>	<b>7,239,255</b>

\* These funds are in the Tobacco Prevention and Control Special Line Item



## Community Health Grant Program Advisory Committee

According to Century Code 23-38-01:

With the involvement of the advisory committee the state health department shall provide local programs assistance with:

- Evaluating programs
- Facilitating coordination of program components at the local level
- Involving state agencies, law enforcement and local government in the administration and management of the program
- Screening and implementing grants

The Department of Health contracts with Minot State University for evaluation efforts. The University is currently working to evaluate the economic impact and compliance with the smoke free law. It is important to evaluate the implementation and impact of the smoke free law. Without funding from the advisory committee, these evaluations would not occur. Past evaluations have included youth access laws as well as other policy efforts to determine their effectiveness.

The Advisory Committee Funds are used to match the CDC grant funds. Without those dollars, we will be unable to match the CDC funds and lose dollars to the state. The CDC Cooperative Agreement requires a 4:1 match. For every four (\$4) federal dollars, the state is required to match \$1. The majority of the advisory committee funding that goes for evaluation is used to match federal dollars. That means without that money we could lose \$308,000 in federal dollars to the state.

CDC requires that 10% of the program budget be dedicated to evaluation. Without the funding of Minot State University for evaluation, we would not meet that requirement and lose dollars to the state.

Loss of the advisory committee could have a dual impact - the state would lose federal dollars because they cannot meet the matching requirement and then would lose additional federal funds because they cannot meet the evaluation requirement.

**Community Health Grant Program Advisory Committee**

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State Health Officer  
North Dakota Department of Health  
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**COMMUNITY HEALTH - Tobacco**

**SALARIES AND WAGES**

FTE EMPLOYEES (Number)

Salaries  
Temporary, Overtime  
Benefits

**TOTAL**

General Fund

Federal Funds

Other Funds

**OPERATING EXPENSES**

Travel  
Supplies - IT Software  
Supply/Material-Professional  
Food & Clothing  
Buildings/Vehicle Maintenance Supplies  
Miscellaneous Supplies  
Office Supplies  
Postage  
Printing  
Utilities  
Insurance  
Lease/Rentals - Equipment  
Lease/Rentals - Buildings/Land  
Repairs  
IT - Data Processing  
IT - Telephone  
IT - Contractual Services  
Professional Development  
**Operating Fees & Services**  
**Professional Services**  
Medical, Dental, and Optical  
Operating Budget Adjustment  
**Sub Total Operating**  
IT Equip Under \$5000  
Other Equip Under \$5000  
Office Equip Under \$5000

**TOTAL**

General Fund

Federal Funds

Other Funds

**GRANTS/SPECIAL LINE ITEMS**

Grants

**TOTAL**

General Fund

Federal Funds

Other Funds

**COST CENTER TOTAL**

**TOTAL**

General Fund

Federal Funds

Other Funds

2003-05 Actual Expenditures	Exp. To Date Nov 2006	Original 2005-07 Budget	2007-09 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
5.0		6.00	8.00	2.00	33%
330,380	275,904	421,553	624,312	202,759	48%
1,313	42,643	55,000	10,000	(45,000)	-82%
103,457	94,377	153,127	237,142	84,015	55%
435,150	412,924	629,680	871,454	241,774	38%
General Fund	0	0	0	0	
Federal Funds	386,267	533,737	653,831	120,094	23%
Other Funds	26,657	95,943	217,623	121,680	127%
Travel	30,264	43,884	50,904	7,020	16%
Supplies - IT Software	1,828	1,896	1,953	57	3%
Supply/Material-Professional	1,911	3,668	3,778	110	3%
Food & Clothing	0	0	0	0	
Buildings/Vehicle Maintenance Supplies	154	0	0	0	
Miscellaneous Supplies	0	0	0	0	
Office Supplies	2,059	3,294	3,393	99	3%
Postage	3,031	4,550	4,686	136	3%
Printing	3,500	7,261	7,479	219	3%
Utilities	0	0	0	0	
Insurance	0	0	0	0	
Lease/Rentals - Equipment	1,554	2,295	2,364	69	3%
Lease/Rentals - Buildings/Land	11,651	15,373	16,253	880	6%
Repairs	101	0	0	0	
IT - Data Processing	5,998	10,698	6,133	(4,565)	-43%
IT - Telephone	7,175	9,291	11,149	1,858	20%
IT - Contractual Services	10,000	40,000	0	(40,000)	
Professional Development	3,983	5,624	5,793	169	3%
Operating Fees & Services	2,769	2,864	2,950	86	3%
Professional Services	1,001,169	1,433,114	1,811,979	378,865	26%
Medical, Dental, and Optical	0	0	0	0	
Operating Budget Adjustment	0	0	453,686	453,686	100%
Sub Total Operating	1,087,147	1,583,812	2,382,500	798,688	50%
IT Equip Under \$5000	8,266	9,372	5,600	(3,772)	-40%
Other Equip Under \$5000	0	0	0	0	
Office Equip Under \$5000	6,189	8,131	(8,131)		
1,045,525	1,101,602	1,601,315	2,388,100	786,785	49%
General Fund	0	0	0	0	
Federal Funds	496,891	616,258	746,468	130,210	21%
Other Funds	604,711	985,057	1,641,632	656,575	67%
Grants	3,904,488	6,455,000	6,214,000	(241,000)	-4%
TOTAL	3,904,488	6,455,000	6,214,000	(241,000)	-4%
General Fund	0	0	0	0	
Federal Funds	770,190	1,280,000	1,174,000	(106,000)	-8%
Other Funds	3,134,298	5,175,000	5,040,000	(135,000)	-3%
7,542,645	5,419,014	8,685,995	9,473,554	787,559	9%
General Fund	0	0	0	0	
Federal Funds	1,653,348	2,429,995	2,574,299	144,304	6%
Other Funds	3,765,666	6,256,000	6,899,255	643,255	10%

**DEPARTMENT OF HEALTH**  
**Tobacco Special Line Item**

**Operating Fee Line Item**

Description	2005-07 Budget	2007-09 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Advertising	2,864	2,950	86	3.0%
<b>Total Operating Fees</b>	<b>\$ 2,864</b>	<b>\$ 2,950</b>	<b>\$ 86</b>	<b>3.0%</b>

**Professional Fee Line Item**

Description	2005-07 Budget	2007-09 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
MSU/ND SU	20,000	4,000	(16,000)	-80.0%
Quitline	884,000	1,069,000	185,000	20.9%
American Legacy Quitline	66,000	76,652	10,652	16.1%
Quitline Promotion	231,314	457,327	226,013	97.7%
Tobacco Consultants	90,000	80,000	(10,000)	-11.1%
Legal	6,800	10,000	3,200	47.1%
Tribal Tobacco Consultants	60,000	50,000	(10,000)	-16.7%
Tobacco Youth Survey	25,000	25,000	-	0.0%
Tobacco Program Evaluation	50,000	40,000	(10,000)	-20.0%
<b>Total Professional Fees</b>	<b>\$ 1,433,114</b>	<b>\$ 1,811,979</b>	<b>\$ 378,865</b>	<b>26.4%</b>

**Grant Line Item**

Description	2005-07 Budget	2007-09 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
CDC Funding to LHU/Tribal Organizations	1,280,000	1,174,000	(106,000)	-8.3%
Tobacco Settlement LHU	4,700,000	4,700,000	-	0.0%
Tobacco Settlement Employee/City Cessation	395,000	260,000	(135,000)	-34.2%
Tobacco Settlement MSU Technical Assistance	80,000	80,000	-	0.0%
<b>Total Grants</b>	<b>\$ 6,455,000</b>	<b>\$ 6,214,000</b>	<b>\$ (241,000)</b>	<b>-3.7%</b>

**Department of Health  
Community Health Trust Fund**

	<u>2005-07 Appropriated Budget</u>	<u>2007-09 Executive Budget</u>	<u>Difference</u>
<b>Beginning Balance</b>	4,502,525	1,961,922	(2,540,603)
Tobacco revenue	4,323,753	7,000,290	2,676,537
Expenditures:			
Dental Loan Fund	420,000	380,000	(40,000)
Physician Loan		75,000	75,000
Tobacco Coordinator and operating expense:	111,000	142,075 *	31,075
Advisory Committee	100,000	100,000	0
City/County & State Employee Cessation	395,000	260,000	(135,000)
Youth Tobacco (1 FTE) and campaign		554,208	554,208
Local Health and Tobacco Programs	4,700,000	4,700,000	0
Tobacco Quit line	884,000	1,069,000	185,000
			0
<b>Total Health Department</b>	<u>6,610,000</u>	<u>7,280,283</u>	<u>670,283</u>
DHS Breast & Cervical Cancer	254,356	213,904	(40,452)
<b>Less Total Expenditures</b>	<u>6,864,356</u>	<u>7,494,187</u>	<u>629,831</u>
<b>Ending Balance</b>	<u>1,961,922</u>	<u>1,468,025</u>	<u>(493,897)</u>

\*Includes 2,678 to balance to the Department's total

**Summary of the Tobacco Special Line Item**

	<u>2005-07 Appropriated Budget</u>	<u>2007-09 Executive Budget</u>	<u>Difference</u>
Tobacco Coordinator and operating expenses	111,000	139,397	28,397
Advisory Committee	100,000	100,000	0
City/County & State Employee Cessation	395,000	260,000	(135,000)
Youth Tobacco (1 FTE) and campaign		554,208	554,208
Local Health and Tobacco Programs	4,700,000	4,700,000	0
Tobacco Quit line	884,000	1,069,000	185,000
<b>Total CHTF for Tobacco Control</b>	<u>6,190,000</u>	<u>6,822,605</u>	<u>632,605</u>
Tobacco Federal Funds			
Salaries	533,737	653,831	120,094
Operating Expenses	616,258	746,468	130,210
Grants	1,280,000	1,174,000	(106,000)
<b>Total Tobacco Federal Funds</b>	<u>2,429,995</u>	<u>2,574,299</u>	<u>144,304</u>
Other Special Funds (American Legacy)	66,000	76,650	10,650
<b>Total Tobacco Program</b>	<u>8,685,995</u>	<u>9,473,554</u>	<u>787,559</u>


# North Dakota Department of Health Community Health Trust Fund

	2005-07 Appropriated Budget	2007-09 Crossover Version	2009-11 Projected Budget
<b>Beginning Balance</b>	<b>4,502,525</b>	<b>1,961,922</b>	<b>707,911</b>
<b>Tobacco Revenue</b>	<b>4,323,753</b>	<b>7,000,290</b>	<b>7,000,290</b>
<b>Total Available</b>	<b>8,826,278</b>	<b>8,962,212</b>	<b>7,708,201</b>
Expenditures:			
Dental Loan Fund	420,000	380,000	380,000
Physician Loan		150,000	150,000
Colorectal Cancer Screening		150,000	150,000
EMS Training Grants		300,000	300,000
Tobacco Coordinator and operating expenses	111,000	139,397	139,397
Advisory Committee	100,000	100,000	100,000
City/County & State Employee Cessation	395,000	260,000	260,000
Local Health and Tobacco Programs	4,700,000	4,700,000	4,700,000
Tobacco Quit line	884,000	1,069,000	1,069,000
AEDs in Schools (SB 2313)		352,000	
<b>Total Health Department</b>	<b>6,610,000</b>	<b>7,600,397</b>	<b>7,248,397</b>
DHS Breast & Cervical Cancer	254,356	213,904	213,904
Governor's Prevention and Advisory Council (SB 2276)		440,000	440,000
<b>Total Expenditures</b>	<b>6,864,356</b>	<b>8,254,301</b>	<b>7,902,301</b>
<b>Ending Balance</b>	<b>1,961,922</b>	<b>707,911</b>	<b>(194,100)</b>

## Summary of the Tobacco Special Line Item


	2005-07 Appropriated Budget	2007-09 Executive Budget	2007-09 Crossover Version
Tobacco Coordinator and operating expenses	111,000	139,397	139,397
Advisory Committee	100,000	100,000	100,000
City/County & State Employee Cessation	395,000	260,000	260,000
Youth Tobacco (1 FTE) and campaign		554,208	
Local Health and Tobacco Programs	4,700,000	4,700,000	4,700,000
Tobacco Quit line	884,000	1,069,000	1,069,000
<b>Total CHTF for Tobacco Control</b>	<b>6,190,000</b>	<b>6,822,605</b>	<b>6,268,397</b>
Tobacco Federal Funds			
Salaries	533,737	653,831	653,831
Operating Expenses	616,258	746,468	746,468
Grants	1,280,000	1,174,000	1,174,000
<b>Total Tobacco Federal Funds</b>	<b>2,429,995</b>	<b>2,574,299</b>	<b>2,574,299</b>
<b>Other Special Funds (American Legacy)</b>	<b>66,000</b>	<b>76,650</b>	<b>76,650</b>
<b>Total Tobacco Program</b>	<b>8,685,995</b>	<b>9,473,554</b>	<b>8,919,346</b>

**Heart Disease and Stroke. You're the Cure.**

**American Heart  
Association.**   
*Learn and Live* <sup>SM</sup>

Testimony  
House Bill 1004

House Appropriations Committee  
Human Resources Division  
Thursday, January 18, 2007

**American Stroke  
Association.**  
A Division of American  
Heart Association 

June Herman  
Senior Advocacy Director  
American Heart Association

Good morning, Chairman Pollert and members of the House Human Resources Division. My name is June Herman, and I am the Senior Advocacy Director for the American Heart Association. I am here today to testify in support of House Bill 1004 appropriation request for the tobacco prevention program.

Tobacco use is the leading cost driver for chronic disease, with heart and stroke chronic diseases the number 1 and 3 leading cause of disability and death. The escalating cost of health care relies on proven effective strategies for reducing tobacco use. Our ND state tobacco prevention and cessation program is based on the main elements of a Centers for Disease Control and Prevention recommended comprehensive program

As questions have been raised about the Return on Investment for a statewide media campaign, I thought the attached study would be of value for the committee:

**Anti-Tobacco Advertising and Cessation.** An article in the November 2005 issue of *Health Education Research* shows increased exposure to state anti-tobacco media increases smoking cessation rates.

I would encourage the state to continue its current program funding support, and adopt the additional funding requests recommended by Govern Hoeven.

American Heart Association • Advocacy Department  
PO Box 1287 Jamestown, ND 58402  
Phone 701-252-5122 or 1-800-437-9710 • Fax 701-251-2092  
[www.americanheart.org](http://www.americanheart.org)

# The Proven Vaccine: Tobacco Prevention in North Dakota

HP

## INTRODUCTION

North Dakota's multi-faceted tobacco prevention strategy is science-based, and is saving lives and saving money. Even though it usually takes many years for a tobacco-prevention program to achieve reductions in the number of people using tobacco, North Dakota's program has already produced significant results in reducing youth tobacco use. E.g., during the years since a small slice of ND's tobacco-settlement dollars became available for serious tobacco-control work, the percentage of students who currently smoke has decreased to 22% in 2005 -- that's down from 35% in 2001 and 41% in 1999!

In order to continue implementing proven strategies to sustain these gains and further reduce the health and economic burden of tobacco use, tobacco-prevention funding must be increased at least enough to keep up with inflation.

The tobacco companies have dramatically increased their spending to *promote* tobacco addiction: up to \$32 million in ND by 2003 -- as compared to only \$4.1 million spent on tobacco control in ND in FY '04.

We know what works to reduce smoking among both youth and adults. We only need the political will to dedicate the needed resources and implement these proven solutions as aggressively as the tobacco companies continue to market their deadly and addictive products.

--[U.S. Federal Trade Commission (FTC), Cigarette Report for 2003; & Campaign for Tobacco-Free Kids 2006

<http://tobaccofreekids.org/reports/settlements/toll.php?StateID=ND> ; & ND Dept. of Health, Division of Tobacco Prevention and Control.]

## DOUBLY POWERFUL: PREVENTING TOBACCO USE PREVENTS OTHER ADDICTIONS

Extensive research has proven that tobacco is a potent gateway drug. For example:

- Kids who smoke are *three* times more likely to *use alcohol*. Kids who smoke are *eight* times more likely to smoke *marijuana*. Kids who smoke are *twenty-two* times more likely to use *cocaine*.

[\*US Department of Human Services, Preventing Tobacco Use Among Young People: A Report of the Surgeon General (1994)]

*Furthermore:*

- The earlier a person uses tobacco, the more likely he or she is to become a regular drug user as an adult. People who start smoking as children are almost *four times* more likely to be regular users of an illicit drug than those who do not smoke as children.

[Center on Addiction and Substance Abuse, Cigarettes, Alcohol, and Marijuana: Gateways to Illicit Drug Use]

- At Grand Forks' recent National Night Out, national youth-drug-use speaker and former Chicago Police Officer Bruce Talbot, in underscoring tobacco's gateway-drug connection with meth use, stated (referring to one young meth addict):

"Her addiction didn't start the first time she snorted meth up her nose. It started the first time she *lit up a cigarette*."

[Grand Forks Herald, Aug. 2, 2006]



## MEDIA-BASED EDUCATION PROVIDES THE VITAL FOUNDATION

All of the science-based components of ND's tobacco prevention strategy rest upon a strong public-education campaign. Public-education campaigns that include the use of mass media have proven effective in educating and empowering the public to establish non-tobacco use as the societal norm. This education is the first step in the process; it is key to setting the stage for enabling changes in public policy.

[Report of the Surgeon General 2000]

Extensive, science-based research has proven that media-based education campaigns like North Dakota's are effective in reducing tobacco use. Here are just a few examples:

- "These findings lead us to believe that state-sponsored ... ads have played an important role in reducing youth smoking and that cutting support for these ads... is a step in the wrong direction."  
[Archives of Pediatrics & Adolescent Medicine, July 2005]
- "...Mass media counter-advertising campaigns are effective in preventing tobacco use initiation. There has been a substantial, and unprecedented, national decline in adolescent smoking since the late 1990s...State and national tobacco counter-advertising has played an important role in this decline in youth smoking. Counter-advertising has been shown to be successful in preventing smoking initiation among youth, *especially when audiences receive adequate exposure*, if the exposure occurs over a long time period, and if counter-advertising is used in combination with other...activities, such as increasing the price of tobacco products, strong clean indoor air policies, and other community interventions."  
["State Tobacco Counter-advertising and Adolescents"-David E. Nelson, MD, MPH, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC), Feb. 4, 2005]
- Increased exposure to states' tobacco-prevention media increases smoking cessation rates.  
[--Health Educ Res. 2006 Apr;21]

More specifically, additional research proves that the secondhand smoke message is highly effective in promoting the non-use of tobacco. One study found that among those 14 – 22 years of age in the U.S., the belief that secondhand smoke harms nonsmokers more than doubles the chance that a smoker plans to stop or already has stopped smoking.  
[Study funded by the National Cancer Institute, Robert Wood Johnson Foundation. (Pediatrics 2000)]

It is also useful to note that, because the presence of strong media advocacy has been proven essential to effective tobacco prevention, North Dakota's health-based tobacco-control program is actually required to "*promote media advocacy and the need for smoke-free public buildings...*"  
[ND Attorney General's Opinion 2004-L-36]

In North Dakota, formal pre- and post-campaign evaluations have shown that the state's media-based public-education campaign has been and continues to be *highly successful* in achieving its goals of increasing knowledge and behaviors regarding toxic secondhand smoke. E.g., the proportion of North Dakota adults, ages 18-54, who feel that secondhand smoke has a *very harmful* impact on the health of a nonsmoker who works in a public place where smoking is allowed increased by 41 percent from 2002 to 2006.

[Winkelman Consulting: "Secondhand Smoke Pre-Study, North Dakota, 2002" and "2006 Secondhand Smoke Study of North Dakota"]

## THE NEED TO STRENGTHEN NORTH DAKOTA'S TOBACCO-PREVENTION PROGRAM

ND's tobacco prevention initiative is extremely effective: We have reduced youth cigarette-smoking rates in North Dakota from 41% in 1999 to 22% in 2005 – and adult rates from 23% in 2000 to 20% in 2005. However, we still have a long way to go to reach the national Healthy People 2010 goals of 16% for youth and 12% for adults. Furthermore, in North Dakota, our job is not done until we experience major declines in the rates of cancer and heart attack deaths caused by tobacco use and secondhand smoke.

