2009 SENATE APPROPRIATIONS

SB 2004

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2004

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: January 20, 2009

Recorder Job Number: 7295, 7303

Committee Clerk Signature Alice Delzer

Minutes:

V. Chair Bowman opened the hearing on SB 2004, the State Department of Health. All members were present except Chairman Holmberg, V. Chair Grindberg, Senator Krauter and Senator Warner who were in Washington DC for the inauguration.

Terry Dwelle, State Health Officer of North Dakota Department of Health, testified in favor of the bill. See written testimony #1.

V. Chair Bowman asked if there is an expiration date on flu vaccines.

Terry Dwelle said there is an expiration date on all medication, usually about 5 years. It is highly desirable to be able to rotate any stockpiles as they can the state controlled stockpile.

Senator Lindaas asked if during a pandemic, those who have the flu are given medication or is it given as a preventive measure.

Terry Dwelle said there are three different tools that are used. One is vaccine, if they are available. We will likely not have a vaccine in the US for 6 months after the onset of the pandemic, which means the major wave has already bypassed the world. As an infectious disease specialist, he doesn't have a lot of hope that a vaccine would be ready for us. There are two other tools. Tamiflu, or anti virals can be used to treat people within 48 hours. It decreases the intensity of the symptoms and improves survival. We can occasionally use it to treat people who were exposed, but it is not the primary use of the stockpiles. The third and

most important tool is social distancing, a 3 foot buffer between people. It is the most important thing to decrease transmission.

V. Chair Bowman asked if the increase in type 2 diabetes in children is related to their diet.

Terry Dwelle said it is related to their caloric intake, it is related to exercise and greater use of electronic entertainment among children. As we get heavy, our bodies still produce insulin but the cells in the body become unresponsive to insulin. As you control weight, the cells become responsive to insulin again, if you control your weight, you can control your diabetes.

Senator Robinson asked about the equity issue. What impact will the equity line in the budget have to bring us closer to the market? It is a step in the right direction but woefully inadequate to really get the job done. Will you be back here in a few years with the same problem? The private sector is not sitting still.

Arvy Smith, Deputy State Health Officer, said she does have some further testimony on the equity issue. She has to be equitable within her department. In certain areas she has federal funding available to keep up better but in other areas she has general funds and she can't get funding to keep those salaries up. Yet, if she gives the increases where she has available federal funding, it would lead to inequity within her department. They need to have equity with other state agencies or they start to lose their staff, their scientists and engineers, to other state agencies. The $327,000 is what will help them catch up to the other state agencies. They are behind the other state agencies. If they get additional funding, too, the Health Department will still be behind. The third area is the external market. State Government has certain things that attract employees such as working hours, and health insurance but they are still very much behind the external market.

Senator Robinson said on page 8 of the written testimony, Dr. Dwelle referenced types of positions that they are losing. How much are we investing in training these folks and bringing

them on board just to have them move on? We are really caught in a rut here. Some of us want to see some light at the end of the tunnel.

Arvy Smith said they did a calculation on training at one time. Our positions are very specialized. It is a year of training in some cases.

Senator Mathern asked what are their thoughts on education in public health.

Terry Dwelle said when he was working with the medical school in the late '80's; he was concerned about lack of public health education in the state of North Dakota. At that time there was no interest in pursuing advanced public health education. For the past two and half years, he has been working under a Bush Fellowship, a grant to develop a public health training program in North Dakota. It appears that the best way we can do this and make it sustainable is to have a collaborative effort between traditional schools of public health like University of Minnesota and University of South Florida (two that are very interested in working with us) along with the UND School of Medicine, NDSU (who is also pursuing a masters of public health), the University of Mary. There is a list of schools that expressed interest in providing this type of curriculum. He is very supportive of that. The workforce issues are a national emergency. In ten years we are going to be losing 40 - 60% of our trained public health workforce, they will be going into retirement. They don't see where the replacements are coming from. There is a push for public health training. The role of the Health Department is to become an Academic Health Partner. They need to interact with the academic institutions by providing student preceptorships, by taking individuals in the Health Department who have academic training and skills to teach to impact the workforce through our universities to encourage folks to choose a career in public health. There are many things that are happening. UND has proposed a masters of public health, NDSU has. They have been in dialogue with the Chancellor and he is interested in a collaborative effort.

Senator Mathern asked if there something in the budget that is establishing activity towards people getting this education.

Terry Dwelle said it is not in their budget, they have not put in additional funds for academic programs. They can provide day to day preceptorships and education without additional funding. If it expands and they see an impact on time, they may have to request additional funding at a later date.

Senator Kilzer asked if the discussions are far enough along so we would know which area of accentuation would be present in the public health program. Would occupational medicine, general preventive medicine, administrative medicine, tropical medicine all be under one PH degree?

Terry Dwelle said there are many different possibilities. There are 3 different parts to a Masters of Public Health. The core courses are about 15 credit hours. There are 10 – 15 optional credit hours. Then there is a specialization, his initial specialization was in International Health from Tulane University. The specialization is about 15 hours of concentrated study. In North Dakota right now, the curriculum they are seeing is in the area called community engagement, how to engage work science, rural communities, schools, faith based communities, other organizations, how to own their problems and change behaviors. They have been developing curriculum at the University of Mary, UND and NDSU. He is teaching some of these courses at the University of Minnesota already. Half of the curriculum is developed. He was just in Guyana last week, teaching the communications portion of that curriculum. It is being applied. By the end of the next six months the full curriculum for a specialization in public health community engagement will be linked to a Masters of Public Health program in North Dakota.

Senator Kilzer said in November our citizens approved measure 3 which will affect this budget tremendously. Was your budget made up before that?

Terry Dwelle said yes, the initial budget was designed with the assumption that measure may not pass. They are looking forward to working with the folks on measure 3 in any way they can to change the risky behaviors with tobacco.

Arvy Smith, Deputy State Health Officer, testified in favor of the bill. (See written testimony 1).

Senator Robinson said in the situation where the Health Department lost an employee to another agency and they received an $800. Arvy has worked for the state for a long time; he means that in a positive way. His concern is that special fund agencies have a distinct advantage in the area of salary administration. How much of an issue is that getting to be? There seems to be such a major disparity.

Arvy Smith referred the question to Dave Glatt.

Dave Glatt of Department of Health said it's the 3rd employee from that agency that they have taken. Their representative apologized to the Health Department and said they appreciated the good training. It is a huge issue. We are losing our 2 to 3 to 5 year employees. They are very productive, they are aware of the state process and policies, they become very marketable and that is why we lose them to other agencies.

Arvy Smith continued her testimony. She agrees that the special funded agencies have a better ability adjust to salaries.

Senator Lindaas asked her to define the special population section.

Arvy Smith said it was created at the start of last session. The children's special health services which was previously in the Department of Human Services was moved over to the Department of Health. The Department of Health worked very closely with them in block grant

funding. They also have the creation of the minority health section because they received a federal grant. With those two, they created the special population section. They also moved into that section the primary care grant person, the one who handles all the loan programs, dental, physician, veterinarian to deal with special populations. Appendix 4 is a description of each of the sections.

V. Chair Bowman asked when they categorize the different populations doesn't that add to overall cost of administration because you have to separate? Health is for everyone. Are there different federal programs that force you to do this? Administration takes away dollars for programs.

Arvy Smith said dealing with the disparate and minority populations is a very challenging endeavor. The only thing built into the minority health division is 1 FTE for administration and a half clerical position. It is a very small grant and she doesn't know how long they can sustain it. It can do some of overview work for them. Like every federal grant they get, they are typically required to address disparate populations. They do it in a variety of ways. They are trying to involve American Indians the programs, for example in the suicide prevention. They need to communicate, market and build relationships with the tribes.

Senator Robinson said the changing data regarding the composition of our people in North Dakota, the average age is going up for example at Turtle Mountain, yet the med school says fastest growing population is the group 65 and over. To what extend can we make budgetary adjustments to respond to those changes in demographics.

Arvy Smith said again in each of their programs, they look at the population they serve and where are the biggest needs. In suicide prevention, there is a challenge to getting on the reservations to deal with that. The Women's Way program, we have a request for additional

funding to help a recruitment coordinator to deal with difficult to reach women. Each program has performance measures broken down by population to identify the biggest problems.

Senator Robinson said the demands of the moment can consume an agency, issues such as turnover, training, and human resources. How much of a preventative, early intervention mode can we be in, given the day to day demands.

Arvy Smith said early prevention is their job. Public health is all about timely prevention to head things off before they become big problems. Beyond their strategic plan, they have a tobacco plan, a cancer plan, a immunization plan, chronic disease plan, they have plans going 5 years in the future.

Senator Robinson said we have these plans but we are still confronted with obesity, high rates of suicides, alcohol and drug abuse. Are we investing enough in public health, local health to stem the trends.

Arvy Smith referred him to their optional request. They are only beginning to deal with obesity, they do not have much funding for that. They have been applying for federal grants, but they ran out of money. Funding is an issue. Only so much can be done. They are heavily federally driven. They seek federal funds wherever they can. Most FTE increases are federally funded.

Terry Dwelle said Senator Robinson is asking why are we seeing the increase in obesity despite the fact we have health messages out there. This is the heart of why we are going down the community engagement pathway, why we made the optional request. There are two ways to change risky behaviors. One is the traditional social marketing approach, it has been the main messaging tool I public health. It will change behaviors. It works very well in onetime events, such as getting people to come in for immunizations and cancer screening. When you are talking about making changes in daily behaviors, beliefs and values, social marketing

doesn't work. The new paradigm in public health messaging is cultural communications which goes down to a part that drives our behavior and our beliefs and values. That is the core of true community engagement . Things are in place we are moving in that direction. North Dakota is taking a lead in this direction.

Arvy Smith continued her testimony on page 15 (72:07).

Senator Seymour asked about the 28 sites, is there a way to measure and rate them.

Arvy Smith said they don't have a way to rate them. They are moving towards, and it is a challenge and a change for people, they are trying to address performance through contracts. Their relationship with local public health is contractual. They try to get the deliverables in the contract so we can monitor them. It ends up being more process oriented. We don't always have data broken down by local health units but they are working on it.

Senator Fischer in measure three are the word supplement is in there. Can you reduce the tobacco funds that you have expended in the past.

Arvy Smith said she can't spend money she doesn't have. They previously got 10% of all the settlement money. Now with measure three, the supplemental money came off of everybody, the payment the Health Department would get in April 09 goes that direction already. Next biennium they are forced to make reduction, the changes are on page 20.

V. Chair Bowman called for a short break. **(Job #7303)**

Arvy Smith continued her testimony.

Senator Christmann said now I am reluctant to stop her when she is asking to have the budget reduced, are the two employees already on the payroll? Since it has been a pilot program for two years, how have they been paying for it.

Arvy Smith said in the current biennium, they did not receive any funding for this. They were limited. It was voluntary. They were asked to help. The inspection they don on facilities is a

federal program and they are not allowed to do earlier visits and inspections under the federal program. They are behind on some of their projects. We need these employees. They are in our optional budget. (Very difficult to hear, meter 18.29)

Senator Christmann asked about the changes what the wetland program in.

The testimony is very difficult to hear so questions and answers throughout the testimony are not included.

Senator Mathern asked if someone on their staff evaluates their programs.

Arvy Smith said they do not have a position to do that. They do use epidemiologists who evaluate the data. They are short of epidemiologists, they have one assigned by the federal government.

Terry Dwelle said they own and collect data an incredible amount of data. Is it their job to evaluate the data or is that an academic function.

Senator Mathern said in many other areas of economic activity, research and development is a large part of the budget. He is concerned that in Health and Human Services there is so little in the budget to actually help make good decisions as to how to spend the money. Why is it so small?

Terry Dwelle said much of their funding comes from the federal government and it is very structured. This kind of research would not be covered by that funding source. We have limited funding. It has not been a major focus of their department. What institutions in North Dakota should be responsible for doing the research 37.08.

Arvy Smith said in a very personal experience, she used to work in the Department of Human Services, it was her job to find areas that needed to be evaluated. When dealing with Human Services and Public Health people, and it comes to priorities, the evaluation ends up getting eliminated so they can provide services.

Senator Kilzer asked Dr. Dwelle about radon. Is it an issue, are a lot of people buying kits? Is radon a real threat to people of North Dakota and what the Health Department doing about it. .

Dave Glatt said it is an issue in North Dakota. We have some of the highest concentrations of radon in the nation. We do provide some information, e have participated with contractors to ensure basements are protected. We do have a program that provides education on radon.

Senator Kilzer said if someone gets a high result using a kit, should they notify the Department of Health?

Dave Glatt said yes, they could help with information about systems that could be installed to address the high radon.

V. Chair Bowman said there will be a subcommittee assigned to this bill.

Theresa Will, RN/Admistrator, City - County Health District, Valley City, testified in favor of the bill. See written testimony #2.

Senator Christmann asked if this is in addition to the executive budget.

Theresa Will said yes. She continued her testimony.

Senator Robinson said she referenced the devastating year in 2004 yet you have a cash reserve and asked her to reconcile that.

Theresa Will said she has been the director for four years. There were two years when they needed a cash reserve at the end of the year. In 2004, everything fell apart. If they would have had a cash reserve, they would have been able to carry on. They had to take out a loan from county commission, they just paid off that loan. In 2007, they had an issue with the certified home care billing to Medicare. They had to change their employee identification number. There is a need for funds that will help carry them through if there is a snag in the system.

Senator Robinson asked for clarification, she talked about certified home care, public health and home visits provided by the county. He asked her to explain the difference.

Theresa Will said certified home care is being there for people coming out of the hospital with acute needs. The visits are paid through 3rd party payers such as Medicaid, Medicare, Veterans Administration or private insurance . The home visits provided by social services are aid visits, very basic services. The services provided by public health include nurses going out to monitor a client's condition on possible a longer term basis.

Brenda Stallman, RN, Administrator Traill District Health Unit, Hillsboro, testified in favor of the bill. See written testimony #3 and #4.

Senator Christmann said, going back to Kelly, he is trying to get a feel how many or how much people contribute.

Brenda Stallman said they recommend a $20 donation per visit. They send monthly statements, some pay nothing some pay the full $20. The amount she quoted is they collected for all home visits for the year, $8200. They also subsidize the program with local tax dollars and a small amount of state aid.

Senator Christmann asked how many visits are made.

Brenda Stallman said she averages about 150 visits per month.

V. Chair Bowman said the subcommittee will sort this out.

June Herman, Senior Director of Government Relations for the American Heart Association in North Dakota, testified in favor of the bill. See written testimony # 5.

V. Chair Bowman closed the hearing on SB 2004.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. Health Subcommittee

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 01-29-09

Recorder Job Number: 8116

Committee Clerk Signature Rose Laning

Minutes:

Senator Kilzer called the subcommittee hearing on SB 2004 to order. All committee members were present; **Senator Kilzer, Senator Mathern, and Senator Fischer.**

Senator Kilzer expressed concern and wondered if it was the duty of the committee to come up with some sort of oversight with some audit and fiscal review. This money is designated by the initiative measure. There is always some oversight by some sort of government agency to verify that things are done in a responsible manner.

Senator Kilzer had questions about the first engrossment of the bill and then discussed several bills in the session relating to the Health Department; emergency training and services, recruitment, traumatic brain injury, domestic violence, dental grants, CDC requirements for immunizations and mobile health units, safety care in nursing homes.

Senator Mathern asked about the Measure #3 money and if it was in the Health Department budget. **Arvy Smith**, **Deputy Director, State Health Department**, said there is approx. $2.9 appropriation authority of tobacco free money is currently in SB 2004. The Health Dept has no authority how money is spent and discussion was held how the money is to be spent.

Senator Kilzer asked if the Measure 3 group saw themselves as a committee or as a state agency and they replied that although they are getting public funds, they have no cabinet head and wondered of the definition of a state agency.

Senator Fischer said he read where it's equal to an LLC. **Kathy Mangskau, Chairman, Tobacco Prevention and Control Advisory Committee** said she is uncomfortable because no one can tell her what a state agency is, but they tell us they are not a state agency. We're getting public funds, they're created by a statute enacted by the people, and they're doing the work of a public agency.

Senator Mathern said we need to clarify if it's a separate state agency or if it is a part of Dept. of Health.

Senator Kilzer asked if there is a report or requirement to submit a report to the state. Committee members listed their meetings and minutes are kept

Kathy Mangskau presented testimony, (Written attached testimony # 1) which listed the measures and outcomes of the Tobacco Coalition. Discussion followed.

Senator Fischer asked about the amount of people smoking now compared to 1997. It is less among age 30 and under, but still high in the over 40 age group.

Senator Kilzer asked if tobacco settlement money would go into surveillance and **Kathy Mangskau** said they don't have the money yet to survey and needed to get better information. They discussed the Best Practices module.

The Health Department would like to add for FTEs.

The subcommittee will study over the weekend and meet again on Tuesday.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2004 Health Subcommittee

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: February 4, 2009

Recorder Job Number: 8569

Committee Clerk Signature

Senator Kilzer called the subcommittee hearing to order on SB 2004 which related to the health department budget. **Senator Kilzer**, **Senator Mathern** , with **Senator Fischer** absent.

Arvy Smith, Deputy Director, Department of Health gave an overview of the Health Department.

Senator Mathern said that if time permits, he'd like to review what was presented to the governor for needs in state for health and review. He would like to know what items were or were not in the full budget.

Senator Kilzer suggested he ask his questions through the individual sections.

Arvy Smith – Went over the budget, following her testimony (Starting on pg 10)

She also listed an optional package.

Discussed ITD as a software provider, the money going to Tobacco and WIC,

Arvy Smith said they want to coordinate what is done with the tobacco money.

Senator Mathern asked for a fuller description of the Women's Way cancer outreach. And how many women would this expect to change? It would be about $500,000 for reaching women who do not get screened.

Senator Kilzer asked what the big reason for increases on the Medicaid side and was informed that more women need treatment and also more women are being found; which is what Womens' Way is all about.

Senator Mathern asked what specific activities are in suicide prevention that is not funded in budget, but would take place if budgeted and Arvy Smith thought maybe grants.

Senator Mathern asked how can you be self sustaining in suicide prevention.

Arvy Smith said community organization, setting goals, fundraising and other areas. Discussed Emergency preparedness and pandemic flu projects.

Terry Dwelle, State Health Officer, North Dakota Department of Health - said we have stock piles in place for both state and federal and can change medications as needed, but he doesn't know if we'll ever be ready. .

Arvy Smith talked about trying to find soft match for fundings. The grant funding for Emergency Medical Services (EMS) can be part of match. The EMS study over interim recommended a variety of things.

Senator Kilzer: In the last session, the legislature allowed $1.25 M for training EMTs. This year, they are coming in with a separate bill asking for $5 M How many applicants are coming in now?

Arvy Smith: We were only able to fund 1/3 to ½ . This would provide permanent staff and on off time do training. This would also qualify for a match in bio terrorism grants.

Senator Kilzer asked about the State forensic examiner – How are Bismarck and Grand Forks doing?

Terry Dwelle said there is a great working relationship between offices. Discussed the job details of the coroner, such as, who can be a coroner and who can be trained, reporting cases, and how cases would be handled from a forensics' point of view.

Senator Kilzer closed the subcommittee hearing.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2004 Subcomm.

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: February 5, 2009

Recorder Job Number: 8822

Committee Clerk Signature Rose Laning

Minutes:

Senator Kilzer called the subcommittee hearing to order in regards to SB 2004 concerning the Health Department. Subcommittee members **Senator Kilzer** , **Senator Fischer** and **Senator Mathern** were all present.

They discussed the number of bills they are receiving concerning the Health Department and noted what each one was about.

Senator Mathern got information on colorectal cancer screenings.

Senator Kilzer this is not in the budget since the studies were not available at the time the budget was put together.

Arvy Smith, Deputy Officer, State Health Department said the Health resources section on page 25 and on page 26, most of funding is federal funds and general funds are matched to Medicare and Medicaid and the life safety codes are in there.

Senator Kilzer: are federal funds subject to the FMAP (Federal Medical Assistance Percentage) or are they outside of that?

Arvy Smith: The Medicaid portion is subject to the FMAP. Initially that was under the Dept. of Human Services because they paid us the federal money and the match regardless of what it was. If the percentage changed, they're the ones who took the hit. This current biennium, it

was switched so that the general funds are in our budget so if there is an adjustment, we take the hit.

Major expenditures are salaries, food and lodging programs

Senator Kilzer - Do you do inspections or are feds called in?

Arvy Smith: When we do inspections, the local public health units decide if they want to do it. If they choose not to, it falls on us.

Senator Kilzer So you have enough people to cover all you're requested to do.

Arvy Smith: We struggle. We would like to be in the high risk establishments more often.

Senator Fischer asked about the FTEs needed and discussed the fees.

Senator Kilzer Are there any nursing homes in ND that don't take Medicaid patients?

Arvy Smith: All the nursing facilities are Medicare and Medicaid certified. (Discussed government oversight of nursing homes.)

Arvy Smith: We are taking on the inspecting of funeral homes. The fees are high, and last session, they felt they were high enough.

Senator Fischer Is the funeral home new?

Arvy Smith: It's been in the law for awhile, but we haven't been doing it. We've got the legal authority, but no money.

Senator Fischer: Where are we with water projects and asked what are acceptable arsenic levels?

Dave Glatt, Environmental Health said it was 10 mg parts per billion, but iron is added to the water to pull out arsenic.

Discussed environmental issues and **Dave Glatt** said they requested a couple of FTEs – for onsite sewage which is a big issue for many local communities.

Senator Fischer asked about salaries and comparisons to jobs outside the government.

Arvy Smith brought up the Crime Lab space and how they are able to move into extra space that was available. The old lab is much too small. Matching funds will depend on who moves into the building.

Senator Kilzer said we'll discuss vaccinations next time.

Senator Mathern said we should consider amendment to adopt item 6, 7, item 20 and the reason I suggest those is that they are at least items that have money available to support the effort outside of general funds. We don't need to vote on them now. The Dept. should make a decision on item # 6 on who's going to be in crime lab and what the match would be, and if they can't decide, I don't think we should fund it.

Arvy Smith said they are close to a decision, but don't know yet exactly what the costs will be.

Senator Kilzer said we'll meet again early next week.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2004 subcommittee

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: February 10, 2009

Recorder Job Number: 9051

Committee Clerk Signature Rose Laning

Minutes:

Senator Kilzer called the committee hearing to order at 7:00 am in regards to subcommittee work on SB 2004 concerning health care. All committee members were present: **Senator Kilzer, Senator Fischer and Senator Mathern.**

Senator Kilzer asked **Arvy Smith** to go over the immunization situation and then if time provides to talk about items in the budget.

Arvy Smith, Deputy State Health Officer addressed the senator's concerns of how they have been paying for immunizations and how they will be paying for them.

During the current biennium, they switched to system where every child will either be VFC (Vaccines For Children) or non VFC and they'll fall under insurance. The VFC is the federal funding for immunizations, and that's available for all children that are Medicaid eligible, uninsured, under- insured and Native American, Native Alaskan. All children fit into one of those two categories, otherwise they are insured. So now all of the providers need to submit claims to health insurance for non-VFC children. The private providers started doing that last March and have no complaints during this past year. The Public Health Units have never had to deal with billing insurance for services before, such as collecting payments. Any payments they collected from clients were cash up front. That's not allowed when you're going through

the insurance process. They had to learn how to bill insurance and they are also not familiar with accounts receivable and accounting for that as well.

All immunizations, whether VFC or non-VFC are recorded on the ND Immunization Information System (NDIIS). Blue Cross is the vendor that manages that system for us. They would be able to run off all the insureds, send them over to UND who we worked with to build accounts receivable and payment systems on behalf of the local public health units so that UND could collect from the insurer's, and collect from the clients and UND is to pay back all of the public health providers up front on a monthly basis.

They are short funded for immunizations, so to resolve all this, **Senator Judy Lee** put in a bill that went back to universal vaccine where the state would provide funding for all the non-VFC rather than running them through insurance policies. The fiscal note was $21.6 M rising to $30 M in the 2011-2013 biennium because a large piece of that is HPV (human papillomavirus) which is soon going to be recommended by CDC for males as well because they are the carriers of it.

Senator Mathern asked if there were any items funded in SB 2333 that would replace funding in SB 2004. **Arvy Smith** replied not as SB 2004 stands now, but it would cover one of the optional local adjustments for local public $3.2 M. It would cover some of their needs. If they got incentive money, the money could be used for some of the things they wanted to do with the $3.2 M that is in the optional packages - Priority #31, like home health and bio-terrorism.

Senator Fischer commented that it sounds like a large web with incentives coming everywhere, and wondered, in addition to this budget, what is the bottom line? If they are looking at $21 M to do everything, how much can we take out of that $21 M and get the job done.

Arvy Smith replied nothing, unless they want to start dropping out vaccines. Then they would not be doing all the CDC recommended and a very expensive one is HPV. You'd have to drop that out to get the number down. That would be paying for all the vaccines for the insured kids, not just co-pays. CDC recommended vaccines would be paid for uninsured kids.

Senator Fischer asked for clarification of the CDC recommended vaccines for non-VFC and asked if the $21 M was for all kids.

Arvy Smith said that it is for the insured kids. Then we're paying when all these insurance policies say they cover that fee. The only problem is that some of them don't cover it first dollar. You have to apply your deductible first, so if you haven't met your deductible first and get a $450 HPV series of vaccine, your client is paying $450. Locals have to figure out how to collect that because they're accustomed to having everything paid for. The cost of vaccines has sky rocketed and some of the newer vaccines have been very expensive.

Senator Kilzer asked about the availability of Hepatitis C and was informed it was not. He then asked of the cost for the Hepatitis B series.

Senator Fischer was concerned if there was ever an outbreak, it would be a disaster, but **Arvy Smith** informed him that the vaccination rates have not fallen during this complicated transition period. We need to get the bill between Blue Cross and UND squared away and then we need to get caught up.

Discussed the bills involving the Health Department – see attached #1.

Senator Mathern asked if 2333 passes, what else is needed to make sure all children are vaccinated beyond what's in SB 2004 right now?

Arvy Smith said she thought that covers it, unless there may be money for media.

Senator Kilzer asked about the role of insurance companies and also asked if a vaccine for hepatitis c was near and it is not.

Senator Kilzer said there is a lot of expense coming down the road for liver transplants for hepatitis C and they discussed vaccinations and costs

Senator Mathern asked about the Crime Lab space to be set up with special and general funds. They could set up someone that has dollar per dollar match.

If it was amendment to bill it would increase amount to depart 189 thousand. Crime lab space to be set up with special and general funds. They could set up someone that has dollar per dollar match. They want to go 50-50 with federal programs.

Senator Kilzer asked about the square footage in crime lab and it's 4,346 square feet.

Senator Mathern brought up the #2 priority which is salary wage funding equity.

(Handed out Equity Adjustments page – see attached 2)

Arvy Smith: This actually goes beyond the governor's request.

They discussed the optional requests of adding 3 chemists.

Senator Kilzer questioned the need of more positions.

Arvy Smith said in the last session they asked for 2 positions and got one because they need to do inspections required by the feds, as well as requests to inspect funeral parlors.

Senator Mathern: That industry asked for them to do that.

Senator Kilzer: If you did that, could you charge enough to cover costs?

Arvy Smith: We are able to increase fees through administrative rule.

Discussed the priority list – see attached # 3.

Senator Mathern handed out an amendment that included five items: Heart disease and stroke prevention, Healthy living initiative, suicide prevention, early hearing detection and intervention, and Energy development.

Senator Kilzer asked why energy development.

Senator Mathern: Things needed to be done that aren't attended to.

Arvy Smith: For each project we need to look at water and air issues. Air quality gives some funding, and some of the government. funds is EPA money and grants so we put it in general funds.

Senator Fischer said this is probably under the Clean Air and Water act and no federal money attached.

Arvy Smith said that federal money is available in the form of block grants.

Senator Mathern had three amendments drafted.

Senator Kilzer will take them under advisements.

Senator Kilzer closed the subcommittee hearing and said we first need to hear SB 2333 and be thinking of the amendments.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2004

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 02-11-09

Recorder Job Number: 9290

Committee Clerk Signature Alicia Delzer

Minutes:

Senator Kilzer called the subcommittee hearing to order. All subcommittee members were present. Senator Kilzer asked committee members if they had any questions or concerns on SB 2004.

Senator Fischer seems to me some duplication. I want to go over that again about the life safety code because of a companion bill. Also question on FTE and what they are asking for if it is two more.

Arvy they are currently in 2004.

Senator Kilzer as I understand it you are asking for two more, 1 ½ for an inspector and 1 ½ to read the print?

Arvy answered no. We currently have about 3 people that do the routine life safety inspections for the department. What has happened is the federal program will only allow us to go into a facility after they are state licensed. We cannot use federal funds to go in there earlier and catch errors and problems. She stated that the pilot project was successful.

Senator Fischer so the money is for prior to the federal money kicking in.

Arvy the governor approved that and put 2 FTE's in the funding and added it to our budget in 2004 and the enabling language is in SB 2046 and Senator Lee wanted an emergency clause

on that. So in order to do the emergency clause we were going to move the FTEs and money into 2046, and they are also in 2004. They only need to be in one of those places.

Senator Kilzer what do you suggest.

Arvy we think 2046 will get through the process faster.

It was passed and they were removed.

It is what I handed out yesterday.

Dave two things also had the emergency package, onsite waste water treatment and energy. There are two FTEs as well

Senator Fischer asked if they contracted with some of the health like Irons????

Dave the major health yes, but there are counties that have no coverage at all, about 17 counties. There are no regulations or oversight. Basically, we would be taking the regulations from plumbing code and putting them into Health Department and then providing rules, education, and assistance with some inspection.

Senator Fischer what about waste water from the Bakken?

Dave said that would be oil and gas.

Senator Mathern said be aware of the issue on sewage treatment and request from Fargo, he did ask that an amendment be prepared in that regard if we decide to do that.

Senator Fischer is that for Fargo?

Senator Mathern said for the whole state.

Senator Kilzer any other additional FTEs that you want to tell us about.

Arvy the #1 position, the fraud risk assessment position, is our number one priority. That position relates to the audit findings it will allow us to do better financial monitoring on grants and contracts we let out. We have been relying on program managers to do that and we need

to do a better job of that. We have one position, general funded for that. The governor had funded the safety code positions and those were the only two added to our base budget.

Do you have any open positions now?

Arvy said they have 7 or 8 open.

How long, some recent, some 4 months or so. One not filled this biennium.

Shiela said there are 7 vacant positions and the date expected to be filled is March 09.

Senator Mathern said he did hand out some amendment last meeting. He went through it.

One sheet listing of proposed changes to SB 2004 dated 02-11-09.

5 items should be in this budget. Attachment #1

1. Healthy living initiative. Where we create healthy North Dakotans. The request there is for $ and number of FTE's 12. 13.31
2. Heart disease and stroke prevention. To pull that off we need 1.5 FTE and we need operating expenses and grants.
3. Suicide Prevention we have one of the highest in the country. The $ amount with 1 FTE.
4. Energy Development
5. Early Hearing Detection and Intervention

Senator Kilzer I felt the executive budget was very well done and it showed a modest increase in general fund dollars. I don't look in favor in adding in 6.6 million of general fund dollars and only 85 thousand of other funds. I would like to add in the very necessary FTE's that we just talked about. The 2 life safety and a progress assessment person.

Senator Mathern clarification on 18 million that we see in this budget is not really funding the agency at any degree, the measure three activities wasn't budgeted in as a state agency. I don't see the Dept of Health having 18 million less.

Senator Kilzer it is money that is not available for appropriation, the community health trust fund is not bulging at the seams.

Senator Mathern said that is a different way of taking that money and spending that money. That group has decided to fund some of the things in Health Department.

Senator Fischer I think you are partially right, they are developing a plan. They are talking about partnering with the Health Department.

Senator Fischer some of that money is anticipated to go to the Department of Health.

Senator Mathern if the executive committee agrees with that.

Senator Mathern I would like us to consider the actual FTE's that have some potential income and handed out information to the committee. I would hope that where we have special funds available there are special opportunities that will be matched attachment # 2. I would hope these would be items we can put in this budget. The Health Department does not have the staff and income and we could address that by adopting these amendments.

Senator Kilzer asked if they were under a time restraint.

Senator Mathern explained attachment #2.

Senator Kilzer asked if there were any other comments.

Senator Mathern one more amendment

Senator Kilzer these last are general funds without any special funds. I am quite reluctant to add that kind of obligation to the Health Department. I would just add the 2 FTEs. Are you able to draft up those amendments?

Senator Fischer has another amendment on putting the Clean Water Act Budget back in the Health Department budget earmarked for 319 projects.

Discussion followed on money in Water Commissions budget. 29.30

Senator Kilzer seconded Senator Fischer request and details will be provided.

Senator Mathern if I could clarify this then we would move and accept this item of the 3 FTEs in the special funds. 31.41

Senator Mathern I think we have opportunities in this legislative session to make some positive in roads on some of these health care problems. I would like to move these amendments to make that possible.

Senator Kilzer no second, we will move on.

Discussion on SB 2049. Discussion on funding and where money could come from.

Senator Mathern I would suggest we have legislative council add that person and take from the insurance distribution fund if they want to fund 2049. Lori can you bring up the insurance tax distribution fund.

Lori neither of us include the trust statement for those.

Senator Mathern can you determine the amount of money in there from OMB data.

Arvy said it was a pretty healthy fund.

Senator Mathern I would suggest we ask for the data and the amount of money in there and take it up with the full committee.

Sheila adds one FTE from Insurance tax distribution fund?

Senator Kilzer that is what Senator Mathern would like in writing.

Reviewed the other health bills.

40.09 **SB 2049** it came over from policy committee with positive support. A number of hospitals and care providers are in support of this.

Senator Kilzer I agree it is the first

Not in the governor's budget. If SB 2049 comes out with a Do Not Pass and it doesn't pass there must be some other source of money otherwise the Governor would have had this or some part of this in his executive budget. 48.35

This was never presented to the governor.

Senator Mathern I recommend we pass this, seconded by Senator Fischer

Senator Kilzer asked if we needed any amendments.

Senator Mathern said we should ask legislative council to draft an amendment for the FTE to come out of the Insurance Tax Distribution Fund.

Senator Kilzer said we will take this up with the full committee because they will want to be in on the discussion of where the money will come from.

4237 heard on 2-3-09 deals with the health care records industry. Secretary of State would like to do this with new software that is available now at the Secretary of State office. That could cost up to $100,000. 57.50 Subcommittee recommended we pass this. Mathern moved and Fischer seconded.

2302 relating to extended payments was a moved Do Not Pass.

2332 63.19 this bill is not done yet and scheduled for hearing on Friday.

2333 The Department of Health and the public health units worked out a deal to promote functions being done on a regional basis. Motion moved by Senator Mathern do pass and seconded by Senator Kilzer. Sub Committee approves of SB 2333.

Senator Mathern is that money that was anticipated there for immunizations in the budget.

Arvy we don't need funding in our budget because health insurance would pay.

Vote was taken do pass 3-0-0

2342 Sub committee recommends a Do pass on SB 2342 with amendment to be attached.

2356 this is a direct appropriation on the bill. Discussed bill.

Senator Mathern asked if there was a companion bill that would supply equipment.

Senator .... Said he thinks we have a bill loan payback.

Should the state be involved in this?

2358

Bridge the dental gap

Whatever the subcommittee would like. This is not a function of state government.

Senator Fischer can't support either bill SB 2356 and 2358.

Senator Mathern what if we amend this.

Senator Fischer said he understood the need.

Senator Kilzer I much prefer the dental loan payback then getting into the equipment business. I think we should put a do not pass. Senator Kilzer yes, Senator Fischer yes, Senator Mathern no. The committee recommends a DO NOT PASS ON SB 2356.

2358

Was this in the governor's budget and not in optional package?

Arvy said it was not.

Senator Mathern: Gives money to students of dentistry for 3 years and if they practice for three years their loan payment is taken care of.

Senator Fischer recommends do pass and all three agree on a Do Pass for 2358.

2412 the bill on Fetal Alcohol Syndrome was heard today in committee.

Senator Fischer we asked for legislative council to get information for us.

Senator Kilzer I think we should see the results of the history of it.

Maybe we can have a quick meeting after we get those emails.

Senator Kilzer any other things we should know about.

Senator Fischer SB 2063 passed on the floor today. That never came here. It was rereferred to appropriations today.

Senator Kilzer as I looked at the amendment put on, work to be done by the auditor and fiscal review and even by legislative council to oversee their work, others will look at that before we ask for the committee to look at it. It is coming back to us.

Senator Mathern said that we will hear it formally.

Senator Kilzer dismissed the subcommittee meeting on SB 2004 and the other bills discussed.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2004

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 02-17-09

Recorder Job Number: 9633

Committee Clerk Signature Alice Delzer

Minutes:

V. Chair Bowman called the committee back to order in reference to SB 2004, the Health Department. (29.41)

Amendments were handed out. (this took approximately 3 minutes)

Senator Kilzer moved the proposed changes to SB 2004 that is dated February 14, 2009 and has my name on it. Written testimony # 1. He moved those amendments. Seconded by Senator Christmann. This amendment actually adds an emergency medical Services (EMS) person, not a person, but additional funding for the EMS grants. In the governor's budget there is already money in that area for EMS training and staffing and this would increase that. There is another bill SB 2049 which is on the calendar for amendment today and that was put in at the request of public safety interim committee for funds for training and staffing grants and also leadership training. I think Senator Fischer has another amendment which we will take up as soon as we act on this one. (34.02)

Senator Mathern I have an amendment on this very same topic written testimony # I don't know how you want to handle these in terms of procedures.

V. Chair Bowman I would think that we have an amendment on the floor that should be handled first. That was the amendment that Senator Kilzer gave to us dated 02-14-09. I think we should act on that amendment first. (35.06)

Sheila Sandness, Fiscal Analyst, Legislative Council: we put these together for the subcommittee and once you have indicated which ones you want to put into one big amendment is we will combine them and put them in as one in the bill.

Senator Mathern It looks like we are taking up the EMS amendment, I just want you to note that I spoke with the representative of the EMS Association and talked about the changes if SB 2049 was defeated what would be the most workable situation. The most workable situation would be the the amount of money addition to 2004 bill. If 2049 was to be defeated and further that the amount really related to their programming and the amount related also comment referred to this committee regarding the amount. So that is where this dollar amount comes from. I think this is important, not only for services in our urban areas but services in our rural areas just need this dramatically or we are getting into a situation of two types of health care and access to health care, especially emergency assistance. One is if you live in a rural area it is lower, and if you live in an urban area it is higher and that is why I think we ought to do that dollar amout. (38.14)

Senator Kilzer I would like to remind the committee that with the dollar amount(38.19) that I asked for on the amendment we are more than doubling the amount of money that we are giving EMS. These are matching grants from the health department, they also get money from political subdivisions so that they were able to train 32 out of 108 applicants this last interim and I am optimistic in very confident that they can another 3rd of their requests during the coming biennium so that would leave just a third left for the subsequent biennium so I think we are going down the right road and we should continue. I think my recommendation is good.

V. Chair Bowman All in favor of the amendments say yes. It carried. Roll call vote #1(voice vote)

Senator Mathern moved the 2nd amendment. Seconded by Senator Warner.

V. Chair Bowman we have a motion for the second proposal dealing with the same issue but different dollar amount.

Senator Mathern I would just like to add that it appears that this a replacement of 2049 funding. That bill came to us from the interim committee, from public safety. That bill had a recommendation of so many dollars (40.15) so that reflects the whole interim of study. Senator Warner I was on that interim committee and there has been some discussions here about training. One of the big parts of the problem was you might call gap financing of hiring professional EMT's for certain portions of the day. For instance a bedroom community like Velva has virtually no EMT presence during the day. There is coverage at night but during the day most of the people trained as EMT's probably are working in Minot. And so you would find gap coverage for certain times of the day and that is really the most expensive part of this grant. I think if we don't go with the higher number we would eliminate the gap coverage and all that would be left would be some trained ones.

V. Chair Bowman any other discussion on Senator Mathern's amendments. All in favor of Senator Mathern's amendments signify by saying aye. All opposed, Nay, the Nay's have it. It did not pass. Roll call vote #2 (voice vote)

Senator Fischer presented amendment #98047.0201. (42.09) The history of this in the 2001 session the health department budget had already left the Senate and, Senator Robinson you were involved in this, and the 319 money was left out of the budget and that is the pollution that the health department has a ? on (inaudible) 42.35) and we put it into the water commission budget and it has never been switched back. And so this amendment would take the dollar amount(42.14) that the health department should have to administer this program out of the water commission budget and just put it back and then we will deal with reconciling

the water commission budget when we get it here. We should have done in 2003,05,07 and 09 and moved that money back to the health department.

Senator Fischer: I move that amendment. Seconded by Senator Kilzer

V. Chair Bowman all in the favor of the amendment say aye. It carried. Roll call vote #3.(voice vote)

Senator Mathern: I have some other amendments. Written testimony # 3. These are amendments that reflect issues that the department of health felt was important to address in this budget. (44.26) None of these amendments relate to items I raised. These are only items that the department of health concerns. The first 3 pages reflect amendments that I had proposed to the subcommittee and the 4th page clarifies that each one of these was in fact part of the department of health's recommendation. He explained each page to the committee.

Senator Mathern moved only item 1 which is increase operating expenses funding for the women's way initiative. Seconded by Senator Krauter.

Senator Mathern I believe there are serious problems left in funding women's way in terms of the money that used to be taken out of the human resources trust fund. I think putting this amount up to (46.18) puts us into a good position to continue that program and negotiate with how we can meet all the needs that we have right now so I hope that we can support that amendment.

Senator Kilzer I do have a list of the women's way federal funding from 1997 to the present which covers about 12 years. Back in 1997 the federal part of the funding was a certain dollar amount. The federal funding for the present year is a higher dollar amount. It did reach a peak in about 2005 and it has stayed pretty steady ever since then. So the federal funding is pretty steady, and actually so is the state funding. The present fiscal year required matches of the state funding. The total is the same as last year. The women's way program is holding it's own

so far. But I know it has trouble ahead because of the community held trust fund is being usurped by the measure 3. According to the executive budget there will be only $45,000 left in the community health trust fund at the end of the present biennium. But for the moment we are ok.

Senator Mathern The senator is correct in terms about it staying even. That is why we have the amendment before us. The rate of cancer has not gone down. The rate in which we can find women who need treatment has gone up. We need to do a better job than we did twelve years ago I would ask that you would pass the amendment.

Chairman Holmberg we will take a roll on the amendment.

Senator Kilzer Just quickly, the women's way program is not to reduce the rate of cancer it is to find it early. Both breast and cervical cancer and it is being successful and does need to be continued and expanded. (49.18)

Senator Krauter I always thought that to reduce the rate is to early prevent and go out and find it and do those things. Am I misinformed then?

Senator Kilzer The best way to reduce cervical cancer is the HPV vaccine. That is the best way to prevent it in the future but for the present time, early detection is the best, the paps smear and examinations but that doesn't reduce the rate but it does reduce the early finding and the better survival.

Chairman Holmberg we have a request for the recorded vote on the amendment. Would you call the roll on the amendment. This is the women's way amendment. **A roll call vote was taken resulting in 8 nays, 6 yeas. That failed. (Roll call vote #4.(51.30)**

Senator Mathern On page B of the handout, note 5 items that was discussed in subcommittee that were not approved in subcommittee but I would propose that we amend in to the bill item #1 and item #3. Item #1 increases funding for salaries and wages, operating

expenses, and grants. Item #3 has to do with suicide prevention. The suicide rate in the state is the highest in the nation and I think it is not only tragic for the families but it is tragic for our state every time we lose one of those people and many times they are young people. **Senator Mathern moved to pass item 1 and item 3 in the amendment. Seconded by Senator Warner.**

Chairman Holmberg Does everyone understand it? All in favor signify by saying Aye. All opposed say no. the No's carried. It did not pass. Roll call vote #5. (voice vote)

Senator Mathern On page C I move item #2.

Chairman Holmberg That is for salary adjustments equity. How much is in that budget already for equity in the health department. I just need it for my information, I wasn't on the subcommittee.

Sheila Sandness The governor's budget includes salary equity money She gave the totals and how much came out of general funds. (54.46)

Senator Mathern explained more of his proposal. We are leaving money on the table that could be used for staff. This department is losing staff to other agencies at a high rate and this is a way that we can get more than a dollar for every dollar we put in and that is the reason I suggest we pass this amendment.

Seconded by Senator Warner.

Chairman Holmberg Do you understand it? All in favor say aye; opposed, no. Motion failed. Roll call vote #6. (voice vote)

Senator Kilzer moved DO PASS AS AMENDED. SECONDED BY SENATOR FISCHER.

Senator Mathern There is one major unresolved issue in this budget. And that is the amount of money that would be available for some of these programs considering measure #3. I believe that measure #3 requires the maintenance of effort. There are items in this bill which

may not be funded by measure #3 so I just wanted folks to be aware of that and we will have to revisit that and put additional I money in this budget .

Chairman Holmberg: Senator Mathern, you will be on the conference committee because you can rest assured the House will not pass the bill as we are passing it over to them. There is always changes. Would you call the roll on a DO PASS AS AMENDED ON SB 2004.

A ROLL CALL VOTE WAS TAKEN RESULTING IN 14 YEAS, 0 NAY, 0 ABSENT.

SENATOR KILZER WILL CARRY THE BILL. Roll call vote #7. (58.43)

Chairman Holmberg closed the hearing on SB 2004.

under SB 2004

Job # 9270

Date: 2/11/09
Roll Call Vote #: 1

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. ~~2333~~ 2333

Senate at Sub Committee Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken ☑ Do Pass ☐ Do Not Pass ☐ Amended

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Senator Wardner	✓		Senator Robinson		
Senator Fischer	✓		Senator Lindaas		
V. Chair Bowman			Senator Warner		
Senator Krebsbach			Senator Krauter		
Senator Christmann			Senator Seymour		
Chairman Holmberg	✓		Senator Mathern	✓	
Senator Kilzer	✓				
V. Chair Grindberg					

Total Yes 3 No _____

Absent _____

Floor Assignment _____

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

Under SB 2004

Date: 2/11
Roll Call Vote #: 1

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. ~~2356~~ 2358

Senate _____ Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken ☑ Do Pass ☐ Do Not Pass ☐ Amended

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Senator Krebsbach			Senator Seymour		
Senator Fischer	✓		Senator Lindaas		
Senator Wardner			Senator Robinson		
Senator Kilzer	✓		Senator Warner		
V. Chair Bowman			Senator Krauter		
Senator Christmann			Senator Mathern	✓	
V. Chair Grindberg					
Chairman Holmberg					

Total Yes 3 No _____

Absent _____

Floor Assignment _____

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

Under SB 2004

Date:
Roll Call Vote #:

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. ~~1356~~ 2356

Senate _____ Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken ☐ Do Pass ☑ Do Not Pass ☐ Amended

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Senator Fischer	✓		Senator Warner		
Senator Christmann			Senator Robinson		
Senator Krebsbach			Senator Krauter		
Senator Bowman			Senator Lindaas		
Senator Kilzer	✓		Senator Mathern		✓
Senator Grindberg			Senator Seymour		
Senator Wardner					
Chairman Holmberg					

Total Yes 2 No 1

Absent _____

Floor Assignment _____

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

Date: 2/17
Roll Call Vote #: 1

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 3004

Senate _____ Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number Kilzer Proposal #1

Action Taken ☑ Do Pass ☐ Do Not Pass ☐ Amended

Motion Made By Kilzer Seconded By Christmann

Representatives	Yes	No	Representatives	Yes	No
Senator Wardner			Senator Robinson		
Senator Fischer			Senator Lindaas		
V. Chair Bowman			Senator Warner		
Senator Krebsbach			Senator Krauter		
Senator Christmann			Senator Seymour		
Chairman Holmberg			Senator Mathern		
Senator Kilzer					
V. Chair Grindberg					

Total Yes Voice Vote No _____

Absent _____

Floor Assignment _____

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

Date: 2/17/09
Roll Call Vote #: 2

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1009

Senate _____ Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number Mathern's proposal #2

Action Taken ☑ Do Pass ☐ Do Not Pass ☐ Amended

Motion Made By Mathern Seconded By Warner

Representatives	Yes	No	Representatives	Yes	No
Senator Krebsbach			Senator Seymour		
Senator Fischer			Senator Lindaas		
Senator Wardner			Senator Robinson		
Senator Kilzer			Senator Warner		
V. Chair Bowman			Senator Krauter		
Senator Christmann			Senator Mathern		
V. Chair Grindberg					
Chairman Holmberg					

Total Yes _____ No ~~Roll~~ carried Voice NO

Absent _____

Floor Assignment _____

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

Date: 2/17/09

Roll Call Vote # 3

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2009

Senate **Senate Appropriations** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number Fischer's Amend 98047.0201

Action Taken ☑ Do Pass ☐ Do Not Pass ☐ Amended

Motion Made By R Fischer Seconded By Kilzer

Senators	Yes	No	Senators	Yes	No
Sen. Ray Holmberg, Chairman			Sen. Aaron Krauter		
Sen. Bill Bowman, VCh			Sen. Elroy N. Lindaas		
Sen. Tony S. Grindberg, VCh			Sen. Tim Mathern		
Sen. Randel Christmann			Sen. Larry J. Robinson		
Sen. Tom Fischer			Sen. Tom Seymour		
Sen. Ralph Kilzer			Sen. John Warner		
Sen. Karen K. Krebsbach					
Sen. Rich Wardner					

Total Yes Voice Vote Yes No

Absent

Floor Assignment

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

Date: 2/17/09
Roll Call Vote #: 4

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2004

Senate _____ Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number amendment Re Women Way

Action Taken ☑ Do Pass ☐ Do Not Pass ☐ Amended

Motion Made By Mathern Seconded By Krauter

Representatives	Yes	No	Representatives	Yes	No
Senator Fischer		✓	Senator Warner	✓	
Senator Christmann		✓	Senator Robinson	✓	
Senator Krebsbach		✓	Senator Krauter	✓	
Senator Bowman		✓	Senator Lindaas	✓	
Senator Kilzer		✓	Senator Mathern	✓	
Senator Grindberg		✓	Senator Seymour	✓	
Senator Wardner		✓			
Chairman Holmberg		✓			

Total Yes _____ No 8 - 6 failed

Absent _____ NO

Floor Assignment _____

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

Re: Women's Way.

Date: 2/17/09

Roll Call Vote # 5

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2004

Senate **Senate Appropriations** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number Page Bonhardt item 1 & 3

Action Taken ☑ Do Pass ☐ Do Not Pass ☐ Amended

Motion Made By Mathern Seconded By Warner

Senators	Yes	No	Senators	Yes	No
Sen. Ray Holmberg, Ch			Sen. Tim Mathern		
Sen. Tony S. Grindberg, VCh			Sen. Aaron Krauter		
Sen. Bill Bowman, VCh			Sen. Larry J. Robinson		
Sen. Randel Christmann			Sen. John Warner		
Sen. Rich Wardner			Sen. Elroy N. Lindaas		
Sen. Ralph L. Kilzer			Sen. Tom Seymour		
Sen. Tom Fischer					
Sen. Karen K. Krebsbach					

Total Yes _____ No carried voice

Absent N/O

Floor Assignment _____

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

Date: 2/17/09
Roll Call Vote #: 6

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2004

Senate _____ Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number on Page C

Action Taken ☐ Do Pass ☐ Do Not Pass ☐ Amended

Motion Made By Mathern Seconded By Warner

Representatives	Yes	No	Representatives	Yes	No
Senator Wardner			Senator Robinson		
Senator Fischer			Senator Lindaas		
V. Chair Bowman			Senator Warner		
Senator Krebsbach			Senator Krauter		
Senator Christmann			Senator Seymour		
Chairman Holmberg			Senator Mathern		
Senator Kilzer					
V. Chair Grindberg					

Total Yes Voice No Carried Failed Voice

Absent _____ NO

Floor Assignment _____

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

98047.0202
Title.0300
Fiscal No. 1

Prepared by the Legislative Council staff for
Senate Appropriations
February 17, 2009

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2004

Page 1, line 2, after the semicolon insert "to provide for a grant from the state water commission;"

Page 1, line 15, replace "(508,266)" with "991,734" and replace "57,509,510" with "59,009,510"

Page 1, line 18, replace "15,181,010" with "16,681,010" and replace "183,231,185" with "184,731,185"

Page 1, line 19, replace "10,900,770" with "12,400,770" and replace "161,496,047" with "162,996,047"

Page 2, after line 14, insert:

"**SECTION 4. INSURANCE TAX DISTRIBUTION FUND.** The estimated income line item in section 1 of this Act includes $2,750,000 from the insurance tax distribution fund, for the biennium beginning July 1, 2009, and ending June 30, 2011.

SECTION 5. FEDERAL 319 NONPOINT PROGRAM MATCHING FUNDS - STATE WATER COMMISSION GRANT TO THE STATE DEPARTMENT OF HEALTH. The state water commission shall provide a grant of $200,000 from its 2009-11 biennium appropriation approved by the sixty-first legislative assembly to the state department of health to be used as matching funds for the federal 319 nonpoint program, for the biennium beginning July 1, 2009, and ending June 30, 2011."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT - LC 98047.0202 FN 1

A copy of the statement of purpose of amendment is attached.

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - State Department of Health - Senate Action

	Executive Budget	Senate Changes	Senate Version
Salaries and wages	$45,205,612		$45,205,612
Operating expenses	44,681,462		44,681,462
Capital assets	1,813,268		1,813,268
Grants	57,509,510	1,500,000	59,009,510
Tobacco prevention	8,957,958		8,957,958
WIC food payments	25,063,375		25,063,375
Total all funds	$183,231,185	$1,500,000	$184,731,185
Less estimated income	161,496,047	1,500,000	162,996,047
General fund	$21,735,138	$0	$21,735,138
FTE	343.50	0.00	343.50

Department No. 301 - State Department of Health - Detail of Senate Changes

	Increases Funding for Emergency Medical Services Grants[1]	Total Senate Changes
Salaries and wages		
Operating expenses		
Capital assets		
Grants	1,500,000	1,500,000
Tobacco prevention		
WIC food payments		
Total all funds	$1,500,000	$1,500,000
Less estimated income	1,500,000	1,500,000
General fund	$0	$0
FTE	0.00	0.00

[1] This amendment increases funding from the insurance tax distribution fund for emergency medical services grants under Chapter 23-40 to provide a total of $2,750,000 from the insurance tax distribution fund for these grants. The funding increase is to provide for ambulance services staffing grants, system assessments, leadership training, and recruitment efforts.

This amendment also adds a section requiring the State Water Commission provide a $200,000 grant to the State Department of Health to provide matching funds for the federal 319 Nonpoint Program.

Date: 2/17/09
Roll Call Vote #: 7

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 3004

Senate _____ Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken ☑ Do Pass ☐ Do Not Pass ☑ Amended

Motion Made By Kilzer Seconded By Fischer

Representatives	Yes	No	Representatives	Yes	No
Senator Krebsbach	✓		Senator Seymour	✓	
Senator Fischer	✓		Senator Lindaas	✓	
Senator Wardner	✓		Senator Robinson	✓	
Senator Kilzer	✓		Senator Warner	✓	
V. Chair Bowman	✓		Senator Krauter	✓	
Senator Christmann	✓		Senator Mathern	✓	
V. Chair Grindberg	✓				
Chairman Holmberg	✓				

Total Yes 14 No 0

Absent 0

Floor Assignment Kilzer

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

REPORT OF STANDING COMMITTEE

SB 2004, as engrossed: Appropriations Committee (Sen. Holmberg, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2004 was placed on the Sixth order on the calendar.

Page 1, line 2, after the semicolon insert "to provide for a grant from the state water commission;"

Page 1, line 15, replace "(508,266)" with "991,734" and replace "57,509,510" with "59,009,510"

Page 1, line 18, replace "15,181,010" with "16,681,010" and replace "183,231,185" with "184,731,185"

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Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT - LC 98047.0202 FN 1

A copy of the statement of purpose of amendment is on file in the Legislative Council Office.

2009 HOUSE APPROPRIATIONS

SB 2004

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2004

House Appropriations Committee
Human Resources Division

☐ Check here for Conference Committee

Hearing Date: 3/9/09

Recorder Job Number: 10438

Committee Clerk Signature

Minutes:

Chairman Pollert: Called the meeting to order and took roll.

Terry Dwelle: Testimony Handout (Attachment A)

Chairman Pollert: What is the vaccination rate in ND?

Terry Dwelle: 77.4% in 19-35 months age group. Continued testimony

Representative Bellew: I found when I got my flu shot from a private source was cheaper than going through the district health units and the department, is there a reason for that?

Terry Dwelle: Arvy will be spending a little more time talking about details and vaccine challenges. I'm not sure all of the reasons for that but we have heard that from some of the reports.

Arvy Smith: Continued Testimony (Attachment A)

Chairman Pollert: Will you be giving us the dividers when we get into the detail?

Arvy Smith: We can prepare those for you. Continued testimony.

Representative Nelson: Let's go back to the equity line items that you have. The equity increases appropriated by the 2007 legislator. Can you explain those in further detail?

Arvy Smith: Because of the problems I have expressed where we were just running into some critical deadlines with the federal government in the health resources area. Then in

environmental health we weren't getting applicants for jobs at the time. What we did was begin tapping into special funding sources to help contribute to our indirect costs. That enabled us to free up some funding to do additional equity increases so we can fill those positions and meet our federal requirements and some of the needs in environmental health.

Representative Nelson: If we fund the equity that is in this biennium will you be doing the same thing when you come in the next time?

Arvy Smith: No I don't have any ability to do anything else other than what is provided in the Governor's equity package. That was a one time opportunity.

Representative Nelson: And the opportunity was there because you were able to free up money. You don't think you would be able to do that otherwise?

Arvy Smith: We had not previously tapped into special funds to cover some of our indirect costs and because of this crisis we were facing we decided to do that. Now that we have done that I don't have any other avenues to go through.

Representative Nelson: You were able to fill those positions up front?

Arvy Smith: Yes. I don't know if other agencies are seeing this but our vacancy listing is lower lately and we have gotten on board with health resources. We avoided losing several positions and some people came up to us and said they were on the brink of leaving. We have resolved some of those issues but we are seeing this discrepancy on what we pay compared to other state agencies. The Governor's equity package will help us address that. The 5&5 helps with the external market that everyone gets.

Representative Nelson: We just heard from the DOCR and they said they were the worst. I don't know who is first or second.

Arvy Smith: We don't compete with them. We have a totally different class of positions to fill. We have other agencies we are competing with for staff.

Chairman Pollert: Does everyone remember the colored chart we have that shows the first quartile? I think that is in there.

Arvy Smith: Continued testimony.

Representative Ekstrom: With regard to the vital records, I know in the current biennium we turned everything over to electronic filing. How is the compliance across the boards in terms of hospitals and doctors?

Arvy Smith: With the birth certificates we have very high compliance. In both cases we did a significant amount of training with the providers. I'm pretty sure that our compliance with birth records is very high. We are running into a little more trouble with the death certificates. There are a few that aren't coming around to comply. I don't have the percentages and we are aware of that and knowing that we need to do some additional prompting and encouraging for them to use the electronic system.

Representative Ekstrom: We have at least one major hospital in Fargo that is still not electronic which would be Innovis.

Arvy Smith: That is with death certificates? That is critical. We were able to make other changes in the process. Until we get those death certificates squared away, people are hung up with making life insurance claims and such so we are aware of some issues there that we need to resolve. Continued testimony.

Representative Nelson: Of the increased FTE's that you requested already how many are this department.

Arvy Smith: I believe we have one that is a temp converted to a permanent. We do have a .5 Human Resources position increase.

Representative Nelson: When you go through these departments would you tell us where they are.

Chairman Pollert: I'm looking for bold print in the green sheet to say if the Senate changed anything. I see no bold print but there are a couple of amendments, one on suicide prevention and the other is the grants for EMS and the state water commission. They didn't do any appropriation changes or anything like that?

Sheila Sandness: No just the additions that you identified.

Arvy Smith: Continued testimony.

Chairman Pollert: When we get into the detail we are going to want to spend some time on that.

Representative Ekstrom: Has the department started to blend any of this stimulus money into this budget? Are we going to see that?

Arvy Smith: We have not included any of the stimulus money into this schedule yet. There is an amount to show what we will be getting. There is still uncertainty with regards to them. For example, we don't have full information on the immunization amount yet. There is a small amount of chronic disease. We are still working on those figures. They change daily and weekly so we are trying to stay on top of those. I don't know that we will have the answers to all of them before session ends. I think we have most of the answers but there are some things we won't know by the end of session.

Representative Ekstrom: The big numbers are in clean water. I would like to see how we are going to blend.

Chairman Pollert: If I'm correct the water issue is $30 some million. Those are going direct to the locals the way I understand. Or it's going to be local dollars.

Arvy Smith: We are passing almost all of that funding right out to local providers that will run through a revolving program. We intend to keep very little of that in house.

Chairman Pollert: At some point I'm going to want to have a little discussion about what bills are sitting in the Senate or the House, or the Senate coming to the House side such as SB 2333. I now that immunizations are one section. We will want an update on those bills and what is happening with them. Those will relate to what we are doing.

Arvy Smith: We do have a schedule regarding that and we could provide that as part of the overview. Continued testimony.

Chairman Pollert: Who does that if they do?

Arvy Smith: The tobacco prevention and control committee which is the new Measure 3.

Chairman Pollert: So then we have to get into a discussion as far as appropriations and who does the appropriations? That sounds like what you are saying.

Arvy Smith: We did put some additional appropriation authority here for us in case they grant some of it back to us to administer. We are in discussions with them trying to coordinate who is doing what, what is best for the state health department do to versus the new tobacco entity to do. In some cases, there are discussions that some of that money might come back our way but for purposes determined by their advisory committee.

Chairman Pollert: Wasn't the round about $3 million in the community health trust fund? I'm going off of last year. So you are saying that the community health trust fund, discretion is being given to the tobacco advisory committee?

Arvy Smith: Over their funding, they may grant some of that back to us. That is their funding. They may be granting some of that back to us to administer since we already have procedures for a grant program for example. They have 6 months to do a plan. I don't know when that plan will be available and approved. Our fund took a cut of about $3 million with the passage of Measure 3. About $3 million went to that entity instead.

Chairman Pollert: My question is for the funding that was coming from the $3 million, I'm sure that was all being appropriated out like we normally do. Are you saying that we have got to come up with $3 million general fund dollars to take care of that unless the tobacco advisory committee gives you that authority back?

Arvy Smith: We reflected the reduction in our budget and also reflected the $2.8 million increase authority if they do give us funding back.

Chairman Pollert: Do you understand what I'm thinking. You are asking authority from the tobacco advisory committee but we are the appropriators?

Arvy Smith: We are asking authority from you. They don't give us $2.8 million.

Representative Nelson: In the appendix 5 handout of the 09-11 Governor's budget with the community health trust fund, does that meet the 80% requirement in Measure 3 as it's presented?

Arvy Smith: We should be able to make that work in the current biennium. Next biennium we would have trouble but the current biennium we would have the ending balance available to us so that the 20% doesn't apply to so that in 09-11 we should be able to make it work. Continued testimony.

Chairman Pollert: Is there a bill on suicide prevention? No it's domestic violence isn't it?

Arvy Smith: Yes. As indicated earlier our suicide prevention grant comes to an end somewhere during the upcoming biennium.

Representative Wieland: Would you go through again the new FTE's in the community health?

Arvy Smith: Yes. We ended up getting an additional federal grant come through that we had not anticipated. We needed to add one position for coordinated school health, one community

health position, and a half time oral health administrative assistant and another half time oral health program person. Those were all related to federal grants.

Chairman Pollert: When you get into the detail, you might want to have a copy of the green sheet. I'm sure we will be referring to it quite often.

Arvy Smith: Continued testimony.

Chairman Pollert: When the Senate added dollars to EMS, it is training grants or staffing. There is kind of two areas. Staffing is broad word. Was there any discussion from the trust fund? Was there any discussion as far as that? The reason why they put that $1 million or whatever it was in there was because it was $5 million bill that was defeated on the Senate floor. They moved the $1.5 million and took it out of the insurance tax fund. I was just wondering if there was any discussion about that?

Arvy Smith: I wasn't available. I imagine they checked out the status of the fund. Continued testimony.

Representative Nelson: Can you tell me what exactly we are getting for the increase of $200,000 for the trauma registry? Was there some changes there?

Tim Wiedrich: The trauma registry that is currently in place is not a functional registry. We have been unable to obtain data. It is multiple years old. It is based on the client's relationship. It is not a web based application. This basically moves us into a current version. It's replacement of a software.

Representative Nelson: That didn't help at all. I was thinking that the trauma registry is for the trauma centers for hospitals? This is a different one?

Tim Wiedrich: It is. Data is collected from the hospitals regarding trauma patients by individual hospitals. The software currently being used by those hospitals is being replaced. The data is used for the improvement of trauma patient care.

Representative Nelson: I thought that the trauma levels were determined by a number of physicians that had kept their trauma ratings and the hospitals ability to deliver services for different levels of care required.

Tim Wiedrich: That is true. This is the data system that collects that information.

Representative Nelson: So there is a physician component and then there is a patient component as well?

Tim Wiedrich: that is true. There is a multitude of data including the immunization that accompanies all of that data as well. It is the care received and provided by the hospitals, the physician care, etc. It all comes together in the trauma registry software we are talking about.

Arvy Smith: Continued testimony

Representative Wieland: It says on the first page of our green sheets that the Senate did not change the executive budget recommendation for the state department of health. Yet this is the second time where I have seen that the senate has made a change. Here they added $1.5 million to SB 2004 unless it is somewhere else in the executive budget.

Arvy Smith: I believe Legislative Council prepares the green sheet so I don't know.

Sheila Sandness: There are no changes on the green sheet. There is additions in the bill but nothing has changed that was in the bill originally. We identify on the green sheet the items that are in the executive budget and we highlight any changes to that executive budget. The items that were added are really included on that attachment to the green sheet. If you are looking for additions you have to look at that report. The changes are outlined today that are on the green sheet in bold. I guess that is the format that they use.

Chairman Pollert: To continue on with Representative Wieland, what the Senate did didn't affect an item on the executive budget but the amendments they added on were additions that

weren't. Is that what you are trying to say? It didn't change any of the items 1-45. Are you saying that the changes the Senate did were completely different than what is in 1-45.

Sheila Sandness: Right. They didn't relate to those items.

Chairman Pollert: But it's still a change.

Representative Wieland: Did we cover the new FTE's on emergency preparedness?

Arvy Smith: The only new FTE in emergency preparedness was the conversion from a temporary to a permanent.

Chairman Pollert: If you look at the green sheet #42. Is that the one that adds 1 FTE administrative assistant 1 position to the bioterrorism program?

Arvy Smith: Yes we have been doing that with this person under temporary for a long time now and not knowing where we would land in the program and that is one we finally decided should really be permanent.

Chairman Pollert: What we have been asking other agencies is how long they have been under the temporary. When we get to the detail if you want to bring that forward. We will ask how long it has been under the temporary status and all of that.

Arvy Smith: Just for clarification if you are looking at the green sheet it shows $81,454 that is the total cost of the position. On my white sheet I'm showing $19,000 that is only the increase in costs to switch it from a temp to a permanent and it's federal dollars.

Chairman Pollert: When we get to that section then we can go through that section with us.

Arvy Smith: Continued testimony.

Chairman Pollert: I remember in 99 or 2001 that there was a bill in which there were 3 conditions that you wouldn't need to get a vaccination for. At that time I thought the CDC said that you didn't have to have an 85% vaccination rate in order to be effective. Have those numbers changed?

Dr. Terry Dwelle: There were many different rates that we have. If we look at some of the individual rates for certain types of vaccines, it may be as high as 93 to 95%. We have certain ones that are at 67%. When we look at the children who are at 19 months to 3 years of age that is often times used as kind of a rule that we look at across the nation to say where is the immunization rate. That is the 77% that we talked about. We have many others that when we get older that we actually get up to the 85-90% range. The 85% range that you are talking about I believe from previous sessions, we start getting a much better heard immunity within the population when we get above that 85-90% range. If everyone is immunized around you and you happen to be one that doesn't have your immunization completed it increases the protection around you and gives you a shield that may protect you from disease. We like to see it as high as possible. When we give you the 77% range that is what is the young children.

Arvy Smith: Continued testimony.

Chairman Pollert: That FTE was approved by the emergency commission right? That is which one? I see there are 3 FTE's in medical service and two of them are emergency commission.

Arvy Smith: Right. Number 11 is one of them and Number 12 is the other one. Then 13 is the conversion from a temp to a permanent. Again 13 shows the $80,000 that is the total cost of that position, $26,000 is the difference from moving from temporary to permanent adding the benefits package basically.

Chairman Pollert: So when you go in front of the emergency commission do you go in front of them saying this is a full time permanent position and that was their understanding?

Arvy Smith: Yes we indicate that we have a new federal grant. I believe one of them is a 5 year grant. They are both 5 year grants with a total of 100% federal funding. We need a position to do the work for that grant. We explain that to the emergency commission and they have approved them. We have to come before you for final approval.

Representative Wieland: When you have a grant of this type and a 5 year relatively long term, do you really consider that permanent so that 5 years down the road this will automatically be a general funded position? Or do you have in their contract a possible termination?

Arvy Smith: When we hire these positions we do let them know that. 5 years seems pretty stable and some of them are 3 years and such. We do let them know that. Some of the 3 year, for example the pandemic flu grant knew it was going away after 3 years for sure. There would be no extension so we kept all those temps because we knew there wouldn't be an ability to maintain those. In the case of the 5 year grant, I don't have general funds I can automatically flip them into. If I want to keep that position after that federal grant runs out I will need to come before you and ask for general funds for it. That is how we would have to handle all of those whether it is a 3 or 5 year such.

Representative Kreidt: Do you have someone in your department that is looking for grants that are out there that you can follow up on and apply for? How does that work if there are funds out there that you might be missing?

Arvy Smith: We have talked about that and we would like to someday get there. We don't have one person who can do that. We are relying on the program that if they become aware of stuff that they can let us know. We can decide whether it is with our strategic mission and whether we want to pursue it. Occasionally we want to run into grants. We have the capacity to do it. There are some we run into that are more research related and we don't have the capacity to do some of the research requirements that they have. We do look for funding that relates to our mission. We are doing it as programs run across. I get notified of federal grants available through the system. I get a whole list of them and try to look through there for something occasionally. What I have found is that it has been more research related again.

The federal will typically notify us if there is a program they want us to do. In these cases it is work they want us to do. They were optional but they were giving us full funding for 5 years to provide certain information to them. We thought it might be a good thing to do.

Representative Kreidt: So you feel confident that you are receiving most of the money that the department should have coming in so we aren't leaving money on the table.

Arvy Smith: I am fairly confident we are getting most of it in. We have been really aggressive at looking for something for obesity. We have several grants that are sitting out there that we have applied for and been approved but not funded. We did everything right in the grant and made a good proposal but they ran out of money and could only afford to fund like 18 seats. We are on a waiting list. Sometimes those come through for us and sometimes they don't. Continued testimony.