CURRENT FUNDING -- The 1999 Legislature established the tobacco settlement trust fund (NDCC 54-27-25). The principal of the fund must be allocated as follows:

- 10% to the community health trust fund (with only part of this portion available for tobacco control)
- 45% to the common schools trust fund
- 45% to the water development trust fund

As you can see, only about 8 percent of the actual settlement dollars were allocated to tobacco prevention and control. North Dakota's total tobacco-control funding falls well below the CDC's minimum recommended level. [CDC's "Best Practices for Comprehensive Tobacco Control Programs—August 1999, Atlanta GA] As a result, local programs are not funded at levels where they are able to implement comprehensive programs, and many can't provide the level of services needed in their communities.

Because funding has been so limited, there are several important areas that ND has not been able to effectively address. ND's *smokeless tobacco* use rates have not experienced the declines we've seen in smoking. Spit tobacco use among high school boys has hit 18%, with the HP 2010 objective set at 1%. In addition, a cigar-specific component needs to be added, because *cigar use* among these students is at 16%, twice the HP 2010 goal.

Experience has proven the need to sustain (and increase) effective tobacco-prevention work. The monolithic tobacco industry gears up to exploit the situation whenever a health community lets its guard down. In states where tobacco prevention program funding has been cut, progress in reducing addiction has either slowed significantly or stalled completely.

[Campaign for Tobacco-Free Kids News Release 10-26-06, & Centers for Disease Control, Oct. 26, 2006]

Furthermore, North Dakota needs to increase its funding for proven tobacco prevention strategies, because there is a direct dose-response relationship between spending on prevention and reduction in tobacco addiction. "The more states spend on comprehensive tobacco control programs, the greater the reductions in smoking, and the longer states invest in such programs, the greater and faster the impact."

[CDC Research Findings: [http://www.cdc.gov/tobacco/overview/Facts/Research\\_Findings\\_Effectiveness.htm](http://www.cdc.gov/tobacco/overview/Facts/Research_Findings_Effectiveness.htm)]

-November, 2006-

## Anti-tobacco television advertising and indicators of smoking cessation in adults: a cohort study

A. Hyland<sup>1</sup>, M. Wakefield<sup>2</sup>, Cheryl Higbee<sup>1,\*</sup>, G. Szczypka<sup>3</sup> and K. M. Cummings<sup>1</sup>

### Abstract

The objective of this study was to assess the relationship between exposure to state-sponsored anti-tobacco advertising and smoking cessation. Cessation rates in 2001 among a cohort of 2061 smokers who participated in the Community Intervention Trial for Smoking Cessation between 1988 and 1993 and completed a follow-up survey in 2001 were merged with the 2000–01 television advertising exposure data from Nielsen Media Research. The relative risk for quitting was estimated to be 10% higher for every 5000 units of exposure to state anti-tobacco television advertising over the 2-year period, although this did not quite achieve statistical significance. The association was even larger among those who reported that the level of information in the media about the dangers of smoking had increased 'a lot' between 1993 and 2001 (RR = 1.19, 95% CI = 1.03–1.38). These data are consistent with the finding that increased exposure to state anti-tobacco media increases smoking cessation rates.

### Introduction

Televised anti-smoking advertisements are an important component of comprehensive tobacco control programs. They are designed to counter pro-tobacco influences and increase pro-health messages throughout a state, region or community. These advertisements may promote smoking cessation as well as decrease the likelihood of initiation. They also can have a strong influence on public support for tobacco control interventions [1].

Evidence suggests that state-sponsored anti-smoking media campaigns may play a potentially effective role in reducing smoking among those exposed to the message [2–7]. In the United States, electronic anti-tobacco advertising has been used as part of comprehensive tobacco control programs in several states and communities. McAlister *et al.* [8] found that significant reductions in adult tobacco use can be achieved through a combination of intensive media and community campaigns. In California, the tobacco control program was associated with a 10–13% decline in cigarette consumption, 21% of which was estimated to be due to the media campaign [9, 10].

Another factor pointing to the importance of anti-tobacco advertising in reducing population smoking behavior is the length to which the tobacco industry will go in seeking to divert funding away from such advertising into strategies with lower levels of population impact. Extensive lobbying of legislators by the tobacco industry and groups associated with the industry has been documented in many of the states with comprehensive programs involving media campaigns [11, 12].

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Traditionally, precise measurement of the impact of media exposure on behavior has been methodologically difficult. Most studies have focused on the evaluation of campaigns in a single jurisdiction, with the resulting difficulty of lack of a good control group. Additional problems include mis-specification of exposure due to differential recall and the lack prospective data that pinpoints the exposure before the behavior change takes place. Using a large cohort of smokers with detailed smoking data collected prospectively, in addition to independently assessing advertising exposure data from a range of communities with a wide variation in the levels of exposure to state-run media campaigns, we aimed to test the hypotheses that adults exposed to more state-sponsored anti-tobacco advertising will be more likely to successfully stop smoking.

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## Methods

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### **The original Community Intervention Trial for Smoking Cessation study—1988–93**

Details of the Community Intervention Trial for Smoking Cessation (COMMIT) intervention are published elsewhere [13]. Briefly, the COMMIT cohort was identified by a telephone survey in 1988. Participants were current smokers aged 25–64 years who lived in communities that were located in California, Iowa, Massachusetts, New Mexico, New Jersey, New York, North Carolina, Oregon, Washington and Ontario, Canada. An extended interview that included questions about current and past smoking behaviors, brand and type of cigarette usually smoked, interest in quitting smoking and other smoking-related attitudes and behaviors was completed in 1988.

### **2001 Follow-up survey of original COMMIT cohort participants**

In the summer of 2001, we re-interviewed US cohort participants who had completed the 1993 interview, with the aim of measuring long-term changes in smoking behavior. Among the 12 435

baseline smokers who resided in the United States, were interviewed in 1993 and agreed to be re-contacted in the future, 6603 (53%) were successfully re-interviewed in 2001. Data for this paper are restricted to participants who resided in the same community in 1988 and 2001, lived in one of the top 75 media markets and were smokers in 1999 ( $n = 2061$ ).

### **Exposure to tobacco control television media**

Data from the 2001 follow-up survey were merged with television ratings data acquired from Nielsen Media Research (NMR). NMR collects data on occurrences of all tobacco-related television advertisements appearing on network and cable television across the largest 75 media markets in the United States for the years 1999–2000. A media market or designated market area is defined by a group of non-overlapping counties, which comprise a major metropolitan area. Fifteen of the 20 US COMMIT communities were located in one of these largest media markets.

Using a combination of diary measurement and television set devices that monitor television channel and time, NMR obtains rating estimates for television programs in a given media market. Advertisements appearing in a given program are assigned the audience ratings for that program. As explained by Szczypka *et al.* [14], ratings provide an estimate of the percentage of households with televisions watching a program or advertisement in a given media market. For example, if 20 000 households out of a total of all 100 000 households in a media market were tuned into the same program, the program would receive a rating of 20, meaning that it was seen by 20% of households in the media market.

Rating points for a program are summed over a specified time interval and are called gross rating points (GRPs), which provide estimates of audience size for all households [14]. GRPs are often expressed in exposures where 100 GRPs is equal to an average of one exposure per person in the target population. For example, if an advertisement were to receive 200 GRPs over a monthly interval

in a given media market, this means that the average household within the media market viewed that advertisement twice during the month. The actual exposure in any given household may be more or less than two exposures during that month; however, these aggregate estimates are useful for comparing average relative exposures between advertisers and geographic regions and over time [14]. The GRP exposure measures presented in this paper are per 5000 GRPs exposed in 1999 and 2000 combined, which translates into 50 additional exposures per person during this 2-year period or about two exposures per month.

We focused on only one type of advertisement for the purposes of this paper. We examined state tobacco control advertisements, which were anti-tobacco advertisements sponsored by state health departments. The content and type of advertisement is derived from the NMR database of television programming and advertisements. State tobacco control advertisements were not consistently coded and reported prior to 1999; therefore, only GRP data from 1999 and 2000 are used in this paper. All COMMIT participants residing in a given media

market are assigned the total GRP level for state tobacco control advertisements for 1999 and 2000 combined.

Because aggregate GRP data assigned at the media market level may not reflect actual exposure for a given individual, we further stratified all analyses based on responses to the following question obtained in the 2001 follow-up survey, 'How much increase has there been in the amount of information in the media on the dangers of smoking? (no increase or a decrease, it increased a little, it increased moderately, it increased a lot)', in an effort to better isolate those participants who may have been more exposed to television media messages.

Table I shows descriptive data on relevant GRP exposure and cessation for the 15 COMMIT communities included in this analysis.

### Measures

A participant was defined as a former smoker if he/she reported having smoked 100 cigarettes in his/her lifetime and also reported he/she had not smoked any cigarettes in the 6 months prior to the

**Table I.** State tobacco control GRP level and smoking cessation rate by community, 1999–2000

Community	State	Media market	n (smokers in 1999 and 2000)	State media	
				Total GRPs 1999 and 2000	2001 cessation (%)
Fitchburg	MA	Boston	154	17 481	18.0
Hayward	CA	San Francisco	86	10 771	17.6
Lowell	MA	Boston	120	17 481	15.5
New Rochelle	NY	New York	130	1122	15.4
Utica	NY	Syracuse	158	1218	13.7
Longview	WA	Portland	186	8269	12.5
Bellingham	WA	Seattle	174	2453	11.8
Paterson	NJ	New York	74	1122	11.5
Raleigh	NC	Raleigh-Durham	162	100	11.4
Greensboro	NC	Greensboro-High Point	188	41	11.3
Vallejo	CA	Sacramento-Stockton	99	14 834	10.7
Santa Fe	NM	Albuquerque	166	508	10.4
Trenton	NJ	Philadelphia	93	48	9.4
Yonkers	NY	New York	98	1122	6.8
Albany/Corvallis	OR	Portland/Eugene	173	8269	5.6
Total			2061	5656	12.0

2001 interview. All former smokers were asked the year in which they quit smoking, and they are defined as former smokers in that and subsequent years and current smokers in previous years. Additional baseline variables used as control variables included gender (male or female), age in 2001 (35–44 years, 45–54 years, 55–64 years and  $\geq 65$  years), race/ethnicity (White, non-Hispanic; Black, non-Hispanic; Hispanic and other) and cigarettes smoked per day in 1993 (<15, 15–24, 25+).

### Analysis

Percentages of smokers who reported successfully quitting by 2001 were reported overall and by community and the Spearman rank correlation coefficient was used to compare the agreement between community-level anti-tobacco GRPs and cessation. Logistic regression analysis was performed to assess the association between the level of state anti-tobacco media exposure with smoking cessation for the entire sample, as well as stratified by those who reported 'a lot of increase' in anti-tobacco media and those who did not, adjusting for the covariates enumerated above. To account for possible response bias due to differential rates of attrition, the 2001 survey data were weighted to the age, sex, race/ethnicity and community distributions of the baseline 1988 survey population smokers who agreed to be re-contacted in the future. Weighted data are presented, although the weighted and unweighted results were very similar.

### Human participant protection

Institutional ethics review was obtained for all aspects of the data collection.

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## Results

Among the 2061 smokers in 1999 and 2000, 12.0% ( $n = 247$ ) had quit by the time of the 2001 survey. Combined GRPs for 1999 and 2000 for state tobacco control media ranged from 41 (Greensboro-High Point, NC, USA) to 17 481 (Boston, MA, USA). The quit rate for those in communities above the median

for state anti-tobacco GRPs was 12.9% compared with 11.0% for those below the median (Spearman rank correlation statistic = 0.52,  $P = 0.047$ ). The median is 1218 GRPs (see Table I).

After controlling for other factors related to cessation, the relative risk for quitting was estimated to be 10% higher (95% CI = 0.98–1.24) for every 5000 GRPs of exposure to state anti-tobacco advertising between 1999 and 2000, which translates to about two additional exposures per person per month. When restricted to those who were more exposed to these media (those who felt the level of anti-tobacco information in the media has increased 'a lot' in their community), the association was larger and statistically significant (RR = 1.19, 95% CI = 1.03–1.38) with no association among those who reported lower levels of increasing anti-tobacco information in the media (Table II).

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## Discussion

Results from this paper are consistent with the finding that increased exposure to state anti-tobacco media increases smoking cessation rates, even after controlling for other factors that are related to smoking cessation.

The increased cessation rates in those communities exposed to higher levels of state-sponsored anti-tobacco television advertising are consistent with reports that show comprehensive state tobacco control programs, which include a well-funded anti-tobacco advertising campaign, are effective in reducing smoking rates in the population [1–7, 15, 16]. The amount of anti-smoking advertising varied widely across states. A simple comparison of cessation rates in states above and below the median for advertising GRPs revealed a higher quit rate in states above the median. Using GRPs as a continuous variable in a logistic regression model revealed an overall positive relationship between the level of advertising and cessation rates which, while not statistically significant at the  $<0.05$  level, is in the predicted direction. Support for the causal nature of this relationship is found in the observation that the relationship between advertising exposure was

**Table II.** Relative risk for smoking cessation from a logistic regression model controlling for demographic and smoker characteristics

	Among those who feel media information has increased a lot ( <i>n</i> = 1251)			Among those who do not feel media information has increased a lot ( <i>n</i> = 750)			Among all smokers ( <i>n</i> = 2061)		
	RR	95% CI		RR	95% CI		RR	95% CI	
		Lower	Upper		Lower	Upper		Lower	Upper
Smoking cessation per 5000 units of state-sponsored GRPs	1.19	1.03	1.38	0.99	0.80	1.23	1.10	0.98	1.24

Sample sizes for the two stratified samples are not equal to the overall sample size of 2061 because of missing data for stratification variable.

stronger among those who reported seeing a lot of increase in the dangers of smoking in the media.

These results help to quantify the relationship between the amount of anti-tobacco media exposure and cessation rates in adult smokers. These data suggest that for every 5000 GRPs spent by states on anti-tobacco advertising over a 2-year period, or about two anti-tobacco advertisements per month, the quit rate among adult smokers increased by ~10%. The estimated magnitude of effect from this study is similar to the estimated prevalence rate reduction estimated by Friend and Levy [17] in a recent meta-analysis of anti-tobacco campaigns. However, the 10% boost in quit rates we estimate is less than the 40% boost for cessation-oriented media campaigns estimated by Levy *et al.* [18] in a recent review of the impact of mass media on cessation rates.

While it is often difficult to separate out the effect of specific program components, anti-tobacco advertising is one of the main elements of comprehensive tobacco control programs recommended by the Centers for Disease Control and Prevention [1]. Further, tobacco control media can indirectly promote policy changes such as an increase in cigarette excise taxes or passage of clean indoor air law by changing societal norms [19].

The primary advantage the present study has over previous studies is that prospective data on smoking cessation are examined in a large sample

with diverse exposures to anti-tobacco advertising. The finding of higher cessation rates as the level of GRP exposure increased in this study lends further evidence that the observed relationship is causal. The finding that this effect was greater among those who reported a lot of increase in the amount of media on the dangers of smoking, which we hypothesize are people who are more likely to be watching television and be exposed to anti-tobacco advertisements, is expected if the underlying hypothesis is correct.

While there are several unique strengths of this study, the following key limitation should be noted, which is that we did not have individual-level media exposure but used aggregate data for the entire media market and applied it to individuals. This should lead to an underestimate of effects in the general population of smokers. We have stratified our findings based on each individual's self-report of how much increase there has been in the media on the dangers of smoking under the assumption that those who report a lot are more likely to be exposed to television media. This could be problematic because those who are thinking about quitting or attempting to quit may have more of a reason to remember this type of advertising and report it as being prominent. While this method is imperfect, it does allow us to separate those who may not have seen any of these advertisements from the rest of our sample.

Another potential limitation is that other factors may account for the observed findings. For example, state-level tobacco control policies often accompany state tobacco control media campaigns. In this study, state cigarette excise taxes increased in California and New York during the study period, but they remained constant in the other states. To assess whether the relationship between state tobacco control television media exposure and quitting was confounded by the tax increases in these states, we restricted our analysis to the communities in the states that did not experience tax increases. The results were virtually unchanged from the overall results, which suggests that the GRP and cessation association is not due to the adoption of other tobacco control policies like tax increases.

Anti-tobacco advertising should educate smokers about the risks inherent in cigarette smoking and hopefully motivate smokers to make a quit attempt. Recent studies have documented that smokers are misinformed about the risk of smoking and methods for quitting smoking [20–24], so there remains a need for public education campaigns. The positive association observed between exposure to state-sponsored anti-tobacco television advertising and increased rates of quitting among adult smokers in this study adds to the growing body of evidence that supports the need for state governments to continue investing in anti-tobacco advertising campaigns.

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### Acknowledgements

This research is funded by the National Cancer Institute's State and Community Tobacco Control Interventions Research Initiative by grant number R01 CA 86225.

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*Received on June 22, 2005; accepted on October 12, 2005*

## LOCAL PUBLIC HEALTH REQUEST FOR STATE AID INCREASE TO \$3 Million

### History of Biennium General Fund Appropriation to Local Public Health:

77-79	\$ 600,000
79-81	\$ 525,000
81-83	\$1,000,000
83-85	\$1,000,000
85-87	\$1,000,000
87-89	\$ 950,000
89-91	\$ 600,000
91-93	\$ 975,000
93-95	\$1,000,000
95-97	\$ 950,000
97-99	\$ 990,000
99-01	\$1,100,000
01-03	\$1,100,000
03-05	\$1,100,000
05-07	\$1,100,000

\$1.00 in 1983 = \$2.03 in 2006 due to inflation.

### Summary of Reported Uses for Additional State Aid

Local Public Health Administrators were asked "Assuming the additional funding would be distributed using the current funding formula, what specific services or project would you use the flexible funding for?" (a listing of each Local Public Health Unit's specific use can be provided)

- Supplement existing programs and services; specifically home visits, school nursing, MCH and environmental health.
- Public health training/orientation
- Salary/workforce/benefits
- Flexibility in funding to respond to emerging issues.

### **A review of statewide local public health budgets reveals the following:**

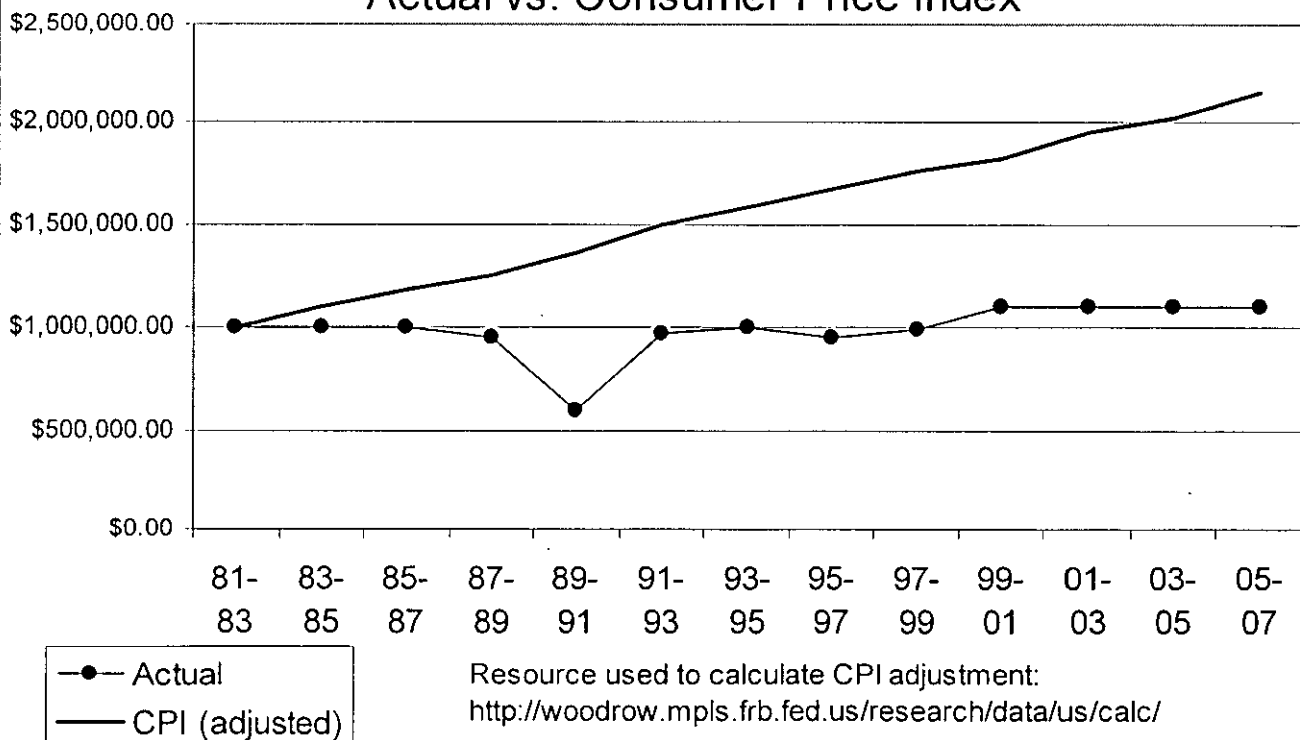
- On average, state aid provides only 5.14 percent of local public health funding, while local government provides 35.61 percent.
- Federal funding for local public health services is at 34.17 percent. A few health units, such as Steele County, do not apply for federal funding and rely on local funding for operations or on federal funding automatically provided to them, such as emergency preparedness funding.
- Only .02 percent of total funding sources are allocated to injury prevention.
- Only 7.7 percent of total funding sources are allocated to preventing epidemics.
- Only 12.14 percent of total funding sources are allocated to environmental health. Environmental services were identified as minimum services. The health units reporting the largest funding allocated to environmental health are the eight lead health units that each employ an environmental health professional (EHP) to provide regional services and Custer District Health, which also employs an EHP.
- While fees and other local funding provide an average of 17.41 percent of funding, individual public health unit percentages range from nothing to as high as more than 42. Eleven of the 28 public health units provide less than 10 percent from fees and other sources.