Representative Metcalf: The thing of this is the budget and particular to this department as far as working with local inspectors and facilities that have the capability of doing the life safety inspections. Are any of those life safety inspections accepted or by your decisions they come up and say no they are going to do the state inspections?

Arvy Smith: I'm not aware of the local life safety inspections available.

Darlene (?): There are no local individuals that are actually trained to conduct the life safety code survey. The department of health has the only individuals in the state that are able to conduct that.

Representative Metcalf: The question I have is that I have been informed by people that have the ability or the knowledge about it. They have been told that this department does not want them around at all. I know that in Fargo we have had several times when an inspection has been made by the local fire department and they have come up with a recommendation and shortly after that someone else comes in with another report and someone else comes in and

makes a recommendation. What they end up doing is spending money to complete the requirements of both of the departments which complement each other but don't work together. It makes a very serious problem for someone who is trying to meet all of the requirements.

Darlene (?): We do invite the locals to be present when we do the surveys at the facilities if they are available to be there. We are very welcoming for them to be there. In order to survey for the federal programs and complete the life safety code surveys they need to attend federal training in order to do that. None of the local inspectors have been trained in that program so they aren't eligible and their survey wouldn't be recognized by CMS for purposes of Medicare certification.

Representative Metcalf: But if they attended the training and received the certificate as attending the training would you look at them in a different light and say Ok go ahead and do this certification and we don't have to. It will save the State of ND some money.

Darlene (?): They wouldn't be eligible to attend the training unless they are employed by the department of health and part of the state survey agency.

Representative Kreidt: As we have gone through the overview this morning you have your key performances and measures that we talked about in different sections. This example in the health resource section, do we have a time length set up for those goals or is it going to take 5 years to do this?

Arvy Smith: I noticed that too as I was going through it. Most of them are in the year 2010. At that point we update our strategic plan and update our goals. Most of them are 2010. The complete information with the target year is in the submitted budget document that we gave. That is all included there. I can make a handout with all the measures and such. That gets to be a thicker handout. It is pretty general. Continued testimony.

Representative Metcalf: During the last session we added on some temporary help or gave some additional money so that new structures could be viewed while they are still open. I think you had sent out some of your people on occasion two or three times during the new construction. The ideas was that if the program was successful that we would add some people to your department with the thought that this is something we would like to continue on in the future. Can you give me a thought about what is happening in that area?

Arvy Smith: We were not given additional funding for that program. In the current biennium we had to absorb those expenses and I think that is part of why our life safety code inspector area is behind schedule. We have contracted because of an extended illness in that staff with someone from Montana and Minnesota to do that work for us. We used roll up funding to pay for those costs because we weren't providing additional appropriation. I think Darlene has information on how the program is working. I do have a little bit on the bottom of page 26 as well.

Darlene (?): We had a request to do 4 of the consultation visits from facilities. Basically it was set up so if they need to have a building project that was $3 million greater. Of those 2 we have completed 2 of them with 2 onsite visits. One of them indicated to us that there was a savings of approximately $240,000 through our staff coming on site. That was a contract via Minnesota who came to do those inspections. The other facility indicated that they had a savings between $45-60,000. Just completing those two visits were a savings of about $300,000. The facilities felt that it was extremely valuable to them. They were very supportive of the effort. Like I said we have 2 more on. We are only accepting projects that are $3 million and above consistent with the language. We contacted the individual through Minnesota and at this point in time he would be the one who would be coming onsite to do those surveys.

Representative Metcalf: Do you feel personally or does the department feel that these inspections were profitable, worthwhile, and worth your time and effort?

Darlene (?): We strongly support this. We had suggested this about 4 years ago and we felt that something like this would benefit not only to the facilities but to the department. We really would like to see the buildings and the construction be completed correctly or the mistakes being picked up during construction rather than at the end of the project. I think this has gone a long ways towards alleviating some of the major construction problems that we were finding prior.

Representative Metcalf: If I'm reading this right, your thoughts are to continue this program. Have you requested any money or any changes at all? We are out to do this project but I can see where it could be very time consuming and I don't think the rest of our inspections throughout the state of ND should be hurt because of this. What kind of financial arrangements are you actually planning to do to get this accomplished?

Darlene (?): We did put in an optional package in which the Governor supported. It is in this bill. With the information in this bill we would be able to bring on 2 FTE's, 1.5 FTE would go to the onsite inspections which we would anticipate would range between 2-4 visits depending on the size of the project. It also gives us the funding as Arvy had indicated with 1/3 would come from the payment from facilities for plans review and 2/3 would wind up coming through general fund dollars to support those positions. ½ of the positions out of the 2 positions would go towards plans review. We are really short on personnel to do that. Right now we are running about 3-4 months behind with what the plan was submitted by the time that we are able to review it. When we started out with the plans review in our department many years ago that was his total focus and job. Then when life safety code was transferred from the fire marshal's office to the department of health for these facilities, that individual took over the

oversight of the life safety code survey projects. His time was pretty much cut in half. Instead of fully being able to focus on the plans review. We are finding that with all of the new construction in our state that we don't have the manpower to complete the reviews in a timely matter. Half of an FTE will go to plans review and the other half will go to the onsite inspections. We do believe that this will make a significant difference.

Representative Kreidt: If I could follow up a bit, during the interim we studied the pilot project that was brought on after last session. It's in SB 2046. The bill started out with the 2 FTE's, the appropriation over in the Senate. That is where the 2 FTE's appropriation was taken out of SB 2046 and put into the health department budget in SB 2004. That is the 2 FTE's that we mentioned. This 2046 is still out there. It just authorizes us to go ahead with the project that will be coming off the house floor in the next week or so. There are a number of building projects, Our nursing facility and basic care are all aged and were built back in the late 50's or 60's. There will be a lot of renovation or new construction happening out there. We have already realized a savings and construction during last year's period enough to cover the 2 FTE's that are out there. There are probably about 100 projects out there that are coming forward and have to be reviewed. They are all saying that time is money. If you don't get those projects reviewed and online so facilities can go out and bid and get them going it is going to create a problem. This is a solid move with what we are doing here.

\Representative Metcalf: Has the Veteran's home been programmed in to review or does that have to be requested by the department to get your approval on that?

Arvy Smith: Their plans have been reviewed by the individual in our department. They have been sent out and we are awaiting comments from the architect to finish out the plan review for approval. They have not yet submitted their request to be a part of the project but verbally we

have heard from the administrator that he plans to do so. We anticipate that we will be providing that service to that entity also. Continued testimony.

Representative Nelson: Back to the employee retention and recruitment section, have you lost some people in the past biennium in this area?

Arvy Smith: Yes. This is the area where we have lost a person to another agency for like $800 a month and went up only one grade. We are seeing trouble with salaries and engineers in particular. This is a critical area.

Representative Nelson: Is that shift or the lack of retaining these people, are most of them going to other state jobs or is private industry also a part of the goal or attraction to other job opportunities.

Arvy Smith: I believe it was 1 in 6 we are losing to other state agencies. Continued testimony.

Representative Kreidt: Going back to energy development ND with the new administration, have there been any indications from them. Are they looking at changes? Have you had anything coming down? I know they are moving quickly in a lot of areas. Has anything come out of that?

Dave Glatt: We have seen some major changes especially how it relates to the climate activities. That has a potential to create that. The climate change regulations of cap and trade, you hear a lot of talk about that. I do think there is going to be a significant amount of debate as it relates to that. My personal assessment is that something is going to happen and that is going to create a major economic impact and an environmental impact on the state. The other emphasis that we are seeing is enforcement. I will be quite honest with you. I'm not in agreement with that. I do believe we need plans. There is a better way to do that than hit everyone over the head with a hammer. Those are the two major areas I see right now.

Representative Nelson: Last Friday we had the overview of economic stimulus package. In that there were some increases for the revolving loan funds like clean water and wastes. Do you have any idea how that will be implemented or how you will administer those funds? Do you have any indication on how many more projects would be funded out of there or what is the situation there?

Dave Glatt: Right now we are looking at getting approximately $19.5 million in the programs and $19.2 million in the clean water programs. Those are primarily to help fund projects for drinking water infrastructure, water treatment plants, replacing the water veins. Also for waste water treatment for communities primarily. The way we have done that is operated the SRF revolving loan program for many years. We will do it the same way. We will rank last for the communities to submit the projects. We will rank them based on environmental impact, ability to meet or comply with the regulations, ability to pay. Some of the smaller communities just don't have the financial abilities to pay for all of these things. The stimulus money, there is a requirement that the 50% of it be grants or loan forgiveness. By any other term it is a grant and the 50% is a low interest loan. We will be ranking those projects. To put it in perspective we have gotten over $310 million worth of requests for $38 million. There are going to be some unhappy people. The expectation is that the stimulus money is going to solve everyone's problems. On a given year we do around $40 million of loan money anyways.

Representative Nelson: I guess that answers most of my questions. I guess I was wondering the way you administer that, you started a new request. Obviously there are people on the priority list now that aren't getting funded. You didn't extend that list down to fund more projects. You started a new economic stimulus type of request of priority.

Dave Glatt: That is true because the rules have changed a little bit when there is grant money involved. There are some people that with the projects the low interest money they weren't

going to put it in there because they didn't have the financial ability to pay. Now with the grant money being provided, they may think that the grant money will work. We went out and sent out a memo to everyone that said there are projects and stimulus money potential available and that is where we got those requests.

Representative Nelson: And that deadline is since passed?

Dave Glatt: We are in the process now of just ranking them. We will go out in public comment for this just to show where the projects are and with the $19.5 million how far down the list we will be able to go.

Representative Nelson: Can we get some kind of an idea what those requests are?

Dave Glatt: I can get that for you but right now I don't have it with me right now. What people are seeing now is that quite frankly is that things they are planning to do 5-10 years down the road they are just bringing those together and submitting them.

Representative Nelson: At your convenience.

Arvy Smith: Continued testimony.

Chairman Pollert: Any further questions?

Nancy Kopp: I appear before you this morning in support of the veterinary loan repayment or loan forgiveness program in the state health department bill. I want to let you know that we support it and it was a new program developed last session with an appropriation of $100,000. In order to sustain the program we are asking for your support of $350,000. Last year the program received 13 applications and 3 awards were made for $15,000 each. They placed veterinarians in New Salem, Steele, and Cavalier. In 2009 the program received 8 applications and 3 awards were made of $15,000 placing vets in Ellendale, McClusky, and Hettinger. I would answer any questions.

Chairman Pollert: It was $100,000 last session and so the executive budget added another $250,000, is that correct?

Nancy Kopp: Yes.

Representative Kerzman: Did we get any more slots?

Nancy Kopp: We placed 3 last year and another 3 this year. You might be confusing this with a professional student exchange program. That provides tuition assistance at University's such as Iowa, Kansas State, and reciprocity with Minnesota, there are students in Colorado. This is a separate program.

Chairman Pollert: What is the goal?

Nancy Kopp: The goal is to place veterinarians in those underserved areas. Primarily they are in rural areas. I need to inform you also that we are already short an additional 12 veterinarians that I know of in communities such as Beulah, Valley City, West Fargo, Casselton, Fargo and Grand Forks. The shortage does exist in large animal.

Chairman Pollert: So is every award about $15-16,000?

Nancy Kopp: The first year the award is $15,000, the second year is $15,000, third year is $25,000 and the fourth year is $25,000 for a total of $80,000 funds available to help repay indebtedness that these students are coming out of school on average about $150,000.

Representative Nelson: In that program is there any priority that is given to those large animal students?

Nancy Kopp: Yes. There is certain criteria that must be met and one is that preference would be given to a large animal. Preference is given to communities in 5,000 or less. The smaller rural communities, the other one is for the students who did not receive any tuition assistance through the professional student exchange program.

Chairman Pollert: So if you are doing $80,000 and if you are going to do $350,000 it is really only 4. Even $350,000 seems short to me. If you go the full length you will be asking for more money every biennium especially if you go with 6-9 vets.

Nancy Kopp: The health department determined that amount and I guess that I didn't think about it either.

Julie Ellingson: Testimony Handout (Attachment B).

Chairman Pollert: How many are you hoping since you mentioned the Veterinarian's Loan program, how many are you looking for?

Julie Ellingson: I think the more the better. If there is money available we should use it. There is an extreme shortage in the large animal vet field.

Chairman Pollert: Did you have any number of veterinarians in mind when you talk about the $350,000?

Nancy Kopp: We would like to maintain the current level of 3.

Chairman Pollert: We will recess until 8:30 tomorrow morning.

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2004

House Appropriations Committee
Human Resources Division

☐ Check here for Conference Committee

Hearing Date: 3/10/09

Recorder Job Number: 10563

Committee Clerk Signature Meghan Renz

Minutes:

Chairman Pollert: Called the meeting to order and took roll call.

Ken Tupa: Testimony handouts (Attachment A, B)

Representative Kerzman: Would you fill me in on what insurance provides for that type of cancer. After 50 don't they pay for an exam every 5 years? Is this above and beyond that?

Ken Tupa: It really would depend as far as private insurance. Coverage will vary depending upon the policy. I know that many will cover it under a wellness benefit where there may be many deductibles and co-insurance programs. This was designed for those ages under 64 who are under insured and wouldn't have access to this benefit through insurance.

Representative Bellew: Is there any money left over from last biennium since they didn't start right away?

Ken Tupa: That is information that the department would have. The most recent information that I have and I believe that it would be through the end of 2008. There is significant kinds of in staff and miscellaneous that was provided for the program. The initiative funds staff and supplies and screening. It's my understanding that about $60,000 was spent through the end of 2008. I don't know what has been spent up to this point in time. It's possible all the fund have been used and possible that they won't by the end of June.

Representative Bellew: BCBS does not cover colonoscopy.

Chairman Pollert: I had a complete physical last year and BCBS would not have covered it if I would have had a colonoscopy. I was not at that risk. The doctor has to find cause and family history wise if insurance was going to cover it.

Ken Tupa: It would depend on the coverage. It was a case of where a benefit might cover the screening but won't cover the colonoscopy.

Representative Nelson: I was on the committee that tried to set up the criteria for approval. It's much like self pay or third party payers. This was very difficult to find the correct way to accept the people that applied for this project. There was a number of people who applied and were turned away because of the somewhat rigid qualifications in the first set of the policy. Ultimately, there was a 10 year wait for people over 50 that American Cancer had set guidelines. When that was back up to 5 years then more people qualified. We are just starting to get people in for the screenings. The numbers are frustrating when it takes a year and half to get a program launched. That is what has been taking place. The numbers may not be huge. It does show that lives have been saved in the results of this. I would hope that we can use the numbers as they are intended to show the value of the program.

Representative Bellew: The .5 FTE, who would that person work for? Would they work for the department of health or the hospital?

Ken Tupa: It would be for the Department of Health to manage the detail and program, and oversight of the program. It could be an FTE or a contract person. That would be the vision here.

Representative Kerzman: A couple of questions. First, how would you expand to the Rugby area throughout the state? Would you have a clinic in Fargo that would handle it and one in Bismarck? Was there an OAR on this?

Ken Tupa: There was not an OAR on this. The data was not available when that process was taking place. It is becoming available at this point. As far as expanding the program, the criteria for this initial pilot, if I remember the amendment correctly. In 2007 it was for counties with populations under 15,000. That was the criteria for this project. Moving it forward and expanding it, a state wide project would be wonderful. I don't think the resources are there. We aren't asking for that. If $300,000 are funded that would allow for another project or another part of the state whether it would be similar to that $15,000 population for the county or whether the committee is open to expanding that, it is a policy decision in your hands.

Mark Weber: Testimony attached (Handout C)

Chairman Pollert: The $1.5 million that the Senate put in, is that in the grants column or in a different segment?

Mark Weber: Grants column

Chairman Pollert: What you are addressing with those facts, is with the $1.2 million

Mark Weber: Correct. Continued testimony

Chairman Pollert: HB 1571 was originally 4 FTE's and went down to 2?

Mark Weber: Correct.

Chairman Pollert: Have there been any ambulances that have shut down? Has your volunteerism increased or decreased? Give me a general overview of the whole EMS of the state. You can give me a before and after of the 1.2 and what would happen with the 1.5. I'm trying o get a correlation is what I'm trying to do.

Mark Weber: Before the last legislative session a lot of ambulance services didn't have enough volunteers to cover their calls. They were losing hope because they had the same problem for 15-20 years. What the $1.25 million did was to give them some hope that the state and somebody was going to help with their problems. Really what they ended up doing is that

it has been a life saver. Half of them would say that they aren't sure their doors would be open today if that grant wasn't available. That is with what the $1.25 million is done. It has given them hope and kept ambulance services open. There was one ambulance service in the last year that has closed their doors. Minnewaken no longer exists. They did not apply for the grant and they were struggling for about 5 years before the grant process was available. The additional money could assist up to 50 ambulance services. That would take $1.8 million to help at the current funding levels. We would like to be able to increase those funding levels and increase the number of ambulance services that would go from 32 to about 50. The reason we aren't sure of the number is because the first year this grant came out and we went around and talked to these ambulance managers that didn't apply for the grant they said they didn't want to start a program that wasn't going to continue. They weren't sure how to get staffed or how to do that. They weren't sure how to motivate their people to take call. Now that the grant is in process there are quite a few ambulance services that actually need it. We feel there is about 80 that need it. We are just taking another little step and going from 32-50. Hopefully we can increase the average grant from about $25,000 to $45,000 to help them out even more. With additional grant money we would be able to help get the ambulance services with approximately $45,000 per grant on an average. Some would need $20,000. The $1.27 for the leadership development for the systems assessments and the state wide recruiter drive that is what we are asking for. That money will do a number of things. Leadership in any organization is one of the most important things you can have. What typically happens in a rural ambulance service is that people typically become EMT's so they can help. They struggle through that and realize that they have to do fundraisers, etc. There is a whole array of things that they have to do that were not intended or trained for. We like to offer some leadership training to the local educators to help them understand the rules or to get local funding.

Representative Metcalf: Having said that, how much of that money can we consider one time? I'm talking about one time in the next five years. Could we take $200,000 off of your request or add another $500,000 to your request to cover onetime costs. Do all of your services have adequate ambulances. What do we need for onetime expenses?

Mark Weber: I don't believe this is a onetime deal. If we want to have sustainable EMS in ND, within the definition of EMS it can't be a onetime deal. They can go to their community, find grants to help get equipment and buy ambulances and that sort of stuff. What they truly need is they need structured, efficient, long term, assistance with putting boots on the ground and keeping them on the ground within their communities so when a call for help comes someone is available within a reasonable amount of time. What we are trying to do is a huge project. The money that we are requesting from you last and this legislative session will probably need to be sustained.

Representative Metcalf: I appreciate that answer and I hope that we could possibly find something that would be considered. It seems like you need this additional help to begin with. I also understand exactly what you are saying. As you well know that I support you 100%. I just want to make sure that there is no 1 time expense out there that we can cover with the funds that may or may not be available this year but we know will probably not be available 2 sessions from now.

Chairman Pollert: Do the voluntary ambulances pay dues to the EMS association?

Mark Weber: Yes. Right now we have individual memberships. It is $30 a year or $22.50 for two years.

Chairman Pollert: So the organizations of ambulances themselves whether it be New Rockford of whatever, they don't have individuals ones. You have individuals paying dues but not the ambulance service themselves. The reason why I'm asking is that you asked for

$273,000 for the department of health FTE's. Have you ever thought that instead of having department of health employees do your inspections of your ambulance, why wouldn't you try to hire someone from the EMS association and have the $273,000 you are asking for have someone from your organization. Have you ever thought of that?

Mark Weber: We have thought of that. That is kind of a regulatory to do ambulance insurance. That is a job.

Chairman Pollert: Who is doing that now? Who is regulating? Is it all off of good faith as far as if the ambulances are going down the road? I won't say DOT but with the equipment you have in there who is doing that now?

Mark Weber: That is the responsibility of the Department of Health, EMS, and Trauma. They are pretty much under staffed. They have been doing our ambulance service in Rugby one time in six years. They just don't have the staff to get out there and do that. Who makes sure all of our equipment is up to snuff and we have all that we need, they do. They just don't have the time to do it. As far as overview or quality assurance, looking at who provides that from the EMT's the medical directors are responsible for doing that.

Chairman Pollert: I know they are usually doctors in your local community and I know that they are busy. Why would you rather have someone from your association who would be hired and doing the inspections.

Mark Weber: We would be happy to have that done this way. I have had discussions with the Department of Health. Whether it is done by the Department of Health or a contract, it would be just fine. We need someone there to do this.

Representative Metcalf: To continue with the discussion, are there any laws or regulations that said you will have your equipment inspected every year or every 5 years. What is the

possibility with the lawsuit society that we live in, are you sticking your necks out further because you don't have the money to get your equipment inspected or your people trained?

Mark Weber: Every two years now when we relicense, as a manager I sign something saying that I've gotten everything in my ambulance.

Chairman Pollert: I suspect the fire departments are the same way as well. The fire chief is responsible for his equipment as well and he has periodic inspections too. There is a lot of good faith that is going on here.

Mark Weber: I will give you one example of why this is important. I jumped in the back of a rural ambulance, when I got in the back of their ambulance and looked at a piece of equipment that had an expiration date on it that was expired in 1986. The inspections aren't getting done. The ambulance directors aren't making sure that things are replaced.

Representative Wieland: Those districts that you feel can be combined, are they still eligible for grants?

Mark Weber: Following the definition of reasonable EMS. In 20-30 years we have identified that we have to have about 80 systems. Currently there are 143 ambulance services. What we are looking to do is shut ambulance services down. We don't necessarily want to do that. We want them to work together. If you have 2 ambulance services that are 8 miles apart and are both struggling for staffing, why not combine them into 1 licensed and they can help each other cover the two communities. We don't want to close the doors and not offer access to emergency health care through the EMS systems. We want them to work together so that every community that has an ambulance service now has service available. There are about 80 systems and within them there can be different levels of service.

Representative Wieland: If you are trying to get down to that and you will need something that is going to be sustainable. You are talking in the year 2020 or 2030. That is an awful long

time in the future to be trying to do that. Is there a way to move that time frame up. You don't have to answer that question but I just wanted to say if you are going to be looking for multi-million dollars every biennium, the quicker you can get down to those manageable number of units, that the more money you will have available for each one and you aren't going to be putting money into those units that are going to survive. Also, I would like to know if you provide grants to those that have mill levies. Cass county provides $145,000 to 4 rural ambulances. They don't provide any to the city ambulance in Fargo. They do to the rural ones. Are they all still eligible to receive the grants that you would be eligible?

Mark Weber: Out of 143 ambulance services in the state there are only 108 that are eligible. The eligibility criteria cuts off at 400 ambulance calls per year. Anybody that does over 400 ambulance calls a year can pretty much financially support themselves through reimbursement. Any ambulance service that does less than 400 calls, their costs are more than what they can generate in revenue. The 108 is the number that are eligible for those grants. They wouldn't have access to that money and they don't need it. The other question was the local money. Through the grant each community that receives funding from the state also has to have a local match. That local match is typically the reimbursement of a mill levy. We are working on that too. I think there is only 16 counties that have mill levies for EMS. We are working with the counties, the service directors so that these counties can help their own selves with the mill levees. It is a long process and that is why we say it is 20 years out. We are going to end up where we need to end up in 20 years. There is a lot of work that needs to be done between now and then.

Chairman Pollert: On the 16 counties that have mill levees, when you look at grants do you look at the county that has the size? Do you decide that grant or no you don't do that, just treat them all the same?

Mark Weber: They say you can have up to $45,000 in grants. Depending on where you sit on a chart and how needy your ambulance service is, that chart will tell you if you have a 10% match, or a 90% match. It doesn't matter where your revenue is coming from or even if you have a mill levy. If you have a 40% match and you get the grant. However you get that match whether or not you take it out of your savings account or whether you do the community health or city and county help you that is where that match comes from.

Representative Nelson: There is a rural ambulance system that is shut down. Under this plan of consolidation or management, how would you envision that to work in a situation like that as far as now. I'm not as concerned about the financial end of it as I am the man power and the identity of that region. How would this work to have some identity of ambulance services in Minnewaken and the staffing? Are there efficiencies that could have been used in this particular area?

Mark Weber: There are a few components to that. One would go back to the EMS assessments. So 5 years ago Minnewaken needed to have an assessment. Five years ago they needed to restructure how they operated. They weren't operating well. The leadership in Minnewaken had gotten thrown into that role and they didn't know what to do. They didn't know how to operate an ambulance services. It was those two components plus a recruitment drive. That could have helped them. If it could have been organized it would have helped them. Those three components could have helped them before they got to the level where they had to surrender their license. When we are talking about EMS systems, if they get to that level where they are considering surrendering their license and they have very few providers, there are other ways of providing EMS and access to health care in that community without surrendering their license. They could be a substation ambulance service of Devils Lake or somewhere where the other town holds the ambulance service and Minnewaken is just a

substation meaning that they could have an ambulance in their community and provide quick access to health care and transport. Through a substation licensure they could provide an actual ambulance in that community when the EMT is home in the evenings. If the call comes in the evenings, they could jump in the ambulance and transport the patient during the day. The systems approach is to work with dispatch and the other systems in the area and keep access into those communities that don't have access.

Representative Nelson: Let's take a snap shot of today. Your goals are in a rural setting 20 minutes 90% of the time. Are we going to be able to achieve that in the Minnewaken area that the areas that they served after they closed?

Mark Weber: That is a great question, thanks for asking. What will happen is when Minnewaken closed it put pressure on the surrounding areas because they consumed a large portion of their area. If we don't help them what will happen is that they will go away too then we will not follow those boundaries. The whole vision is if we need to license those surrounding communities or do we use a system approach where we have access within a reasonable amount of time because we are sustaining those other services.

Chairman Pollert: You are going to have some tough decisions. I don't see the state pouring in millions of dollars over a period of time. You are going to have those tough decisions as far as how you are going to do it, whether you are going to say here is the money. You will have to decide where it is going to go. I want to know how many full time staff you have in the EMS association. The reason I am asking is who decides where the grants go? Do you guys hold a board of directors meeting for the EMS association or does the health department decide where the $1.2 million goes?

Mark Weber: Currently the health department decides that.

Chairman Pollert: With advice from you guys or do you guys meet on a yearly basis?

Mark Weber: There is no requirement for the health department to ask for any advice. However, Tim Meier has been very good at utilizing the advisory committee. They have set it up a few years ago. What happened was they helped decide those rules as to where that grant money would go.

Chairman Pollert: I'd like you to give some thought to the 2 internal FTE's. We aren't going to throw this bill out until sometime next week. I'd just like to have you give that some thought as to what you think about that.

Mark Weber: We currently have one person in our office full time.

Chairman Pollert: I know you probably can't do this but the ND granular association, do we have safety problems because of inspections so we started up our own health program but we charge every member. I'm paying $2,200 a year for that service to make sure I am where I need to be at. They go through and do the life safety. I'm paying for that service. That way they are paying for their own guys and it's not someone else coming from OSHEA or workers comp.

Mark Weber: We would love to get to that point. We are in the process of developing a service membership where the ambulance service pays a certain amount of money. These ambulance services just don't have anybody.

Representative Ekstrom: I have a couple questions. How is your response time doing this year. We got a report yesterday about snow removal and the lack there of. How is that doing? I know there was a bad accident on 94.

Mark Weber: The statistics that we get are at the end of the year. The state meets those reasonable response times in the rural areas. As far as this year goes with the snow. Our response time is .

Representative Ekstrom: The other one has to do with this business of consultation. The way we did it in the other school districts is having incentives to have people join forces and consolidate districts. Any consideration on that?

Mark Weber: When the health department decided how we were going to determine that local match, it was based on remoteness. How far you were from the hospital and another ambulance service? That might give them incentive to work together because if there are 2 ambulance services 8 miles apart and then one 30 miles and 30, if they work together their remoteness becomes greater. Because they are only 8 miles apart they don't get that part of the criteria. We are working towards that. I would imagine that every time that it would get more and more. It's just like the schools. Everybody is so independent and doesn't want to lose anything. It is going to take a long time. Look how long we have been working with the schools. It's going to take a long time to get over that but we are working towards that.

Representative Ekstrom: We don't have to deal with the sports on EMS. That is one of the biggest predicaments for school districts is that they don't want to lose their team.

Deborah Knuth: Testimony handout (Attachment D)

Representative Ekstrom: Was this an OAR or an option request of the Health Department?

Deborah Knuth: Yes.

Chairman Pollert: Arvy are you going to give us a list of your OAR?

Arvy Smith: We can include that. The Governor did include $150,000 of our OAR for Women's Way. I believe it was a $500,000 OAR and the Governor included 150 in that. The current funding is not included. In this current biennium the legislature had added $100,000 general funds. Now for 09-11 we have requested $500,000 in an OAR and the Governor funded $150,000 and that is still in SB 2004.

Chairman Pollert: Deb you are saying that you are looking for the other $300,000?

Deb Knuth: Yes but it comes less to $500,000.

Representative Bellew: Would it be possible to get a copy of Women's Way budget so we can see where the money comes from and goes?

Deborah Knuth: Of course.

Representative Nelson: In your testimony you talk about health care providers that agree to accept the Medicare part B rate as full payment. Are there any providers that don't accept Medicare Part B?

Deborah Knuth: I will have someone else answer those questions. Women's way has been very lucky in getting providers throughout the State of ND signed up. We may have 1 or 2% of providers that have refused to sign up for the program because it would mean that just that reimbursement rate for them rather than their unusual charge.

Representative Nelson: So there are some but not many?

Debora Knuth: Not many at all. I can't think of an exact number but it has been very few. Maybe 3 or 4.

June Herman: Testimony Handout (Attachment E)

Representative Nelson: You aren't going to like this but let's go there anyway. If this stroke registry is as important as you make it sounds. If there is some room, you even mention in your testimony that the smoking is a component in strokes. Would you be opposed to using cessation dollars in the community health trust fund or Measure 3 to leverage general fund dollars for the stroke registry? Is that even possible?

June Herman: I don't know if it is possible or not. With the comprehensive prevention program, they would certainly look at coordinating resources and care to get it out to the

individuals that need it. Whether It can be utilized I can get that kind of answer. I don't believe it's covered as part of that program.

Representative Nelson: That is a question I will have in a number of these. I think there is validity to the program. There is significant pool of money that can be devoted to the tobacco cessation programs and Measure 3 initiative. I'm looking at ways to leverage that.

Chairman Pollert: How does HB 1339 relate to what you are doing here?

June Herman: It's the fact that it is a stroke. This appropriation is not needed to implement HB 1339. There are 2 different things being done.

Chairman Pollert: That designates primary stroke centers kind of a thing.

June Herman: You will see on the chart that there are 4 coordinators that will be contacted. It is truly based on the model of the patient delivery system of ND where there are definitely 4 quadrants of patient community. We think it is going to be important as we start the stroke registry that we build a comfort with the rural hospital and access hospitals with entering the measures that they can measure at their facility as they look at their internal systems and how to improve. We envision that the hospitals will play a key role in trying to provide some advice and dialogue within those quadrants of care. We do see investing in the next 2 years with that will help immensely with building the spoke systems across the state.

Representative Nelson: I think I heard you say that you will know within the next couple weeks about the stimulus. Obviously this bill will probably be worked on next week from a practical standpoint. How do we make decisions before knowing?

June Herman: I would highly recommend the full funding that is recommended on option 1 which would buy us a little more time.

Representative Nelson: Having said that, would another option be to fund that at the stimulus amount which would throw it into conference and they could decide at that point the validity of the program if the funding source doesn't come forward.

June Herman: We would find the general fund level lower. Certainly if we didn't have the CDC stimulus money coming in it's not going to come to the state and we won't be able to proceed ahead with getting the programs started. Hopefully we can still work with members.

Chairman Pollert: But the CDC funding is a onetime funding source? Or are they saying that it will be ongoing?

June Herman: It would be a one year funding so we want to get the project out there and going. The second year is just to help continue that. One year is a short amount of time to get a project up and going with the comfort level being able to see the data, and to interpret it.

Senator Joan Heckaman: (Attachment F)

Representative Ekstrom: It's not a question but information for the committee. You all know that I am business manager for a funeral home in Fargo. It is a hidden problem. Since I have been there in the last 2 years over 25 people have come through my funeral home alone that were victims of suicide. It's a serious situation going on.

Arvy Smith: Testimony handout (Attachment G)

Chairman Pollert: What is that about?

Arvy Smith: It provides some funding and 3 FTE which aren't reflected in the bill either for the health department to organize that. When it was at the $5 million level a significant portion of that was grants out to hospitals to begin working on the electronic health records and coordinated systems so that they can speak to one another.

Chairman Pollert: What did this $500,000 do then?

Arvy Smith: I don't know the specifics of what the intent was for the $500,000. I believe it was

probably reduced based on anticipating economic stimulus funding for HIT. Continued testimony.

Chairman Pollert: Isn't there something in the health department with loan repayment or is that from the community health trust fund so you are trying to do that with general funds?

Arvy Smith: The Governor did allow a certain amount for dental loan repayments as well. That would be for dentists practicing in rural communities whereas SB 2358 is specifically limited to dentists practicing in those 3 non profit clinics for low income. The Governor allows for other rural and in fact the dental loan criteria were in fact originally in fact and they have loosened the criteria so that the preference is given to rural entities but it can go in urban as well if it is justified. The health council makes those decisions.

Chairman Pollert: What is in SB 2004, wasn't that run through the community health trust fund?

Arvy Smith: In the current biennium, all of the dental loan repayment is through the community health trust fund. We have to finish paying off the 4 year contracts and the current loans. We have new people coming on. We want to sustain that and keep the new people coming on. It is around $20,000.

Chairman Pollert: Is that what is in the budget?

Arvy Smith: We knew they couldn't afford the new dentists so we asked for general funds for those. The current contracts are in the community health trust funds. The new money for the new dentists next biennium is in general funds and the Governor did fund that.

Chairman Pollert: Ok.

Arvy Smith: Handout (Attachment H)

Representative Ekstrom: If we could get which ones were funded or partially funded?

Arvy Smith: I'm going to run from top to bottom. Healthy Living was not funded. Continued testimony.

Chairman Pollert: (Attachment I)

Representative Bellew: On our green sheet on number 4 it says our dental loan repayment program it says and Arvy just told us it is $200,000.

Sheila Sandness: That is because it is the net effect. You have the reduction coming from special funds and the increase coming from general funds. The net effect and the reduction is that increase. It would be because you have an increase in general but you have a decrease in special. The increase would be relative to the increase in the general. That is the fact because you are losing some funds on the special funds side.

Representative Bellew: I do understand that but the 195 is all general funds now correct?

Sheila Sandness: Correct. We are just showing the change and increase/decrease of the individual items.

Arvy Smith: I am prepared to move into the special populations. Continued testimony.

Representative Nelson: Can you go back several biennium's as far as the J-1 waiver program. How many were placed in the previous bienniums. My guess is that this is slowing down somewhat.

Arvy Smith: The program director is here.

Gary Garland: The reason the slowdown has occurred is not quite clear to us. It's not happening only in ND but throughout the country. We think that some of the foreign medical graduates are taking a different route of getting into the US to apply their trade and work. That might be through employer sponsored labor which is a 2 year work permit. Many are using that. We don't have access that would allow us to examine those to see if in fact they are using

H1b's but that is a suspicion. We do work with Senator Conrad's office often and advise on issues like this. The Senator and his staff are exploring possibilities of incentivizing the H1B recipients to come through the J-1 program. If they did that, relating to the Senator's most recent thinking is that the waiver on limitations that can come into this country would be nullified. There would be a possibility of funneling more of the graduates through a single channel and being able to control that more closely.

Representative Nelson: Can you tell me off the top of your head of those that are placed in ND, are they general practice physicians or internists? My experience tells me that its where a number of internists comes from. Is that still the case?

Gary Garland: It has been until recently. The J-1 Program that we operate allows some of the recipients to practice in non-shortage areas. Historically, the requirement has been that everyone must practice in that area and that everyone must be a physician. More recently the law has been amended to allow up to 10 individual physicians to practice in non-shortage areas. This helped me to practice in the problems of primary care physicians referring to specialists in urban areas. Over the past 3 years we have had only one or two primary care physicians come in but we are filling up on those ten specialists. That is not exactly where we want the program to go either but that has been recent history.

Representative Kerzman: Arvy, a federally qualified health center, can that be an existing provider now? How do we recognize the difference?

Gary Garland: Federally qualified health centers are a partnership between the federal government and the local health care providers. The reason we have developed recently in ND is that you may recall that some of the larger health care providers and systems have a presence or ownership in virtually all of the clinics in ND. In recent years it became more difficult to justify that relationship financially because the larger systems were beginning to lose

money with local clinics so they started to back away from the local clinics. Some of them were having real trouble maintaining the services and some even faced the threat of closure. For a number of small rural clinics what they did was pool together and form what are called federally qualified health centers. Federally qualified health centers may receive around $600,000 a year from the federal government if they will serve every individual that presents themselves to the clinic for service. This is focused on low income uninsured populations. About 2/3 of the money has to be generated locally. What we have seen is that none of the clinics could survive individually but they could if they pooled together and formed a collective center. They can't transition from being a private entity to being a community health center. They have to go through some changes. They have to have a board that is at least 50 plus percent of people who actually use the clinic. The same board can't serve in the community health center. Generally the communities work together to make sure the right people are on the right boards. The community health center is an independent entity that cannot be owned by another entity. IN other cases, ND clinics are owned by hospitals.

Representative Kerzman: Are we going to go down the road then for different reimbursement rates?

Gary Garland: Are you referring to community health centers? They bill on a sliding fee schedule. They are focused on the low income and uninsured population. Some users may not be able to pay anything. That is where the $600,000 federal money comes in to play. Some may be able to pay the full amount. As far as the Medicaid population special rates are negotiated between community health centers and the Medicaid payment people. It's not significantly different. I don't believe but they may be a bit more generous.

Representative Metcalf: As past, preset, and future, what is the highest level of a J-1 doctor that have entered this country. The current is 13 which is in your testimony. What would you

like to have in the future for the J-1. What do you anticipate the costs over and above what you have already been requested from the state of ND?

Gary Garland: The number of J-1's in ND would be around 100. The highest that came in one year is 15.

Representative Metcalf: So the 13 is not really that much of a drop.

Gary Garland: But the year we are working in now we have lots of applicants for the spots that are in urban areas but none in the rural areas.

Representative Metcalf: What do you anticipate will be the costs over and above what you are currently authorized?

Gary Garland: I'm not sure I know how to answer that. The J-1 is one of those unfunded mandates that we do.

Representative Metcalf: You can't give me any estimate with the costs?

Gary Garland: It's the time I put in, personal time communicating with physicians and law firms and all of that which is funded through my federal grant.

Representative Nelson: Can you tell me the three federally qualified health centers. Coal Country is one?

Gary Garland: Yes. They have sights in Halliday, Beulah, and Center. Then we have the Northland Community Health center with sights in Belcourt, McClusky, and Turtle Lake. Then we have the Valley Community with sights in Northwood and Larimore. Then there is the Family Health Care Center with sights in Fargo and Moorhead.

Representative Kreidt: Are there opportunities for other communities in a geographical area to apply to become members or how does that work?

Gary Garland: There are lots of possibilities. I will be going to Harvey to visit with people sometime in Spring. The availability of funding is not all together certain. We are expecting that

more money will be made available to help fund the local communities. The most important part to becoming a community health center would be the joining of communities of what is going to be a viable health enterprise. A lot of communities haven't forgotten those games that you talked about earlier.

Representative Kreidt: I know when the Beulah are started up, I attended some of their meetings. They said we are going to pick up Glen Ullin and New Salem and really expand on that. There were limited federal dollars where they had anticipated more coming out that never happened and that is why it stopped where it did.

Gary Garland: That is correct. That is why it stopped where it did. We are anticipating more federal support of these types of programs under this stimulus package. In fact one of the things that I received notice last week would be about $51 million has been given to community health centers that would apply last year and would approve but aren't funded and couldn't start up. This new stimulus package is providing for 126 of them to receive the funding they didn't receive last year. We didn't have any applicants in ND during that time.

Representative Kreidt: So they are coming with this large amount of money but is that a onetime deal? Is that money going to dry up?

Gary Garland: I don't think the money is going to dry up. In my opinion the community health centers is a way of addressing this issue of uninsured in America. It is a politically safe route to take. It leaves much of the current structure in place but it does provide an opportunity for low income and uninsured populations to receive care so I see it growing rather than diminishing in the face of uninsured Americans.

Representative Nelson: In that same light, it seems to me that there would be that provider shortage that is apparent across the landscape, that this would make it worse. Is that true or are there other efficiencies in providers from a physician standpoint. Are you seeing

efficiencies from day one?

Gary Garland: Are you referring to the community health centers?

Representative Nelson: Yes.

Gary Garland: To become a community health center one of the conditions that you have to be is located in a federally designated shortage area.

Representative Nelson: That is almost every place around ND.

Gary Garland: Just about. The advantage of becoming a federally or designated shortage area is that you may tap into a host of government programs including the national health service corps which can help supply staff to your local clinic. You can also get reduced funding or prescription fees to the 301b program. There are some advantages to becoming a community health center. You become a place of interest to practicing physicians who wish to work in rural America.

Chairman Pollert: Are you going to have spend down reports?

Arvy Smith: Yes. Handout testimony (Attachment J)

Chairman Pollert: Is this the same format? The 5&5 is included in the salaries and the benefits increase is included in there as well? That is the way you will show it?

Arvy Smith: Yes.

Chairman Pollert: Is there something you want to ear mark or do you want us to go through this and have us ask questions or how would you like to do that?

Arvy Smith: I will present this. You can ask questions. You will want to work the details off of the second sheet. For example, the grants if there is a larger grant area that is where you can see where the loan programs are and some of the details.

Chairman Pollert: How have we done this in the past? Can you remind me?

Arvy Smith: I am short my accountant and she did a lot of this her mother did pass away so she is on funeral leave today. I think you basically just came at us with questions regarding the increases and then we provided the details on the second page for grants and stuff.

Representative Bellew: Did we not ask for a schedule of grants that have been expended and what amount has been expended? I can remember the Russell Silver one. It seems to me that we have asked for a schedule of grants, how much has been given, how much is left.

Arvy Smith: In anticipation of that we have already gotten that on the second sheet.

Representative Bellew: I would like that for every program.

Chairman Pollert: I think what we will do is we will just go through the special population here for the remaining time that we have. Then of course have SB 2063 this afternoon. Then tomorrow morning if we want to finish special populations and we can go in.

Representative Ekstrom: Just a reminder about the Wed. afternoon meeting for administrative rules is at 3.

Chairman Pollert: With what you have in the 09-11 executive recommendation and you have that, the Senate didn't do any changes. There are no real changes. If we got to the $1.5 million of the EMS grants then that would show. You will show that change then?

Arvy Smith: I think we prepared all of the schedules based on the executive budget. The changes are so few.

Representative Nelson: Did you add the equity in each department? How did you handle that?

Arvy Smith: It is spread amongst all the sections and divisions. In my overview testimony I handled it all in one lump sum.

Representative Nelson: If I remember right the total was $300 some thousand.

Arvy Smith: I do have some information on the salaries breakdown if that is what you are trying to get at. The equity in this section was only a little over $3,000.

Chairman Pollert: Can you give that to us?

Arvy Smith: Yes. The Governor's salary adjustment was $86,613. That is the 5&5. The health insurance of $48,384. Then to continue the 4% is another $20,000. In this area we had a contract that wasn't quite working out and we shifted that out to an FTE. It is all federal funded. We did find that we had to move that into an FTE instead so that the effect of that and the FTE in the salary line was coming out of the operating was around $60,000.

Chairman Pollert: This is a question for Legislative Council. Maybe someone can enlighten me. When we did the DHS budget didn't they have a cost to continue item in every section?

Sheila Sandness: That would have been in this section.

Chairman Pollert: When we got to the DHS they had a cost to continue on the green sheets. We don't see that on the health department. I was just wondering if there was a difference.

Arvy Smith: It could have been a difference on the way it was prepared. This was the format that was used the prior biennium for the health department.

Chairman Pollert: Could you give us the cost to continue because we have had that in the DHS overview.

Representative Nelson: In the .5 FTE that you added from operating, that was in professional services where that was taken away?

Arvy Smith: It would have been in operating or grants. I'm not quite sure. The contractual arrangement that we have had and switched from the contract and instead went to a half FTE. We will have to look that up.

Chairman Pollert: What I would ask is that when we get all through the budget, one of the last things I'd like you to give us is on one sheet of paper or two for the $12.50 increases, we had

asked the other agencies to give us a sheet of what the 12 are. As an example if you had a column saying that you had 2 or 3 that were emergency commission approved so we know those have to be funded positions. Then for the other 8 or 9 or more that were approved by the emergency commission could you have a paper explaining a 12 as an example if it is community health you could put that on. Then you could say it is a temporary position that you had for 2 or 3 biennium or maybe you just want to create a new position. I'd like to know if it is a temporary position or if you are trying to create it as a full position.

Arvy Smith: I have a sheet and I'm wondering if it will meet your needs or not.

Representative Bellew: Specifically food and clothing, what is that?

Arvy Smith: That is going to be the PKU

Chairman Pollert: And for the travel you are using the reimbursement mileage from the motor pool?

Arvy Smith: Yes.

Representative Nelson: We have been asking every agency as far as the leases to break that down in square footages, do you have that available?

Arvy Smith: That is all our capitol rent. The equipment we have very minor. That is the maintenance agreements on computers and stuff I would guess.

Representative Ekstrom: How are you doing in terms of space?

Arvy Smith: Good. There is a little story behind that. There is a new crime lab building. Previously it was hooked onto ours near the pen on the east side of town. We had gotten that 2 sessions ago when you appropriated money and we got our lab situation greatly and remodeled. Then it was the crime labs turn and they got their new building. They vacated adjoining space and there were discussions on who was doing what with that space. In the end it was given to us if we wanted it and we have been working on the past several months on

who is going to go out there. We are going to have some heavy remodeling cost that we are paying with our rollup cost in our current budget. It is a lab and to turn that into reasonable office space will be costly and time consuming. We are crammed up here. I have had someone needing to locate over at DPI but instead we have a couple people on top of each other depending on what happens with stimulus and new money. We are also renting space for new positions at Northbrook and we would like to bring them together. We do have the disease control which is a nice fit with the micro and chem labs. Then the space will be available.

Representative Nelson: It looks like in the professional services area, there has been shifting.

Arvy Smith: Last time when children's special health services came over we took the information we got from the budget. We took the information on something that they were budgeting for in operating professional services we reflect in grants instead so you will see that major reduction in professional services as well with the offsetting increases. On the second page it will be the individual claims. MMIS pays those. We are anticipating an increase in that area as well. That is the difference between those two numbers.

Chairman Pollert: Can you go through the grants line item?

Arvy Smith: That is the bottom section of that page. Family support contracts is a part of the children's health services funded by maternal and child health. That is likely that the general breakdown as in funding grants to multidisciplinary clinics we are seeing a bit of an increase there. That will be the child health funding. Medical home contracts is very likely. Also, that breakdown of care corporation. Grants to counties is likely the MCH breakdown. Next is that specialty care diagnostic that $88,000 is the one related to the rebasing of Medicaid. To provide the same level of service when we put the budget together we calculated that impact with the rebasing.

Representative Bellew: You knew that we changed the rebasing amounts?

Arvy Smith: Yes. What impact it has on this number and when we put this number together it was long ago before we knew a lot about the methodology and stuff. I just got some information late yesterday that the number may look differently. We can get that information to you. I haven't had a chance to review the whats and whys.

Chairman Pollert: Anything we have done to the community health trust fund is there anything that is in jeopardy or does that all stay the same?

Arvy Smith: The community health trust fund loses about $3 million with the passage of Measure 3.

Chairman Pollert: Can you go through that?

Arvy Smith: In the upcoming biennium we expect to be ok but the following biennium we will have troubles.

Representative Bellew: Can you explain to me the MMIS grant?

Arvy Smith: Human services pays them.

Chairman Pollert: Are you paying for the computer interconnecting to get access to the DHS MMIS project?

Arvy Smith: No what that will relate to is the clients that are served in the children's special health services. Some of them are Medicaid eligible and they are hitting the Medicaid system. I can't tell you whether this $442,000 is a general fund match or if it's both.

Chairman Pollert: Are there any other questions? If not we will be in recess until tomorrow morning.

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2004

House Appropriations Committee
Human Resources Division

☐ Check here for Conference Committee

Hearing Date: 3/11/09

Recorder Job Number: 10683

Committee Clerk Signature Marilyn Reiten

Minutes:

Chairman Pollert: Called the meeting to order and took the roll. Before we start on SB 2004 Sheila would like to explain the red book you have.

Sheila Sandness: I just want to point out a few things. There were some funds that experienced investment losses. That would be the bonding fund, the budget stabilization fund, fire and tornado, and the veteran's post war trust fund. The bonding fund is on page 1 and I will direct your attention to the second footnote that indicates a fee of below $2 million. They would need to begin to charge premiums again. They haven't been charged since 1953. The other note there is that the insurance commissioner is reviewing options for colleting premiums for the funds will begin collections. The budget stabilization fund is on page 2. Through January of 2009 the budget stabilization funds value investments were $182 million which is $17 million less than the original investment value. Office of Management and Budget does not plan to transfer any additional funds to the budget stabilization fund from the general fund to restore any losses. They anticipate that holding the investments to maturity that they will recover. The land and minerals trust fund on page 16, currently SB 2013 provides for a transfer of $43.5 million to the land and minerals trust fund to the general fund during the 09-11 biennium. However, based on the projections only $35.5 million will be available to transfer to the general

fund. If you are looking at your budget status report the change from $43.5 million to $35.5 million is not reflecting in that budget status report. In other words the budget status reports don't quiz that. Based on projections that will be there and the Government Operations section has this bill currently. Another trust fund interest might be page 20 which is the mineral trust fund. Also the new trust fund, the tobacco prevention control trust fund is on page 30. That has been updated for the changes of the bill SB 2063 made by the Senate. Please note that the 07-09 biennium shows the expenditure of the $62,000 and the 09-11 biennium expenditures have been updated to reflect the $12.8 million. Below is a schedule of the tobacco settlement proceeds and just how the measure would be played out or allocated.

Representative Bellew: I have a couple questions. Is there not an insurance premium trust fund of some kind? We will take the money out of that.

Sheila Sandness: The Insurance tax distribution. That fund does exist. That would be where the EMS grants in regards to the EMS grants that are paid out.

Representative Bellew: We are going to need to know the balance of that fund too.

Sheila Sandness: That fund only has money in it when we allocate from it. What happens is those insurance taxes are put into that fund to cover what is allocated out of it. Whatever is not put into that fund goes into the general fund.

Chairman Pollert: So basically if you have a bill it is taken away from general funds because it is transferred to general funds right?

Representative Bellew: The other question I have is that I personally would like to see that.

Sheila Sandness: I will take a look at it and see what we have as far as the Legislative Council trust fund analysis.

Representative Ekstrom: Page 15, the healthcare trust fund. We have taken some money out of that. Seeing an ending fund balance of $50,854. Do we have some projection of what money will be put into that? Does it just go away?

Chairman Pollert: Would it be a correct statement to say we will be deficit into this in 11-13?

Sheila Sandness: You are on page 15?

Chairman Pollert: I'm talking about the 11-13 biennium.

Sheila Sandness: I would have to check into that. I'm not sure what happens after the 09-11 biennium.

Chairman Pollert: I was thinking of the community health trust fund. We will have that when we have the detail with the health department here and we will talk about that as well.
I was thinking of the trust fund that we were dealing with in the department of health. We might be in a bit of trouble with that one.

Representative Ekstrom: I don't remember it being that low.

Arvy Smith: We had one question we were resolving for you which is the line item grant on those funding sources.

Chairman Pollert: I know we aren't going to get down here by 2:15 but it will be 2:30. Depending on how we do here we will decide how we go or not.

Arvy Smith: Handout Testimony (Attachment A)

Representative Bellew: What is the difference between medical loan repayment and physician loan repayment. Are they the funding sources?

Arvy Smith: The funding sources and that one was limited to physicians where as the medical payment includes the MD's and the NP's and PA's.

Representative Ekstrom: I did want to ask you a question about the bill we heard yesterday afternoon. In terms of granting authority, is it your view that the money will come from other agencies and then put in grants?

Arvy Smith: The discussions we have had put that out on the table. I don't know if that will be approved that way by their advisory committee in the end. There have been discussions about rather than creating whole new system to put grants out they would just give it back to us because we already have systems in place and then we would grant it out based on the rules that they established. They would be calling the shots on the funding and it would be strictly CDC best practices. I think that is a potential. That is why the Governor put that extra $2.9 million back in our budget in case they do grant some of that back to us to be granted out to the locals to do for the tobacco and prevention and control. I don't know how much they will send back our way so it could be that the $2.9 million of authority may not be high enough. If not we could probably come to the emergency commission to get that increase because they have 6 months to approve that plan and I don't know what kind of time frame they are on if they will have that done before session or not to know what their intentions are.

Chairman Pollert: I know this isn't your budget agency but are we going to need any amendments as far as the health department is concerned how that money is going to get to you. Do we need to have that concern about you or not? The way SB 2063 is written today?

Arvy Smith: I think it is possible that they could have the discussions on the table with the health disparities coordinator and there is a chance they could send it back our way as well. I don't know for sure what their intentions are. If they would send that our way we would need special fund spending authority and an FTE to do that. With the youth coordinator if they decided to do that and if they decided to send it our way I would need an FTE of funding and the authority to do that but it would come out of their funds. I don't know where those decisions

will land. As of right now I don't see any other adjustments that need to be made to our budget based on that. Unless they had some additional meetings where they do decide what they are doing with the funding.

Arvy Smith: We will move on to medical services. (Attachment B)

Representative Ekstrom: Do they receive grant money from you to pay for things like coroner call?

Arvy Smith: Coroner call? That comes from the forensic examiner.

Representative Ekstrom: The coroners in each county obviously do the coroner call.

Arvy Smith: We do not provide grant funding at all. By law that is a county expense.

Representative Ekstrom: Just for some information. Cass County has stopped paying for coroner call. They pay us nothing.

Chairman Pollert: Before we start there was a question raised yesterday about local public health units. Does SB 2063 have a correlation to the tobacco programs and the local public health units and how much money do they get from the health department as far as grants for that? What will the effect on that be?

Arvy Smith: Yes it does. Currently out of the community health trust fund which is the tobacco money that we get local public health was getting $4.7 million. We lost $3 million in that fund that now goes off to the Measure 3 group. We had nowhere else to cut it than out of local public health grants. We would have had to quit everything else. We cut it there also knowing that it was likely that the locals were doing tobacco work and it was likely that the Measure 3 funding would make its way back to them from that source so they could very well again, depending on where those grants land, they could end up getting more funding than what they currently have. It will be coming from that source and only some of it from us. Our amount is down to $2.8 million. We do not have a portion of that $4.7 million was state aid no strings

attached. It didn't have to be used for tobacco because of that 20% limit. We weren't able to fund that. The 20% limit is around $912,000. We would have had to quit doing everything else and still would have been able to sustain that. I know there have been discussions with that other group that they are willing to cover indirect costs on the grants to the locals. So the locals should be able to make up a lot of that through that process.

Chairman Pollert: Through the measure 3 funding?

Arvy Smith: Yes.

Chairman Pollert: So with that did you have an FTE just working on that alone?

Arvy Smith: We do have somebody that is doing evaluation and monitoring and reporting of all the tobacco money so it would include that and all the federal money. We also have two individuals doing outreach supporting the grants, one in the west and one in the east. It would also be the federal money and the community health trust fund money.

Chairman Pollert: So we are just going to assume that the $3 million that you reduced it. The advisory council if they want it to be funded, they are going to have to talk to the local public health units.

Arvy Smith: Yes. I don't know if they are represented on their committee or not. I know that we have input there and they are well aware of the adjustments we had to make to our budget as a result of the impact of that. I'm optimistic they see what is going on here and they want to get tobacco services out there so I think it will work out. I don't know how local public health feels.

Chairman Pollert: I made a note on that yesterday so I just wanted to talk about that a bit and see what is happening. There are some gray areas that need to be ironed out.

Arvy Smith: Continued Testimony Attachment B

Representative Bellew: Is the morgue under this section? You just have one doctor out there or do you have 2?

Arvy Smith: We have one doctor out there and an administrative officer who is also an assistant at the autopsies and an administrative assistant. Then we use temporary help to also assist with the autopsies.

Representative Bellew: In the higher education, the medical school is trying to get another lab built there. They have been trying for many years.

Arvy Smith: We do have the capacity for another forensic examiner here. Continued testimony.

Kirby Kruger: NDSU does the animal based testing for west Nile virus in ND. Because it is a seasonal thing we are just funding that at a seasonal level. We are supporting other testing during the off season. It is more along the lines of just finding out what is happening in ND. The money going to the local public health units can be used for local education.

Arvy Smith: Continued testimony

Chairman Pollert: So through UND is where the billing is being backlogged right?

Arvy Smith: Yes. I think that is the main thing that is happening. Blue Cross Blue Shield at the start of this was at a mission to get all of their plans first dollar covered for immunizations so that there wouldn't be any co-pays or deductibles. If you had a $400 HPV series of vaccine and you haven't met your deductible you would still get reimbursed the $400. They made a great effort to do that and PERS isn't moving in that direction but it won't happen until July when the new plan starts. They weren't successful in getting everyone on with the first dollar coverage and then some of it is timing and the new plan you are having started yet as well. We had not banked on that happening so all of those go to UND to process those payments. There isn't an ability to send them over electronically so they are going over manually and UND has

to enter every one of those transactions into the system to get that processed. We are working with Blue Cross Blue Shield to develop an electronic bridge to do that and we are still working on that. The last I heard it was 3 weeks out. The way IT projects go who knows. What we are facing then is this huge back log then of all these manual transactions that haven't gotten processed and they are all sitting out there in accounts receivable waiting to be entered. It was an unpredictable event. We had no idea we were going to be dealing with this many cases. They had lost a staff member and it took several months before they put another one back on while we are trying to build this electronic bridge to move those over. We found out that they won't be able to back track and pick all of those up. Learning that we have now started to negotiating with them and we are going to put the department of health on there to hire temporary people to help them out. We have clients out there that haven't been billed and that is the biggest snag in the system.

Representative Kreidt: Is this like Medicare and when you don't bill within a certain time you lose your reimbursement.

Arvy Smith: I haven't heard that on immunizations yet. What I have heard is that in that amount of time someone may have quit a job and gone on to another job in a whole different insurance company and they are starting to have some troubles. That is why we said we are going to put someone up there and get those transactions caught up.

Representative Kreidt: With the counties and their accounts receivable what is going to be happening there?

Arvy Smith: We hear that some of them know where their accounts receivable are at but we are hearing that most don't know where they are or what is owed to them. They are just taking what they get and calling it good. We are trying to figure out a way to calculate that statewide and we are thinking that Blue Cross should be able to run some reports that can give us a

good estimate of what the accounts receivables are. We started working on that so we know what is out there and available yet. That is causing locals to think they are losing money on this and having some cash flow shortages related to that.

Chairman Pollert: Is that part of the reason for SB 2333 in the second section about the $2 million?

Arvy Smith: I imagine so that the locals proposed that.

Chairman Pollert: Has the hearing been had in the policy committee on SB 2333?

Arvy Smith: It was Monday afternoon. There was testimony provided but there hasn't been any action taken.

Chairman Pollert: When I look at the green sheet under medical services it shows $2 million less. Was it HB 1465? Whatever the HB was last session about immunizations and working with the local public health. This is about the $2 million?

Arvy Smith: That is what #10 on the green sheet is. That was automatically taken away from us as we prepared our hold even general fund budget. We lost all of our one time funding. We lost all of that and both of those came off the top before we started doing a hold even budget.

Chairman Pollert: That would be my guess why #2 has a $2 million note on Section 2 of SB 2333. That has a correlation of what we are doing with SB 2004 as well.

Representative Kreidt: With SB 2333, do they feel they are short and needed the $2 million because of accounts receivable. Are they going to be double dipping?

Chairman Pollert: I don't know if this is going to show up in whole appropriations but I think it will. We as a section won't get to look at it. Could someone give us a description because it is related to SB 2004.

Lisa (?): I can't speak for all of the local public health units. I can certainly address how first district has accounted for this. We are able to attract our accounts receivable. At the end of

2008 first district health unit had a loss of $119,000. We did have that account receivable in there. That for us, that accounts receivable was accumulated into that loss. Other health units from across the state don't have the capabilities to track that.

Chairman Pollert: How much percent was bad debt? Is it first district? I see a problem with the local public health units because they are being asked to be a business unit. It is a different paradigm as before. What is the accounts receivable loss. I know you can't speak for the whole state. If you are doing immunizations it is a 5% bad debt. If you have a $400,000 of immunization accounts receivable because you can't accept cash? If you have $400,000 of debt and $100,000 that you can't collect so your bad debt is 25%. My next question would be if you had $2 million, I'm wondering how much of that $2 million is not collectable. Is it $250,000 is it $500,000? Is it 25%? I would think we are trying not to do the $2 million on a permanent basis. Yet if you aren't collecting the accounts receivable you are just not going to collect it and it's going to be an issue for us and you as well.

Lisa (?): We don't know what we will collect on the accounts receivable because of the backup at UND. I'm assuming that I'm getting all of that money when I enter it into the accounts receivable. I'm assuming that is going to come from UND and I think it should. It has to because we are assured we will get payments from UND. I'm not calculating out that we are going to lose out anything on accounts receivable. We will get that in. It's a cash flow issue. My accounts receivable is in my budget. It's not in my financial statement or in the health units across the state. We have a financial system that we are able to track that.

Chairman Pollert: Did you give those numbers out?

Lisa (?): It was $119,000 was our financial loss at the end of 2008.

Chairman Pollert: For immunizations or for your whole first district?

Lisa (?): Just immunizations. I believe we can rectify a couple of those issues. This transition

has been incredibly staff intensive. That loss of staff time that we had from other programs, we contracted out additional data entry to do that.

Chairman Pollert: I do believe it is a different mindset for local public health units because of how we are doing this. I'm trying to figure out of $2 million from the last biennium you are asking for it again and it was one time funding. How much of that is going to be recurring? No one knows how much bad debt is going to be out there off of these immunizations. There is going to be some bad debt off of there.

Arvy Smith We shouldn't have bad debt. The local public health units the dollars should come into us. Granted right now we are in a cash flow issue with that. Those accounts receivable should come in with that. How we built that is that UND collects the money and for each month whether they collect it or not they send the money on to local public health. Other than their back logged stuff. They hold back $2 per shot for UND's admin and to cover any uncollectable. The way we built the system it shouldn't happen. We keep asking UND if $2 is enough or if they need more. They are so back logged they can't tell us. That is unknown and it would come out of their pockets and we could use 1435 to cover it. That is why we are kind of baffled when we hear about losses at local public health. It has to be staff time. I know Lisa is one of the pilots. She ends up double entering because she has a patient billing system. We are also building a system that will allow us to single enter and it will transfer automatically and that system is taking a lot of time. They do get $18 a shot for the first shot.

Chairman Pollert: It almost sounds like a revolving cash problem. This needs to be a staff problem as well. It's almost like you need to have access to a revolving line of credit. The dollars aren't coming in from UND fast enough.

Arvy Smith: What the issue is that we still don't know some of the answers that we are dealing with. That is why the $2 million request is our concern. We can't lose money at the local level

because I don't want our board of health to determine if yes we can financially support this or no we can't because the immunizations are so important. I thought of my other comment that we can no longer charge poor people when they come in and receive immunizations. That was a big issue for us because when we moved into the insurance billing we had to sign par agreements with the insurance which means you cannot ask for dollars up front. For us the issue was the flu shots. We do over $9,000 in flu shots the past year. It used to be that you came in and we would ask for the $30 for the flu shot and if they wanted to submit it to insurance they could do that. Now because of the par agreement we were forced to enter those adult vaccines to Blue Cross Blue Shield we cannot collect those dollars up front. That became a whole entry process for us. Our staff indicate on the time sheets which program they are spending the time in. That is where the transition went. They let staff move over to that.

Chairman Pollert: I figured we needed to have a discussion on that.

Arvy Smith: Continued testimony on Medical Services

Chairman Pollert: Number 13 says add 1 FTE administrative position. That doesn't show emergency commission approval.

Arvy Smith: The other one is in the lab. There are 2 and the other one is the conversion. It is federal funding and the $80,000 you see on the green sheet is the whole cost of the positions and the added costs for that. It was only around $18,500 which was the difference between it being temp and permanent.

Representative Ekstrom: We had this come up in the department of human services. Do you have some of that which are dedicated to writing grants?

Arvy Smith: No we don't.

Chairman Pollert: Didn't DHS have a .5 that was in the budget?

Arvy Smith: No. I thought I had talked about this. We do it individually. The program people look for funding. I think they usually get alerted for federal funding by the feds when it is available by the grant. We would like to and we talked about doing that. We are trying to do some other things. What happens when you do find a new grant is that your existing staff has to drop everything and spend an amount of time writing the grant, pulling the resources together, and they are the ones who end up doing the hiring when there is a program in place. It becomes a burden on the staff so we are trying to do other things to work together and use some other resources to make that happen. We are pretty aggressive in pursuing federal grants.

Representative Kerzman: This is kind of a general question. Across my mind with the expansion of the crime lab and taking on another position that is federally funded. Are we losing any federal funds? Are we taking over some of the duties that we have had. How is that working out? We are all federally funded but the crime lab isn't.

Arvy Smith: The funding isn't an issue because we were able to make an easy break there. The biggest thing we have with the crime lab is that we need to wait with reports in order to do death certificates on the cases that are having autopsies. Many times we are waiting months for that information and we have unhappy residents that need to know cause of death for life insurance and all of that. We have been working with the Attorney General's office on that. They assured us that they were getting additional staff to help speed that up. It does have an impact on our operations. We are working with them. They know it's an issue and they are asking for additional staff. I don't know the status of that. We had to figure out who was paying for operations on the lab building and it is in their budget for the end of this biennium. Next biennium it comes into our budget then. Otherwise there are no funding issues.

Representative Wieland: On 8,9 on our green sheet it makes reference to removal of our funding for capital bond and payments. It provides funding and has a difference of about $5,000. Generally payments go down and not up.

Arvy Smith: They are increasing a bit. What they did was pull out this biennium's payments and add in the new payment. The difference is about $5,000 and I don't know how or why that works. We get those numbers from Office of Management and Budget and the industrial Commission.

Sandra Deis: Inaudible.

Chairman Pollert: Under the professional services aids patient testing for the $320,000 increase I know that is federal funds. Are you doing more testing or what is going on?

Arvy Smith: That is what I was talking about earlier with the new rapid testing for HIV/AIDS so they have results earlier and can do the follow up and surveillance quicker.

Kirby Kruger: That was federal funding that CDC provided to us in addition to what we usually get. In order specifically for the rapid testing, at the federal level one of the initiatives has been to diagnose individuals with HIV/AIDS as early as possible in order to get them the medical intervention faster and to be able to provide counseling to them sooner so they cannot put others at risk. The rapid testing would allow for a preliminary test result at the site of testing.

Arvy Smith: Testimony Handout (Attachment C)

Chairman Pollert: Is this related to what was done last legislative session as far as building constructions going on. Let's say a nursing facility.

Arvy Smith: We have been dealing with this for a long time on how the facilities build a new home or do some major renovation. Our federal funding didn't let us deal with this until it was complete. We would come in and make all of these recommendations and have to get into ceiling tiles and walls to make sure they were compiling with things. It would delay the projects

having them have additional expenses and having repairs and such that they were unaware of. What happened in the current biennium is that you approved the demonstration project for us and we were to do earlier site visits on construction projects over $3 million. There have been only 4 that have applied. Two of them are still in the process but two of them are complete. They have identified savings of $295,000 because we were coming in early they were able to open on time.

Chairman Pollert: Should we ask for that $295,000 to offset the $236,000?

Arvy Smith: We did negotiate with them. The way the budget is built, they are paying 1/3 of the costs to do that.

Chairman Pollert: So it is actually $400,000 or whatever.

Arvy Smith: It is $346,000.

Chairman Pollert: The Jamestown hospital is talking about building. Will you be there during the construction of that facility then?

Arvy Smith: Yes. In 2006 and 2007 there were 137 projects. That is how many we are expecting to have for earlier inspections and stuff.

Chairman Pollert: That was going to be my next question. Earlier, were there 4 facilities? I asked why you needed 2 employees for 4 facilities.

Arvy Smith: Because we were only doing projects over $3 million. That is what the demonstration project required. There are fewer projects over $3 million.

Chairman Pollert: So you are saying there are how many projects?

Arvy Smith: 137 in 2006-2007 of small medium and large. We have the fees broken down depending on if they are large, medium, or small. We worked through all of this.

Chairman Pollert: Whether they are remodeling or whatever. You are in earlier on the project.

Representative Ekstrom: Is this going to help with the plan review as well? Obviously the plans are submitted ahead of actual construction.

Arvy Smith: Yes we do have a half of the positions devoted to plan review because there will be additional required with this. We have fallen behind in that area. Some is due to the demonstration construction project and some to illnesses.

Representative Kreidt: Getting back to the life safety surveys, staffing wise I know you were looking to hire. You have a full staff now. When this goes through it will bring it up to how many people in the department.

Darlene Bartz: Our life safety code program and plans review program include one individual as a lead who does plans review and dose oversight for the life safety code survey. When that individual was first hired he was solely plans review and then we got the life safety code survey process from the attorney general's office. That position wound up with two functions. We have 3 surveyors who go on sight to do the federal life safety code survey program. We have never had additional FTE's to do the survey for the state business and that is what we are basically looking at. We have a total of 4 FTE's. Right now the manager and three surveyors. This would bring on 2 additional people to be working with the construction projects which we have never had. The .5 of that 2 FTE's would go to plans review. We would be up to having 1 FTE to work with plans review.

Representative Kreidt: Under the pilot project they had 2 visits and now they are going to do it in 4 visits or something like that.

Darlene Bartz: What we looked at and talked with the industry would to be available to go onsite as we need. With the small projects we were looking at an average of 2 times with a medium sized project an average of 3 and the larger ones an average of 4. If it would take an additional visit we would make that visit.

Representative Kerzman: Is there any effort being done to combine the surveys. WSI will come in and then OSHA then the Health Department. Are they recognized by the associations?

Darlene Bartz: We always encourage the locals to come on sight if we are doing surveys. Right now the only individuals in the state who have gone through the training to complete the life safety code processes are staff from our office. We do invite others to come on board with us to observe that process and we do encourage that. If we have the construction managers, local inspectors, and so forth they are more than likely to join our staff.

Representative Ekstrom: Where would these folks physically be located with? Would they be located straight out of Bismarck?

Darlene Bartz: It is interesting. We do have 2 community based life safety coach individuals. One in Ellendale and one in Underwood. It would depend on where the individuals come from. For at least the first year they would end up working out of Bismarck to learn the program and different things. Then depending on their request they may end up on community based as the other surveyors.

Arvy Smith: Continued testimony.

Representative Bellew: Travel throughout the health department budget, could you give us a breakdown of each section and the travel on one sheet and how much is federal/general. The other question is have is the operating expenses shows a general fund increase of $258,000.

Chairman Pollert: Half of that is travel but what is the $73,550 under operating budget adjustment? That was nothing in the previous biennium.

Arvy Smith: The $73,550 you see under operating budget adjustment is related to the operating travel for the new FTE.

Chairman Pollert: That wouldn't be up in travel with the $106,000 increase?

Arvy Smith: That is how they deal with the Governor's adjustments by putting them under the operating adjustments. We probably could work that out and calculate that if you want that in there as well.

Chairman Pollert: I have never seen that in any other budget.

Sandy Deis: I do that quite often with ours. When we are putting in adjustments at the end, we normally do that. Maybe not as consistently because there might be budget analysis.

Chairman Pollert: Under data processing, is that a forced figure from ITD?

Sandy Deis: It is probably related to what their charges are for the next biennium.

Arvy Smith: The data processing is due to the change of how ITD previously built based on devices and now they are billing based on FTE. The general fund increase in operations is due to previously the Medicaid match related to the nursing home surveys that was sitting over in human services. We funded part of that activity funded by Medicaid so they would pay us the federal and general fund portion related to this. When FMAP changes or happens the human services were the ones who got hit with the general fund effects of that rather than us. We were able to request that. When they give us money it ends up being in special fund authority. What we did instead is budgeting that money in the Medicaid and general fund match is now being budgeted in our budget. There should be an offsetting decrease in human services related to that adjustment.

Chairman Pollert: When you look at health resources, 89% of the increase is due to the wages and benefits. If I'm reading that right $1.25 is the increase and the total is a $1.4 increase.

Representative Bellew: I still want to know what the operating budget adjustment is. To me that should be in travel.

Arvy Smith: I could provide you that detail, we do have it. I can get you a copy of the sheet or I can give you those numbers.

Representative Bellew: I would like to know where the other $200,000 is with the general fund increases.

Arvy Smith: The $258,000? I can tell you that $49,000 of the $258 is related to the life safety code. We are looking at a little over $210,000 that is going to be related to that nursing home change. We can get you this detail sheet on the life safety code positions. I can give you a breakdown of the salary increase. About $83,000 is related to the second year of the 4%. The health insurance, Governor's adjustment is $185,000. The 5&5 salary adjustment is $389,000. The equity adjustments that we talked about was because we weren't able to keep up with things was $300,000. The two new positions then was $173,000. I went through the second page but the third page is just a reiteration of the funding sources. The second page had a few changes with operating fees and professional services and there aren't any grants in this program or section.

Chairman Pollert: I would suspect that the fees for food and lodging and hospital license fees aren't increases, they are just current levels?

Arvy Smith: There are no increases or fees built into this budget.

Representative Kreidt: Isn't there a charge for nursing home licenses like $7 or 8 a bed?

Arvy Smith: Yes.

Representative Kreidt: Is that on the life safety code or the original?

Arvy Smith: The other funds increased. Some of that is related then to the life safety code positions. The special fund increase of $221,000, $114,000 is related to the life safety code and charging fees.

Chairman Pollert: Where is the special fund increase?

Arvy Smith: That is at the bottom of the sheet here. It is under the increase/decrease of other funds. It is related to the fees of the life safety code construction project.

Representative Kreidt: Basic care with $30,000 is that for the license then?

Arvy Smith: That is per bed.

Representative Kreidt: Going back, the one for nursing homes too.

Arvy Smith: It is $10.

Representative Kreidt: It used to be $7.

Arvy Smith: We let that increase.

Chairman Pollert: So I have this correct, we are going to have 2 FTE's under the life safety code. I have no problem with that. You are charging for the individuals to come out of fees with the life safety code. When I ask the question of should we keep the $295,000 of the interest savings but are charging for the life safety code so in a way we are paying for the FTE's?

Arvy Smith: For 1/3 of them.

Chairman Pollert: So with the life safety codes because you have more people on the road, would that be going up? You will be doing a couple more inspections during the construction process.

Arvy Smith: That is part of that $73,550 of operating costs associated with the 2 FTE and travel.

Chairman Pollert: We will take a 15 minute break.

Arvy Smith: Continued testimony (Attachment D,E)

Representative Nelson: Yesterday I asked the question in the afternoon about the people that work in your department in the tobacco programs. Are those funding sources mostly federal for

those?

Arvy Smith: They are all federal besides one comes out in the community health trust fund.

Representative Nelson: What position comes out of that?

Arvy Smith: The evaluation and oversight position.

Chairman Pollert: Where is that? There is one new one?

Arvy Smith: It won't be on here. If you like we could get the dollar amount on that. I believe it is around $139,000.

Chairman Pollert: Real quick so I have an understanding. It started with the Department of Health. You are saying that the 1 FTE under medical services starting on January 16, 2007. Is that EPR stands for? They started in 2005. The other ones, they are new positions then? When we get to the end of hearing everything I might have you go back to this sheet and give us a brief explanation on why you did that. Because as we are going through budgets we are talking about everything general and here is the FTE. If we need to have that discussion really quick maybe we can do that. Will that work for the committee?

Arvy Smith: Continued testimony (Attachment D)

Representative Wieland: I wanted to ask about Women's Way. Is one of the reasons for the increase in Women's Way because that would increase the federal funds as well?

Arvy Smith: No. In Women's Way the funding is pretty level and we would actually have lost a bit so we could keep up with reaching the hard to reach women population. Continued testimony.

Representative Kreidt: Working with the tobacco free school grounds, I thought they were all no smoking. Can you explain that?

Karalee Harper: In regards to the tobacco free grounds there is a federal rule that indicates the buildings need to be smoke and tobacco free but not the grounds. When we are discussing

the grounds we are talking about the outside perimeters where they would be waiting for the bus and including baseball fields, football fields, etc.

Representative Kreidt: I was always under the understanding that the school building and the property the building stands on that you can't smoke on the football field.

Karalee Harper: This would also encompass the chewing tobacco as well. Not just for the smoking cigarettes. In regards to the smoking that would be for cigars and cigarettes. When we are talking tobacco free that would also include the chewing tobacco.

Representative Kreidt: But you are telling me that there are schools that allow smoking on their football fields?

Karalee Harper: Yes.

Representative Kreidt: Do you work with the districts to put policy in place, or why aren't they?

Karalee Harper: Our local public health units each have tobacco coordinators and those tobacco coordinators work with school boards, school districts to get the grounds tobacco free.

Representative Kreidt: As long as this is going on it seems strange to me that we still have school districts that aren't doing that.

Representative Nelson: There is the bill out there with the 4 FTE's. Can you reassure me that we aren't reinventing the wheel and that we are duplicating some of the work that is being done by your division now. Are you comfortable that those positions will only be enhancing. Some of the work that is being done is doing new things rather than doing some of the same stuff now.

Karalee Harper: Right now our current staff works with locals and they also work with the quit line and we have more of an evaluation piece as well as we do have an individual that works on data and from what the other group is indicating it would not be a duplication.

Representative Nelson: I think of one of the positions was a data type position.

Karalee Harper: IF I remember right from yesterday I believe they were talking about an executive director and administrative assistant. Someone should be working with healthcare and health communications.

Representative Nelson: I thought there was a data person that was involved in that. We will get to the bottom of that.

Representative Kerzman: I see in your testimony where you talk about $2 million for that program. Where do we find that. I have been pretty curious.

Arvy Smith: I'm not sure about that.

Colleen Pearce: The rebate program is a federally required initiative initiated by the USDA a number of years ago. As part of that what we need to do is go out on contract for a rebate coming back to the state. Essentially what happens is we release the initiation for every item purchased with the USDA funds, the company that we have a contract with which is currently is Nestle, every time we purchase a can of formula they rebate us anywhere from the current rate. If it costs $1.30 for a can, the rebate might be 40 cents to the program. By laws those programs come back into the program. They have to go into the pool of funding that is specific to the food dollar sign. They have money on the nutrition services administration side. The rebates come back into those food dollar pools. It essentially allows us to serve 23% more participants. If we didn't have those rebated dollars our numbers would drop probably because the federal dollars aren't sufficient to carry correct case load. Our participation dollars are down 20-23%. One of the requirements within our regulations is that we purchase formula only through licensed providers. We have to demonstrate to the USDA that we have contracts right now with the grocery stores. They provide the food. When they do that is when they get the formula. The USDA also requires that we demonstrate to them that the grocery stores are

getting their formula from legitimate warehouses. In terms of that question of the black market with formula, that isn't feasible in our state. I'm sure there is trafficking going on with formula in other places.

Representative Kerzman: I'm not sure what state that was in it just caught my eye. With $4 million a biennium we couldn't increase that.

Arvy Smith: The rebates are within the $25 million food figure. They are on budget there. We do get rebates in the Ryan White program also. That was in the medical services area. Those are on budget within the grant numbers as well.

Representative Kreidt: Going back to the school districts, could we get a list of the ones that don't participate in the programs.

Chairman Pollert: How many FTE's do you have in the tobacco group?

Arvy Smith: Seven of them. Six are funded with federal funds and one is funded out of the community health trust fund.

Chairman Pollert: One is a community health trust fund? I am still having trouble dollar wise on what has happened. You said there is $3 million less. Is this to the section where u need to go through the community health trust fund when we do that? So six FTE's is with federal funding. With the passage of Measure 3 you guys are not in jeopardy. They are still intact?

Arvy Smith: Yes and we did keep the one coming out of the community health trust fund.

Chairman Pollert: So if I look at what you were doing before Measure 3 and what you will be doing now, could you tell me that or is that in the discussion with the community health?

Arvy Smith: We will see that in the community health.

Chairman Pollert: All of the tobacco settlement dollars go to who?

Arvy Smith: 10% coming into the community health trust fund. Starting in April of 2008 there has been what is called the bump payment. That was the additional payments to states that

participated in the lawsuit. Starting in 2008 we were starting to get an additional $26 million coming into ND. What Measure 3 did was take all of that $26 million so we lost our 10% share. It pushed that $26 million over to that tobacco prevention advisory group. The measure was effective in December. Even this April in the current biennium we lose $1.3 million of our revenue out of that fund. Next biennium it is close to $3 million.

Representative Bellew: You say that this Measure 3 takes the fund money so that when it runs out the committee goes away too?

Arvy Smith: They only want to spend around $12.8 million per biennium. They will have remaining balances that will carry that.

Representative Bellew: So the trust fund will keep accumulating money?

Chairman Pollert: Yes for 17 years. So now all of the money goes into?

Arvy Smith: We keep the 10% prior to bulk payment amounts. That is the funding that stays to us, around $4.8 million.

Chairman Pollert: Are you talking appendix 5?

Arvy Smith: Continued testimony.

Chairman Pollert: They could but local public health units are going to have to go to the tobacco advisory people to get their funding of what they are getting from the local health unit.

Arvy Smith: In addition they would have access to this as well. I need to make a clarification. The $3,388,000 in the 09-11 column is for the tobacco efforts that will stay with the health department. It gives us the flexibility to figure out if we are working with the tobacco folks is whose role should be what. What role should the health department be versus what role should theirs be so we aren't duplicating. That is why this schedule shows the way it is. We have the whole $3,388,000. We want to keep that coordinator with operating expenses is the position funded out of this fund.

Chairman Pollert: You are talking the 1 FTE that is funded through the health trust fund. That is what you are talking about?

Arvy Smith: Yes if you look into the 07-09 tobacco coordinator and operator expenses $139,397, we will likely keep that and it will come out of the $3,388,000. We likely won't keep the advisory committee. Then we have to figure out between the quit line and the employee cessation and the local health programs as to who is doing what. With the quit line we have developed expertise at that and we have everything in place and the oversight with the working relationships with UND and the Mayo Clinic. We will likely keep that. The way this is laid out we are given the flexibility to work with them and iron out who does what. At the time the Governor's budget was put together it was right after this passed. They didn't have plans in place. It was just uncertain how this would go.

Chairman Pollert: Could you give this section here what you are trying to put through that so we have that information?

Representative Nelson: In all of these programs you have history in quit line and cessation. Would a possibility for funding from the committee be that they just grant the department of health funds to continue the programs that already exist?

Representative Nelson: But all of these programs are a part of the practices that already exist? I'm really having a hard time understanding how this is going to work.

Arvy Smith: What the new committee's goal is, is to be at the CDC recommended best practices level. That is $18.6 million. They are not going to spend all of the $18.6 out of their money. They are counting our money and our health money.

Representative Nelson: All of these programs are a part of the best practices?

Arvy Smith: The quit line is the employee cessation. It is the tobacco programs which would like them aligned to the CDC best practices level. If they took money and paid for these things

then they would need to spend more money to get back up to the $18.6 million CDC recommended level. Does the measure state that you must be at the CDC recommended level?

Representative Nelson: Does that mean that they could provide some of that funding to the grants and department of health to administer the programs?

Arvy Smith: The other string on that which I don't know that you would gain anything by that, with the money we get from our revenue, 80% of that has to be spent on tobacco prevention and control according to the measure and only 20% can be on tobacco. Even if their money came over and paid for the tobacco things of my revenue, I would have to re-spend it on tobacco things anyways.

Chairman Pollert: That is why we have the increases to the physician dental loan repayments? Besides fully funding the number of applicants we still have to fully fund them if we have to continue the programs.

Arvy Smith: Yes we can see that there isn't enough available here to fund those out of here. We just funded the base levels.

Chairman Pollert: That is because of the limit to the 20%.

Arvy Smith: Yes. If you take $20 million of the $4,388,000 that is somewhere around $912,000. When you add up the non tobacco spending here of $288 plus the $10 and $72 to DHS that is $585,000 above the $912,000. What we can do is extend that ending balance of 07-09. That can be non tobacco so that balance is going to be spent on the non-tobacco stuff. As we move into 2011-2013 I won't have an ending balance to do that. In 2011-2013 we will need to reconsider what is going on with this.

Chairman Pollert: Can you give me a flow sheet as to what this would mean to our section in 11-13. We asked the same thing for TANIF. We will be deficit spending in TANF in 11-13 as

well.

Arvy Smith: In the 07-09 biennium we do have some adjustments. This was prepared 6-7 months ago. We do know that some of these will be a little different. We needed to update those estimated expenses in the current biennium so we will be able to do that. We will be able to show you the 11-13 as well.

Chairman Pollert: So basically the $3.388 million could we say is the 80% in the tobacco cessation programs?

Arvy Smith: Yes.

Chairman Pollert: So you have the community health tobacco programs in, by this in here are you saying that you might have to take a look at the tobacco quit line or realigning them as far as money. Are they going to stay in there at the 07/09 levels?

Representative Wieland: You listed that you had revenue sources or back to the settlement trust funds regarding these programs. If there isn't adequate funds you will continue to use the others. You did not mention general funds in that list. How are they affected?

Arvy Smith: There are no general funds in the tobacco program.

Representative Wieland: I thought we heard awhile ago that there was one FTE that was generally funded. Did I misread that?

Arvy Smith: That FTE is out of the community health trust fund. There isn't a general fund in that.

Chairman Pollert: Out of the 7 FTE's in the tobacco sections, 6 are federal funds with the 1 FTE on the community health trust fund.

Arvy Smith: There is another. You have a detailed schedule attached to here on the tobacco program funding. It is actually 7.34 FTE in additional with allocated parts and the IT Coordinator and the secretary in that federal funding as well. Actually 6.34 is out of federal

money and 1 out of community health trust. To maximize our funding we tapped into that. The tobacco quit line is going to stay stable. It is likely that will come out of the $3,388,000. Our budget is based on keeping that tobacco coordinator of $139,397. That will come out of the $3,388. The unknowns are the city/county cessation and the local health tobacco programs.

Representative Kreidt: When Measure 3 is in place we are going to have the community health trust fund and then they will have the prevention and control trust fund. That will be where their money is setting in. Can you go to those individuals in that committee and ask for money from them? Can you get over that amount?

Arvy Smith: We are working with them and we have a place at the table and are discussion who is going to do what. This is where I say that the concepts on the table that the grant programs come our way and we would be able to replenish what the locals were getting in tobacco programs.

Representative Kreidt: According to the measure if they feel they don't have adequate dollars in their fund, they can go to the water trust fund and take whatever money they want out of that fund? Who is going to determine what is adequate or not. I know the executive committee will. Can they make that decision? They are just going to go to the water trust fund and take that out of there?

Arvy Smith: I can't answer that. The health department doesn't have any authority over that.

Kathleen Mangskau: The funding that is flowing into the prevention control trust fund, there should be no need to go beyond that fund for at least 16 years. There is an adequate amount that we will fill in for the strategic contribution done each year. We will not use that money. It will be taken and we may in that trust fund so it will continue to fund tobacco control and beyond. We estimate right now with the current levels of funding if they continue to receive the federal funding that they are, this should take us 16 years or beyond.

Representative Kreidt: Looking at the situation, we are about to go broke on the federal level. If that happens you can go ahead and take all the trust fund money.

Kathleen Mangskau: If they didn't receive their federal money at the state health department that is about $1 million a year. Right now we want spending at about $7 million that we are carrying over. Yes that would reduce or amount of time. We aren't talking in the immediate future. If they lost all of that federal money we would only be taking another $1 million per year. We are taking quite a number of years.

Chairman Pollert: If you look at the end of the 09-11 biennium and let's say it was just at the $12.8 million, there is enough money in there to do the programs that you are talking about for 4 years.

Representative Nelson: The money that goes into the tobacco prevention control trust fund stops at the end of 15-17 biennium.

Kathleen Mangskau: The money flows in for 9 years.

Representative Nelson: There is some fluctuation in those numbers or are they hard numbers?

Kathleen Mangskau: Those are estimates based on the strategic fund coming from the state. We feel they are fairly close. Office of Management and Budget has put them together from the information they receive from the association they receive.

Representative Nelson: For an example, to borrow from Representative Kreidt's logic here. If there was a change in whether it is funding to community health trust fund or federal dollars to the health department or tobacco settlement dollars the first shortfall would be made up of surplus funds from this trust fund. What I'm getting at is what steps would you take before you go to the water resource trust fund for funding?

Kathleen Mangskau: This fund would have to be depleted before we would go to the water trust fund. We would use all of the funds. The other thing we have to remember is that 9 years from now the annual payments to the state ramp up. The community health trust fund 9 years from now is going to be increasing. When the strategic contribution funds stop 9 years from now there is going to be a significant increase in the settlement payments to the state again. It's a fairly significant increase that will be coming with the annual payments. They will all be increasing 9 years from now because the payments are going to go up.

Representative Nelson: Correct me if I'm wrong but if we would want to continue to fund some of the other health related programs from the community health trust fund and build that trust fund to a higher level than it is today to do that, any additional dollars that would be put in there would be subject to the 80% tobacco requirement as well.

Kathleen Mangskau: When those payments come to the state they would be split the 45/45/10. The 105 that goes to the community health trust fund would increase and under Measure 3 it would be required that 80% of that would go to tobacco control.

Representative Nelson: No matter where the source of funds comes from? The general fund would decide to put 41 million in the community health trust fund. Is that just from tobacco settlement dollars?

Kathleen Mangskau: I believe it is 80% of the community health trust fund would go to tobacco control. I would have to relook at that language but I think that is correct.

Representative Nelson: If there was another source of funding for that I would appreciate knowing the answer because I would be more interested in trying to find some sources if we would have to deplete the spending levels on that formula.

Kathleen Mangskau: I believe if we look at the statute that it doesn't mean the 45/45/10 designates the money that does come from the tobacco settlements from the state.

Representative Nelson: Would that prohibit it from accepting other funds?

Kathleen Mangskau: I don't know if the community health trust fund can accept funds from others. It was a statute developed back in 1998 or 1999. It would have to be looked at to see.

Representative Wieland: I noticed on item on their way down at the bottom of this page which was reconcile item due to keying error in BARS at the bottom of the professional service line item page 1.

Arvy Smith: As we tried to reconcile some of our numbers it got adjusted in the operating line item in the professional services instead of in the grants line item I think we have an offsetting item in the grants line item. That was just to edit out. It appeared that as you entered things into BARS we aren't exactly sure. We couldn't identify where it exactly happened but we had identified all of the numbers. We decided in the general funds that it had to be collected. It's on the second page under grant line items.

Representative Ekstrom: On your grant line item page there is a grant to encourage the rest? I'm assuming that is dealing with domestic violence.

Arvy Smith: Yes.

Representative Bellew: On your overview you have grants from domestic violence sights. Under grants line items can you reconcile that for me?

Arvy Smith: You are reconciling that for $5 million?

Chairman Pollert: So you are wondering why that is general funds?

Representative Bellew: Yes. On the overview it says grants to domestic violence sights $5,021,000. I just want to know if the grant line items are reconcile by that amount.

Arvy Smith: We can get the information for that.

Chairman Pollert: We will recess until 2:30.

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2004

House Appropriations Committee
Human Resources Division

☐ Check here for Conference Committee

Hearing Date: 3/11/09

Recorder Job Number: 10740

Committee Clerk Signature Marilyn Reinert

Minutes:

Chairman Pollert: Called the meeting back into order.

Arvy Smith: Testimony Handouts (Attachment A, B)

Representative Ekstrom: When we get an idea about the stimulus money that does relate to this?

Arvy Smith: Dave Glatt has a schedule that he can share with you on what he knows at this time. Continued testimony.

Representative Ekstrom: I have one other question in regard to the underground injection control. We received testimony that we were going to start exploration for uranium and it would involve a number of injection wells. Those things are not slated to start for awhile. Have you started having discussions about that?

Dave Glatt: Handout Testimony (Attachment C).

Chairman Pollert: The higher your priority points the better chance of being selected kind of a thing?

Dave Glatt: Yes. We looked at the ability to pay issues as well with some of the other communities. Under the conditions around a bit more, part of the conditions is that the money had to be used as loan money for grant money and grant or loan forgiveness, principal

forgiveness and those types of things. A portion of the money should be dedicated towards green type projects, those that are based on energy efficiency that save on water resources and those types of things.

Chairman Pollert: Are we going to need amendments as far as what we need to do to come out of this section?

Dave Glatt: The way the SRF program has worked in the past is that the administrative money is in our budget. We may need a bit of an amendment because it relates to the appropriation for the administration of the program. The rest of the money goes to the Bank of ND and through there the loan processing takes place. We don't touch that money we just tell them what projects are eligible and they make sure that all the loans are done appropriately with the paybacks.

Representative Nelson: I was contacted by some of the people in Carlsrud about their situation with arsenic. I see that you have approved a water treatment plant or regionalization. Would you actually put a water treatment plant upgrade in a town with 50 hookups?

Dave Glatt: I might defer this question. That is one of the things that we wanted to look at. We believe some of the termination of locality to whether or not they are able to afford that.

Dwayne Curran: To your specific question, Carlsrud is on the list. We are awaiting a successful pilot study to see if the type of treatment that they are proposing to use would work to solve the arsenic problem and some others. We are also waiting for a fresh look at cost comparison between using that treatment process to treat the water and what it would cost to hook up to a water system and make a decision on that. To answer your question we are concerned about having a sophisticated treatment of that. We want to make sure it will work and we will be able to pay for it and handle it before making a decision.

Representative Nelson: Are they considering reverse osmosis or something like that?

Dwayne Curran: It is a specialized process that would concurrently take out the arsenic.

Representative Ekstrom: These projects are obviously on the sheet. That's not a priority number it is just the projects?

Dave Glatt: Those are the projects funded under the stimulus money.

Representative Ekstrom: These projects have been on a list somewhere for some time. They are being moved up in a sense?

Dave Glatt: Some of those projects have been. What we did was when we needed the stimulus money was reached out to the communities and said there was stimulus money coming up and asked if they had some projects. You may see some projects that were on the previous list of ranking and there were some new ones that came in with response to the stimulus request.

Representative Ekstrom: The other question is in terms of the stimulus money, is there a requirement that these projects get under construction within a certain period of time? Are there limitations elsewhere?

Dave Glatt: That is correct. They have to be under obligation a year from now. That was one of the criteria that we took under consideration is if they could get it designed, bid out, and basically on the books for construction within the year.

Chairman Pollert: Under Pembina on the bottom of that page is it $112,985 or what is the dollar? Is it 3 zero's?

Dave Glatt: The first one would be $1.1 million and that is accumulative of all the projects as we add them up. Their request is $1.1 million.

Representative Bellew: The first half of the session we passed some legislation for Ray/Tioga to fix up their water supply with oil trust fund money. Is this different or would this include that?

Dwayne Curran: I do believe this represents the same project. This project had been on our list previously and when the stimulus package came about we simply carried to forward to here. It may have negated the need for a special appropriation.

Chairman Pollert: Has that been communicated to Representative Skarphol?

Dwayne Curran: I'm not sure. This list is often fairly public including the consulting engineers.

Chairman Pollert: We will have that discussion with him.

Dave Glatt: To deal with those issues we are having a conversation with the water commission because they had some stimulus money and to make sure that we weren't doubling up on projects and to address the kinds of issues that Representative Bellew brought up to make sure that we aren't double dipping. It may free up some money under our stimulus package and we can move down to the next one down the list.

Chairman Pollert: Maybe that project wouldn't have as many priority points as something else.

Dave Glatt: We will take a look at that. One of the reasons we are going out for public comment as well is if they are already getting money they may turn back as needed.

Chairman Pollert: What I'm hoping is that yourself or someone from your department will come forward if we need some amendments to give them to someone in the section. We will probably be asking for amendments sometime next week.

Dave Glatt: As soon as we get the other portion of the stimulus money which is the clean water portion, we don't have that list done yet. If you would like a copy we can make sure you can do that.

Chairman Pollert: Will you have this done by next week?

Dave Glatt: The dollar amounts are pretty well established. It's just the individual projects haven't necessarily been ranked yet with the dollar amounts.

Arvy Smith: Continued testimony.

Representative Kerzman: Equipment under $5,000 is that furnishing for the lab?

Arvy smith: Our equipment under $5,000 is more like computers and stuff.

Representative Kerzman: Did you replace most of them or why is that?

Arvy Smith: Continued testimony.

Chairman Pollert: That wouldn't be one time funding since it is federal dollars? One time funding is under general, right?

Arvy Smith: What you will get is a total equipment listing so which of those are the increase or not it shows the total listing. It will give you the IT of under $5,000 separate from the equipment under $5,000.

Chairman Pollert: can you touch on travel a little bit?

Arvy Smith: It is going up 16% and that is basically how we have been calculating that.

Chairman Pollert: It is based off the Motor Pool so is this a similar deal then? You aren't driving more miles? Are you basically the same state wide average or what you did for previous biennium's is an increase in the Motor Pool even though prices have dropped?

Arvy Smith: I can check on that. The amount looks like it is just the price increase. It does not increase mileage. It is the inflation and travel costs. There is a small amount of $5,000 due to a new program.

Chairman Pollert: How much has motor pool gone up on an average this biennium from the budgets. I'm not only talking about Department of Health. I know you had to use the higher rates for all the agencies because you are all under the same Motor Pool. I'm just curious as to if it was an increase of 30 or 50%.

Lori Laschkewitsch: We don't have that information on how much would be specific just to motor pool. Food and lodging and airline travel is that way too. I could get you what the

percentage increase in what the rate was at motor pool and what it is predicted for next biennium versus what it is the current biennium.

Chairman Pollert: I'm not trying to tell you that you can't drive miles. My question is how much did the rate of the motor pool go up. Odds are that it was based off of $4 gas and now gas is around $2. That is what I'm looking at.

Arvy Smith: They could tell you how we landed that because it is about 17% in every section. There are assumptions that were made and she could share that with you. When we received the rates from the motor pool they classified them by the different types of vehicles that you basically lease. We went in and determined, used the percentage of what class of vehicle was used and took that percent that motor pool was showing us that needed to be increased. That is how we took a look at the motor pool rates. I think we looked at the airline travel and the other miscellaneous details which was about a 6-7% increase there. When you added them all up and added the costs it came to 17% for the health department.

Representative Wieland: When you use airlines for travel, do you go through a travel agency or do you go online? How is that generally done?

Arvy Smith: Generally we use both but I would say the majority is with the travel agency. Some of the employees choose to go out and book their own flight online.

Representative Wieland: Do you have some guidelines or a deal with travel agencies? Do you require that they seek the lowest rates and so forth or do you just tell them where you want to go and leave the rest to them?

Arvy Smith: Basically we encourage our staff to seek for the cheapest flight possible. When we visit with the travel agency of course they know. They try to get the lowest fare possible when they book the flights.

Representative Kerzman: Could you touch a little bit on repairs and IT Contractual. It looks like you haven't even spent half of it and you are looking for more.

Arvy Smith: In repairs that you are looking at, we have spent about $400,000 during 18 months of the biennium. It would be about ¾ of the biennium.

Chairman Pollert: You have an increase in the $400,000.

Arvy Smith: Repairs and equipment are things that we generally hold until the end of the biennium to make sure that we have got enough money for them. A lot of times our expenditures will be later on in the biennium with those kinds of things.

Representative Kerzman: IT Contractual is one that really threw me. You haven't even spent half of that.

Arvy Smith: I believe that is a one stop shop.

Dave Glatt: With the IT portion of that, we get grant money from EPA. What we are doing is consolidating a lot of our computer programs into one program to where anyone can access them. We have a lot of contracts out there yet where we have obligated the money but we haven't spent it as of this point in time. We are still working on putting it together.

Chairman Pollert: When I look at the repairs and IT Contractual, do you have another contract that would cause the $75,000 increase as compared to the previous biennium? Or same way with repairs. With 507 and then 571 and now you are going to 672 it is almost like the odds of an increase with repairs. The odds of an increase in repairs, I don't know what that is about. I'm just kind of curious on both of them.

Dave Glatt: Under repairs there are maintenance contracts for laboratory equipment. Those do change in costs. The reason we do that is if we don't have the repair contracts and if the machine goes down we have to pay an extra amount above and beyond what we normally would. This makes sure that we come in and maintain equipment, make sure the software is

up to date with the analytical equipment. Those have been going up a little bit. That is part of the costs. I would have to go back and take a look at how exactly what the additional repairs would be but there are some related to what they would be.

Chairman Pollert: Do you have more sophisticated equipment these days with what the work we have done at the crime lab and everything is? Will we see more of this type of stuff? Is that what you are talking about?

Dave Glatt: We are always looking for more sophisticated equipment. The only way we can buy more sophisticated is if it relieves the amount of man hours it takes to do an analysis. We may see some more sophisticated and we may see some more of our equipment repairs maintenance contracts go up a bit. We are hopeful that we are able to have that. The equipment is always changing and we are hopeful to see more of that as we move forward. My answer to you is that yes we will probably see more sophisticated equipment but we are also still minding the costs associated with that.

Chairman Pollert: This is more of a budget overall, is there any one time funding in the department of health. I haven't seen anything.

Lori Laschkewitsch: There was no one time funding in their budget this time.

Chairman Pollert: Before I forget, did you have any turn back this biennium?

Arvy Smith: In the current biennium we are projecting not to. A big chunk of it is the 1435 money, we have $750,000 of that yet. We are hopefully going to be spending that all. We have gone out again and asked them what do you need. We are seeing what outstanding expenses they have so hopefully we will be spending that down. We are really with the lab remodel, around 0.

Chairman Pollert: With that 1435 you are talking the local public health units and the $750,000. If they don't use that will you give that back or do we keep that in there so we have that for the local public health units to go for the $2 million that they are asking for again.

Arvy Smith: There is a requirement and I think it was in HB 1004 that says we have to turn back what we don't spend. If those requests don't' come in I can't use that as roll up for anything else. We will see how these contracts come out. We are hearing that they still have additional expenses so they will cover them. As far as other one times it is just those general fund one times like the pandemic flu stockpile, the 1435 immunization funding, and the general funds. There were a couple small ones too. As far as the repairs, that is where the lab equipment changes are. I know we have some huge pieces of lab equipment that have high contracts attached to them and that would be about right.

Chairman Pollert: When I look at your spend down sheet the increase that you are having this is the increase of 1.5 FTE and the 5&5 of the equity and benefits. If you take a look at it, that kind of simple way to look at it. It shows the $927,000 general fund increase and then you show a general overall $929,000 increase in general funds.

Representative Bellew: Can we go to extraordinary repairs. How is that land building?

Arvy Smith: Our portion of the lab is part of it is added on brand new and part of it is the old one remodeled. Then we have got the crime lab and so forth. So a lot of these things and lab building are showing up. The north lab has got to be the parts adjacent with the crime lab on the north side of that. Adding the north lab to the backup generator would be part of that. The front replacing carpet of the existing chemistry lab portion, so not the new lab has older carpeting. That may come through as we do the remodeling this spring. We are making that all one project. The driveway and parking lots did not get done on the east side. The west side is a new lot but the east side is a mess yet. The front office was unremodeled. We will be

coordinating these items with this remodel update so there might be some of these things that happen as we do the remodel. Some of the later pieces might fall into next biennium such as security and access control. That will be a later piece that will fall into next biennium.

Lori Laschkewitsch: I can explain the increase in the bond payments. The bond payments are calculated as to what their monthly payments are. For the life of the bond they try to have it calculated out as close as possible because bonds are issued in $5,000 increments. When a bond issue is made it depends on the timing of the sale of each of those individual bonds and the maturity of those bonds. At the time we are taking a look at what those payments will be for the next biennium for the budget and what they were for the previous biennium. That is where you will see some adjustments and increasing/decreasing those bond amounts.

Representative Kreidt: On the bonds, are those like 20 25 year bonds? Is there a bond manager? Do you go out and sell those bonds?

Lori Laschkewitsch: The bonding is done through the industrial commission. I believe they are 20 year bonds but I can double check on that. That is all handled through that process, it is not handled individually by that agency.

Representative Kreidt: They are probably bought by other banks and probably don't go through individuals.

Lori Laschkewitsch: I believe there are different locations but will check on that also.

Chairman Pollert: I'm looking at the green sheet and I know it is federal funds. I'm kind of wondering what it is. It shows increasing grants to soil conservation districts for $400,000 and the federal clean diesel act for $400,000. Can you tell me about that? They are two separate items. It is number 25 on the green sheet page 3. It must show somewhere in the spend down with environmental health.

Dave Glatt: The additional money to the soil conservation districts typically we provide funding to them to do assessment best management practices and those types of things. It's just a reflection of that.

Chairman Pollert: So it's nothing to do with land or anything? You are saying that the soil conservation districts.

Dave Glatt: It is more of a water quality assessment. It's not buying land or that type of thing.

Chairman Pollert: What is WDTF stand for? That must be where that money comes in at. I see the school buses, is that the other one? The grants for DPI to federal clean diesel grants. Wouldn't that be the clean buses in the federal stimulus package? Isn't there something for clean buses?

Dave Glatt: WDTF is the water development trust fund. It's money that goes to them for water quality assessments and those types of activities. Last year we did apply for the clean diesel. There is a clean diesel program and under that they provided us $200,000 for the first year, $200,000 the second year, and that would be used to buy and purchase 25% of the buses. 75% would come from the locals. Under the stimulus package they provided money under the clean diesel program but in this case up to 100% of the bus could be paid for. We decided because of school buses to work with DPI and will be passing that money to them. The money comes from the health department but it goes to DPI and they will be distributing the buses. I do think that this time for clarification for 100% they will be looking at 50% cost shares so we can get more clean buses out there.

Representative Bellew: What is clean diesel? I know a garbage man from Minot that is using the sulfur diesel and it's not working well on his trucks.

Dave Glatt: What they want to do and it seems that the older diesel engines produce more matter of higher sulfur emissions and those types of things. It is a particular concern when you

have school buses idling in front of the school and you have an accumulation of those admissions right there. What they want to do is retrofit old engines or buy new engines that meet 2007 emission requirements. They would be better able to handle the fuel qualities going out. I do think there is a problem with the refined fuel with lower sulfur going into older engines because it creates issues.

Arvy Smith: Handouts (Attachment D, E, F, G)

Representative Kerzman: I see in several place that you talk about wetlands and EPA wetlands and protection funds on the grant line item. Also when you passed out the EPA wetlands protection funds, are you duplicating some of those?

Dave Glatt: They are different grants that look at different types of studies and assessments for wet lands. I can get the particulars on each one of those for you. We aren't duplicating. They are different types of grants that do different types of work for wetlands. I will get the particular ones.

Representative Kerzman: Does Game and Fish have anything to do with these?

Dave Glatt: Typically not. Most of that we contract out to universities to do the work. Game and Fish doesn't have a whole lot of work. They are aware of the work we are doing.

Representative Kerzman: What do you look for in Wetlands to keep them established?

Dave Glatt: Primarily to what we considered to be a health wetland is that we do a lot of filtering and water qualities. The groundwater is beneficial to us as far as maintaining groundwater quality and supplies. We want to be able to determine what constitutes the wetlands and can we do aerial satellite pictures and identify certain type of plant species. We are looking at different things.

Arvy Smith: Continued testimony.

Representative Wieland: So you are saying that we could have an amendment to remove the $150,000 from the Executive recommendation?

Arvy Smith: Yes in the operating line item and special funds. Continued testimony.

Chairman Pollert: Dave could you come forward and enlighten us a little bit on the letter?

Dave Glatt: The main concern from Senator Cook as it related to petroleum testing as a quality of gasoline. Particularly as it related to ethanol blends. What was the department's involvement in those types of activities. He had concern that there weren't enough sampling and enforcement. He had concern regarding labeling that basically hewn you are out there pumping gas in your car if it says 10% ethanol that you are getting 10% ethanol. If it says ethanol free that you are getting ethanol free. He had some concerns regarding that. To give you a background, the department has always been involved with the consumer portion of gasoline testing and we have a long history of testing gasoline products throughout the state instead of going out and taking samples out of the pump and having them analyzed. In years past we had a very aggressive program. We had 3 FTE in the lab doing a variety of testing of octane, vapor pressure, you name it they were doing it. As time went in we had people out in the field collecting samples. We were doing about 100 samples a week. That was a considerable amount of effort. Even back in that time the enforcement included if we found a violation that the inspectors at that time could even take a padlock, put it on the pump, and shut them down if there was a violation. Well time has gone forward and the appropriations being what they were, we do not currently have an appropriation to do the program. What we have tried to do is as we have people going out there, we have inspectors for tanks and inspectors to make sure they are operating their facilities as part of the federal regulations to make sure they aren't leaking, we have them collect samples. It's a piece meal, hit and miss, but it still gets us some samples in. What we are doing now is about 45 samples a month

which is considerably less. What we test for now is for considerably less. What we test for now is instead of the wide variety of all the different type of components and gasoline we look at octane and we look at the ethanol blend. We are able to take those samples. What we run into with problems is that it takes a week to analyze it. That sample analysis gets to our staff in the office. They notify with the operator that you advertise 10% in your 5% where you advertise ethanol free and you have 7% ethanol in there. It takes awhile to get back to there. Right now the enforcement is that we noted this, take corrective action, and we rely on the operators to do that.

Representative Kerzman: Why does it take so long to analyze it? I know some amateur ones and they just put in a barometer and can test the content right there.

Dave Glatt: Unfortunately gasoline isn't the same. It takes a little longer. For octane there are 2 engines. When you look on the pumps it shows the octane and it says determined by the RM method. The R is an actual engine that they put gasoline in there and run it until it starts knocking. The measure it until it knocks and they get an octane reading. Then they put it on the other engine and do the same thing until the other reading. It takes a little more than just putting it with a sample itself. That is the most accurate method to do. That is why it takes a little longer. Plus we only have part time people working in the lab. They have other duties and don't have a full time person to sign for that activity.

Chairman Pollert: So the concern of Senator Cook is that because it is not 10% or ethanol free, is he asking for more aggressive sampling?

Dave Glatt: I get the impression that he would like to see more aggressive sampling and enforcement. The way the law is sitting now is that if we find a violation we will turn that over to the states attorney. That will be up to them to take any enforcement. I would venture that this doesn't rate high on their list. Although as a consumer it may be very high on the list. You want

to get what you are paying for. I acknowledge that our problem is that we have tried to keep the program together with no appropriation. There is a lot of support from the petroleum marketers as far as the testing is concerned. As you get into more aggressive enforcement you would have to talk to them about that.

Chairman Pollert: You might get what you ask for.

Dave Glatt: The vast majority of the marketers are very honest people and they want to do the right thing. With all the ethanol blends coming in and out you have tanks that aren't totally empty when they put a new load in there so you will get some ethanol carry over. That is a challenge for them as well.

Chairman Pollert: Do you see a lot of violations or not really? I don't know why it wasn't asked on the Senate side. He said he forgot and everyone got busy.

Dave Glatt: We do see a number of violations but we keep record of that and who we send the letters to. It's not a lot. For some reason 10% sticks in my head but I can get the number for you.

Representative Metcalf: Is there any economic reward or incentive for a person to go ahead and make the changes to the different levels of petroleum products. It is supposed to have 10% but it only has 2% in it, is there a possibility of getting a financial reward out of that because it has 8% less ethanol or the other way around?

Dave Glatt: I don't know so much on ethanol but I know there would be an economic incentive if you had on your label that you were selling 91 octane and it was actually 87. That is defrauding that.

Chairman Pollert: Do you find that often, the difference between the 87 and the 91?

Dave Glatt: We don't find that very often but it does occur. It basically comes down to they filled the wrong tank. We do follow up on complaints.

Chairman Pollert: I will talk to Senator Cook and see what he is thinking.

Dave Glatt: It is an issue for him and he is concerned that there is appropriate testing. We are doing what we can.

Chairman Pollert: If you were going to do the more aggressive sampling program than you are going to come forward and ask us for some dollars?

Dave Glatt: If you really want to do a program for 100 samples a week it would take 1 full time person dedicated and that is all they would do is sample and analyze the samples. They would take one full time person in the building to go through the analysis and follow up on enforcement. They take 2-3 people out there sampling.

Representative Kerzman: How does an E85 recognize difference in the fuel? You can put a low octane or 10% ethanol or 85. Is there a computer system that recognizes that fuel?

Dave Glatt: Are you asking how we tell the different octanes and ethanol blends?

Representative Kerzman: The vehicle itself, you can buy a vehicle and put almost 100% ethanol in there.

Dave Glatt: You are going way beyond my expertise. I don't know how to tell that.

Chairman Pollert: We will start at 8:00 tomorrow morning.

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2004

House Appropriations Committee
Human Resources Division

☐ Check here for Conference Committee

Hearing Date: 3/12/09

Recorder Job Number: 10790

Committee Clerk Signature Meagan Pollert

Minutes:

Chairman Pollert: Called the meeting to order and took roll call. We had some questions on the State Fleet.

Lori Laschkewitsch: Handout (Attachment A). This is the rate chart for State Fleet services for budget guidelines. It shows what the current 07-09 rate is and what they project the 09-11 rate to be. You can see there are various sizes of vehicles depending on the type of work the agency is doing. Then you will see the columns. The mile per hour rate is the rate that you are charged by motor pool. However there are some federal programs that are not allowable. That is the reason as to why those are broken out separately as to how they fund it when they pay expenses.

Representative Ekstrom: When were these rates compiled?

Lori Laschkewitsch: This would have been back in about April of 2008. We put up with guidelines in April/May.

Representative Ekstrom: What were the average gasoline costs in the US at that point?

Lori Laschkewitsch: Sure.

Arvy Smith: Handout Testimony (Attachment B)

Arvy Smith: Handout Testimony (Attachment C)

Representative Nelson: Did you get done with environmental health yesterday? I have a few questions I'd like to ask.

Chairman Pollert: On the computer replacements, is that just the regular time schedule that all agencies are under?

Arvy Smith: Yes. If you are looking at our numbers of FTE compared to numbers of computers, this is a section that our lab is under. We have computers running lab equipment. That is why that number looks funny.

Representative Bellew: You did get the state rate for all of these correct?

Arvy Smith: We get them from the state contractor.

Representative Bellew: I have a motion that there are differences in some of them. The $2,700 ones are probably more equipment friendly.

Dave Glatt: We had 233 computers within the section. The tablet computers are used for the field inspectors. They are able to basically have all of their forms and what not and can do inspections on the tablet and fill it out. Then they can come back to the office and download it into our database. That is why they are a little more expensive. They do cut down on staff time and having to fill out a form, come back in, type it up, and put it in the data base.

Representative Kerzman: That equipment, is that out in various sites where they collect the weather data?

Dave Glatt: That is correct. We have 13 monitoring sights that go 24/7 that measure air quality, wind speed, and etc. . We need those wind cuffs that go around to replace those.

Representative Kerzman: Are you working with the university system or are they duplicate?

Dave Glatt: These are our own to be part of the Clean Air Act. We have a concentration of them in the west in the coal system. They are separate from the University System.

Representative Nelson: There has been a number of feedlot operations that have come into production over the last biennium. One of the questions that was asked in one of the hearings that I attended is that you don't have adequate staff as far as inspections after the operations are in production. Walk me through how many times you inspect these facilities. In your opinion is your staff adequately staffed at a high enough level to go into the future as more and more of these operations come online.

Dave Glatt: To walk you through it, I have a staff of 3 that do plan review. They do the permitting as far as going through the public hearing and responding to the public comments and writing a permit. Once that is done we do go out and inspect them. The vast majority operate under the conditions of how they do the job. We look at them once or twice a year. The ones we have more complaints about we are out there more frequently. We look at ways to address that by using other staff that happen to be out in the field and getting them cross-trained. I do think as we sit here today we are doing ok. As those systems continue to expand it will stress the staff. There are people out there and no matter how many times. That would not be enough.

Representative Nelson: I understand and that is where most of the comments come from. At the very minimal you are inspecting once or twice a year on all these operations?

Dave Glatt: When you say all the operations there are a couple thousand operations of various sizes. We have 65 of the large ones and those are the ones that we concentrate on. Those are the 1,000 animal units or greater. Those are the ones we spend most of our time on. Quite frankly those are the ones that know they are being watched so they do a really good job. It's the smaller operations that don't have the financial abilities to follow regulations.

Representative Nelson: How many permits are pending in your office now?

Dave Glatt: One or two. We have another one coming in fairly soon.

Representative Nelson: So through the next biennium do you feel your staff can handle the workload that is in front of it?

Dave Glatt: I believe so. It would be nice to have another person. The things I would like to do are some more soil samples. We do it now to make sure we are following that. It can result in ground water issues. I'd like to have more staff to go out and do more of that. We do an adequate number of sampling now. We can always do more.

Representative Nelson: In that light is another option contracting with a local soil sampling service to do some of that work for you?

Dave Glatt; That is an option. I don't think we have money in our budget to do that. I think it's an option to take a look and cooperate with locals who would have the ability to do that.

Chairman Pollert: I think it could be done outside of Bismarck. What size of business do you have oversight over?

Dave Glatt: Typically it is 300 and over are the ones we concentrate on. I will tell you that you can have 10 in the wrong position that can create water quality problems. We do complaints and follow up on them. It just becomes an educational issue and letting people know what is the right thing to do and the wrong thing as it relates to manure management.

Representative Ekstrom: Yesterday I tried to question the uranium lining. I think we are a ways down the way until we get started. We might start to see things going on. Have you given thought to the staffing in terms of that work?

Dave Glatt: You are correct .Those rules were adopted by the administrative rules committee. They are primarily the responsibility for the mineral agency. We are involved in one part of it. It is solution that they inject into the subsurface. It releases the oxidized formation of uranium and pull it back out to allocate that. There is some waste water that has to be dealt with and has to be deep well injected. Those are the wells that we regulate, the deep wells. That is

going to be moving forward. A lot of it is going to be depending on the price of uranium. It is going to be interesting on how that plays out. There is a lot of public opinion or concern regarding how this is going to happen. If we are only looking at 1,2-3 operations with 3 injection wells, we currently have a staff that can do that.

Chairman Pollert: I did have a discussion with Senator Cook and he is going to be talking to you. He has some concerns, and he was thinking of enforcement.

Dave Glatt: We have tried to make this work on a shoestring and this is getting tight.

Representative Nelson: I don't know how many committee members have ever had the opportunity to get involved with a permit hearings on confined animal operations. They can and do get very emotional. I would like to commend Dave and his staff on the way they conduct the hearings. I was very impressed with the work they did and the outcomes that they have based on science rather than emotion.

Dave Glatt: Thank you. It is a very emotional issue. Because of the staff it does work out very well.

Chairman Pollert: We have been working on a 1,500 head dairy.

Arvy Smith: Testimony Handout (Attachment D)

Arvy Smith: Testimony Handout (Attachment E)

Chairman Pollert: Are all those dollars moving out?

Arvy Smith: Yes.

Chairman Pollert: Do you see an increased need with what is out there?

Arvy Smith: I'm thinking back to our optional package and we didn't have a request for domestic violence. We had gotten that increase of $500,000 lat biennium. We do get some stimulus funding in that area that will be going out to the $800,000. We didn't have a request in the optional package.

Representative Ekstrom: We are trying to remember how many sights we have around the state that are receiving these grants.

Arvy Smith: 20.

Representative Ekstrom: The Red River Children's Advocacy in Fargo, are they receiving any grant money now? I believe we did last time.

Arvy Smith: No they did not. They don't qualify for the funding.

Mary Dawson: Our grants are funneled to agencies that work with victims that are adults. We can fund some programs for 14 and over. Children's Advocacy doesn't qualify

Arvy Smith: Then I can move into tobacco.

Chairman Pollert: Are you talking about the tobacco special line items that we asked for?

Arvy Smith: Yes.

Chairman Pollert: Let's wait with that.

Representative Bellew: I have another question on the grants line item with community health. Can you explain that to me, how it is used. I think I asked this last biennium of you Arvy but I do believe that some of that money is used for abortions?

Kim Senn: None of the family planning dollars are used for abortion services. It's against federal regulations to do so.

Representative Bellew: How is the money used?

Kim Senn: We get about $1 million a year in family planning funds. What we do is the large majority of that money about $850,000 goes out to about 9 delicate agencies across the state to provide family planning services. In addition to those 9 delegate agencies, we also have some satellite clinics for a total of 16 sights that do family planning. Within those agencies they really concentrate on family planning services. They talk about preventative health. Clients get

pap smears, STD tests, breast exams, and provide infertility counseling and contraceptives.

Representative Bellew: And this is for the local public health units or not?

Kim Senn: All of those go to local public health agencies except for 2. The two that are not within public health agencies , one is in Grand Forks and in Dickinson it is in community action. All the rest are located within local public health agencies.

Representative Bellew: You said it provides contraceptives do they provide them to people under 18 without parental notification.

Kim Senn: They do and that is a federal regulation. I do want to let you know that all of the family planning, always one of the first things they talk about with clients under the age of 18 is the importance of family involvement. The other thing they always talk about is abstinence as being the most effective and safest way to prevent pregnancy.

Lori Laschkewitsch: I have an update on fuel prices. In April of 2008 the regular fuel price was $3.39. From March of 09 it is $1.94 which is the average. The diesel price is $4.06 in April of 08 and $2.05 in March.

Representative Nelson: I know these comparisons serve a person. I don't mean to ask you for a lot more information. When you put your travel budgets together for the departments, in the beginning of the 07-09 biennium do you know what kind of price structure you were looking at then? We went through this biennium with lower estimates than what was paid. Now travel budgets have increased because of that. Who is to say that sometime in the next two years that we won't be back where we were. It could happen. It's month by month. I'm just curious as to if you remember what those numbers were when you built that budget in 07-09.

Lori Laschkewitsch: I can look up the billing rates. I believe that they were changed from Motor Pool by the legislator last session because I remember there was something with the

agency saying that there was no additional money put into their budget but motor pool rates were raised after the budgets were submitted.

Representative Nelson: I was just wondering if you had them on the top of your head.

Lori Laschkewitsch: I know we have had the situations where the motor pool rates have been higher than what the agencies have had included in their budget and they have had to try to include the agencies in their budget. You are right. It does end up fluctuating in the biennium. If the agencies had more money in their budget it would just end up being turned back. However, all of the travel money isn't always based on motor pool miles.

Arvy Smith: Testimony Handouts (Attachment F, G)

Chairman Pollert: Is this the section where we had the discussion about vaccinations last session?

Arvy Smith: The 317 funding for vaccinations is in the medical part.

Chairman Pollert: I know two years ago there was talk that we might lose the dollars. How has the funding been for 317? I was always going to ask you that but I forgot.

Arvy Smith: The funding has decreased somewhat. Back two years ago when we were in front of you we were hearing it going from a little over $1million a year down to $300-500 a year. That didn't happen. They seem to be taking a more gradual decline so we are losing around $200,000 a year. It is kind of coming down. That is where that has been. There is some talk about bringing that back up. There is also potentially some economic stimulus funding in 317. However, we don't know any of the rules yet on it. We don't know if it will come in the form of vaccine for a particular project in which case there would be no adjustments to our budget or whether it would come for staffing to do more training and oversight and promotion of getting vaccines, working with the providers. We just don't have a clue on that.

Chairman Pollert: So you are saying with the 317 dollars from last biennium, I don't think we asked for that and we probably should have. Do you have that figure really quick?

Arvy Smith: Its vaccines so it's not in our budget. I could send down an email to you or bring it today. Continued testimony.

Chairman Pollert: Will that show under the grants line item? Or would that just show what the executive budget was so it wouldn't show in what you just handed out?

Arvy Smith: What we handed out was the executive budget. That would be added to the grants line item. You would just add that piece. On the grants, the second sheet that shows operating professional and grants towards the bottom, EMS training grant fund, insurance trust distribution fund, the 1.5 million would just be added to that.

Chairman Pollert: So that $1.5 million is going into grants. That would go into the staffing?

Arvy Smith: Yes that would go into staffing grants.

Representative Bellew: This is a question for Legislative Council. The insurance trust fund, I know that is the taxes we collect on insurance premiums and that is supposed to go to general funds? If I'm not mistaking but does that fund have a balance now?

Sheila Sandness: My understanding is that the money that goes in when it is appropriated out. Maybe that is something Lori would have access to in the accounting system.

Chairman Pollert: That would go to the general fund so it would come out in our monthly reports because they would basically be a general fund. The $1.5 million comes out to over the top before it hits. I don't know what it does then on the Office of Management and Budget revenues.

Representative Bellew: My question is that it is kind of misleading when it comes out of the insurance trust fund. I think the bill should say it comes out of the general fund. If I'm hearing

what you are saying you transfer the money from the general fund to the insurance trust fund and then we take it out for this. Is that right or wrong?

Chairman Pollert: I think the transfer happens before the insurance dollar collection goes to the general fund. Would this be taken out before this goes to the general fund?

Lori Laschkewitsch: Yes. It is just the same as appropriating out of the general fund. It really is no different..

Chairman Pollert: It makes a quick stop and drops off $1.5 million

Lori Laschkewitsch: Yes.

Chairman Pollert: It is true that it would be a general fund when you look at it that way. On this $1.5 million that money is for staffing grants. When I look at your grants line item there are general grants of $940,000 plus you have $1.250. The training grants are at $940,000. Now the $1.502 should be staffing and not training grants. Now this $1.5 would go to staffing grants? In this volunteer training grant, is that the same thing as EMS training grants out of general fund that comes out of the community health trust fund.

Lori Laschkewitsch: That is correct.

Chairman Pollert: And that continues to go on out of the community health trust fund in the next biennium?

Lori Laschkewitsch: Yes. If you assume revenues and expenses are the same that is what is going to happen. That is how we prepare that in the 11-13 biennium. Changes aren't made and we will be in the hole.

Chairman Pollert: That is where you come up with the $304,541 off of that sheet because I see you still do show it going through there.

Lori Laschkewitsch: Yes.

Chairman Pollert: And then the EMS quick response that is out of the health care trust fund. That is a great fund to come out of. As of now that is where everything is at and coming out of? There is nothing else in EMS right now?

Lori Laschkewitsch: Correct.

Arvy Smith: There was a question on the table the other day for a question on what we are doing with the $200,000 for the trauma registry. I think it was Representative Wieland. There are people here for follow up on that.

Tim Meier: The trauma registry is a data collection tool. Every major trauma case that happens in ND has data that is submitted to us and we use that data for system planning. Locally they use their data to do quality assurance for their own trauma care. The software that they use now is outdated. It exists as desktop versions at each hospital. It makes them have to email or submit their data electronically. It's very cumbersome. Quite often the problems come when we have updates to our system. The vendor creates an update. Unless every hospital does their updates, the US DOT has a grant available for this type of work. We fund some data projects through that. This $200,000 is a placeholder with the expectation that we will get a grant from the DOT to create a web based version. That will be easier for the hospitals to submit data. We also submit ND data to a national trauma data bank. Then we can have a better understanding of trauma through the country.

Representative Wieland: I'm curious, there are 5 levels of trauma. I know there is a lot of criteria that goes into the trauma reorganization. Are there any hospitals in ND that don't have at least a trauma 5 designation?

Tim Meier: Yes we have 2 or 3. They are left outside the trauma system. They are still required to submit data.

Representative Wieland: Is there a penalty for not having a designation. What types of steps are required? Obviously the lower the level the better prepared you are as a hospital. Are there any incentives for improving your trauma designation score and if you don't have one are there any penalties for that?

Tim Meier: We don't have any penalties currently. There is another bill that is in the process that would make trauma designation mandatory. I think that it is moving through the process. It is SB 2046. By 2011 the hospitals will have to be trauma designated if it is signed into law. The incentives, we provide grants for training of the doctors. Currently the burden lands on ambulance services. They are supposed to go through that.

Chairman Pollert: We might not see that bill because it says that the fiscal note attached to the bill in case an additional $4,000 general funds be required to conduct the evaluations. We might not see it. The only other question I have is the lease on buildings, are you going into another facility for the $110,000 increase or is that an increase in rentals?

Arvy Smith: That would relate to the fact that in the current biennium we went into the Gold Seal building in December of 07 so there was only 18 months of rental at that level. Otherwise emergency preparedness was at the capitol. That is an increase in the rent. They were federally funded and this is an increase of being in there. We have had rental up at Northbrook for temporary staff and such. Some of that might be affected. We hope to move them probably back up to the capitol as we have that new space. We will be doing a lot of shifting. Our rent is probably going to move around and look different next time.

Chairman Pollert: What is the grants received initiative. I see you have a $200,000 increase under the grants line item. I take it that is probably federal dollars.

Arvy Smith: Yes that is all federal dollars. It all goes to the City of Fargo.

Chairman Pollert: What is that about?

Tim Wiedrich: The federal government in the public health preparedness program carved out for each state a specific city to receive the funding. So the federal government basically dictated that the carve out in $200,000. They required us to contract with that community. It also covers part of Moorhead as part of that process as well.

Chairman Pollert: There is nothing for West Fargo?

Tim Wiedrich: Well West Fargo is presumed to be included in that metropolitan area. The contract goes with the public health unit for that Cass County area.

Representative Bellew: Those other funds that come out of insurance reserve trust fund, they are just making the general funds so they aren't so deceptive. In their budget the other funds are $1.675. There are actually general funds this biennium.

Chairman Pollert: You will have a chance to bring an amendment forward I would suspect. I would want to find out from Legislative Council if it would have to be done in the direction it is. I would suspect you would see an amendment.

Representative Nelson: I don't know if you have ever been asked by a Blue Cross Policy Holder about the insurance premium tax that is on the policy. I have and quite honestly when the answer is that rather than putting the money in the general fund, that tax does support training and staffing grants for a year for local EMS providers. From a monetary standpoint it probably doesn't matter but from a different standpoint the designation that the money is used for healthcare delivery is a reason why there is a tax. If your philosophical question is why we have a tax, we should do that some other time.

Representative Bellew: This is not just health care premiums. It goes through all the premiums. Is that not so?

Chairman Pollert: What is the public health information network on the IT contractual services. What is that about?

Arvy Smith: It is a public health information network and we are required at some point in time to have that in place by the federal government. We have been trying to work it into priorities as we have many other requirements of that federal grant. This is one of the priorities of the federal grant if you want to know a little bit more.

Chairman Pollert: I know the trauma registry for $200,000 was that what Representative Nelson was talking about?

Arvy Smith: Yes that is a federal grant to DOT and DOT then gives us the money.

Chairman Pollert: Our $940,000 general funds, do you know how far back that dates for EMS?

Arvy Smith: It was $470 for a long time. It was about 2-3 biennium's ago it doubled. Then it started hitting the community health trust fund for the additional $300,000.

Arvy Smith: Testimony handout (Attachment H, I)

Chairman Pollert: Can I go back to the one auditor position for fraud risk? Was that a recommendation for the state auditor's office or something? Is that something that you guys feel?

Arvy Smith: We had originally asked for 2 positions and like half a position was to relate to an audit recommendation. The rest was to relate to our need to do better monitoring of our contracts. 40% of our money goes out into contracts and we are doing very little fiscal oversight auditing of those. We need to do a better job of that.

Chairman Pollert: I never thought I'd ask this but would this fraud risk assessment bring in money if you feel like the grants aren't being followed to the intent of the law? I'm trying to look at the FTE positions and saying OK if we do the fraud risk

Arvy Smith: We wouldn't see additional revenue come in.

Chairman Pollert: can you go over the FTE schedule?

Arvy Smith:

Representative Nelson:

Arvy Smith: Handout Testimony (Attachment J)

Chairman Pollert: We had asked you for some information on the community health trust fund. That might bring up questions about SB 2063. I'm trying to look at the FTE position and say if we do the fraud risk is that going to have a payback?

Arvy Smith: We wouldn't see additional revenue come in but what would happen is there would be savings in federal grants or general fund grants. If there are general funds for specific purpose, we have a situation now where there are federal money to an entity and someone blew the whistle on that entity and said there are problems here. We are working on a significant unallowable cost figure there that we are dealing with and trying to recover. If we don't do what we are supposed to do the feds are going to come.

Chairman Pollert: How many risk auditors do you have now?

Arvy Smith: None.

Chairman Pollert: So let's say the state auditor's office came into your department. Has this ever come up before?

Arvy Smith: The fraud risk assessment was a recommendation by the auditor's office and where we go with that, I don't know a whole lot about exactly what that requires of an agency. I know we need to do an assessment. If we were to do an assessment it is highly likely that our most vulnerable area is going to the 40% that goes out the door to subcontractors and aren't able to do an appropriate. We have about 3 situations now that have gotten our attention and make us nervous and make us feel like we need to do some extra work in this area or we are the ones who will be paying the price down the road.

Chairman Pollert: Do you do any outside contracting with this at all?

Arvy Smith: Two of the cases are in emergency preparedness and response and we have a

contractor on right now that is more expensive than hiring a person to do it. That individual is working in emergency preparedness because of some of the problems we have had there. He's helping out and finding different things and making recommendations. I think to some extent we would have to keep that going as well as that position. I think we would need to ask for two positions so I think we would have to keep some of that going.

Chairman Pollert: Is that an outside contractor with federal funds?

Arvy Smith: It's with federal because those troubles were in emergency preparedness.

Chairman Pollert: So would there be federal funds for the $78,510? Those are other funds. It's on the green sheet number 1.

Arvy Smith: We are charging that position to our indirect costs because they will be looking everywhere. It is funded just like our accounting and the rest. Part of it is general fund match but the rest is pulling little amounts from different grants.

Chairman Pollert: I noticed the majority of them are federal funded but this one is half general fund.

Arvy Smith: We couldn't specifically tap them.

Chairman Pollert: You couldn't tap the federal funds to check into federal dollars?

Arvy Smith: We could like we are doing right now. Those are the problems. If I budgeted this all in one particular grant, I have 80 different federal grants. If I put it all in one who is to say where I am going to have problems. We needed to do random looking across the grounds. That is why we put it in indirect costs. Most of the FTE and administrative support are in our indirect cost pool that the general funds are matching, but the rest is pulling little bits out of the rest of those 80 grants to contribute to our indirect cost pool. That is why we put that position in the indirect cost pool.

Chairman Pollert: What about the increase in postage?

Arvy Smith: That is in vital records. When people made requests for birth certificates and such. Ever since I had been there we were doing that on budget as a refund. We weren't helping the revenue or the expense on our books. It was happening off budget through a refund account. The auditors recommended that we book that stuff. The revenue and postage expense have both increased. The figure is $245,000 that we do in a biennium. The expense and the revenue are up. It's not general funds but the postage that we collect from the people doing vital records. The block funding, we had previously had half an FTE in there to help with some administration and stuff. We are going with a consultant there instead. That is the $50,000 increase in Health ND Consulting. The professional fees, I'm not sure what they are.

Chairman Pollert: Are they both block grant dollars?

Arvy Smith: Yes. That is a contractor we have used. Even though the budget shows nothing here for the current biennium we have been doing work with her in the current biennium. It looks like a huge increase. It previously wasn't budgeted and we were absorbing that. We just kind of switched around how we were using that block grant.

Representative Bellew: The $1.9 million that is going to the public health units, how is that distributed? Do they have to request it through a grant process or how does that work?

Arvy Smith: That is formula based. That is a chunk of money that has no requirement on it. It is state aid. And they can use it however they want. It is a base plus population. I believe the base is $6,000 per county. Then they take the population and it is distributed. To those that are a district, they get all the county shares. We actually do pay that one out up front as opposed to everything else we do they have to submit qualifying expenses and we reimburse that. There are strings attached to it so we do give them this up front every six months.

Chairman Pollert: That gets us through that. Can we go through the sheet you handed out on FTE's really quick?

Arvy Smith: On the FTE schedule you have, the emergency commission immunization 2 positions that went into disease control in medical services is the first control. The second column is the disease controls temporary to permanent. That person started in January of 2007. Next is the temporary converted to the FTE in emergency preparedness. That person started in September of 2005.

Chairman Pollert: Have those temporary positions, have they been filled or has it been the same person since 07?

Arvy Smith: These two are the same. We sometimes do lose people though because they are temporary. Last session the bill was passed to allow paying health insurance on temporary. We do consider that as a tool to recruit individuals. That one position, we were still seeing a lot of turnovers. These two have been the same. Continued testimony.

Chairman Pollert: Are you seeing the increase for the FTE's because you have increased work load or case load?

Arvy Smith: In Fargo it is increased work load. In those three positions, that is all new federal grants. Primary care, the last column, is a switch from a contract to an FTE that we needed to bring. For one to have someone trained in the house. We only have one other person there and we will lose all of our expertise and historical memory if we have a retirement there. We want to build a little more in house than the externally. With the exception of the fraud risk life safety codes, these are really all federal funds.

Representative Kerzman: If they are tobacco free what do they

Arvy Smith: Now we are bringing that down to $160,000 to the current biennium. That saves around $111,000. Then we end up with a little more of the ending balance.

Representative Nelson: Your double asterisk on the tobacco revenue column brings up an interesting question for me. Is that number the 80% for tobacco programs? You are basing that on what?

Caralee Harper: Handout Testimony (Attachment K). What you see before you are self recording from both the school districts or through our local public health unit. There is no monitoring involved with it.

Representative Kerzman: I meant if they have to monitor their grounds. Is that why the small schools aren't doing it?

Caralee Harper: There could be a couple different reasons for that. One is for the funding source for the community health trust fund. There are some schools that have chosen not to participate. If that's the case we may not know if they are actually doing this or not. It is self reporting.

Representative Wieland: In a continuation, is there a cost involved to have tobacco free ground policy?

Caralee Harper: No.

Representative Wieland: I can't believe there are some that are listed on here like Ann Carlsen center. There are a ton of elementary schools that don't have a smoking policy.

Caralee Harper: It is self reporting. They may have tobacco free grounds but we aren't aware of it.

Representative Kreidt: We had a March 4 and a March 11 update. There is a 10% change. How did you arrive at the new figures? We see a number of schools that do have the tobacco free policy for rounds.

Caralee Harper: We have a local tobacco coordinators report to us twice a year. During the second quarter is when they report is when they report the schools that have been changing the policy. The information that you got yesterday was from 2008 and this is from 2009.

Representative Kreidt: So when will we receive another report?

Caralee Harper: We will be receiving another report April 15.

Representative Kreidt: So in another month?

Caralee Harper: In previous years it has been twice per year. However, because of our CDC funding we now are doing it 3 times per year.

Representative Kreidt: Say the last two years, what did the number look like 2 years ago? Did we see a city increasing the number of districts that are complying or going to tobacco free? Have we always been at 142 without the policy? What have we been seeing with the numbers?

Arvy Smith: I can get further information from you. It is twofold. One of the schools and the students had to change the way we were counting it because of the schools that were closing. We had to switch from schools to districts. The other factor is that we do have schools that are going above and beyond the tobacco school grounds and going forward with what is called a gold star policy. With that we have seen more numbers with the gold star policy than we have with the tobacco free grounds.

Representative Kreidt: What do you mean with going above and beyond?

Arvy Smith: With the gold start policy we have four different levels. We have the red star, blue star, silver star, and gold star. For instance, to meet the gold star standards, the buildings and property whether owned or leased by the school are tobacco free. It's not just students it's everyone. School events and off school property are also tobacco free. There is tobacco education provided to students K-12. There are student enforcement plans including tobacco

education and cessation resources and an employee resource plan including cessation resources. There is a communication plan to let the visitors that are attending school functions to know that they are tobacco free. There are different levels within that system.

Chairman Pollert: We had asked you for some information on the community health trust fund. That might bring up questions about SB 2063.

Arvy Smith: Let's look at the trust fund schedule that was handed out yesterday.

Chairman Pollert: I know you have the column about 2011 and 2013, then I look at appendix 5. Of course 09-11 are different. Can you go through that? The ending balances are different. You have a few different numbers like the dentist and physician loan funds are different.

Arvy Smith: Continued testimony.

Chairman Pollert: The advisory committee for $70,000, I see that wasn't on the original.

Arvy Smith: We only think we will spend $70,000. Continued testimony. If you add up the numbers the 288 is non tobacco, the $10,725 is 300, and the 790 all add up to beyond the 877.

Chairman Pollert: So we will be deficit spending on the community health trust fund?

Arvy Smith: Yes unless something changes.

Representative Nelson: Your double asterisk bring up a question for me. Is that number the 80% requirement for tobacco programs, you are basing that on the master settlement dollars that are coming into the program or is that the total revenue?

Arvy Smith: That $4,388, is the total revenue that comes into the community health trust fund.

Representative Nelson: It is all coming from one source. Why isn't the asterisk also inclusive of the $157,071 beginning balance.

Arvy Smith: That balance is coming back from a time. The measure says that 80% of the revenue not the balance. The balance was generated prior to measure 3. We aren't applying

the 80 20 rule to the balance. Even at $618,000 that starts out 09-11. Otherwise we would have a big problem. If we had to count that too then I have a $600,000 problem.

Representative Nelson: Let me ask you this. If we devised a plan to put revenue into the community health trust fund from either existing or other sources to fund the programs that are going to be short, it would be easy to balance the budget off of the EMS training grants next time. What is that going to look like from a policy standpoint? Let's say there was a policy change in the source of funding that currently exists. If a percentage of the school trust or water resources trust was increased to put more money into the community health trust fund, would that be subject to the 80% spending rule?

Arvy Smith: With what we can see the language applies to transfers from the tobacco settlement trust fund to this fund. The 80 20 rule applies. First all of the tobacco settlement money goes into the tobacco settlement trust fund. Then it is transferred to water, education, and community health trust fund. It only applies to the transfers from the tobacco settlement trust fund. It seems that any other money coming from any other source would not have the 80 20 rule applied to it.

Representative Nelson: We would have to verify that with the AG's office. That would make your life a lot easier if we could continue to use the community health trust fund for other health related matters as well.