## LOCAL PUBLIC HEALTH REQUEST FOR STATE AID INCREASE

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### State Aid Funding for Local Public Health Actual vs. Consumer Price Index



## State Aid Survey Responses

Local Public Health is requesting State Aid increase to \$3.0 Million. Local Public Health Administrators were asked "Assuming the additional funding would be distributed using the current funding formula, what specific services or project would you use the flexible funding for?"

### Summary of Responses

- Supplement existing programs and services; specifically home visits, school nursing, MCH and environmental health.
- Public health training/orientation
- Salary/workforce/benefits
- Flexibility in funding to respond to emerging issues.

### Specific Responses

**Central Valley:** We would probably use some of the money to fund support staff for our accounting office, environmental health practitioners (as there is a change in allowed duties in the BT grants) we also may use it for match for future BT funds – also for nursing services additional nursing hours and keeping up with costs to run programs.

**Trail District:** It would be very nice to say I would start a new service that is currently not provided. However, given the level of funding proposed would not fund a new position, it remains a need to provide support for existing programs we currently do not have funding for. Specifically, immunizations, newborn and skilled nursing visits, as well as staff development. We need flexible funding to meet needs as they arise, as well. Disease outbreaks are not in our budget; allocating for the unforeseen is currently not done. Undeveloped programs that are currently needed that would require a staff person would include environmental health and nutrition. Finally, the cost of providing services continues to rise, not to mention payroll expenses and benefits plus other administrative costs.

**Cavalier County:** With so many programs needing additional funding, it is difficult to specifically say what programs we would give priority to.

1. Funding would be used to maintain current programs that are inadequately funded such as, immunizations, newborn and routine home visits, Women's Way, school nursing etc.
2. Our county has done a community health assessment and has identified prevention of metabolic syndrome to be a top concern. Programs in our county need to be targeted to encourage healthy lifestyles and provide education on disease awareness, management and prevention. Currently a wellness network and consortium consisting of many partners are working on these issues. Partners consist of public health, hospital, city

government, social services, local wellness center etc. Funding needs to be available to sustain the participation in this group and provide needed programs.

**McIntosh District:** MDHU would like to use the additional money as a supplement. Some grants do not totally cover costs of the program. We want to continue to serve our people, but the expenses must come from somewhere. Our daily expenditures increase -- salaries, payroll expense, supplies -- money is needed to cover these expenses. Equipment purchases -- equipment is expensive, and there is usually not enough grant money to spend on these items.

**Walsh County:** Walsh County would use 100% of the additional state aid dollars to bring environmental health services into our district. We would attempt to accomplish this through collaboration with other health units ( hire a person for 3 health units) or through a JPA or contract.

**Grand Forks:** The additional state aid for Grand Forks is key to support the staffing and materials needed for unmet needs in a number of important areas. These areas include wellness (education and coalition support), services for children and mothers in the Maternal Child Health (such as home visits, education, public health clinic services), Environmental Health (especially in the areas of mold reduction, swimming pool inspections, food service education, and ordinance initiatives), School Health Education, and also Administrative Staff to support these services. Much of what we do is on a donation basis and it is getting extremely difficult to cover the cost of services.

**Towner County:** Health education resources/communication for school and community (of all ages). Topics: hypertension, cancer, nutrition, exercise, stroke, heart disease, alcoholism, ect.

**Bismarck/Burleigh:** We would provide additional home health services for residents who cannot afford them. By remaining independent in their home with support services, we save the State significant dollars which would be spent on institutional care. Some dollars could be used for medications for the homeless or those who cannot afford their prescriptions who are not eligible for or are not yet on Medicaid. Also, valuable programs such as Woman's Way, which are for income eligible clients, are not being sustained by the Federal government, could be maintained.

**Pembina County:** Since we are a county office and not a Health District our State Aid money is used for our budget and salaries and is reimbursed to the county.

**Fargo/Cass:** At Fargo Cass we would most likely use this funding to continue community health assessment work, fund a community health plan and work

specifically on enhancing tobacco prevention and obesity/physical activity community efforts. We would also look at enhancing environmental health programs.

**Sargent County:** 1) Flexible Funding for Prevention and Promotion Projects not currently funded such as the following; Special Topic Presentation/Projects – Adult & Senior Health, Health Fairs, Public Health Week, Youth Safety, Farm Safety, Go Red for Women, Diabetes Program, Community Wellness, Worksite Wellness, etc.

2) Supplement funding for ongoing programs - Immunization Program, School Health, Foot Care,

**Southwestern District:** Southwestern District Health Unit would be look at using the extra dollars on Public health workforce and infrastructure maintenance which will be increasing our salary base to be more in line with local community salaries. Our current base is much lower than our competition making workforce retention and hiring of new workforce very difficult. Our current base is at \$12.35/hr. which as you can see is much lower than even most other local public health departments in the state.

**Richland County:** There is a big gap in training needs in local public health. I think additional funding could be used for workforce development to include training opportunities, technical support, staff development and leadership for public health staff. Not just a one time training, but available on a continuum for new staff to include core functions, essential services, and basic public health programming. It would be beneficial to have regional nurse consultants as a contact and resource person. Additional dollars are needed to maintain and supplement existing programs and services. Flexibility is needed in the funding due to changing needs. The specific grants we receive do not allow for this flexibility.

**Foster County:** Without knowing a specific dollar amount it's hard to make as estimation. However, I would say possibly some different equipment purchases. I have wanted to purchase a cholestech machine for preventive health care. Also possibly using the \$\$\$ for more education at high schools in regards to STD's. We really don't have much money to do good job at that now. Also maybe purchase some materials/curriculum for STD's in the school. I would say I would use it to basically cover all the things that all the other grants do not cover.

**First District:** I would use the additional funds for assessment, environmental health and adult health services. If immunization money decreases it would be used to hold the cost down to the client.

**Nelson/Griggs:** Based on the formula, NGDHU would receive \$13,431 each year. Each year our needs change as does our finances. Our office needs additional monies to maintain our current public health programs and services, in

addition to trying to enhance them. Monies need to be flexible as grant monies are program specific with many restrictions. Our costs are going up with no increase in grant monies. With flexible funding, there would be the ability to change directions as needed within the LPHU. In our area, local monies aren't increasing, rather they are decreasing. LPHU's are and will always need to be accountable as to how their monies are spent.

Currently, we have in-home nursing visits being provided with no consistent funding source. Little donations and few Medicaid eligible recipients of services are what I'm seeing this year. Last year was a different story.

We are paying increased costs with heat, mileage, and supplies with minimal salary increases. As a small Health Unit, we try to be somewhat competitive but do not to expect the same wage and benefit package as can be provided in the larger communities. Nurses are needed throughout the state, not just in Public Health.

In a small office, we can't always charge out all the expenses of computers, phones, copier, office supplies, running copies, etc. to a particular grant. To allocate that expense becomes a paperwork nightmare.

Environmental services are broad and could be utilized in our area. Each LPHU is unique and has different needs. Services could be reimbursed based on established fees, but we would need consultation on this. Wages and travel costs are the key expenses.

Monies received for immunizations and MCH (Maternal Child Health) programs doesn't cover the cost of doing business. After promoting Women's Way services, there was a decrease in monies for that program.

Flexible funding provides us with the ability to respond to changing needs, such as a chickenpox outbreak.

I would like to be able to market current Public Health programs. Flexible funding also allows that.

Our needs are different than larger Health Units. Our uniqueness can also be our strength.

**Lamoure County:** We have discussed this with the staff and our commissioners and the greatest deficit for us is school nursing and our MCH program – there is no funding for our counties school nursing program and major cuts over the years in MCH programs. We use general fund and state aide to supplement both programs.

We would divide the \$6000 additional funds between these 2 programs; chronic disease education and local intervention – concerns below need to be addressed at the youngest age possible...

- Asthma – secondhand smoke and prevention of smoking in our youth
- Diabetes – obesity, decreased physical activity
- Communicable Disease – Immunizations for all age and population groups
- Active participation in risky behaviors - increased suicide, use of alcohol, increased STD's with multiple sex partners and lower age for Initiating promiscuity –( again related to both parents working, decreased communication between the child and the parent, etc...)

**Steele County:** Additional funds are needed for adult services – adult vaccines, additional BP or diabetes screenings.

**City/County:** CCHD has worked on some efforts in a very small way, so we would like to look at increasing preventive education in the community, possibly hiring a PR type person who would attend and present at community events, develop and distribute a ?quarterly newsletter and an annual report. We have done little in Cancer prevention and control, arthritis, promoting clean air and water, chronic disease control, oral health, worksite wellness, strategic planning. We would like to increase our school health efforts, increase efforts to decrease obesity, possibly start OPOP, possibly start a home visiting program to prevent/ decrease exacerbation/rehospitalizations related to chronic disease. There are many services which could be developed and provided in the home to delay LTC placement. We have really done nothing regarding worksite wellness in the health department, but other efforts are being made within the community, we would hope to join and expand on those efforts.

**Dickey County:** The increased state aid would help us cover the cost of our community programs and school nursing. We provide education sessions in both of these areas that would not be covered otherwise.

**Emmons County:** I may need to use some of the additional funds for contracted environmental health services, as services we are currently conducting we are using BT funds which will no longer be available for infrastructure environmental issues. The remaining funds would be used for augmenting our current nursing programs which have all received a decrease in funds the past few years and we are having to donate a lot of time!!

**Wells County:** We would use extra state aid monies for men's health projects, senior citizen home visits, and to purchase equipment for those projects. We would also do a community assessment again with follow-up. We would also use some of the monies for our EHP. We need to keep that service in place.



**Upper Missouri:** Will use increased state aid to off-set lose of \$57,000 (biennial) Aging Services funding. Funding is used for specific in-home and community based public health services. These services increase rural client's ability to remain independent in their home which is more desirable to them, and less costly overall. Remaining funds from the state aid increase will be combined with other funds to improve our salary plan. A recent market survey shows UMDHU is NOT a competitive employer for 80% of its benchmark job classes. This information shows salaries are under-paid by as much as 31.14%. This review is based on UMDHU's total annual payroll of \$828,000.

**Ransom County:** I would love to do my community assessment, but would like the State just to give me that money! With the amounts that we would get, I would put it into MCH, preventive health activities and programs that we are starting and immunization. Also would use some for capital purchases that I now struggle to fund.

**Lake Region:** We would like to use some of it for the environmental health services. That has been mostly funded from local funds, but with administrative funds being cut for programs a lot of our local dollars are going for general administrative expenses. We would also like to work on more wellness programs.

**Custer District:** 1. Resource assessment and community health planning.  
2. Further integration of GIS description capability into our environmental and hazard response programs.

**Kidder County:** We could use the extra money for the following services; universal Immunizations for children, newborn visits, aging services for foot cares, personal cares, and cholesterol.

**Biennium General Fund Appropriation History:**

77-79	\$600,000
79-81	525,000
81-83	1,000,000
83-85	1,000,000
85-87	1,000,000
87-89	950,000
89-91	600,000
91-93	975,000
93-95	1,000,000
95-97	950,000
97-99	990,000
99-01	1,100,000
01-03	1,100,000
03-05	1,100,000
05-07	1,100,000

\$1.00 in 1983 = \$2.03 in 2006 due to inflation.

## North Dakota Local Public Health Unit Mill Levy:

### Definitions:

- A city or county public health department formed under Chapter 23-35 are financed through city or county general funds.
- A public health district formed under section 23-35-04 or 23-35-05 have the authority to impose additional taxes dedicated to public health through a mill levy.

Attached is the levy information from the Tax Dept. Statistical Report.

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2005 County  
Health  
(For 2006 Budgets)

County Name	Levy in Mills	Levy in Dollars
Adams	3.51	24,887.10
Barnes	4.98	174,830.15
Benson	3.48	44,843.73
Billings	3.51	17,509.67
Bottineau	3.43	87,524.08
Bowman	3.51	33,924.67
Burke	3.31	28,537.03
Burleigh		-
Cass		-
Cavalier	2.48	50,071.38
Dickey	1.75	28,612.83
Divide	3.51	32,146.50
Dunn	3.51	44,655.66
Eddy	3.66	23,080.53
Emmons	4.98	67,984.76
Foster	5.00	62,522.40
Golden Valley	3.51	19,323.21
Grand Forks	2.28	337,266.52
Grant	3.96	31,543.91
Griggs	3.35	29,355.55
Hettinger	3.51	32,516.42
Kidder	5.04	47,854.24
Lamoure		-
Logan	5.09	33,017.85
McHenry	4.23	90,658.77
McIntosh	4.92	47,750.59
McKenzie	3.51	58,450.36

McLean	3.41	90,207.07
Mercer	4.00	73,844.47
Morton	4.49	261,744.11
Mountrail	3.51	53,036.36
Nelson	3.35	36,818.20
Oliver	3.93	21,430.04
Pembina		-
Pierce	3.68	49,967.54
Ramsey	3.25	82,835.39
Ransom		-
Renville	4.00	40,013.28
Richland		-
Rolette	3.00	29,222.33
Sargent	2.21	33,248.41
Sheridan	3.61	22,501.60
Sioux	4.49	9,208.34
Slope	3.51	17,963.29
Stark	3.51	141,291.78
Steele		-
Stutsman	5.00	254,448.33
Towner	2.11	24,135.30
Traill	4.42	113,913.30
Walsh	4.18	130,669.09
Ward	3.16	364,010.07
Wells	5.00	87,758.19
Williams	3.51	133,430.56

**North Dakota Local Public Health Units – counties served**

Bismarck-Burleigh Public Health

Burleigh

Cavalier County Health District

Cavalier

Central Valley Health District

Stutsman

Logan

City-County Health Department

Barnes

Custer Health

Grant

Morton

Mercer

Oliver

Sioux

Dickey County Health District

Dickey

Emmons County Public Health

Emmons

Fargo Cass Public Health

Cass

First District Health Unit

Ward

Bottineau

Burke

McHenry

McLean

Renville

Sheridan

Foster County Health Department

Foster

Grand Forks Public Health Department

Grand Forks

Kidder County District Health Unit

Kidder

Lake Region District Health Unit

Ramsey

Benson

Eddy

Pierce

LaMoure County Public Health Unit

Lamoure

McIntosh District Health Unit

McIntosh

Nelson/Griggs District Health Unit

Nelson

Griggs

Pembina County Health Department

Pembina

Ransom County Public Health Department

Ransom

Richland County Health Department

Richland

Rolette County Public Health district

Rolette

Sargent County District Health Unit

Sargent

Southwestern District Health Unit

Stark

Adams

Billings

Golden Valley

Bowman

Slope

Dunn

Hettinger

Steele County Public Health Department

Steele

Towner County Public Health District

Towner

Traill District Health Unit

Traill

Upper Missouri District Health Unit

Williams

Divide

McKenzie

Mountrail

Walsh County Health District

Walsh

Wells County District Health Unit

Wells

### **Proposed Amendment to House Bill No. 1004**

Local Public Health is proposing an increase in the amount of general funding appropriated to local public health in HB 1004 from \$1.1 million to \$3 million- a \$1.9 million increase.

Local Public Health is proposing an increase in order to more effectively and consistently provide public health services to all North Dakota citizens.

New and emerging issues are continually taxing local health budgets. These issues usually occur without additional funding. Local government contributions are capped at 5 mills for district health units and health departments have a limited general fund base, so local dollars cannot be counted on to continually support the increased budgetary needs. State general funding has not been increased since 1999.

Contact:

Robin Iszler- Administrator, Central Valley Health District – 701-251-8130 or email – [riszler@nd.gov](mailto:riszler@nd.gov)

## Public Health Critical Responsibility Funding Sources

Jan 1, 2005 - Dec 31, 2005

DRAFT

	Prevent Epidemics	EH Protection	Injury Protection	Health Promotion	Emergency Response	Assure Access	Admin.	Total
<b>Bismarck Burleigh Public Health</b>								
Federal Funds	58,824			112,003	159,336	30,981		361,144
State Aid	442			1,565		93,527		95,534
Other from HD				210,331				210,331
Local Government	28,653		2,911	86,739		522,939		641,242
Fees and Other				95,152		15,333		110,485
<b>Total Funding Source</b>	<b>87,919</b>	<b>0</b>	<b>2,911</b>	<b>505,790</b>	<b>159,336</b>	<b>662,780</b>	<b>0</b>	<b>1,418,736</b>
<b>Cavalier County Health District</b>								
Federal Funds	2,826	911		45,094	10,933			59,764
State Aid	6,352			6,191			853	13,396
Other from HD				14,642				14,642
Local Government	21,653	1,000				958	25,579	49,190
Fees and Other	17,089			572			334	17,995
<b>Total Funding Source</b>	<b>47,920</b>	<b>1,911</b>	<b>0</b>	<b>66,499</b>	<b>10,933</b>	<b>958</b>	<b>26,766</b>	<b>154,987</b>
<b>Central Valley Health District</b>								
Federal Funds	30,583	2,822		239,475	229,419	82,898		585,197
State Aid				47,825		9,098		56,923
Other from HD				66,647				66,647
Local Government		2,314		180,009		10,283		192,606
Fees and Other		5,197		119,660		9,638		134,495
<b>Total Funding Source</b>	<b>30,583</b>	<b>10,333</b>	<b>0</b>	<b>653,616</b>	<b>229,419</b>	<b>111,916</b>	<b>0</b>	<b>1,035,868</b>
<b>City-County Health Department</b>								
Federal Funds	3,491	2,126		72,356	18,341			96,314
State Aid		15,126		617			501	16,244
Other from HD				33,523				33,523
Local Government				5,048		20,000	71,226	96,274
Fees and Other				95,915		60,000	20,000	175,915
<b>Total Funding Source</b>	<b>3,491</b>	<b>17,252</b>	<b>0</b>	<b>207,459</b>	<b>18,341</b>	<b>80,000</b>	<b>91,727</b>	<b>418,270</b>
<b>Custer District Health</b>								
Federal Funds	102,107	10,937		507,090	39,884	89,661		749,679
State Aid	1,502					77,991		79,493
Other from HD		17,339		159,456				176,795
Local Government		110,000		30,000		157,500	70,000	367,500
Fees and Other	66,000	25,000		77,900		25,400	20,000	214,300
<b>Total Funding Source</b>	<b>169,609</b>	<b>163,276</b>	<b>0</b>	<b>774,446</b>	<b>39,884</b>	<b>350,552</b>	<b>90,000</b>	<b>1,587,767</b>

## Public Health Critical Responsibility Funding Sources

Jan 1, 2005 - Dec 31, 2005

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	Prevent Epidemics	EH Protection	Injury Protection	Health Promotion	Emergency Response	Assure Access	Admin.	Total
Dickey County District Health								
Federal Funds	2,412			20,043	12,538			34,993
State Aid								0
Other from HD				19,014				19,014
Local Government				4,151		10,000	3,814	17,965
Fees and Other	15,080					15,080		30,160
Total Funding Source	17,492	0	0	43,208	12,538	25,080	3,814	102,132
Emmons District Health								0
Federal Funds	1,222	309		53,703	14,514			69,748
State Aid				6,970		10,257		17,227
Other from HD				12,336				12,336
Local Government						4,300		4,300
Fees and Other	13,474	390		2,000				15,864
Total Funding Source	14,696	699	0	75,009	14,514	14,557	0	119,475
Fargo Cass Public Health								0
Federal Funds	142,408	8,450		602,911	281,538	1,220,245		2,255,552
State Aid	202,181			79,180		179,961		461,322
Other from HD				373,357				373,357
Local Government	76,529	921,762		623,126		793,162	358,937	2,773,516
Fees and Other	49,856	321,452		690,061		396,634	65,330	1,523,333
Total Funding Source	470,974	1,251,664	0	2,368,635	281,538	2,590,002	424,267	7,387,080
First District Health Unit								0
Federal Funds	73,931	14,153		719,930	212,508	81,092		1,101,614
State Aid	28,833	51,959				20,770		101,562
Other from HD		10,316		178,542				188,858
Local Government	25,323	231,456		667,934	1,637	44,372		970,722
Fees and Other	3,811	150,963		627,370		36,636		818,780
Total Funding Source	131,898	458,847	0	2,193,776	214,145	182,870	0	3,181,536



## Public Health Critical Responsibility Funding Sources

Jan 1, 2005 - Dec 31, 2005

DRAFT

	Prevent Epidemics	EH Protection	Injury Protection	Health Promotion	Emergency Response	Assure Access	Admin.	Total
Foster County Health Department								0
Federal Funds	1,371			25,960	8,630			35,961
State Aid				9,188	3,432			12,620
Other from HD				11,701				11,701
Local Government	8,000			5,000		52,004		65,004
Fees and Other	1,000					500		1,500
Total Funding Source	10,371	0	0	51,849	12,062	52,504	0	126,786
Grand Forks Public Health								0
Federal Funds	54,954			133,370	249,643	53,735		491,702
State Aid	5,799	9,876		10,908		11,611	29,177	67,371
Other from HD				206,091				206,091
Local Government	335,000	820,000		69,039		87,670	265,400	1,577,109
Fees and Other	61,700	35,000		365,000			20,000	481,700
Total Funding Source	457,453	864,876	0	784,408	249,643	153,016	314,577	2,823,973
Kidder County District Health								0
Federal Funds	557	1,568		2,326	8,521			12,972
State Aid								0
Other from HD				9,303				9,303
Local Government								0
Fees and Other								0
Total Funding Source	557	1,568	0	11,629	8,521	0	0	22,275
Lake Region District Health								0
Federal Funds	31,370	8,684		334,497	205,037	63,314		642,902
State Aid	4,630	11,210		18,865				34,705
Other from HD				19,819				19,819
Local Government	12,178	19,690		23,635		4,779	151,000	211,282
Fees and Other	40,502	11,564		66,621		2,400	3,000	124,087
Total Funding Source	88,680	51,148	0	463,437	205,037	70,493	154,000	1,032,795
Lamoure County Public Health								0
Federal Funds	1,798			2,836	13,567			18,201
State Aid								0
Other from HD				19,819				19,819
Local Government				17,290	1,610	5,600		24,500
Fees and Other	6,094							6,094
Total Funding Source	7,892	0	0	39,945	15,177	5,600	0	68,614

## Public Health Critical Responsibility Funding Sources

Jan 1, 2005 Dec 31, 2005

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	Prevent Epidemics	EH Protection	Injury Protection	Health Promotion	Emergency Response	Assure Access	Admin.	Total
McIntosh District Health								0
Federal Funds	763			4,022	11,894			16,679
State Aid	333			2,633		740	9,407	13,113
Other from HD				13,975				13,975
Local Government	200			4,177		3,457	32,000	39,834
Fees and Other								0
Total Funding Source	1,296	0	0	24,807	11,894	4,197	41,407	83,601
Nelson/Griggs District Health								
Federal Funds	741	1,600		33,622	16,679			52,642
State Aid	10,520	800		5,397			1,220	17,937
Other from HD				27,720				27,720
Local Government	854			32,358		19,823	17,269	70,304
Fees and Other	15,029	150		3,136		9,082		27,397
Total Funding Source	27,144	2,550	0	102,233	16,679	28,905	18,489	196,000
Pembina County Public Health								
Federal Funds	3,130			60,810	15,555			79,495
State Aid	1,302			11,927		2,411		15,640
Other from HD				27,420				27,420
Local Government	6,461	11,076		35,867	2,769	36,030		92,203
Fees and Other	237			27				264
Total Funding Source	11,130	11,076	0	136,051	18,324	38,441	0	215,022
Ransom County Public Health								
Federal Funds	2,810	1,306		28,512	16,295			48,923
State Aid	1,578	835		4,461		3,125	1,552	11,551
Other from HD		1,159		30,503				31,662
Local Government	21,949	1,306		67,900		15,000		106,155
Fees and Other	15,948			1,751		45,603		63,302
Total Funding Source	42,285	4,606	0	133,127	16,295	63,728	1,552	261,593
Richland County Public Health								
Federal Funds	28,929	235		179,160	17,655	60,183		286,162
State Aid	1,913	6,072		16,695				24,680
Other from HD		2,951		66,217				69,168
Local Government				154,759	10,000	151,220		315,979
Fees and Other		1,875		69,862		57,395		129,132

## Public Health Critical Responsibility Funding Sources

Jan 1, 2005 - Dec 31, 2005

DRAFT

	Prevent Epidemics	EH Protection	Injury Protection	Health Promotion	Emergency Response	Assure Access	Admin.	Total
Total Funding Source	30,842	11,133	0	486,693	27,655	268,798	0	825,121
Rolette County District Health								
Federal Funds	10,905			148,168	19,495			178,568
State Aid								0
Other from HD				44,933				44,933
Local Government				17,909			28,519	46,428
Fees and Other	5,461		505	21,127		1,173		28,266
Total Funding Source	16,366	0	505	232,137	19,495	1,173	28,519	298,195
Sargent County District Health								
Federal Funds	1,431	1,141		20,285	12,250			35,107
State Aid								0
Other from HD		6,800		17,463				24,263
Local Government		1,813		3,584		16,429	14,331	36,157
Fees and Other						5,569	10,502	16,071
Total Funding Source	1,431	9,754	0	41,332	12,250	21,998	24,833	111,598
Southwestern District Health								
Federal Funds	20,394	16,611		271,733	247,017	28,561		584,316
State Aid				64,387			3,199	67,586
Other from HD				120,257				120,257
Local Government	43,142	55,132		242,711	12,218	55,156	58,504	466,863
Fees and Other	4,221	34,612		70,112	33	17,066		126,044
Total Funding Source	67,757	106,355	0	769,200	259,268	100,783	61,703	1,365,066
Steele County Public Health								
Federal Funds	526			14,119	7,317			21,962
State Aid	1,081					8,622		9,703
Other from HD								0
Local Government							20,409	20,409
Fees and Other	2,111	150						2,261
Total Funding Source	3,718	150	0	14,119	7,317	8,622	20,409	54,335
Towner County Public Health								
Federal Funds	780	523		1,866	5,363			8,532
State Aid	642			5,902		10	1,116	7,670
Other from HD				10,069				10,069
Local Government				14,910			21,550	36,460

## Public Health Critical Responsibility Funding Sources

Jan 1, 2005 - Dec 31, 2005

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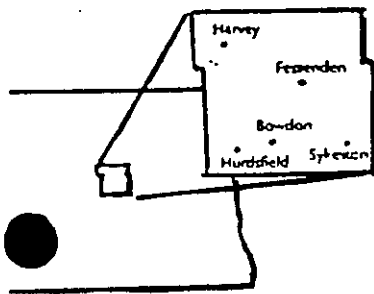
	Prevent Epidemics	EH Protection	Injury Protection	Health Promotion	Emergency Response	Assure Access	Admin.	Total
Fees and Other								0
Total Funding Source	1,422	523	0	32,747	5,363	10	22,666	62,731
Trail District Health								
Federal Funds	3,327	2,013		7,221	18,139			30,700
State Aid	12,673			800			3,509	16,982
Other from HD		709		29,019				29,728
Local Government	10,500			53,996		39,500		103,996
Fees and Other	16,538	150		11,506		8,044		36,238
Total Funding Source	43,038	2,872	0	102,542	18,139	47,544	3,509	217,644
Upper Missouri District Health								
Federal Funds	34,742	9,266		260,182	230,807	73,279		608,276
State Aid	4,848			36,119			6,498	47,465
Other from HD		35,236		97,801				133,037
Local Government	2,785	19,764		34,565	1,511	10,583	125,976	195,184
Fees and Other	52,582	15,392		46,624		18,643	13,647	146,888
Total Funding Source	94,957	79,658	0	475,291	232,318	102,505	146,121	1,130,850
Walsh County District Health								
Federal Funds	7,836	1,476		88,879	19,041			117,232
State Aid	9,944			5,115		1,578	2,762	19,399
Other from HD				30,244				30,244
Local Government	12,769	1,824		64,867	6,202	19,774		105,436
Fees and Other	2,419	415		5,480	1,175	3,745		13,234
Total Funding Source	32,968	3,715	0	194,585	26,418	25,097	2,762	285,545
Wells County District Health								
Federal Funds	2,228	2,150		5,556	15,268			25,202
State Aid	4,269			2,728		6,016		13,013
Other from HD				15,319				15,319
Local Government	759	2,409	68	24,711	6	6,247		34,200
Fees and Other	18,581		1,200	7,087	3,047	4,408		34,323
Total Funding Source	25,837	4,559	1,268	55,401	18,321	16,671	0	122,057
Total All Health Units								
Federal Funds	626,396	86,281	0	3,995,729	2,117,184	1,783,949	0	8,609,539
State Aid	298,842	95,878	0	337,472	3,432	425,717	59,794	1,221,135
Other from HD	0	74,510	0	1,865,521	0	0	0	1,940,031

## Public Health Critical Responsibility Funding Sources

Jan 1, 2005 Dec 31, 2005

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	Prevent Epidemics	EH Protection	Injury Protection	Health Promotion	Emergency Response	Assure Access	Admin.	Total
Local Government	606,755	2,199,546	2,979	2,464,285	35,953	2,086,786	1,264,514	8,660,818
Fees and Other	407,733	602,310	1,705	2,376,963	4,255	732,349	152,813	4,278,128
Total Funding Source	1,939,726	3,058,525	4,684	11,039,970	2,160,824	5,028,801	1,477,121	24,709,651



## Wells County District Health Unit

P.O. Box 6, 600 North Railway St., Fessenden, N.D 58438

Phone 701-547-3756

### County Health Nurses

Karen Volk, RN, Nurse Administrator

Joye Stolz, RN

Maureen Cook, RN

Colleen Voeller, RN

### Wells County Board of Health

C.D. Nyhus, MD, District Health Officer

Good Morning Chairman Pollert and Committee Members;

As your committee considers testimony and requests, I am here today representing local public health departments. I am Karen Volk, RN, Nurse Administrator and Director of Nursing from Wells County. Our county is centrally located with Fessenden being our county seat. Harvey is the largest town in Wells County.

Why am I here today?

I want to discuss the importance of having the State Aid allocation to local Public Health departments increased. How many of you are still paying the 1999 prices for your food, fuel, vehicles, etc.? Well, in North Dakota local Public Health is still funded at that level.

### **THE BUCK STOPS HERE!**

What do we need at the local level?

We need cash – I'm showing you the money –

In our county we do not have a federally funded Rural Health Clinic. In our county we don't have a medical clinic that provides immunizations other than flu. Public Health is it!

Public Health is the provider of services for the vulnerable, uninsured, underinsured and working poor. We need sufficient funding to continue to operate. Our local resources are stretched to the limit and beyond. December 2006 our local Board of County Commissioners had to borrow \$150,000.00 – to make payroll and pay the bills. (Refer to newsarticle)

Local Public Health departments receive an average of 5% of their budgets from State Aid allocation. The other 95% of the budget is from Federal grant dollars, local fees and donations, local tax dollars (we are at the maximum of 5 mills) and other Regional/Local grant resources.

Public Health is the first line of essential services – detection, assessments, investigation, evaluation, delivery of services, referrals, case management.

The average cost of 1 day in a skilled nursing facility is \$155.00 – the average cost of 1 Public Health home visit (Medicaid Reimbursement) is \$30.00. Studies have shown that by providing a Home Visit citizens are able to reside in their own home healthier and happier than a skilled nursing facility. I'm showing you the money - now I'm asking you to show us the money!

# Wells County Commissioners

## PROCEEDINGS OF THE BOARD OF COUNTY COMMISSIONERS OF WELLS COUNTY, NORTH DAKOTA

December 15, 2006

On December 15, 2006, the Board of County Commissioners met with the following members present: Randi Suckut, Chairman; Mary B. Hager; Richard Leintz; Mark Schmitz; and Ray Schmitz, prior to a meeting sponsored by Harvey City.

Chairman Suckut called the meeting to order.

The following undertaking as required under NDCC 21-06-03 for issuance of duplicate Auditor's Warrant was presented to the Board from Lelm Implement, Inc., Harvey, requesting that duplicate Auditor's Warrant #67966 in the amount of \$232.72 be issued to replace the original which had been lost or destroyed.

Motion was made by Commissioner Mark Schmitz and seconded by Commissioner Leintz, to authorize the Auditor to reissue said duplicate checks.

On vote being taken, all voted yes, and the Chairman declared the motion carried.

The following resolution was introduced by Commissioner Leintz and seconded by Commissioner Mark Schmitz, for adoption:

WHEREAS, the County Commissioners of the County of Wells, State of ND, has determined that all taxes authorized to be levied for the year 2006 are insufficient to carry on the primary governmental functions and to pay all mandatory obligations imposed by law; and

WHEREAS, the County Commissioners deem it necessary to borrow money to meet the foregoing deficiencies pursuant to NDCC 57-47; and

WHEREAS, the County Commissioners deem it necessary to levy a tax pursuant to NDCC 57-47 for the purpose of repaying the indebtedness.

NOW, THEREFORE, BE IT RESOLVED, pursuant to NDCC 57-47, the County of Wells, State of North Dakota, shall forthwith borrow the sum of \$150,000.00 from the National Bank of Harvey, North Dakota, which shall be repaid in three (3) equal annual principal payments with interest at the rate of 5.15% due and payable with each installment of principal and the final payment due and payable four (4) years from the date of the evidence of indebtedness; and

BE IT FURTHER RESOLVED, that the Chairman of the Board of County Commissioners and the County Auditor are hereby authorized to execute the evidence of indebtedness for said loan and such other documents as may be requested by the banking institution and are required by law; and

BE IT FURTHER RESOLVED, that the County Auditor is directed and authorized to levy a tax of three (3) mills for the year of 2007 and following years pursuant to NDCC 57-47, for the purpose of repaying the foregoing indebtedness; and

BE IT FURTHER RESOLVED, that the County Auditor shall establish a "County Loan Fund" pursuant to NDCC 57-47-05 which fund shall be administered in accordance with the foregoing statute.

On roll call vote being taken, those voting 'aye': Mary B. Hager; Richard Leintz; Mark Schmitz; Ray Schmitz; and Randi Suckut.

Those voting 'naye': None.

The Chairman then declared the Resolution carried and adopted.

On motion, the meeting was adjourned.

ATTEST:

Janell Rudel, Wells County Auditor



To Whom It May Concern:

Wells County provides an excellent service to the community by providing well baby checks. Too often, we only take our infants to the doctor for shots or if there is a problem. As a mother of three children I love the idea of a monthly check just to make sure everything is going well or if I may have questions. My family recently moved here from the Minot area which did not provide well baby checks. It would be a great service if all the counties would provide the monthly service Wells County does. Karen Volk and her staff do a wonderful job and I hope they can continue the great job.

Sincerely

A handwritten signature in cursive script that reads "Tammy Anderson". The signature is written in dark ink and is positioned below the word "Sincerely".

Tammy Anderson

## **Testimony**

### **House Bill 1004**

#### **House Appropriations - Human Resources Division**

**Tuesday, January 9, 2007**

Good morning, Chairman Pollert and members of the House Appropriations - Human Resources Division. My name is Robin Iszler, I am the administrator of Central Valley Health District the local Public Health Department for Stutsman and Logan Counties. I am here today to represent Local Public Health Departments across the state – many of whom are here today. I support HB 1004 and request an amendment related to state aid funding to local public health units.

Currently Local Public Health Departments receive 1.1 million general fund dollars biennially as part of the State Health Department's budget. These funds are used in a variety of ways to enhance Public Health Services across North Dakota. This funding has remained relatively flat since 1980 the last increase was 1999. We are requesting an additional 1.9 million be added to bring the total amount of State Aid dollars to 3 million. Public Health Departments are united in a common goal of improving the health of our communities. Additional dollars will be used across our state to enhance and improve services to citizens in communities we serve.

I have provided you with a handout outlining the services we provide at our Health District. Our total budget for 2006 was 1.5 million. The current State Aid Dollars amount to approximately 2% of my local budget. Our share of the State Aid Dollars is \$40,386 (biennially). We use these dollars to fund our school screening and cholesterol programs in both Stutsman and Logan Counties (\$20,193 per year).

How do local Public Health agencies plan to use additional State Aid Dollars? Some common themes emerge when Public Health agencies were asked this question they include, home visits, public health services in schools, environmental health along with salary, benefits, and training. Each Health Department has unique needs based on the citizens who reside in their communities. To give you an indication of how our citizens value the public health services provided in our area, I would like to take a moment to share a few of the comments from our clients.

*"My husband is 90 years old and I'm 81. We are both diabetics and both need walkers to get around. My husband had a heart attack recently and needs various medications. He needs to have his blood pressure, pulse and oxygen level taken by a nurse. It is very difficult to get to a clinic. We need a nurse to come to our home to check medications, etc. Central Valley Health has been especially helpful."*

Marian Stampka, age 81, Jamestown ND

*"Public Health nurse comes twice a week to fill both our med trays. We really appreciate this as neither of us can do this. This allows us to live in our homes."*

Serena and Clarence Schultes, ages 79 and 78, Jamestown ND

*"I'm thankful for the nurse that helps me with my medicine."*

Rose Conley, age 86, Jamestown ND

*"It is wonderful that the nurse can come to my house and take care of my medicine. I couldn't stay in my home without her help."*

Frieda Patzer, age 92, Jamestown ND

*"I appreciate Michelle, Public Health nurse, she is very thorough. It is impossible for me to get the necessary care because of my handicaps and health."*

Leland Dahlstrom, age 84, Jamestown ND

*"Sure appreciate Public Health coming to our house."*

Willie and Geneva Kamletz, ages 84 and 92, Jamestown ND

How would Central Valley Health District use additional dollars? Based on the current formula used to distribute the 1.1 million, (health units receive a \$6,000 base per county and an amount per capita), Central Valley could potentially receive an additional \$69,426 per biennium. Realizing there are limits to the number of programs these funds could support, the following are some of the needs we have at our Health District.

**1. Environmental Health** – We currently have one full time environmental health practitioner. This position provides services in Stutsman, Logan and Barnes Counties. Dollars for this program would be used to train additional staff to work in counties throughout our region to ensure access to environmental health services. To employ a half time position in environmental health would cost roughly \$24,138.

**2. Public Health Services in schools** – we provide limited school nursing services to the Jamestown Public School system. We currently use our State Aid dollars for school screenings for all county schools in Stutsman and Logan Counties. To employ a full time school nurse who could provide services throughout Stutsman County would cost roughly \$45,000. With Funds from a variety of sources like State Aid and local dollars, I believe we can begin to meet the needs of a full time school nurse to be used in Stutsman and Logan Counties.

3. **Home Visitation** – Newborn and Elderly. We currently provide both of these programs. Five hours a day are spent by nurses visiting clients in their homes. Keeping the elderly in their homes and assisting new families with care of their infants are important services to citizens in our community. Families rely on our nurses to provide referrals, health education and guidance. We have recently made cuts in our home visitation program due to the overwhelming number of clients requesting these services. We feel this is an important service that needs to continue in our community as our population ages.