Arvy Smith: Testimony Handout (Attachment M,N)

Chairman Pollert: I know we are talking about SB 2004 but this is in correlation with SB 2063. I'm trying to get an idea. We had a discussion on the tobacco quit line. I'm wondering with the programs that are currently in the Department of Health, there seems to be some discrepancies or differences between the advisory council and what might be funded and could be out of the dollars of the advisory council as compared to the community health trust fund

and how we should work with that. My question is why wouldn't more of the programs be funded through the tobacco quitline?

Kathleen Mangskau: I believe you are right on target. For example look at the spreadsheet that was attached to my testimony on SB 2063. That was a spreadsheet that showed the recommended level of funding. It showed the various levels that the department of health currently is anticipating from their CDC funding. Then it showed the amount of money that would be coming out of the tobacco trust funds. I think that document would be a good document to work from to understand how the money at the current time of the advisory committee has been talking about and would be flowing. Basically, if I can refer you to the recommended level column and compare it to the two columns of CDC funding, and tobacco trust funding, you will see that in the first column where the recommended level is $9,300,000 we will see that the CDC funding is at an estimated to be at $1,614,880. Then what would need to be made up would be from state and community intervention would be from this tobacco trust funding. We had not decided the exact amount that would go to the health department but the discussions have been that we would fund the local programs at a minimum. We have a feeling it is going to be enhanced funding. We have a lot of small communities that didn't really get enough money on what they needed to do. It will be enhanced funding for that local program. Not all of the $7 million would go to local grants. Some of it would be designated for state wide interventions, which that component is currently being developed. A good portion would go to the health department to maintain a local grants program. Under the health communication interventions under their CDC funding they currently have $432,000 which should be funded at $2.4 million. That particular intervention the advisory committee would be handling that. The $1,995,500 would be for health communication interventions by the advisory committee. If we moved to the cessation interventions, the

$4,464,000 is recommended. The CDC funding is approximately $160,640. We estimate that at about $3,093,000. The remaining of the $1,6830,360 the majority would be transferred to the health department through a contract to carry out their quit line enhancements that are needed. There is one component and we haven't decided how it is going to implement that. We are talking about working with the systems approach for health care systems. Just working through that now and we don't know the best avenue to implement that now would be. I'm very confident that we will find a way whether it is through the advisory committee or through the health department to work that out in the best manner possible. Many of these previous things that the health department is doing, we are just going to transfer money through those enhancements through a contract with the health department was the intent. They already have the systems in place and why would they create a new system. We see a significant portion of this money and the programs that they are already delivering to maintain those and to enhance them as well. Their deficiencies are due to a lack of funding. They aren't going to be able to carry those out. Surveillance and evaluation in that component are already doing a significant portion there and again we would enhance that. There have been little evaluations because there hasn't been money for it. We see evaluations as key because to really make a difference we have to know that what we are doing is working.

Chairman Pollert: With the programs that were in place by the health department, granted there were some programs that couldn't be because of lack of funding, would the programs that are in place be described as best management practices.

Kathleen Mangskau: Some of them yes, some of them no.

Chairman Pollert: How do we know which ones are yes?

Kathleen Mangskau: We are working with them on that. A good example would be the community and school component. Right now there is a significant effort going into funding,

health education, curriculum, and tobacco settlement. What they are telling us is that we aren't seeing the bang for the buck.

Chairman Pollert: With the FTE's that are involved with the department of health, my concern would be that you have talked about hiring 4 staff members. Is it going to be duplicative staffing?

Kathleen Mangskau: We don't see the staff as duplicative and let me explain why. We are more than doubling the amount of money coming into the tobacco control that will be expended each year. The department of health staffing currently, all of those staff have prescribed things that they must do while those are under the CDC grants. They are carrying out many of the functions that we still need them to carry out. They are maintaining those programs and enhancing them. We are adding two components of significant nature that were not there before. One is health communications and the other is evaluation. They have done a lot of surveillance and we expect them to continue doing that. In fact, we are looking at enhancing the amount of money that we have to do that with the evaluation component is very limited resources. The advisory committee is going to be doing that component.

Chairman Pollert: So with the $3.3 million and you just mentioned surveillance, you are telling me that you are going to be granting or however the system is going to work more money that the department of health will be working with besides the $3.3 that they are working with now. I can see the grant process should be run through the department of health because they already have the employees in place, they have the structure in place.

Representative Ekstrom: I've been going through this book quite sensibly. Appendix C is on page 113. The CDC requirements/recommendations are on page 92. On 92 it shows the break down in terms of how much money should be allocated in terms of capita, and what those efforts should be directed towards. I think particularly on this health communication

intervention. If you look at appendix C it looks like a major lobbying effort. It would be coming to the legislature and getting us to completely outlaw the tobacco increase with the taxes. My question to you is how much effort is going to go to the add campaigns and lobbying efforts.

Kathleen Mangskau: One of the ways that we perceive the health communication dollars would be spent. Again it will depend on the components that are in that state plan. The health communication efforts would be used to vote and support what is in that state plan. For example, one of the things is cessation. Right now the recommendations are in there for every dollar that you spend on the quitline you should spend an equal amount in the motion of that quit line. Less than 1% of our smokers are going to provide that. We have one of the best quit rates in the country working with mayo clinic at UND. We are nowhere near that. What we are saying is that we want to increase to at least 2%. We want to double that amount in our efforts of getting people to the quit line.

Chairman Pollert: So if there is $1 million in tobacco quit line, why wouldn't we have you have the $1 million in tobacco quit line and then you enhance it and do it through the department of health, would that be your objective. It would free up more money from the community health trust fund for some other projects. You talked about the 2% and I'm not saying if that is good or bad. I don't mind the idea at all. Why wouldn't you fund the whole thing instead of the Department of Health being $1million. You would just fund the whole thing so that the legislator could look at something else because it is best practices.

Kathleen Mangskau: On Measure 3 there was also language that said you can't supplant the dollars. What that means is that the dollars that are currently going in to tobacco need to remain in tobacco.

Chairman Pollert: Let's say we do something for the centers. You could say that is a tobacco cessation related. Why wouldn't we look at that so we are getting a bang for the buck with that

$1million. Then you can still fund the tobacco quitline?

Kathleen Mangskau: Looking at that more closely, what we would be doing is supplanting the current tobacco control dollars. What you just asked about is if you look through the best practice that is not a best practice. Is it related to tobacco control? Yes there are many things that are related. It is not considered a best practice. In order to show the results we need to show we need to focus our efforts on these practices. Then we should show the healthcare savings which should run up dollars in future years for us to be able to spend in other areas.

Representative Nelson: In the funding level for the committee, as I understand it you have picked the midpoint of the best practice range?

Kathleen Mansgkau: It is approximately there. They have the documents on the pages in the booklet where they recommend about $9.3. It just ranges. When we put this in place and put our plan, would they give us the midpoint range and would we be to the midpoint range. Are we going to be to the dollar? We have to do what needs to be done in ND in that realm to make it happen. We have been so deficient in health communications over the years. Are we going to need to spend a bit more there or maybe in the evaluation we have been severely deficient. Those are the things that the advisory committee is going to look at. That is the approximate range.

Representative Nelson: Do you have the authority to decide what range you use? Isn't that the responsibility of this committee, to appropriate the dollars that you would use to meet that mission? If that is true, if the appropriations committee and there is some previous history to say that we don't always go to the midpoint in funding levels.

Kathleen Mangskau: I believe the language in Measure 3 says it would appropriated what was needed for this practice and the target number that was used in there was the $9.3 million of the best practice. That could be adjusted over the years.

Representative Nelson: That is a question that I had. I read that differently. That is the midpoint of the level. You go to the lower range of that and still meet the best practice levels of that.

Kathleen Mangskau: You may or may not. The reason CDC developed a range was because they wanted to allow that state flexibility. As we put the plan together we will look at what ND needs based on the assessment of where the prevalence and rates are and where we feel we need to focus additional changes. Ultimately we all want the same thing. We want to see our youth not smoking, we want to see more adults able to quit. Significantly the health care savings. In order to reach those we want to underfund the plan and we won't reach those targets. Once that plan is together we can more specifically say that this is the dollar amount we need. Right now we are using this target amount.

Representative Nelson: I understand what the goals are. I don't disagree with that. I'm just saying that my question is as to whose authority is it to decide the funding level? You indicate to me that the committee has made that decision that the 9.3 is the number. Do you have that authority to do that?

Kathleen Mangskau: The authority for the appropriation deals with the legislature. The committee is looking at what we believe we need in order to carry this out and make it happen and work.

Chairman Pollert: I will close the hearing on SB 2004.

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2004

House Appropriations Committee
Human Resources Division

☐ Check here for Conference Committee

Hearing Date: 3/30/09

Recorder Job Number: 11568

Committee Clerk Signature

Minutes:

Chairman Pollert: We will ask for amendments in the style we have done with the larger budgets. We will be asking for amendments for SB 2004. I'm going to ask for an amendment that deals with the study. I have been told there is a bill out there that deals with studies for EMS's and local matches. I'm not sure if that's true or not. I'm not sure if it was put in as an amendment. I've been told it was in SB 2048. It also provides for Legislative Council study for the emergency medical services funding system within the state. Does that specifically spell out what the local match is from all the counties and what they are doing? If not I want language if that will give us that detailed report in that study somewhere. Is it possible for me to ask for that and if that specific language is similar you could tell me that and I wouldn't have to ask for the amendment and say we wouldn't even vote on it then. I want to find out before next biennium where our local matches are at.

Sheila Sandness: I have SB 2050 up as it was enrolled. I can certainly read through it and see. Let me make sure that I understand what you are looking for. You are looking for the detail of the grants that go to local EMS?

Chairman Pollert: What I'm asking is that we have in the current SB 2004, there is $1.5 that the Senate put in for grants and staffing. I want to find out if the local matches are out there. If

there are counties providing and how much they are providing for the rural EMS. I'm not saying the cities because we found out in testimony that basically Bismarck and Mandan and Fargo have a level of a lot of clientele or population. I want to know how much money is being levied for rural ambulances. Maybe it's not even levied and maybe it is a dollar amount. Maybe they provide $12,000 as an example for the local EMS. Foster county has theirs funded through the hospital so it wouldn't be city. They have a rural EMS. Maybe Cass County doesn't have a mill levy but they provide $150,000-$200,000 for their rural ambulances. I don't know that but I'd like to know that information county by county.

Sheila Sandness: County by county and you'd like that information in form of a study or as part of a study that might be out there?

Chairman Pollert: If there is not a study out there then I would want that consideration for a study. If there is something out there then I would just pull the amendment. If there isn't, we need to know as a legislator how much money is being local matched. We have no idea what the local match is. I'm one that feels that the rural should have to put in if the state continues to put in. Is that vague enough?

Sheila Sandness: Yes I think I have it.

Representative Kerzman: I think the study when we were looking at it last biennium was more along how are the funds provided. We have a Hodge Podge of services out there. We have the communities that provide services. What is happening in rural areas is that when one dissolves, they have to take over the territory and they aren't receiving funding from that political subdivision. What they are kind of looking at is going through a regionalized system. That is probably what we want to start looking at. I don't know how to get to that point. We are mixing apples and oranges with the granting because it was to help shore up some of the volunteer personnel and we could get someone to carry a pager 24/7.

Chairman Pollert: I'm not talking about as far as the amount of funding that is SB 2004 I'm just trying to find out further. What I'm going to do between now and when we have the discussion on the amendments is I'm going to visit with Mr. Tupa and find out because I swore he told me there was a study out there but I haven't seen the language. I have to find where it says enough that I'd be happy with that. I don't know that. I was told there is a study in some bill somewhere.

Sheila Sandness: I have the study language for SB 2050. Section 5 of that bill says that the Legislative Council should consider studying during the 09-10 interim the emergency medical services funding system within the state including state and local emergency medical services and ambulance services funding and the feasibility and desirability of transitioning to a statewide funding formula. Legislative Council should report the findings for recommendations.

Chairman Pollert: If that gets adopted by Legislative Council will that language permit them to ask for the amount of local dollar matches?

Sheila Sandness: It does say that it will include the EMS medical services funding system within the state. I guess the funding system should include those. To be on the safe side we can certainly add language into the bill.

Chairman Pollert: Yes I will have a discussion about that. I'm going to have one more study. I have it written in form but we aren't going to vote on it today.

Representative Nelson: Ken Tupa is going to be stopping in here. He is going to be coming back so if we have questions he can answer them.

Chairman Pollert: Some of the committee has seen this language that I have asked for. There still needs to be a discussion on how the immunization program is working. We need to find out from the local public health units what is collectable and what is not. That is what that language does. It's already written up. Are there any other amendments? This is going to be

really broad. If the committee remembers during our discussions on federal stimulus we need to have language in SB 2004 dealing with water quality management the superfund project, the clean diesel school bus, and we need to talk about the administrative part of the clean water revolving fund and the drinking water revolving fund. Both of them are like $19 million. Do we need to have language? I'm going to have to be pretty vague. It was in there for $61,800.

Sheila Sandness: What we have done for most of the agencies that receive federal fiscal stimulus money is we have just added a section to appropriate that separately. We identify within that section all of the items that are appropriated. What we would do is add a section to the bill to identify by line item all of these line items that require federal fiscal stimulus funding. Then we would come up with a total.

Chairman Pollert: I know that is a revolving door that changes almost daily.

Representative Kreidt: As long as we are talking about ambulances, I have an amendment to 2004. This would designate $1 million of the $1.5 million for EMS grants and funds to the department for the purpose for writing grants for emergency medical service operations as provided under NDCC 23-4- and designate $500,000 of these funds to the department for grants to contract a third party and access critical ambulance service operations and assessment process for the purpose for any EMS delivery and provide leadership to train.

Chairman Pollert: What you are saying is that you are taking $1.5 million that the Senate put in and saying that $1 million would go to grants and $500,000 goes to a third party for staffing.

Representative Kreidt: That is correct.

Chairman Pollert: While you are asking for that amendment, right behind that amendment to pull the entire EMS that the Senate put in.

Sheila Sandness: So you would like me to add to the listing to remove the $1.5 million as another item?

Chairman Pollert: Yes. Are there any other amendments?

Representative Bellew: The first one on my list is number 1 on the green sheet. There was a risk of new employees. I would like an amendment to pull that.

Chairman Pollert: I will do the next one. I'm going to ask for the amendment and this should not come as a surprise because we have done this to every agency, to pull all the equity. Every agency on the house side has gotten their equity pulled.

Representative Bellew: I will continue with amendments. This is a general fund reduction of the overall operating expenses of $100,000. The $150,000 general funds from women's way I want that removed. These are all reductions or removals.

Sheila Sandness: So remove $150,000 for women's way?

Representative Bellew: Yes that is in the general fund. The Senate added a prevision for Suicide Prevention at $622,000 I'd like that removed. Also in the budget right now there is a $149,000 for employee prevention which was all general fund I'd like that amendment. There is also in the budget right now $100,000 to the Russell-Silver Syndrome people and I'd like that reduced by $50,000 so $50,000 would remain in the budget. In their specialty population the grants to specialty care they increased that by $88,000 I'd like the $88,000 reduced.

Chairman Pollert: Arvy can I ask you what that $88,000 is about?

Arvy Smith: It was added based on the rebasing of Medicaid because the children's special health services is in our budget and is funded out of Medicaid. That was what was the estimated general fund impact so that they could continue to provide current level services and so it was just a funding change related to the rebasing.

Chairman Pollert: What about the Medicaid management information systems grant for the $42,500? In our green sheets you have $1.5 million which is where the vet loan program is in there, the medical personal loan repayment program is in there, the dental loan repayment program, and then it has the Medicaid management information system grants for $442,500. Was it rebasing for the $88,000? On the amendment that Representative Bellew asked about with the $88,000 we changed the rebasing percentages from 7&7 to 6&6. You might have to get a hold of Roxanne. Then she will have to get a hold of Brenda Weisz. We changed the rebasing on the special population. We changed all the rebasing to 6&6. I think the department of health on that special population is at 7&7. That is what Representative Bellew was asking. It might not be much it might be $10,000. We can get that from DHS. They have to get that figured to you guys. Did you figure out the answer for the $442,000?

Arvy Smith: That is the payment from us to human services for the children's special health services clients. Those are all the children with special needs. That is what we pay human services for those clients because they come under Medicaid.

Chairman Pollert: So what you are saying is that those numbers would have been in the DHS budget no matter what? So that $442,000 would have been in the DHS budget no matter what if we wouldn't have done the transfer last biennium?

Arvy Smith: That would be in human services if children's special health services were still in human services. The reminder of what this is is the reason you see an increase is because in the current biennium these costs for these kids were in the operating line item. To be consistent with our procedures it belongs in the grants line item not the operating line item. There should be an accompanying decrease in the operating line item relating to this.

Representative Bellew: I have two more. Fire safety people I'd like to see it as a 50/50 instead of a 1/3 2/3 split based on your conversation at this time. Maybe next time they can

pick up the whole costs. My original amendment was to have it all special funds. I guess that's inappropriate. I do agree with a 50/50 split would be doable.

Chairman Pollert: Would you be able to get with the health department and find out what that fee schedule would increase from that 300,900, and 2,400 and see how that amendment would look when you bring it forward. Could you get a rough idea?

Sheila Sandness: I guess the way I'd look at it is that item 14 on the green sheet is that it was 2 positions. Currently they are funded 2/3 and 1/3. I could just look at changing the funding source for that.

Representative Bellew: I think that would be enough for this and then the health department can work this out in their administrative rules.

Chairman Pollert: I agree with that but I think the committee would like to have an idea of what this is going to do for the fee schedule. I think they want to know what the fee structure is going to do.

Representative Bellew: The last one I have, I'm going to ask for some of the money as a reduction. This will basically be the language and I will give this to Sheila. There is appropriated out of any money in the general fund and state treasury not otherwise appropriating the sum of $50,000 or so much the sum necessary to the state department of health with a purpose of providing the screening by a professional upon the request of a professional. We will get to the amendment and I will explain it when we discuss the amendments. That is all I have.

Chairman Pollert: Are there any other amendments.

Representative Nelson: I have one amendment. In the colon rectal cancer screening in the initiative that we passed last session to provide a continuing appropriation for the unused grant and funds money. There should still be some left over this biennium because the project got

started so late into the biennium. I also want to add $300,000 from general funds at this time to the department to continue another pilot program in counties of 15,000 or greater. That would be a pilot project to continue the project for counties under 15,000 and to add one for 15,000 and greater.

Chairman Pollert: Will you have the dollar amounts at that time that were not used in this current biennium so we have that information?

Representative Nelson: Yes I will.

Chairman Pollert: Any other amendments to the department of health.

Representative Wieland: In the event that one of the previous amendments fails, I would like to have an amendment prepared on suicide prevention that would remove the FTE, operating, and $200,000 of the grants leaving a $250,000 grant. The reduction would be $372,828.

Chairman Pollert: So it would leave $250,000 in grants?

Representative Wieland: Yes.

Chairman Pollert: Are there any other amendments? Our committee will be at the call of the chair. We have two bills left to act on. Representative Ekstrom had left me some information on some possible amendments. Last Wednesday I visited with Sheila to say if this was true or not. It dealt with appropriating $3-5 million in the operating line item for chronic disease and preventive health programs authorized by ARRA. That was what SB 2332. That is being worked on anyways. It is being researched. I gave this to Sheila because Representative Ekstrom had given me a copy of that. There will probably be an amendment coming on this but Sheila is still researching it. We don't know if that is true or not because we didn't see it anywhere.

Representative Nelson: In light of that, would it be appropriate that someone contact Representative Ekstrom to see if she had some proposed amendments in addition to that

because she's not here. I know she was thinking about something in Women's Way and it would only be fair that she has the opportunity to do that.

Chairman Pollert: Will Representative Metcalf or Representative Kerzman give her a call? Committee if it is ok with you that Representative Metcalf can bring that to Sheila. That way Representative Ekstrom gets her say too. We are in recess until the call of the chair.

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2004

House Appropriations Committee
Human Resources Division

☐ Check here for Conference Committee

Hearing Date: 4/7/09

Recorder Job Number: 11762

Committee Clerk Signature Meghan Rennell

Minutes:

Chairman Pollert: We will be talking about the amendments for SB 2004 today. We will begin voting on the amendments today and see if the committee feels comfortable to vote on the bill. The first one on the list is to increase the funding for the medical loan repayment program.

Representative Bellew: If I remember this one we were going to reduce the general funds for this and take it out of the community health trust fund, am I correct? That is just $157,000.

Representative Nelson: That was my amendment. If I remember the department did a recalculation of the community health trust fund. We thought that the $40,000 left in balance ended up being $150,000. We funded this program from that trust fund. We feel there is adequate funding in there at this time to fund that.

Chairman Pollert: Is that the one where Representative Bellew was right? I know that some of the amendments that we are working with today are going to be related with what is going on with SB 2063. I would be surprised if it doesn't. If you remember what was in SB 2063 with a $4.1 million. Any discussion? We will take a roll call vote. It passes 8-0-0. We will move to number 2 which decreases funding from the insurance tax distribution fund.

Representative Bellew: This amendment was added in the Senate. It was one of those that comes out of the insurance reserve trust fund. It is really the general fund dollar amount. It

should have been a standalone bill. I also believe that the EMS's should go to their local taxpayers to get a match for this money. In century code the local counties and cities could levy up their $10 mil for local EMS services. I don't know if that has been followed or done. I would like to see that done and if it was and it failed, I would support this. I don't even know if they had tried to get money from their local people. This is not a statewide problem but a local one.

Representative Ekstrom: I represent a huge city. EMS people came from all over the state to move our nursing home people out. I talked to some of the people who were taking the patients to valley city and Casselton and all over the place. They told me stories about literally having bake sales to keep the buses supplied and the people trained. I respect what you are saying with having the locals step up to the plate but some of the smaller communities, they need to figure out how to consolidate more than they are now.

Chairman Pollert: If I'm correct and I might be wrong, there was a bill out there for EMS funding for $5 million. I think the Senate killed it but when they killed it they put this $1.5 million in the budget.

Representative Bellew: Just for a point of reference, in the health department budget for local ambulance it is $2.4 million. $1.25 of that goes to the EMS to hire people to staff them when their regular ambulances are working. The rest is $1.24 or whatever it is for training grants for these people. As you can see we are already supplying a great deal of money for these services. They need to get their members together and figure out a way to consolidate and come up with a plan. I don't have a problem helping them out but I think they need to help themselves too.

Chairman Pollert: I asked for the amendment. They do a crucial function. I know there are counties that do contribute to EMS and their local EMS but they aren't all contributing. That is

my frustration and that is why I asked to bring that forward. I know there is going to be a study during the next interim. I don't know if I'm going to be back or not. If I'm back and if there is more money to ask for EMS and there is not more of a local match I will do my hardest to not let that pass. Having said that, I won't support the amendment I asked for. I am putting the EMS association on notice that if you don't come forward with a plan that I will not support any of that next session if I'm back. Maybe you will hope I'm not back.

Representative Kerzman: I agree with you. They have to come up with a plan. They start working in the last interim but the problem we are having out there is to get everyone on board you almost have to regionalize it or something. If a community starts off with an ambulance service and the neighboring community dissolves theirs you are expected to pick up the other territory but you aren't getting reimbursed for that. We need a state wide program because we have people that come out there and for whatever reason that is the lifeline between the facilities and whatever happens to those individuals. They don't ask where they are from. We are seeing more distance from the rural health facilities and where people live. We just lost a hospital in Richardton, Elgin is going down. Basically when they hold someone up they have to take them 50 miles or better one way. It's a vital service out there. The granting program has been highly utilized and well received. There are a couple employers in long term care and most of those people can't leave the job. They are at minimum staff. The volunteers play a huge role. It is getting tougher and tougher out there. The state has to step up a little bit.

Representative Nelson: I would just remind you that Rep. Uglem had a bill with the regional coordinators that would have been utilized to begin that problem of regionalization of EMS services and in addition to providing some of the training to the locals that was the goal of that bill to create a more regionalized system. As I remember that bill didn't go anywhere. I would agree with Representative Kerzman is that one of the other things and especially in the smaller

communities is that the employment that used to be held in Mott, the people are now traveling outside of Mott to find jobs. It leaves a smaller critical mass to work with ambulances. It often times is the case that they have to bring in and hire someone during the daylight hours to be on call in some of these towns. The volunteers man the units during the night time hours. There is a shift in employment that has caused additional concerns as far as monetary issues. You can only raise so much money locally in those situations. You might be able to levy the $10 mills but it probably doesn't necessarily mean that it is going to increase the quality of the ambulance services. It might cover the cost of the call service during the working hours of the day. It doesn't bill your infrastructure or the services that are provided. It is just something that should be considered especially in those towns that don't have a large business district that can man the services.

Representative Kerzman: Just to add to it I think the average mill for the county is about $7,,000. Take it times 10 and you can't even get close to replace an ambulance with that. It takes a number of years.

Chairman Pollert: Is there any other discussion? We will take the roll. It fails 1-7-0. If you look at the bottom of the second page and the top of the third page it says #3.

Representative Kreidt: That was my amendment and it provides $1 million for grants in emerging medical services operations in ND century Code.

Chairman Pollert: So basically it goes to funding grants. The other $500,000 is relating to the bill we had earlier except it's going to be done by a third party? We all know what happened in the past with the EMS association. I want to make sure that there is a recording mechanism and that we have language that reads something about emergency medical services receiving grants that would provide a mechanism to report the department about the status and use of funding for the purpose of reporting to Legislative Council. That might go to the interim

community on human services or it is going to go somewhere. I also want to report on the $500,000 so I'm going to ask that language to be on the bill so we get a report on where that money is going.

Representative Bellew: I think I know the answer. This amendment does not increase the grants line item? The grants line item as it stands now will be $2.75 million. This does not increase it by another $1.5 does it? I just want to make sure.

Chairman Pollert: This is a substitution for the $1.5. It's a breakup of the $1.5. The $1.5 is broken up in the million and half a million. That is what your amendment is doing. It's not an additional $3 million. It stays at the $1.5. It's a division of the funds of the $1.5.

Sheila Sandness: This amendment is in the section of the bill that will say included in the grants line is the $1.5 million and this is how you will use it.

Chairman Pollert: That is a good point because I forgot to bring it up. It's not the $3 million it's for the $1.5 and how the division is up.

Representative Metcalf: Just as a final line underneath it says that they will report to the medical director. That is a mechanism of reporting. Could that be changed to whatever else we would decide that they be reporting to?

Chairman Pollert: The medical directors would be an example of the local ambulances and EMS have a medical director in their hospital facility who they have to coordinate to. That is what it would pertain to. That is what I'm assuming.

Representative Kreidt: Correct. Most ambulance committees do have a physician on board that they work with. That is what this part of the motion is in reference to. They have to make sure the ambulance has proper equipment and that they are providing the correct care and so on. That is what this does. The medical director has oversight over that part of the program in that community.

Representative Metcalf: My only question is couldn't that be changed or another section added that has the same wording basically to make a report to the Legislative Council?

Chairman Pollert: The language I want to have adopted is going to be all encompassing for that $500,000.

Representative Metcalf: I'm talking about the process. Who do you want that report to go to? Who do you want to have overlooking the whole process? It was brought up that you want to review it.

Chairman Pollert: I want to have language in the bill that shows how the funding was spent and allocated out and what they are doing for it. I'm not saying that it has to be oversight for anybody. I'm saying that what they do with the dollars, how it is rolled, is what I want reported to someone in Legislative Council whether it goes to the interim committee or the budget section. I want to know where the dollars flow to. It's not on the amendments because I just asked for that language yesterday. That is my problem. That is why we can't act on the bill today because we are going to have to act on the amendments. With your amendments besides the reporting language of how the money is done, I know there are certain ambulances that aren't getting all of their I's dotted and t's crossed. Sometimes you have to have a regulatory body looking over that. Are we going to have that with the $500,000 and the third party? I would like to have that answered. If you have a third party and let's say the EMS at the top of the heap decides that they are going to be the third party to receive this funding and they are going to go down and audit the local EMS, how do we know that it will be regulated. What I'm saying is that if they aren't doing something right according to the Century Code or something comes out, how do we know that? Is the Department of health going to have any regulatory to see what they have done? Are reports going to go into the department of health. There has to be some oversight. There could get to be a conflict of interest.

Representative Kreidt: I would assume that the report should go to the department of health. If we would include that along with your amendments that ¾ should be given to the interim committee on human services or Legislative Council.

Chairman Pollert: Am I the only one that seems to be concerned? I want to know from the Department of health that if this third party is coming in, I want to make sure that at least someone is looking over that to make sure there is not a conflict of interest. We know what happened to the EMS in the past. I don't want to have that type of problem and have any chance that it might happen. I need to get that answer from Arvy.

Representative Bellew: Also sometimes in the interim or whatever I would like to see some sort of a report stating where the money goes, who gets what, and how much.

Chairman Pollert: That is the idea of my language. W

Sheila Sandness: This is the language that Chairman Pollert gave me yesterday in regard to the $500,000. The language would say something like as the requirement of the grant the third party shall provide a mechanism to report to the department on the status of the development, implementation, provision, and use of funding for the purpose of reporting to Legislative Council.

Chairman Pollert: How does the $1 million read?

Sheila Sandness: That reads emergency medical services operations receiving grants as provided in chapter 23-40 shall provide a mechanism to report to the department on the status of the use of funding for the purpose of reporting to Legislative Council.

Chairman Pollert: That would give how the money is allocated but it doesn't answer my question as to who hast eh ultimate oversight over the third party. To continue or discussion, Arvy is back. We know we are going to have reporting language. My concern is a little more as far as if there is going to be some regulatory oversight from the health department. My

question is I don't want to have any problem with a conflict of interest as far as saying to contract with a third party. I would use an example to say the state EMS association is the third party. I won't say the conflict of interest. Some people could conceive it that way. I just want o know whether the third part of the I's are dotted and the t's are crossed. Is there some point of oversight and reporting to the budget section or to the interim committee. Does Legislative Council take care of that? Do you have those stipulations in?

Arvy Smith: That dollar amount, we would be required to do an RFP process on it. We would be looking for qualified applicants to apply for that contract. I'm trying to remember if we have conflict of interest stipulations in. We have a 3-4 page document of all the different requirements in order to have a contract with us they have to follow a few things. We could certainly make sure that it was a part of that. I'm pretty sure that it is a part of our contracting process. I'm not sure who the qualified candidates would be for this. We may end up going out of state for this.

Chairman Pollert: The last thing I want to see is having something happen that happened two years ago. That is what I'm trying to avoid. That is my concern.

Representative Nelson: What does the health department do now as far as reporting? Is there a mechanism? I'm assuming there is something about reporting by local ambulances now isn't there?

Arvy Smith: With the new grant program there are various reporting requirements on how they are spending that money with regard to that. That is about the extent of the information we are getting. They do reports incidents, ambulance runs, and that kind of information. There were some fair amount of requirements on the grant program that currently we have to make sure are complied with. That is about the extent of the information we are getting.

Representative Nelson: That is all done in house with the staff that is employed?

Arvy Smith: Yes.

Representative Nelson: There is no outside reporting mechanism as such that is in place now?

Arvy Smith: That is correct. This past biennium we had the two interim studies that were studying various parts of the system. There is no other entity.

Representative Nelson: When federal funds come part of this mix and homeland security was one issue that was talked about, does your department have any oversight in regards to federal funding like homeland security in those cases?

Arvy Smith: I think what you are referring to is that we had indicated in our hearing that our emergency funding and bioterrorism and emergency preparedness and response funding is now going to be required to have a state match to it. We had requested general funds for that state match. Those weren't funded and those were included in the Governor's concept of our budget that we had to look to other sources to match those emergency preparedness grants. This whole EMS is a likely part of what we are looking at. We are also looking at an in kind match that is done at the state and local level. We will need to look to the grants and to some extent we are going to have to gear that whole program to have enough quality that we will meet the federal match requirements so we can claim it as match or we lose all of our EPR funding. That will be a part of it. In looking at that, in monitoring that we will have a contractual relationship so that our ability to ensure that is how much oversight we can do on that relationship. That contract will have the stipulations we need to meet all those components.

Chairman Pollert: Any more discussion on that number 3? I want to make sure everything is up and out and the reporting mechanism is right. We will call the roll. It passes 7-1-0. Now we are back to 3 on the first page. It removes 1 FTE auditor position. We will do the vote and it passes 5-3-0. Number 4 is the equity.

Representative Ekstrom: I know I bring this up every time and I do understand that this will be coming out of here. Do we have a sense from leadership as to where we are going on this? All I'm asking for is transparency and do we know? Is it going to be dropped back to a 60% level, are we doing half? Where are we going?

Chairman Pollert: I understand that there is $4 million in there right now. It possibly might go higher. I honestly don't know. It's not in our section. I'm surely not going to say amounts. I'm hearing there might be more than that. I'm not into that circle. We will call the roll. It passes 5-3-0. We will move on to number 5 which is decreasing funding for operating expenses.

Representative Metcalf: Is this $100,000 the number 3 on the green sheet you are talking about or is that something else?

Representative Bellew: I requested that and it is out of the total operating. It has nothing to do with anything else.

Chairman Pollert: We will call the roll on number 5. It passes 5-3-0. We will then move on to number 6. A was Representative Bellew and B was Representative Ekstrom. Representative Ekstrom I would ask is what if that went with our work with SB 2063 if that went in to the community health trust fund instead of a general fund. We will do 6a first.

Representative Nelson: Just for understanding purposes if we wanted to support section B would you want that addition from the community health trust fund to be included in the amendment?

Chairman Pollert: It would have to be unless you want the $304,000 to come out of the general fund. That is with assumptions that SB 2063 is going to pass.

Representative Nelson: Quite honestly I would support B if that languages was included contingent on community health trust fund. I would add that as a substitute amendment.

Representative Bellew: Part b of this amendment is $304,000 additional general funds. There is already $250,000 in there. So it would be $554,000 general funds?

Representative Nelson: This wouldn't be general funds.

Representative Bellew: You are saying the full $550,000 would come out of the community health trust fund if the funds are available?

Chairman Pollert: You are asking to reduce the general funds in A by $150,000. The budget had an increase of what for the net?

Representative Bellew: The $150,000 general funds is the general funds of what was included in the budget.

Chairman Pollert: So A there is $150,000 increased for the Women's Way program.

Representative Bellew: That is correct. In the overview that $150,000 will be used to contract a consultant. I asked for an amendment because I don't know that they need a consultant. I see Women's Way advertised quite a bit and I think they are reaching the people that they need to reach. That is why I asked for the amendment. I would leave the $150,000 if it does come out of the trust fund.

Representative Wieland: As I understand it, the way it is now is all general funds. I think we would almost have to support A and B to get it out of the community health trust fund because it removes $150,000 from general funds and then you are going back to $304,000 out of the community health trust funds.

Representative Bellew: I don't agree with that. There are $100,000 in that Women's Way coming out of the funds right now. B takes $100,000 plus the $150,000 that the Governor put in plus the $304,000 for $554. My amendment would take $150,000 from the general funds. If we go with amendment B it will take $250,000 of general funds.

Chairman Pollert: I don't read it that way. The way I read it is that there was $250,000 in the health department budget which is $150,000 of an increase. Your amendment would take away the $150,000 increase from the general funds. B would put the $304,000 back in which would mean that $304,000 plus $100,000 for $404,000.

Sheila Sandness: If you approve the amendments that is how I would understand it. You would have to approve both the reduction in general funds and then basically the second one substitutes the general fund with $304,000 from the special fund. That is how I would understand it. I'm not sure if that is what your intent is.

Representative Nelson: She didn't make any assumptions that A passed. That is where the $150,000 was still included in B. If A and B pass, that $554,000 is $150,000 less so it would be $404,000.

Representative Bellew: The $100,000 in the budget now would then become community health trust fund dollars, is that not correct?

Sheila Sandness: No the $100,000 is general funds and is not addressed in either of these. I guess if you wanted to you could probably do that.

Representative Bellew: Certainly it is addressed in these. If you take $250,000 and add it to $304,000 it is $554,000.

Sheila Sandness: Right but it is not changed. We aren't changing the $100,000 in either of these two amendments.

Chairman Pollert: So what you are saying is that $100,000 is currently in the department of health with $100,000 general fund.

Sheila Sandness: That is correct. It's not being changed by either of these two amendments.

Chairman Pollert: Right so the $100,000 would be consistently the way it was reported in the last biennium. So the $150,000 would take away the increase in general funds to the

executive budget on A. B would add $304,000 coming out of the community health trust fund. That is contingent on what happens with SB 2063 and it could really make the health department in the conference committee really interesting.

Representative Wieland: Then it would only be a total of $404,332 in the program instead of the $554,330.

Chairman Pollert: There is more money in Women's Way and I can't find that.

Representative Nelson: Can we take 6 A and B in one motion?

Chairman Pollert: We will vote separately.

Representative Wieland: Just a comment because it is interesting to note that Women's Way does a lot of advertising. My TV is on a lot when I'm at home. That particular add strikes me because it's not color. It's kind of bland.

Representative Nelson: I would be in that same group. There is a number that may be agreeable. This is an issue that won't be settled. It's not my amendment. If you want to keep the idea alive I could support a number that would be

Representative Metcalf: I understand what we are saying.

Chairman Pollert: So in the 07-09 Women's Way expenditures worth $3,077,246 that includes the $100,000 from the previous biennium. If we take away the executive budget of $150,000 that means they would be at $341,597. That is if we approve A. It would be a little less than last year. If A is adopted it reduces it to $3,041,000 and some odd dollars.

Representative Ekstrom: Just to remind the committee that last year we did flat funded this and the cost of procedures are going up. They are expending more but therefore we aren't getting as many people. That is why I will strongly ask that you support B. I cannot support A but that is me.

Chairman Pollert: Any other discussion? We will call for the roll on 6a. It passes 5-3-0.

Representative Wieland: Don't we have to change the $554,432?

Chairman Pollert: Yes. Do we need a motion for that?

Sheila Sandness: I don't believe we do because these were just the amendments that were thrown out that day. As long as the person that provided the amendment wants to make the change.

Chairman Pollert: We will do a roll call on 6b. It passes 8-0-0. 7a is related to 7b. 7a removes the funding and the 1FTE position for suicide prevention. 7b decreases the funding, removes the FTE but provides the $250,000. The decision would be whether or not you want to take it all out while 7b would be if you want to take out the FTE and do it as grants.

Representative Bellew: I will explain my logic. This was not funded in the Governor's budget so obviously it wasn't a priority. It was an OAR.

Representative Ekstrom: I can't tell you how devastating that suicide is to families and what it does to the community. It is the unseen disease. No one wants to talk about suicide or announce the fact that someone in their family has committed suicide. Having worked with a group in Fargo, one of the real tragedies is that when one child within a family commits suicide, the other children are at such a high risk of suicide too. It would make your head spin. I'm not wild about decreasing the funding on B but I will be supporting it.

Representative Kerzman: I can't support either one of these. I think you all know that the suicide rate is high in ND for young adults. It's really rampant on the reservations. We have been working with the department. We have been doing a really good job with the staff they have. You can really see that when they try to do anything they are really short as far as people are concerned. I think it's so devastating when you see young adults do that. It takes a lot of work. You have to train the administration and teachers for what signs to look for and the community. I think the department is short staffed there.

Chairman Pollert: Let's take a roll call vote on 7a. It fails 4-4-0.

Representative Nelson: The way I would read 7b would be that we defeated the motion to remove the $622 so that is there. If we passed b we are adding more.

Chairman Pollert: I will ask for a verification. Right now with the failure to remove the funding and FTE the 622 is still in the budget.

Sheila Sandness: That is correct. Everything is still there.

Chairman Pollert: So for those of us who are hoping to reduce it, we are hoping to vote yes in order to reduce it a certain amount of money. Is there any more discussion? 7b passes 6-2-0. Amendment 8 removes funding for operating expenses for poison prevention and control. It is #16 on page 2 of the green sheet. Any discussion? It passes 5-3-0. Number 9 decreases funding in the grants line item for Russell Silver Syndrome.

Representative Bellew: This was my proposed amendment again. They have only spent $10,000 to date on this biennium. There is $100,000 of general funds.

Chairman Pollert: Any discussion? This amendment passes 6-2-0. Number 10 decreases funding in the grants line item for specialty care diagnostic and treatment program. That is going to the 6&6 inflator. This amendment passes 6-2-0. Number 11 is adjusting funding for the Life Safety Code construction survey program.

Representative Bellew: This was my proposed amendment. Currently in the budget it's like 1/3 2/3 general fund. $2,400 for a big project just doesn't seem like it's that much for the overall project. I requested the 50%. I really think the project should pay for all of it. In the spirit of compromise this was my proposal.

Chairman Pollert: The figures were $300, $900, and $2,400. And a 50/50.

Representative Kreidt: I would hope that we would defeat this motion and go forward. This was studied during the interim and it came out of the long term committee. It went through two

years of doing these projects and having them work well. If we want to mess around with the fees let's give it two more years. If it's working well and I'm assuming it's going to, I would look more favorably on this motion. If the results are what they are willing to be, maybe the facility would be willing to pay all of the costs and we wouldn't have any burden on the state.

Representative Wieland: $3,600 on a multi-million dollar project is absolutely nothing. They are going to spend more than that on coffee during that particular time. I don't see why in the world we wouldn't want to increase that fee to cover at least 50% of the costs. I believe with Representative Bellew that they should be willing to pay them all. They are getting a real bargain with what they are getting here. $300 for a small project is nothing. They aren't really paying anything for the service they are getting.

Representative Kreidt: Whatever we assess back to the facilities, it goes back to the resident. On the Medicaid side it goes back to the taxpayers. We are talking 100 and some projects.

Chairman Pollert: We will call the roll. It fails 3-5-0. We will move on to 12 which deals with increasing operating expenses to provide newborn hearing screening results.

Representative Bellew: This is my proposed amendment. Currently if I understand things the hospitals are picking up the costs to test newborn babies. What is happening in the process is that from the time the babies are born from when they get to the school age the local health care professionals are not getting the information that they need. This is more of us directing the health department to give them the information to prescribe the treatment. It was an OAR of $159,000.

Chairman Pollert: So they don't have to report to a licensed medical professional now?

Representative Bellew: No what I'm saying is that the licensed medial professional is not getting the information from the health department. I just want them to give them the information so they can do a proper diagnostic treatment or whatever it takes. My wife is a

kindergarten teacher. She had this troubled little girl who was just a problem. They figured out halfway through the school year that she couldn't here. She had a speech impediment because she couldn't hear. She was behind the other kindergarteners but once she was diagnosed and they got the proper hearing aids into this little girl she caught right up.

Chairman Pollert: We will vote on amendment 12. It passes 8-0-0. We will move on to amendment 13. Is this in conjunction with 17?

Representative Ekstrom: Number 4 on the back page is the same language.

Chairman Pollert: I will need a clarification from Legislative Council.

Representative Nelson: This amendment came to address the issue on #4 page 3 first. That section was added. The total administrative funds spent, the third column $70,000 of the third column that was the $250,000 was having been spent at this point. The reason for that is since the 2007 session when we completed that it is mind boggling as to how long it takes to get a program up and running and actually screening people. It took well over a year. There was a problem with the qualifiers and there was a number of people who had shown interest in the program. Because of the criteria that was used for the applicants to be eligible, many of them were kicked out of the program. That has changed now and now the screen stays outgoing. There are better numbers going and it is being utilized. Every month it increases the usage. As you can see from the second page, although the numbers are rather low yet in the bottom count of the pathology reports there are 6 procedures that were done and caught the possibility of cancer. It has been a program that I was hopeful we would have better numbers at this point in time. By the time we get out of here, we aren't going to have those numbers. The point is that number 4 on page 3 allows the program to continue to utilize the funds. The pilot project, screening, and colonoscopies can continue to take place into the next biennium with the original funding level. As far as the number 13 amendment what we are asking for is

that the original bill allowed for a pilot project in counties less than 15,000. We are asking for another pilot project in a more urban setting where there are underinsured and uninsured people in counties over 15,000. An RFP would be sent out and there would be a competitive situation that takes place for those facilities that would do the pilot projects. The point is that in colon rectal cancer you have the screening and the early diagnosis which is an important aspect in the ability to treat the cancer successfully. That is the idea behind the program. That is an expansion on the continued program. There is no question about that.

Representative Bellew: Would you be open to a friendly amendment of having the money come out of the community health trust fund? That would be my proposal.

Chairman Pollert: So then it would say to come out of the community health trust fund instead of the general fund.

Representative Nelson: That was the original intention for to fund it out of the community health trust fund. With the uncertainty of the level of funds available that is why when the amendment was drawn up we had to put it somewhere. That is where the general fund was chosen.

Chairman Pollert: So if I can ask this question, number 4 on the back page, didn't your funding for the screening come out of the community health trust fund last session?

Representative Nelson: It was $200,000 from the community health trust and $50,000.

Chairman Pollert: So then what is the effect fiscally? Does it just mean that they won't have as much turn back on section 4?

Representative Nelson: We are anticipating probably around $100,000 that would be left. It's hard to know. It grows between February and March. It had $20,000 was about the increase of that month. If that's the same it is about $20,000 a month that is being utilized right now once

you get the people in and have the testing done. It was a shot in the dark on how many colonoscopies would be needed in this case .We are under budget.

Chairman Pollert: So it's roughly $20,000 a month?

Arvy Smith: Our staff that is administering the programs are anticipating that through the remainder of the program that we will be spending more a month than what we previously had. Now that the program is ramped up. They are projecting about $10,000 left at the end of the biennium. That is the last we heard from our program folks.

Representative Kerzman: My concern is that we are depleting the spending with the community health trust fund. The report I have shows a balance of $157,000. We took $150,000 out for Women's Way. There is a lot left in there.

Chairman Pollert: If SB 2063 passes there will be $4.1 million going into their right?

Representative Kreidt; Yes.

Representative Nelson: There is no question that if SB 2063 doesn't pass, the conference committee has got some real work to do in this regard. You are exactly correct if that would be the case. Either these programs would become general fund or they would be eliminated. Those would be the two options.

Chairman Pollert: Is there any other discussion? If it's ok with you we will work on 13 and then to 4. The roll on 13 passes 8-0-0. Number 4 on the back page also passes 8-0-0. We will then move to 14 which deals with removing the funding in the operating expenses line item for a budgeting error in the community health division of the budget.

Sheila Sandness: That was one that came up when we were looking at the detail in the community health division. There was a line item that was used to balance an error in the way that BARS was calculated.

Chairman Pollert: We will take a roll call vote which passes 8-0-0. We will move on to 15 which increases funding in the grants line item for grants to local public heath units for nurse home visits.

Representative Metcalf: I believe that was my instigation there. We have to take a serious look at our community health. They basically have not received a whole lot of assistance from the state as far as continuing the projects. They have been able to do special funds through activities and property taxes. They have been able to get going through this particular process that they go through. What we are really running into is the fact that money is tightening up very much out there. They desires of people want to keep this going and provide the services as much as possible. They are finding that the source of income outside of the State of ND is drying up. I don't think we can afford to allow our community health programs to dry up at the same time. I would surely hope that everyone would vote a yes on this $2 million. I realize that this is a lot of money. I would encourage everyone to vote yes.

Chairman Pollert: Any discussion?

Representative Wieland: Can you tell me how much they are receiving now for the nurse home visits in the 2007-09 budget?

Representative Metcalf: I have a whole list of information regarding the nurse home visits

Representative Kerzman: It's not nursing home visits it is nurse home visits.

Representative Nelson: As long as Representative Metcalf is looking for information I just have a question. I can certainly be supportive of an increase in that area. What concerns me is that when we were looking at a $2 million increase in an amendment to the health department budget, again the idea that a hearing hasn't taken place on this, if I remember correctly last session local public health came before the human service committee as well for an increase in the budget for the grants line. Is that where we gave them an increase? This was not going

to be viewed upon. I would guess that the $2 million increase is that we are really stepping out on a limb in that regard as far as the authority and the subsection and appropriation as far as that.

Representative Metcalf: I did not find the information here in the documents I received from the public nurse home visits. I will say that they attempted to get here twice for a public hearing and they were on the schedule twice for a public hearing and they got stormed out both times. They sent the information by written word. That is the only way they could go after that particular fiscal. They made a drastic attempt. They are receiving some money, there is no doubt about that. They have not received an increase in the last 14 years or something like that.

Representative Nelson: Has there been an increase in funding for local public health units this session?

Chairman Pollert: Could you say that the $1.2 million that is in SB 2333 is that just for immunizations or is that money to go look at local public health and they will use it for whatever area they want?

Arvy Smith: In SB 2333 that $1.2 million is specific to immunizations. With regard to other funding, if you recall the $1.9 million is in our budget as state aid to local public health and that is consistent with the current biennium. There are no strings attached to that. They can use it for whatever public health purposes they choose. Periodically we collect information on them as to what they are spending it on. It varies quite a bit. Many of our federal grants are leveling off and in some cases decreasing. In many cases in order to cover our own inflation we are providing less to the locals. There are some grants that are increasing but very few and we are able to give them more. I know in our federal immunization grants, we want to give them more. We don't have any programs specific to nurse home visits.

Chairman Pollert: I know in the last biennium there was HB 1465 that dealt with the immunizations. We also did increase the money to local public health units about $800-900,000.

Representative Metcalf: I guess I just wanted to ask when the last time the $1.9 was increased.

Arvy Smith: Last session it was increased from $1.1 million to $1.9 million.

Representative Nelson: If we would pass this line item for nurse home visits that would be the money that we send out to local public health units. That is unrestricted. They could use this for nurse home visits. They also have the flexibility to use that in other areas, is that correct?

Arvy Smith: Yes that is correct.

Representative Nelson: That having been said, it seems like a less restrictive environment for funding. If a unit in your neighborhood were the people that you put the amendment in for, they could choose to use that funding for local nursing situations. Maybe another unit would have a higher priority. Is that something you would be agreeable to, to take the restrictions?

Representative Metcalf: Are you suggesting that I reduce or completely eliminate the $2 million request, is that what you are saying?

Representative Nelson: I would just put an increase funding in the grants line item for grants and local public health units. Just eliminate the nurse home visits.

Representative Metcalf: I would be willing to accept that. They can use the money regardless. The thing is, is that we have to ensure there is money adequate for them to continue the programs they are operating right now. This particular request came from the organization of home health care. I'm very adamant to the fact that they need this. They originally wanted to request $4 million and I said don't even think about that. I'm attempting to

get this down to where we can live with it and where we can show in future years that this money has been needed. That was my answer to their $4 million request.

Chairman Pollert: I understand that the guy that was asking for the amendment was asking that it was a safe increase for funding in the grants line item for $2 million.

Representative Wieland: Whether it was used for that specific purpose or not we did go from $1.1 million to $1.9 in the last biennium. That is $800,000. This would virtually double it which would mean a 100% in funds. I could support hat but not $2 million.

Representative Nelson: In that same group I think there might be a number that is agreeable and I think this is an issue that won't be settled until the conference committee is over. It's not my amendment. If you want to keep the idea alive I could support a number that would be less than $2 million. Looking at what we did last session $800 is what we put in last session and I don't think that was done without a lot of reluctance by some people.

Representative Metcalf: I understand what you are saying but do you also understand that the grants in the federal dollars are drying up. Are we going to allow our community health programs to dry up at the same time? In order to carry this into the conference committee I would reduce this down to $800,000.

Chairman Pollert: It is your asked for amendment but if you want to change that it is up to you.

Representative Metcalf: I would change that to $800,000.

Chairman Pollert: Any other discussion? We will take the roll which fails 4-4-0. We will move to 16 which increases funding in the grants line item for grants to local public health units for comprehensive emergency preparedness and response. Is there any discussion?

Representative Ekstrom: I think we are all aware that we have emergency preparedness situation across the state right now. When this disaster is over and I hope it is over soon, we

are going to swing into action and make sure we have a state wide comprehensive plan for emergency preparedness. I know our cities and communities have been doing a good job. I think that we will learn from this and learn from the disasters across the state. We need to coordinate that information.

Representative Nelson: This is totally up to Representative Metcalf. I would make a run of putting the period after local public health units and let the money be flexible.

Chairman Pollert: So your proposed amendment would read increases funding in the grants line item for grants to local public health units for $500,000.

Representative Metcalf: Correct.

Representative Wieland: Is this one time funding?

Chairman Pollert: No. I would assume it is ongoing. The $800,000 we did last biennium is ongoing.

Representative Metcalf: Correct me if I'm wrong but this takes out the last part of the emergency preparedness and response and it is going to be ongoing.

Chairman Pollert: Any other discussion? We will take the roll. It fails 4-4-0. We will move on to 17 which increases funding in the grants line item for grants to local public health units for community health assessments and incentives for regional collaboration for $200,000.

Representative Metcalf: Seeing as how we are working on trying to get some money for the local public health, I would amend this and put $100,000 into that particular aspect of it and eliminate the last line for as far as assessment of regional collaboration.

Chairman Pollert: So if I'm understanding this you are saying that number 17 increases funding in the grants line item for grants to local public health units $100,000. Is there discussion?

Representative Wieland: You are eliminating what in the language?

Representative Metcalf: The line that says community health assessment incentives for regional collaboration.

Chairman Pollert: It would read the same as to what is attempted on 15, 16, and 17. They would reduce the 200 down.

Representative Bellew: I just want the committee to know that if this amendment does pass we have increases in general funds for the expenditures of the public health for 26.6%. That is not acceptable.

Representative Metcalf: I understand what you are saying but we also have to take a look at the opposite side of that. How much funds have been cut out of their programs because of the reduction in federal and in community giving. That is really a serious problem right now. I don't think we are outlined here at all but in fact I hope that at least one of these would carry through so we can get it into a conference committee and discuss it. I would hope that the gentleman would join me in supporting the last amendment.

Representative Nelson: When you refer to the 20% increase, you are referring to the immunization money?

Chairman Pollert: It was at $1.1 million and we added $800,000 last session going to local public health? That would be about 40%.

Representative Bellew: That is the total for the health department budget for this biennium.

Representative Nelson: I see what you are saying. I just want to make a point saying that two years ago when we went into this immunization thing the local public health units said that this was not going to go well. We thought that we could get the program up and running a lot sooner than we did with the blue cross blue shield billing component. It has been a real burden on local public health. The fact that even now the people who were willing to pay at the time of immunizations and now they can no longer do that. They are waiting for money from six

months ago. There is no question that they have been strained in this process. Because of the immunization thing alone that they have been unable to do the work that they are doing two years ago. This is a pretty reasonable request. I think I know who is going to be on the conference committee and you will have your voice there.

Representative Wieland: Are the local communities contributing the max to what they can do in all areas. We have found some areas where we have been asked for funding in the local areas have been stepping up to the plate and supporting it. I know we have passed several bills this year and there was some question as to whether or not that is being done. I don't know what the local public health units are doing. I know there is a way in which they can raise funding themselves. I might support this amendment just so it can get in the conference committee. I do agree that we can't continue to sustain budgets with 27% increases because we are already $100 million over the Governor's budget which I thought was excessive to start with. Now we are way over that. In the next session if the economy doesn't get any better we won't be looking at any increases. We will be looking at cuts and reductions of increases. You are going to be looking at cuts. It has happened before and it can happen again. I'm just putting out a letter of caution here.

Representative Metcalf: I take your information to heart. I believe how long we can stay on top of this heat that we are on right now. However, do we really need to cut before a cut is necessary. I understand that we have come to a point that we don't have the money anymore and we have to make a cut, there is not going to be services that are given. I understand that and so do these public health people. If we ever come up against it, they are going to fight for the money. Right now there is no real need to be overly concerned. I understand that we are going into a deep recession and that this is probably going to create a lot of problems in the future. Right now I feel we have the ability to support them. I don't believe they are going to be

wasting this money to be developing new programs because they need this money right now to keep their current programs going. Unless these people are lying to me and I don't think they are. I wish they could have been here to make a presentation to this committee. They are very sold on what they are doing and the need for the funds to keep their business going. I would hope we could support this minimal contribution. I do feel if we are going to keep our public health units going we have to give them a thought that we are going to be there to support them as long as we possibly can.

Chairman Pollert: We will call the roll. It passes 5-3-0. We will move on to the other proposed changes #1. I asked for the amendment because of our continued discussions and struggles to go from the universal way of immunizations and our current process. Everyone knows that SB 2333 is out there. That is why that section is in there to continue the study.

Representative Nelson: Remind me that if we had stayed in the universal immunization program, what would that cost the state?

Chairman Pollert: $21 million.

Representative Nelson: I think that is the difference sometimes. As you look at the programs and look what local public health has asked to do, if they wouldn't have been able to do what we asked them to do last session that 27.5% increase would look a lot worse. I would support this study because there are some real problems with the immunization procedures that are used and getting the reimbursements back.

Chairman Pollert: I think our work in the health department is working on that as well. We are trying to get something that works. If it's a brand new way of going from a real different universal way of doing it all. I agree with Rep. Weisz that if we didn't pass the 5 or 6 immunizations the last biennium we could have stayed under universal care. Once we put all

the amendments to add more immunizations that just puts a fiscal note and it gets difficult to fund.

Representative Nelson: I agree with that but it's not necessarily a bad thing. It's not going to stop. As more immunizations are developed, it provides a healthier society. That is the whole idea behind the program. I just want to point out that we can say a lot of things about the numbers of increases. They are serving a very important need, especially for those people. Often times we mention that the uninsured people of the state but that is the healthcare delivery system for many of the people. It's such an important part of healthcare for the lower income people that we shouldn't forget that. That $21 million that we couldn't have possibly come up with last session, I think a great deal of credit has to be given to the local public health for trying to work within the programs we developed.

Chairman Pollert: Any other discussion? The roll call vote passes 7-0-1. Number 2 is the appropriation for the federal stimulus fiscal funds. That is all inclusive for everything that is possible through the department of health.

Sheila Sandness: That is correct. The language that you are seeing there would be just as it would appear in the bill. It appropriates all of the items listed. There is language under the total that talks about how the department of health can seek emergency section budget approval for the authority to spend additional federal funds received under that act. There are some items out there that the department just doesn't know what the funding levels will be so it's not possible to appropriate those items right now. It also identifies he one time funding items with the paragraph below.

Chairman Pollert: If you take a look at the federal stimulus sheet that Legislative Council gave us a report on, those numbers jive with that. We will call the roll which passes 8-0-0.

Representative Kreidt: I have two amendments that I would like to bring forward. The first one I have is that a proposed change for SB 2004. This deals with the self registry and it was an OAR request. The amount of total funds was $472,700. It is for prevention also. In my amendment I would like to see that we would use those funds from 2063 out of the community health trust fund to cover this total cost. If not then it would come out of the general fund in the amount of $472,700.

Chairman Pollert: To come out of the community health trust fund?

Representative Kreidt: Yes. If we don't accomplish what we intended to it will be general fund money.

Chairman Pollert: You can't stipulate that here in the amendment. You can just say that you want to add the $472,000 out of the community health trust fund and whatever happens with SB 2063 then you as a committee would decide what is going to happen. Unless you want contingent language in there. What your amendment is, is to add $472,700 to the registry for what?

Representative Kreidt: It is for grants, heart disease, and stroke prevention.

Chairman Pollert: Any discussion? We will call the roll. It passes 8-0-0.

Representative Kreidt: I have one other amendment. It was just given to me so I am going to read it. After I read the amendment I will have Arvy come up and give an explanation. This would be pursued that the state department of health should monitor and regulate the acts for compliance. The department should report any violation to the attorney general and make a general report of its funding to the Legislative Council. I would like clarification on that.

Chairman Pollert: I haven't got a copy of what you talked about. Does everyone see the language? This is currently in century code.

Arvy Smith: Dr. Dwelle has been working on this issue so he knows more of the details surrounding this than I do. There are two concerns that come to mind with this. The procedures conducted in 14-02.1 are conducted by physicians. They are currently regulated under the board of medical examiners so the state department of health has no regulation authority over them. Those processes are done through the board of medical examiners. I don't know exactly how that would work with us regulating this one component. I'm not sure how we would do that. It would certainly require resources because we don't currently regulate physicians. The other piece of this involves clinics which we also do not currently regulate. This would be an entirely new program. It's not like an entity or individual that we already regulated. We are just adding one more duty. This is a whole group of entities or individuals that we currently do not regulate.

Chairman Pollert: Every biennium we are accused of playing with policy. This year more than ever we are more being attacked as an appropriations committee about policy. When I look at this, it looks like it takes a little more work than just asking for amendments but that is my initial response. Are we talking about a policy shift here? I won't say a policy shift but what are we talking about when you mention the clinics and board of medical examiners. My initial response is that you need some input on this. Or is this already in statute and needs to be done anyway?

Arvy Smith: There are pieces in statute that the health department is supposed to do. We are meeting with looking at the details behind this. We had our attorneys involved as well. We are doing the minimum at what the current law requires the health department to do. This would significantly add to that. I know there are a lot of issues and because of scheduling conflicts I wasn't the one at the table on all the details. I know that Dr. Dwelle was at the table and has more details. This is a significant policy issue.

Representative Kreidt: I am bringing this forward as an amendment. I can agree with you that we should have started out early and in the policy committee. At this point if they are looking at it maybe it will happen without us.

Chairman Pollert: You know how I'm going to vote by my statement. Normally I would support something like this but with such short notice and without fair hearings on the sides, I can't support it.

Representative Nelson: I would tend to agree with you. I think the other thing is that what the policy committee is missing is the component of the medical association and medical examiners and what role they would play if any in this compliance action. We just don't have nearly enough information to make a decision to require the department of health without any increased funding to do this. We are overstepping our boundaries.

Representative Wieland: We don't have any idea of what the cost involved, or how to do it, how many FTE's would be involved and so forth. I would tend to agree that we really should have had a separate bill and to run it through. I typically would have supported this too. It is difficult in fairness to not have a lot more information.

Representative Bellew: This is already in century code but the health department is just not doing it.

Chairman Pollert: Any other discussion? We will take the roll. It fails 2-6-0.

Representative Bellew: Number 44 on the green sheet with the veterinary loan program for $350 and the medical loan repayment for $200. I guess I would like to see that go to the community health care trust fund instead of general funds. We have already dealt with the specialty care and diagnostic treatment program. The Medicaid management information system has to stay in general funds because that is different. That is my proposed amendment to take the $350, the $250, and move them to the community health care trust fund.

Chairman Pollert: Is it correct that the Medicaid management information grants deals with the special needs kids through the department of human services?

Arvy Smith: Yes that Medicaid management information system is that general fund portion match for the Medicaid to pay for the services. That is the one we just moved from operating the grants or vice versa.

Chairman Pollert: So that was the general fund that we did last biennium.

Arvy Smith: That has been there for quite some time, that match for the Medicaid portion. That program moved from human services over to the department of health.

Chairman Pollert: And that has been a general fund though?

Arvy Smith: The match to the Medicaid, yes.

Chairman Pollert: It's nothing new. You could say it is an increase or the cost to continue.

Arvy Smith: Right you could say it is a bit of an increase because of the costs of services. It only provides current service levels. Then in that grouping the medical personnel loan repayment, $67,000 of that you have already changed to the community health trust. The bottom one $88,000 has been reduced to $50,000.

Chairman Pollert: But that is a separate amendment we already did right?

Arvy Smith: That reduced the $88,000 down to $38,000.

Chairman Pollert: So that would stay as a general fund, the $38,000? Is that how we have that right now? So then on the $200,000 we take off the $67,500? So it would be $132,500. That changes that figure to $535,948.

Arvy Smith: Just to point out that the $53,448 is actually a net change but it is not all general funds. That $53,000 is the dental loan repayment program. There was some that was coming from the community health care trust fund and some from the general fund. That is an actual

increase from the prior biennium where the entire amount was coming from the community health trust fund. That $53,000 is really not just general fund.

Kathy Mangksau: Sheila is correct. That schedule there is just showing the increases. Some of that is general and some is community health trust fund already. The total dental health loan program has $195,000 of general funds in it.

Chairman Pollert: That was from the previous biennium?

Kathy Mangskau: That is new.

Arvy Smith: In 07-09 that dental loan program was $440,000 from the community health trust fund. Then for 09-11 the funding is community health trust fund for $298,448 and general fund for $195,000. It is my understanding that there was some federal money that was lost in there or was going to be increasing so the Governor put in the money for the general fund.

Kathy Mangskau: It was the physician loan where we lost federal funds. This is the one where we knew it couldn't afford to come out of community health trust fund so we requested general funds. The current program in total is $440,000 and next biennium they are at $493,000 so that is where the $53,000 is coming from. Part of that would be general or special. You could look at it either way.

Chairman Pollert: So in other words if you wanted to put the whole $195,000 and $443 in the community health trust fund is that what you are trying to do?

Representative Bellew: Yes.

Arvy Smith: At some point depending on SB 2063 and stuff, as far as I can see 2063 still has the 80/20 rule with community health trust funds so we are going to have to calculate that and make sure we aren't overspending the 20%.

Chairman Pollert: It will have to be reconciled. So if I have this right the vet loan program of $350,000, the medical personal loan repayment program would be $132,500 and then the

$53,448 is actually $195,000. Is that your amendment?

Representative Bellew: Yes.

Chairman Pollert: So you are trying to move $677,500 to the community health trust fund?

Representative Bellew: Yes.

Chairman Pollert: Is there any other discussion? We will call the roll. It passes 5-3-0. Are there any other amendments? Because of all of this we are going to come in at 8:00 tomorrow morning to act on the bill itself. If not we are adjourned until 8:00 tomorrow morning.

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2004

House Appropriations Committee
Human Resources Division

☐ Check here for Conference Committee

Hearing Date: 4/8/09

Recorder Job Number: 11774

Committee Clerk Signature Marilyn Pennell

Minutes:

Chairman Pollert: Called the meeting to order and took roll call. Let's look over the amendments for a couple of min.

Chairman Pollert: I would ask on Section 5, the 2.7 is the 1.5 that was funded from before?

Sheila Sandness: That is correct. There was the 1.25 and the 1.5 was added by the Senate.

Chairman Pollert: So it's the general fund?

Sheila Sandness: That's right.

Representative Nelson: Are you familiar with the insurance reserve trust fund? I'm curious because I know there is a tax on policies. That is how the money goes into that fund. Is that a 5%? Do you have any idea what the tax rate on any insurance policy is to fund that reserve?

Sheila Sandness: I don't recall he actual percentage. I did look it up at one point. I believe it is right around 1.75 or 2%.

Representative Nelson: Across the board is one percentage whether it be health care?

Sheila Sandness: I would have to double check that as well.

Representative Kerzman: Can someone go over 16 with me?

Chairman Pollert: Which number?

Representative Kerzman: The last page the statement of purpose.

Sheila Sandness: The green sheet is a change from prior years to this year. It doesn't distinguish from what funds it comes out of. The source of funding was both. I just reported the change on the green sheet. There might have been a change in general or special. What I can do is actually go through what the prior funding was and what the new funding is. Would that help you?

Representative Kerzman: That is alright. I'd just like to know how much we are taking out of the community health trust fund.

Representative Nelson: I asked Arvy for a handout and I just got it this morning. (Handout A) If you look about 2/3 of the way down under the proposed expenses, they are before the amendments before us today. The other thing I'd like to point out is in the far right column. The assumption that is made there is with the $4.1 million in 2063 that the same number would continue into the next biennium to restore that level of funding in the community health trust fund. If that was to be considered one time funding and there was no $4.1 million put in the 1113 budget we would be down to $151,000 again with proposed expenses. That is the way we understood the amendments to read in SB 2063, that it would be ongoing.

Representative Kerzman: These numbers are different too. One thing that has been going through my mind is that I'm wondering if some of these areas, we shouldn't have language if the Community health trust fund runs short that general funds would kick in. I don't know if we did something like that or not. A lot of these programs are worthwhile. I hate to see them nonexistent because they don't have proper funding. We can do that with the federal stimulus money.

Chairman Pollert: Your thoughts are centered on whatever happens with SB 2063?

Representative Kerzman: I just get nervous when we fund everything with special funds. There is an obligation and it's hard to trace. I think general funds should be used in some of this.

Chairman Pollert: Someone here on the committee can you advise me accordingly. If the $4.1 million that is in there, unless we go on a rampage does it look like it's going to be in good shape if SB 2063 stays?

Representative Kerzman: I don't disagree with that logic. Say 2063 goes through the legislature and there is a constitutional challenge that raises everything. They would be put into the community health trust fund and not be funded. Everything stops and we stop doing that. These are some of the fears I have.

Representative Nelson: I'm curious. I haven't thought about that possibility. First of all maybe we should find out if 2063 does pass and is challenged in court, would the money stop?

Sheila Sandness: I would have to consult with an attorney in the council office. I couldn't answer that.

Representative Nelson: If that was the problem I wouldn't have a problem with contingent language under that case. I'm afraid if we put contingent language that if the community health trust fund doesn't have enough funding to fund these programs and the general fund would be used, we would have a very hard time in full committee getting that thing through. I agree with you. That is one of the reasons we worked up 2063 because of the value of the programs that are funded out of the community health trust fund.

Representative Kerzman: I saw the amendments first time yesterday. I did support it in committee but now I'm having reservations now if I'm going to vote for something that will never come through.

Representative Metcalf: That is exactly what I was going to ask Sheila to do.

Representative Kreidt: We do get the 2/3 vote. This should continue on. The funding should be there. If the individual does Measure 3, if they want to challenge this and tie it up, they should realize what they are doing. They are going to stop that funding. That should be leverage that we have.

Chairman Pollert: They would also stop the funding programs that are in there right now. I would suspect it would halt everything. Depending on what happens when 2063 will be acted, I won't be surprised if we end up back in this section again. Then if you want to bring that amendment forward. A lot of this funding would be in jeopardy if SB 2063 doesn't go with a 2/3 vote.

Representative Nelson: This might be as good of time as any to muddy the waters. It has come to my attention that in the community health trust fund is required by Measure 3 to spend 80% of the fund in the current funding level. 80% has to be spent for tobacco prevention programs. With the proposed budget and how it sits today, it is short $121,727 of the 80% level. I would move to further amend to add to the amendments of the line item of the community health tobacco programs to increase that $3,388,768 an additional $121,727.That is in the community health tobacco programs. For a total of $3,510,495

Chairman Pollert: Any discussions?

Arvy Smith: I think you were going to ask me what the Governor's budget was on this. As it was put together we were going to attempt to make the dental and physician fund, and we were going to put some tobacco strings on here. They had to talk to their patients in order to get these loans. That was our intent to use those loan programs to qualify for tobacco related programs. When we talked to the tobacco advisory committee they had great resistance to that. They don't see that as a CDC practice. These by law just need to be tobacco related programs.

Chairman Pollert: But as long as we are at the 80% we are doing the intent? How you do the $3.5 million is what you see?

Arvy Smith: It was to fill that gap to make the loan programs qualify. We got great resistance from those advising us.

Chairman Pollert: The tobacco advisory group can advise you on the other funds. You have that decision on the other ones?

Representative Nelson: So the $121,727 was that a proposed budget to send materials to dental offices for distribution or what exactly is that. How did you come up with that?

Arvy Smith: If you look at the community health programs, 121 is just a difference between that. The 80% of the revenue from the funds is $3,510,000. Really we can make all of those loan programs qualify. They can be counted under the 80% and then we would be more than the 80%. We can do it any way we want. We have had some discussion with them and we want to make sure we wouldn't lose applicants as a result.