4. **Regional Collaboration with Public Health Departments and Competent Public Health Workforce** – Central Valley already partners with health departments within our region. With additional funding, this partnership can be expanded to provide the essential Public Health services to all counties in our region. In addition, staffing of competent public health personal is essential to meet the needs of our citizens. Attracting staff from traditional medical services with shortages in nursing personal will continue to pose problems for public health departments and additional dollars will make it possible to attract competent staff.

**Conclusion**

Public health continues to provide many important services to communities across North Dakota. We struggle to continue to maintain level services. An increase in State Aid funding is necessary to allow for public health departments to respond to emerging issues. Thank you for this opportunity to provide you with information on the need for additional dollars to local public health. I would be happy to address any questions.

## Central Valley Health District

Building a Healthy  
Community...  
TOGETHER



### ADMINISTRATION OFFICES:

122 SECOND STREET N.W.  
P.O. BOX 880  
JAMESTOWN, ND 58402-0880  
[www.centralvalleyhealth.org](http://www.centralvalleyhealth.org)

### LOGAN COUNTY LOCATION:

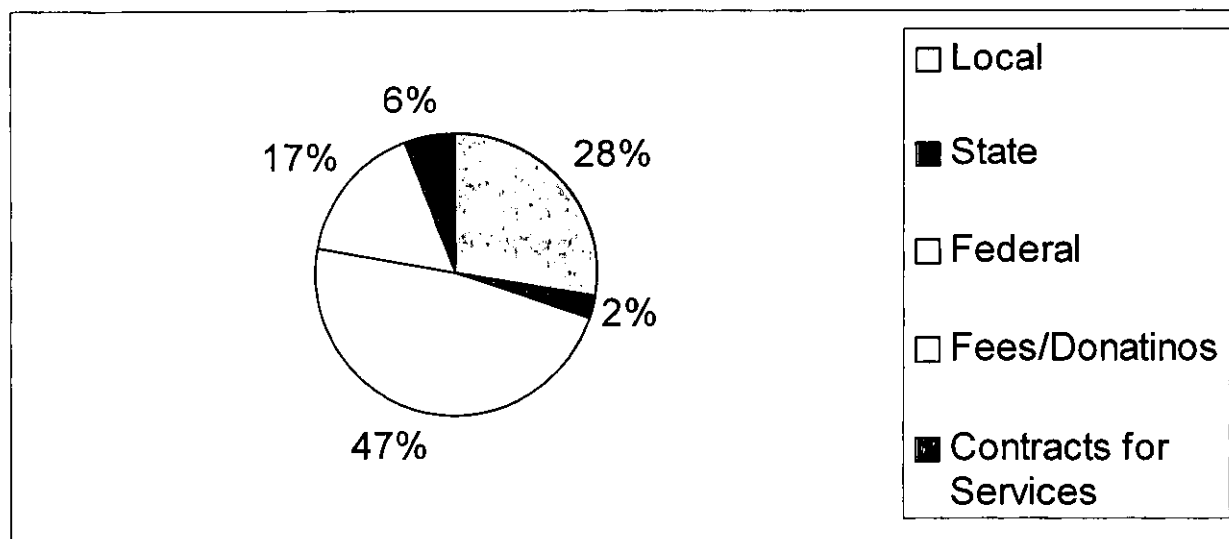
LOGAN COUNTY COURTHOUSE  
P. O. BOX 12  
NAPOLEON, ND 58561

## We Are Central Valley Health District...

- Open daily Monday - Friday 8:00 a.m. - 4:30 p.m.
- Part of the Public Health System serving Stutsman and Logan counties in south central North Dakota
- Governed by an 8 member Board of Health consisting of:
  - Physician, farmer, business/professional, dentist, county commissioner
- Our Staff:
  - Nursing: 12 RN, 1 NP, 1 LPN
  - Support Staff: 4 Secretary/Receptionist
  - Other: Financial Manager, Environmental Health Practitioner, Regional Emergency Environmental Health Practitioner, Regional P.H. Emergency Response Coordinator, Regional Public Information Officer, Tobacco Prevention Coordinator
- Based on 2005 contacts it is estimated Central Valley had over 27,000 client contacts in 2006.

## 2006 Central Valley Health District Budget

Local	State Aid Includes Tobacco State Aid	Federal	Fees/Donations	Contracts for Services	Total '06 Budget
\$421,637.00	\$37,617.00	\$719,051.00	\$250,910.00	\$86,811.00	\$1,516,026.00



## Local Programs

### Nursing

- ♦ **Office Visitation**— ear checks, throat cultures, allergy injections, communicable disease follow ups, vital sign monitoring, immunizations, foot care, blood sugar/hemoglobin, Tuberculosis monitoring/ Medication monitor, Lipid testing
- ♦ **Home Visitation**—
- ♦ Newborn Home follow up
- ♦ Elderly medication setup and monitoring
- ♦ **School Nursing Services**— health screenings (vision, scoliosis, height, weight, assessment), teaching/health education, individual health needs (IEP-IHP), regular nursing visits
- ♦ **Nursing Health Maintenance Clinics**— nursing services to rural/special locations (senior centers/ community halls), held regularly, services offered are same as through office location.

### MCH—Maternal/Child Health

- ♦ Immunization program
- ♦ Optimal Pregnancy Outcome Program (OPOP)
- ♦ Newborn Follow up
- ♦ Child Protection Team Member
- ♦ Dental Health
- ♦ Safety Programs
- ♦ Car Seat Distribution

### WIC (Women/Infants/Children)

- ♦ **Nutritional Supplement Program**—Voucher based
- ♦ Women who are pregnant or breast feeding
- ♦ Children 0 to 5 years of age

### Tobacco Prevention

- ♦ Prevent initiation and Promote Quitting among youth
- ♦ Promote Quitting among Adults
- ♦ Eliminate Exposure to Second Hand Smoke
- ♦ Identify and Eliminate disparities among population groups.

## Regional programs

### Environmental Health

- ♦ Sewer inspections/septic system design
- ♦ Hazardous materials mitigation
- ♦ Vector and rodent control programs
- ♦ Swimming pool inspections
- ♦ Housing sanitation inspections
- ♦ Water and air quality control
- ♦ School food service inspections
- ♦ Miscellaneous complaints

### Family Planning Services

- ♦ Information/Education
- ♦ Direct service for individuals seeking to plan and space their families
- ♦ STD testing and Treatment
- ♦ HIV Pre/Post Test Counseling
  - ♦ Free/confidential service
- ♦ Outstation Clinic Site—Valley City

### Title III Aging Program

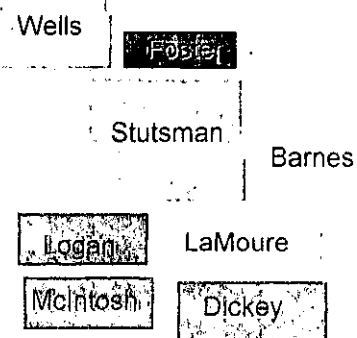
- ♦ Age 60 and over
- ♦ Donation only for service
- ♦ Health maintenance clinics, footcares, and home visitation

### Women's Way

- ♦ Serves Women 40-65 (Non-Medicare)
- ♦ Provides breast and cervical cancer screenings

### Emergency Preparedness & Response

- ♦ Planning and education for chemical, biological, radiological, & nuclear incidents
- ♦ Pandemic influenza preparedness (education and plan development)
- ♦ Exercise coordination for Mass dispensing (antibiotics or vaccine)
  - 4 Flu shot exercises Fall 2006
- ♦ Videoconferencing System (emergency & non-emergency utilization)



**Testimony**  
*To the*  
**Senate Appropriations Committee**  
*By*  
**Lisa Clute, First District Health Unit**  
**February 22, 2007**

8

Good Afternoon Chairman Holmberg and members of the committee. I am Lisa Clute, Executive Officer of First District Health Unit. First District Health Unit serves seven counties: Bottineau, Burke, McHenry, McLean, Renville, Sheridan, and Ward. Our primary office is in Minot with satellite offices in each of the counties we serve.

I have served as Executive Officer of First District Health Unit since 1997. Since I started our annual budget has grown from 1.8 million to 3.2 million dollars. The increase in budget is the result of additional responsibilities local public health units have assumed particularly after 9/11. Staff needed to be trained, response plans developed and tested and partnerships enhanced. We have improved our working relationships with fire departments, police departments, highway patrol, sheriff departments, private health care providers and emergency managers. These efforts have been undertaken while maintaining our core public health services and programs. The funding available to support these additional efforts has been insufficient and often too restrictive.

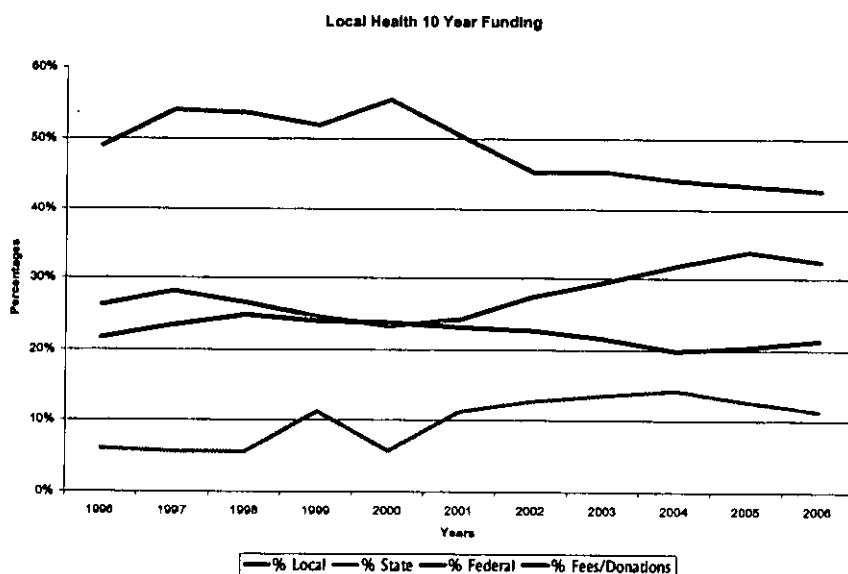
An effective Environmental Health infrastructure throughout the State is imperative in our response to any public health threat. Public Health threats may include food borne outbreaks, water supply contamination or train derailments that impact air quality. Not all local public health units have environmental health practitioners (EHPs). The House has passed two bills that requires tanning beds be inspected and the regulation of body art and piercing facilities. We need to assure that local public health units have the resources to employ EHPs to carry out these responsibilities.

Two attachments have been provided to you. The first gives a 10 year history of funding for local public health units. The second indicates the priorities of the various local health units throughout the State. The House added \$900,000 to the local public health unit's State Aid to address these priorities. I ask that you concur with their decision.

I would be happy to answer any questions you may have.

## Talking Points for increased local health funding in HB1004.

- State funding for local health was a million dollars in 1981; today, it's 1.1 million. Inflation alone would require 2.03 million just to have the same purchasing power.
- One of the main needs around the state is environmental health. A uniform environmental health presence would allow emergency public health response, nuisance abatements, and uniform inspections. The legislature is currently passing requirements for tanning beds, tattoo parlors, feedlots, and other programs. Each of these will require environmental health people at the local level to inspect and provide technical assistance. We're getting a delivery system put in place in each region of the state, but the bioterrorism funding we used to do so doesn't allow us to provide a full slate of environmental health services.
- 24/7 emergency response needs to be built into the public health system. We don't have the people to do it right now. We'll get the technology for calldowns, but we've got to have the people on the other end to carry the pagers.
- This is one of the only sources of flexible funding we get that we can match with grants. One dollar of local or state levy will characteristically garner another \$4 in grants in our local public health units.
- The tobacco funds need to stay allocated as they are. Tobacco is our single largest killer, and those funds need to stay focused on it. If we divert tobacco program money, we risk losing other tobacco grants that are leveraged because of our present effort.



The bottom green line is historic state funding of local public health. It has run from 7% to 15% of total budget, and is going down as a proportion of budget.



## State Aid Survey Responses

**Central Valley:** we would probably use some of the money to fund support staff for our accounting office, environmental health practitioners (as there is a change in allowed duties in the BT grants) we also may use it for match for future BT funds – also for nursing services additional nursing hours and keeping up with costs to run programs.

**Trall District:** It would be very nice to say I would start a new service that is currently not provided. However, given the level of funding proposed would not fund a new position, it remains a need to provide support for existing programs we currently do not have funding for. Specifically, immunizations, newborn and skilled nursing visits, as well as staff development. We need flexible funding to meet needs as they arise, as well. Disease outbreaks are not in our budget; allocating for the unforeseen is currently not done. Undeveloped programs that are currently needed that would require a staff person would include environmental health and nutrition. Finally, the cost of providing services continues to rise, not to mention payroll expenses and benefits plus other administrative costs.

**Cavalier County:** How we would use this flexible funding is a little hard to answer, because there are many programs we could use it for. With funding cut backs in many areas, we now need to supplement current programs such as; immunizations, newborn and routine home visits, Women's Way, school nursing, etc. In the future we will need to find funding for some of our programs or look at cutting services. Costs for everything continue to go up and you need to have competitive salaries or you lose staff. Program needs and funding needs would not be the same for every public health agency.

Our county would only get approximately \$16,000 more and that's barely enough for a 25% time nurse position.

Environmental health is an area lacking, but we only need someone on such a part-time basis and I'm not sure where this would fall on our priority list, probably not at the top.

There is a huge gap in training needs in public health. When you hire someone new, it takes over a year to orientate them to all the programs, since some programs are only done once a year. It would be great to have specific public health training available in the state. It would also be wonderful to see nurse consultants again in public health. When I first started in public health, a nurse consultant came out to our agency and helped get everything set up and assisted me when writing my first MCH and State Aid proposals. Whenever there were questions, you had a specific person to call. These last 2 areas would most likely fall under state functions.

It is hard to be any more specific than this. Feel free to call me if you have any questions.

**McIntosh District:** MDHU would like to use the additional money as a supplement. Some grants do not totally cover costs of the program. We want to continue to serve our people, but the expenses must come from somewhere. Our daily expenditures increase -- salaries, payroll expense, supplies -- money is needed to cover these expenses. Equipment purchases -- equipment is expensive, and there is usually not enough grant money to spend on these items.

These are not specific items, but this is where we see the need.

**Walsh County:** One of the greatest shortfalls in small health districts such as ours is the need for environmental services. For awhile it looked like the regional EHP that is funded by the bioterrorism grant would be the answer. Due to grant constraints that is now lost. I'm sure there is inadequate money to fund a full time position for each health district that does not have one, but even if we get enough money to share a person in 2-3 health units, it could work. HOWEVER: I understand there is some potential that a bill be proposed to require environmental services. I would be very careful about doing that. This state aid money is most likely never going to come to us, it is surplus and may well be gone soon, and it is never a good idea to mandate services without all of us having input and giving strong support. I think that does not exist. I also am very concerned that local public health units cannot afford environmental health staff without state aid support. With the limits on mills, we would be out of money, but required to provide a service. Even without a law, if you once have the service in place and then pull it due to losses in state aid funding, who will loose? The local health unit.

I also think that putting an environmental health person in each health unit (or 2-3 health units) may not be the only way to solve the problem. Have we even discussed other possibilities? Our administrators have never heard from the state environmental staff on what they think is an efficient way to provide services.

As you may be able to tell, I don't think that we have had enough discussions to be at a point of considering a bill.

**Grand Forks:** The additional state aid for Grand Forks would be used to provide staffing for unmet needs for children and mothers in the Maternal Child Health and School area. Much of what we do is on a donation basis and it is getting harder and harder to cover cost of services.

**Towner County:** Health education resources/communication for school and community ( of all ages). Topics: hypertension, cancer, nutrition, exercise, stroke, heart disease, alcoholism, ect.

**Bismarck/Burleigh:** We would provide additional home health services for residents who cannot afford them. By remaining independent in their home with support services we save the State significant dollars which would be spent on institutional care. Also some dollars for medications for the homeless or those who cannot afford their prescriptions and are not on or not yet on Medicaid.

**Pembina County:** Since we are a county office and not a Health District our State Aid money is used for our budget and salaries and is reimbursed to the county. Eleanor Stuberg, Pembina County.

**Fargo/Cass:** At Fargo Cass we would most likely use this funding to continue community health assessment work, fund a community health plan and work specifically on enhancing tobacco prevention and obesity/physical activity community efforts. However, I really think that the legislature is going to want to see formal collaboration happening between health departments and sharing of resources. I really liked the idea of tying this funding to a population base of 30,000. I think it would force the issue of formal working relationships. I'm not sure if the state health department has the capacity to support the community health planning that is being proposed like Minnesota, so maybe some of the funding also needs to go to the state for local support.

**Sargent County:** I would use additional funds for more Community Health projects, such as Senior Health, Health Fair, Special Topic Presentations – Go Red Functions, Public Health Week, Youth Safety, Farm Safety, etc. Right now all funding that we have, other than Health \$, are for specific programs. I have no money to do additional projects.

**Southwestern District:** Southwestern District Health Unit would be look at using the extra dollars on Public health workforce and infrastructure maintenance which will be increasing our salary base to be more in line with local community salaries. Our current base is much lower than our competition making workforce retention and hiring of new workforce very difficult. Our current base is at \$12.35/hr. which as you can see is much lower than even most other local public health departments in the state.

**Richland County:** There is a huge gap in training needs in local public health. I think additional funding should be used for workforce development to include training opportunities, technical support, staff development and leadership for public health staff. No just a one time training, but available on a continuum for new staff to include core functions, essential services, and basic public health programming. It would be great to have regional nurse consultants. Flexibility is needed in the funding. Needs vary from one part of the state to the next and needs even change from day to day. The specific grants we receive do not allow flexibility.

I am cautious about assessments. Our community partners have participated in several assessments by different organizations in the past years. Participation may be an issue.

**Foster County:** Without knowing a specific dollar amount it's hard to make an estimation. However, I would say possibly some different equipment purchases. I have wanted to purchase a cholestech machine for preventive health care. Also possibly using the \$\$\$ for more education at high schools in regards to STD's. We really don't have much money to do a good job at that now. Also maybe purchase some materials/curriculum for STD's in the school. I would say I would use it to basically cover all the things that all the other grants do not cover. I hope this helps a little bit.

**First District:** I would use the additional funds for assessment, environmental health and adult health services. Lisa (if immunization money decreases it would be used to hold the cost down to the client.)

**Nelson/Griggs:** Based on the formula, NGDHU would receive \$13,431 each year. Each year our needs change as do our finances. Our office needs additional monies to maintain our current public health programs and services, in addition to trying to enhance them. Monies need to be flexible as grant monies are program specific with many restrictions. Our costs are going up with no increase in grant monies. With flexible funding, there would be the ability to change directions as needed within the LPHU. In our area, local monies aren't increasing, rather they are decreasing. LPHU's are and will always need to be accountable as to how their monies are spent.

I would like to see more orientation to Public Health programs offered via the State Health Dept. Since the demise of our state nursing consultants, there isn't the "live body" to talk to anymore, unless it is program specific. This has ultimately led to a disconnect between State and LPHU's in some aspects. Workforce development covers much more than learning about Tobacco, School screenings or Bioterrorism.

Currently, we have in-home nursing visits being provided with no consistent funding source. Little donations and few Medicaid eligible recipients of services are what I'm seeing this year. Last year was a different story.

We are paying increased costs with heat, mileage, and salaries. As a small Health Unit, we try to be somewhat competitive but do not expect the same wage and benefit package as can be provided in the larger communities. Unfortunately, nurses are needed in most facilities and using monies for salaries is sometimes frowned upon at the local level.

In a small office, we can't always charge out all the expenses of computers, phones, copier, office supplies, running copies, etc. to a particular grant. To allocate that expense becomes a paperwork nightmare.

Environmental services are broad and could be utilized in our area. Each LPHU is unique and has different needs. Services could be reimbursed based on established fees, but we would need consultation on this. Wages and travel costs are the key expenses.

Monies received for immunizations and MCH (Maternal Child Health) programs doesn't cover the cost of doing business. After promoting Women's Way services, there was a decrease in monies for that program.

The public becomes very much aware of what we do when a crisis occurs. We need to be able to shift gears quickly. For example, when we had our chickenpox outbreak in 1 school with the potential of spreading, we spent hours educating parents, providing immunizations and trying to document what was happening. Flexible funding provides us with the ability to respond.

I would like to be able to market what we've got going but that is labor intensive. In trying to promote Public Health in our communities, you hear from the public what else is or might be needed. Trying to collaborate with other HCP's (Health Care Providers) is also labor intensive to maintain relationships. Flexible funding also allows that.

Our needs are different than larger Health Units – that has been more apparent over the past several months. Our uniqueness can also be our strength.

As I re-read this, \$13,000+ wasn't hard to justify! □

**Lamoure County:** We have discussed this with the staff and our commissioners and the greatest deficit for us is school nursing and our MCH program – there is no funding

for our counties school nursing program and major cuts over the years in MCH programs. We use general fund and state aide to supplement both programs. We would divide the \$6000 additional funds between these 2 programs.

Rationale for this move would be because no funds for :

Chronic disease education and local intervention – concerns below need to be addressed at the youngest age possible...

- Asthma – secondhand smoke and prevention of smoking in our youth
- Diabetes – obesity, decreased physical activity
- Communicable Disease – Immunizations for all age and population groups

- Active participation in risky behaviors - increased suicide, use of alcohol, increased STD's with multiple sex partners and lower age for Initiating promiscuity —( again related to both parents working, decreased communication between the child and the parent, etc...)

If there is anything else I should do let me know...Dollars would go directly to the programs and to build infrastructure.

**Steele County:** I'm not sure what I would spend it on, probably additional adult services – adult vaccines, additional BP or diabetes screenings.

**City/County:** I have given this a fair amount of thought and have many ideas. CCHD has worked on some efforts in a very small way, so we would like to look at increasing preventive education in the community, possibly hiring a PR type person who would attend and present at community events, develop and distribute a ?quarterly newsletter and an annual report. We have done little in Cancer prevention and control, arthritis, promoting clean air and water, chronic disease control, oral health, worksite wellness, strategic planning. We would like to increase our school health efforts, increase efforts to decrease obesity, possibly start OPOP, possibly start a home visiting program to prevent/ decrease exacerbation/rehospitalizations related to chronic disease. There are many services which could be developed and provided in the home to delay LTC placement. We have really done nothing regarding worksite wellness in the health department, but other efforts are being made within the community, we would hope to join and expand on those efforts.

I hope this is helpful. It is hard to say what we would do exactly. I would hope to expand on many of the things that we currently do, but don't have the funding to do them to their full potential. Please let me know if you need further or different information from me.

**Dickey County:** The increased state aid would help us cover the cost of our community programs and school nursing. We provide education sessions in both of these areas that would not be covered otherwise.

**Emmons County:** I may need to use some of the additional funds for contracted environmental health services, as services we are currently conducting we are using BT funds which will no longer be available for infrastructure environmental issues. The remaining funds would be used for augmenting our current nursing programs which have all received a decrease in funds the past few years and we are having to donate a lot of time!!

**Wells County:** We would use extra state aid monies for men's health projects, senior citizen homevisits, and to purchase equipment for those projects. We would also do a community assessment again with follow-up. We would also use some of the monies for our ehp. We need to keep that service in place.

**Upper Missouri:** Our health unit has great need for funding in 3 primary areas, however this increased state aid would realistically only be able to impact 2 priority areas:

Home Based Public Health Services (estimated biennial cost ~ \$57,000)

Our region has a significant population of 60+ years old (Divide, McKenzie, Mountrail, and Williams counties). A Health Maintenance grant we receive provides funding for certain in-home public health services. However, we have lost a supplemental funding portion which resulted in a reduction of \$28,483 (annual). We will likely be forced to reduce services if an alternate funding source is not found. In-home services increase these rural clients' ability to remain independent in their home which is more desirable to them, and less costly overall. Discussions with regional private medical providers shows a significant (and increasing) gap in in-home services in the more remote areas of our region.

Costs of staff salaries (use the remainder of additional state aid combined with other funding sources)

UMDHU is in the process of a salary plan review, and preliminary information shows UMDHU is NOT a competitive employer for 80% of its benchmark job classes. This information shows that based on market comparisons, salaries are under-paid by as much as 31.14%. This review is based on UMDHU's total annual payroll of \$828,000.

This additional state aid is greatly needed for our health unit to continue providing effective preventive services with quality and competent staff.

**Ransom County:** I would love to do my community assessment, but would like the State just to give me that money! With the amounts that we would get, I would put it into MCH, preventive health activities and programs that we are starting and immunization. Also would use some for capital purchases that I now struggle to fund.

**Lake Region:** We would like to use some of it for the environmental health services. That has been mostly funded from local funds, but with administrative funds being cut for programs a lot of our local dollars are going for general administrative expenses. We would also like to work on more wellness programs.

**Custer District:** 1. Resource assessment and community health planning.  
2. Further integration of GIS description capability into our environmental and hazard response programs.

**NDSU Testimony  
House Appropriations Committee  
Human Resources Division  
Tuesday, January 9, 2007  
Roughrider Room**

*Same given to  
Senate*

Good morning, Chairman Pollert and members of the Human Resources Division of the House Appropriations Committee. My name is Brad Strand, Head of the Department of Health, Nutrition and Exercise Sciences at North Dakota State University. I am also a member of the Healthy North Dakota Advisory Committee. I am here today to provide testimony regarding the Healthy North Dakota worksite wellness pilots. I am providing testimony on behalf of Dr. Gary Liguori who is unable to be here today.

As you may recall, Healthy North Dakota's primary role is to facilitate a communication forum for stakeholders so that opportunities for collaboration and streamlining of health promotion efforts occurs. Such a communication forum exists for worksite wellness. Once a business has chosen to implement a worksite wellness program at its worksite, Healthy North Dakota can provide tools and information that can help improve the health of their employees and their company.

Businesses are typically interested in worksite wellness as it may increase productivity while at the same time decreasing costs, especially those related to absenteeism, presenteeism (being at work with some kind of health situation which limits one's ability to be fully productive), and general health care dollars. Employees are typically interested in worksite wellness for a number of reasons, including feeling valued by their employer's investment in personal well-being, the ability to improve their health while at work where they spend much of their day and the opportunity to strive for healthy changes in the company of their friends.

**Background of the Worksite Wellness Pilot**

Healthy North Dakota partners applied for funding from the Dakota Medical Foundation for a community engagement project in North Dakota worksites. That application was approved for \$55,000 from April 17, 2006 to April 16, 2007. The Impact Institute for Innovation and Effectiveness is the fiscal host for the project and they have contracted with Altru Health Foundation to conduct the pilot projects.

The North Dakota Department of Health contracted with North Dakota State University to evaluate Healthy North Dakota's three worksite wellness pilots. Additional partners within Healthy North Dakota's worksite wellness network wanted their data analyzed as well, and therefore information from six additional ND businesses was included in our evaluation. Generally speaking, the businesses in the pilot included three small businesses, two school districts, one college, one local government and one state agency.

Additionally, NDSU was contracted to develop and pilot a survey to assess barriers and needs of ND small businesses (<50 employees) relative to worksite wellness.



## Project Overview and Evaluation Results

The evaluation is summarized within this report and includes analyzing the data from Personal Wellness Profile (PWP) screenings conducted at the nine ND worksites. The PWP is meant to be a baseline screening of employee health status and lifestyle habits. Lifestyle categories evaluated in the PWP include items such as seat belt use, sick days, alcohol use, family history of disease, physical activity, nutritional habits, emotional well being, and work satisfaction. Health markers, or 'biometrics', include blood pressure, cholesterol (total cholesterol, HDL or "good cholesterol", LDL or "bad cholesterol", Triglycerides), blood sugar, and body mass index (BMI). The information learned from a group report of all employees' PWPs is used to help a business develop its plan and identify interventions to help employees improve their personal health status.

The findings in this report are indicative of the employee's current lifestyle habits and health markers, such as blood pressure and blood cholesterol levels. This report does not identify health changes over time, as it is too early in the process to realize such results. Therefore, a limitation to this project is timing. Collecting Personal Wellness Profiles on company employees takes time, logistics, and resources, all of which need to come together for a successful outcome. The process for the nine companies involved in this report took tremendous time and effort to pull together. Each company needed administrative support, employee buy-in, necessary human resources, and time to complete the screenings. Some companies hired wellness consultants to complete the process, while others were able to use already existing internal resources. The screenings were conducted at individual worksites over the previous 18 months, with a total of 900 employees screened. All of the reports were completed by early November 2006, and then forwarded to NDSU for compilation and summary purposes.

The ten major findings of the PWP screenings of North Dakota employees indicate the need to improve health and health risks to keep North Dakota's workforce productive. Following is what we learned from the businesses' PWPs:

1. **80%** of all employees scored **poor to fair** in the overall Personal Wellness Profile, which is a compilation score of the entire screening process.
2. **75%** of all employees report a **family history** of chronic diseases such as **breast cancer** (15%), **diabetes** (31%), **heart disease** (28%), or some combination of these.
3. **47%** are at moderate or high risk for heart disease.
  - a. More than half (**52%**) have elevated blood pressure.
  - b. Almost 66% have abnormal cholesterol  
*Consider deleting the following:*
    - i. **30%** have elevated LDL-cholesterol
    - ii. **35%** have depressed HDL-cholesterol
4. **75%** have a moderate to high risk for Cancer.
  - a. (see data on PA and fruit and vegetable intake)
5. The vast majority of employees scored poorly on both nutrition and physical activity (PA).
  - a. **90%** report eating less than 5 servings of Fruit and Vegetables daily, which is the minimum recommended.

- i. 61% report eating  $\leq 2$  daily.
  - b. 72% report PA on  $< 4$  days each week, which is the minimum recommended.
  - i. 55% report PA  $\leq 2$  days each week.
- 6. Mild to Moderate bodily pain is regularly experienced by 74% of all employees, with almost 60% reporting low energy levels during a typical work day.
  - a. Of those employees reporting daily pain, back pain was listed by more than 50%.
  - b. 25% report having some or many physical limitations at work.
  - c. 25% report having at least some difficulty with their role at work due to bodily pain.
- 7. **Back health, Women's health** (menopause, labor, PAP smears, self breast exams, mammograms) and **Stress management** (38% reported interest in pursuing a greater ability to handle daily stress) are consistently identified as the areas of most interest to employees for either more information or self-help strategies.
- 8. 33% of employees take  $\geq 3$  sick days annually.
  - a. 15% used  $\geq 5$  sick days annually
  - b. 5% used  $\geq 9$  days annually
- 9. 22% score poor to fair on workplace safety
  - a. 20% lift objects incorrectly or don't know how to lift correctly.
- 10. More than one in ten (13%) employee's report being **not very satisfied or dissatisfied** with their job.
  - a. 13% report having trouble 'coping'.

Given the above summary and the state's workforce demographics, there is some cause for concern. As a simple function of aging, most of the above health markers will worsen. Currently, only 6.0% of the ND workforce is 60+ years of age, and state demographics indicate that percent should increase dramatically over the next 10 years, indicating the health status for the majority of working North Dakotans is likely to worsen. This presents an ideal opportunity to engage working North Dakotans in some form of wellness activity designed to delay or prevent further decreases in health and well-being. The benefits of this practice are likely to reach far beyond the employer and employee, as families, communities, and the state as a whole may realize substantial decreases in health care costs, of which the savings can be used to improve other vital aspects of life for all North Dakotans.

Through the HND collaborative, NDSU worked with PERS to pilot the survey to determine small businesses' barriers and needs relative to worksite wellness. Data NDSU collected show that when implementing worksite wellness programs, these smaller entities feel constrained by three main issues: 1) someone to take charge of the program, 2) lack of financial resources to initiate a program, and 3) not enough time in the day.

## **Benefits of Worksite Wellness Programs**

Nationally, data on worksite wellness indicates that employees who choose to participate in employer-based health screenings have lower overall health care costs and use fewer sick days than employees not participating. Additionally, participating employees are more likely to take action to improve upon one or more undesirable health habits than employees not participating. Therefore, it is encouraging to note that ND worksites generally see participation levels of at least 60%, indicating a high likelihood of motivation to change for the better.

Individuals determine whether or not they will make healthy living choices. However, the consequences of making unhealthy choices worsens health and cost employers and the State valuable resources that could be used elsewhere. Half of the factors that contribute to premature death before the age of 75 years in the U.S. can be attributed to factors that are lifestyle-related, or that could be changed. Large companies looking at their health insurance costs are finding that 50% of their plan costs are incurred by employees with lifestyle-related medical conditions (Employee Benefits Plan Review, January 1992).

Employers across the country are stepping up with programs at work to help employees take personal responsibility for their health while at work. A large analysis of studies of comprehensive worksite health promotion and disease prevention programs over the past 25 years showed that these programs can, on average:

- Decrease absenteeism and sick leave usage by 28%
- Decrease healthcare costs by 26%
- Decrease use of workers' compensation and management claims by 30%
- Show a benefit of nearly \$6.00 for every one dollar invested in comprehensive worksite wellness programs (The Art of Health Promotion, vol. 6, no. 6, 2/2003).

Finally, for North Dakota worksites to reliably measure changes from their wellness programs, at least one year's time must pass after the initial implementation. North Dakota, like many other places, is faced with unique seasonal changes that are reflected in the daily health patterns and choices of its residents. Therefore, attempting to assess change in a shorter window of time may not be truly reflective of the wellness intervention, and instead may be measuring some external influence(s).

I know this committee is interested in improving the well-being of all North Dakotans and that is exactly what Healthy North Dakota is about, in worksites, schools, and communities.

This concludes my testimony. I am happy to answer any questions you may have.

**NDSU Testimony**  
**Senate Appropriations Committee**  
**Human Resources Division**  
**Thursday February 22, 2007**  
**Harvest Room**

*Some of this  
with exception  
given to House*

3

Good morning, Chairman Holmberg and members of the Human Resources Division of the Senate Appropriations Committee. My name is Gary Liguori, Department of Health, Nutrition and Exercise Sciences at North Dakota State University. I am here today to provide testimony regarding the Healthy North Dakota worksite wellness pilots.

As you may recall, Healthy North Dakota's primary role is to facilitate a communication forum for stakeholders so that opportunities for collaboration and streamlining of health promotion efforts occurs. Such a communication forum exists for worksite wellness. Once a business has chosen to implement a worksite wellness program at its worksite, Healthy North Dakota can provide tools and information that can help improve the health of their employees and their company.

Businesses are typically interested in worksite wellness as it may increase productivity while at the same time decreasing costs, especially those related to absenteeism, presenteeism (being at work with some kind of health situation which limits one's ability to be fully productive), and general health care dollars. Employees are typically interested in worksite wellness for a number of reasons, including feeling valued by their employer's investment in personal well-being, the ability to improve their health while at work where they spend much of their day and the opportunity to strive for healthy changes in the company of their friends.

### **Background of the Worksite Wellness Pilot**

Healthy North Dakota partners applied for funding from the Dakota Medical Foundation for a community engagement project in North Dakota worksites. That application was approved for \$55,000 from April 17, 2006 to April 16, 2007. The Impact Institute for Innovation and Effectiveness is the fiscal host for the project and they have contracted with Altru Health Foundation to conduct the pilot projects.

The North Dakota Department of Health contracted with North Dakota State University to evaluate Healthy North Dakota's three worksite wellness pilots. Additional partners within Healthy North Dakota's worksite wellness network wanted their data analyzed as well, and therefore information from six additional ND businesses was included in our evaluation. Generally speaking, the businesses in the pilot included three small businesses, two school districts, one college, one local government and one state agency.

Additionally, NDSU was contracted to develop and pilot a survey to assess barriers and needs of ND small businesses (<50 employees) relative to worksite wellness.

## Testimony

### House Bill 1004

#### House Appropriations Committee Human Resources Division

Tuesday, January 16, 2007; 8:30 a.m.

Deborah Knuth – Testimony supporting an amendment

Good morning, Chairman Pollert and members of the Human Resources Division of the House Appropriations Committee. My name is Deborah Knuth, Director of Government Relations for the Great West Division of the American Cancer Society in North Dakota. I am here today to testify in support of an amendment to House Bill 1004.

#### ***Women's Way Maintenance***

The *Women's Way* program reduces mortality from breast and cervical cancer by increasing education and screening for low-income, under and uninsured, high-risk and minority women age 40 through 64. Since the program began in 1997, 8,415 women have benefited. As a result of *Women's Way*, 126 breast cancers and 749 cervical dysplasias and cervical cancers requiring treatment have been diagnosed and treated in women who would not have sought care. *Women's Way* currently receives federal funding to serve 3200 of the approximately 22,000 eligible North Dakota women.

Beginning with the 06-07 funding, Federal requirements narrowed the definition of activities allowed in direct client recruitment, case management and education. Prior to this Federal directive, *Women's Way* contracted with local public health units (LPHUs) to provide client-centered services based on a funding formula. However, as of July 1, 2006 *Women's Way* had to change from the funding formula to a performance-based fee-per-client payment system to the LPHUs.

The change in payment system reduced the reimbursement rate per woman served to \$126, compared to FY 05-06 estimated average of \$177 per woman. At the current rate, the LPHUs had to reduce number of hours dedicated to *Women's Way* clients. Unfortunately, now *Women's Way* client's are unable to receive essential one-to-one assistance from the LPHUs when needed. In addition, *Women's Way*

is no longer able to recruit those hard-to-reach women who do not seek preventive screening services on their own because they are low income and uninsured. To re-establish and enhance *Women's Way* comprehensive services as required by Federal criteria, our request is made to increase the current rate to \$186 per woman.

In addition, current federal funding does not cover the essential public education and recruitment components, including trained volunteers who work in local communities to reach those "hard-to-reach" women; and – to get them enrolled and screened for breast and cervical cancer.

<i>Women's Way</i> needs:	<i>Bi-Annual</i> Amounts
3200 women x additional \$60/woman	\$384,000
Essential public education and recruitment	<u>\$100,000</u>
Total	\$484,000

### ***Women's Way* Enhancement**

- In FY 05-06, *Women's Way* served 3,218 women. With enhanced funding, *Women's Way* could reach and screen 300 more women who need and deserve these life-saving services.

To increase the program's reach by ten percent, funding is needed for the LPHU fee per client payment system at \$186/client and for payment of claims to the healthcare providers through the *Women's Way* third party administrator, Blue Cross Blue Shield of North Dakota.

- *Women's Way* currently serves 403 American Indian women. Maintaining coordinated services and enrolling more American Indian women is a priority for both *Women's Way* and the American Cancer Society. Monies requested would fund the costs for an American Indian Consultant who would facilitate and ensure American Indian women have access to program services. In addition, the Consultant would ensure payment of claims to Indian Health Service facilities.

Enhancement Needs:	<i>Bi-Annual</i> Amounts
300 women x \$186/woman	\$111,600
BCBS claims 300 women x \$150/woman	\$ 90,000
403 American Indian women x \$100/woman	<u>\$ 80,600</u>
Total	\$282,200

Our American Cancer Society is working to ensure that 80% of eligible women who currently don't have access to breast and cervical screening and treatment, actually get it. Please amend HB 1004 to include \$484,000 in the *Women's Way* maintenance budget, plus an additional \$282,200 to address the program's enhancement needs.

Chairman Pollert and members of the Human Resources Division of the House Appropriations Committee: Thank you for your time this morning and I ask for your favorable consideration of amending HB 1004 to include these additional monies.

### ***Women's Way Maintenance***

There has not been an increase in federal funding for three years, even though the number of women served by the program has increased every year. Program growth was steady until July 2006. Since CDC switched to performance-based funding, *Women's Way* is now a performance-based payment system and reimbursement is not until after a woman is recruited, enrolled and has received at least one screening service. Local Public Health Units (LPHUs) are currently receiving \$60 less per woman (\$384,000 per biennium) to deliver these services.

As a result, the LPHUs cannot adequately reach, recruit and enroll the "hard to reach" women who need the services most. The LPHUs cannot spend time on ensuring that once a woman is enrolled she follows through and obtains screening services.

CDC requires that programs establish yearly goals for number of women screened (not # women enrolled). The *Women's Way* current screening goal is 3,200 women per year. Based on the new LPHU payment system and their limited funding, the current projections indicate the goal will not be met, which could impact CDC funding.