Representative Nelson: The more I think about it I think we should add that to the budget in this stage of the game. We should add it to the expenditures of the community health trust fund. Depending on the outcomes, that could be revisited if we have to come back down here with the health department budget. There would be opportunities to look at that again. I think it would be important to meet that 80% rule at this stage of the game in my opinion.

Chairman Pollert: Is there any other discussion? If not we will call the roll. It passes 7-0-1.

Representative Kerzman: We are funding a lot of things out of the community health trust fund. I think maybe in jeopardy because there is a move to have a 2/3 move and have a different operation. If that was challenged in the court would you tie up the funding.

Vonnette Richter: That issue isn't as black and white as the question whether if you would directly amend sections in the measure. Clearly if you amend something in there, or repeal, or

change that requires a 2/3 vote. There is case law that directly affects the measure. I had done some research. There isn't case law on appropriations. There are several, and some that affected the tax measure. If it changes the administration of the initiated law, and some of it provisions, some amends the initiative measure it would amend the 2/3 vote. My simple answer is that it is uglier. If you get the 2/3 vote it is a done deal. It would be questionable.

Representative Kerzman: That was challenged with this. If you tie that up, I was looking at that to make an amendment. If the community health trust fund dollars wouldn't be there, that I would fund these. My fear is that we would jeopardize the funds that we want to use.

Vonnette Richter: Are you still referring to the effect it would have on the measure. That was required for the level of funding for the initiative measure.

Chairman Pollert: Let me try to go from a similar angle. If the 2/3 vote happens on SB 2063, and let's say it is challenged, I think Kerzman is wondering if the 2/3 vote passes, will the community health trust fund that is in here, will it be stopped while the challenges are going on. Our assumption is that if it is going, it would be run out of the. If the 2/3 vote is there. If it doesn't happen then of course our section is going to have to go back and figure out if we are going to go back to general funds. Is that what you are asking? If the 2/3 vote happens then all the money flows and everything. If there is a challenge he is asking if the funding in SB 2040 for the community health trust fund still go on.

Vonnette Richter: If it's challenged I believe it would be up to the court. They may issue some type of an injunction to halt. It would be depending on the motions that are made in the appeal. It would be up to the court whether things would continue or a request for injunction. That would most likely be case specific.

Chairman Pollert: The intent in SB 2004 is to spend the 80% of the community health trust fund on tobacco related items. I would still say this is kind of grey as far as we are concerned. Is there any more discussion?

Representative Bellew: I move amendments .0402.

Representative Wieland: I second that.

Sheila Sandness: What you are doing is moving these amendments and then further amending.

Representative Kerzman: I'm going to support the amendments with reservations. We are relying a lot on tobacco dollars and trust fund dollars. My fear is that if something does go arise that we might jeopardize a lot of the organizations. I guess we will have to see what happens with the system.

Chairman Pollert: I understand your concern.

Representative Nelson: I agree with Kerzman with the number of programs funded out of the community health trust fund. With what the amendment I just added that does bring the ending balance of the community health trust fund down to. That is without any of the proposals. It will be an interesting discussion when we take up the loan payments on a standalone appropriation. I share your concern. That is why we are doing what we are doing in SB 2063.

Chairman Pollert: We will call the roll on the motions to adopt. It passes 7-0-1.

Representative Metcalf: I would like to further amend. I think we need that FTE. (inaudible)

Representative Kerzman: I second that.

Representative Nelson: I know with the number of other budgets we have pulled the new FTE's. My understanding is that the issue would, if the amendment doesn't pass, that it would be one of the discussion points in conference committee. I would suspect it would happen in conference committee. I would believe it would be a very debatable subject.

Representative Metcalf: I like that assurance. The reason I proposed this was I don't want this to disappear. It is something aware that this needs to be done. If it doesn't pass I would rely on the conference committee to get this accomplished.

Chairman Pollert: Any more discussion? We will call for the motion to put back the FTE. It fails 2-5-1.

Representative Bellew: I move a do pass as amended.

Representative Wieland: I second that.

Chairman Pollert: We will call the roll. It passes 7-0-1.

Representative Bellew: I will carry this bill.

2009 HOUSE STANDING COMMITTEE MINUTES

SB 2004

House Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: April 8, 2009

Recorder Job Number: 11792

Committee Clerk Signature Shirley Brenning

Minutes:

Chm. Svedjan turned the Committee's attention to SB 2004, the budget bill for the Health Department.

Amendment .0403 (Attachment A) was distributed.

Rep. Bellew: Moved the Amendment.

Rep. Pollert: Second.

Rep. Bellew: Explained amendment .0403 by reviewing the footnotes on the Statement of Purpose of Amendment.

Rep. Meyer: What was the logic of choosing the population exceeding 15,000? (Referring to footnote 12 of the Statement of Purpose of Amendment).

Rep. Bellew: There is money in the Health Department budget for those less populated counties. These are just pilot projects, the first is specific to the hospital in Rugby. The next is for counties over 15,000 and it will go out on an RFP, so it could go to Minot, Bismarck or Grand Forks.

Continuing his explanation with Footnote 13. It is removing of funding in the operating expense line for budgeting in the community health department area. Number 14, the grants line increased by $100,000 from grants to local public health units. By doing this we increase the total grants to them by $2M. Number 15 provides funding from the

community health trust fund for stroke registry and stroke prevention program. Number 16 is long and complicated. (Get recording (8:50) that explains the Medical Loan Repayment Program and # 4 on P. 4 of the Green Sheet).

Back to P. 1, Section 3 is the Stimulus Money funding, Section 5 provides funds to fund emergency medical services, and the final section relates to reporting Legislative Council of grant funds received. Section 8 provides $200,000 in exemption of which $150,000 from the Community Health Trust Fund and $50,000 is from the General fund for continuation of the Colorectal screening program. Section # 9 we are asking Legislative Council to study the immunization program. Last biennium local public health units did receive $2M. This study is to tell us how the funds are expended, and that nature. Section 10 adds an emergency clause so they can accept stimulus dollars and expend them as soon as they get them.

Rep. Klein: Didn't we have money for the Veterinarians in the Agriculture Department budget? Is this a duplicate?

Sheila Sandness, Legislative Council: That was transferred, the loan repayment program, to the Health Department.

Lori Laschkewitsch, OMB Analyst: I don't know off the top of my head.

Arvy Smith, Department of Health: I'm not sure of what was in the Ag Department regarding Veterinarian loan repayments. This is transferred over to us from higher ed over to us because we were the ones administering it. Our health council has to approve the loans and we already have a system set up and we were administering it anyway, so it was just transferred to us to handle.

Chm. Svedjan: Does anyone else recall specifically?

Rep. Kerzman: I think in the Agriculture Department's budget is the slots that they had for colleges.

Chm. Svedjan: But not the funding.

Rep. Skarphol: We need a spreadsheet from Legislative Council on the veterinarian, the dental loan forgiveness to get these coordinated. I think they are in several different places so we can accomplish what we need to do. I think there is some in Higher Education still remaining.

Chm. Svedjan: You are talking about any educational loan repayment.

Rep. Skarphol: The ones that we fund out of state education, like Kansas State University and all of the loan forgiveness programs associated with the various professions so we get a handle on it.

Rep. Hawken: Can you explain the changes in Women's Way funding?

Rep. Bellew: In the budget there was a proposal to increase the funding from $150,000 out of General funds and that was to contract with a private contractor who to find more women who need the program. We removed the General Fund and actually increased the funding by another $150,000, there is now $304,000 extra dollars in this budget and it is coming out of the Community Health Care Trust Fund.

Rep. Hawken: Is that a continuing funding source?

Rep. Bellew: We hope it is.

Rep. Hawken: This is better than what we have done in the past, but maybe we need match to get the other funding available, a contingency fund in case something changes it should come out of General Funds.

Chm. Svedjan: I think it's secure for the upcoming biennium, we can look at it again in 2 years. I don't know that there is a need for a contingent appropriation for this biennium.

Rep. Pollert: Reading from a flow sheet: Women's Way in '07-'09 budget was $3.077M. The Executive Recommendation was $3.19M. That would put it at $3.395M. It would be an increase of $320,000.

Rep. Meyer: How much money is being left on the table, what is the match?

Rep. Bellew: As far as I know we are getting all the federal funds that are available.

Rep. Meyer: Is it a federal match?

Rep. Bellew: No. It is a grant line item that comes from the Federal Government.

Rep. Wald: What is Women's Way?

Rep. Bellew: Women's Way provides breast and cervical screenings for women, through local public health units.

Chm. Svedjan: Isn't it targeted to low income?

Rep. Bellew: Yes, there is an income eligibility requirement.

Chairman Svedjan: Seeing no further discussion on the amendments, on the motion to adopt .0403 to Senate Bill 2004, all in favor say "I". Those amendments are adopted.

Rep. Bellew: I will move a Do Pass as Amended.

Rep. Pollert: Second.

Vote Taken: Yes 22 No 1 Absent 2 Motion Carried. Carrier: Rep. Bellew.

Date: 4/7/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee SB 2004

Legislative Council Amendment Number

Action Taken amendment 1

Motion Made By _____ Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Ekstrom	X	
Vice Chairman Bellew	X		Representative Kerzman	X	
Representative Kreidt	X		Representative Metcalf	X	
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 8 No 0

Absent 0

Floor Assignment _____

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

Date: 4/7/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number SB 2004

Action Taken amendment 2 - move

Motion Made By _____ Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert		X	Representative Ekstrom		X
Vice Chairman Bellew	X		Representative Kerzman		X
Representative Kreidt		X	Representative Metcalf		X
Representative Nelson		X			
Representative Wieland		X			

Total (Yes) 1 No 7

Absent 0

Floor Assignment _____

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

Date: 4-7-09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken move amendments 3 a+b

Motion Made By _____ Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Ekstrom	X	
Vice Chairman Bellew	X	X	Representative Kerzman	X	
Representative Kreidt	X		Representative Metcalf	X	
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 7 No 1

Absent 0

Floor Assignment _____

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

Date: 4/7/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Move amendment 3

Motion Made By _____ Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Ekstrom		X
Vice Chairman Bellew	X		Representative Kerzman		X
Representative Kreidt	X		Representative Metcalf		X
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 5 No 3

Absent 0

Floor Assignment _____

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

Date: 4/7/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken move amendment 4

Motion Made By _____ Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Ekstrom		X
Vice Chairman Bellew	X		Representative Kerzman		X
Representative Kreidt	X		Representative Metcalf		X
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 5 No 3

Absent 0

Floor Assignment _____

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

Date: 4/7/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken #4

Motion Made By _____ Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Ekstrom	X	
Vice Chairman Bellew	X		Representative Kerzman	X	
Representative Kreidt	X		Representative Metcalf	X	
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 8 No 0

Absent 0

Floor Assignment _____

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

Date: 4/7/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken move amendment 5

Motion Made By _____ Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Ekstrom		X
Vice Chairman Bellew	X		Representative Kerzman		X
Representative Kreidt	X		Representative Metcalf		X
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 5 No 3

Absent 0

Floor Assignment _____

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

Date: 4/7/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken move amendment 6a

Motion Made By _____ Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Ekstrom		X
Vice Chairman Bellew	X		Representative Kerzman		X
Representative Kreidt	X		Representative Metcalf		X
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 5 No 3

Absent 0

Floor Assignment _____

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

Date: 4/7/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Move amendment to B

Motion Made By _____ Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Ekstrom	X	
Vice Chairman Bellew	X		Representative Kerzman	X	
Representative Kreidt	X		Representative Metcalf	X	
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 8 No 0

Absent 0

Floor Assignment _____

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

Date: 4/7/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken move amendment 7a

Motion Made By _____ Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Ekstrom		X
Vice Chairman Bellew	X		Representative Kerzman		X
Representative Kreidt	X		Representative Metcalf		X
Representative Nelson	X				
Representative Wieland		X			

Total (Yes) 4 No 4

Absent 0

Floor Assignment _____

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

Date: 4/7/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Move amendment 7b

Motion Made By _____ Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Ekstrom	X	
Vice Chairman Bellew	X		Representative Kerzman		X
Representative Kreidt	X		Representative Metcalf		X
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 6 No 2

Absent 0

Floor Assignment _____

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

Date: 4/7/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Move amendment 8

Motion Made By _____ Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Ekstrom		X
Vice Chairman Bellew	X		Representative Kerzman		X
Representative Kreidt	X		Representative Metcalf		X
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 5 No 3

Absent 0

Floor Assignment _____

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

Date: 4/7/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken move amendment 9

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Ekstrom		X
Vice Chairman Bellew	X		Representative Kerzman		X
Representative Kreidt	X		Representative Metcalf	X	
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 6 No 2

Absent 0

Floor Assignment _____

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

Date: 4/7/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Move amendment 10

Motion Made By _____ Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Ekstrom	Y	
Vice Chairman Bellew	X		Representative Kerzman		X
Representative Kreidt	X		Representative Metcalf		X
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 6 No 2

Absent 0

Floor Assignment _____

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

Date: 4/7/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Move amendment 11

Motion Made By _____ Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Ekstrom		X
Vice Chairman Bellew	X		Representative Kerzman		X
Representative Kreidt		X	Representative Metcalf		X
Representative Nelson		X			
Representative Wieland	X				

Total (Yes) 3 No 5

Absent 0

Floor Assignment _____

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

Date: 4/7/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken move amendment 12

Motion Made By _____ Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Ekstrom	X	
Vice Chairman Bellew	X		Representative Kerzman	X	
Representative Kreidt	X		Representative Metcalf	X	
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 8 No 0

Absent 0

Floor Assignment _____

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

Date: 4/7/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken move amenament 13

Motion Made By _____ Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Ekstrom	X	
Vice Chairman Bellew	X		Representative Kerzman	X	
Representative Kreidt	X		Representative Metcalf	X	
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 8 No 0

Absent 0

Floor Assignment _____

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

Date: 4/7/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken move amendment # 14

Motion Made By _____ Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Ekstrom	X	
Vice Chairman Bellew	X		Representative Kerzman	X	
Representative Kreidt	X		Representative Metcalf	X	
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 8 No 0

Absent 0

Floor Assignment _____

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

Date: 4/7/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Move Amendment 15

Motion Made By _____ Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert		X	Representative Ekstrom	X	
Vice Chairman Bellew		X	Representative Kerzman	X	
Representative Kreidt		X	Representative Metcalf	X	
Representative Nelson	X				
Representative Wieland		X			

Total (Yes) 4 No 4

Absent 0

Floor Assignment _____

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

Date: 4/7/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken move amendment + 16

Motion Made By _____ Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert		X	Representative Ekstrom	X	
Vice Chairman Bellew		X	Representative Kerzman	X	
Representative Kreidt		X	Representative Metcalf	X	
Representative Nelson	X				
Representative Wieland		X			

Total (Yes) 4 No 4

Absent 0

Floor Assignment _____

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

Date: 4/7/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken move amendment 17

Motion Made By _____ Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert		X	Representative Ekstrom	X	
Vice Chairman Bellew		X	Representative Kerzman	X	
Representative Kreidt		X	Representative Metcalf	X	
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 5 No 3

Absent 0

Floor Assignment _____

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

Date: 4/7/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Other changes 1

Motion Made By _____ Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Ekstrom	X	
Vice Chairman Bellew			Representative Kerzman	X	
Representative Kreidt	X		Representative Metcalf	X	
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 7 No 0

Absent 1

Floor Assignment _____

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

Date: 4/7/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken move amendment proposed #2

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Ekstrom	X	
Vice Chairman Bellew	X		Representative Kerzman	X	
Representative Kreidt	X		Representative Metcalf	X	
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 8 No 0

Absent 0

Floor Assignment _____

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

Date: 4/7/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Kreidt's

Motion Made By _____ Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Ekstrom	X	
Vice Chairman Bellew	X		Representative Kerzman	X	
Representative Kreidt	X		Representative Metcalf	X	
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 8 No 0

Absent 0

Floor Assignment _____

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

Date: 4/7/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Kreidt's 2nd amendment

Motion Made By _____ Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert		X	Representative Ekstrom		X
Vice Chairman Bellew	X		Representative Kerzman	X	
Representative Kreidt		X	Representative Metcalf		X
Representative Nelson		X			
Representative Wieland		X			

Total (Yes) 2 No 6

Absent 0

Floor Assignment _____

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

Date: 4/7/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Bellew's amendment

Motion Made By _____ Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Ekstrom		X
Vice Chairman Bellew	X		Representative Kerzman		X
Representative Kreidt	X		Representative Metcalf		X
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 5 No 3

Absent 0

Floor Assignment _____

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

Date: 4/8/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken amendment -nelsons

Motion Made By _____ Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Ekstrom	—	
Vice Chairman Bellew	X		Representative Kerzman	X	
Representative Kreidt	X		Representative Metcalf	X	
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 7 No 0

Absent 1

Floor Assignment _____

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

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2004

Page 1, line 2, remove "and"

Page 1, line 3, after "intent" insert "; and to provide for a legislative council study"

Page 1, line 13, replace "7,496,481" with "7,020,717" and replace "45,205,612" with "44,729,848"

Page 1, line 14, replace "644,923" with "425,255" and replace "44,681,462" with "44,461,794"

Page 1, line 16, replace "991,734" with "1,946,934" and replace "59,009,510" with "59,964,710"

Page 1, line 19, replace "16,681,010" with "16,940,778" and replace "184,731,185" with "184,990,953"

Page 1, line 20, replace "12,400,770" with "13,746,192" and replace "162,996,047" with "164,341,469"

Page 1, line 21, replace "4,280,240" with "3,194,586" and replace "21,735,138" with "20,649,484"

Page 1, line 22, replace "12.00" with "11.00" and replace "343.50" with "342.50"

Page 2, replace lines 9 through 14 with:

"**SECTION 3. APPROPRIATION - FEDERAL FISCAL STIMULUS FUNDS - ADDITIONAL FUNDING APPROVAL.** The funds provided in this section, or so much of the funds as may be necessary, are appropriated from federal funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, not otherwise appropriated, to the state department of health, for the period beginning with the effective date of this Act and ending June 30, 2011, as follows:

Water quality grants	$194,300
Superfund arsenic trioxide project grants	7,000,000
Clean diesel grants (provided to the department of public instruction)	1,730,000
Clean water state revolving loan fund administration	769,564
Drinking water state revolving loan fund administration	780,000
Women, infants, and children	61,800
Total federal funds	$10,535,664

The state department of health may seek emergency commission and budget section approval under chapter 54-16 for authority to spend any additional federal funds received under the federal American Recovery and Reinvestment Act of 2009 in excess of the amounts appropriated in this section, for the period beginning with the effective date of this Act and ending June 30, 2011.

Any federal funds appropriated under this section are not a part of the agency's 2011-13 base budget. Any program expenditures made with these funds will not be replaced with state funds after the federal American Recovery and Reinvestment Act of 2009 funds are no longer available."

Page 2, replace lines 21 through 23 with:

"**SECTION 5. EMERGENCY MEDICAL SERVICES OPERATIONS - FUNDING FROM INSURANCE TAX DISTRIBUTION FUND - REPORT TO LEGISLATIVE COUNCIL.** The estimated income line item in section 1 of this Act includes $2,750,000 from the insurance tax distribution fund for the biennium beginning July 1, 2009, and ending June 30, 2011. Of this amount, $2,250,000 is for grants to emergency medical services operations as provided in chapter 23-40 and $500,000 is for obtaining consulting assistance to:

- Develop, implement, and provide an access critical ambulance service operations assessment process for the purpose of improving emergency medical services delivery;
- Develop, implement, and provide leadership development training;
- Develop, implement, and provide a biennial emergency medical services recruitment drive; and
- Provide regional assistance to ambulance services to develop a quality review process for emergency medical services personnel and a mechanism to report to medical directors.

The state department of health shall report to the legislative council on the use of the funding provided under this section. The department shall require recipients of grants under this section to provide information on the use of funds received as necessary to provide the report to the legislative council."

Page 3, after line 3, insert:

"**SECTION 8. EXEMPTION.** The $200,000, of which $150,000 is from the community health trust fund and $50,000 is from the general fund, appropriated for colorectal screening grants, as contained in section 3 of chapter 4 of the 2007 Session Laws, is not subject to the provisions of section 54-44.1-11, and any unexpended funds from these appropriations are available and may be expended during the biennium beginning July 1, 2009, and ending June 30, 2011.

SECTION 9. LEGISLATIVE COUNCIL STUDY - IMMUNIZATION PROGRAM. During the 2009-10 interim, the legislative council shall consider studying the state immunization program. The study, if conducted, must identify pharmacists' or other providers' ability and interest in immunizing children and include a review of the effect of the program on public health units, including billing, billing services, fee collections, and uncollectible accounts. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-second legislative assembly.

SECTION 10. EMERGENCY. Section 3 of this Act is declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT - LC 98047.0402 FN 1

A copy of the statement of purpose of amendment is attached.

STATEMENT OF PURPOSE OF AMENDMENT:

nate Bill No. 2004 - State Department of Health - House Action

	Executive Budget	Senate Version	House Changes	House Version
Salaries and wages	$45,205,612	$45,316,676	($586,828)	$44,729,848
Operating expenses	44,681,462	44,743,226	(281,432)	44,461,794
Capital assets	1,813,268	1,813,268		1,813,268
Grants	57,509,510	59,459,510	505,200	59,964,710
Tobacco prevention	8,957,958	8,957,958		8,957,958
WIC food payments	25,063,375	25,063,375		25,063,375
Federal fiscal stimulus funds			10,535,664	10,535,664
Total all funds	$183,231,185	$185,354,013	$10,172,604	$195,526,617
Less estimated income	161,496,047	162,996,047	11,881,086	174,877,133
General fund	$21,735,138	$22,357,966	($1,708,482)	$20,649,484
FTE	343.50	344.50	(2.00)	342.50

Department No. 301 - State Department of Health - Detail of House Changes

	Decreases Funding for the Medical Loan Repayment Program[1]	Removes Fraud Risk Assessment FTE[2]	Removes Salary Equity Funding[3]	Decreases Funding for Operating Expenses[4]	Reduces Funding for Women's Way[5]	Increases Funding for Women's Way[6]
Salaries and wages		($132,020)	($343,744)			
Operating expenses		(25,000)		(100,000)	(150,000)	304,332
Capital assets						
Grants	(67,500)					
Tobacco prevention						
WIC food payments						
Federal fiscal stimulus funds						
Total all funds	($67,500)	($157,020)	($343,744)	($100,000)	($150,000)	$304,332
Less estimated income	0	(78,510)	(180,600)	0	0	304,332
General fund	($67,500)	($78,510)	($163,144)	($100,000)	($150,000)	$0
FTE	0.00	(1.00)	0.00	0.00	0.00	0.00

	Adjusts Funding for Suicide Prevention[7]	Removes Funding for Poison Prevention and Control[8]	Decreases Funding for Russell-Silver Syndrome Grants[9]	Decreases Funding for Specialty Care Diagnostic and Treatment Program[10]	Increases Funding for Newborn Hearing Screening[11]	Adds Funding for Colorectal Cancer Screenings[12]
Salaries and wages	($111,064)					
Operating expenses	(61,764)	(149,000)			50,000	
Capital assets						
Grants	(200,000)		(50,000)	(50,000)		300,000
Tobacco prevention						
WIC food payments						
Federal fiscal stimulus funds						
Total all funds	($372,828)	($149,000)	($50,000)	($50,000)	$50,000	$300,000
Less estimated income	0	0	0	0	0	300,000
General fund	($372,828)	($149,000)	($50,000)	($50,000)	$50,000	$0
FTE	(1.00)	0.00	0.00	0.00	0.00	0.00

	Adjusts Funding for Community Health Division[13]	Increases Funding for Grants to Local Public Health Units[14]	Increases Funding for Stroke Registry and Prevention[15]	Adjusts Funding Source for Loan Repayment Programs[16]	Appropriates Federal Fiscal Stimulus Funding [17]	Total Ho. Changes
Salaries and wages						($586,828)
Operating expenses	(150,000)					(281,432)
Capital assets						
Grants		100,000	472,700			505,200
Tobacco prevention						
WIC food payments						
Federal fiscal stimulus funds					10,535,664	10,535,664
Total all funds	($150,000)	$100,000	$472,700	$0	$10,535,664	$10,172,604
Less estimated income	(150,000)	0	472,700	677,500	10,535,664	11,881,086
General fund	$0	$100,000	$0	($677,500)	$0	($1,708,482)
FTE	0.00	0.00	0.00	0.00	0.00	(2.00)

[1] The grants line item is reduced from the general fund for the medical loan repayment program.

[2] This amendment removes 1 FTE auditor II position in fraud risk assessment contract compliance, including $25,000 of operating expenses.

[3] This amendment removes funding added in the executive budget for state employee salary equity adjustments.

[4] Operating expenses are reduced by $100,000.

[5] This amendment removes the increase in funding from the general fund provided in the executive recommendation for the Women's Way program.

[6] This amendment increases funding for operating expenses for the Women's Way program to provide a total of $404,332, of which $100,000 is from the general fund and $304,332 is from the community health trust fund.

[7] This amendment decreases funding and removes 1 FTE position added by the Senate for suicide prevention to provide $250,000 for grants.

[8] This amendment removes funding for operating expenses included in the executive recommendation for poison prevention and control.

[9] Funding in the grants line item for Russell-Silver Syndrome grants is reduced to provide a total of $50,000 from the general fund.

[10] The grants line item is reduced by $50,000 from the general fund for the specialty care diagnostic and treatment program resulting from the rebasing of Medicaid to provide a total of $38,000.

[11] The operating expenses line item is increased by $50,000 from the general fund to provide newborn hearing screening results to a licensed medical professional.

[12] Grants funding from the community health trust fund is increased to continue the current program and to provide a colorectal cancer screening pilot initiative for low-income underinsured and uninsured men and women aged 50 to 64 living in counties with a population exceeding 15,000, including $34,225 for the department to contract for program management, data management, and outreach oversight.

[13] This amendment removes funding in the operating expenses line item for a budgeting error in the Community Health Division of the budget.

[14] The grants line item is increased by $100,000 from the general fund for grants to local public health units.

This amendment provides funding from the community health trust fund for a stroke registry and stroke prevention.

[16] This amendment decreases funding from the general fund and increases funding from the community health trust fund for the veterinarian loan repayment program ($350,000), the medical loan repayment program ($132,500), and the dental loan repayment program ($195,000) to provide total funding of $350,000 from the community health trust fund for the veterinarian loan repayment program, $493,448 from the community health trust fund for the dental loan repayment program, and $347,500 for the medical loan repayment program, of which $75,000 is from the general fund and $272,500 is from the community health trust fund.

[17] A section is added, as an emergency measure, appropriating federal fiscal stimulus funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, as follows:

Water quality grants	$194,300
Superfund arsenic trioxide project grants	7,000,000
Clean diesel grants (provided to the Department of Public Instruction)	1,730,000
Clean water state revolving loan fund administration	769,564
Drinking water state revolving loan fund administration	780,000
Women, infants, and children	61,800
Total federal funds	$10,535,664

This amendment also:

- Adds a section to identify funding for emergency medical services grants from the insurance tax distribution fund and provides for a report to the Legislative Council;
- Provides unexpended funds appropriated for colorectal screening grants during the 2007-09 biennium may be continued in the 2009-11 biennium; and
  Provides for a Legislative Council study of the state immunization program.

Date: 4/8/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2004

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken move amendments .0402

Motion Made By Rep. Bellew Seconded By Rep. Wieland

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Ekstrom		
Vice Chairman Bellew	X		Representative Kerzman	X	
Representative Kreidt	X		Representative Metcalf	X	
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 7 No 0

Absent 1

Floor Assignment

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

Date: 4/8/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2004

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken further amend - FTE back in p. 2

Motion Made By Metcalf Seconded By

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert		X	Representative Ekstrom	✓	
Vice Chairman Bellew		X	Representative Kerzman	X	
Representative Kreidt		X	Representative Metcalf	X	
Representative Nelson		X			
Representative Wieland		X			

Total (Yes) 2 No 4/5

Absent 1

Floor Assignment

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

Date: 4/8/09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2004

House Appropriations Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Do pass as amended

Motion Made By Rep. Bellew Seconded By Rep. Wieland

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Ekstrom	—	—
Vice Chairman Bellew	X		Representative Kerzman	X	
Representative Kreidt	X		Representative Metcalf	X	
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 7 No 0

Absent 1

Floor Assignment Rep. Bellew

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

98047.0403
Title.0500
Fiscal No. 2

Prepared by the Legislative Council staff for
House Appropriations - Human Resources
April 8, 2009

VR
4/9/09
1056

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2004

Page 1, line 2, remove "and"

Page 1, line 3, after "intent" insert "; and to provide for a legislative council study"

Page 1, line 13, replace "7,496,481" with "7,020,717" and replace "45,205,612" with "44,729,848"

Page 1, line 14, replace "644,923" with "425,255" and replace "44,681,462" with "44,461,794"

Page 1, line 16, replace "991,734" with "1,946,934" and replace "59,009,510" with "59,964,710"

Page 1, line 17, replace "38,612" with "160,339" and replace "8,957,958" with "9,079,685"

Page 1, line 19, replace "16,681,010" with "17,062,505" and replace "184,731,185" with "185,112,680"

Page 1, line 20, replace "12,400,770" with "13,867,919" and replace "162,996,047" with "164,463,196"

Page 1, line 21, replace "4,280,240" with "3,194,586" and replace "21,735,138" with "20,649,484"

Page 1, line 22, replace "12.00" with "11.00" and replace "343.50" with "342.50"

Page 2, replace lines 9 through 14 with:

"**SECTION 3. APPROPRIATION - FEDERAL FISCAL STIMULUS FUNDS - ADDITIONAL FUNDING APPROVAL.** The funds provided in this section, or so much of the funds as may be necessary, are appropriated from federal funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, not otherwise appropriated, to the state department of health, for the period beginning with the effective date of this Act and ending June 30, 2011, as follows:

Water quality grants	$194,300
Superfund arsenic trioxide project grants	7,000,000
Clean diesel grants (provided to the department of public instruction)	1,730,000
Clean water state revolving loan fund administration	769,564
Drinking water state revolving loan fund administration	780,000
Women, infants, and children	61,800
Total federal funds	$10,535,664

The state department of health may seek emergency commission and budget section approval under chapter 54-16 for authority to spend any additional federal funds received under the federal American Recovery and Reinvestment Act of 2009 in excess of the amounts appropriated in this section, for the period beginning with the effective date of this Act and ending June 30, 2011.

Any federal funds appropriated under this section are not a part of the agency's 2011-13 base budget. Any program expenditures made with these funds will not be

replaced with state funds after the federal American Recovery and Reinvestment Act of 2009 funds are no longer available."

Page 2, replace lines 21 through 23 with:

"**SECTION 5. EMERGENCY MEDICAL SERVICES OPERATIONS - FUNDING FROM INSURANCE TAX DISTRIBUTION FUND - REPORT TO LEGISLATIVE COUNCIL.** The estimated income line item in section 1 of this Act includes $2,750,000 from the insurance tax distribution fund for the biennium beginning July 1, 2009, and ending June 30, 2011. Of this amount, $2,250,000 is for grants to emergency medical services operations as provided in chapter 23-40 and $500,000 is for obtaining consulting assistance to:

- Develop, implement, and provide an access critical ambulance service operations assessment process for the purpose of improving emergency medical services delivery;
- Develop, implement, and provide leadership development training;
- Develop, implement, and provide a biennial emergency medical services recruitment drive; and
- Provide regional assistance to ambulance services to develop a quality review process for emergency medical services personnel and a mechanism to report to medical directors.

The state department of health shall report to the legislative council on the use of the funding provided under this section. The department shall require recipients of grants under this section to provide information on the use of funds received as necessary to provide the report to the legislative council."

Page 3, after line 3, insert:

"**SECTION 8. EXEMPTION.** The $200,000, of which $150,000 is from the community health trust fund and $50,000 is from the general fund, appropriated for colorectal screening grants, as contained in section 3 of chapter 4 of the 2007 Session Laws, is not subject to the provisions of section 54-44.1-11, and any unexpended funds from these appropriations are available and may be expended during the biennium beginning July 1, 2009, and ending June 30, 2011.

SECTION 9. LEGISLATIVE COUNCIL STUDY - IMMUNIZATION PROGRAM. During the 2009-10 interim, the legislative council shall consider studying the state immunization program. The study, if conducted, must identify pharmacists' or other providers' ability and interest in immunizing children and include a review of the effect of the program on public health units, including billing, billing services, fee collections, and uncollectible accounts. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-second legislative assembly.

SECTION 10. EMERGENCY. Section 3 of this Act is declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT - LC 98047.0403 FN 2

A copy of the statement of purpose of amendment is attached.

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - State Department of Health - House Action

	Executive Budget	Senate Version	House Changes	House Version
Salaries and wages	$45,205,612	$45,316,676	($586,828)	$44,729,848
Operating expenses	44,681,462	44,743,226	(281,432)	44,461,794
Capital assets	1,813,268	1,813,268		1,813,268
Grants	57,509,510	59,459,510	505,200	59,964,710
Tobacco prevention	8,957,958	8,957,958	121,727	9,079,685
WIC food payments	25,063,375	25,063,375		25,063,375
Federal fiscal stimulus funds			10,535,664	10,535,664
Total all funds	$183,231,185	$185,354,013	$10,294,331	$195,648,344
Less estimated income	161,496,047	162,996,047	12,002,813	174,998,860
General fund	$21,735,138	$22,357,966	($1,708,482)	$20,649,484
FTE	343.50	344.50	(2.00)	342.50

Department No. 301 - State Department of Health - Detail of House Changes

	Decreases Funding for the Medical Loan Repayment Program[1]	Removes Fraud Risk Assessment FTE[2]	Removes Salary Equity Funding[3]	Decreases Funding for Operating Expenses[4]	Reduces Funding for Women's Way[5]	Increases Funding for Women's Way[6]
Salaries and wages		($132,020)	($343,744)			
Operating expenses		(25,000)		(100,000)	(150,000)	304,332
Capital assets						
Grants	(67,500)					
Tobacco prevention						
WIC food payments						
Federal fiscal stimulus funds						
Total all funds	($67,500)	($157,020)	($343,744)	($100,000)	($150,000)	$304,332
Less estimated income	0	(78,510)	(180,600)	0	0	304,332
General fund	($67,500)	($78,510)	($163,144)	($100,000)	($150,000)	$0
FTE	0.00	(1.00)	0.00	0.00	0.00	0.00

	Adjusts Funding for Suicide Prevention[7]	Removes Funding for Poison Prevention and Control[8]	Decreases Funding for Russell-Silver Syndrome Grants[9]	Decreases Funding for Specialty Care Diagnostic and Treatment Program[10]	Increases Funding for Newborn Hearing Screening[11]	Adds Funding for Colorectal Cancer Screenings[12]
Salaries and wages	($111,064)					
Operating expenses	(61,764)	(149,000)			50,000	
Capital assets						
Grants	(200,000)		(50,000)	(50,000)		300,000
Tobacco prevention						
WIC food payments						
Federal fiscal stimulus funds						
Total all funds	($372,828)	($149,000)	($50,000)	($50,000)	$50,000	$300,000
Less estimated income	0	0	0	0	0	300,000
General fund	($372,828)	($149,000)	($50,000)	($50,000)	$50,000	$0
FTE	(1.00)	0.00	0.00	0.00	0.00	0.00

	Adjusts Funding for Community Health Division[13]	Increases Funding for Grants to Local Public Health Units[14]	Increases Funding for Stroke Registry and Prevention[15]	Adjusts Funding Source for Loan Repayment Programs[16]	Appropriates Federal Fiscal Stimulus Funding[17]	Adds Funding for Community Health Tobacco Programs[18]
Salaries and wages						
Operating expenses	(150,000)					
Capital assets						
Grants		100,000	472,700			
Tobacco prevention						121,727
WIC food payments						
Federal fiscal stimulus funds					10,535,664	
Total all funds	($150,000)	$100,000	$472,700	$0	$10,535,664	$121,727
Less estimated income	(150,000)	0	472,700	677,500	10,535,664	121,727
General fund	$0	$100,000	$0	($677,500)	$0	$0
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Total House Changes
Salaries and wages	($586,828)
Operating expenses	(281,432)
Capital assets	
Grants	505,200
Tobacco prevention	121,727
WIC food payments	
Federal fiscal stimulus funds	10,535,664
Total all funds	$10,294,331
Less estimated income	12,002,813
General fund	($1,708,482)
FTE	(2.00)

[1] The grants line item is reduced from the general fund for the medical loan repayment program.

[2] This amendment removes 1 FTE auditor II position in fraud risk assessment contract compliance, including $25,000 of operating expenses.

[3] This amendment removes funding added in the executive budget for state employee salary equity adjustments.

[4] Operating expenses are reduced by $100,000.

[5] This amendment removes the increase in funding from the general fund provided in the executive recommendation for the Women's Way program.

[6] This amendment increases funding for operating expenses for the Women's Way program to provide a total of $404,332, of which $100,000 is from the general fund and $304,332 is from the community health trust fund.

[7] This amendment decreases funding and removes 1 FTE position added by the Senate for suicide prevention to provide $250,000 for grants.

[8] This amendment removes funding for operating expenses included in the executive recommendation for poison prevention and control.

[9] Funding in the grants line item for Russell-Silver Syndrome grants is reduced to provide a total of $50,000 from the general fund.

[10] The grants line item is reduced by $50,000 from the general fund for the specialty care diagnostic and treatment program resulting from the rebasing of Medicaid to provide a total of $38,000.

[11] The operating expenses line item is increased by $50,000 from the general fund to provide newborn hearing screening results to a licensed medical professional.

[12] Grants funding from the community health trust fund is increased to continue the current program and to provide a colorectal cancer screening pilot initiative for low-income underinsured and uninsured men and women aged 50 to 64 living in counties with a population exceeding 15,000, including $34,225 for the department to contract for program management, data management, and outreach oversight.

[13] This amendment removes funding in the operating expenses line item for a budgeting error in the Community Health Division of the budget.

[14] The grants line item is increased by $100,000 from the general fund for grants to local public health units.

[15] This amendment provides funding from the community health trust fund for a stroke registry and stroke prevention.

[16] This amendment decreases funding from the general fund and increases funding from the community health trust fund for the veterinarian loan repayment program ($350,000), the medical loan repayment program ($132,500), and the dental loan repayment program ($195,000) to provide total funding of $350,000 from the community health trust fund for the veterinarian loan repayment program, $493,448 from the community health trust fund for the dental loan repayment program, and $347,500 for the medical loan repayment program, of which $75,000 is from the general fund and $272,500 is from the community health trust fund.

[17] A section is added, as an emergency measure, appropriating federal fiscal stimulus funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, as follows:

Water quality grants	$194,300
Superfund arsenic trioxide project grants	7,000,000
Clean diesel grants (provided to the Department of Public Instruction)	1,730,000
Clean water state revolving loan fund administration	769,564
Drinking water state revolving loan fund administration	780,000
Women, infants, and children	61,800
Total federal funds	$10,535,664

[18] Funding for tobacco prevention and control is increased by $121,727 from the community health trust fund to provide a total of $3,510,495 for community health tobacco programs, including:

Tobacco prevention and control	$2,302,098
Tobacco Quitline	1,069,000
Tobacco cessation coordinator and operating expenses	139,397
Total community health tobacco programs	$3,510,495

This amendment also:

- Adds a section to identify funding for emergency medical services grants from the insurance tax distribution fund and provides for a report to the Legislative Council;
- Provides unexpended funds appropriated for colorectal screening grants during the 2007-09 biennium may be continued in the 2009-11 biennium; and
- Provides for a Legislative Council study of the state immunization program.

Date: 4/8/09
Roll Call Vote #: 1

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2004

Full House Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number .0403

Action Taken adopt amendment .0403

Motion Made By Bellew Seconded By Pollert

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan					
Vice Chairman Kempenich					
Rep. Skarphol			Rep. Kroeber		
Rep. Wald			Rep. Onstad		
Rep. Hawken			Rep. Williams		
Rep. Klein					
Rep. Martinson					
Rep. Delzer			Rep. Glassheim		
Rep. Thoreson			Rep. Kaldor		
Rep. Berg			Rep. Meyer		
Rep. Dosch					
Rep. Pollert			Rep. Ekstrom		
Rep. Bellew			Rep. Kerzman		
Rep. Kreidt			Rep. Metcalf		
Rep. Nelson					
Rep. Wieland					

Total (Yes) _____ No _____

Absent _____

Floor Assignment Voice Vote - carries

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

Date: 4/8/09
Roll Call Vote #: 2

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2004

Full House Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number .0403

Action Taken Do Pass as Amended

Motion Made By Bellew Seconded By Pollert

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan	✓				
Vice Chairman Kempenich	✓				
Rep. Skarphol	✓		Rep. Kroeber	✓	
Rep. Wald	✓		Rep. Onstad	✓	
Rep. Hawken	✓		Rep. Williams	✓	
Rep. Klein	✓				
Rep. Martinson	✓				
Rep. Delzer	—		Rep. Glassheim	✓	
Rep. Thoreson	✓		Rep. Kaldor		✓
Rep. Berg	✓		Rep. Meyer	✓	
Rep. Dosch	✓				
Rep. Pollert	✓		Rep. Ekstrom	—	
Rep. Bellew	✓		Rep. Kerzman	✓	
Rep. Kreidt	✓		Rep. Metcalf	✓	
Rep. Nelson	✓				
Rep. Wieland	✓				

Total (Yes) 22 No 1

Absent 2

Floor Assignment Bellew

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

REPORT OF STANDING COMMITTEE

SB 2004, as reengrossed: Appropriations Committee (Rep. Svedjan, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (22 YEAS, 1 NAY, 2 ABSENT AND NOT VOTING). Reengrossed SB 2004 was placed on the Sixth order on the calendar.

Page 1, line 2, remove "and"

Page 1, line 3, after "intent" insert "; and to provide for a legislative council study"

Page 1, line 13, replace "7,496,481" with "7,020,717" and replace "45,205,612" with "44,729,848"

Page 1, line 14, replace "644,923" with "425,255" and replace "44,681,462" with "44,461,794"

Page 1, line 16, replace "991,734" with "1,946,934" and replace "59,009,510" with "59,964,710"

Page 1, line 17, replace "38,612" with "160,339" and replace "8,957,958" with "9,079,685"

Page 1, line 19, replace "16,681,010" with "17,062,505" and replace "184,731,185" with "185,112,680"

Page 1, line 20, replace "12,400,770" with "13,867,919" and replace "162,996,047" with "164,463,196"

Page 1, line 21, replace "4,280,240" with "3,194,586" and replace "21,735,138" with "20,649,484"

Page 1, line 22, replace "12.00" with "11.00" and replace "343.50" with "342.50"

Page 2, replace lines 9 through 14 with:

"**SECTION 3. APPROPRIATION - FEDERAL FISCAL STIMULUS FUNDS - ADDITIONAL FUNDING APPROVAL.** The funds provided in this section, or so much of the funds as may be necessary, are appropriated from federal funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, not otherwise appropriated, to the state department of health, for the period beginning with the effective date of this Act and ending June 30, 2011, as follows:

Water quality grants	$194,300
Superfund arsenic trioxide project grants	7,000,000
Clean diesel grants (provided to the department of public instruction)	1,730,000
Clean water state revolving loan fund administration	769,564
Drinking water state revolving loan fund administration	780,000
Women, infants, and children	61,800
Total federal funds	$10,535,664

The state department of health may seek emergency commission and budget section approval under chapter 54-16 for authority to spend any additional federal funds received under the federal American Recovery and Reinvestment Act of 2009 in excess of the amounts appropriated in this section, for the period beginning with the effective date of this Act and ending June 30, 2011.

Any federal funds appropriated under this section are not a part of the agency's 2011-13 base budget. Any program expenditures made with these funds will not be

replaced with state funds after the federal American Recovery and Reinvestment Act of 2009 funds are no longer available."

Page 2, replace lines 21 through 23 with:

"**SECTION 5. EMERGENCY MEDICAL SERVICES OPERATIONS - FUNDING FROM INSURANCE TAX DISTRIBUTION FUND - REPORT TO LEGISLATIVE COUNCIL.** The estimated income line item in section 1 of this Act includes $2,750,000 from the insurance tax distribution fund for the biennium beginning July 1, 2009, and ending June 30, 2011. Of this amount, $2,250,000 is for grants to emergency medical services operations as provided in chapter 23-40 and $500,000 is for obtaining consulting assistance to:

- Develop, implement, and provide an access critical ambulance service operations assessment process for the purpose of improving emergency medical services delivery;
- Develop, implement, and provide leadership development training;
- Develop, implement, and provide a biennial emergency medical services recruitment drive; and
- Provide regional assistance to ambulance services to develop a quality review process for emergency medical services personnel and a mechanism to report to medical directors.

The state department of health shall report to the legislative council on the use of the funding provided under this section. The department shall require recipients of grants under this section to provide information on the use of funds received as necessary to provide the report to the legislative council."

Page 3, after line 3, insert:

"**SECTION 8. EXEMPTION.** The $200,000, of which $150,000 is from the community health trust fund and $50,000 is from the general fund, appropriated for colorectal screening grants, as contained in section 3 of chapter 4 of the 2007 Session Laws, is not subject to the provisions of section 54-44.1-11, and any unexpended funds from these appropriations are available and may be expended during the biennium beginning July 1, 2009, and ending June 30, 2011.

SECTION 9. LEGISLATIVE COUNCIL STUDY - IMMUNIZATION PROGRAM. During the 2009-10 interim, the legislative council shall consider studying the state immunization program. The study, if conducted, must identify pharmacists' or other providers' ability and interest in immunizing children and include a review of the effect of the program on public health units, including billing, billing services, fee collections, and uncollectible accounts. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-second legislative assembly.

SECTION 10. EMERGENCY. Section 3 of this Act is declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT - LC 98047.0403 FN 2

A copy of the statement of purpose of amendment is on file in the Legislative Council Office.

2009 SENATE APPROPRIATIONS

CONFERENCE COMMITTEE

SB 2004

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2004

Senate Appropriations Committee

☒

Check here for Conference Committee

Hearing Date: 04-23-09

Recorder Job Number: 12160

Committee Clerk Signature Alice Delzer

Minutes: starts at 2.06 on the tape.

Chairman Fischer opened the conference committee at 10:30 am in reference to SB 2004 Let the record show all conferees are present. They are as follows: Senators Kilzer, Mathern; Representatives Bellew, Kreidt, Kerzman; Sheila Sandness, Legislative Council and Lori Laschkewitsch OMB were present.

Chairman Fischer asked the House to explain their amendments.

Rep. Bellew He explained all the changes on amendment # 0403. See page 1 through 4 of statement of purpose of amendment. (8.35) We also added several amendments to the bill. I think the engrossment will be .0500. #1copy of THIRD ENGROSSMENT With House Amendments, Version #98047.0500 attached. As you can see Section 3 does appropriate the federal stimulus money and I believe the language is standard throughout all the budget bills. The next section we altered is Section #5 which basically says there is 1.25M in the budget for Emergency Medical Services (EMS) The Senate added 1.5 M. What we did with that we split that out a little bit. We left 2.25 M for grants and designated 500,000 to obtain consulting assistance to develop, implement, and provide an access critical ambulance service operations, and we also wanted them to develop, implement and provide leadership development training. He was then asked to start over.

Rep. Bellew The first 2 sections are just standard language. Section 3 is the federal stimulus money and that is standard language and also they can accept it and they can spend it.. We did also add an emergency clause for this section, that is in section 10 of the bill. But the emergency clause only pertains to section 3. Section 4 is as it came over from the Senate. Section 5 is the Emergency Medical Services Operations and this funding is from the Insurance Tax Distribution Fund and a report to Legislative Council. We wanted the EMS people to report to the health department and then the health department report to Legislative council how much they are getting, when they give it to a county EMS, is the county matching any of the money or does the county provide any mill levies for EMS. We just want a comprehensive report to find out where the money is going to make sure it is being spent in the right areas. I believe section 6 was in the bill. Section 8 we added regarding colorectal screening grants. This gives the department the authority to continue that until the money runs out. We also added section 9 Immunization Program. A lot of the public health are having problems transferring to this new system because they have never had to do the billing before last biennium. That is what this section is for.

Senator Mathern I would hope that we could request Legislative Council to provide us a memo on the Community Health Trust Fund. It appears to me that these amendments would say that there is no funding for these programs because there is no money in there. I am wondering if we can get some information of all these bills floating around, what the balance of that fund is and if in fact they can be funded with that program and if she can provide an amendment for the next meeting. She stated she could put something together.

Senator Kilzer A more direct question to the House committee would be when you put in the amendment footnote #16, where it gives all these various figures, did you know there was money available for each one of these loan repayment programs?

Representative Kreidt When we did the amendment there was money available. We hoped there was money available.

Senator Kilzer There is a big difference. I'd like to know which one.

Representative Kerzman We anticipated that there would be money available.

Representative Bellew That is correct. We had an accounting of the community health trust fund and we felt there were enough dollars there.

Senator Kilzer Even with the 80% requirement of measure 3 that goes to the tobacco program?

Chairman Fischer Was the amount of money in the community health fund trust fund due to an amendment that you put up on the appropriation bill that it was your anticipation was that it would pass? He was told yes. So the bill failed so there is no money in here at all. About 50,000. So we have a problem.

Senator Kilzer You mentioned the healthcare trust fund, did you mean the community health trust fund because they are two separate trust funds. He was told yes.

Senator Mathern I am also interested in knowing what number of bills that have been defeated after this bill was put together, and I am wondering if we need to do some work in that regard too to address these. I would ask Sheila to get that information for us.

Chairman Fischer I don't know how we can deal with this budget until that is worked out.

Representative Kriedt And all the other bills that affect this bill.

Chairman Fischer We stand adjourned.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2004 conference committee

Senate Appropriations Committee

☒ Check here for Conference Committee

Hearing Date: April 28, 2009

Recorder Job Number: 12355

Committee Clerk Signature Rose Laning

Minutes:

Senator Fischer opened the conference committee on SB 2004 concerning the Health Department. The minutes are to reflect that all conferees are present: **Senators Fischer, Kilzer, and Mathern; Representatives Bellew, Kreidt and Kerzman.**

Also present: Sheila Sandness, Legislative Council and **Lori Laschkewitsch**, OMB

Senator Fischer: We were in the midst of you stating what you had done to this bill.

Rep. Bellew: (Started reading from the Statement of Purpose starting with #13 on page) this amendment removes funding in the operating expenses line item for a budgeting error in the Community Health Division of the budget. Read: #14, #15, #16, #17 and #18. Also read the bullet points on page four of the Statement of Purpose of Amendment. This concludes the changes the House made.

Senator Fischer: Sheila, could you give us a balance of the community trust fund?

Sheila Sandness, Legislative Council: The balance as it stands right now is a deficit $ 1,677,679. (Handed out Analysis of Community Health Trust Fund – 99854.01.)

Senator Fischer: How are any of these funded if there is no money?

Rep. Bellew: Excellent question.

Senator Fischer: And the answer is?

Rep. Bellew: At this point I would request from legislative council concerning the dental loan program and veterinarian loan repayment program and is there stuff in code that says how we're going to fund these programs and at what level.

Sheila Sandness: I think there are dollar amounts and commitments. As far as a list and dollar amounts I would have to get that for you from the department.

Rep. Bellew: I'd appreciate it. The other stuff that is in there is open to discussion. We'll have to take it out or fund with general funds.

Senator Kilzer: Ask legislative council to walk thru this document. Has the money come in for the present year?

Sheila Sandness: The actual April payment has come in and is in the 07-09 biennium. The balance is expected to be about $728,192. (Read and explained the documents 99854.01)

Senator Fischer: Bottom line is that we have to reduce or add funds in.

Senator Mathern: Status of 2009 Bills relating to the State Department of Health is a list of items that legislative council has helped prepare along with department of health – see attached #2. These bills impact this budget or may impact it.

Senator Fischer: This is all inclusive?

Senator Kilzer: May I ask what the word "enrolled" means.

Sheila Sandness: It had been passed by both chambers, but not signed by the governor.

Senator Kilzer: This budget is $1.6M behind and actually using the carryover of $728,000 and this carryover is a continuing obligation.

Senator Fischer: Are all these bills directly related to Community Health Trust Fund?

Senator Mathern: Only some do. These are bills through the department of Health.

Rep. Bellew: We have our work cut out for us. We have to balance the budget. We have to make a determination if these programs are good and fund them with general funds.

Senator Mathern: I wouldn't assume the House would put items in the budget that aren't good. One of the elephants in the room is the tobacco settlement and the defeat of SB 2063 in the House. It's an overreaching issue to address because it involves so many dollars. Addressing this with this bill would help to solve other issues also. If you're interested in some discussion at this meeting, I have some proposals to consider.

Senator Fischer: We need to know where we are at with 2063 or the leftovers.

Rep. Bellew: I don't know.

Senator Fischer: We can't assume tobacco money, we may have to fund with other money.

Senator Mathern: In light of the fact that we discussed tobacco cessation programs that would be continuing from the last budget and how they correlate and other money coming through the tobacco settlement trust fund. I have some suggestion or material on a way to address that. First handout is a chart – Master Settlement Agreement – see attached #3. If we went with Senate version of addressing tobacco and measure #3 dollars and did it exactly the way the Senate had proposed, these would be the amendments – see attached #4. I am not offering them at this time, but they are a point of discussion.

Senator Kilzer: Would that take care of deficit for next biennium?

Senator Mathern: No it would not.

Senator Kilzer: We may just have to cut programs. Are there enough programs that can be cut? Some of those tobacco programs are not suppose to be replaced. If we cut the non tobacco things in the upcoming biennium would that take care of the $1.6M deficit?

Sheila Sandness: The tobacco items are $3.5 M non tobacco would be $3.1 to $2.2M. (28:00) So adding the $2.2 M would take care of it.

Senator Kilzer: That would be one alternative then.

Senator Mathern: My understanding of measure 3, it's not an alternative this biennium.

There is a provision of not supplanting.

Senator Fischer: They can all go.

Lori Laschkewitsch, OMB: They still have to be funded. Those grant programs are in

statute.

Senator Fischer: The colorectal, emergency medical (29:40) can be cut.

Lori Laschkewitsch: Those can go.

Rep. Bellew: I will be gone for the next three days, and Rep. Pollert will be taking my place.

Senator Fischer closed the hearing.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2004 Conference Committee

Senate Appropriations Committee

☒ Check here for Conference Committee

Hearing Date: April 29, 2009

Recorder Job Number: 12398

Committee Clerk Signature Rose Laning

Minutes:

Chairman Fischer called the conference committee to order on SB 2004 in regards to department of health. The minutes are to reflect that all conferees are present: **Senators Fischer, Kilzer, Mathern; Representatives Bellew, Kreidt** and **Kerzman.**

Sheila Sandness, Legislative Council and **Lori Laschkewitsch**, OMB was present.

Senator Fischer : Have Lori figure out the minimum amount of dollars needed on Health and then we'll meet tomorrow morning. I don't see anything else happening now. The thing we have to do is fund the health department with general funds. We have to find $16 M.

Senator Mathern: We have another issue and that is the failing of SB 2063 which also takes out some funding from the tobacco, the new fund that the House had put in to the department. I would hope that you'd come with some proposal to fund that with new money since you defeated 2063.

Senator Fischer: Senator Mathern, I don't think that we can address that. The tobacco money, the tobacco bill is over there. We've got a budget sitting here that needs funding, so the Health Dept. gets funded with whatever is was in it last time, for that matter with all general fund dollars. That way the Health Department is whole except for the tobacco issue. Any money that has to do with tobacco is tobacco's problem. But we also can't let some of these other programs just sit here because the tobacco money is gone. It gives us something to think

about because that is the only solution that I can come up, and if you have something better, I'm all ears.

Senator Kilzer: You can fund things with general funds or you can just cancel the programs. That is the alternative.

Senator Fischer: We can look at all that too.

Rep. Kerzman: Visiting with the Health Department, there are a couple areas where the House removed other than what was related to Community Health Trust Fund. Are you looking at those areas?

Senator Fischer: Yes, we're looking at the whole thing. And do it in divisions. We'll take a piece out of the division that we don't' think is appropriate, or we'll fund it all. We can use the amendment to take it to the floor. We can't wait any longer; it's got to go to the floor. It goes to the floor of the senate with money in it and it will straight over to the House. We'll put together whatever you've got put together, an amendment, and there will be a second hearing in the conference committee. Because they'll reject everything, all of it. If the Senate rejects it, then we're back here, I guess. You've got the funding and as Rep. Kerzman says there may be more funding taken out accidently than intended. I don't know how we can sit here and talk about the nuances of that bill unless we have a decision of what to do. And that's my solution, and/or Senator Kilzer's of taking things out.

Rep. Kreidt: We can have the time to work on this and then possibly meet tomorrow afternoon.

Senator Fischer adjourned the hearing.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2004 Conference Committee

Senate Appropriations Committee

☒ Check here for Conference Committee

Hearing Date: 05-02-09

Recorder Job Number: 12456

Committee Clerk Signature

Minutes:

Chairman Fischer called the conference committee to order on SB 2004 all conferees are present, **Sen. Fischer, Kilzer, Mattern** and **Rep. Kreidt, Nelson, Kerzmann**.

Rep.Kreidt- we did spend some time on this and the first set of amendments that we would like to go over, **Rep Nelson** will go over them with the committee, see attachment #1(1:21-8:35)

Rep. Nelson moved the amendment and was seconded by **Rep. Kreidt.**

Rep.Kerzman- this is unacceptable to me for a number of reasons, the appropriation has changed, the 80% flashes in front of me another is the water section callback, there are numerous changes and references through the board and the committee. I can't go along with this.

Sen. Mathern- as you went through this I saw 10 direct changes to measure 3 and 1 indirect change, I agree that some of those programs that have been in the community help trust fund are important to fund, so I appreciate the proposal. I believe we need to look at the full amendment, I think amending the motion is a difficult process. I move amendment 98047.0410, (see attachment #2.) I would hope that these amendments could be considered as the combination of the wishes of the House and the Senate with no amendments of any form of the measure 13 statue which is in effect.

Chairman Fischer- I would prefer to deal with the first motion first.

Rep.Nelson- I would hope the committee would not forward this proposal. Explain to me how this would work in the auditing process then when the executive committee would direct the funding of the programs to the health department and the health department as fiscal agent would have to implement and appropriate the money, who would be responsible to the next legislative assembly or the state auditor the accountability measures?

Sen. Mathern- the executive committee would be responsible, the fiscal agent status is really that of receiving the money and dispersing the money at the direction of the executive committee. The executive committee is fully responsible as indicated by section 14.

Rep.Nelson- explain to me then the 80% of the funding in the community health trust fund, who would be responsible for those programs?

Sen. Mathern- the department of health and the executive committee would continue to work together in tobacco prevention efforts in ND and those appropriations and authority that are in the department of health would remain there, including that 80%. We have learned that it is in our interest and the states interest that the department of health and the executive committee continue to work together. I think that also keeps everyone on board in the public health units and this relationship of fiscal agent provides just a vehicle of that, but the main work is really done in the tobacco prevention efforts.

Rep. Nelson- we have heard in the house that id one of the main reasons why measure 3 couldn't work with the health department, that there were problems with the health department, the health department wasn't promoting the programs as they saw fit. With this proposal brought forward I don't see how the working relationship would be improved because the executive committee still has the upper had to direct every program and basically tell the health department how they are going to spend the money. Isn't that the way you see it?

Sen. Mathern- I don't see it that way, there is an appropriation of $12 million to the executive committee, that executive committee wants to expend some of those dollars with the department of health. You are correct that there have been some differences of opinion on how the best practices are implemented, however these are professional folks , they want to work together and do what is right for the state and they have figured out how to do it. I think we need to continue that and this permits that.

Rep. Kerzman- I think that this is positive and that the health department did a real good job with the resources they had but I think with the additional resources here that they can work well. This I think would be a good working relationship.

Sen.Fischer closed the conference committee.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2004 conference committee

Senate Appropriations Committee

☒ Check here for Conference Committee

Hearing Date: May 2, 2009 – 2:30 pm

Recorder Job Number: 12464

Committee Clerk Signature Rose Laning

Minutes:

Chairman Fischer called the conference committee to order on SB 2004 in regards to department of health. The minutes are to reflect that all conferees are present: **Senators Fischer, Kilzer, Mathern; Representatives Kreidt, Nelson** and **Kerzman.**

Sheila Sandness, Legislative Council and **Lori Laschkewitsch**, OMB was present.

Senator Fischer: We were previously discussing amendments .0410 and .0412. I have another - amendment 98034.0205.

Rep. Nelson: Isn't there a motion on the floor by Senator Mathern?

Senator Fischer: Yes, there was a motion was on .0410.

Senator Mathern handed out side by side comparison of two amendments and explained them – see attached #1. I would hope that we could adopt these amendments. I hope they reflect the sentiment of the senate. They accept the amendments that were put on the Senate bill by the House. And they do not touch any wording in measure #3 which was passed by a wide majority of the people. Any change of the measure would require a two thirds vote and that level would be impossible in this legislature.

Senator Fischer: Any other discussion?

Rep. Nelson: Question.

A Roll Call vote was taken on the Mathern amendment .0410: Yea: 2 Nay: 4 Absent: 0

Motion failed.

Rep. Nelson: Some of the issues that Senator Mathern brings up in his comparison sheet are covered in the OMB appropriation in fact, all of them, with the exclusion to measure 3. There is no question that the amendment that I proposed would need a 2/3 margin to pass. We leave the policy of what was included in measure 3 intact. The funding is the same. What measure 3 asked for is completely intact and I would argue that it also protects the water development trust fund into the future whereas that should be a legislative responsibility – not the responsibility of a standalone agency that is unrelated to water development. That's a very big part of house amendments. It also protects the programs that are life saving programs for health related that are funded out the community health trust fund. That's the only reason that this amendment is in this form. Without that I'm afraid that we're going to lose those programs and I'm not willing for all that to happen.

Senator Mathern: I have done a review of the concern regarding the water trust fund. When I consider the potential funding need for best practices, there is no way that the funding of that program ever triggers. If it does, it would be way beyond seven years from now and at that time; you could amend this with a majority vote. It wouldn't take a 2/3 majority vote.

Senator Kilzer: It seems rather fortuitous and rather odd, that if it's never going to be used, why was it even put in measure 3? That's kind of funny.

Senator Mathern: As this develops, we become more and more aware of how to do this right. By cooperation of the department of health and executive committee, this work can be done by this amount. I don't know if that was clear last year already – how many dollars would be needed, but it's clear now. When I say that it would never trigger into effect, it really tracks the implementation of a program that is pre-designed and the costs are there. I'm going to hand

out a chart (see attached #2) which proposes the use and composite of these funds. It's interesting at the current measure #3, there is considerable money in balance being saved each year. That's the right hand column of the measure 3 chart. The balance is the evidence that we will not go into the water trust fund, or you wouldn't have a balance. The wording in my amendments suggests not only that there is a balance, but that there is continuity. There is money that stays in the account. And money in the account is important because having success in reducing smoking is not necessarily a final product. Having success brings the rate way down, but needs continual maintenance of that.

Rep. Nelson: I would suggest that the measure 3 people knew exactly what they were asking for in this. CDC Best Practices was taken right off this book. It was published October 2007. That was 2 years ago. They knew exactly what was going on. I don't buy any of that. There's a reason why water development trusts are included in this. Senator Kilzer 's question is the same question that many people in ND would have asked is Why are we looking at compromising water development, flood control projects across the state for a standalone agency that shouldn't need the money. I've done an analysis as well and if my amendment was passed and put into practice, there would be adequate funding to fund the CDC best practice programs through the year 2024 – well past the 7 year limit for any initiated measure and it should give everybody in the state where this approach has taken us as far as prevention and cessation programs. That's without any consideration for interest in the trust fund. If that turns around and there's interest, that could certainly take us into another year or a biennium of appropriation. So this amendment of mine is absolutely funded well enough to provide the outcomes that everybody in ND desires for prevention and cessation programs. The accountability measures are there as far as reporting and it doesn't compromise the other health related programs that are in the community health trust fund or water development or

flood control which could very well be a lifesaving program as well. That's the whole idea behind this. It's comprehensive in measure but it completes the task that measure 3 supporters ask for, and that is more funding and a louder voice, in fact the only voice in tobacco prevention and cessation direction in the state of ND. They would utilize the same services of public health that they needed now, the schools, communities and it would serve the same purpose – and more efficiently, I would argue.

Rep. Kreidt: The amendments that we've proposed, Rep. Nelson and I have worked on these for weeks now. We've given every step along the way. We weren't happy with the executive committee. They've got their advisory committee. They're going to develop the agencies comprehensive plan for tobacco prevention and control programs. We've given them more money that what they were asking. We're allowing them to become another entity of the government. I think that's what they wanted and we're providing all of that in these amendments. We had a motion and a second on the floor and I would ask that we call for the vote.

Senator Mathern: I think that Rep. Nelson made the point correctly. This would be beyond the seven years and at that time, if you wanted to take that money by a majority vote, that would be possible. I don't see that issue being there at all in terms of the water resource trust fund.

Senator Fischer: Take the role please on the Nelson amendment .0412.

A Roll Call vote was taken. Yea: 4 Nay: 2 Absent: 0

Motion carried.

Senator Fischer: We'll have to meet again this afternoon. Meet at 3:15.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2004

Senate Appropriations Committee

☒ Check here for Conference Committee

Hearing Date: May 2, 2009 – 3:15 pm

Recorder Job Number: 12465 (starting at 2:22)

Committee Clerk Signature Rose Laning

Minutes:

Chairman Fischer called the conference committee to order on SB 2004 in regards to department of health. The minutes are to reflect that all conferees are present: **Senators Fischer, Kilzer, Mathern; Representatives Kreidt, Nelson** and **Kerzman.**

Sheila Sandness, Legislative Council and **Lori Laschkewitsch**, OMB was present.

Rep. Nelson moved to increase the $100,000 to $500,000 in grants line item (Nelson amnendment).

Senator Kilzer seconded.

Senator Mathern brought up the issue of benefits and wages and felt this was inadequate.

Rep.Nelson: There is a shortfall in fringe benefits and salaries for employees. The issue has never been funded with state funds. The mix is about 4% funded with state funds and the rest is county and local. The grant item is to assist them and counties have to provide some ownership.

Rep. Kreidt: This is kind of the 7th hour with just days left to get budget out. I think we're being more than fair in coming up with another $400,000. I will support motion.

Senator Mathern: I will support, but it's a property tax increase for counties. They have work to do that we're telling them to do and if they don't have the resources they have to go to property taxes.

Senator Fischer: This amendment does not have a number, so we'll call it the Nelson amendment.

Vote #1 - A Roll Call vote was taken. Yea: 6 Nay: 0 Absent: 0

Motion carried.

Rep. Kreidt: I move clarification of the grant for (page 2 section5) medical emergency service operations. It's $500,000 for obtaining the consulting systems to - meant to go out to one entity and language does not accomplish that. The language I would submit is regarding emergency medical services, operations funding from the insurance tax distribution fund. The $500,000 identified in this section is for "a" grant.

Nelson seconded.

Discussion was held on the grant and definition of it – stating that it is a one-time grant.

Vote #2 - A Roll Call vote was taken. Yea: 4 Nay: 2 Absent: 0

Motion carried.

Rep. Kreidt: This is something the House did. (#2, page 1- .0301 amendments) We're willing to go back and "to the purpose of intent" where we removed the fraud and risk assessment. This would restore that and the funding. The one where we removed the funding for poison control and prevention (footnote #8), the House is willing to restore those two in the amendment. I move this motion.

Kerzman seconded.

Vote #3 – A Roll Call vote was taken. Yea: 6 Nay: 0 Absent: 0

Motion carried.

Rep. Kreidt moved to provide $50,000 in general funds to be used for donated dental services. (Kreidt amendment – see attached #1).

Rep. Nelson seconded.

Vote #4 – A Roll Call vote was taken. Yea: 6 Nay: 0 Absent: 0

Motion carried.

Senator Mathern moved to increase the funding of $500,000 from the general fund to provide a grant to the University of North Dakota for a simulation laboratory package.

Rep. Kerzman seconded the motion.

Discussion followed stating the $500,000 for the simulator was already there.

Vote #5 – A Roll Call vote was taken. Yea: 2 Nay: 4 Absent:

Motion fails.

Senator Mathern: I move amendment .0205 to Dept. of Human Services – alternatives to incarceration.

Kerzman seconded.

Discussion followed.

Vote #6 - A Roll Call vote was taken. Yea: 2 Nay: 4 Absent:

Motion fails.

(wating for Senator Kilzer)

Rep. Kerzman: Don't' see any funding for the department of health programs. I have amendments to do that.

Rep. Nelson: I would like to see them funded. There is a funding mechanism for those programs in the community health trust fund with the adoption of the amendments that we have before us.

Rep. Kerzman: I would beg to differ because there is no surety that the funding will go through. They could still not be putting money into the community health trust fund and fund those sources. Unless you could assure me, I would not feel comfortable leaving here without that. I think there about three of them that are in statute.

Rep. Nelson: I don't have copy of the amendment , but the community health trust fund, in the amendments that we passed, we funded the new programs that are listed on this handout through that in action in the House. They're listed in the 09-11 funding. If there is no money in community health trust fund with the adoption of the amendments we passed, there is funding there so it's a redundant issue.

Sheila Sandness, Legislative Council: The amendment adopted, the .0412 version, included removing the community health tobacco program funding from the community health trust fund which was about $3.5 M, so that money would remain in the community health trust fund and be available for those other programs. The community health trust fund as it came out of the House was about $1.6 M in the deficit so if you move these community health tobacco programs out of that fund, that frees up an additional $3.5 M so that puts the fund back into the black.

Senator Mathern: Passage of this bill does not fund all of the activity that this bill discusses. It's lacking $12 M dollars. I have that same concern that these things might not be funded. I think you're anticipating the OMB bill funding of the tobacco activity so that you can make that

transfer legitimately. That has not been done. Nor do I believe that can be done in terms of measure 13 requirement. If measure 13 funding and implementation does not pass by 2/3 majority, which it won't, then I think all of these programs are in jeopardy. Or If it passes by your way, they would be in jeopardy.

Rep. Nelson: If the bill with the .0412 amendments pass, and pass each house with a 2/3 margin, they will be funded in its entirety. The tobacco money is in the OMB budget at $16.8 M dollars.

Senator Mathern: There literally is a bill that has passed that has money in it in the legislature.

Rep. Nelson: The OMB budget will be that last bill passed. There are obvious reasons why it's not passed yet.

Senator Mathern: So it isn't funded.

Rep. Kreidt: It's not funded through this bill. It's funded through the OMB bill.

Senator Mathern: The OMB bill has not passed, so it's not funded.

Rep. Nelson: If you want to split hairs, yes, you're right. This bill hasn't passed yet either.

Senator Mathern: That's what I'm saying, these things are at risk.

Rep. Kerzman: How about future biennia? Measure #3 was passed with a more or less a continuing appropriation and by year to year we're not really assuring that.