- 2,686 women screened in 2003 compared to 3,218 women in 2005
- Cost of medical claims in 2003 were \$345,879 and increased to \$435,085 in 2005
- 2006-07 budget cut the average fee per woman served per year to the LPHUs from \$177 to \$126. This request will increase the current rate to \$186 per woman.
- Use network of 850 volunteers to recruit three women each, receiving \$30 for each woman recruited and screened. This would cover mileage and telephone expenses.
- Consultant to manage the Volunteer Recruitment Initiative \$23,400
- Continual recruitment is essential to reach the 22,000 potentially eligible women in North Dakota
- Medically under served women who have not been screened and their cancer is found in late stages will cost the state thousands of dollars more in treatment costs

#### ***Women's Way needs:***

3,200 women x additional \$60/woman  
Essential public education and recruitment  
Total

#### **Biennial Amounts**

\$384,000  
100,000  
\$484,000



### ***Women's Way Enhancement***

- In FY 05-06, *Women's Way* served 3,218 women. With enhanced funding, *Women's Way* could reach and screen 300 more women who need and deserve these life-saving services. Funding is needed to increase the program's reach by ten percent.
- *Women's Way* currently serves 403 American Indian women. Monies requested would fund the costs for an American Indian consultant who would facilitate and ensure American Indian women have access to program services.

#### Enhancement Needs:

#### Biennial Amounts

300 women x \$186/woman	\$111,600
BCBS claims 300 women x \$150/woman	90,000
403 American Indian women x \$100/woman	<u>80,600</u>
Total	\$282,200

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## Testimony

### House Bill 1004

#### Senate Appropriations Committee

Thursday, February 22, 2007

Good afternoon, chairman Holmberg and members of the Senate Appropriations Committee. My name is Deborah Knuth, Director of Government Relations for the Great West Division of the American Cancer Society in North Dakota. I am here today to testify in support of an amendment to House Bill 1004.

#### *Women's Way Maintenance*

The *Women's Way* program reduces mortality from breast and cervical cancer by increasing education and screening for low-income, under and uninsured, high-risk and minority women ages 40 through 64. Since the program began in 1997, 8,415 women have benefited. From the early planning stages, the goal was to make *Women's Way* a local program to enable women from every county to have local access for enrollment and so they could go to their regular doctor for *Women's Way* services. *Women's Way* has over 1,200 healthcare providers caring for these women. As a result of *Women's Way*, 126 breast cancers and 749 cervical pre-cancers and cervical cancers requiring treatment have been diagnosed and treated in women who would not have sought care. The healthcare providers benefit because these women wouldn't come see them otherwise, unless it was for a traumatic injury or critical illness. *Women's Way* currently receives federal funding only and these dollars are stretched to reach an annual goal of 3200 out of the approximately 22,000 eligible North Dakota women.

Beginning with the 06-07 funding, Federal requirements narrowed the definition of activities allowed in direct client recruitment, case management and education. Prior to this Federal directive, *Women's Way* contracted with local public health units (LPHUs) to provide client-centered services based on a funding formula. However, as of July 1, 2006 *Women's Way* had to change from the funding formula to a performance-based fee-per-client payment system to the LPHUs.

The change in payment system reduced the reimbursement rate per woman served to \$126, compared to FY 05-06 estimated average of \$177 per woman. At the current rate, the LPHUs had to reduce number of hours dedicated to *Women's Way*

clients. Unfortunately, now *Women's Way* client's are unable to receive essential one-to-one assistance from the LPHUs when needed. In addition, *Women's Way* is no longer able to recruit those hard-to-reach women who do not seek preventive screening services on their own because they are low income and uninsured. To re-establish and enhance *Women's Way* comprehensive services as required by Federal criteria, our request is made to increase the current rate to \$186 per woman.

Research shows that one of the best recruitment strategies for those hard-to-reach women is one-to-one contact at the local level. *Women's Way* would revitalize its network of 850 volunteers to recruit three women each. *Women's Way* volunteers would receive an incentive of \$30 for each woman recruited and screened. The incentive would be used by volunteers to cover expenses, such as mileage and phone calls.  $850 \text{ volunteers} \times \$30 \times 3 \text{ women} = \$76,500$ . A consultant would manage the Volunteer Recruitment Initiative at  $5 \text{ hrs/week} \times \$45/\text{hr} \times 52 \text{ wk/yr} \times 2 \text{ years} = \$23,400$ .

<i>Women's Way</i> needs:	Biennial Amounts
3200 women x additional \$60/woman	\$384,000
Recruitment Initiative	<u>\$100,000</u>
Total	\$484,000

### ***Women's Way* Enhancement**

- In FY 05-06, *Women's Way* served 3,218 women. With enhanced funding, *Women's Way* could reach and screen 300 more women who need and deserve these life-saving services.

To increase the program's reach by ten percent, funding is needed for the LPHU fee per client payment system at \$186/client and for payment of claims to the healthcare providers through the *Women's Way* third party administrator, Blue Cross Blue Shield of North Dakota.

- *Women's Way* currently serves 403 American Indian women. Maintaining coordinated services and enrolling more American Indian women is a priority for both *Women's Way* and the American Cancer Society. Monies requested would fund the costs for an American Indian Consultant who would facilitate and ensure American Indian women have access to program services. In addition, the Consultant would ensure payment of claims to Indian Health Service facilities.

Enhancement Needs:

300 women x \$186/woman

BCBS claims 300 women x \$150/woman

403 American Indian women x \$100/woman

Total

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\$111,600

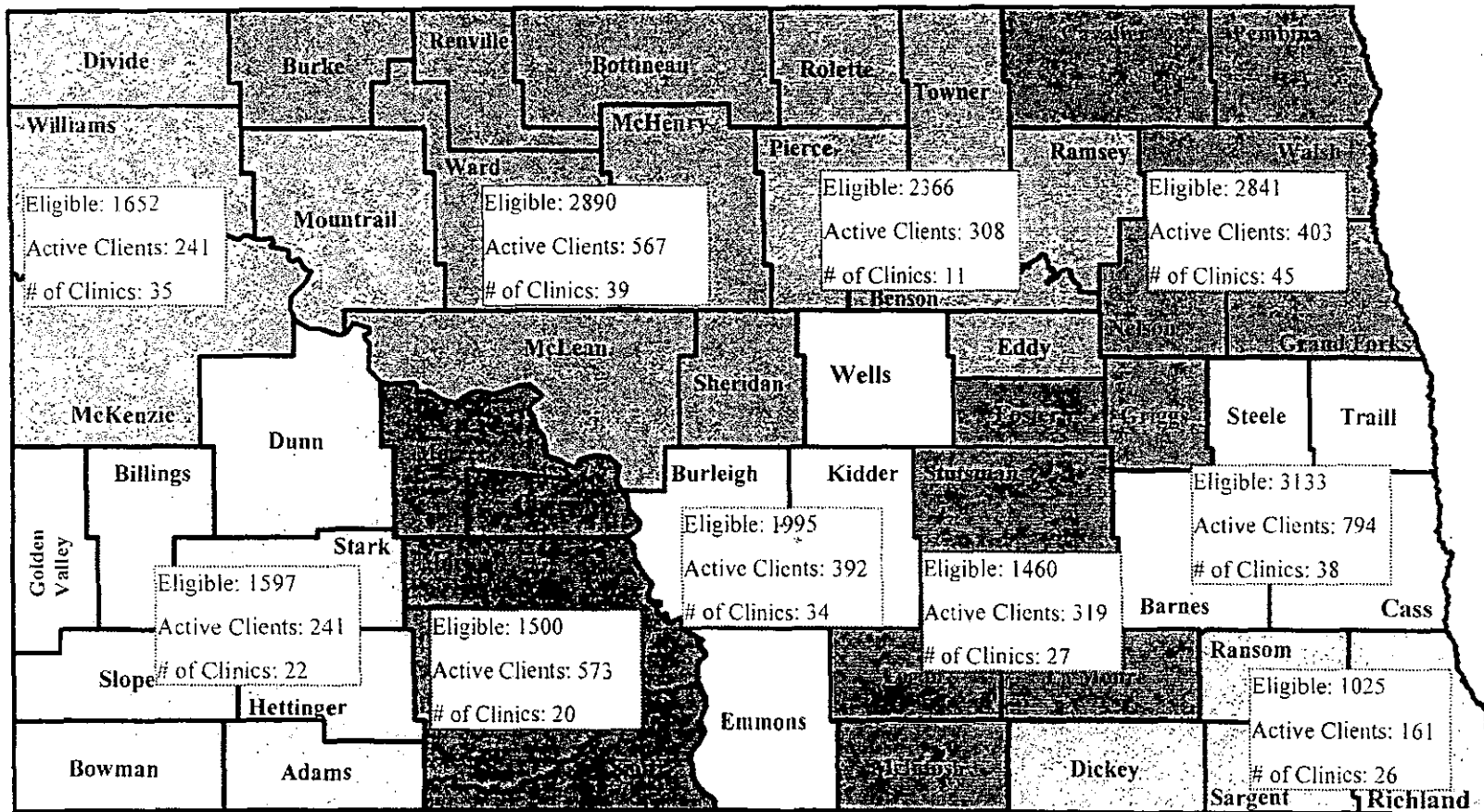
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Our American Cancer Society is working to ensure that 80% of eligible women who currently don't have access to breast and cervical screening and treatment, actually get it. Please amend HB 1004 to include \$484,000 in the *Women's Way* maintenance budget, plus an additional \$282,200 to address the program's enhancement needs.

# Women's Way LCU Stats



HB 1004

7

Good afternoon Chairman Holmberg and Senate committee members:

I am grateful and honored to be standing here today in support of the amendment to HB1004. If it had not been for the Women's Way program I would not be standing here today. In 2004 I, a young 38 year old mother of 3, was diagnosed with breast cancer. You can imagine the horror I had the day I felt this baseball size lump on my breast. I was without insurance at the time, so panic and denial that this could be cancer emerged. Then I remembered a program my mom and two aunts were enrolled in called Women's Way. I contacted the program to see if I would qualify. I was two years younger than the age requirement of the program but I was able to meet some special criteria and be enrolled in the program. Within a two week period, I was enrolled in Women's Way, met with two doctors, had the biopsy, and was diagnosed with breast cancer. I fought a long, hard battle that included 2 surgical procedures, 8 rounds of chemotherapy, 32 radiation treatments, 17 more rounds of chemotherapy, and daily medications for 5 years. This does not include the lymphedema, a side effect, I battle with daily.

We have made great strides in Women's health over the years. With early detection and medical advancements, more and more people are surviving cancer. Is this battle over? We have to keep educating the importance of early detection and assisting in the access to medical evaluations. Because this program exists thousands of women have been assisted! These are women who probably would not have gone to see a doctor. They would have continued to wait – wait until a cancer took over more and more cells in their body. We know that there are potentially 22,000 more women in this state who are eligible for this program and need to be evaluated and educated in the importance of early detection.

I always say if I can help just one person then it has made my journey worth it. Well I am one person, one grateful person this program has assisted and saved from death. I think it is important to recognize that cancer and Women's way has not only impacted my life but my husbands, and three boys lives as well – we are all stronger, better people because of this struggle. I am thankful to be able to inform people about my story and how Women's Way saved my life. Please vote "YES" on the amendment to HB 1004, Even if it saves just one life, because it impacts many lives.

Thank you,

Renae Byre

**Foss, Mary Ann A.**

---

To: Mathern, Tim  
cc: Arvy Smith (E-mail)  
subject: Women's Way

Senator Mathern,

Per your request, I submit the following information regarding Women's Way.

Women's Way has just submitted a competitive application to the Centers of Disease Control and Prevention (CDC) for funding for fiscal year 07-08. Due to the national competitive process and having to compete with all the applications submitted, it is unknown what the 07-08 funding will be. The CDC Program Consultant in Atlanta for Women's Way stated a couple days ago that the program could get less than the current federal funding of \$1.3 million, there is no way to know at this time. The CDC Program Consultant had also heard that CDC funds will be limited.

The federal funding from CDC to Women's Way is used to provide North Dakota women with breast and cervical screening and diagnostic services. When an uninsured woman is diagnosed and in need of treatment, she is then referred to the "Medicaid -- Women's Way Treatment Program" through the Department of Human Services. The Women's Way screening and diagnostic program through the Dept. of Health cannot pay for any treatment costs.

Without the maintenance funding of \$484,000, Women's Way would have to curtail all program activities, including:

- cut the number of women served per year by at least 10%
- stop recruiting women not currently in the program who need breast and cervical screening
- cut funding to the local public health units who recruit and enroll women in their area

Serving less women would increase the number of breast and cervical cancers found in later stages, possibly untreatable, thereby increasing the medical costs and loss of life.

Because federal funding is performance based, reducing the number of women served per year would result in future reduced federal funding.

*Mary Ann Foss*

Women's Way Program Director  
Division of Cancer Prevention and Control  
North Dakota Department of Health  
600 E. Boulevard Ave., Dept. 301  
Bismarck, N.D. 58505-0200  
701.328.2472  
800.280.5512 (in ND only)  
Fax: 701.328.2036  
mfoss@nd.gov

## MEMO

**TO:** Senator Tim Mathern

**FROM:** Mary Ann Foss, *Women's Way* Program Director

52472

**DATE:** April 5, 2007

**RE:** *Women's Way* program

### ***Women's Way* Maintenance**

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Unfortunately, now *Women's Way* client's are unable to receive essential one-to-one assistance from the LPHUs when needed. In addition, *Women's Way* is no longer able to recruit those hard-to-reach women who do not seek preventive screening services on their own because they are low income and uninsured. To re-establish and enhance *Women's Way* comprehensive services as required by Federal criteria, our request is made to increase the current rate to \$186 per woman.

Ongoing recruitment is vital to the program to bring in women who have not been screened. Research shows that one of the best recruitment strategies for those hard-to-reach women is one-to-one contact at the local level. The local *Women's Way* infrastructure is already in place through the LPHUs. Each LPH would develop a recruitment plan that would work in their multi-county area, including collaborating with



local business and healthcare facilities and working with the their local *Women's Way* volunteers. The LPHUs would receive an incentive of \$200 for each newly enrolled and screened woman up to a total of \$100,000. The LPHUs could use the \$200 for volunteer incentives, healthcare provider referral incentives, and other local recruitment projects and expenses. Each year, the goal would be to reach 250 women statewide through Recruitment Initiatives.

250 new women x \$200/new woman screened = \$50,000 x 2 years = \$100,000.

<i>Women's Way</i> needs:	Biennial Amounts
3200 women x additional \$60/woman	\$384,000
Recruitment Initiative	<u>\$100,000</u>
Total	\$484,000

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Enhancement Needs:	Biennial Amounts
300 women x \$186/woman	\$111,600
BCBS claims 300 women x \$150/woman	\$ 90,000
403 American Indian women x \$100/woman	<u>\$ 80,600</u>
Total	\$282,200

## North Dakota Department of Health Comprehensive Cancer Control Program

The North Dakota Department of Health Comprehensive Cancer Control Program (NDCCCP) receives funding from the Centers for Disease Control and Prevention (CDC) to provide program management and administrative support for the North Dakota Cancer Coalition and to implement *North Dakota's Cancer Control Plan* (available at [www.ndhealth.gov/compccancer](http://www.ndhealth.gov/compccancer)).

The CDC funding provides seed money to help initiate and enhance cancer program activities. Current NDCCCP budgeting and planning activities allows a small percentage of funding for use as mini-grants to local organizations to implement specific evidence-based cancer strategies. CDC's expectation for state comprehensive cancer control programs is that they will seek additional local funding to conduct implementation strategies. This funding may include state appropriations, other public funding, private foundations, etc. It is not CDC's intent that state programs would rely strictly on their federal funding to implement cancer control strategies.

### Colorectal Cancer Screening

#### Colorectal Cancer

**\$3,753,850**

Other state initiatives address breast and cervical cancer early detection, tobacco prevention and control, and obesity. There is no current initiative to address prevention and screening for colorectal cancer -- a cancer that, if detected early, can be effectively treated and cured.

Colorectal cancer (CRC) is the second-leading cancer killer in the United States, as well as in North Dakota -- but it does not need to be. If colorectal cancer screening tests were available to everyone age 50 and older, at least one-third of the deaths from this cancer could be avoided.

Screening tests save lives; removing polyps before they become cancerous increases the chance for cancer cure. When colorectal cancers are detected at an early, localized stage, the five-year survival is 90 percent; however, only 39 percent of the cancers are diagnosed at this stage, mostly due to low rates of screening. After the cancer has spread regionally, survival drops to 68 percent; for persons with distant metastases, the five-year survival is 10 percent.<sup>1</sup>

According to the 2004 North Dakota Behavioral Risk Factor Surveillance System (BRFSS), only 44% of North Dakota men and women over age 50 reported they had ever received a colonoscopy or sigmoidoscopy. Colorectal cancer was the fourth most common cancer diagnosed among North Dakota men and women in 2004, representing 406 new cases (211 of which were late stage diagnoses) and 132 deaths.<sup>2</sup>

According to the U. S. Census Bureau, 91,428 men and women age 50-64 live in North Dakota (2000). Of that population, BRFSS indicates that 21 percent have incomes at or below 200 percent of the Federal Poverty Limit (at or less than \$18,620), and 64 percent or 12,288 people have not had a colonoscopy. Kaiser Family Foundation estimates that 59 percent of North Dakota's adult population with incomes at or below 200 percent FPL is uninsured. Using

<sup>1</sup> American Cancer Society, *Cancer Facts and Figures 2006*. Atlanta: American Cancer Society; 2006.

<sup>2</sup> North Dakota Cancer Registry, accessed 11 January 2007.

just this population, back-of-the-envelope analysis estimates that 59 percent<sup>3</sup> or 7,250 are uninsured.

Currently in North Dakota, individuals who are not qualified for Medicaid or Medicare (less than age 64 and not disabled) have no program to help them with colorectal cancer screening. Screening methods for colorectal cancer include home FOBT, flexible sigmoidoscopy, (alone or in combination), colonoscopy, and double-contrast barium enema. Each one of these screening methods has distinct advantages and limitations.

State funding for a colorectal cancer screening intervention in North Dakota would use the FOBT, colonoscopy, and sigmoidoscopy as main methods of screening. If 20 percent<sup>4</sup> of the eligible men and women in North Dakota took advantage of this program, it is estimated that the program could provide services to 1,450 North Dakota men and women each year. Therefore, the annual cost estimate of the program is calculated as follows:

#### A. Screening

Items	Unit Cost	Total Cost
Office Visits	\$ 91.00	\$ 131,950
FOBT	\$ 22.00	\$ 31,900
Colonoscopy	<u>\$1,800.00</u>	<u>\$2,610,000</u>
Total screening cost	\$1,913.00	\$2,773,850

#### B. Diagnostics & Treatment

In 2004, 406 North Dakota citizens<sup>5</sup> were diagnosed with colorectal cancer; 83 were age 50-64. Based on the same criteria listed above (approximately 59% uninsured), estimates indicate that roughly 49 patients would need treatment services each year. Therefore, the annual cost of treatment for colorectal cancer is calculated as follows:

Items	Unit Cost	Total Cost
Facility fee, pathology, removal to tumors/polyps, sedation, radiology	\$20,000	\$980,000

<sup>3</sup> Kaiser Family State Health Facts, accessed 11 January 2007 from [www.statehealthfacts.org](http://www.statehealthfacts.org).

<sup>4</sup> Women's Way, the North Dakota Breast and Cervical Cancer Early Detection Program, provides a program framework that targets services to 20 percent of the estimated eligible population. Women's Way reimbursement is based on Medicare reimbursement rates.

<sup>5</sup> North Dakota Cancer Registry accessed 11 January 2007.

## Proposal for Funding Colorectal Cancer (CRC) Screening Pilot Project

### Need

- There is no current initiative to address prevention and screening for colorectal cancer – a cancer that, if detected early, can be effectively treated and cured, saving lives and health care dollars.
- The pilot project would fund a colorectal cancer screening intervention in North Dakota, for low income, underinsured and uninsured high risk and minority men and women ages 50-64 living in rural areas with county populations under 15,000 and whose medical history indicated never having been screened for CRC.
- This one cancer that can be prevented by screening and removal of polyps before made cancerous. If left until symptoms appear and a diagnosis is made, it is usually too late. The average cost for colorectal cancer treatment can exceed \$60,000 per individual.