Rep. Nelson: I don't think that's true at all. I think this biennium, if we get this through, we make the commitment for the entire amount of CDC Best Practice implementation, plus we restore the 10% money that has funded the community health trust fund will continue to fund those programs. We don't have to come back and do this every biennium until measure #3 has exhausted it's time. This would fund those programs into the end of the 7 year period.

The Kerzman amendment was handed out – see attached #4

Kerzman moved to put $2,425,480 into community health trust fund

Senator Mathern seconded.

Discussion followed.

Vote #7 – A Roll Call vote was taken. Yea: 2 Nay: 4 Absent: 0

Motion fails.

Senator Fischer: We need to add $500,000 in line item for domestic violence.

Senator Mathern: Is this additional money or a changing amount?

Sheila Sandness: SB 2230 was the domestic violence bill and could go to agencies. There is no bill with that authorization, so it's going in here.

Rep. Kerzman moved to add money to domestic violence programs.

Rep. Nelson seconded.

Vote #8 – A Roll Call vote was taken. Yea: 6 Nay: 0 Absent: 0

Nelson made motion for do pass on amendment .0412 and to further amend SB 2004

Kreidt seconded.

Senator Mathern and **Rep. Kerzman** replied that they would have to resist this vote.

Vote # 9 – A Roll Call vote was taken. Yea: 4 Nay: 2 Absent: 0

The Conference Committee recommends that the House recede from the House amendments and adopt the amendments.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2004 conference committee

Senate Appropriations Committee

☒ Check here for Conference Committee

Hearing Date: May 4, 2009 – 11:00 AM

Recorder Job Number: 12473

Committee Clerk Signature Rosella M. Lanning

Minutes:

Chairman Fischer called the conference committee to order on SB 2004 in regards to department of health. The minutes are to reflect that all conferees are present: **Senators Fischer, Kilzer, Mathern; Representatives Kreidt, Nelson** and **Kerzman.**

Sheila Sandness, Legislative Council and **Lori Laschkewitsch**, OMB was present.

Copies of .0414 amendment were handed out along with the statement of purpose.

Rep. Nelson has amendments (not prepared yet): If it's the will of the Senate to go back to their version of SB 2063, we may reluctantly agree to that, but won't be at level of funding of the original bill. The range is in CDC best practices. What was in the bill was in the midpoint range and the amendment will lower it to the minimum range. In the amendments, we also have the mechanisms of reporting to the budget section and the audit is included as well for the preparation of a budget for the next legislative assembly. I don't know if the Republican Caucus will accept those amendments. The report on Saturday night was a good compromise. The CDC best practice was fully funded. We stipulated that the Community Health Trust Fund and there was clarification on the water development trust fund. The people of ND deserve to know that there is not a standalone agency in government that can appropriate money out of that without any legislative oversight. It's very irresponsible on our

part to pass something like that with your votes in the last past hour has put everything in jeopardy. You may get nothing.

Senator Mathern: In partial response to Rep. Nelson, I do agree that we've made some progress in the conference committee. The Senate did accept most of the house amendments to 2004. The issue of water trust fund was established in our discussion in term of the money coming is more than is needed for CDC best practice act. There will be a balance in the tobacco prevention & trust fund that is growing every year. That provision does not go into play. Plus it provides adequate funding coverage for 7 years, and after that it can be changed if needed. I would like to hand out amendments (.0416 amendment) that am not asking you to vote on at this time. These accept the House action and conference committee action of yesterday in terms of dental, emergency services, grants, public health agencies. Those are all in here. The second thing is to leave all of Measure 3 intact basically as it came over from the Senate. That doesn't mean there were no changes. The changes that I have heard from the House is that the House would like more connection whether oversight or involvement. This amendment would give the money to the department of health. They would require the report to the legislative council. These amendments would specifically make this entity accountable to regular state audits, fiscal management, records retention and procurement. The amount of dollars are clearly under what is coming in from the tobacco settlement. It's building up a trust fund for those other concerns you might be trying to address in the future

Rep. Nelson: When you talk about the accountability, you stop short of requiring a budget to the next legislature. Is that an oversight, or was there another reason why that wasn't mentioned specifically?

Senator Mathern: That is not there, OMB says budget is required already. There is no one exempt from preparing a budget. Adding that wording is basically saying "And we mean it".

Rep. Kreidt: In original language in SB 2063, there was wordage with more fiscal responsibility. I would suggest we have a little time to review and then we'd have our amendments available. I'd want more than this one set of amendments in front of us.

Senator Fischer: We're not going to adopt anything right now.

Senator Mathern: Section 14 – the concept of accountability is in every word exactly what was passed by the Senate in SB 2063. There is no change.

Rep. Nelson: You omitted discussing section 12. My assumption is that makes other programs in the Community Trust Fund whole?

Senator Mathern: Correct. Those programs came from the House. The intent is not to diminish any program that the House added to SB 2063.

Rep. Nelson: How did you reconcile the $2.4 M dollars? The last report showed we were $100,000 in deficit. How do we pay for it?

Senator Mathern: That is not appropriated out of here. I presume we would appropriate like the other items. It's out of the general fund.

Rep. Nelson: I agree with Senator Mathern, but I'd ask, how stable the funding source for those programs is in the next biennium? We are putting many of those programs in jeopardy. This would be the first area in next session that we'd look for reductions.

Senator Mathern: We have those concerns. However, we're sending a message that we are committed. In our best effort, we'd try to keep these programs going.

Rep. Nelson: There was strong support to fund those programs. They wouldn't have scrutiny. They were more stable in that mechanism than they are under yours.

Senator Mathern: Are you suggesting another way of funding them?

Rep. Nelson: My suggestion was what we passed on Saturday. That was a stable source of funding. There's more money in there than what is needed. There is no question about that.

In your argument with the water development trust fund, you said that. I don't think the $3.5 M transfer put that in jeopardy. The House has shown you that the CDC best practice could be funded until the year 2024-2025 and still transfer that money as a stable source. In my world, it's a perfect compromise.

Senator Mathern: There are also strings on how tobacco money is spent. Meassure 3 has been passed and several things started. The CDC has strings from grants they are providing. There are grant programs to the department of health that are in jeopardy.

Rep. Nelson: We're talking about the 10% in the original tobacco settlement. I think you sponsored the bill. As I remember, it was majority/minority leaders that agreed to the 45-45-10 concept in the original language. That 10 % into Community Health Trust fund has been used for tobacco as well as other health related programs for years. It has been used well in the last 10 years.

Senator Mathern: Some things have changed since then. Measure #3 has passed and CDC has requirements of how grants are used. I have no intent of changing the 45-45-10 and these amendments don't change that.

Rep. Kreidt: I have concern of using general fund for Community Health Trust Fund. We can do it this time, but we can't lock up another session. Our report this morning shows we are $100 M upside down. We have to balance that. The $1.4 M was put into the trust fund was the proper way to go and we wouldn't be having the concerns today.

Senator Mathern: $100,000 issue – we have to look at the full picture.

Senator Fischer: We're getting off track.

Senator Mathern: The community health trust fund - . It really is a type of funding that is important to all of ND. This is literally affecting everyone. This is tying together the executive

committee work on tobacco prevention and control, and public health units working together.

Senator Fischer: We'll be meeting after 2:00. Have amendments and materials.

Senator Kilzer passed out some info form Sen. Judy Lee .0413 amendment (see attached #2)

and other that was left out - .0232 amendment (see attached #3).

Senator Fischer adjourned.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2004 conference committee

Senate Appropriations Committee

☒ Check here for Conference Committee

Hearing Date: May 4, 2009

Recorder Job Number: 12474

Committee Clerk Signature

Minutes:

Chairman Fischer called the conference committee to order on SB 2004 in regards to department of health. The minutes are to reflect that all conferees are present: **Senators Fischer, Kilzer, Mathern; Representatives Kreidt, Nelson** and **Kerzman.**

Sheila Sandness, Legislative Council and **Lori Laschkewitsch**, OMB was present.

Rep Nelson handed out amendments (.0419) – Section 3 – intention is to go back to senate version. The language is the same. The difference is in the appropriation. The $8,577,869 that would be appropriated in this amendment would meet the CDC Best Practices recommendation but not at the level that was originally put forward.

Senator Mathern: I would appreciate could give a copy - the amount that you have for program. I did go to the statute and find that the statute calls for a recommended level of investment in the CDC best practices manual. I have a copy of that – see attached # 1. It would appear to me that these amendments would require 2/3 majority of the legislature in that it is a lower amount than what is required in statute.

Rep Nelson: Where do you see this?

Senator Mathern: It's being specific to this amount being handed out. The intent of the initiated measure itself, when the amendment was drafted, that language was chosen to establish the amount. This won't meet the test of 2/3 majority.

Rep. Nelson: On page 54 of the best practices manual, under the heading Total Recommended Program Cost – there is an upper, a lower, and a recommended rate. I don't want to split hairs with this, I'll just withdraw my motion for the amendment.

Senator Mathern moved amendment 98047.0416. He also handed out History of the Community Health Trust Fund – see attachment #2. What is happening is that we have been adding new programs to be funded from that trust fund. There has been a clear decrease from the expenditures for the tobacco areas. This issue of programs really has been a changing thing and what we have been doing is just adding things and creating an illusion that this is an ongoing effort. This only works if we fund it more and not less. It appears what we have done is actually received money from the settlement at the beginning and not spent it consistently, but not from the beginning. The 1st biennium – didn't spend it. We've used the money to add and add programs that has just depleted the fund. If we would've been adding money to the same degree as the community health trust fund, we wouldn't be in this situation. This chart demonstrates that we've been bankrupting the fund and we've had that luxury of adding programs because we didn't spend the money in the first biennium. We've added $5M but spent zero. These programs appear to be in great risk, probably eliminated, and if we don't, have to fund them properly from the general fund because there is a diminishing dollar amount in that trust fund.

Senator Fischer: You're advocating moving this money to the tobacco cessation and eliminating breast and cervical cancer assistance, dental and physician loan on down because there may not be a wish to fund it from the general fund.

Senator Mathern: Let's give those programs what they are due

Senator Kilzer: There are a couple corrections in Senator Mathern's testimony. When I look at the top where it says Total Dollars Available for Appropriation, it looks to me like at least for

the last four years, there's been a decreasing number of dollars available. When I look at next to the bottom line where it says Total Tobacco Expenditures, there's been an increase every year. While it's not a stellar performance of the fund, I'd be correct in saying that the income in the fund has been decreasing and the amount going out for tobacco has been increasing. Maybe not a lot, but different from what you told us here.

Senator Mathern: On the top, the amount of dollars available has been going down because we've been adding programs to it from the prior biennium. And on the bottom, when you go from 94% to 90% to 81% to 52%, I call that a decrease. That's a decrease to me.

Senator Kilzer: I'm looking at the dollars.

Senator Mathern: When you add more material, add more programs, yes, but the conclusion is and the debate that we have is regarding the tobacco program.

Rep. Nelson: We are back to the original argument of what people voted on in Measure #3. I would agree that the people said there should be more emphasis placed on tobacco prevention and cessation which is what every amendment we've offered you does. It may not be final outcome. I would also say that there are many of us that supported increasing the percentage of the tobacco settlement dollars going into the community health trust fund in the last session. Fortunately that didn't pass. It wasn't because it wasn't attempted. I voted for that bill. I thought it was a very responsible way of going forward. Now we are faced with another situation. I'd agree with Senator Kilzer, the fact that we started with $4.9M and today we're spending $6.2 M, how you don't call that an increase is just incomprehensible to me. That's an increase.

Senator Mathern: You raised an issue of all the programs in this fund. I am offering you data about the concern you raised. You have to look at the whole picture to determine what the percent of our funding has been. That will get increasingly worse if we continue down this

path. We could put another $10M in this fund for tobacco, but if we take another $10M out of this fund for stroke care, it doesn't mean as a percent. We're talking this community health trust fund. According to CDC, the recommended level of investment for tobacco prevention and control in ND is $9.3M per year. That was the language used in drafting measure #3 so any amount less than that would require a 2/3 majority vote change.

Rep. Kerzman seconded amendment 0416. When you look at this, I agree that we're diverting more dollars to other programs than what the intention for tobacco is. When you look at what we're spending now for tobacco, you have the industry spending 6 times that much for promotion. We haven't begun to address the issue. We better give the program a chance to work.

Rep. Kreidt: We've looked at best practices manual over and over. In here it says a recommendation. It doesn't say that's what has to be done. I can't support this amendment. The Nelson amendment was a good amendment. Too bad it was withdrawn. It was a recommendation only.

Senator Mathern: While I don't have this in front of me, I questioned this letter of recommendation. I understand a letter has been written by a member of the staff of the legislative council stating that this recommended level that's noted in here is in fact the same use of words as in the initiated measure passed by 70% of the people.

Rep. Nelson: 70%?

Senator Mathern: Well, whatever the amount.

Rep. Nelson: 54%.

Senator Mathern: Whatever it was in your district. Each district is different. It was passed and the change of that amount, and maybe we could ask Legislative Council to bring that letter forward. I understand it was prepared by an attorney on the legislative council staff and I

haven't seen it but evidently it was a matter of discussion in the House and it was brought to somebody's attention. It was drafted by somebody on the staff. Maybe legislative council could help me with that.

Allen Knudson, Legislative Council: I know our staff did a letter in response to a question from a specific legislator. We need to talk to that legislator to see if it's ok to make that public.

Senator Mathern: I don't know who the legislator was, but that would be great if we could ask that person and … I think if we have the potential of solving this, I mean that's data that would be helpful.

Rep. Nelson: That is a mute point. I withdrew my motion.

A Roll Call vote was taken. Yea: 2 Nay: 4 Absent: 0

Motion fails.

Rep. Kreidt: I have an amendment if you would allow. The amendment is .0420. In section 4 -- $2,405,371, this brings the health department budget that was amended in House as it came over from Senate. Puts the community trust fund back (and read from the statement of purpose) I would move amendment .0420.

Nelson seconded.

Discussion followed.

Rep. Kerzman: I supported most of these things. I want to go on record as being insulted being part of this committee. This is turning into a bargaining chip that shouldn't be there.

A Roll Call vote was taken. Yea: 4 Nay: 2 Absent: 0

Senator Fischer listed some of the changes and stated that the House recede from its amendments and adopt the committee's amendments.

4-28-09

4

98047.0405
Title.

Prepared by the Legislative Council staff for
Senator Mathern
April 23, 2009

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2004

That the House recede from its amendments as printed on pages 1357 and 1358 of the Senate Journal and pages 1393-1395 of the House Journal and that Reengrossed Senate Bill No. 2004 be amended as follows:

Page 1, line 2, after "health" insert "and the comprehensive tobacco control advisory committee" and remove "and"

Page 1, line 3, after "intent" insert "; to provide for reports to the legislative council; to provide for retroactive application; and to declare an emergency"

Page 2, after line 14, insert:

"**SECTION 4. APPROPRIATION.** The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the tobacco prevention and control trust fund, not otherwise appropriated, to the comprehensive tobacco control advisory committee for the purpose of defraying the expenses of the committee, for the biennium beginning July 1, 2009, and ending June 30, 2011, as follows:

	Base Level	Adjustments or Enhancements	Appropriation
Comprehensive tobacco control	$0	$12,882,000	$12,882,000
Total special funds	$0	$12,882,000	$12,882,000
Full-time equivalent positions	0.00	4.00	4.00

SECTION 5. APPROPRIATION. There is appropriated out of any moneys in the tobacco prevention and control trust fund, not otherwise appropriated, the sum of $62,403, or so much of the sum as may be necessary, to the comprehensive tobacco control advisory committee for the purpose of defraying the expenses of the committee; developing, implementing, and administering the comprehensive tobacco control and prevention plan; and contracting with a consultant to facilitate the development of the comprehensive plan, for the period beginning with January 1, 2009, and ending July 1, 2009."

Page 3, after line 3, insert:

"**SECTION 10. LEGISLATIVE INTENT - REPORT TO LEGISLATIVE COUNCIL.** Any act of the tobacco prevention and control executive committee or its employees is an act of the state of North Dakota functioning in its sovereign and governmental capacity. As a state entity the committee is subject to accountability requirements, including laws relating to state audits, fiscal management, records retention, and procurement. Employees of the committee are part of the state classified system. Before September 1, 2010, the tobacco prevention and control executive committee shall report to the legislative council on implementation of the comprehensive plan and outcomes achieved.

SECTION 11. RETROACTIVE APPLICATION. Section 5 of this Act is retroactive to January 1, 2009.

98047.0413
Title.

Prepared by the Legislative Council staff for
Senator J. Lee
May 2, 2009

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2004

This amendment is for consideration for inclusion in a set of amendments under consideration regarding Reengrossed Senate Bill No. 2004.

Page 1, line 2, remove "and"

Page 1, line 3, after "intent" insert "; to amend and reenact sections 2, 3, 4, 5, and 6 of Senate Bill No. 2333, as approved by the sixty-first legislative assembly, relating to the duties of the immunization task force and appropriations for funding of immunization services and a regional public health network pilot project; and to declare an emergency"

Page 3, after line 3, insert:

"**SECTION 8. AMENDMENT.** Sections 2, 3, 4, 5, and 6 of Senate Bill No. 2333, as approved by the sixty-first legislative assembly, are amended and reenacted as follows:

SECTION 2. STATE DEPARTMENT OF HEALTH - ~~REGIONAL PUBLIC HEALTH NETWORK~~ IMMUNIZATION TASK FORCE - REPORTS TO LEGISLATIVE COUNCIL.

1. The state health officer shall appoint ~~a regional public health network~~ an immunization task force to meet during the 2009-10 interim to ~~establish protocol for the regional public health network~~ advise the health council regarding how to distribute funds to local public health units under sections 3 and 4 of this Act.

2. The task force must consist of at least seven members, including at least three members representing local public health districts, three members representing private health care providers, and representatives of the state department of health. The state health officer shall appoint the task force members representing local public health units from a list of names submitted by an organization representing public health administrators. The state health officer shall appoint the task force members representing private health care providers from a list of names submitted by the North Dakota medical association.

3. ~~During the 2009-10 interim, the task force shall provide periodic reports to the legislative council regarding the development of the regional public health network.~~ During the 2009-10 interim, the task force and the state health officer shall provide periodic reports to the legislative council regarding the ~~development of the regional public health network~~ distribution of funds under sections 3 and 4 of this Act.

SECTION 3. APPROPRIATION - FEDERAL FISCAL STIMULUS FUNDS. There is appropriated out of any federal funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, not otherwise appropriated, the sum of $1,200,000, or so much of the sum as may be necessary, to the state department of health for the purpose of providing funds to local public health units for providing immunization services statewide, according to a funding formula established by the state health council in consultation with ~~local public health units~~ the immunization

task force, for the period beginning with the effective date of this Act and ending June 30, 2011.

Any federal funds appropriated under this section are not a part of the agency's 2011-13 base budget. Any program expenditures made with these funds will not be replaced with state funds after federal American Recovery and Reinvestment Act of 2009 funds are no longer available.

SECTION 4. CONTINGENT GENERAL FUND APPROPRIATION. If the federal funds appropriated under section ~~2~~ 3 of this Act are not available to provide the sum of $1,200,000, there is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $1,200,000, or so much of the sum as may be necessary, to the state department of health for the purpose of providing funds to local public health units for providing immunization services statewide, according to a funding formula established by the state health council in consultation with ~~local public health units~~ the immunization task force, for the biennium beginning July 1, 2009, and ending June 30, 2011. The state department of health may spend the general fund moneys only to the extent that federal funds are not available to provide the $1,200,000 appropriated under section ~~2~~ 3 of this Act.

General fund amounts appropriated under this section reflect one-time funding and are not a part of the agency's base budget for the 2011-13 biennium.

SECTION 5. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $275,000, or so much of the sum as may be necessary, to the state department of health for the purpose of funding a regional public health network pilot project~~, in consultation with the regional public health network task force and~~ according to a funding formula established by the state health council ~~in consultation with local public health units~~, for the biennium beginning July 1, 2009, and ending June 30, 2011.

SECTION 6. EMERGENCY. Section ~~2~~ 3 of this Act is declared to be an emergency measure.

SECTION 9. EMERGENCY. Section 8 of this Act is declared to be an emergency measure."

Renumber accordingly

Mathern amendment
.0410

REPORT OF CONFERENCE COMMITTEE
(ACCEDE/RECEDE)

Bill Number SB 2004 **(, as (re)engrossed):** **Date:** May 2, 2009
2:30

Your Conference Committee Senate Appropriations

For the Senate:	YES	NO	**For the House:**	YES	NO
Fischer		✓	Kreidt		✓
Kilzer		✓	Nelson		✓
Mathern	✓		Kerzman	✓	

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**

Nelson carries

REPORT OF CONFERENCE COMMITTEE
(ACCEDE/RECEDE)

Bill Number 2004 **(, as (re)engrossed):** **Date:** May 2, 2009

Your Conference Committee Senate Appropriations 2:30

For the Senate:	**YES**	**NO**	**For the House:**	**YES**	**NO**
Fischer	✓		Kreidt	✓	
Kilzer	✓		Nelson	✓	
Mathern		✓	Kempenich		✓

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**

(1)

Nelson
$100,000 to $500,000

REPORT OF CONFERENCE COMMITTEE
(ACCEDE/RECEDE)

Bill Number 2004 **(, as (re)engrossed):** **Date:** May 2, 2009

Your Conference Committee Senate Appropriations 3:15 pm

For the Senate:	YES	NO	**For the House:**	YES	NO
Fischer	✓		Kreidt	✓	
Kilzer	✓		Nelson	✓	
Mathern	✓		Kerzman	✓	

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) Kreidt - language

carries

REPORT OF CONFERENCE COMMITTEE
(ACCEDE/RECEDE)

Bill Number 2004 **(, as (re)engrossed):** **Date:** May 2, 2009

Your Conference Committee Senate Appropriations 3:15 pm

For the Senate:	YES	NO	**For the House:**	YES	NO
Fischer	✓		Kreidt	✓	
Kilzer	✓		Nelson	✓	
Mathern		✓	Kerzman		✓

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 - page 1 of .0301 amendment.

3. fraud + risk assessment & poison control

REPORT OF CONFERENCE COMMITTEE
(ACCEDE/RECEDE)

Bill Number 2004 **(, as (re)engrossed):** **Date:** May 2, 2009

Your Conference Committee Senate Appropriations 3:15 pm

For the Senate:	YES	NO	**For the House:**	YES	NO
Fischer	✓		Kreidt	✓	
Kilzer	✓		Nelson	✓	
Mathern	✓		Kerzman	✓	

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**

#4 dental services

REPORT OF CONFERENCE COMMITTEE
(ACCEDE/RECEDE)

Bill Number 2004 **(, as (re)engrossed):** **Date:** May 2, 2009

Your Conference Committee Senate Appropriations 3:15 PM

For the Senate:	**YES / NO**		**For the House:**	**YES / NO**	
Fischer	✓		Kreidt	✓	
Kilzer	✓		Nelson	✓	
Mathern	✓		Kerzman	✓	

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**

(5) Mathern amendment (5/3) simulator

REPORT OF CONFERENCE COMMITTEE
(ACCEDE/RECEDE)

Bill Number 2004 (, as (re)engrossed): Date: May 2, 2009

Your Conference Committee Senate Appropriations 3:15 pm

For the Senate:	YES	NO	For the House:	YES	NO
Fischer		✓	Kreidt		✓
Kilzer		✓	Nelson		✓
Mathern	✓		Kerzman	✓	

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

#6 alternatives to incarceration

0205

REPORT OF CONFERENCE COMMITTEE
(ACCEDE/RECEDE)

Bill Number 2004 (, as (re)engrossed): Date: May 2, 2009

Your Conference Committee Senate Appropriations 3:15 pm

For the Senate:	YES	NO	For the House:	YES	NO
Fischer		✓	Kreidt		✓
Kilzer		✓	Nelson		✓
Mathern	✓		Kerzman	✓	

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

#7

Keyman amendment

REPORT OF CONFERENCE COMMITTEE
(ACCEDE/RECEDE)

Bill Number SB2004 **(, as (re)engrossed):** **Date:** May 2, 2009

Your Conference Committee Senate Appropriations 3:15 pm

For the Senate:	YES	NO	**For the House:**	YES	NO
Fischer		✓	Kreidt		✓
Kilzer		✓	Nelson		✓
Mathern	✓		Keyman	✓	

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**

#8 Domestic violence

REPORT OF CONFERENCE COMMITTEE
(ACCEDE/RECEDE)

Bill Number SB 2004 **(, as (re)engrossed):** **Date:** May 2, 2009
3:15 pm

Your Conference Committee Senate Appropriations

For the Senate:	**YES**	**NO**	**For the House:**	**YES**	**NO**
Fischer	✓		Kreidt	✓	
Kilzer	✓		Nelson	✓	
Mathern	✓		Keyman	✓	

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**

Prepared by the Legislative Council staff for
Representative Nelson
May 2, 2009

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2004

That the House recede from its amendments as printed on pages 1357 and 1358 of the Senate Journal and pages 1393-1395 of the House Journal and that Reengrossed Senate Bill No. 2004 be amended as follows:

Page 1, line 2, remove "and"

Page 1, line 3, after "intent" insert "; to provide for a legislative council study; to amend and reenact sections 23-42-01, 23-42-02, 23-42-04, 23-42-05, 23-42-07, and 54-27-25 of the North Dakota Century Code, relating to the comprehensive tobacco prevention and control plan, advisory committee, executive committee, plan review, and the tobacco settlement trust fund; to repeal chapter 23-38 of the North Dakota Century Code, relating to the community health grant program and advisory committee; and to declare an emergency"

Page 1, line 13, replace "7,496,481" with "7,020,717" and replace "45,205,612" with "44,729,848"

Page 1, line 14, replace "644,923" with "425,255" and replace "44,681,462" with "44,461,794"

Page 1, line 16, replace "991,734" with "1,946,934" and replace "59,009,510" with "59,964,710"

Page 1, line 17, replace "38,612" with "(3,350,156)" and replace "8,957,958" with "5,569,190"

Page 1, line 19, replace "16,681,010" with "13,552,010" and replace "184,731,185" with "181,602,185"

Page 1, line 20, replace "12,400,770" with "10,357,424" and replace "162,996,047" with "160,952,701"

Page 1, line 21, replace "4,280,240" with "3,194,586" and replace "21,735,138" with "20,649,484"

Page 1, line 22, replace "12.00" with "11.00" and replace "343.50" with "342.50"

Page 2, replace lines 9 through 14 with:

"**SECTION 3. APPROPRIATION - FEDERAL FISCAL STIMULUS FUNDS - ADDITIONAL FUNDING APPROVAL.** The funds provided in this section, or so much of the funds as may be necessary, are appropriated from federal funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, not otherwise appropriated, to the state department of health, for the period beginning with the effective date of this Act and ending June 30, 2011, as follows:

Water quality grants	$194,300
Superfund arsenic trioxide project grants	7,000,000
Clean diesel grants (provided to the department of public instruction)	1,730,000
Clean water state revolving loan fund administration	769,564
Drinking water state revolving loan fund administration	780,000

Women, infants, and children	61,800
Total federal funds	$10,535,664

The state department of health may seek emergency commission and budget section approval under chapter 54-16 for authority to spend any additional federal funds received under the federal American Recovery and Reinvestment Act of 2009 in excess of the amounts appropriated in this section, for the period beginning with the effective date of this Act and ending June 30, 2011.

Any federal funds appropriated under this section are not a part of the agency's 2011-13 base budget. Any program expenditures made with these funds will not be replaced with state funds after the federal American Recovery and Reinvestment Act of 2009 funds are no longer available."

Page 2, replace lines 21 through 23 with:

"**SECTION 5. EMERGENCY MEDICAL SERVICES OPERATIONS - FUNDING FROM INSURANCE TAX DISTRIBUTION FUND - REPORT TO LEGISLATIVE COUNCIL.** The estimated income line item in section 1 of this Act includes $2,750,000 from the insurance tax distribution fund for the biennium beginning July 1, 2009, and ending June 30, 2011. Of this amount, $2,250,000 is for grants to emergency medical services operations as provided in chapter 23-40 and $500,000 is for obtaining consulting assistance to:

- Develop, implement, and provide an access critical ambulance service operations assessment process for the purpose of improving emergency medical services delivery;
- Develop, implement, and provide leadership development training;
- Develop, implement, and provide a biennial emergency medical services recruitment drive; and
- Provide regional assistance to ambulance services to develop a quality review process for emergency medical services personnel and a mechanism to report to medical directors.

The state department of health shall report to the legislative council on the use of the funding provided under this section. The department shall require recipients of grants under this section to provide information on the use of funds received as necessary to provide the report to the legislative council."

Page 3, after line 3, insert:

"**SECTION 8. EXEMPTION.** The $200,000, of which $150,000 is from the community health trust fund and $50,000 is from the general fund, appropriated for colorectal screening grants, as contained in section 3 of chapter 4 of the 2007 Session Laws, is not subject to the provisions of section 54-44.1-11, and any unexpended funds from these appropriations are available and may be expended during the biennium beginning July 1, 2009, and ending June 30, 2011.

SECTION 9. LEGISLATIVE COUNCIL STUDY - IMMUNIZATION PROGRAM. During the 2009-10 interim, the legislative council shall consider studying the state immunization program. The study, if conducted, must identify pharmacists' or other providers' ability and interest in immunizing children and include a review of the effect of the program on public health units, including billing, billing services, fee collections, and uncollectible accounts. The legislative council shall report its findings and

recommendations, together with any legislation required to implement the recommendations, to the sixty-second legislative assembly.

SECTION 10. CONTINGENT FULL-TIME EQUIVALENT POSITION REDUCTION. If funding for tobacco programs is not available to the state department of health for tobacco programs, the department may not fill full-time equivalent positions associated with this funding, for the biennium beginning July 1, 2009, and ending June 30, 2011.

SECTION 11. AMENDMENT. Section 23-42-01 of the North Dakota Century Code is amended and reenacted as follows:

23-42-01. Definitions. As used in this chapter:

1. "Advisory committee" is the nine-member tobacco prevention and control advisory committee responsible to develop the comprehensive plan.

2. "Comprehensive plan" means a comprehensive statewide tobacco prevention and control program that is consistent with the centers for disease control and prevention best practices for comprehensive tobacco prevention and control programs ~~and does not duplicate the work of the community health grant program created in chapter 23-38~~.

3. "Executive committee" means the three-member committee selected by the advisory committee and charged with implementation and administration of the comprehensive plan.

4. "Tobacco prevention and control fund" consists of all principal and interest of the tobacco prevention and control trust fund established by section 54-27-25.

SECTION 12. AMENDMENT. Section 23-42-02 of the North Dakota Century Code is amended and reenacted as follows:

23-42-02. Tobacco prevention and control advisory committee - Membership - Terms - Duties - Removal.

1. The advisory ~~board~~ committee consists of nine North Dakota residents appointed by the governor for three-year terms as follows:

   a. A practicing respiratory therapist familiar with tobacco-related diseases;

   b. Four nonstate employees who have demonstrated expertise in tobacco prevention and control;

   c. A practicing medical doctor familiar with tobacco-related diseases;

   d. A practicing nurse familiar with tobacco-related diseases;

   e. A youth between the ages of fourteen and twenty-one; and

   f. A member of the public with a previously demonstrated interest in fostering tobacco prevention and control.

2. The governor shall select the youth and public member independently; the respiratory therapist from a list of three nominations provided by the North Dakota society for respiratory care; the four tobacco control experts from a list of two nominations per member provided by the North Dakota public health association's tobacco control section; the medical doctor from a list

of three nominations provided by the North Dakota medical association; and the nurse from a list of three nominations provided by the North Dakota nurses association. The governor must make the appointments within three weeks of receiving the respective list of nominees. If the governor fails to make an appointment within three weeks, the association that provided the list of nominees shall select the committee member. In the initial appointments for the advisory committee, the governor shall stagger the terms of the members so that the terms of three members expire each fiscal year and that three members are appointed each year by June thirtieth. Accordingly, the governor's initial appointments, in some instances, must be for terms less than three years. The governor shall fill vacancies for the unexpired term as provided in this section.

3. No individual may serve more than two consecutive three-year terms. However, terms of less than three years are not considered in determining an individual's eligibility for reappointment.

4. A quorum of the advisory committee is required to conduct business, but the advisory committee may conduct a meeting with less than a quorum present. A quorum is a majority of the members of the committee. Any action taken requires a vote of the majority of the members present at the meeting.

5. The advisory ~~board~~ committee shall:

   a. Select the executive committee;

   b. Fix the compensation of the advisory committee and the executive committee. However, compensation may not exceed compensation allowed to the ~~legislature~~ legislative assembly. Advisory and executive committee members are entitled to reimbursement for mileage and expenses as provided for state officers in addition to any compensation provided;

   c. Develop the initial comprehensive statewide tobacco prevention and control program ~~that includes~~, including support for cessation interventions, community and youth interventions, and health communication; and

   d. Evaluate the effectiveness of the plan and its implementation and, before April first of each year, propose any necessary changes to the plan to the executive committee.

6. The governor may remove any member of the advisory committee for malfeasance in office, but the advisory committee is not subject to section 54-07-01.2.

7. No nomination to, or member of, the advisory committee ~~shall~~ may have any past or current affiliation with the tobacco industry or any industry, contractor, agent, or organization that engages in the manufacturing, marketing, distributing, sale, or promotion of tobacco or tobacco-related products.

SECTION 13. AMENDMENT. Section 23-42-04 of the North Dakota Century Code is amended and reenacted as follows:

23-42-04. Powers and duties of the executive committee. To implement the purpose of this chapter and, in addition to any other authority granted elsewhere in this chapter, to support its efforts and implement the comprehensive plan, the executive committee may employ staff and fix their compensation, accept grants, property, and

gifts, enter contracts, make loans, provide grants, borrow money, lease property, provide direction to the state investment board for investment of the tobacco prevention and control fund, and take any action that any private individual, corporation, or limited liability company lawfully may do except as restricted by the provisions of this chapter. The executive committee shall prepare and submit a biennial budget to the office of management and budget and the legislative assembly.

SECTION 14. AMENDMENT. Section 23-42-05 of the North Dakota Century Code is amended and reenacted as follows:

23-42-05. Development of the comprehensive plan. The advisory committee shall develop the initial comprehensive plan within one hundred eighty days of the initial meeting of the advisory committee. The comprehensive plan must be funded at a level equal to or greater than the centers for disease control and prevention recommended funding level. Funding for the comprehensive plan must supplement and may not supplant any funding that in the absence of this chapter would be or has been provided for the community health trust fund or other health initiatives.

SECTION 15. AMENDMENT. Section 23-42-07 of the North Dakota Century Code is amended and reenacted as follows:

23-42-07. Audit. At least once a biennium, the executive committee shall provide for an independent review of the comprehensive plan to assure that the comprehensive plan is consistent with the centers for disease control and prevention best practices. The executive committee shall report the results of that review to the governor and to the state health officer on or before September first in each odd-numbered year.

SECTION 16. AMENDMENT. Section 54-27-25 of the North Dakota Century Code is amended and reenacted as follows:

54-27-25. Tobacco settlement trust fund - Interest on fund - Uses.

1. There is created in the state treasury a tobacco settlement trust fund. The fund consists of the tobacco settlement dollars obtained by the state under subsection IX(c)(1) of the master settlement agreement and consent agreement adopted by the east central judicial district court in its judgment entered December 28, 1998 [Civil No. 98-3778] in State of North Dakota, ex rel. Heidi Heitkamp v. Philip Morris, Inc. Except as provided in subsection 2, moneys received by the state under subsection IX(c)(1) must be deposited in the fund. Interest earned on the fund must be credited to the fund and deposited in the fund. The principal and interest of the fund must be allocated as follows:

   a. Transfers to a community health trust fund to be administered by the state department of health. The state department of health may use funds as appropriated for community-based public health programs and other public health programs, including programs with emphasis on preventing or reducing tobacco usage in this state. Transfers under this subsection must equal ten percent of total annual transfers from the tobacco settlement trust fund ~~of which a minimum of eighty percent must be used for tobacco prevention and control~~.

   b. Transfers to the common schools trust fund to become a part of the principal of that fund. Transfers under this subsection must equal forty-five percent of total annual transfers from the tobacco settlement trust fund.

   c. Transfers to the water development trust fund to be used to address the long-term water development and management needs of the

state. Transfers under this subsection must equal forty-five percent of the total annual transfers from the tobacco settlement trust fund.

2. There is created in the state treasury a tobacco prevention and control trust fund. The fund consists of the tobacco settlement dollars obtained by the state under section IX(c)(2) of the agreement adopted by the east central judicial district court in its judgment entered December 28, 1998 [Civil No. 98-3778] in State of North Dakota, ex rel. Heidi Heitkamp v. Philip Morris, Inc. Interest earned on the fund must be credited to the fund and deposited in the fund. Moneys received into the fund are to be administered by the executive committee for the purpose of creating and implementing the comprehensive plan provided for under chapter 23-42. If in any biennium, the tobacco prevention and control trust fund does not have adequate dollars to fund a comprehensive plan, the treasurer shall transfer money from the water development trust fund to the tobacco prevention and control trust fund in an amount equal to the amount determined necessary by the ~~executive committee~~ legislative assembly to fund a comprehensive plan.

3. Transfers to the funds under this section must be made within thirty days of receipt by the state.

SECTION 17. REPEAL. Chapter 23-38 of the North Dakota Century Code is repealed.

SECTION 18. EMERGENCY. Sections 3, 11, 12, 13, 14, 15, and 16 of this Act are declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT - LC 98047.0412 FN 2

A copy of the statement of purpose of amendment is attached.

TATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - State Department of Health - Conference Committee Action

	Executive Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Salaries and wages	$45,205,612	$45,316,676	($586,828)	$44,729,848	$44,729,848	
Operating expenses	44,681,462	44,743,226	(281,432)	44,461,794	44,461,794	
Capital assets	1,813,268	1,813,268		1,813,268	1,813,268	
Grants	57,509,510	59,459,510	505,200	59,964,710	59,964,710	
Tobacco prevention	8,957,958	8,957,958	(3,388,768)	5,569,190	9,079,685	(3,510,495)
WIC food payments	25,063,375	25,063,375		25,063,375	25,063,375	
Federal fiscal stimulus funds			10,535,664	10,535,664	10,535,664	
Total all funds	$183,231,185	$185,354,013	$6,783,836	$192,137,849	$195,648,344	($3,510,495)
Less estimated income	161,496,047	162,996,047	8,492,318	171,488,365	174,998,860	(3,510,495)
General fund	$21,735,138	$22,357,966	($1,708,482)	$20,649,484	$20,649,484	$0
FTE	343.50	344.50	(2.00)	342.50	342.50	0.00

Department No. 301 - State Department of Health - Detail of Conference Committee Changes

	Decreases Funding for the Medical Loan Repayment Program[1]	Removes Fraud Risk Assessment FTE[2]	Removes Salary Equity Funding[3]	Decreases Funding for Operating Expenses[4]	Reduces Funding for Women's Way[5]	Increases Funding for Women's Way[6]
Salaries and wages		($132,020)	($343,744)			
Operating expenses		(25,000)		(100,000)	(150,000)	304,332
Capital assets						
Grants	(67,500)					
Tobacco prevention						
WIC food payments						
Federal fiscal stimulus funds						
Total all funds	($67,500)	($157,020)	($343,744)	($100,000)	($150,000)	$304,332
Less estimated income	0	(78,510)	(180,600)	0	0	304,332
General fund	($67,500)	($78,510)	($163,144)	($100,000)	($150,000)	$0
FTE	0.00	(1.00)	0.00	0.00	0.00	0.00

	Adjusts Funding for Suicide Prevention[7]	Removes Funding for Poison Prevention and Control[8]	Decreases Funding for Russell-Silver Syndrome Grants[9]	Decreases Funding for Specialty Care Diagnostic and Treatment Program[10]	Increases Funding for Newborn Hearing Screening[11]	Adds Funding for Colorectal Cancer Screenings[12]
Salaries and wages	($111,064)					
Operating expenses	(61,764)	(149,000)			50,000	
Capital assets						
Grants	(200,000)		(50,000)	(50,000)		300,000
Tobacco prevention						
WIC food payments						
Federal fiscal stimulus funds						
Total all funds	($372,828)	($149,000)	($50,000)	($50,000)	$50,000	$300,000
Less estimated income	0	0	0	0	0	300,000
General fund	($372,828)	($149,000)	($50,000)	($50,000)	$50,000	$0
FTE	(1.00)	0.00	0.00	0.00	0.00	0.00

	Adjusts Funding for Community Health Division[13]	Increases Funding for Grants to Local Public Health Units[14]	Increases Funding for Stroke Registry and Prevention[15]	Adjusts Funding Source for Loan Repayment Programs[16]	Appropriates Federal Fiscal Stimulus Funding[17]	Remo Funding Tobacco Prevention and Control[18]
Salaries and wages						
Operating expenses	(150,000)					
Capital assets						
Grants		100,000	472,700			
Tobacco prevention						(3,388,768)
WIC food payments						
Federal fiscal stimulus funds					10,535,664	
Total all funds	($150,000)	$100,000	$472,700	$0	$10,535,664	($3,388,768)
Less estimated income	(150,000)	0	472,700	677,500	10,535,664	(3,388,768)
General fund	$0	$100,000	$0	($677,500)	$0	$0
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Total Conference Committee Changes
Salaries and wages	($586,828)
Operating expenses	(281,432)
Capital assets	
Grants	505,200
Tobacco prevention	(3,388,768)
WIC food payments	
Federal fiscal stimulus funds	10,535,664
Total all funds	$6,783,836
Less estimated income	8,492,318
General fund	($1,708,482)
FTE	(2.00)

[1] The grants line item is reduced from the general fund for the medical loan repayment program, the same as the House version.

[2] This amendment removes 1 FTE auditor II position in fraud risk assessment contract compliance, including $25,000 of operating expenses, the same as the House version.

[3] This amendment removes funding added in the executive budget for state employee salary equity adjustments, the same as the House version.

[4] Operating expenses are reduced by $100,000, the same as the House version.

[5] This amendment removes the increase in funding from the general fund provided in the executive recommendation for the Women's Way program, the same as the House version.

[6] This amendment increases funding for operating expenses for the Women's Way program to provide a total of $404,332, of which $100,000 is from the general fund and $304,332 is from the community health trust fund, the same as the House version.

[7] This amendment decreases funding and removes 1 FTE position added by the Senate for suicide prevention to provide $250,000 for grants, the same as the House version.

[8] This amendment removes funding for operating expenses included in the executive recommendation for poison prevention and control, the same as the House version.

Funding in the grants line item for Russell-Silver Syndrome grants is reduced to provide a total of $50,000 from the general fund, the same as the House version.

[10] The grants line item is reduced by $50,000 from the general fund for the specialty care diagnostic and treatment program resulting from the rebasing of Medicaid to provide a total of $38,000, the same as the House version.

[11] The operating expenses line item is increased by $50,000 from the general fund to provide newborn hearing screening results to a licensed medical professional, the same as the House version.

[12] Grants funding from the community health trust fund is increased to continue the current program and to provide a colorectal cancer screening pilot initiative for low-income underinsured and uninsured men and women aged 50 to 64 living in counties with a population exceeding 15,000, including $34,225 for the department to contract for program management, data management, and outreach oversight, the same as the House version.

[13] This amendment removes funding in the operating expenses line item for a budgeting error in the Community Health Division of the budget, the same as the House version.

[14] The grants line item is increased by $100,000 from the general fund for grants to local public health units, the same as the House version.

[15] This amendment provides funding from the community health trust fund for a stroke registry and stroke prevention, the same as the House version.

[16] This amendment decreases funding from the general fund and increases funding from the community health trust fund for the veterinarian loan repayment program ($350,000), the medical loan repayment program ($132,500), and the dental loan repayment program ($195,000) to provide total funding of $350,000 from the community health trust fund for the veterinarian loan repayment program, $483,448 from the community health trust fund for the dental loan repayment program, and $347,500 for the medical loan repayment program, of which $75,000 is from the general fund and $272,500 is from the community health trust fund. These funding changes were also part of the House version.

[17] A section is added, as an emergency measure, the same as the House version, appropriating federal fiscal stimulus funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, as follows:

Water quality grants	$194,300
Superfund arsenic trioxide project grants	7,000,000
Clean diesel grants (provided to the Department of Public Instruction)	1,730,000
Clean water state revolving loan fund administration	769,564
Drinking water state revolving loan fund administration	780,000
Women, infants, and children	61,800
Total federal funds	$10,535,664

[18] Funding from the community health trust fund for community health tobacco programs included in the executive recommendation and the Senate version is removed as follows:

Tobacco prevention and control	$2,180,371
Tobacco Quitline	1,069,000
Tobacco cessation coordinator and operating expenses	139,397
Total community health tobacco programs	$3,388,768

A section is added that the department not fill tobacco program-related positions if funding is not available.

The House version had added $121,727 to provide a total of $3,510,495 for community health tobacco programs from the community health trust fund.

This amendment, the same as the House version:

- Adds a section to identify funding for emergency medical services grants from the insurance tax distribution fund and provides for a report to the Legislative Council;
- Provides unexpended funds appropriated for colorectal screening grants during the 2007-09 biennium may be continued in the 2009-11 biennium; and
- Provides for a Legislative Council study of the state immunization program.

The conference committee included amendments to sections relating to tobacco prevention and control and the tobacco settlement trust fund and repeals sections relating to the community health grant program.

The conference committee amendments do not appropriate an additional $121,727 from the community health trust fund for community health tobacco programs, included in the House version.

#9

.0412 - further amend

REPORT OF CONFERENCE COMMITTEE
(ACCEDE/RECEDE)

Bill Number 2004 **(, as (re)engrossed):** **Date:** May 2, 2009

Your Conference Committee Senate Appropriations 3:15 PM

For the Senate:	**YES**	**NO**	**For the House:**	**YES**	**NO**
Fischer	✓		Kreidt	✓	
Kilzer	✓		Nelson	✓	
Mathern		✓	Kerzman		✓

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. Nelson

SECONDED BY: Rep. Kreidt

VOTE COUNT 4 **YES** 2 **NO** 0 **ABSENT**

98047.0416
Title.
Fiscal No. 7

Prepared by the Legislative Council staff for
Senator Mathern
May 4, 2009

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2004

That the House recede from its amendments as printed on pages 1357 and 1358 of the Senate Journal and pages 1393-1395 of the House Journal and that Reengrossed Senate Bill No. 2004 be amended as follows:

Page 1, line 2, remove "and"

Page 1, line 3, after "intent" insert "; to provide for a legislative council study; to provide for an exemption; to provide for a transfer; to provide for reports to the legislative council; to provide for retroactive application; and to declare an emergency"

Page 1, line 13, replace "7,496,481" with "7,152,737" and replace "45,205,612" with "44,861,868"

Page 1, line 14, replace "644,923" with "599,255" and replace "44,681,462" with "44,635,794"

Page 1, line 16, replace "991,734" with "2,396,934" and replace "59,009,510" with "60,414,710"

Page 1, line 17, replace "38,612" with "160,339" and replace "8,957,958" with "9,079,685"

Page 1, line 19, replace "16,681,010" with "17,818,525" and replace "184,731,185" with "185,868,700"

Page 1, line 20, replace "12,400,770" with "13,946,429" and replace "162,996,047" with "164,541,706"

Page 1, line 21, replace "4,280,240" with "3,872,096" and replace "21,735,138" with "21,326,994"

Page 2, replace lines 9 through 14 with:

"**SECTION 3. APPROPRIATION.** The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the tobacco prevention and control trust fund, not otherwise appropriated, to the state department of health, acting as fiscal agent for the tobacco prevention and control executive committee, for the purpose of defraying the expenses of the committee, for the biennium beginning July 1, 2009, and ending June 30, 2011, as follows:

	Base Level	Adjustments or Enhancements	Appropriation
Comprehensive tobacco control	$0	$12,882,000	$12,882,000
Total special funds	$0	$12,882,000	$12,882,000
Full-time equivalent positions	0.00	4.00	4.00

SECTION 4. APPROPRIATION. There is appropriated out of any moneys in the tobacco prevention and control trust fund, not otherwise appropriated, the sum of $62,403, or so much of the sum as may be necessary, to the state department of health, acting as fiscal agent for the tobacco prevention and control executive committee, for the purpose of defraying the expenses of the committee; developing, implementing, and administering the comprehensive tobacco prevention and control plan; and contracting with a consultant to facilitate the development of the

comprehensive plan, for the period beginning January 1, 2009, and ending June 30, 2009.

SECTION 5. APPROPRIATION - FEDERAL FISCAL STIMULUS FUNDS - ADDITIONAL FUNDING APPROVAL. The funds provided in this section, or so much of the funds as may be necessary, are appropriated from federal funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, not otherwise appropriated, to the state department of health, for the period beginning with the effective date of this Act and ending June 30, 2011, as follows:

Water quality grants	$194,300
Superfund arsenic trioxide project grants	7,000,000
Clean diesel grants (provided to the department of public instruction)	1,730,000
Clean water state revolving loan fund administration	769,564
Drinking water state revolving loan fund administration	780,000
Stop violence against women	511,661
Women, infants, and children	61,800
Total federal funds	$11,047,325

The state department of health may seek emergency commission and budget section approval under chapter 54-16 for authority to spend any additional federal funds received under the federal American Recovery and Reinvestment Act of 2009 in excess of the amounts appropriated in this section, for the period beginning with the effective date of this Act and ending June 30, 2011.

Any federal funds appropriated under this section are not a part of the agency's 2011-13 base budget. Any program expenditures made with these funds will not be replaced with state funds after the federal American Recovery and Reinvestment Act of 2009 funds are no longer available."

Page 2, replace lines 21 through 23 with:

"**SECTION 7. EMERGENCY MEDICAL SERVICES OPERATIONS - FUNDING FROM INSURANCE TAX DISTRIBUTION FUND - REPORT TO LEGISLATIVE COUNCIL.** The estimated income line item in section 1 of this Act includes $2,750,000 from the insurance tax distribution fund for the biennium beginning July 1, 2009, and ending June 30, 2011. Of this amount, $2,250,000 is for grants to emergency medical services operations as provided in chapter 23-40 and $500,000 is for a grant to contract with an organization to:

- Develop, implement, and provide an access critical ambulance service operations assessment process for the purpose of improving emergency medical services delivery;
- Develop, implement, and provide leadership development training;
- Develop, implement, and provide a biennial emergency medical services recruitment drive; and
- Provide regional assistance to ambulance services to develop a quality review process for emergency medical services personnel and a mechanism to report to medical directors.

The state department of health shall report to the legislative council on the use of the funding provided under this section. The department shall require recipients of grants under this section to provide information on the use of funds received as necessary to provide the report to the legislative council."

Page 3, after line 3, insert:

"**SECTION 10. EXEMPTION.** The $200,000, of which $150,000 is from the community health trust fund and $50,000 is from the general fund, appropriated for colorectal screening grants, as contained in section 3 of chapter 4 of the 2007 Session Laws, is not subject to the provisions of section 54-44.1-11, and any unexpended funds from these appropriations are available and may be expended during the biennium beginning July 1, 2009, and ending June 30, 2011.

SECTION 11. LEGISLATIVE COUNCIL STUDY - IMMUNIZATION PROGRAM. During the 2009-10 interim, the legislative council shall consider studying the state immunization program. The study, if conducted, must identify pharmacists' or other providers' ability and interest in immunizing children and include a review of the effect of the program on public health units, including billing, billing services, fee collections, and uncollectible accounts. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-second legislative assembly.

SECTION 12. COMMUNITY HEALTH TRUST FUND - TRANSFER. The office of management and budget shall transfer the sum of $2,405,371 from the general fund to the community health trust fund, for the biennium beginning July 1, 2009, and ending June 30, 2011.

SECTION 13. STATE DEPARTMENT OF HEALTH - FISCAL SERVICES. The state department of health shall provide fiscal services for the tobacco prevention and control executive committee, for the period beginning with the effective date of this Act and ending June 30, 2011. The department shall receive and disburse funds as directed by the tobacco prevention and control executive committee and may retain up to five percent of the appropriation to provide the fiscal services.

SECTION 14. LEGISLATIVE INTENT. It is the intent of the sixty-first legislative assembly that any act of the tobacco prevention and control executive committee or its employees is an act of the state of North Dakota functioning in its sovereign and governmental capacity. As a state entity the committee is subject to accountability requirements, including laws relating to state audits, fiscal management, records retention, and procurement. Employees of the committee are part of the state classified system.

SECTION 15. REPORT TO LEGISLATIVE COUNCIL. Before September 1, 2010, the tobacco prevention and control executive committee shall report to the legislative council on implementation of the comprehensive plan and outcomes achieved.

SECTION 16. RETROACTIVE APPLICATION. Section 4 of this Act is retroactive to January 1, 2009.

SECTION 17. EMERGENCY. Sections 4, 5, 13, and 16 of this Act are declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT - LC 98047.0416 FN 7

A copy of the statement of purpose of amendment is attached.

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - Summary of Conference Committee Action

	Executive Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
State Department of Health						
Total all funds	$183,231,185	$185,354,013	$13,967,383	$199,321,396	$195,648,344	$3,673,052
Less estimated income	161,496,047	162,996,047	12,592,984	175,589,031	174,998,860	590,171
General fund	$21,735,138	$22,357,966	$1,374,399	$23,732,365	$20,649,484	$3,082,881
Tobacco Control Advisory Committee						
Total all funds	$0	$0	$12,882,000	$12,882,000	$0	$12,882,000
Less estimated income	0	0	12,882,000	12,882,000	0	12,882,000
General fund	$0	$0	$0	$0	$0	$0
Bill total						
Total all funds	$183,231,185	$185,354,013	$26,849,383	$212,203,396	$195,648,344	$16,555,052
Less estimated income	161,496,047	162,996,047	25,474,984	188,471,031	174,998,860	13,472,171
General fund	$21,735,138	$22,357,966	$1,374,399	$23,732,365	$20,649,484	$3,082,881

Senate Bill No. 2004 - State Department of Health - Conference Committee Action

	Executive Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Salaries and wages	$45,205,612	$45,316,676	($454,808)	$44,861,868	$44,729,848	$132,020
Operating expenses	44,681,462	44,743,226	(107,432)	44,635,794	44,461,794	174,000
Capital assets	1,813,268	1,813,268		1,813,268	1,813,268	
Grants	57,509,510	59,459,510	955,200	60,414,710	59,964,710	450,000
Tobacco prevention	8,957,958	8,957,958	121,727	9,079,685	9,079,685	
WIC food payments	25,063,375	25,063,375		25,063,375	25,063,375	
Federal fiscal stimulus funds			11,047,325	11,047,325	10,535,664	511,661
Transfer to Community Health Trust Fund			2,405,371	2,405,371		2,405,371
Total all funds	$183,231,185	$185,354,013	$13,967,383	$199,321,396	$195,648,344	$3,673,052
Less estimated income	161,496,047	162,996,047	12,592,984	175,589,031	174,998,860	590,171
General fund	$21,735,138	$22,357,966	$1,374,399	$23,732,365	$20,649,484	$3,082,881
FTE	343.50	344.50	(1.00)	343.50	342.50	1.00

Department No. 301 - State Department of Health - Detail of Conference Committee Changes

	Decreases Funding for the Medical Loan Repayment Program[1]	Removes Salary Equity Funding[2]	Decreases Funding for Operating Expenses[3]	Reduces Funding for Women's Way[4]	Increases Funding for Women's Way[5]	Adjusts Funding for Suicide Prevention[6]
Salaries and wages		($343,744)				($111,064)
Operating expenses			(100,000)	(150,000)	304,332	(61,764)
Capital assets						
Grants	(67,500)					(200,000)
Tobacco prevention						
WIC food payments						
Federal fiscal stimulus funds						
Transfer to Community Health Trust Fund						
Total all funds	($67,500)	($343,744)	($100,000)	($150,000)	$304,332	($372,828)
Less estimated income	0	(180,600)	0	0	304,332	0
General fund	($67,500)	($163,144)	($100,000)	($150,000)	$0	($372,828)
FTE	0.00	0.00	0.00	0.00	0.00	(1.00)

	Decreases Funding for Russell-Silver Syndrome Grants[7]	Decreases Funding for Specialty Care Diagnostic and Treatment Program[8]	Increases Funding for Newborn Hearing Screening[9]	Adds Funding for Colorectal Cancer Screenings[10]	Adjusts Funding for Community Health Division[11]	Increases Funding for Grants to Local Public Health Units[12]
Salaries and wages						
Operating expenses			50,000		(150,000)	
Capital assets						
Grants	(50,000)	(50,000)		300,000		500,000
Tobacco prevention						
WIC food payments						
Federal fiscal stimulus funds						
Transfer to Community Health Trust Fund						
Total all funds	($50,000)	($50,000)	$50,000	$300,000	($150,000)	$500,000
Less estimated income	0	0	0	300,000	(150,000)	0
General fund	($50,000)	($50,000)	$50,000	$0	$0	$500,000
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Increases Funding for Stroke Registry and Prevention[13]	Adjusts Funding Source for Loan Repayment Programs[14]	Appropriates Federal Fiscal Stimulus Funding[15]	Adds Funding for Community Health Tobacco Programs[16]	Adds Funding for Dental Service Grants[17]	Adds a Transfer From the General Fund[18]
Salaries and wages						
Operating expenses						
Capital assets						
Grants	472,700				50,000	
Tobacco prevention				121,727		
WIC food payments						
Federal fiscal stimulus funds			11,047,325			
Transfer to Community Health Trust Fund						2,405,371
Total all funds	$472,700	$0	$11,047,325	$121,727	$50,000	$2,405,371
Less estimated income	472,700	677,500	11,047,325	121,727	0	0
General fund	$0	($677,500)	$0	$0	$50,000	$2,405,371
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Total Conference Committee Changes
Salaries and wages	($454,808)
Operating expenses	(107,432)
Capital assets	
Grants	955,200
Tobacco prevention	121,727
WIC food payments	
Federal fiscal stimulus funds	11,047,325
Transfer to Community Health Trust Fund	2,405,371
Total all funds	$13,967,383
Less estimated income	12,592,984
General fund	$1,374,399
FTE	(1.00)

[1] The grants line item is reduced from the general fund for the medical loan repayment program, the same as the House version.

[2] This amendment removes funding added in the executive budget for state employee salary equity adjustments, the same as the House version.

[3] Operating expenses are reduced by $100,000, the same as the House version.

[4] This amendment removes the increase in funding from the general fund provided in the executive recommendation for the Women's Way program, the same as the House version.

[5] This amendment increases funding for operating expenses for the Women's Way program to provide a total of $404,332, of which $100,000 is from the general fund and $304,332 is from the community health trust fund, the same as the House version.

[6] This amendment decreases funding and removes 1 FTE position added by the Senate for suicide prevention to provide $250,000 for grants, the same as the House version.

[7] Funding in the grants line item for Russell-Silver Syndrome grants is reduced to provide a total of $50,000 from the general fund, the same as the House version.

[8] The grants line item is reduced by $50,000 from the general fund for the specialty care diagnostic and treatment program resulting from the rebasing of Medicaid to provide a total of $38,000, the same as the House version.

[9] The operating expenses line item is increased by $50,000 from the general fund to provide newborn hearing screening results to a licensed medical professional, the same as the House version.

[10] Grants funding from the community health trust fund is increased to continue the current program and to provide a colorectal cancer screening pilot initiative for low-income underinsured and uninsured men and women aged 50 to 64 living in counties with a population exceeding 15,000, including $34,225 for the department to contract for program management, data management, and outreach oversight, the same as the House version.

[11] This amendment removes funding in the operating expenses line item for a budgeting error in the Community Health Division of the budget, the same as the House version.

[12] The grants line item is increased by $500,000 from the general fund for grants to local public health units; the House version included a $100,000 increase from the general fund.

This amendment provides funding from the community health trust fund for a stroke registry and stroke prevention, the same as the House version.

[14] This amendment decreases funding from the general fund and increases funding from the community health trust fund for the veterinarian loan repayment program ($350,000), the medical loan repayment program ($132,500), and the dental loan repayment program ($195,000) to provide total funding of $350,000 from the community health trust fund for the veterinarian loan repayment program, $483,448 from the community health trust fund for the dental loan repayment program, and $347,500 for the medical loan repayment program, of which $75,000 is from the general fund and $272,500 is from the community health trust fund. These funding changes were also part of the House version.

[15] A section is added, as an emergency measure, the same as the House version, appropriating federal fiscal stimulus funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, as follows:

Water quality grants	$194,300
Superfund arsenic trioxide project grants	7,000,000
Clean diesel grants (provided to the Department of Public Instruction)	1,730,000
Clean water state revolving loan fund administration	769,564
Drinking water state revolving loan fund administration	780,000
Stop violence against women	511,611
Women, infants, and children	61,800
Total federal funds	$11,047,325

[16] Funding for tobacco prevention and control is increased by $121,727 from the community health trust fund to provide a total of $3,510,495, the same as the House version, for community health tobacco programs, including:

Tobacco prevention and control	$2,302,098
Tobacco Quitline	1,069,000
Tobacco cessation coordinator and operating expenses	139,397
Total community health tobacco programs	$3,510,495

[17] This amendment provides $50,000 for grants for the administration of donated dental services. This funding was not included in the House and Senate versions.

[18] This amendment adds a section providing a transfer from the general fund to the community health trust fund. This transfer was not included in the House and Senate versions.

This amendment, the same as the House version:

- Adds a section to identify funding for emergency medical services grants from the insurance tax distribution fund and provides for a report to the Legislative Council; the conference committee identified the $500,000 provided in the section as a single grant.
- Provides unexpended funds appropriated for colorectal screening grants during the 2007-09 biennium may be continued in the 2009-11 biennium.
- Provides for a Legislative Council study of the state immunization program.

The conference committee added sections to provide:

- A transfer of $2,405,371 from the general fund to the community health trust fund.
- A retroactive appropriation to the State Department of Health to provide for the expenses of the Tobacco Prevention and Control Executive Committee beginning January 1, 2009.
- The State Department of Health will act as the fiscal agent for the Tobacco Prevention and Control Executive Committee and may retain up to 5 percent of the appropriation to provide the services.
- Restored the funding and full-time equivalent for fraud risk assessment, removed by the House.
- Restored the funding for poison prevention and control, removed by the House.
- Increased the total federal fiscal funds available under the federal American Recovery and Reinvestment Act of 2009 to include funding for domestic violence.

Senate Bill No. 2004 - Tobacco Control Advisory Committee - Conference Committee Action

	Executive Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Comprehensive tobacco control			$12,882,000	$12,882,000		$12,882,000
Total all funds	$0	$0	$12,882,000	$12,882,000	$0	$12,882,000
Less estimated income	0	0	12,882,000	12,882,000	0	12,882,000
General fund	$0	$0	$0	$0	$0	$0
FTE	0.00	0.00	4.00	4.00	0.00	4.00

Department No. 305 - Tobacco Control Advisory Committee - Detail of Conference Committee Changes

	Adds Funding for Comprehensive Tobacco Control[1]	Total Conference Committee Changes
Comprehensive tobacco control	$12,882,000	$12,882,000
Total all funds	$12,882,000	$12,882,000
Less estimated income	12,882,000	12,882,000
General fund	$0	$0
FTE	4.00	4.00

[1] This amendment provides funding from the tobacco prevention and control trust fund for comprehensive tobacco control to the State Department of Health, acting as the fiscal agent for the Tobacco Prevention and Control Executive Committee.

Appropriation sections are added to provide funding to the State Department of Health, acting as fiscal agent for the Tobacco Prevention and Control Executive Committee, and for retroactive application for expenses incurred by the committee from January 1, 2009, through July 1, 2009.

Sections are also added to:

- Provide legislative intent regarding the Tobacco Prevention and Control Executive Committee.
- Provide for a report to the Legislative Council.

Mathern amendment .0416

REPORT OF CONFERENCE COMMITTEE
(ACCEDE/RECEDE)

Bill Number SB 2004 **(, as (re)engrossed):** **Date:** May 4, 2009
2:00

Your Conference Committee Senate Appropriations

For the Senate:	YES / NO		**For the House:**	YES / NO	
Fischer		✓	Kreidt		✓
Kilzer		✓	Nelson		✓
Mathern	✓		Kerzman	✓	

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**

98047.0419
Title.
Fiscal No. 9

Prepared by the Legislative Council staff for
Representative Nelson
May 4, 2009

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2004

That the House recede from its amendments as printed on pages 1357 and 1358 of the Senate Journal and pages 1393-1395 of the House Journal and that Reengrossed Senate Bill No. 2004 be amended as follows:

Page 1, line 2, after "health" insert "and the tobacco prevention and control executive committee" and remove "and"

Page 1, line 3, after "intent" insert "; to provide for a legislative council study; to provide for an exemption; to provide for reports to the legislative council; to provide for retroactive application; and to declare an emergency"

Page 1, line 13, replace "7,496,481" with "7,152,737" and replace "45,205,612" with "44,861,868"

Page 1, line 14, replace "644,923" with "599,255" and replace "44,681,462" with "44,635,794"

Page 1, line 16, replace "991,734" with "2,396,934" and replace "59,009,510" with "60,414,710"

Page 1, line 17, replace "38,612" with "160,339" and replace "8,957,958" with "9,079,685"

Page 1, line 19, replace "16,681,010" with "17,818,525" and replace "184,731,185" with "185,868,700"

Page 1, line 20, replace "12,400,770" with "13,946,429" and replace "162,996,047" with "164,541,706"

Page 1, line 21, replace "4,280,240" with "3,872,096" and replace "21,735,138" with "21,326,994"

Page 2, replace lines 9 through 14 with:

"**SECTION 3. APPROPRIATION.** The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the tobacco prevention and control trust fund, not otherwise appropriated, to the tobacco prevention and control executive committee for the purpose of defraying the expenses of the committee, for the biennium beginning July 1, 2009, and ending June 30, 2011, as follows:

	Base Level	Adjustments or Enhancements	Appropriation
Comprehensive tobacco control	$0	$8,577,869	$8,577,869
Total special funds	$0	$8,577,869	$8,577,869
Full-time equivalent positions	0.00	4.00	4.00

SECTION 4. APPROPRIATION. There is appropriated out of any moneys in the tobacco prevention and control trust fund, not otherwise appropriated, the sum of $62,403, or so much of the sum as may be necessary, to the tobacco prevention and control executive committee for the purpose of defraying the expenses of the committee; developing, implementing, and administering the comprehensive tobacco prevention and control plan; and contracting with a consultant to facilitate the

development of the comprehensive plan, for the period beginning January 1, 2009, and ending June 30, 2009.

SECTION 5. APPROPRIATION - FEDERAL FISCAL STIMULUS FUNDS - ADDITIONAL FUNDING APPROVAL. The funds provided in this section, or so much of the funds as may be necessary, are appropriated from federal funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, not otherwise appropriated, to the state department of health, for the period beginning with the effective date of this Act and ending June 30, 2011, as follows:

Water quality grants	$194,300
Superfund arsenic trioxide project grants	7,000,000
Clean diesel grants (provided to the department of public instruction)	1,730,000
Clean water state revolving loan fund administration	769,564
Drinking water state revolving loan fund administration	780,000
Stop violence against women	511,661
Women, infants, and children	61,800
Total federal funds	$11,047,325

The state department of health may seek emergency commission and budget section approval under chapter 54-16 for authority to spend any additional federal funds received under the federal American Recovery and Reinvestment Act of 2009 in excess of the amounts appropriated in this section, for the period beginning with the effective date of this Act and ending June 30, 2011.

Any federal funds appropriated under this section are not a part of the agency's 2011-13 base budget. Any program expenditures made with these funds will not be replaced with state funds after the federal American Recovery and Reinvestment Act of 2009 funds are no longer available."

Page 2, replace lines 21 through 23 with:

"**SECTION 7. EMERGENCY MEDICAL SERVICES OPERATIONS - FUNDING FROM INSURANCE TAX DISTRIBUTION FUND - REPORT TO LEGISLATIVE COUNCIL.** The estimated income line item in section 1 of this Act includes $2,750,000 from the insurance tax distribution fund for the biennium beginning July 1, 2009, and ending June 30, 2011. Of this amount, $2,250,000 is for grants to emergency medical services operations as provided in chapter 23-40 and $500,000 is for a grant to contract with an organization to:

- Develop, implement, and provide an access critical ambulance service operations assessment process for the purpose of improving emergency medical services delivery;
- Develop, implement, and provide leadership development training;
- Develop, implement, and provide a biennial emergency medical services recruitment drive; and
- Provide regional assistance to ambulance services to develop a quality review process for emergency medical services personnel and a mechanism to report to medical directors.

The state department of health shall report to the legislative council on the use of the funding provided under this section. The department shall require recipients of grants under this section to provide information on the use of funds received as necessary to provide the report to the legislative council."

Page 3, after line 3, insert:

"**SECTION 10. EXEMPTION.** The $200,000, of which $150,000 is from the community health trust fund and $50,000 is from the general fund, appropriated for colorectal screening grants, as contained in section 3 of chapter 4 of the 2007 Session Laws, is not subject to the provisions of section 54-44.1-11, and any unexpended funds from these appropriations are available and may be expended during the biennium beginning July 1, 2009, and ending June 30, 2011.

SECTION 11. LEGISLATIVE COUNCIL STUDY - IMMUNIZATION PROGRAM. During the 2009-10 interim, the legislative council shall consider studying the state immunization program. The study, if conducted, must identify pharmacists' or other providers' ability and interest in immunizing children and include a review of the effect of the program on public health units, including billing, billing services, fee collections, and uncollectible accounts. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-second legislative assembly.

SECTION 12. LEGISLATIVE INTENT. It is the intent of the sixty-first legislative assembly that any act of the tobacco prevention and control executive committee or its employees is an act of the state of North Dakota functioning in its sovereign and governmental capacity. As a state entity the committee is subject to accountability requirements, including laws relating to state audits; fiscal management, including budget preparation and review; records retention; and procurement. Employees of the committee are part of the state classified system.

SECTION 13. REPORT TO LEGISLATIVE COUNCIL. Before September 1, 2010, the tobacco prevention and control executive committee shall report to the legislative council on implementation of the comprehensive plan and outcomes achieved.

SECTION 14. INTENT - STATE DEPARTMENT OF HEALTH TOBACCO PREVENTION AND CONTROL EXPENDITURES. It is the intent of the sixty-first legislative assembly that the state department of health shall be the sole entity responsible for administration of the funds appropriated to the department under section 1 of this Act for the purpose of tobacco prevention and control.

SECTION 15. RETROACTIVE APPLICATION. Section 4 of this Act is retroactive to January 1, 2009.

SECTION 16. EMERGENCY. Sections 4, 5, and 15 of this Act are declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT - LC 98047.0419 FN 9

A copy of the statement of purpose of amendment is attached.

TATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - Summary of Conference Committee Action

	Executive Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
State Department of Health						
Total all funds	$183,231,185	$185,354,013	$11,562,012	$196,916,025	$195,648,344	$1,267,681
Less estimated income	161,496,047	162,996,047	12,592,984	175,589,031	174,998,860	590,171
General fund	$21,735,138	$22,357,966	($1,030,972)	$21,326,994	$20,649,484	$677,510
Tobacco Control Advisory Committee						
Total all funds	$0	$0	$8,577,869	$8,577,869	$0	$8,577,869
Less estimated income	0	0	8,577,869	8,577,869	0	8,577,869
General fund	$0	$0	$0	$0	$0	$0
Bill total						
Total all funds	$183,231,185	$185,354,013	$20,139,881	$205,493,894	$195,648,344	$9,845,550
Less estimated income	161,496,047	162,996,047	21,170,853	184,166,900	174,998,860	9,168,040
General fund	$21,735,138	$22,357,966	($1,030,972)	$21,326,994	$20,649,484	$677,510

Senate Bill No. 2004 - State Department of Health - Conference Committee Action

	Executive Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Salaries and wages	$45,205,612	$45,316,676	($454,808)	$44,861,868	$44,729,848	$132,020
Operating expenses	44,681,462	44,743,226	(107,432)	44,635,794	44,461,794	174,000
Capital assets	1,813,268	1,813,268		1,813,268	1,813,268	
Grants	57,509,510	59,459,510	955,200	60,414,710	59,964,710	450,000
Tobacco prevention	8,957,958	8,957,958	121,727	9,079,685	9,079,685	
WIC food payments	25,063,375	25,063,375		25,063,375	25,063,375	
Federal fiscal stimulus funds			11,047,325	11,047,325	10,535,664	511,661
Total all funds	$183,231,185	$185,354,013	$11,562,012	$196,916,025	$195,648,344	$1,267,681
Less estimated income	161,496,047	162,996,047	12,592,984	175,589,031	174,998,860	590,171
General fund	$21,735,138	$22,357,966	($1,030,972)	$21,326,994	$20,649,484	$677,510
FTE	343.50	344.50	(1.00)	343.50	342.50	1.00

Department No. 301 - State Department of Health - Detail of Conference Committee Changes

	Decreases Funding for the Medical Loan Repayment Program[1]	Removes Salary Equity Funding[2]	Decreases Funding for Operating Expenses[3]	Reduces Funding for Women's Way[4]	Increases Funding for Women's Way[5]	Adjusts Funding for Suicide Prevention[6]
Salaries and wages		($343,744)				($111,064)
Operating expenses			(100,000)	(150,000)	304,332	(61,764)
Capital assets						
Grants	(67,500)					(200,000)
Tobacco prevention						
WIC food payments						
Federal fiscal stimulus funds						
Total all funds	($67,500)	($343,744)	($100,000)	($150,000)	$304,332	($372,828)
Less estimated income	0	(180,600)	0	0	304,332	0
General fund	($67,500)	($163,144)	($100,000)	($150,000)	$0	($372,828)
FTE	0.00	0.00	0.00	0.00	0.00	(1.00)

	Decreases Funding for Russell-Silver Syndrome Grants[7]	Decreases Funding for Specialty Care Diagnostic and Treatment Program[8]	Increases Funding for Newborn Hearing Screening[9]	Adds Funding for Colorectal Cancer Screenings[10]	Adjusts Funding for Community Health Division[11]	Increases Funding for Grants to Local Public Health Units[12]
Salaries and wages						
Operating expenses			50,000		(150,000)	
Capital assets						
Grants	(50,000)	(50,000)		300,000		500,000
Tobacco prevention						
WIC food payments						
Federal fiscal stimulus funds						
Total all funds	($50,000)	($50,000)	$50,000	$300,000	($150,000)	$500,000
Less estimated income	0	0	0	300,000	(150,000)	0
General fund	($50,000)	($50,000)	$50,000	$0	$0	$500,000
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Increases Funding for Stroke Registry and Prevention[13]	Adjusts Funding Source for Loan Repayment Programs[14]	Appropriates Federal Fiscal Stimulus Funding[15]	Adds Funding for Community Health Tobacco Programs[16]	Adds Funding for Dental Service Grants[17]	Total Conference Committee Changes
Salaries and wages						($454,808)
Operating expenses						(107,432)
Capital assets						
Grants	472,700				50,000	955,200
Tobacco prevention				121,727		121,727
WIC food payments						
Federal fiscal stimulus funds			11,047,325			11,047,325
Total all funds	$472,700	$0	$11,047,325	$121,727	$50,000	$11,562,012
Less estimated income	472,700	677,500	11,047,325	121,727	0	12,592,984
General fund	$0	($677,500)	$0	$0	$50,000	($1,030,972)
FTE	0.00	0.00	0.00	0.00	0.00	(1.00)

The grants line item is reduced from the general fund for the medical loan repayment program, the same as the House version.

[2] This amendment removes funding added in the executive budget for state employee salary equity adjustments, the same as the House version.

[3] Operating expenses are reduced by $100,000, the same as the House version.

[4] This amendment removes the increase in funding from the general fund provided in the executive recommendation for the Women's Way program, the same as the House version.

[5] This amendment increases funding for operating expenses for the Women's Way program to provide a total of $404,332, of which $100,000 is from the general fund and $304,332 is from the community health trust fund, the same as the House version.

[6] This amendment decreases funding and removes 1 FTE position added by the Senate for suicide prevention to provide $250,000 for grants, the same as the House version.

[7] Funding in the grants line item for Russell-Silver Syndrome grants is reduced to provide a total of $50,000 from the general fund, the same as the House version.

[8] The grants line item is reduced by $50,000 from the general fund for the specialty care diagnostic and treatment program resulting from the rebasing of Medicaid to provide a total of $38,000, the same as the House version.

[9] The operating expenses line item is increased by $50,000 from the general fund to provide newborn hearing screening results to a licensed medical professional, the same as the House version.

[10] Grants funding from the community health trust fund is increased to continue the current program and to provide a colorectal cancer screening pilot initiative for low-income underinsured and uninsured men and women aged 50 to 64 living in counties with a population exceeding 15,000, including $34,225 for the department to contract for program management, data management, and outreach oversight, the same as the House version.

[11] This amendment removes funding in the operating expenses line item for a budgeting error in the Community Health Division of the budget, the same as the House version.

[12] The grants line item is increased by $500,000 from the general fund for grants to local public health units; the House version included a $100,000 increase from the general fund.

[13] This amendment provides funding from the community health trust fund for a stroke registry and stroke prevention, the same as the House version.

[14] This amendment decreases funding from the general fund and increases funding from the community health trust fund for the veterinarian loan repayment program ($350,000), the medical loan repayment program ($132,500), and the dental loan repayment program ($195,000) to provide total funding of $350,000 from the community health trust fund for the veterinarian loan repayment program, $483,448 from the community health trust fund for the dental loan repayment program, and $347,500 for the medical loan repayment program, of which $75,000 is from the general fund and $272,500 is from the community health trust fund. These funding changes were also part of the House version.

[15] A section is added, as an emergency measure, the same as the House version, appropriating federal fiscal stimulus funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, as follows:

Water quality grants	$194,300
Superfund arsenic trioxide project grants	7,000,000
Clean diesel grants (provided to the Department of Public Instruction)	1,730,000
Clean water state revolving loan fund administration	769,564
Drinking water state revolving loan fund administration	780,000
Stop violence against women	511,661

Women, infants, and children	61,800
Total federal funds	$11,047,325

[16] Funding for tobacco prevention and control is increased by $121,727 from the community health trust fund to provide a total of $3,510,495, the same as the House version, for community health tobacco programs, including:

Tobacco prevention and control	$2,302,098
Tobacco Quitline	1,069,000
Tobacco cessation coordinator and operating expenses	139,397
Total community health tobacco programs	$3,510,495

[17] This amendment provides $50,000 for grants for the administration of donated dental services. This funding was not included in the House and Senate versions.

This amendment, the same as the House version:

- Adds a section to identify funding for emergency medical services grants from the insurance tax distribution fund and provides for a report to the Legislative Council; the conference committee identified the $500,000 provided in the section as a single grant.
- Provides unexpended funds appropriated for colorectal screening grants during the 2007-09 biennium may be continued in the 2009-11 biennium.
- Provides for a Legislative Council study of the state immunization program.

The conference committee amendments:

- Restored the funding and full-time equivalent position for fraud risk assessment, removed by the House.
- Restored the funding for poison prevention and control, removed by the House.
- Increased the total federal fiscal funds available under the federal American Recovery and Reinvestment Act of 2009 to include funding for domestic violence.
- Provide an appropriation to the Tobacco Prevention and Control Executive Committee for the 2009-11 biennium.
- Provide a retroactive appropriation to the Tobacco Prevention and Control Executive Committee for the expenses of the Tobacco Prevention and Control Executive Committee beginning January 1, 2009.

Senate Bill No. 2004 - Tobacco Control Advisory Committee - Conference Committee Action

	Executive Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Comprehensive tobacco control			$8,577,869	$8,577,869		$8,577,869
Total all funds	$0	$0	$8,577,869	$8,577,869	$0	$8,577,869
Less estimated income	0	0	8,577,869	8,577,869	0	8,577,869
General fund	$0	$0	$0	$0	$0	$0
FTE	0.00	0.00	4.00	4.00	0.00	4.00

Department No. 305 - Tobacco Control Advisory Committee - Detail of Conference Committee Changes

	Adds Funding for Comprehensive Tobacco Control[1]	Total Conference Committee Changes
Comprehensive tobacco control	$8,577,869	$8,577,869
Total all funds	$8,577,869	$8,577,869
Less estimated income	8,577,869	8,577,869
General fund	$0	$0
FTE	4.00	4.00

[1] This amendment provides funding from the tobacco prevention and control trust fund for comprehensive tobacco control.

Appropriation sections are added to provide funding to the Tobacco Prevention and Control Executive Committee for the 2009-11 biennium and for retroactive application for expenses incurred by the committee from January 1, 2009, through June 30, 2009.

Sections are also added to:

- Provide legislative intent regarding the Tobacco Prevention and Control Executive Committee and the State Department of Health expenditures.
- Provide for a report to the Legislative Council.

Prepared by the Legislative Council staff for
Representative Kreidt
May 4, 2009

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2004

That the House recede from its amendments as printed on pages 1357 and 1358 of the Senate Journal and pages 1393-1395 of the House Journal and that Reengrossed Senate Bill No. 2004 be amended as follows:

Page 1, line 2, remove "and"

Page 1, line 3, after "intent" insert "; to provide for a legislative council study; to provide for an exemption; to provide for a report to the legislative council; to provide for a contingent transfer; and to declare an emergency"

Page 1, line 13, replace "7,496,481" with "7,152,737" and replace "45,205,612" with "44,861,868"

Page 1, line 14, replace "644,923" with "599,255" and replace "44,681,462" with "44,635,794"

Page 1, line 16, replace "991,734" with "2,396,934" and replace "59,009,510" with "60,414,710"

Page 1, line 17, replace "38,612" with "160,339" and replace "8,957,958" with "9,079,685"

Page 1, line 19, replace "16,681,010" with "17,818,525" and replace "184,731,185" with "185,868,700"

Page 1, line 20, replace "12,400,770" with "13,946,429" and replace "162,996,047" with "164,541,706"

Page 1, line 21, replace "4,280,240" with "3,872,096" and replace "21,735,138" with "21,326,994"

Page 2, replace lines 9 through 14 with:

"**SECTION 3. APPROPRIATION - FEDERAL FISCAL STIMULUS FUNDS - ADDITIONAL FUNDING APPROVAL.** The funds provided in this section, or so much of the funds as may be necessary, are appropriated from federal funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, not otherwise appropriated, to the state department of health, for the period beginning with the effective date of this Act and ending June 30, 2011, as follows:

Water quality grants	$194,300
Superfund arsenic trioxide project grants	7,000,000
Clean diesel grants (provided to the department of public instruction)	1,730,000
Clean water state revolving loan fund administration	769,564
Drinking water state revolving loan fund administration	780,000
Stop violence against women	511,661
Women, infants, and children	61,800
Total federal funds	$11,047,325

The state department of health may seek emergency commission and budget section approval under chapter 54-16 for authority to spend any additional federal funds received under the federal American Recovery and Reinvestment Act of 2009 in excess

of the amounts appropriated in this section, for the period beginning with the effective date of this Act and ending June 30, 2011.

Any federal funds appropriated under this section are not a part of the agency's 2011-13 base budget. Any program expenditures made with these funds will not be replaced with state funds after the federal American Recovery and Reinvestment Act of 2009 funds are no longer available.

SECTION 4. CONTINGENT APPROPRIATION - TRANSFER - COMMUNITY HEALTH TRUST FUND. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $1,700,000, or so much of the sum as may be necessary, which the office of management and budget shall transfer to the community health trust fund if moneys in the community health trust fund are not sufficient to provide for legislative appropriations, for the biennium beginning July 1, 2009, and ending June 30, 2011."

Page 2, replace lines 21 through 23 with:

"SECTION 6. EMERGENCY MEDICAL SERVICES OPERATIONS - FUNDING FROM INSURANCE TAX DISTRIBUTION FUND - REPORT TO LEGISLATIVE COUNCIL. The estimated income line item in section 1 of this Act includes $2,750,000 from the insurance tax distribution fund for the biennium beginning July 1, 2009, and ending June 30, 2011. Of this amount, $2,250,000 is for grants to emergency medical services operations as provided in chapter 23-40 and $500,000 is for a grant to contract with an organization to:

- Develop, implement, and provide an access critical ambulance service operations assessment process for the purpose of improving emergency medical services delivery;
- Develop, implement, and provide leadership development training;
- Develop, implement, and provide a biennial emergency medical services recruitment drive; and
- Provide regional assistance to ambulance services to develop a quality review process for emergency medical services personnel and a mechanism to report to medical directors.

The state department of health shall report to the legislative council on the use of the funding provided under this section. The department shall require recipients of grants under this section to provide information on the use of funds received as necessary to provide the report to the legislative council."

Page 3, after line 3, insert:

"SECTION 9. EXEMPTION. The $200,000, of which $150,000 is from the community health trust fund and $50,000 is from the general fund, appropriated for colorectal screening grants, as contained in section 3 of chapter 4 of the 2007 Session Laws, is not subject to the provisions of section 54-44.1-11, and any unexpended funds from these appropriations are available and may be expended during the biennium beginning July 1, 2009, and ending June 30, 2011.

SECTION 10. LEGISLATIVE COUNCIL STUDY - IMMUNIZATION PROGRAM. During the 2009-10 interim, the legislative council shall consider studying the state immunization program. The study, if conducted, must identify pharmacists' or other providers' ability and interest in immunizing children and include a review of the effect of the program on public health units, including billing, billing services, fee

collections, and uncollectible accounts. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-second legislative assembly.

SECTION 11. EMERGENCY. Section 3 of this Act is declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT - LC 98047.0420 FN 10

A copy of the statement of purpose of amendment is attached.

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - State Department of Health - Conference Committee Action

	Executive Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Salaries and wages	$45,205,612	$45,316,676	($454,808)	$44,861,868	$44,729,848	$132,020
Operating expenses	44,681,462	44,743,226	(107,432)	44,635,794	44,461,794	174,000
Capital assets	1,813,268	1,813,268		1,813,268	1,813,268	
Grants	57,509,510	59,459,510	955,200	60,414,710	59,964,710	450,000
Tobacco prevention	8,957,958	8,957,958	121,727	9,079,685	9,079,685	
WIC food payments	25,063,375	25,063,375		25,063,375	25,063,375	
Federal fiscal stimulus funds			11,047,325	11,047,325	10,535,664	511,661
Transfer to Community Health Trust Fund			1,700,000	1,700,000		1,700,000
Total all funds	$183,231,185	$185,354,013	$13,262,012	$198,616,025	$195,648,344	$2,967,681
Less estimated income	161,496,047	162,996,047	12,592,984	175,589,031	174,998,860	590,171
General fund	$21,735,138	$22,357,966	$669,028	$23,026,994	$20,649,484	$2,377,510
FTE	343.50	344.50	(1.00)	343.50	342.50	1.00

Department No. 301 - State Department of Health - Detail of Conference Committee Changes

	Decreases Funding for the Medical Loan Repayment Program[1]	Removes Salary Equity Funding[2]	Decreases Funding for Operating Expenses[3]	Reduces Funding for Women's Way[4]	Increases Funding for Women's Way[5]	Adjusts Funding for Suicide Prevention[6]
Salaries and wages		($343,744)				($111,064)
Operating expenses			(100,000)	(150,000)	304,332	(61,764)
Capital assets						
Grants	(67,500)					(200,000)
Tobacco prevention						
WIC food payments						
Federal fiscal stimulus funds						
Transfer to Community Health Trust Fund						
Total all funds	($67,500)	($343,744)	($100,000)	($150,000)	$304,332	($372,828)
Less estimated income	0	(180,600)	0	0	304,332	0
General fund	($67,500)	($163,144)	($100,000)	($150,000)	$0	($372,828)
FTE	0.00	0.00	0.00	0.00	0.00	(1.00)

	Decreases Funding for Russell-Silver Syndrome Grants[7]	Decreases Funding for Specialty Care Diagnostic and Treatment Program[8]	Increases Funding for Newborn Hearing Screening[9]	Adds Funding for Colorectal Cancer Screenings[10]	Adjusts Funding for Community Health Division[11]	Increases Funding for Grants to Local Public Health Units[12]
Salaries and wages						
Operating expenses			50,000		(150,000)	
Capital assets						
Grants	(50,000)	(50,000)		300,000		500,000
Tobacco prevention						
WIC food payments						
Federal fiscal stimulus funds						
Transfer to Community Health Trust Fund						
Total all funds	($50,000)	($50,000)	$50,000	$300,000	($150,000)	$500,000
Less estimated income	0	0	0	300,000	(150,000)	0
General fund	($50,000)	($50,000)	$50,000	$0	$0	$500,000
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Increases Funding for Stroke Registry and Prevention[13]	Adjusts Funding Source for Loan Repayment Programs[14]	Appropriates Federal Fiscal Stimulus Funding[15]	Adds Funding for Community Health Tobacco Programs[16]	Adds Funding for Dental Service Grants[17]	Adds Contingent General Fund Transfer[18]
Salaries and wages						
Operating expenses						
Capital assets						
Grants	472,700				50,000	
Tobacco prevention				121,727		
WIC food payments						
Federal fiscal stimulus funds			11,047,325			
Transfer to Community Health Trust Fund						1,700,000
Total all funds	$472,700	$0	$11,047,325	$121,727	$50,000	$1,700,000
Less estimated income	472,700	677,500	11,047,325	121,727	0	0
General fund	$0	($677,500)	$0	$0	$50,000	$1,700,000
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Total Conference Committee Changes
Salaries and wages	($454,808)
Operating expenses	(107,432)
Capital assets	
Grants	955,200
Tobacco prevention	121,727
WIC food payments	
Federal fiscal stimulus funds	11,047,325
Transfer to Community Health Trust Fund	1,700,000
Total all funds	$13,262,012
Less estimated income	12,592,984
General fund	$669,028
FTE	(1.00)

e grants line item is reduced from the general fund for the medical loan repayment program, the same as the House version.

[2] This amendment removes funding added in the executive budget for state employee salary equity adjustments, the same as the House version.

[3] Operating expenses are reduced by $100,000, the same as the House version.

[4] This amendment removes the increase in funding from the general fund provided in the executive recommendation for the Women's Way program, the same as the House version.

[5] This amendment increases funding for operating expenses for the Women's Way program to provide a total of $404,332, of which $100,000 is from the general fund and $304,332 is from the community health trust fund, the same as the House version.

[6] This amendment decreases funding and removes 1 FTE position added by the Senate for suicide prevention to provide $250,000 for grants, the same as the House version.

[7] Funding in the grants line item for Russell-Silver Syndrome grants is reduced to provide a total of $50,000 from the general fund, the same as the House version.

[8] The grants line item is reduced by $50,000 from the general fund for the specialty care diagnostic and treatment program resulting from the rebasing of Medicaid to provide a total of $38,000, the same as the House version.

[9] The operating expenses line item is increased by $50,000 from the general fund to provide newborn hearing screening results to a licensed medical professional, the same as the House version.

[10] Grants funding from the community health trust fund is increased to continue the current program and to provide a colorectal cancer screening pilot initiative for low-income underinsured and uninsured men and women aged 50 to 64 living in counties with a population exceeding 15,000, including $34,225 for the department to contract for program management, data management, and outreach oversight, the same as the House version.

This amendment removes funding in the operating expenses line item for a budgeting error in the Community Health Division of the udget, the same as the House version.

The grants line item is increased by $500,000 from the general fund for grants to local public health units; the House version included a $100,000 increase from the general fund.

[13] This amendment provides funding from the community health trust fund for a stroke registry and stroke prevention, the same as the House version.

[14] This amendment decreases funding from the general fund and increases funding from the community health trust fund for the veterinarian loan repayment program ($350,000), the medical loan repayment program ($132,500), and the dental loan repayment program ($195,000) to provide total funding of $350,000 from the community health trust fund for the veterinarian loan repayment program, $483,448 from the community health trust fund for the dental loan repayment program, and $347,500 for the medical loan repayment program, of which $75,000 is from the general fund and $272,500 is from the community health trust fund. These funding changes were also part of the House version.

[15] A section is added as an emergency measure, the same as the House version, appropriating federal fiscal stimulus funds made available to the state under the federal American Recovery and Reinvestment Act of 2009 as follows:

Water quality grants	$194,300
Superfund arsenic trioxide project grants	7,000,000
Clean diesel grants (provided to the Department of Public Instruction)	1,730,000
Clean water state revolving loan fund administration	769,564
Drinking water state revolving loan fund administration	780,000
Stop violence against women	511,661
Women, infants, and children	61,800
Total federal funds	$11,047,325

Funding for tobacco prevention and control is increased by $121,727 from the community health trust fund to provide a total of $3,510,495, the same as the House version, for community health tobacco programs, including:

Tobacco prevention and control	$2,302,098
Tobacco Quitline	1,069,000
Tobacco cessation coordinator and operating expenses	139,397
Total community health tobacco programs	$3,510,495

[17] This amendment provides $50,000 for grants for the administration of donated dental services. This funding was not included in the House and Senate versions.

[18] This amendment adds a section providing a contingent transfer from the general fund to the community health trust fund if during the 2009-11 biennium the funds are not sufficient to provide for legislative appropriations. This transfer was not included in the House and Senate versions.

This amendment, the same as the House version:

- Adds a section to identify funding for emergency medical services grants from the insurance tax distribution fund and provides for a report to the Legislative Council; the conference committee identified the $500,000 provided in the section as a single grant.
- Provides unexpended funds appropriated for colorectal screening grants during the 2007-09 biennium may be continued in the 2009-11 biennium.
- Provides for a Legislative Council study of the state immunization program.

The conference committee amendments:

- Restored the funding and full-time equivalent position for fraud risk assessment, removed by the House.
- Restored the funding for poison prevention and control, removed by the House.
- Increased the total federal fiscal funds available under the federal American Recovery and Reinvestment Act of 2009 to include funding for domestic violence.

98047.0414
Title. 0600
Fiscal No. 5

Prepared by the Legislative Council staff for
Conference Committee
May 2, 2009

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2004

That the House recede from its amendments as printed on pages 1357 and 1358 of the Senate Journal and pages 1393-1395 of the House Journal and that Reengrossed Senate Bill No. 2004 be amended as follows:

Page 1, line 2, remove "and"

Page 1, line 3, after "intent" insert "; to provide for a legislative council study; to amend and reenact sections 23-42-01, 23-42-02, 23-42-04, 23-42-05, 23-42-07, and 54-27-25 of the North Dakota Century Code, relating to the comprehensive tobacco prevention and control plan, advisory committee, executive committee, plan review, and the tobacco settlement trust fund; to repeal chapter 23-38 of the North Dakota Century Code, relating to the community health grant program and advisory committee; and to declare an emergency"

Page 1, line 13, replace "7,496,481" with "7,152,737" and replace "45,205,612" with "44,861,868"

Page 1, line 14, replace "644,923" with "599,255" and replace "44,681,462" with "44,635,794"

Page 1, line 16, replace "991,734" with "2,396,934" and replace "59,009,510" with "60,414,710"

Page 1, line 17, replace "38,612" with "(3,350,156)" and replace "8,957,958" with "5,569,190"

Page 1, line 19, replace "16,681,010" with "14,308,030" and replace "184,731,185" with "182,358,205"

Page 1, line 20, replace "12,400,770" with "10,435,934" and replace "162,996,047" with "161,031,211"

Page 1, line 21, replace "4,280,240" with "3,872,096" and replace "21,735,138" with "21,326,994"

Page 2, replace lines 9 through 14 with:

"**SECTION 3. APPROPRIATION - FEDERAL FISCAL STIMULUS FUNDS - ADDITIONAL FUNDING APPROVAL.** The funds provided in this section, or so much of the funds as may be necessary, are appropriated from federal funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, not otherwise appropriated, to the state department of health, for the period beginning with the effective date of this Act and ending June 30, 2011, as follows:

Water quality grants	$194,300
Superfund arsenic trioxide project grants	7,000,000
Clean diesel grants (provided to the department of public instruction)	1,730,000
Clean water state revolving loan fund administration	769,564
Drinking water state revolving loan fund administration	780,000
Stop violence against women	511,661
Women, infants, and children	61,800
Total federal funds	$11,047,325

The state department of health may seek emergency commission and budget section approval under chapter 54-16 for authority to spend any additional federal funds received under the federal American Recovery and Reinvestment Act of 2009 in excess of the amounts appropriated in this section, for the period beginning with the effective date of this Act and ending June 30, 2011.

Any federal funds appropriated under this section are not a part of the agency's 2011-13 base budget. Any program expenditures made with these funds will not be replaced with state funds after the federal American Recovery and Reinvestment Act of 2009 funds are no longer available."

Page 2, replace lines 21 through 23 with:

"**SECTION 5. EMERGENCY MEDICAL SERVICES OPERATIONS - FUNDING FROM INSURANCE TAX DISTRIBUTION FUND - REPORT TO LEGISLATIVE COUNCIL.** The estimated income line item in section 1 of this Act includes $2,750,000 from the insurance tax distribution fund for the biennium beginning July 1, 2009, and ending June 30, 2011. Of this amount, $2,250,000 is for grants to emergency medical services operations as provided in chapter 23-40 and $500,000 is for a grant to contract with an organization to:

- Develop, implement, and provide an access critical ambulance service operations assessment process for the purpose of improving emergency medical services delivery;
- Develop, implement, and provide leadership development training;
- Develop, implement, and provide a biennial emergency medical services recruitment drive; and
- Provide regional assistance to ambulance services to develop a quality review process for emergency medical services personnel and a mechanism to report to medical directors.

The state department of health shall report to the legislative council on the use of the funding provided under this section. The department shall require recipients of grants under this section to provide information on the use of funds received as necessary to provide the report to the legislative council."

Page 3, after line 3, insert:

"**SECTION 8. EXEMPTION.** The $200,000, of which $150,000 is from the community health trust fund and $50,000 is from the general fund, appropriated for colorectal screening grants, as contained in section 3 of chapter 4 of the 2007 Session Laws, is not subject to the provisions of section 54-44.1-11, and any unexpended funds from these appropriations are available and may be expended during the biennium beginning July 1, 2009, and ending June 30, 2011.

SECTION 9. LEGISLATIVE COUNCIL STUDY - IMMUNIZATION PROGRAM. During the 2009-10 interim, the legislative council shall consider studying the state immunization program. The study, if conducted, must identify pharmacists' or other providers' ability and interest in immunizing children and include a review of the effect of the program on public health units, including billing, billing services, fee collections, and uncollectible accounts. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-second legislative assembly.

SECTION 10. CONTINGENT FULL-TIME EQUIVALENT POSITION REDUCTION. If funding for tobacco programs is not available to the state department of health for tobacco programs, the department may not fill full-time equivalent positions associated with this funding, for the biennium beginning July 1, 2009, and ending June 30, 2011.

SECTION 11. AMENDMENT. Section 23-42-01 of the North Dakota Century Code is amended and reenacted as follows:

23-42-01. Definitions. As used in this chapter:

1. "Advisory committee" is the nine-member tobacco prevention and control advisory committee responsible to develop the comprehensive plan.

2. "Comprehensive plan" means a comprehensive statewide tobacco prevention and control program that is consistent with the centers for disease control and prevention best practices for comprehensive tobacco prevention and control programs ~~and does not duplicate the work of the community health grant program created in chapter 23-38~~.

3. "Executive committee" means the three-member committee selected by the advisory committee and charged with implementation and administration of the comprehensive plan.

4. "Tobacco prevention and control fund" consists of all principal and interest of the tobacco prevention and control trust fund established by section 54-27-25.

SECTION 12. AMENDMENT. Section 23-42-02 of the North Dakota Century Code is amended and reenacted as follows:

23-42-02. Tobacco prevention and control advisory committee - Membership - Terms - Duties - Removal.

1. The advisory ~~board~~ committee consists of nine North Dakota residents appointed by the governor for three-year terms as follows:

   a. A practicing respiratory therapist familiar with tobacco-related diseases;

   b. Four nonstate employees who have demonstrated expertise in tobacco prevention and control;

   c. A practicing medical doctor familiar with tobacco-related diseases;

   d. A practicing nurse familiar with tobacco-related diseases;

   e. A youth between the ages of fourteen and twenty-one; and

   f. A member of the public with a previously demonstrated interest in fostering tobacco prevention and control.

2. The governor shall select the youth and public member independently; the respiratory therapist from a list of three nominations provided by the North Dakota society for respiratory care; the four tobacco control experts from a list of two nominations per member provided by the North Dakota public health association's tobacco control section; the medical doctor from a list of three nominations provided by the North Dakota medical association; and the nurse from a list of three nominations provided by the North Dakota nurses association. The governor must make the appointments within

three weeks of receiving the respective list of nominees. If the governor fails to make an appointment within three weeks, the association that provided the list of nominees shall select the committee member. In the initial appointments for the advisory committee, the governor shall stagger the terms of the members so that the terms of three members expire each fiscal year and that three members are appointed each year by June thirtieth. Accordingly, the governor's initial appointments, in some instances, must be for terms less than three years. The governor shall fill vacancies for the unexpired term as provided in this section.

3. No individual may serve more than two consecutive three-year terms. However, terms of less than three years are not considered in determining an individual's eligibility for reappointment.

4. A quorum of the advisory committee is required to conduct business, but the advisory committee may conduct a meeting with less than a quorum present. A quorum is a majority of the members of the committee. Any action taken requires a vote of the majority of the members present at the meeting.

5. The advisory ~~board~~ committee shall:

   a. Select the executive committee;

   b. Fix the compensation of the advisory committee and the executive committee. However, compensation may not exceed compensation allowed to the ~~legislature~~ legislative assembly. Advisory and executive committee members are entitled to reimbursement for mileage and expenses as provided for state officers in addition to any compensation provided;

   c. Develop the initial comprehensive statewide tobacco prevention and control program ~~that includes~~, including support for cessation interventions, community and youth interventions, and health communication; and

   d. Evaluate the effectiveness of the plan and its implementation and, before April first of each year, propose any necessary changes to the plan to the executive committee.

6. The governor may remove any member of the advisory committee for malfeasance in office, but the advisory committee is not subject to section 54-07-01.2.

7. No nomination to, or member of, the advisory committee ~~shall~~ may have any past or current affiliation with the tobacco industry or any industry, contractor, agent, or organization that engages in the manufacturing, marketing, distributing, sale, or promotion of tobacco or tobacco-related products.

SECTION 13. AMENDMENT. Section 23-42-04 of the North Dakota Century Code is amended and reenacted as follows:

23-42-04. Powers and duties of the executive committee. To implement the purpose of this chapter and, in addition to any other authority granted elsewhere in this chapter, to support its efforts and implement the comprehensive plan, the executive committee may employ staff and fix their compensation, accept grants, property, and gifts, enter contracts, make loans, provide grants, borrow money, lease property, provide direction to the state investment board for investment of the tobacco prevention and control fund, and take any action that any private individual, corporation, or limited

liability company lawfully may do except as restricted by the provisions of this chapter. The executive committee shall prepare and submit a biennial budget to the office of management and budget and the legislative assembly.

SECTION 14. AMENDMENT. Section 23-42-05 of the North Dakota Century Code is amended and reenacted as follows:

23-42-05. Development of the comprehensive plan. The advisory committee shall develop the initial comprehensive plan within one hundred eighty days of the initial meeting of the advisory committee. The comprehensive plan must be funded at a level equal to or greater than the centers for disease control and prevention recommended funding level. Funding for the comprehensive plan must supplement and may not supplant any funding that in the absence of this chapter would be or has been provided for the community health trust fund or other health initiatives.

SECTION 15. AMENDMENT. Section 23-42-07 of the North Dakota Century Code is amended and reenacted as follows:

23-42-07. Audit. At least once a biennium, the executive committee shall provide for an independent review of the comprehensive plan to assure that the comprehensive plan is consistent with the centers for disease control and prevention best practices. The executive committee shall report the results of that review to the governor and to the state health officer on or before September first in each odd-numbered year.

SECTION 16. AMENDMENT. Section 54-27-25 of the North Dakota Century Code is amended and reenacted as follows:

54-27-25. Tobacco settlement trust fund - Interest on fund - Uses.

1. There is created in the state treasury a tobacco settlement trust fund. The fund consists of the tobacco settlement dollars obtained by the state under subsection IX(c)(1) of the master settlement agreement and consent agreement adopted by the east central judicial district court in its judgment entered December 28, 1998 [Civil No. 98-3778] in State of North Dakota, ex rel. Heidi Heitkamp v. Philip Morris, Inc. Except as provided in subsection 2, moneys received by the state under subsection IX(c)(1) must be deposited in the fund. Interest earned on the fund must be credited to the fund and deposited in the fund. The principal and interest of the fund must be allocated as follows:

   a. Transfers to a community health trust fund to be administered by the state department of health. The state department of health may use funds as appropriated for community-based public health programs and other public health programs, including programs with emphasis on preventing or reducing tobacco usage in this state. Transfers under this subsection must equal ten percent of total annual transfers from the tobacco settlement trust fund ~~of which a minimum of eighty percent must be used for tobacco prevention and control~~.

   b. Transfers to the common schools trust fund to become a part of the principal of that fund. Transfers under this subsection must equal forty-five percent of total annual transfers from the tobacco settlement trust fund.

   c. Transfers to the water development trust fund to be used to address the long-term water development and management needs of the state. Transfers under this subsection must equal forty-five percent of the total annual transfers from the tobacco settlement trust fund.

2. There is created in the state treasury a tobacco prevention and control trust fund. The fund consists of the tobacco settlement dollars obtained by the state under section IX(c)(2) of the agreement adopted by the east central judicial district court in its judgment entered December 28, 1998 [Civil No. 98-3778] in State of North Dakota, ex rel. Heidi Heitkamp v. Philip Morris, Inc. Interest earned on the fund must be credited to the fund and deposited in the fund. Moneys received into the fund are to be administered by the executive committee for the purpose of creating and implementing the comprehensive plan provided for under chapter 23-42. If in any biennium, the tobacco prevention and control trust fund does not have adequate dollars to fund a comprehensive plan, the treasurer shall transfer money from the water development trust fund to the tobacco prevention and control trust fund in an amount equal to the amount determined necessary by the ~~executive committee~~ legislative assembly to fund a comprehensive plan.

3. Transfers to the funds under this section must be made within thirty days of receipt by the state.

SECTION 17. REPEAL. Chapter 23-38 of the North Dakota Century Code is repealed.

SECTION 18. EMERGENCY. Sections 3, 11, 12, 13, 14, 15, and 16 of this Act are declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT - LC 98047.0414 FN 5

A copy of the statement of purpose of amendment is attached.

REPORT OF CONFERENCE COMMITTEE

SB 2004, as reengrossed: Your conference committee (Sens. Fischer, Kilzer, Mathern and Reps. Kreidt, Nelson, Kerzman) recommends that the **HOUSE RECEDE** from the House amendments on SJ pages 1357-1358, adopt amendments as follows, and place SB 2004 on the Seventh order:

That the House recede from its amendments as printed on pages 1357 and 1358 of the Senate Journal and pages 1393-1395 of the House Journal and that Reengrossed Senate Bill No. 2004 be amended as follows:

Page 1, line 2, remove "and"

Page 1, line 3, after "intent" insert "; to provide for a legislative council study; to amend and reenact sections 23-42-01, 23-42-02, 23-42-04, 23-42-05, 23-42-07, and 54-27-25 of the North Dakota Century Code, relating to the comprehensive tobacco prevention and control plan, advisory committee, and executive committee, plan review, and the tobacco settlement trust fund; to repeal chapter 23-38 of the North Dakota Century Code, relating to the community health grant program and advisory committee; and to declare an emergency"

Page 1, line 13, replace "7,496,481" with "7,152,737" and replace "45,205,612" with "44,861,868"

Page 1, line 14, replace "644,923" with "599,255" and replace "44,681,462" with "44,635,794"

Page 1, line 16, replace "991,734" with "2,396,934" and replace "59,009,510" with "60,414,710"

Page 1, line 17, replace "38,612" with "(3,350,156)" and replace "8,957,958" with "5,569,190"

Page 1, line 19, replace "16,681,010" with "14,308,030" and replace "184,731,185" with "182,358,205"

Page 1, line 20, replace "12,400,770" with "10,435,934" and replace "162,996,047" with "161,031,211"

Page 1, line 21, replace "4,280,240" with "3,872,096" and replace "21,735,138" with "21,326,994"

Page 2, replace lines 9 through 14 with:

"**SECTION 3. APPROPRIATION - FEDERAL FISCAL STIMULUS FUNDS - ADDITIONAL FUNDING APPROVAL.** The funds provided in this section, or so much of the funds as may be necessary, are appropriated from federal funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, not otherwise appropriated, to the state department of health, for the period beginning with the effective date of this Act and ending June 30, 2011, as follows:

Water quality grants	$194,300
Superfund arsenic trioxide project grants	7,000,000
Clean diesel grants (provided to the department of public instruction)	1,730,000
Clean water state revolving loan fund administration	769,564
Drinking water state revolving loan fund administration	780,000
Stop violence against women	511,661
Women, infants, and children	61,800
Total federal funds	$11,047,325

The state department of health may seek emergency commission and budget section approval under chapter 54-16 for authority to spend any additional federal funds received under the federal American Recovery and Reinvestment Act of 2009 in excess of the amounts appropriated in this section, for the period beginning with the effective date of this Act and ending June 30, 2011.

Any federal funds appropriated under this section are not a part of the agency's 2011-13 base budget. Any program expenditures made with these funds will not be replaced with state funds after the federal American Recovery and Reinvestment Act of 2009 funds are no longer available."

Page 2, replace lines 21 through 23 with:

"**SECTION 5. EMERGENCY MEDICAL SERVICES OPERATIONS - FUNDING FROM INSURANCE TAX DISTRIBUTION FUND - REPORT TO LEGISLATIVE COUNCIL.** The estimated income line item in section 1 of this Act includes $2,750,000 from the insurance tax distribution fund for the biennium beginning July 1, 2009, and ending June 30, 2011. Of this amount, $2,250,000 is for grants to emergency medical services operations as provided in chapter 23-40 and $500,000 is for a grant to contract with an organization to:

- Develop, implement, and provide an access critical ambulance service operations assessment process for the purpose of improving emergency medical services delivery;
- Develop, implement, and provide leadership development training;
- Develop, implement, and provide a biennial emergency medical services recruitment drive; and
- Provide regional assistance to ambulance services to develop a quality review process for emergency medical services personnel and a mechanism to report to medical directors.

The state department of health shall report to the legislative council on the use of the funding provided under this section. The department shall require recipients of grants under this section to provide information on the use of funds received as necessary to provide the report to the legislative council."

Page 3, after line 3, insert:

"**SECTION 8. EXEMPTION.** The $200,000, of which $150,000 is from the community health trust fund and $50,000 is from the general fund, appropriated for colorectal screening grants, as contained in section 3 of chapter 4 of the 2007 Session Laws, is not subject to the provisions of section 54-44.1-11, and any unexpended funds from these appropriations are available and may be expended during the biennium beginning July 1, 2009, and ending June 30, 2011.

SECTION 9. LEGISLATIVE COUNCIL STUDY - IMMUNIZATION PROGRAM. During the 2009-10 interim, the legislative council shall consider studying the state immunization program. The study, if conducted, must identify pharmacists' or other providers' ability and interest in immunizing children and include a review of the effect of the program on public health units, including billing, billing services, fee collections, and uncollectible accounts. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-second legislative assembly.

SECTION 10. CONTINGENT FULL-TIME EQUIVALENT POSITION REDUCTION. If funding for tobacco programs is not available to the state department of health for tobacco programs, the department may not fill full-time equivalent positions associated with this funding, for the biennium beginning July 1, 2009, and ending June 30, 2011.

SECTION 11. AMENDMENT. Section 23-42-01 of the North Dakota Century Code is amended and reenacted as follows:

23-42-01. Definitions. As used in this chapter:

1. "Advisory committee" is the nine-member tobacco prevention and control advisory committee responsible to develop the comprehensive plan.

2. "Comprehensive plan" means a comprehensive statewide tobacco prevention and control program that is consistent with the centers for disease control and prevention best practices for comprehensive tobacco prevention and control programs ~~and does not duplicate the work of the community health grant program created in chapter 23-38~~.

3. "Executive committee" means the three-member committee selected by the advisory committee and charged with implementation and administration of the comprehensive plan.

4. "Tobacco prevention and control fund" consists of all principal and interest of the tobacco prevention and control trust fund established by section 54-27-25.

SECTION 12. AMENDMENT. Section 23-42-02 of the North Dakota Century Code is amended and reenacted as follows:

23-42-02. Tobacco prevention and control advisory committee - Membership - Terms - Duties - Removal.

1. The advisory ~~board~~ committee consists of nine North Dakota residents appointed by the governor for three-year terms as follows:

   a. A practicing respiratory therapist familiar with tobacco-related diseases;

   b. Four nonstate employees who have demonstrated expertise in tobacco prevention and control;

   c. A practicing medical doctor familiar with tobacco-related diseases;

   d. A practicing nurse familiar with tobacco-related diseases;

   e. A youth between the ages of fourteen and twenty-one; and

   f. A member of the public with a previously demonstrated interest in fostering tobacco prevention and control.

2. The governor shall select the youth and public member independently; the respiratory therapist from a list of three nominations provided by the North Dakota society for respiratory care; the four tobacco control experts from a list of two nominations per member provided by the North Dakota public

health association's tobacco control section; the medical doctor from a list of three nominations provided by the North Dakota medical association; and the nurse from a list of three nominations provided by the North Dakota nurses association. The governor must make the appointments within three weeks of receiving the respective list of nominees. If the governor fails to make an appointment within three weeks, the association that provided the list of nominees shall select the committee member. In the initial appointments for the advisory committee, the governor shall stagger the terms of the members so that the terms of three members expire each fiscal year and that three members are appointed each year by June thirtieth. Accordingly, the governor's initial appointments, in some instances, must be for terms less than three years. The governor shall fill vacancies for the unexpired term as provided in this section.

3. No individual may serve more than two consecutive three-year terms. However, terms of less than three years are not considered in determining an individual's eligibility for reappointment.

4. A quorum of the advisory committee is required to conduct business, but the advisory committee may conduct a meeting with less than a quorum present. A quorum is a majority of the members of the committee. Any action taken requires a vote of the majority of the members present at the meeting.

5. The advisory ~~board~~ committee shall:

   a. Select the executive committee;

   b. Fix the compensation of the advisory committee and the executive committee. However, compensation may not exceed compensation allowed to the ~~legislature~~ legislative assembly. Advisory and executive committee members are entitled to reimbursement for mileage and expenses as provided for state officers in addition to any compensation provided;

   c. Develop the initial comprehensive statewide tobacco prevention and control program ~~that includes~~, including support for cessation interventions, community and youth interventions, and health communication; and

   d. Evaluate the effectiveness of the plan and its implementation and, before April first of each year, propose any necessary changes to the plan to the executive committee.

6. The governor may remove any member of the advisory committee for malfeasance in office, but the advisory committee is not subject to section 54-07-01.2.

7. No nomination to, or member of, the advisory committee ~~shall~~ may have any past or current affiliation with the tobacco industry or any industry, contractor, agent, or organization that engages in the manufacturing, marketing, distributing, sale, or promotion of tobacco or tobacco-related products.

SECTION 13. AMENDMENT. Section 23-42-04 of the North Dakota Century Code is amended and reenacted as follows:

23-42-04. Powers and duties of the executive committee. To implement the purpose of this chapter and, in addition to any other authority granted elsewhere in this chapter, to support its efforts and implement the comprehensive plan, the executive committee may employ staff and fix their compensation, accept grants, property, and gifts, enter contracts, make loans, provide grants, borrow money, lease property, provide direction to the state investment board for investment of the tobacco prevention and control fund, and take any action that any private individual, corporation, or limited liability company lawfully may do except as restricted by the provisions of this chapter. The executive committee shall prepare and submit a biennial budget to the office of management and budget and the legislative assembly.

SECTION 14. AMENDMENT. Section 23-42-05 of the North Dakota Century Code is amended and reenacted as follows:

23-42-05. Development of the comprehensive plan. The advisory committee shall develop the initial comprehensive plan within one hundred eighty days of the initial meeting of the advisory committee. The comprehensive plan must be funded at a level equal to or greater than the centers for disease control and prevention recommended funding level. Funding for the comprehensive plan must supplement and may not supplant any funding that in the absence of this chapter would be or has been provided for the community health trust fund or other health initiatives.

SECTION 15. AMENDMENT. Section 23-42-07 of the North Dakota Century Code is amended and reenacted as follows:

23-42-07. Audit. At least once a biennium, the executive committee shall provide for an independent review of the comprehensive plan to assure that the comprehensive plan is consistent with the centers for disease control and prevention best practices. The executive committee shall report the results of that review to the governor and to the state health officer on or before September first in each odd-numbered year.

SECTION 16. AMENDMENT. Section 54-27-25 of the North Dakota Century Code is amended and reenacted as follows:

54-27-25. Tobacco settlement trust fund - Interest on fund - Uses.

1. There is created in the state treasury a tobacco settlement trust fund. The fund consists of the tobacco settlement dollars obtained by the state under subsection IX(c)(1) of the master settlement agreement and consent agreement adopted by the east central judicial district court in its judgment entered December 28, 1998 [Civil No. 98-3778] in State of North Dakota, ex rel. Heidi Heitkamp v. Philip Morris, Inc. Except as provided in subsection 2, moneys received by the state under subsection IX(c)(1) must be deposited in the fund. Interest earned on the fund must be credited to the fund and deposited in the fund. The principal and interest of the fund must be allocated as follows:

   a. Transfers to a community health trust fund to be administered by the state department of health. The state department of health may use funds as appropriated for community-based public health programs and other public health programs, including programs with emphasis on preventing or reducing tobacco usage in this state. Transfers under this subsection must equal ten percent of total annual transfers from the tobacco settlement trust fund ~~of which a minimum of eighty percent must be used for tobacco prevention and control~~.

b. Transfers to the common schools trust fund to become a part of the principal of that fund. Transfers under this subsection must equal forty-five percent of total annual transfers from the tobacco settlement trust fund.

c. Transfers to the water development trust fund to be used to address the long-term water development and management needs of the state. Transfers under this subsection must equal forty-five percent of the total annual transfers from the tobacco settlement trust fund.

2. There is created in the state treasury a tobacco prevention and control trust fund. The fund consists of the tobacco settlement dollars obtained by the state under section IX(c)(2) of the agreement adopted by the east central judicial district court in its judgment entered December 28, 1998 [Civil No. 98-3778] in State of North Dakota, ex rel. Heidi Heitkamp v. Philip Morris, Inc. Interest earned on the fund must be credited to the fund and deposited in the fund. Moneys received into the fund are to be administered by the executive committee for the purpose of creating and implementing the comprehensive plan provided for under chapter 23-42. If in any biennium, the tobacco prevention and control trust fund does not have adequate dollars to fund a comprehensive plan, the treasurer shall transfer money from the water development trust fund to the tobacco prevention and control trust fund in an amount equal to the amount determined necessary by the ~~executive committee~~ legislative assembly to fund a comprehensive plan.

3. Transfers to the funds under this section must be made within thirty days of receipt by the state.

SECTION 17. REPEAL. Chapter 23-38 of the North Dakota Century Code is repealed.

SECTION 18. EMERGENCY. Sections 3, 11, 12, 13, 14, 15, and 16 of this Act are declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT - LC 98047.0414 FN 5

A copy of the statement of purpose of amendment is on file in the Legislative Council Office.

Reengrossed SB 2004 was placed on the Seventh order of business on the calendar.

98047.0421
Title. 0700
Fiscal No. 11

Prepared by the Legislative Council staff for
Conference Committee
May 4, 2009

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2004

That the House recede from its amendments as printed on pages 1357 and 1358 of the Senate Journal and pages 1393-1395 of the House Journal and that Reengrossed Senate Bill No. 2004 be amended as follows:

Page 1, line 2, remove "and"

Page 1, line 3, after "intent" insert "; to provide for a legislative council study; to provide for an exemption; to provide for a report to the legislative council; to provide for a contingent transfer; and to declare an emergency"

Page 1, line 13, replace "7,496,481" with "7,152,737" and replace "45,205,612" with "44,861,868"

Page 1, line 14, replace "644,923" with "599,255" and replace "44,681,462" with "44,635,794"

Page 1, line 16, replace "991,734" with "2,396,934" and replace "59,009,510" with "60,414,710"

Page 1, line 17, replace "38,612" with "160,339" and replace "8,957,958" with "9,079,685"

Page 1, line 19, replace "16,681,010" with "17,818,525" and replace "184,731,185" with "185,868,700"

Page 1, line 20, replace "12,400,770" with "13,946,429" and replace "162,996,047" with "164,541,706"

Page 1, line 21, replace "4,280,240" with "3,872,096" and replace "21,735,138" with "21,326,994"

Page 2, replace lines 9 through 14 with:

"**SECTION 3. APPROPRIATION - FEDERAL FISCAL STIMULUS FUNDS - ADDITIONAL FUNDING APPROVAL.** The funds provided in this section, or so much of the funds as may be necessary, are appropriated from federal funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, not otherwise appropriated, to the state department of health, for the period beginning with the effective date of this Act and ending June 30, 2011, as follows:

Water quality grants	$194,300
Superfund arsenic trioxide project grants	7,000,000
Clean diesel grants (provided to the department of public instruction)	1,730,000
Clean water state revolving loan fund administration	769,564
Drinking water state revolving loan fund administration	780,000
Stop violence against women	511,661
Women, infants, and children	61,800
Total federal funds	$11,047,325

The state department of health may seek emergency commission and budget section approval under chapter 54-16 for authority to spend any additional federal funds received under the federal American Recovery and Reinvestment Act of 2009 in excess

of the amounts appropriated in this section, for the period beginning with the effective date of this Act and ending June 30, 2011.

Any federal funds appropriated under this section are not a part of the agency's 2011-13 base budget. Any program expenditures made with these funds will not be replaced with state funds after the federal American Recovery and Reinvestment Act of 2009 funds are no longer available.

SECTION 4. CONTINGENT APPROPRIATION - TRANSFER - COMMUNITY HEALTH TRUST FUND. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $2,405,371, or so much of the sum as may be necessary, which the office of management and budget shall transfer to the community health trust fund if moneys in the community health trust fund are not sufficient to provide for legislative appropriations, for the biennium beginning July 1, 2009, and ending June 30, 2011."

Page 2, replace lines 21 through 23 with:

"**SECTION 6. EMERGENCY MEDICAL SERVICES OPERATIONS - FUNDING FROM INSURANCE TAX DISTRIBUTION FUND - REPORT TO LEGISLATIVE COUNCIL.** The estimated income line item in section 1 of this Act includes $2,750,000 from the insurance tax distribution fund for the biennium beginning July 1, 2009, and ending June 30, 2011. Of this amount, $2,250,000 is for grants to emergency medical services operations as provided in chapter 23-40 and $500,000 is for a grant to contract with an organization to:

- Develop, implement, and provide an access critical ambulance service operations assessment process for the purpose of improving emergency medical services delivery;
- Develop, implement, and provide leadership development training;
- Develop, implement, and provide a biennial emergency medical services recruitment drive; and
- Provide regional assistance to ambulance services to develop a quality review process for emergency medical services personnel and a mechanism to report to medical directors.

The state department of health shall report to the legislative council on the use of the funding provided under this section. The department shall require recipients of grants under this section to provide information on the use of funds received as necessary to provide the report to the legislative council."

Page 3, after line 3, insert:

"**SECTION 9. EXEMPTION.** The $200,000, of which $150,000 is from the community health trust fund and $50,000 is from the general fund, appropriated for colorectal screening grants, as contained in section 3 of chapter 4 of the 2007 Session Laws, is not subject to the provisions of section 54-44.1-11, and any unexpended funds from these appropriations are available and may be expended during the biennium beginning July 1, 2009, and ending June 30, 2011.

SECTION 10. LEGISLATIVE COUNCIL STUDY - IMMUNIZATION PROGRAM. During the 2009-10 interim, the legislative council shall consider studying the state immunization program. The study, if conducted, must identify pharmacists' or other providers' ability and interest in immunizing children and include a review of the effect of the program on public health units, including billing, billing services, fee

collections, and uncollectible accounts. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-second legislative assembly.

SECTION 11. EMERGENCY. Section 3 of this Act is declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT - LC 98047.0421 FN 11

A copy of the statement of purpose of amendment is attached.

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - State Department of Health - Conference Committee Action

	Executive Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Salaries and wages	$45,205,612	$45,316,676	($454,808)	$44,861,868	$44,729,848	$132,020
Operating expenses	44,681,462	44,743,226	(107,432)	44,635,794	44,461,794	174,000
Capital assets	1,813,268	1,813,268		1,813,268	1,813,268	
Grants	57,509,510	59,459,510	955,200	60,414,710	59,964,710	450,000
Tobacco prevention	8,957,958	8,957,958	121,727	9,079,685	9,079,685	
WIC food payments	25,063,375	25,063,375		25,063,375	25,063,375	
Federal fiscal stimulus funds			11,047,325	11,047,325	10,535,664	511,661
Transfer to community health trust fund			2,405,371	2,405,371		2,405,371
Total all funds	$183,231,185	$185,354,013	$13,967,383	$199,321,396	$195,648,344	$3,673,052
Less estimated income	161,496,047	162,996,047	12,592,984	175,589,031	174,998,860	590,171
General fund	$21,735,138	$22,357,966	$1,374,399	$23,732,365	$20,649,484	$3,082,881
FTE	343.50	344.50	(1.00)	343.50	342.50	1.00

Department No. 301 - State Department of Health - Detail of Conference Committee Changes

	Decreases Funding for the Medical Loan Repayment Program[1]	Removes Salary Equity Funding[2]	Decreases Funding for Operating Expenses[3]	Reduces Funding for Women's Way[4]	Increases Funding for Women's Way[5]	Adjusts Funding for Suicide Prevention[6]
Salaries and wages		($343,744)				($111,064)
Operating expenses			(100,000)	(150,000)	304,332	(61,764)
Capital assets						
Grants	(67,500)					(200,000)
Tobacco prevention						
WIC food payments						
Federal fiscal stimulus funds						
Transfer to community health trust fund						
Total all funds	($67,500)	($343,744)	($100,000)	($150,000)	$304,332	($372,828)
Less estimated income	0	(180,600)	0	0	304,332	0
General fund	($67,500)	($163,144)	($100,000)	($150,000)	$0	($372,828)
FTE	0.00	0.00	0.00	0.00	0.00	(1.00)

	Decreases Funding for Russell-Silver Syndrome Grants[7]	Decreases Funding for Specialty Care Diagnostic and Treatment Program[8]	Increases Funding for Newborn Hearing Screening[9]	Adds Funding for Colorectal Cancer Screenings[10]	Adjusts Funding for Community Health Division[11]	Increases Funding for Grants to Local Public Health Units[12]
Salaries and wages						
Operating expenses			50,000		(150,000)	
Capital assets						
Grants	(50,000)	(50,000)		300,000		500,000
Tobacco prevention						
WIC food payments						
Federal fiscal stimulus funds						
Transfer to community health trust fund						
Total all funds	($50,000)	($50,000)	$50,000	$300,000	($150,000)	$500,000
Less estimated income	0	0	0	300,000	(150,000)	0
General fund	($50,000)	($50,000)	$50,000	$0	$0	$500,000
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Increases Funding for Stroke Registry and Prevention[13]	Adjusts Funding Source for Loan Repayment Programs[14]	Appropriates Federal Fiscal Stimulus Funding[15]	Adds Funding for Community Health Tobacco Programs[16]	Adds Funding for Dental Service Grants[17]	Adds Contingent General Fund Transfer[18]
Salaries and wages						
Operating expenses						
Capital assets						
Grants	472,700				50,000	
Tobacco prevention				121,727		
WIC food payments						
Federal fiscal stimulus funds			11,047,325			
Transfer to community health trust fund						2,40[illegible]
Total all funds	$472,700	$0	$11,047,325	$121,727	$50,000	$2,405,371
Less estimated income	472,700	677,500	11,047,325	121,727	0	0
General fund	$0	($677,500)	$0	$0	$50,000	$2,405,371
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Total Conference Committee Changes
Salaries and wages	($454,808)
Operating expenses	(107,432)
Capital assets	
Grants	955,200
Tobacco prevention	121,727
WIC food payments	
Federal fiscal stimulus funds	11,047,325
Transfer to community health trust fund	2,405,371
Total all funds	$13,967,383
Less estimated income	12,592,984
General fund	$1,374,399
FTE	(1.00)

[1] The grants line item is reduced from the general fund for the medical loan repayment program, the same as the House version.

[2] This amendment removes funding added in the executive budget for state employee salary equity adjustments, the same as the House version.

[3] Operating expenses are reduced by $100,000, the same as the House version.

[4] This amendment removes the increase in funding from the general fund provided in the executive recommendation for the Women's Way program, the same as the House version.

[5] This amendment increases funding for operating expenses for the Women's Way program to provide a total of $404,332, of which $100,000 is from the general fund and $304,332 is from the community health trust fund, the same as the House version.

[6] This amendment decreases funding and removes 1 FTE position added by the Senate for suicide prevention to provide $250,000 for grants, the same as the House version.

[7] Funding in the grants line item for Russell-Silver Syndrome grants is reduced to provide a total of $50,000 from the general fund, the same as the House version.

[8] The grants line item is reduced by $50,000 from the general fund for the specialty care diagnostic and treatment program resulting from the rebasing of Medicaid to provide a total of $38,000, the same as the House version.

[9] The operating expenses line item is increased by $50,000 from the general fund to provide newborn hearing screening results to a licensed medical professional, the same as the House version.

[10] Grants funding from the community health trust fund is increased to continue the current program and to provide a colorectal cancer screening pilot initiative for low-income underinsured and uninsured men and women aged 50 to 64 living in counties with a population exceeding 15,000, including $34,225 for the department to contract for program management, data management, and outreach oversight, the same as the House version.

[11] This amendment removes funding in the operating expenses line item for a budgeting error in the Community Health Division of the budget, the same as the House version.

[12] The grants line item is increased by $500,000 from the general fund for grants to local public health units; the House version included a $100,000 increase from the general fund.

[13] This amendment provides funding from the community health trust fund for a stroke registry and stroke prevention, the same as the House version.

[14] This amendment decreases funding from the general fund and increases funding from the community health trust fund for the veterinarian loan repayment program ($350,000), the medical loan repayment program ($132,500), and the dental loan repayment program ($195,000) to provide total funding of $350,000 from the community health trust fund for the veterinarian loan repayment program, $483,448 from the community health trust fund for the dental loan repayment program, and $347,500 for the medical loan repayment program, of which $75,000 is from the general fund and $272,500 is from the community health trust fund. These funding changes were also part of the House version.

[15] A section is added as an emergency measure, the same as the House version, appropriating federal fiscal stimulus funds made available to the state under the federal American Recovery and Reinvestment Act of 2009 as follows:

Water quality grants	$194,300
Superfund arsenic trioxide project grants	7,000,000
Clean diesel grants (provided to the Department of Public Instruction)	1,730,000
Clean water state revolving loan fund administration	769,564

Drinking water state revolving loan fund administration	780,000
Stop violence against women	511,661
Women, infants, and children	61,800
Total federal funds	$11,047,325

[16] Funding for tobacco prevention and control is increased by $121,727 from the community health trust fund to provide a total of $3,510,495, the same as the House version, for community health tobacco programs, including:

Tobacco prevention and control	$2,302,098
Tobacco Quitline	1,069,000
Tobacco cessation coordinator and operating expenses	139,397
Total community health tobacco programs	$3,510,495

[17] This amendment provides $50,000 for grants for the administration of donated dental services. This funding was not included in the House and Senate versions.

[18] This amendment adds a section providing a contingent transfer from the general fund to the community health trust fund if during the 2009-11 biennium the funds are not sufficient to provide for legislative appropriations. This transfer was not included in the House and Senate versions.

This amendment, the same as the House version:

- Adds a section to identify funding for emergency medical services grants from the insurance tax distribution fund and provides for a report to the Legislative Council; the conference committee identified the $500,000 provided in the section as a single grant.
- Provides unexpended funds appropriated for colorectal screening grants during the 2007-09 biennium may be continued in the 2009-11 biennium.
- Provides for a Legislative Council study of the state immunization program.

The conference committee amendments:

- Restored the funding and full-time equivalent position for fraud risk assessment, removed by the House.
- Restored the funding for poison prevention and control, removed by the House.
- Increased the total federal fiscal funds available under the federal American Recovery and Reinvestment Act of 2009 to include funding for domestic violence.

~~Motion~~ Conf. committee report

final passage 2004

REPORT OF CONFERENCE COMMITTEE
(ACCEDE/RECEDE)

Bill Number 2004 (, as (re)engrossed): Date: May 5, 2009

Your Conference Committee Senate Appropriations

For the Senate:	YES	NO	For the House:	YES	NO
Fischer	✓		Kreidt	✓	
Kilzer	✓		Nelson	✓	
Mathern		✓	Kempenich		✓

recommends that the (SENATE/HOUSE) (ACCEDE to/RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) 1357 - 1358

____, 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: Kreidt

SECONDED BY: Nelson

VOTE COUNT 4 YES 2 NO 0 ABSENT

REPORT OF CONFERENCE COMMITTEE

SB 2004, as reengrossed: Your conference committee (Sens. Fischer, Kilzer, Mathern and Reps. Kreidt, Nelson, Kerzman) recommends that the **HOUSE RECEDE** from the House amendments on SJ pages 1357-1358, adopt amendments as follows, and place SB 2004 on the Seventh order:

That the House recede from its amendments as printed on pages 1357 and 1358 of the Senate Journal and pages 1393-1395 of the House Journal and that Reengrossed Senate Bill No. 2004 be amended as follows:

Page 1, line 2, remove "and"

Page 1, line 3, after "intent" insert "; to provide for a legislative council study; to provide for an exemption; to provide for a report to the legislative council; to provide for a contingent transfer; and to declare an emergency"

Page 1, line 13, replace "7,496,481" with "7,152,737" and replace "45,205,612" with "44,861,868"

Page 1, line 14, replace "644,923" with "599,255" and replace "44,681,462" with "44,635,794"

Page 1, line 16, replace "991,734" with "2,396,934" and replace "59,009,510" with "60,414,710"

Page 1, line 17, replace "38,612" with "160,339" and replace "8,957,958" with "9,079,685"

Page 1, line 19, replace "16,681,010" with "17,818,525" and replace "184,731,185" with "185,868,700"

Page 1, line 20, replace "12,400,770" with "13,946,429" and replace "162,996,047" with "164,541,706"

Page 1, line 21, replace "4,280,240" with "3,872,096" and replace "21,735,138" with "21,326,994"

Page 2, replace lines 9 through 14 with:

"**SECTION 3. APPROPRIATION - FEDERAL FISCAL STIMULUS FUNDS - ADDITIONAL FUNDING APPROVAL.** The funds provided in this section, or so much of the funds as may be necessary, are appropriated from federal funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, not otherwise appropriated, to the state department of health, for the period beginning with the effective date of this Act and ending June 30, 2011, as follows:

Water quality grants	$194,300
Superfund arsenic trioxide project grants	7,000,000
Clean diesel grants (provided to the department of public instruction)	1,730,000
Clean water state revolving loan fund administration	769,564
Drinking water state revolving loan fund administration	780,000
Stop violence against women	511,661
Women, infants, and children	61,800
Total federal funds	$11,047,325

The state department of health may seek emergency commission and budget section approval under chapter 54-16 for authority to spend any additional federal funds received under the federal American Recovery and Reinvestment Act of 2009 in

excess of the amounts appropriated in this section, for the period beginning with the effective date of this Act and ending June 30, 2011.

Any federal funds appropriated under this section are not a part of the agency's 2011-13 base budget. Any program expenditures made with these funds will not be replaced with state funds after the federal American Recovery and Reinvestment Act of 2009 funds are no longer available.

SECTION 4. CONTINGENT APPROPRIATION - TRANSFER - COMMUNITY HEALTH TRUST FUND. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $2,405,371, or so much of the sum as may be necessary, which the office of management and budget shall transfer to the community health trust fund if moneys in the community health trust fund are not sufficient to provide for legislative appropriations, for the biennium beginning July 1, 2009, and ending June 30, 2011."

Page 2, replace lines 21 through 23 with:

"**SECTION 6. EMERGENCY MEDICAL SERVICES OPERATIONS - FUNDING FROM INSURANCE TAX DISTRIBUTION FUND - REPORT TO LEGISLATIVE COUNCIL.** The estimated income line item in section 1 of this Act includes $2,750,000 from the insurance tax distribution fund for the biennium beginning July 1, 2009, and ending June 30, 2011. Of this amount, $2,250,000 is for grants to emergency medical services operations as provided in chapter 23-40 and $500,000 is for a grant to contract with an organization to:

- Develop, implement, and provide an access critical ambulance service operations assessment process for the purpose of improving emergency medical services delivery;
- Develop, implement, and provide leadership development training;
- Develop, implement, and provide a biennial emergency medical services recruitment drive; and
- Provide regional assistance to ambulance services to develop a quality review process for emergency medical services personnel and a mechanism to report to medical directors.

The state department of health shall report to the legislative council on the use of the funding provided under this section. The department shall require recipients of grants under this section to provide information on the use of funds received as necessary to provide the report to the legislative council."

Page 3, after line 3, insert:

"**SECTION 9. EXEMPTION.** The $200,000, of which $150,000 is from the community health trust fund and $50,000 is from the general fund, appropriated for colorectal screening grants, as contained in section 3 of chapter 4 of the 2007 Session Laws, is not subject to the provisions of section 54-44.1-11, and any unexpended funds from these appropriations are available and may be expended during the biennium beginning July 1, 2009, and ending June 30, 2011.

SECTION 10. LEGISLATIVE COUNCIL STUDY - IMMUNIZATION PROGRAM. During the 2009-10 interim, the legislative council shall consider studying the state immunization program. The study, if conducted, must identify pharmacists' or other providers' ability and interest in immunizing children and include a review of the

effect of the program on public health units, including billing, billing services, fee collections, and uncollectible accounts. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-second legislative assembly.

SECTION 11. EMERGENCY. Section 3 of this Act is declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT - LC 98047.0421 FN 11

A copy of the statement of purpose of amendment is on file in the Legislative Council Office.

Reengrossed SB 2004 was placed on the Seventh order of business on the calendar.

2009 TESTIMONY

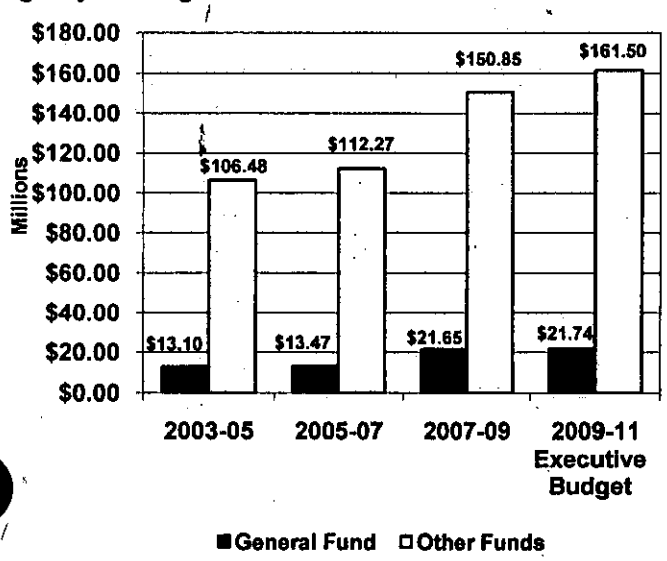
SB 2004

Department 301 - State Department of Health
Senate Bill No. 2004

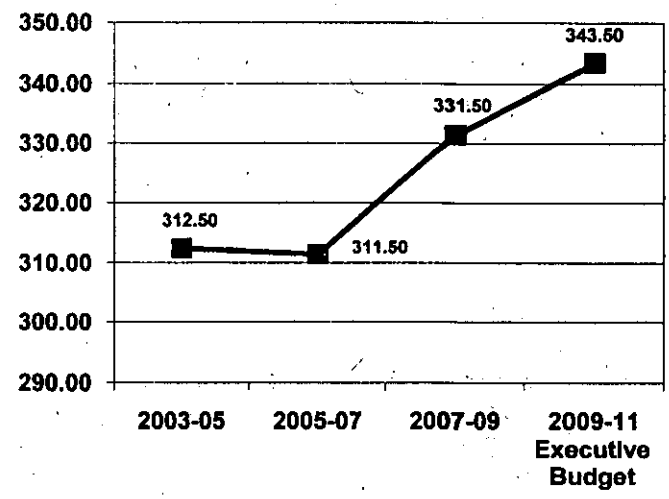
	FTE Positions	General Fund	Other Funds	Total
2009-11 Executive Budget	343.50	$21,735,138	$161,496,047	$183,231,185
2007-09 Legislative Appropriations	331.50	21,649,493	150,848,845	172,498,338[1]
Increase (Decrease)	12.00	$85,645	$10,647,202	$10,732,847

[1]The 2007-09 appropriation amounts include $386,028, $132,460 of which is from the general fund, for the agency's share of the $10 million funding pool appropriated to the Office of Management and Budget for special market equity adjustments for classified employees. The 2007-09 appropriation amounts do not include $244,000 of additional special funds authority resulting from Emergency Commission action during the 2007-09 biennium.

Agency Funding



FTE Positions



Ongoing and One-Time General Fund Appropriations

	Ongoing General Fund Appropriation	One-Time General Fund Appropriation	Total General Fund Appropriation
2009-11 Executive Budget	$21,735,138	$0	$21,735,138
2007-09 Legislative Appropriations	17,587,358	4,062,135	21,649,493
Increase (Decrease)	$4,147,780	($4,062,135)	$85,645

First House Action

The Senate did not change the executive budget recommendation for the State Department of Health. Attached is a summary of first house changes.