### Request

**\$200,000 to fund a colorectal cancer screening pilot initiative for low income, underinsured and uninsured high risk and minority men and women ages 50-64 living in rural areas with county populations under 15,000.**

The funds for the pilot project would be appropriated to the North Dakota Department of Health and administered by an advisory group composed of the North Dakota Cancer Coalition Executive Board, a board certified surgeon trained to perform colonoscopies and a designee of the NDDoH Comprehensive Cancer Control Program. The advisory board would specify the standard of care used by the CRC screening program. In addition, the advisory board would establish criteria and the application materials for rural hospitals and clinics to apply for a pilot grant.

Recipients of grants will develop and provide a cohesive approach to cancer prevention, and early detection in North Dakota. In addition, recipients must demonstrate the existence of an established referral mechanism to providers trained to perform colonoscopies.

This project could also include some community education so that the population knows enough about the program to come into the clinics to be screened for colorectal cancer. It is well known that this population usually has a lower use of preventive medicine because the cost is prohibitive or not covered by insurance until the cancer is diagnosed and treatment is necessary.

The ND Cancer Coalition Board will develop guidelines for any educational component, and the grantees would be responsible for the screening costs as well as educating their community.

The Cancer Coalition Board would administer the program with the goal of developing a comprehensive approach that will bring together stakeholders at the community and state levels who are interested in impacting cancer.

Amendment to HB 1004

\$200,000 from the department of health budget for the purpose of providing grants administered by the North Dakota cancer coalition, to hospitals and clinics in rural areas with a county population less than 15,000, to establish a colorectal cancer screening initiative for low income, underinsured and uninsured high risk and minority men and women ages 50-64.

## **Domestic Violence/Rape Crisis Program**

An additional \$500,000 in state general funds for a total of \$710,000 per biennium is requested to be distributed to the currently funded nineteen local domestic violence/rape crisis agencies located across the state to provide prevention and intervention services on domestic violence and sexual assault issues.

Each agency offers core services that include crisis intervention advocacy; a 24-hour crisis line staffed by trained paid and volunteer advocates, shelter for victims, and prevention programs. Some of the agencies may offer such services as: support groups, counseling services, children's services, judicial advocacy, and outreach services.

Funding is requested to:

- Maintain current staffing to provide the core services,
- Restore services that have been reduced or eliminated, such as crisis services provided by victim advocates, counseling services, and follow-up services to victims after the initial crisis has been addressed,
- Improve sexual assault programming for adolescent and adult victims and their families,
- Assist victims in receiving emergency services for economic assistance, access to professional services such as counselors, attorneys, addiction and treatment providers and transportation,
- Maintain outreach services to rural areas as well as special populations of elderly, immigrants, and people with disabilities, and
- Support primary prevention education and awareness efforts in schools and communities to prevent the first time occurrence of domestic violence and sexual assault crimes.

### Funding for State Morgue Branch in Grand Forks

The Medical Center Advisory Council of the University of North Dakota School of Medicine and Health Sciences (UNDSMHS) requests funding for construction of a morgue in Grand Forks to: (1) Serve the eastern portion of the State of North Dakota; (2) Provide integration / support for the Chief Forensic Examiner in Bismarck; (3) Provide critically needed health, injury and death investigation for the State of North Dakota; and (4) Expand opportunities for training of future state coroners and death investigators while in educational settings. This is a critical base infrastructure request to further collaborations and support for the Department of Health, State of North Dakota and the UNDSMHS. It is requested as a branch office to the Bismarck State Forensic Examiner. This is congruent with the vision of a Task Force for Study of the Medical Examiner System, currently underway by the Department of Health.

#### Critical need of services in Eastern North Dakota:

- Decedents from the Eastern counties must be transported to Bismarck for autopsy resulting in delays and inconvenience for families in this difficult time, increased expenses for referring counties and difficulty in providing law enforcement and investigative continuity with travel to Bismarck.
- Training for law enforcement and coroners / death investigators in the eastern counties is difficult with sole morgue in Bismarck.
- Cases done by various entities in the Eastern portion of ND are not optimally integrated statewide.

#### Benefits to Living; Death Investigation Base in North Dakota:

- Based on national estimates and the population of ND, approximately 650 forensic autopsy examinations are needed annually. This does NOT include cases from hospitals, private requests or other medically related quality assurance programs, which would increase totals. With the population base in Eastern ND, a branch office will optimize state services in forensic examinations.
- Accurate and uniform records for child mortality, suicide, workforce/farm/ranching deaths, elder/domestic abuse, and all types of traumatic deaths are critically needed for functions of Department of Health and other state agencies. This is provided by a state forensic system.
- Accurate, professional and timely medical-legal investigation for suspicious deaths is vital to the State.
- Detection of unsuspected disease: This is significant in genetically related diseases for risk assessment of family members and accurate disease incidence for the State of North Dakota. Current practice in Grand Forks HAS A 7% UNDETECTED CANCER RATE. This information is critical for health and environmental risk assessment for the state.
- Accurate and timely risk assessment (and elimination) of drug and alcohol related deaths.
- Drug use monitoring (i.e. methamphetamine, cocaine) and changing / evolving substance abuse.
- Unsuspected public health and environmental hazards, i.e. electrical injury, CO unsuspected exposure, workforce and other safety issues.
- Training for future coroners, health professionals, law enforcement and investigators in educational setting in Eastern ND. Training for current coroners, law enforcement and death investigators.
- Optimizing coordination with organ and tissue procurement in accordance with decedents wishes.

#### Increased support for Department of Health and Bismarck State Forensic Examiner:

- Integration of cases within the ND State Forensic Examiner system
- Specialty expertise (Neuropathology, Pediatric Pathology, Cardiac and other) from expertise at UNDSMHS.
- Consultation on cases between system-wide offices (Bismarck and Grand Forks), better coordination with ND Coroners and Law Enforcement
- Vacation and other support between offices for professional staff to assure seamless statewide coverage.

#### Continuing Operating Costs are defrayed by affiliations:

- Affiliations for a fee-for-service case performance from local hospitals, surrounding counties and private parties will defray and reduce per case cost.

Budget for Construction of Branch Office of State Morgue: Based on construction estimates from Bismarck facility, 1.5M is requested. A similar facility is envisioned with slightly more capacity due to population base and educational mandates.

Total Request: \$1.5 Million in Construction; Recurring costs through DOH and SMHS budgets.

## Forensic Examiner Branch Data Sheet

### State Forensic Examiner 2007-09 Executive Budget (Department of Health)

Salaries	\$624,692
Operating	<u>\$195,878</u>
Sub Total	\$820,570
Adjustment for New Forensic Examiner Salary	<u>\$45,000</u>
Total (all general fund)	\$865,570

### Department of Health Morgue

Year Built/Occupied	March 2005
Sq. Ft.	4,837
Facility Capacity	2 Forensic Examiners and Support Staff
Occupancy	1 Forensic Examiner and Support Staff
Total Cost	\$876,496 (includes equipment for 2 forensic examiner stations)
Bond Payment	\$163,021/biennium

### Autopsies Conducted by Department of Health (All Coroner Requested)

Five Year Average	222 (2002 - 225; 2003 - 226; 2004 - 195; 2005 - 221; 2006 - 241)
Average per Biennium	444
Total Cost per Autopsy	\$1,950 (\$865,570/444)

### Total Coroner Requested Autopsies Conducted in 2006

Minot	29
Williston	9
Grand Forks	50
Bismarck	<u>241</u>
Total	329

National Standard      600 per year (1 out of every 1,000 population)

### Incremental Costs for Full Occupancy (Additional 444 Autopsies per Biennium)

	<u>Costs</u>	<u>Costs per Autopsy</u>
Salaries	\$458,921	\$1,034
Operating	<u>\$116,249</u>	<u>\$262</u>
Total	\$575,170	\$1,296

Note: This will naturally occur with a centralized system with a branch office. It will likely occur at a faster rate (lowering state costs) with a branch office with the efficiencies of geographic sites as proposed and the increased caseload from the Grand Forks office with revenue generating cases.



**Proposed Branch Morgue at UND**

Sq. Ft.	10,000
Facility Capacity	3 Pathologists
Total Cost	*
State Appropriation (Permanent Oil Tax Trust Fund)	\$1,500,000
Coroner Requested Autopsies Conducted	~ 2/3 State autopsies
Ongoing Costs:	MD salaries: % effort from DOH – based on autopsy numbers; remainder from medical school. Staff and operating expensed based at CURRENT RATE FROM BISMARCK

Costs per Autopsy SAME AS BISMARCK OFFICE: Operating based on Bismarck office expenses and shifting expenses to Grand Forks Branch. Small incremental for overlap of utilities, other fixed operating expenses.

MD Salaries: Will be based on Bismarck salaries and % effort. Higher salary structure at UND will be offset by teaching commitment and research efforts, as any other faculty member at UND. Further offset of both MD and operating expenses will be accomplished at UND facility by revenue generating autopsies for hospitals and surrounding MN counties as is currently done in Grand Forks (and not Bismarck, which allows calculation of actual ND forensic autopsy costs).

**Bottom line:**

Costs per autopsy: Same to State with branch office, with minor incremental for fixed operating at two facilities. This is more than offset with convenience and increased service for families, citizens and law enforcement with a regional office and enhanced educational experience for students in health sciences, EMS, law enforcement and other forensic – law investigators.

Enhanced link with DOH and UNDSMHS – invaluable for numerous initiatives.

Centralization of system with increased oversight by Chief Medical Examiner in Bismarck. The reduction in caseload will allow more state oversight and participation in DOH initiatives.

\$1.5 million is requested to construct a BRANCH MORGUE OFFICE OF THE NORTH DAKOTA STATE FORENSIC SYSTEM FOR SERVICING EASTERN NORTH DAKOTA, EDUCATING HEALTHCARE AND LAW ENFORCEMENT PERSONNEL, AND FOR ADVANCING NORTH DAKOTA'S DISEASE AND BIOLOGICAL HAZARDS DETECTION CAPACITY. THIS FACILITY WOULD BE A COLLABORATIVE EFFORT BETWEEN THE DEPARTMENT OF HEALTH AND THE SCHOOL OF MEDICINE AND HEALTH SCIENCES.

Important Factors Leading to Critical Need of Eastern Branch at the SMHS:

- 2/3 of ND's population reside in Eastern ND. The current system of transporting all Eastern-region deceased to Bismarck is costly, increases emotional distress to families, and limits law enforcement/investigator's continuity and capacity to follow their cases. In the event of catastrophe, the current single morgue system would be incapable of handling our state's needs.
- Placement of the morgue branch at the SMHS is critical because of the following:
  - (1) The SMHS setting will provide critical training to medical providers and Eastern law enforcement personnel in conducting death investigations including disease and biohazards detection. Physicians and law enforcement with this training will greatly increase the scope and quality of death investigations statewide and is especially important for assisting rural communities' capacity.
  - (2) Dr. Mary Ann Sens, a nationally recognized forensics pathologist, is a SMHS faculty member and is the optimal MD to direct medical training operations in the State's Medical Center. Dr. Sens and her recruited team would provide expertise in Neuropathology, Pediatric Pathology, and Cardiac Pathology, thus greatly improving the capacity and expertise of future coroners and medical providers assisting death investigations.
  - (3) Dr. Sens and Dr. Dwelle, State Health Officer, have collaboratively worked on the branch morgue plan including future infrastructure and policy planning for statewide improvements in death investigations. Dr. Sens has been providing critical State Forensics autopsies since the sudden retirement of the former State Forensics Examiner.
  - (4) Dr. Sens' FOUR-FOLD function of medical forensics examiner, Pathology Department Chair, medical student training, and nationally known pathology researcher provides the state with cost savings for a Eastern location, the potential for securing federal grants, and national public health policy participation.
  - (5) Dr. Sens' expertise can be further utilized to direct, in collaboration with local hospitals around the state, a North Dakota Tissue Bank. The value of a proposed Tissue Bank is in the research and development of diagnostic markers that predict the course of human disease.

Continuing Operating Costs for Eastern Morgue Should be Defrayed by Affiliations:

- Affiliations for a fee-for-service case performance from local hospitals, surrounding counties and private parties will defray and reduce per case cost.
- Current statute states that counties will pay for autopsies, but this is not enforced. This lays the foundation for reform leading to more cost-sharing between counties and the state.

Budget for Construction of Branch Office of State Morgue: Based on construction estimates from Bismarck facility, 1.5M is requested. A similar facility is envisioned with slightly more capacity due to population base and educational mandates.

Total Request: \$1.5 Million in Construction; Recurring costs through DOH and SMHS budgets.

Request: \$1.5 million one-time construction costs  
For: Construction of the ND Department of Health, State Forensic Examiner Branch Morgue  
Location: School of Medicine and Health Sciences, Grand Forks  
Purpose: Provide Eastern North Dakota families access to timely and high-quality death investigations;  
Provide greater capacity to detect unknown diseases/disorders, biohazards, & homicides;  
Provide medical and law enforcement personnel training in death investigations procedures;  
Provide Back-up and Coverage for the State FE Office

- **Providing Eastern ND Families with Timely, High-Quality Assistance.** Two-third's of ND's population reside in Eastern ND. The current system of transporting all Eastern-region deceased to Bismarck is costly to everyone, but especially to families. If you are from most Eastern parts of North Dakota and your loved one needs an autopsy, this means that his or her funeral may be delayed several days. For most families, this is an extraordinary burden and often drives decisions to not request a critical autopsy. Local law enforcement and coroners similarly may not want families to experience this burden and even when autopsies are ordered, the ability of law enforcement to carefully follow the case is diminished with the lengthy transport delays. Officials involved in death investigations in the state would all agree that having an Eastern Branch Morgue would increase the number of autopsies performed in the state. Why is this important? Because high-quality autopsies performed by well-trained M.D. forensic pathologists provide critical information about the causes of death, including the following life-saving functions:
- **Detecting Unknown Diseases/Causes of Death.** Dr. Sens' data indicate a 7% undetected cancer rate in the deceased she has autopsied thus far. Recently, Dr. Sens conducted an autopsy in which she discovered the deceased had a deadly but undetected disease that is often inherited. Informed family members were able to be tested, and one sibling was indeed positive. He has been able to take steps that will save him from the same disorder that killed his sibling prematurely. More than ever, sophisticated forensic pathology can benefit the living by informing families and communities in ways that lead to live-saving preventive actions. Forensic pathologists are often the first to know that anthrax and other deadly biological pathogens may be present. Without high-quality, easily accessible and centralized autopsy services, families and communities cannot adequately protect the living. Another important example demonstrates the importance of autopsy. Dr. Sens was recently involved in ordering two autopsies that would have not been conducted without her input into the process. An elderly couple who apparently died in a house fire were in fact killed, thus alerting law enforcement and community members to this violent crime that is now being investigated. Similarly, when children die of unknown or suspicious circumstances, it is critical to families, law enforcement, and medical personnel that rapid autopsy occurs.
- **Training of Medical and Law Enforcement Personnel.** The DoH Branch Morgue will serve an additional function over and above the central location in Bismarck: to provide critical training to medical students, other healthcare providers, and Eastern law enforcement personnel in conducting death investigations including disease and biohazards detection. Physicians and law enforcement with this training will greatly increase the scope and quality of death investigations statewide and is especially important for assisting rural communities' capacity. Dr. Sens is uniquely qualified to provide this set of services and will utilize additional SMHS pathologists and personnel to assist in the training component. Eastern law enforcement must have a relatively close location to receive training as many counties have only one or two law enforcement personnel who cannot afford to leave their counties without protection for more than a few hours.
- **Providing Back-up and Coverage for the Bismarck Office:** The sudden resignation of the State Forensic Examiner in December 2006 left the state without continuity for this needed function. With the establishment of a formal branch office, continuity of this critically vital function and service to families, law enforcement, and health officials will be assured.
- **Additional Issues: Responses to Legislator Questions.** As the Branch Morgue has been discussed with legislators, several important questions have been asked. Although these questions have been answered during subcommittee and conference committee deliberations, we provide them below to further address additional points about the importance of establishing an Eastern Branch Morgue.

(Q) *Why isn't this request amended to the Higher Education Budget?*

(A) From the inception of considering a state morgue branch, all officials have agreed that a new, more efficient and responsive STATE-WIDE system of death investigations is critically needed. The Branch Morgue at SMHS is one major part of addressing our citizens' needs and will function as PART OF OUR DOH'S STATEWIDE SYSTEM FOR CONDUCTING DEATH INVESTIGATIONS. Education is a secondary, albeit important, role for improving the state-wide system but the branch and its personnel will operate all state morgue functions under the direction of the State Forensic Examiner and the State Health Officer. Clearly, this request falls under the jurisdiction of the State FE and therefore the DoH budget.

(Q) *We already have a morgue in Bismarck, newly built, and it does not always operate at capacity. So why would we need another morgue?*

(A) The newly constructed morgue in Bismarck is a wonderful addition to the FE's Office. Before it, the FE was operating in essentially a shed. The State has been without a FE since December 2006 when the former FE suddenly retired. Dr. Sens has been functioning in this critical role and will continue until the newly hired FE arrives to begin his tenure on July 1, 2007. So, it is difficult to accurately measure the day-to-day operations of the SFE's office since the former FE's retirement. However, one fundamental measure assures us that the State Morgue is operating BEYOND its full capacity since 241 autopsies were conducted last year. National standards set by the National Association of Medical Examiners states that 200-250 autopsies per year is the maximum for a single forensic pathologist and this is when the forensic pathologist has NO other duties including administration. As Dr. Sens has informed us, the FE has many other critical administrative functions that require from 40-50% of the FE's time, including:

- Writing and Issuing Medical Alerts (e.g., recent alerts about "the choking game" in adolescents)
- Child Fatality, Elder, and Fire-related Death Reviews
- Suicide Reviews (not currently being conducted by ND FE)
- Travel (in ND, this can be considerable time)
- Teaching/Training

Therefore, the current Bismarck FE facility is far-exceeding its capacity. Dr. Sens has continued to provide administrative functions but the new full-time FE will be even more involved in administration including the new state-wide initiatives for improving death investigations. This data suggests the FE cannot conduct 200-250 autopsies per year and will need assistance. And although the current Bismarck facility CAN SUPPORT an additional forensic pathologist to assist with the workload, the fact remains that EASTERN ND FAMILIES NEED A CLOSER LOCATION FOR AUTOPSY SERVICES. Therefore, when considering the Eastern location needs of families and law enforcement plus the important role that the SMHS can play in educating/training medical and law enforcement personnel, an Eastern Morgue Branch is the best solution for North Dakota.

(Q) *What about ongoing costs?*

(A) The Eastern branch of the morgue will have the same costs for conducting autopsies as does the main office in Bismarck. However, Dr. Sens and additional SMHS pathologists will be able to provide some offsetting of costs given their salaries are paid for by the SMHS budget. Costs for autopsy-related expenses will be part of the DoH budget, but there are plans for defraying and reducing operating costs through fee-for-service autopsies from local hospitals, surrounding communities, and private parties; and through reducing overall costs to both morgues due to higher volume purchases for supplies and equipment. In addition, Dr. Sens has funds from a federal grant that will initially equip the Eastern Branch. There may also be opportunities in the Eastern Branch to compete for additional federal funding for investigating unique or potential disease hazards and/or markers. Finally, Dr. Sens is qualified to direct the establishment of a North Dakota Tissue Bank in collaboration with our state's hospitals and clinics. A Tissue Bank would further enhance our population-based research for detecting disease and environmental hazards and then developing diagnostic markers. These markers can lead to better prediction of human disease and the potential for taking life-saving protective actions.

(Q) *Why is the Eastern Branch Morgue proposed to be larger than the Bismarck Facility?*

(A) The Eastern Branch Morgue is envisioned with slightly more capacity due to the larger Eastern population base and for performing its educational functions, i.e., a larger space is required to accommodate observation by trainees and other training functions.

**Department of Health**  
**Medical Services Section**

**Office of State Forensic Examiner**

	<u>2007-09 Executive Recommendation</u>
FTE EMPLOYEES (Number)	<u>3.00</u>
SALARIES AND WAGES	624,692
OPERATING EXPENSES	195,878
CAPITAL ASSETS	163,021
GRANTS\SPECIAL LINE ITEMS	0
<b>TOTAL</b>	<u><b>983,591</b></u>
General Fund	983,591