Executive Budget Highlights

	General Fund	Other Funds	Total
Administrative Health			
1. Adds 1 FTE auditor II position in fraud risk assessment contract compliance, including $25,000 of operating expenses	$78,510	$78,510	$157,020
2. Increases funding for operating expenses, including an increase in postage of $260,952 to provide total postage of $305,757	$26,580	$188,769	$215,349
3. Decreases funding for grants related to funding from an electronic death registry federal grant		($100,000)	($100,000)
4. Provides funding to address salary equity issues, including $16,369, of which $7,769 is from the general fund, for the related second-year salary increase	$163,144	$180,600	$343,744
5. Removes one-time funding from the grants line item for the legend prescription drug donation program provided in the 2007-09 biennium	($22,000)		($22,000)

Medical Services

6. Increases funding for operating expenses, including the following major increases:	$26,454	$668,001	$694,455

	Increase	Total Provided
Information technology contractual services	$105,000	$365,000
Fees - Professional services	$404,468	$1,230,500
Medical, dental, and optical	$129,217	$20,617,361

7. Increases funding in the grants line item to local health units for the federal immunization program ($66,510) and for epidemiology and laboratory capacity ($20,024)		$86,534	$86,534
8. Removes 2007-09 biennium funding for capital bond payments	($163,021)		($163,021)
9. Provides funding for capital bond payments	$168,666		$168,666
10. Removes one-time funding from the operating expenses line item provided in the 2007-09 biennium to transition local health units to a universal select immunization system and provide vaccine during the interim	($2,000,000)		($2,000,000)
11. Adds 1 FTE human services program administrator II position to provide a data coordinator for the immunization program. This position was approved by the Emergency Commission during the 2007-08 interim.		$110,579	$110,579
12. Adds 1 FTE epidemiologist II position to provide a data coordinator for the epidemiology and laboratory capacity program. This position was approved by the Emergency Commission during the 2007-08 interim.		$112,875	$112,875
13. Adds 1 FTE administrative assistant II position to the epidemiology and laboratory capacity program		$80,231	$80,231

Health Resources

14. Adds 2 FTE fire safety surveyor II positions to perform Life Safety Code construction visits for health facilities, including $73,550 of operating expenses	$232,174	$114,356	$346,530
15. Increases funding for operating expenses	$209,123	($131,384)	$77,739

Community Health

16. Increases funding for operating expenses, including Poison Prevention and Control ($149,000) and Women's Way ($150,000)	$219,009	$448,865	$667,874
17. Increases (decreases) funding for grants, including the following major changes:	($50,000)	($970,887)	($1,020,887)

	Increase (Decrease)
Suicide Prevention	($190,000)
Safe Havens	($747,000)
Grants to Encourage Arrest	($220,500)
Colorectal Cancer Pilot Project	($200,000)
Cardiovascular Health	($150,000)
Women, Infants, and Children Peer Counseling	$110,000
Maternal and Child Health	$112,000
Family Planning Program	$244,500

18. Decreases funding for tobacco prevention and control to provide a total of $8,957,958		($96,278)	($96,278)
19. Increases funding for the women, infants, and children food payments line item to provide a total of $25,068,375		$7,513,375	$7,513,375
20. Adds .50 FTE administrative assistant I position to the oral health program		$51,973	$51,973
21. Adds .50 FTE human services program administrator III position to the oral health program		$66,648	$66,648
22. Adds 1 FTE epidemiologist III position to the cancer registry, diabetes, and oral health programs		$125,647	$125,647

23. Adds 1 FTE public health nurse II position to the school health program — $119,216 — $119,216

Environmental Health

1. Increases (decreases) in funding for operating costs, including the following major changes: — ($253) — $67,822 — $67,569

	Increase (Decrease)	Total Provided
Travel	$125,121	$899,137
Information technology equipment under $5,000	$27,626	$159,100
Other equipment under $5,000	$86,050	$137,900
Utilities	$39,205	$431,259
Rentals/leases - Building/land	$34,625	$833,017
Repairs	$101,426	$672,700
Information technology contractual services	$75,000	$275,000
Fees - Professional services	($494,750)	$1,971,685
Medical, dental, and optical	$66,335	$1,665,150

25. Increases funding in the grants line item to provide a total of $25,227,400, including grants to soil conservation districts ($400,000) and a federal clean diesel grant ($400,000) that will be transferred to the Department of Public Instruction to be used to purchase energy-efficient schoolbuses — $761,506 — $761,506
26. Removes 2007-09 biennium funding for equipment over $5,000 — ($627,800) — ($627,800)
27. Provides funding for equipment over $5,000 — $662,430 — $662,430
28. Removes 2007-09 biennium funding for information technology equipment over $5,000 — ($26,500) — ($26,500)
29. Provides funding for information technology equipment over $5,000 — $22,800 — $22,800
30. Removes 2007-09 biennium funding for extraordinary repairs — ($228,841) — ($228,841)
31. Provides funding for extraordinary repairs — $236,666 — $236,666
32. Removes 2007-09 biennium funding for bond payments — ($185,227) — ($343,994) — ($529,221)
33. Provides funding for bond payments — $187,411 — $348,050 — $535,461
34. Adds .50 FTE environmental scientist II position to the waste management program — $74,410 — $74,410
35. Adds 1 FTE microbiologist I position to the epidemiology and laboratory capacity program. This position was approved by the Emergency Commission during the 2007-08 interim. — $60,095 — $49,168 — $109,263

Emergency Preparedness and Response

36. Increases (decreases) funding for operating costs, including the following major changes: — $36,003 — ($848,110) — ($812,107)

	Increase (Decrease)	Total Provided
Rentals/leases - Building/land	$121,638	$341,569
Information technology data processing	($179,474)	$232,027
Information technology contractual services	$385,500	$766,552
Fees - Professional services	($379,464)	$203,632
Medical, dental, and optical	($684,103)	$200,740

37. Decreases funding for grants, including the following major changes: — ($1,006,610) — ($1,006,610)

	Increase (Decrease)
Bioterrorism pandemic influenza project	($315,500)
Hospital preparedness grant	($617,000)
Centers for Disease Control and Prevention bioterrorism	($74,000)

38. Removes one-time funding from the operating expenses line item provided in the 2007-09 biennium for an emergency medical services assessment — ($30,000) — ($30,000)
39. Removes one-time funding from the operating expenses line item provided in the 2007-09 biennium to purchase an antiviral stockpile in case of severe influenza outbreak — ($2,010,135) — ($2,010,135)

40. Removes 2007-09 biennium funding for equipment over $5,000		($242,000)	($242,000)
41. Provides funding for equipment over $5,000		$187,245	$187,245
42. Adds 1 FTE administrative assistant I position to the bioterrorism program		$81,454	$81,454
Special Populations			
43. Decreases funding for operating costs, including a decrease in fees - professional services of $389,453	($171,997)	($192,509)	($364,506)
44. Increases (decreases) in funding for grants, including the following major changes:	$1,005,000	($233,809)	$771,191

	Increase (Decrease)
Veterinarian loan program	$350,000
Physician loan repayment program	($277,500)
Medical personnel loan repayment program	$200,000
Dental loan repayment program	$53,448
Medicaid management information system grants	$442,500
Specialty care diagnostic and treatment program	$88,000

45. Adds .50 FTE human services program administrator III position to the primary care program		$69,750	$69,750

Other Sections in Bill

Environment and rangeland protection fund - Section 4 authorizes the department to spend $272,310 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.

Insurance tax distribution fund - Section 5 provides that the estimated income in Section 1 of the bill includes $2,750,000 from the insurance tax distribution fund.

Federal 319 nonpoint matching funds - Section 6 provides the State Water Commission shall provide a grant of $200,000 to the State Department of Health to be used as matching funds for the federal 319 nonpoint program.

Indirect cost recoveries - Section 7 allows the State Department of Health to deposit indirect cost recoveries from federal progr[a]nd special funds in its operating account.

Continuing Appropriations

Combined purchasing with local public health units - North Dakota Century Code (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 when 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

House Bill No. 1098 - This bill relates to providing an effective date for petroleum release mediation.

House Bill No. 1231 - This bill provides $196,000 from the general fund to the State Department of Health for a mobile dental care service grant.

House Bill No. 1327 - This bill allows a long-term care facility to reestablish 75 percent of its bed capacity under certain circumstances. A fiscal note provided by the Department of Human Services indicates a general fund fiscal impact of $11,240 and a special funds fiscal impact of $760 to the State Department of Health.

House Bill No. 1338 - This bill provides for a study of solid waste management with an emphasis on the siting and zoning of landfills.

House Bill No. 1339 - This bill provides the State Department of Health establish a stroke system of care task force and designate qualified hospitals as primary stroke centers. A fiscal note prepared by the State Department of Health indicates a special funds fiscal impact of $180,000.

House Bill No. 1371 - This bill relates to limits on the performance of abortion and abortion reporting requirements.

House Bill No. 1386 - This bill relates to rabies determinations.

Senate Bill No. 2044 - This bill provides for the continuation of the moratorium on expansion of basic care bed capacity and long-term care bed capacity through July 31, 2013.

Senate Bill No. 2046 - This bill requires the State Department of Health to offer a life safety survey process for all health facilities ...nsed by the Division of Health Facilities of the State Department of Health during and at the conclusion of a construction, renovation, ...construction and renovation project and provides that the department may charge a reasonable fee for a life safety survey ...erformed. Senate Bill No. 2004 includes 2 FTE fire safety surveyor II positions and an appropriation of $346,530, of which $232,174 is from the general fund, to provide the services.

Senate Bill No. 2047 - This bill provides $128,400 from the general fund to the State Department of Health for providing emergency training grants to rural law enforcement officers.

Senate Bill No. 2048 - This bill requires trauma designation for all licensed hospitals and mandates licensure for quick response units. The State Department of Health is responsible for these licensures and the fiscal note attached to this bill indicates an additional $4,000 of general fund expenditures would be required to conduct the evaluations.

Senate Bill No. 2050 - This bill provides the State Department of Health may regulate the communications methods and protocols for emergency medical services operations. The bill also provides for a Legislative Council study of the emergency medical services funding system within the state. A fiscal note attached to the bill indicates approximately $5,000 of staff time would be required to promulgate administrative rules.

Senate Bill No. 2141 - This bill relates to damages to land surface caused by subsurface mineral extraction and related exploration and provides the State Department of Health, upon request, shall conduct a site visit and evaluate site-specific environmental data as necessary to ensure compliance with applicable environmental protection articles in the North Dakota Administrative Code which are under the jurisdiction of the department.

Senate Bill No. 2161 - This bill requires the department to identify the records of an individual reported as lost, missing, or runaway and notify the bureau and local law enforcement authority if a request for records is received from any source.

Senate Bill No. 2167 - This bill provides for a state policy for reuse, recycling, or resale of state-provided medical equipment.

Senate Bill No. 2168 - This bill relates to the confidentiality of autopsy reports, the powers and duties of the coroner and State Forensic Examiner, and to the county coroner and the appointment of an assistant coroner.

Senate Bill No. 2174 - This bill provides for the participation of the State Health Officer or the officer's designee on an autism spectrum disorder task force.

Senate Bill No. 2198 - This bill provides a $864,000 general fund appropriation to the Department of Human Services for the purpose ...roviding services to individuals with traumatic brain injury and requires the State Department of Health shall participate at least ...ually in a joint meeting with certain agencies to discuss the provision of services to individuals with traumatic brain injury.

Senate Bill No. 2227 - This bill relates to the medical loan repayment program. The bill removes the limit on the number of recipients and increases the limit on the maximum loan repayment from $10,000 to $30,000. A fiscal note prepared by the State Department of Health indicates an increase in general fund expenditures of $67,500 for the 2009-11 biennium, based on the addition of three participants per year.

Senate Bill No. 2230 - This bill provides a $2 million general fund appropriation and 1 FTE administrative position to the State Department of Health for providing grants to domestic violence sexual assault organizations.

Senate Bill No. 2332 - This bill creates a health information technology office and advisory committee and provides $500,000 from the general fund to the State Department of Health to defray the costs of the health information technology office, advisory committee, and associated grants.

Senate Bill No. 2333 - This bill creates regional public health networks and provides $3.8 million from the general fund to the State Department of Health to fund the regional public health networks. The bill also provides $2 million from the general fund to the State Department of Health to provide funds to local public health units for immunization services.

Senate Bill No. 2344 - This bill provides the State Department of Health establish guidelines for employers concerning workplace breastfeeding and infant friendly designations.

Senate Bill No. 2358 - This bill creates a dental loan repayment program and provides $180,000 from the general fund to the State Department of Health for grants to dentists.

Senate Bill No. 2412 - This bill provides $369,000 from the general fund to the State Department of Health for providing a grant to the North Dakota Fetal Alcohol Syndrome Center. The bill also requires the North Dakota Fetal Alcohol Syndrome Center report to the Legislative Council regarding the use of the funds.

ATTACH:1

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - Funding Summary

	Executive Budget	Senate Changes	Senate Version
State Department of Health			
Salaries and wages	$45,205,612	$111,064	$45,316,676
Operating expenses	44,681,462	61,764	44,743,226
Capital assets	1,813,268		1,813,268
Grants	57,509,510	1,950,000	59,459,510
Tobacco prevention	8,957,958		8,957,958
WIC food payments	25,063,375		25,063,375
Total all funds	$183,231,185	$2,122,828	$185,354,013
Less estimated income	161,496,047	1,500,000	162,996,047
General fund	$21,735,138	$622,828	$22,357,966
FTE	343.50	1.00	344.50
Bill Total			
Total all funds	$183,231,185	$2,122,828	$185,354,013
Less estimated income	161,496,047	1,500,000	162,996,047
General fund	$21,735,138	$622,828	$22,357,966
FTE	343.50	1.00	344.50

Senate Bill No. 2004 - State Department of Health - Senate Action

	Executive Budget	Senate Changes	Senate Version
Salaries and wages	$45,205,612	$111,064	$45,316,676
Operating expenses	44,681,462	61,764	44,743,226
Capital assets	1,813,268		1,813,268
Grants	57,509,510	1,950,000	59,459,510
Tobacco prevention	8,957,958		8,957,958
WIC food payments	25,063,375		25,063,375
Total all funds	$183,231,185	$2,122,828	$185,354,013
Less estimated income	161,496,047	1,500,000	162,996,047
General fund	$21,735,138	$622,828	$22,357,966
FTE	343.50	1.00	344.50

Department 301 - State Department of Health - Detail of Senate Changes

	Increases Funding for Emergency Medical Services Grants[1]	Adds Funding for Suicide Prevention[2]	Total Senate Changes
Salaries and wages		111,064	111,064
Operating expenses		61,764	61,764
Capital assets			
Grants	1,500,000	450,000	1,950,000
Tobacco prevention			
WIC food payments			
Total all funds	$1,500,000	$622,828	$2,122,828
Less estimated income	1,500,000	0	1,500,000
General fund	$0	$622,828	$622,828
FTE	0.00	1.00	1.00

This amendment increases funding from the insurance tax distribution fund for emergency medical services grants under Chapte 23-40 to provide a total of $2,750,000 from the insurance tax distribution fund for these grants. The funding increase is to provide for ambulance services staffing grants, system assessments, leadership training, and recruitment efforts.

[2] This amendment adds funding from the general fund for suicide prevention, including salaries and wages ($111,064), operating expenses ($61,764), and grants ($450,000). One full-time equivalent position is also authorized in the amendment.

This amendment also adds a section requiring the State Water Commission provide a $200,000 grant to the State Department of Health to provide matching funds for the federal 319 Nonpoint Program.

Testimony
Senate Bill 2004
Senate Appropriations Committee
Tuesday, January 20, 2009; 8:30 a.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 Senate Bill 2004.

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.

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 North Dakota's public health professionals at both the state and local levels who work hard every day to safeguard the health of all North Dakotans. Consider several of public health's many accomplishments in serving North Dakotans 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.
- Provided approximately $207 million in loans to municipalities for drinking water and wastewater infrastructure improvements; provided approximately $6 million in federal pass-through funds to assist in efforts to reduce nonpoint source pollution in our lakes and streams.

- Received recognition as one of only 13 states in the nation that meet all National Ambient Air Quality Standards.
- Provided tobacco cessation information and assistance to nearly 10,000 callers to the Tobacco Quitline since its inception. Currently, the North Dakota Tobacco Quitline is one of the most successful quitlines in the nation. In fact, 35 percent of people who enrolled in Quitline services were still not using tobacco after 12 months. Other tobacco prevention efforts have resulted in a significant decline in youth smoking – from 41 percent in 1999 to 21 percent in 2007.
- Maintained the lowest incidence of infectious disease of any state in the nation; conducted a prompt and effective investigation of the first case of antibiotic-resistant meningococcal disease in the United States.
- Implemented a web-based, electronic death registration system in all funeral homes in North Dakota and an electronic fetal death registration system in all birthing hospitals.
- Received a score of 83 percent in an assessment of the state's Strategic National Stockpile program, demonstrating continued improvement in our ability to deliver medical resources to health-care providers and the citizens of North Dakota during a catastrophic event.
- Scored high in seven of nine health and medical objectives in a federal review of North Dakota's pandemic influenza response plan.
- Served more than 2,000 children who have special health-care needs and their families each year, helping them access specialty medical care and coordinated, community-based services.
- Received Gold certification from the North American Association of Central Cancer Registries for the North Dakota Cancer Registry's data timeliness, completeness and quality in 2007 and 2008.
- Established six community-based suicide prevention programs for youth ages 10 to 24 in areas of the state with high rates of youth suicides.
- Provided service to 4,179 victims of domestic violence and 850 victims of sexual assault in 2007.
- Provided consultation on 4,880 poison exposure cases and provided information to an additional 4,597 North Dakotans through the National Poison Control Help Line.
- Provided maternal and child health services to 4,055 pregnant women, 10,109 infants and 96,719 children and adolescents in 2007.
- Provided abstinence education to 1,677 youth ages 12 through 18 through school, community and faith-based interventions; provided abstinence education training to 652 parents and other community members.
- Served 3,784 students living in fluoride-deficient areas through school fluoride programs during the 2006-2007 school year.

- Provided counseling and nutritious food to more than 48,000 pregnant, breastfeeding and postpartum women; infants; and young children through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Studies show that support through WIC improves children's health, growth and development.

Update on New Initiatives

During the last legislative session, you provided one-time funding to the Department of Health to address two new initiatives: (1) transitioning to a new immunization system for the state and (2) purchasing a stockpile of medications to treat influenza during a pandemic. Let me take a few minutes to update you on the progress of those initiatives.

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.

North Dakota receives two sources of vaccines from the federal government: Section 317 vaccines, which can be used at the state's discretion; and Vaccines for Children (VFC), which can be used only for uninsured, underinsured, American Indian or Medicaid-eligible children. In the past, Section 317 and VFC vaccines from the federal government provided vaccines for every child in North Dakota at no charge, whether that child was covered by insurance or not. Over the past several years, however, the number of recommended vaccinations increased substantially while the federal vaccine allotment did not, causing a need for changes to the state's immunization program.

In the last legislative session, you appropriated $2 million to continue providing vaccine to all children and transition the program to one in which insurance companies pay for vaccines for children covered by their policies. Our original hope was that the Department of Health would purchase (at a discounted rate) all childhood vaccines used in the state on behalf of providers. However, vaccine manufacturers were unwilling or unable to sell vaccines to us for use by private physicians. Therefore, another approach – which was named PROtect ND Kids – was developed.

Let me briefly outline the steps that were taken:

- The Department of Health worked with a taskforce comprised of representatives from private providers, local public health units, Blue

Cross Blue Shield of North Dakota and others to plan for the transition in the immunization program.

- We worked with Blue Cross Blue Shield to establish first-dollar coverage for all recommended childhood immunizations, and we encouraged other insurance companies providing coverage in the state to do the same.
- The department collaborated with vaccine manufacturers and the Minnesota Multistate Contracting Alliance for Pharmacy, a multi-state group purchasing alliance, to establish contracts with private providers and local public health units for vaccine purchase.
- The federal VFC program requires that underinsured children receive VFC vaccine only at Federally Qualified Health Centers or rural health clinics. This would mean that many underinsured children would have to travel to rural clinics or FQHCs to get vaccinated. To help make sure that these children have easy access to vaccines, we worked with two FQHCs in the state to delegate authority to every private and public provider to administer VFC vaccine to underinsured children. This means that every child can receive every vaccine at every provider's office.
- The department worked with local public health units to set up agreements for billing insurance companies and coordinated the design of an insurance billing system for local public health units. This has allowed local public health units to continue to vaccinate children who have insurance, as well as VFC-eligible children.
- With our taskforce partners, we conducted a statewide information campaign to help parents and immunization providers prepare for the transition to the PROtect ND Kids program.
- On Jan. 1, 2008, private providers began billing insurance companies for vaccine administered to children covered by their plans.
- On March 31, 2008, local public health units did the same.
- North Dakota is now using federal Section 317 vaccine for projects targeting at-risk populations, including providing (1) a dose of hepatitis B vaccine for all children at birth; (2) tetanus, diphtheria and pertussis vaccine for parents of infants, child-care providers and expectant fathers; and (3) meningococcal vaccine for North Dakota college students.

Several other states are undergoing a similar transition and have contacted us to learn the steps we took in North Dakota. One thing is certain: the transitional funding you provided last session helped to make the change go much more smoothly than it otherwise would have.

This has not been an easy process. While the new program is working well in the private sector, there have been challenges in transitioning the local public

health units, especially in regard to the billing system. However, in North Dakota, every provider can provide every vaccine to every child, which is not the case in other states. This will help ensure that we maintain the high vaccination rates we have consistently achieved in North Dakota.

Antiviral Stockpile

The 2007 Legislative Session appropriated funds for the purchase of a stockpile of medications to treat influenza for use in the event of shortages during seasonal influenza as well as shortages during a pandemic. The Department of Health purchased 57,000 courses of the medication through a federally subsidized program at a cost of $781,197. We entered into a contract with a North Dakota pharmaceutical company to purchase 24,762 courses at a cost of $1,179,125. These courses are not part of the federal subsidy program but are able to be rotated to prevent expiration. Warehouse rental, security system installation, climate control equipment, backup electrical generator and monitoring equipment cost $49,813.

You may have heard in the news recently that some strains of influenza circulating this season have become resistant to certain types of medication. Having this state-controlled stockpile ensures that it can be changed to meet our needs. In addition, it ensures that the medications can be rotated out and used to treat seasonal influenza rather than be allowed to expire.

Public Health Challenges

Although our accomplishments are many, public health still faces many challenges; for example, providing a state match to the federal government for funding to help North Dakota prepare for public health emergencies, addressing the increasing rates of overweight and obesity that are reducing the quality of life for North Dakotans or causing them to die too soon, and competing with other state agencies and the private sector to recruit and retain quality public health employees.

Public Health Emergency Preparedness and Response Match and Maintenance of Effort

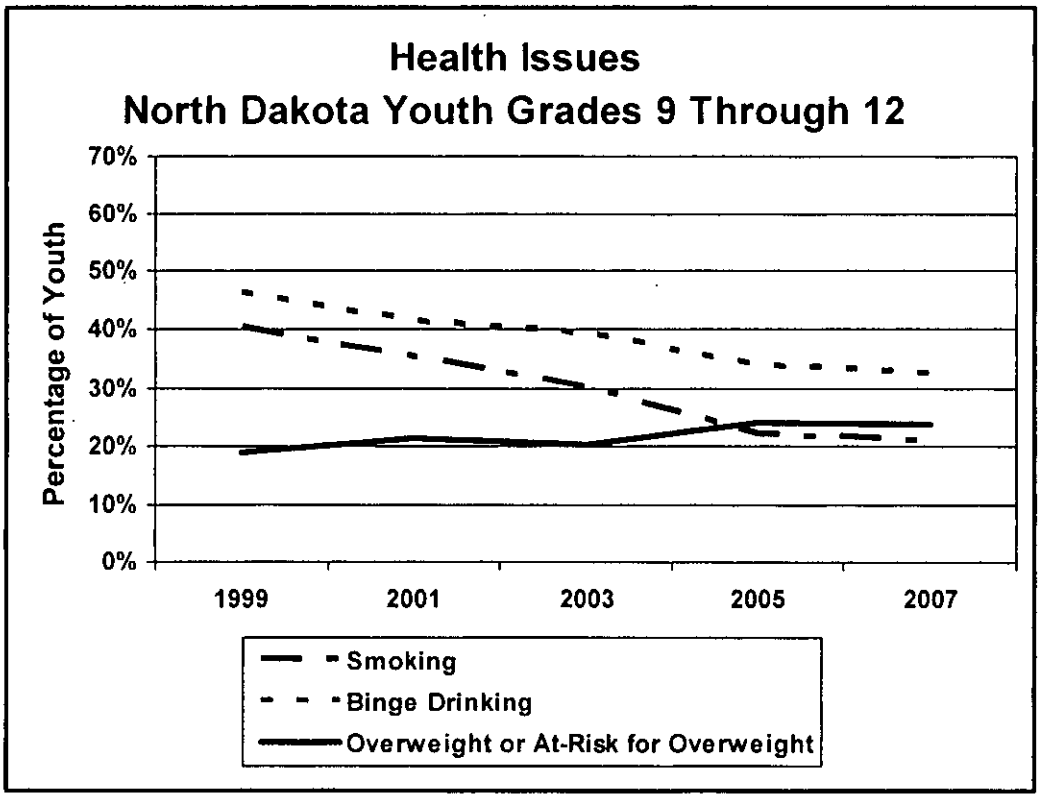
The Emergency Preparedness and Response Section of the North Dakota Department of Health was created as a result of the attacks on New York and Washington, D.C. in September 2001 and the anthrax attacks that followed shortly thereafter. This section is at the forefront of coordinating public health and medical emergency preparedness and response across the state and within our own department. Public health and medical emergency preparedness is one of four goals identified in the department's strategic plan.

The Department of Health receives about $6.2 million a year through cooperative agreements with the U.S. Department of Health and Human Services for public health emergency preparedness and response. Recent federal legislation requires states to produce maintenance of effort and/or match funding beginning in the next grant period (August 10, 2009). This mandate requires grantees to provide a 5 percent match of the total award in the first year (currently $310,000) and 10 percent the second year and each year thereafter (approximately $620,000). We expect the federal government to issue definitions for the matched funding this month. In the meantime, we are exploring ways to address this upcoming requirement.

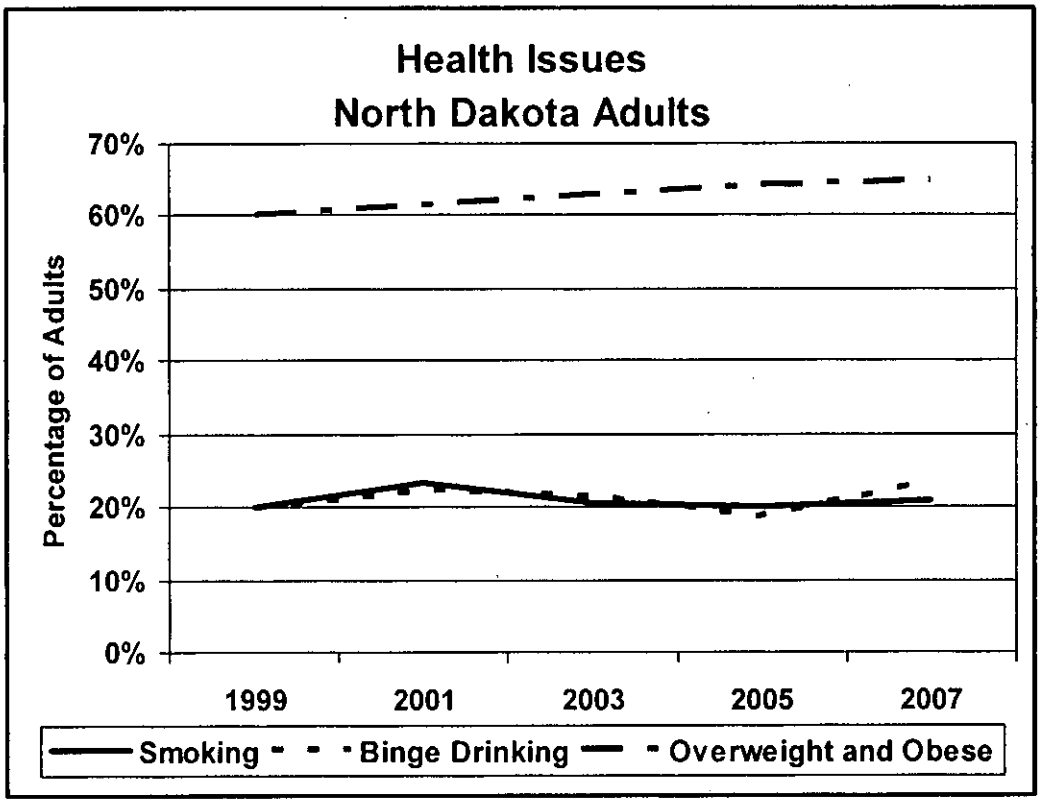
Health and Lifestyle Issues

Three main life choices (risky behaviors) continue to affect the health and quality of life for many North Dakotans: tobacco use, binge drinking, and overweight and obesity. While we have made some improvements, the growing numbers of youth and adults who are overweight and obese are of great concern. In fact, the rates of tobacco use are now being eclipsed by the rates of obesity and overweight.

As you can see in the following chart, the rates for binge drinking among our youth have been declining steadily, and the rates for smoking have decreased dramatically since 1999. However, the rates of youth who are overweight or at risk for becoming overweight have steadily increased.



For adults, the rates of smoking and binge drinking have remained fairly steady. However, as the following chart shows, the rates of North Dakota adults who are overweight or obese are high and growing.

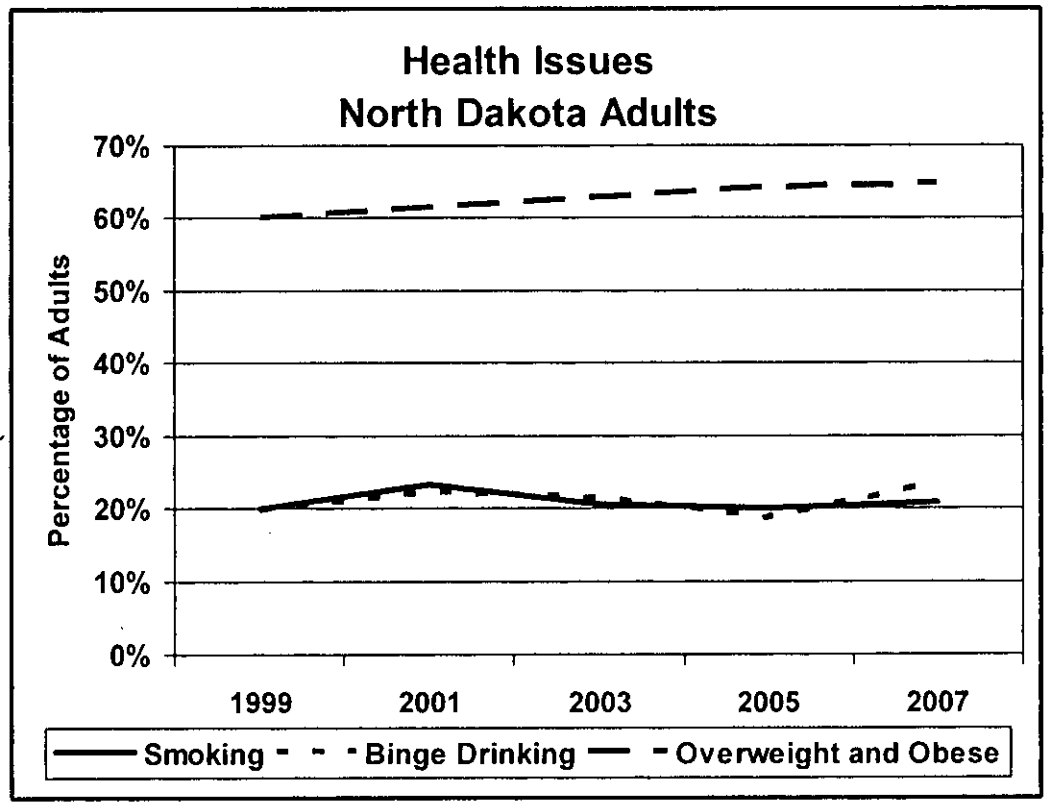


For the first time in history, this generation of children is not expected to live as long as their parents. Consider this:

- The rates of type 2 diabetes in North Dakota children have increased from 2.8 per 1,000 children in 2003 to 4.5 per 1,000 children in 2007. That's a 61 percent increase in type 2 diabetes in children, which is almost totally due to excessive weight. Type 2 diabetes was historically a condition found in overweight or obese adults and now is one of the most common types seen in children.
- Thirty-one percent of North Dakota kids between 2- and 5-years-old who are enrolled in WIC (the Special Supplemental Nutrition Program for Women, Infants and Children) are overweight or at risk for becoming overweight.

Being overweight or obese can cause lifelong chronic diseases such as cancer, diabetes, heart disease, high blood pressure and stroke. These health issues have direct, negative impacts on the ability of our citizens to live productive, fulfilling lives.

For adults, the rates of smoking and binge drinking have remained fairly steady. However, as the following chart shows, the rates of North Dakota adults who are overweight or obese are high and growing.



For the first time in history, this generation of children is not expected to live as long as their parents. Consider this:

- The rates of type 2 diabetes in North Dakota children have increased from 2.8 per 1,000 children in 2003 to 4.5 per 1,000 children in 2007. That's a 61 percent increase in type 2 diabetes in children, which is almost totally due to excessive weight. Type 2 diabetes was historically a condition found in overweight or obese adults and now is one of the most common types seen in children.
- Although data about the weight of children is generally not available, one group for which we have information is children enrolled in WIC (the Special Supplemental Nutrition Program for Women, Infants and Children). Thirty-one percent of North Dakota kids between 2- and 5-years-old who are enrolled in WIC are overweight or at risk for becoming overweight.

Being overweight or obese can cause lifelong chronic diseases such as cancer, diabetes, heart disease, high blood pressure and stroke. These health issues have

Healthy North Dakota has been working to coordinate resources for addressing the obesity issue, as well as other health-related concerns in the state. One result of these efforts is the establishment of a statewide worksite wellness initiative. Studies show that a comprehensive worksite wellness program will reduce health costs by 26 percent, absenteeism by 27 percent, and workers' compensation costs by 32 percent. In addition, a business will see savings of about six dollars for every dollar invested in a comprehensive worksite wellness program. These efforts can impact a business's bottom line by helping to build a healthier workforce and can help people live longer, healthier lives.

Employee Recruitment and Retention

The Department of Health continues to focus on providing timely and efficient services to the people of North Dakota. We work to create an environment that retains our valued employees to maintain those services and meet the public health challenges facing our state. We still, however, face recruitment and retention issues.

Over the last two years, we lost just over 60 employees, which is almost 20 percent of our work force. The occupations experiencing the highest turnover vary by year but include health facility surveyors, environmental scientists and engineers, program administrators, epidemiologists and computer specialists. Experienced replacements for many of our professional vacancies are often difficult to recruit.

Our salaries continue to lag behind other state agencies in many classifications and grades. In comparing our salaries to other similar positions in North Dakota state agencies, we find that more than 40 percent of our classes are lower than the state average. Many are 6 to 10 percent below average.

Information from Job Service North Dakota shows that salaries for some of our medical and scientific positions are behind those in the private sector to an alarming degree. Environmental engineers and nurses are 20 percent below market, and chemists are more than 50 percent below.

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 5 and 5 percent salary increase for state employees. We also request your favorable consideration for the equity increase included in our budget request. Our employees deserve to make the same salaries as other state employees in the same classifications doing similar jobs. The equity increase will allow us to begin to address this issue.

Conclusion

A strong public health system with an emphasis on preventive health will help to ensure that our fellow North Dakotans live long, productive lives. In addition, a state that invests in the health and safety of its citizens enhances a business climate ripe for growth, especially since employers and workers value quality of life, including good health and a clean environment.

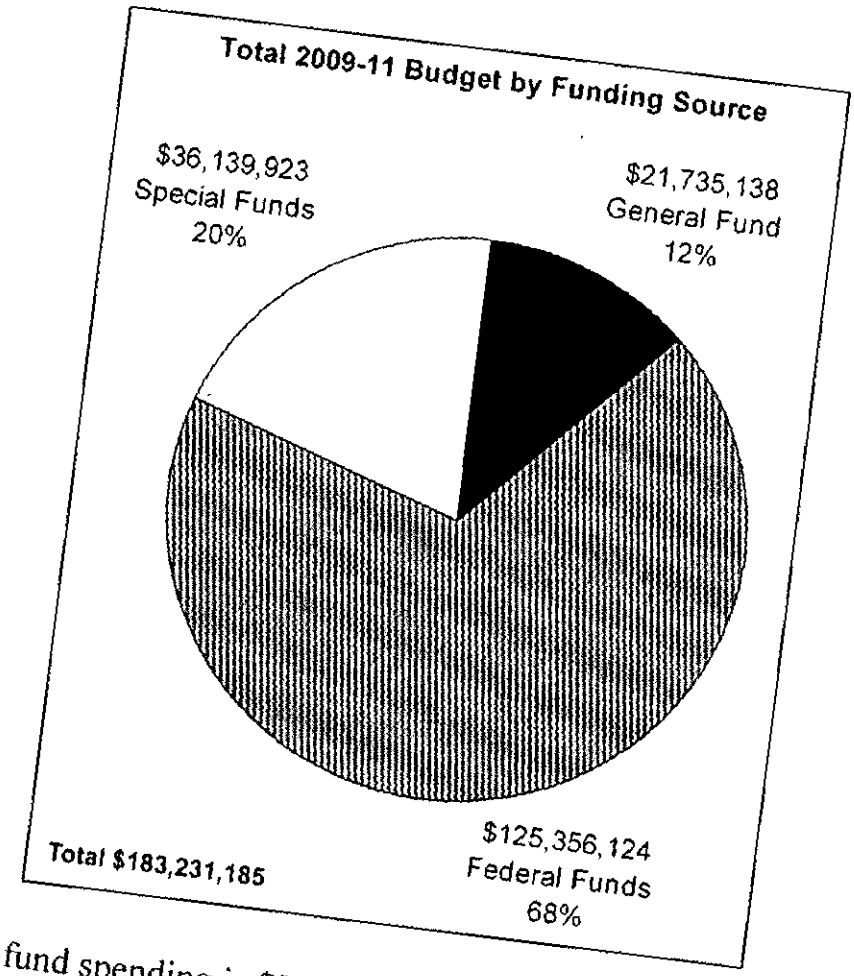
Over the past several years, the Department of Health has been working on a strategic planning process in which we developed the department's mission, goals and objectives, as well as outcome performance measures to measure our progress toward our goals. This year, for the first time, our budget document includes these performance measures. The department's Strategic Plan and Business Plan detailing our goals and objectives are included as Appendices 1 and 2. As this process is finalized, strategic plan information will be posted on the department's website.

With me today is Arvy Smith, Deputy State Health Officer, who will provide information about the programs and budget of the Department of Health. In addition, she will present some of the performance measures I mentioned. Several other members of the department's staff also are 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.

The total budget for the North Dakota Department of Health recommended by the governor for the 2009-11 biennium and included in SB 2004 is $183,231,185.



State general fund spending is $21,735,138 or 12 percent of our budget. That is equivalent to $17 per capita per year – less than the cost of a flu shot or one childhood vaccination. Federal funds are recommended at $125,356,124 (68%), and special funds at $36,139,923 (20%).

A summary by funding source of the department's 2009-11 base level, which is our current budget less one-time expenses and the salary equity adjustment, compared to the 2009-11 budget request as presented in SB 2004, is as follows:

	SB 2004 2009-11 Base Level	SB 2004 2009-11 Budget Request	Percent of 09-11 Request	Increase/ Decrease	Inc(Dec) Percent
General	$17,454,898	$21,735,138	12%	$4,280,240	25%
Federal	114,980,691	125,356,124	68%	10,375,433	9%
Special	35,614,586	36,139,923	20%	525,337	1%
Total	**$168,050,175**	**$183,231,185**	**100%**	**$15,181,010**	**9%**
FTE	**331.50**	**343.50**		**12.00**	**4%**

The 2009-11 base-level budget for the Department of Health is $168,050,175 with $17,454,898 from the general fund and 331.50 FTE. Comparison of these figures to the 2009-11 budget request shows a total increase of $15,181,010 or 9 percent, a general fund increase of $4,280,240 or 25 percent, and an increase in FTE of 12.00 or 4 percent.

North Dakota has a network of 28 local public health units that provide a varying array of public health services. Some of the 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 2009-11 budget request, $74 million or 40 percent is passed through to various entities to provide services. Slightly more than $22.8 million goes to local public health units, and more than $33.3 million goes to other local entities. The remaining $17.9 million goes to state agencies, medical providers, tribal units and various other entities.

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. Our organization chart is included as Appendix 3. I will proceed by presenting the budget for each section, with the exception of general salary adjustments affecting all sections, which are presented below:

Governor's Salary and Benefits Package ($1.6 million general fund)	$4,115,000
Governor's Equity Package	$327,000
Cost to continue the 07-09 4% salary increase into 09-11 Biennium	$650,000
Equity increases appropriated by the 2007 Legislature (SB 2189)	$386,000

Equity increases provided during the 2007-09 biennium	$698,000
Increase in the Temporary Salary Line Item (Emergency Preparedness and Response, Administrative Support, and Community Health)	$226,000

Temporary salary increases in Emergency Preparedness and Response are due to the ever-changing requirements of the federal grant that cause us to use temporary staff rather than permanent staff. The Administrative Support temporary salary increase is also funded by Emergency Preparedness and Response funding, so temporary as opposed to permanent staff is used there as well. In Community Health, many different federal grants come and go, so we need to add temporary administrative support staff to cover the fluctuating demands.

The additional equity adjustments totaling $698,000 were provided mainly in Environmental Health for engineers and in Health Resources for health facility surveyors where we were unable to hire staff and were losing staff due to noncompetitive salaries. As a result, Health Resources was unable to meet federal requirements for surveying facilities and Environmental Health was unable to meet demands for energy development in the state. These adjustments have greatly improved our ability to hire and significantly reduced turnover in these sections.

As Dr. Dwelle indicated, salary levels are a major issue for the Department of Health. Department of Health salaries are not equitable with other state agency salaries for similar jobs in comparable classifications. Studies by management experts indicate that inequitable salaries cause morale problems. We try to use savings and new federal and special funds to make salary adjustments where we can to improve this situation. Some important highlights with regard to salary levels in the department are as follows:

- The average salaries of 40 percent of our classifications are lower than the state average.
- While our turnover rate has decreased somewhat, we still lost almost one-fifth of our employees during the last two years.
- We continue to lose employees to other state agencies. This biennium, one of every six of our employees who left the department went to work for another state agency. Just this month, an employee quit to work for another state agency and received an $800 per month increase for a job that was only one grade higher.
- On the state and the regional level, we see the average salaries for many medical, scientific, IT, engineering and program management positions

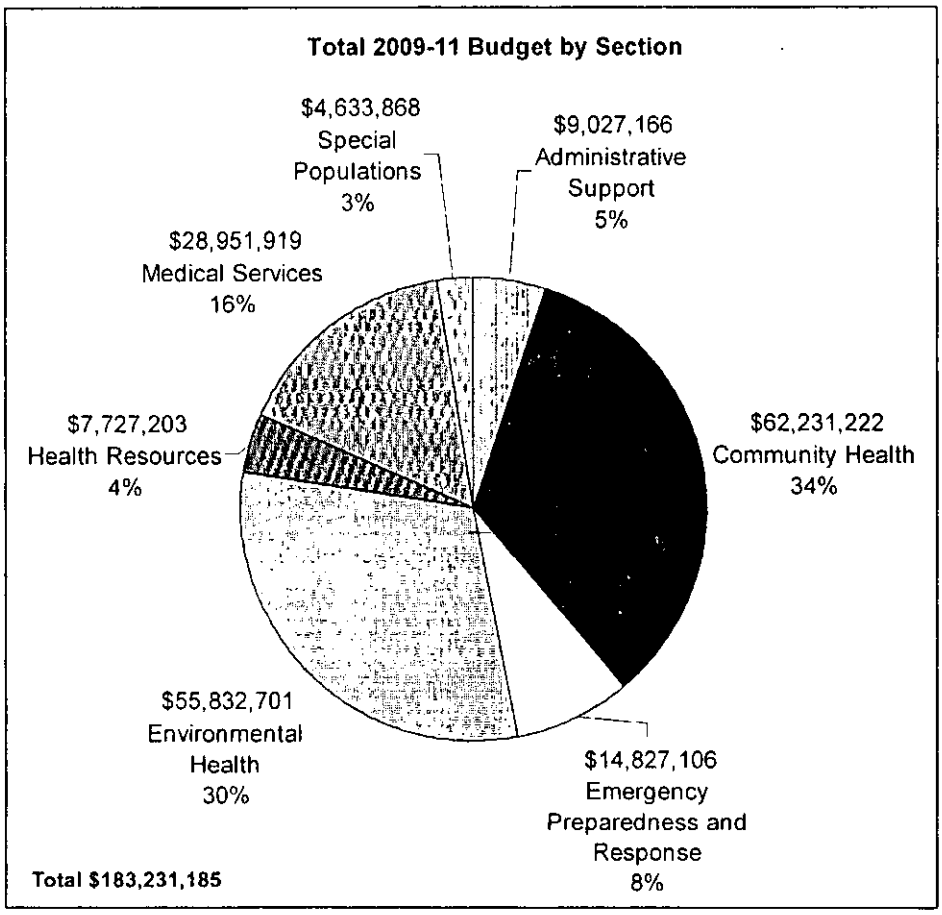
falling further behind. For environmental engineers, epidemiologists, chemists, and human service program administrators, the difference is $12,000 per year or more.

- We are seeing salary compression between our long-term employees and our new hires, as we find that we must pay higher starting salaries to attract qualified applicants.

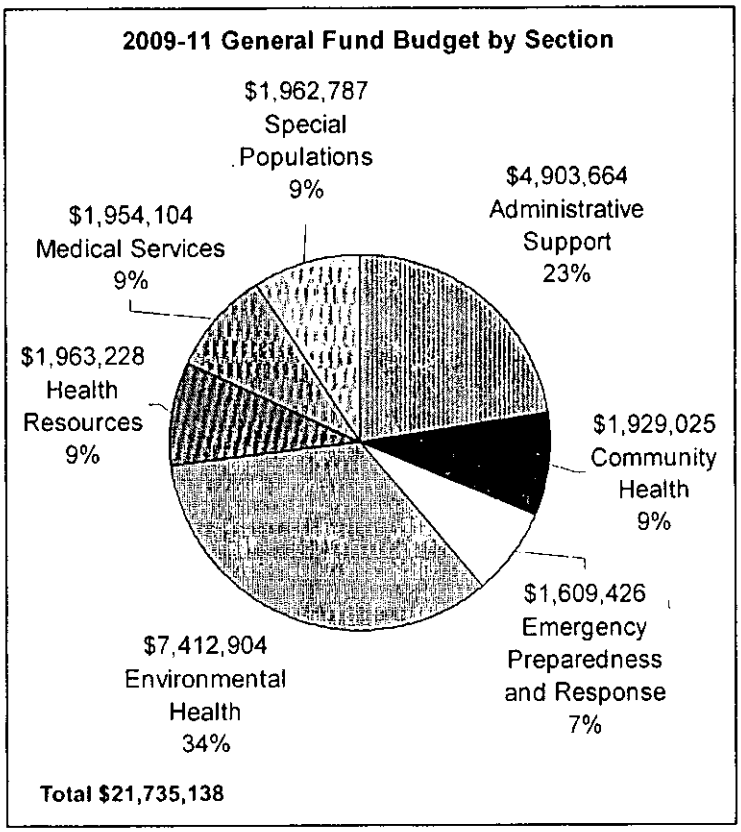
The governor's 5 percent per year salary package will greatly assist us in addressing external market equity and reducing turnover so we can retain our professional staff and continue to provide timely assistance to citizens and industry during this time of economic development. The governor's $327,000 funding for equity increases will begin to help us to address equity issues related to what other state agencies are paying employees in similar jobs in comparable classifications.

Budget by Section

The following pie charts reflect each section's total funds, general fund dollars and percentage of FTE.

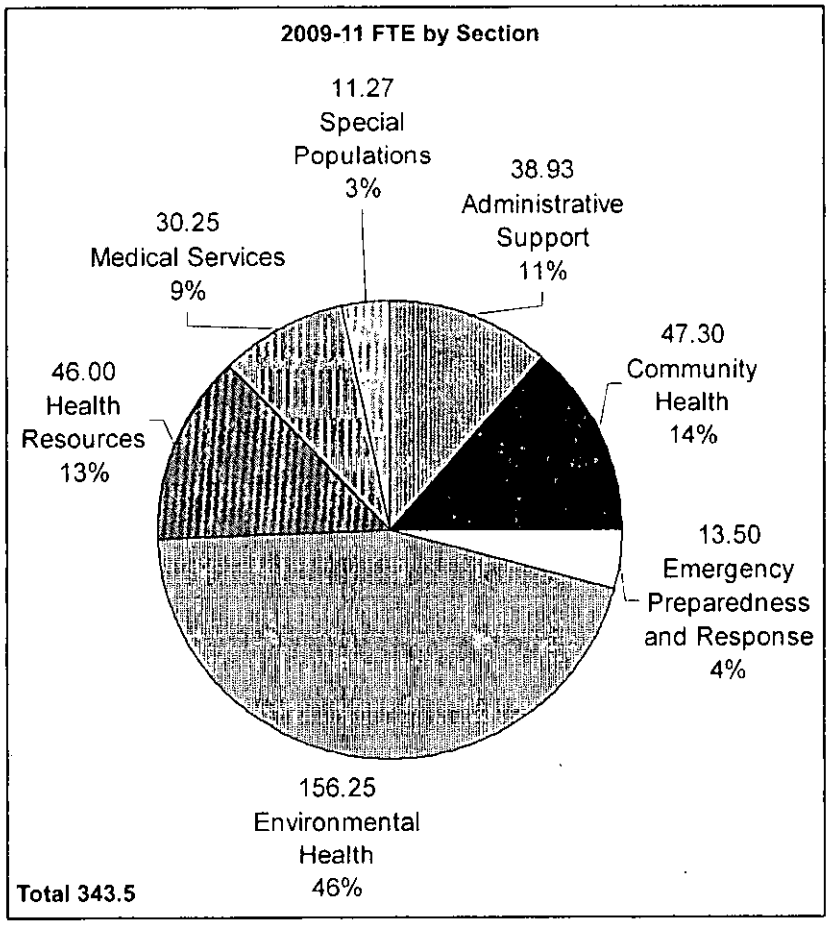


As you can see, the Environmental Health Section and the Community Health Section make up most of our total funding. Special Populations is our smallest and newest section. The Administrative Support Section is only 5 percent of our total budget.



Most of our general fund dollars are in the Environmental Health Section and the Administrative Support Section and are mainly as follows:

- State match for Environmental Protection Agency (EPA) federal funding
- State match for Maternal and Child Health (MCH) federal funding
- Local public health state aid
- Vital Records
- State Forensic Examiner
- State match for indirect costs in the Administrative Support Section



The Environmental Health Section employees almost half of our FTE.

As Dr. Dwelle mentioned, we have made significant progress in developing our strategic plan. So I will be presenting some of the goals and key performance measures for each section. A complete listing of all the goals, objectives and performance measures for each section is included in our submitted budget document.

We also have prepared comments describing all of the divisions and programs included in each section. That information can be found in Appendix 4.

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 Executive Office and *Healthy North Dakota* are also budgeted in this section.

Goals of the section are to:

- Achieve strategic outcomes using all available resources.
- Increase organizational effectiveness.
- Strengthen and sustain stakeholder engagement and collaboration through *Healthy North Dakota.*

A key performance measure in Administrative Support is to hold administrative overhead to less than 5 percent. All expenses in Administrative Support except those for Vital Records, *Healthy North Dakota,* grants to local public health units, and PROtect ND are included in administrative overhead. Our rates are as follows:

2003-05	2005-07	2007-09	2009-11
4.07%	3.23%	2.22%	2.41%

This shows that even though the programs and funding we administer are increasing, our overhead costs to administer them have remained low.

Critical issues in the Administrative Support section are

- Efficient and effective financial oversight of grants and contracts to ensure compliance with all contract requirements.
- Ability to retain staff in light of increases in the energy industry and competition with the market in general for most of our positions.
- Level federal funding in most federal grants coupled with inflationary increases, leaving less money for provision of service.

Administrative Support Section Budget

The total budget for the Administrative Support Section is as follows:

General Fund	$4,903,664
Federal Funds	3,572,576
Other Funds	550,926
Total Budget	**$9,027,166**

Federal funds in this section include the Preventive Health Block Grant, CDC Bioterrorism grants, federal contracts for Vital Records projects, and a multitude of federal and other funds that contribute to payment of our indirect costs.

The major expenses in the Administrative Support Section are as follows:

Salaries and Wages for 38.93 FTE	$5,295,874
Equity Salary Plan	327,375
IT Data Processing	180,165
Postage	305,757
Professional Services (Healthy North Dakota, audit, cert. of public advantage)	335,270
Remaining Operating Expenses (travel, supplies, insurance, communications)	682,725
Grants to Local Public Health Units	1,900,000
Total Budget	**$9,027,166**

Changes to the Administrative Support Section budget are as follows:

New Fraud Risk Assessment and Contract Compliance Program (1 FTE)	$153,000
Completion of Death Index Project	($220,000)
Changes in Accounting for Postage Costs in Vital Records	$245,000

A portion of the new position will address the audit finding to conduct a fraud risk assessment on all of our 80 programs. It also will allow us to use a more qualified individual to more efficiently determine financial contract compliance. As previously mentioned, more than 40 percent of our budget is awarded in contracts and grants. Recent audit findings of contracted entities have alerted us to the need for additional effort in this area. This request is our number-one priority in our optional package.

The adjustment in Vital Records also is related to an audit finding requiring us to account for the revenue and the expenditure for postage on birth certificate requests, rather than reflecting it as a refund.

Community Health Section

The Community Health 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.

The Community Health section addresses two of our strategic goals:

- Improve the health status of the people of North Dakota.
- Improve access to and delivery of quality health care.

A variety of programs in this section address these two goals. Local public health units and other partners across the state provide many of the services that address these goals. This section administers programs addressing the high-risk behaviors that cause disease, to which Dr. Dwelle referred in his introductory remarks.

Numerous performance measures assess our progress toward these goals. Some key measures include:

- Increase in the percentage of North Dakota children ages 10 to 17 with a body mass index (BMI) in the normal weight range. (2003 baseline – 68.3%; goal – 73%)
- Decrease in the preventable cancer death rate. (2005 baseline – 94; goal – 90)
- Decrease in the suicide death rate among 10- to 24-year-olds. (2005 baseline – 19.79; goal – 5)
- Decrease in percentage of North Dakota youth in grades nine through 12 who are current smokers. (2005 baseline – 22%; goal – 21.5%)
- Decrease in the percentage of adult women who report not having had a pap smear in the past three years. (2004 baseline – 14%; goal – 10%)
- Increase in the percentage of pregnant women who receive first trimester prenatal care. (2005 baseline – 86%; goal – 88%)
- Decrease in the percentage of low-income population who reported no dental visit in the last year. (2004 baseline – 45%; goal – 42%)

Critical issues facing the Community Health Section are:

- Changes in the state's demographics, requiring more focus on chronic diseases (obesity, diabetes, heart disease, cancer) and access to primary and medical care.
- Coordinating the department's tobacco program with the efforts and funding of the Comprehensive Tobacco Control Advisory Committee.
- Discontinuation of a federal grant for suicide prevention programs.
- Decrease in federal funds to support state and local efforts to improve the health of mothers and children.
- Access to oral health services for the low-income and Medicaid populations.
- Development of strategies to effectively recruit women who are eligible for Women's Way's but are hard to recruit.

Community Health Section Budget

The total budget for the Community Health Section is as follows:

General Fund	$1,929,025
Federal Funds	53,681,795
Other Funds	6,620,402
Total Budget	**$62,231,222**

The federal funds for the Community Health Section consist of a Department of Agriculture grant (WIC – Special Supplemental Nutrition Program for Women, Infants and Children), Health and Human Services grants (Maternal and Child Health Block Grant, Heart Disease and Stroke Prevention, Comprehensive Cancer Prevention, Family Planning, Preventive Health Block, Family Violence Services and Prevention, Rape Prevention and Education, Abstinence, Early Childhood Comprehensive Systems, Oral Health, Diabetes, Coordinated School Health, Behavior Risk Factor Surveillance System, Breast and Cervical Cancer), and Department of Justice grants (STOP Violence Against Women, Safe Havens Supervised Visitation, Grants to Encourage Arrest).

Sources of other funding include the Community Health Trust Fund (Tobacco Settlement money) and the Domestic Violence Fund. A schedule of the status of the Community Health Trust Fund is included in Appendix 5. The schedule indicates that estimated expenditures for 2009-11 exceed revenue by more than $460,000 and that the balance is spent down to $45,802. Note that next biennium, we will not be able to sustain current spending with the amount of revenue available.

The major expenses in the Community Health Section are as follows:

Salaries and Wages for 39.96 FTE	$5,190,180
Travel	323,000
Blue Cross/Blue Shield Breast & Cervical Cancer Exams	1,200,000
Service Contracts to Local Public Health Units (Women's Way)	1,070,000
IT Contractual Services (WIC)	215,000
Professional Services for Heart Disease Stroke Prevention	440,000
Professional Services (various program contracts)	1,826,197
Professional Supplies and Educational Materials	498,000
Remaining Operating Expenses (educational supplies, rent, printing, communications)	1,026,299
Grants to Local Public Health Units (MCH)	1,460,000

Grants to Local Public Health Units (WIC)	5,367,000
Grants to Local Public Health Units (Family Planning)	2,248,000
Grants to Tribal Governments (MCH, Stop Violence)	298,500
Grants to Domestic Violence Sites	5,021,000
Miscellaneous Grants	2,026,713
WIC Food Payments	25,063,375
Community Health Tobacco Programs (1.0 FTE)	3,388,768
Tobacco Measure 3	2,891,634
Tobacco CDC Federal Program (6.34 FTE)	2,677,556
Total Budget	**$62,231,222**

Changes to the Community Health Section budget are as follows:

Reduction in Tobacco Programs funded from the Community Health Trust Fund	($2,879,629)
Authority for Tobacco Programs to access Tobacco Prevention & Control (Measure #3) funding	$2,891,634
Unfunding of Colorectal Cancer Grant Pilot Project	($200,000)
Increase for WIC Food Payments	$7,500,000
Increase in the Poison Prevention and Control Program	$149,000
Decrease in the Domestic Violence Safe Haven Grant Program	($750,000)
Increase for the Women's Way Program	$150,000
Increase in Community Health Programs (3 FTE) (Oral Health, School Health and Cancer Registry)	$405,000
Increase in Contractual Services for Community Health Programs	$373,000

The $2.9 million reduction in Community Health Trust Fund tobacco programs is a result of the reduced amount of revenue available in the fund due to the passage of Measure 3. Spending authority of almost $2.9 million was replaced to reflect the possibility of funding tobacco programs through a contract with the new entity created by Measure 3.

The colorectal cancer pilot project was eliminated because there weren't funds available in the Community Health Trust Fund and results were not available from the project yet to determine if it should be continued, expanded or eliminated.

WIC food payments are projected to increase substantially; we recently went to the Emergency Commission to get additional authority for increases in the current biennium.

The new FTE are related to new federal funding and the loss of a contractor to complete work in the Cancer Registry Program.

The Poison Prevention and Control Program is provided through a contract with Hennepin County in Minnesota and has been increasing significantly the last several years. We have previously covered the increases using Emergency Preparedness and Response funding, but this is no longer available to cover all the costs. There is not a qualified contractor in North Dakota, and loss of this program would be a great burden on the state's medical system.

The $150,000 general fund increase to Women's Way will allow us to contract with a recruitment consultant to improve our ability to get hard-to-reach women into the program.

Emergency Preparedness and Response Section

The Emergency Preparedness and Response Section is responsible for improving and maintaining public health and medical response for a wide range of emergencies. The Division of Emergency Medical Services and Trauma covers emergencies that include day-to-day activities such as the provision of ambulance services and the designation of hospital trauma centers. The Division of Public Health Preparedness works to prepare the state's public health system for response to catastrophic events such as floods, tornados and pandemic influenza. The Division of Hospital Preparedness is responsible for response to disasters and large-scale emergencies that exceed the day-to-day operational capacities of clinics and hospitals. Tim Wiedrich is the Section Chief for the Emergency Preparedness and Response Section.

The Emergency Preparedness and Response Section addresses the following two strategic goals:

- Promote a state of emergency readiness and response.
- Improve access to and delivery of quality health care.

Some key performance measures of the Emergency Preparedness and Response Section include:

- Decrease the response time from call receipt to EMT arrival for 90 percent of the calls to less than nine minutes for urban calls, less than 20 minutes for rural calls and less than 31 minutes for frontier calls.
- Increase the percentage of public health units and hospitals that have developed a plan for pandemic influenza preparedness to 75 percent.
- Increase the percentage of public health and medical responders who receive public health communication messages to 90 percent.

Critical issues facing the Emergency Preparedness and Response Section are:

- The decrease in federal emergency preparedness funding and new match and maintenance of effort requirements.
- Maintaining adequate emergency medical coverage statewide.

Emergency Preparedness and Response Section Budget

The total budget for the Emergency Preparedness and Response Section is as follows:

General Fund	$1,609,426
Federal Funds	11,542,680
Other Funds	1,675,000
Total Budget	**$14,827,106**

The federal funds for the Emergency Preparedness and Response Section consist of Centers for Disease Control and Prevention bioterrorism grants, Hospital Preparedness grants and the North Dakota Department of Transportation.

Other funds in the Emergency Preparedness and Response Section are from the Insurance Tax Distribution Fund, Health-Care Trust Fund and the Community Health Trust Fund.

As indicated earlier, we are anticipating match and maintenance of effort requirements for our emergency preparedness funding. Our options to address this are to use soft or in-kind match available from the department, local public health units and hospitals. In addition, we are looking at how EMS staffing grants can be adjusted to meet match requirements.

The major expenditures in the Emergency Preparedness and Response Section are:

Salaries and Wages for 13.5 FTE and Temporary Positions	$2,113,951
Travel	223,000
Rent/Building	342,000
IT Contractual Services (trauma registry, Public Health Information Network compliance, disease surveillance)	767,000
IT Data Processing	232,000
Professional Services (legal, various misc. contracts)	204,000

Remaining Operating Expenses (medical and office supplies, communications)	681,398
Equipment over $5,000 (generator, various lab equipment)	187,245
Grants to Local Public Health Units and Tribal Governments	4,943,940
Grants to Hospitals	2,093,812
Local Ambulance Grants	2,490,000
Quick Response Unit Grants	125,000
Other Grants	423,760
Total Budget	**$14,827,106**

Changes to the Emergency Preparedness and Response Section budget are as follows:

Completion of CDC Bioterrorism Pan Flu Project	($728,000)
Decrease in Hospital Preparedness Grants to Hospitals	($600,000)
Decrease in Medical Supplies for the Hospital Preparedness and Bioterrorism Grant	($291,995)
Increase in Contractual Services for the Trauma Registry	$200,000
Conversion of 1 Temporary Employee to an FTE	$19,000

Decreases are due to a reduction in federal funds available and the completion of the pan flu project. One long-time clerical position was converted to an FTE.

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 section includes the Field Medical Officers, the Office of the State Forensic Examiner, and the Division of Disease Control.

The Medical Services Section addresses the following strategic goal:

- Improve the health status of the people of North Dakota

A key performance measure for the Medical Services Section is:

- Increase the percentage of children up-to-date on vaccines at 2 years of age. (baseline – 81%; goal – 90%)

Critical issues facing the Medical Services Section are:

- To keep up with the sexually transmitted disease workload, especially in more populous areas.
- To continue to develop the PROtect ND Kids immunization program and transition to the new system without seeing a reduction in immunization rates.

Medical Services Section Budget

The total budget for the Medical Services Section is as follows:

General Fund	$1,954,104
Federal funds	7,597,815
Other Funds	19,400,000
Total Budget	**$28,951,919**

The federal funds for the Medical Services Section include Centers for Disease Control and Prevention grants (Immunizations, 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 private providers and local public health units to purchase vaccines at reduced rates. Recent efforts have not resulted in a willing or able contractor for this, but we intend to keep pursuing this arrangement.

The major expenditures in the Medical Services Section are as follows:

Salaries and Wages for 30.25 FTE	$4,008,481
Travel	278,000
Professional Services (patient testing, media)	1,230,500
IT Consultant Services (immunization)	365,000
Medical Supplies, Vaccines, Medications	20,600,000
Professional Supplies and Materials	196,000
Printing	142,000
Remaining Operating Expenses (supplies, rent, utilities, communications, printing)	731,208
Bond Payments (morgue)	168,666
Grants to Local Public Health Units (immunization, epidemiology and laboratory capacity)	1,232,064
Total Budget	**$28,951,919**

Changes to the Medical Services Section budget are as follows:

Epidemiology and Laboratory Capacity (1 FTE) (Emergency Commission)	$85,000
Immunization position (1 FTE) (Emergency Commission)	$74,000
Increase in Disease Control Testing Programs	$264,000
Increase in Disease Control Contractual Services (Immunizations)	$167,000
Conversion of 1 Disease Control Temporary Employee to FTE	$26,000

Changes in this section are related to two new federal programs starting in the current biennium and approved by the Emergency Commission and the conversion of a long-time clerical position to an FTE.

Health Resources Section

Darleen Bartz, Ph.D., is Section Chief for the Health Resources Section. The Health Resources Section consists of two divisions: Health Facilities and Food and Lodging. These divisions work to promote quality care and services for the people of North Dakota. Each division works with an advisory committee to be responsive to concerns. The section also has formed a workgroup with representatives from the section 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 into the coming biennium.

The strategic goals this section addresses are:

- Improve the health status of the people of North Dakota.
- Improve access to and delivery of quality health care.

The key performance measures for the Health Resources Section are:

- Decrease the incidence of low-risk pressure ulcers in skilled nursing facilities. (baseline – 2.81%; goal – 2.5%)
- Reduce the number of retail and food service facilities with critical violations by 10 percent.

Critical issues facing the section are:

- To implement the new life safety code construction inspection program.
- To ensure adequate inspection of high-risk food establishments with limited staff.

Health Resources Section Budget

The total budget for the Health Resources Section is as follows:

General Fund	$1,963,228
Federal Funds	4,682,641
Other Funds	1,081,334
Total Budget	**$7,727,203**

The federal funds for Health Resources include Medicaid and Medicare.

Other funds for the Health Resources Section are facility licensing fees.

The major expenditures in the Health Resources Section are as follows:

Salaries and Wages for 46.0 FTE	$6,311,211
Travel	731,000
Rent/Building	78,000
IT Data Processing	90,000
Professional Services (legal, training)	126,000
Remaining Operating Expenses (supplies, communications, professional development)	390,992
Total Budget	**$7,727,203**

Change to the Health Resources Section budget is as follows:

New Life Safety Code Inspection Program (2 FTE)	$322,000

The two new FTE will implement the new state life safety code construction inspection program. This was a pilot project approved by the 2007 Legislative Assembly where state inspections of construction projects would be conducted at strategic points during the project to identify issues earlier in the process and as a result save facilities from incurring additional costs and experiencing delays. One of the facilities in the pilot project estimated savings of $230,000 as a result of the earlier inspections.

Senate Bill 2046 contains language enabling the Department of Health to implement the state life safety code construction inspection program for all health facilities licensed by the Division of Health Facilities. The bill was heard before the Senate Human Services Committee January 7. The committee would like to place an emergency clause on the bill so that facilities can achieve the savings resulting from the bill as soon as possible. SB 2004 contains the budget associated with SB 2046. In order to implement the bill as soon as possible, the appropriation related to this program needs to be attached to SB 2046. We would like to make the highly unusual request to reduce our budget by

$321,910 and 2 FTE – that is if you choose to pass SB 2046. SB 2046 should come before the Senate Appropriations Committee soon.

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.

The strategic goal this section addresses is:

- Preserve and improve the quality of the environment.

Key performance measures for Environmental Health are:

- Maintain or increase the percentage of facilities meeting Clean Air Act requirements for permitting. (baseline – 99.8%; goal – 100%)
- Maintain or increase the percentage of community water systems meeting all applicable health-based drinking water standards under the Safe Drinking Water Act. (baseline – 95.4%; goal – 100%)
- Maintain or increase the percentage of municipal Solid Waste and Special Waste disposal facilities meeting applicable state and federal waste management regulations. (baseline – 96%; goal – 100%)
- Maintain or increase compliance with the North Dakota Pollutant Discharge Elimination System program technical review criteria established by EPA. (baseline – 94.4%; goal – 100%)

Our performance in all of these areas is well above national targets. North Dakota is very proud of our pristine environment and does an excellent job of taking care of it. We hope that state and federal funding will continue to allow us to preserve our environment at its current state.

Critical issues challenging the Environmental Health Section involve the ability to address highly technical and complex issues that directly impact

environmental quality and economic development. These critical issues that have current impacts with future implications include:

- 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.
- Agricultural and industrial development – In recent years the nature and scope of proposed and constructed agricultural operations have 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 and compliance oversight, and monitoring.
- 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 Fund	$7,412,904
Federal funds	41,978,484
Other Funds	6,441,313
Total Budget	**$55,832,701**

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.

The major expenditures in the Environmental Health Section are as follows:

Salaries and Wages for 156.25 FTE	$20,533,362
Travel	900,000
IT Data Processing	320,000
Rent/Building	833,000
Utilities (Chemistry and Microbiology laboratories)	431,000
Professional Services (LUST and legal contracts)	2,000,000
IT Contractual (One Stop)	275,000
Laboratory Supplies and Equipment Maintenance	2,400,000
Equipment less than $5,000 (lab equipment, computers, printers)	308,000
Remaining Operating Expenses (supplies, communications, professional development)	1,147,582
Equipment over $5,000 (air pollution and labs)	685,230
Bond Payments and Extraordinary Repairs	772,127
Grants to Soil Conservation Districts/Communities (Non Point Source)	11,200,000
Grant to Public Instruction (school buses)	400,000
Grants to Communities (arsenic trioxide)	12,100,000
Other Grants (water grants, abandoned auto, EPA)	1,527,400
Total Budget	**$55,832,701**

Changes to the Environmental Health Section budget are as follows:

Epidemiology and Laboratory Capacity (1 FTE) (Emergency Commission)	$85,000
New Diesel Grant Program	$400,000
Increase in Wetlands Program	$400,000
New .5 FTE in the Waste Management program	$65,000

The changes to the Environmental Health Section budget are the result of additional federal funds available for specific projects.

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 division called the Office of Health Disparities/Primary Care.

The Special Populations Section addresses the following strategic goal:

- Improve access to and delivery of quality health care.

Some key performance measures for Special Populations are as follows:

- Increase the percentage of children with special health-care needs who receive coordinated, ongoing, comprehensive care within a medical home. (baseline – 51.2%; goal – 60%)
- Increase the primary care physician to population ratio in non-urban areas. (baseline – 67.1; goal – 76)
- Decrease the number of suicides among American Indians. (baseline – 30; goal – 10)

The most critical issue facing the Special Populations Section is the availability of public health prevention and health-care programs to address disparate populations.

Special Populations Section Budget

The total budget for the Special Populations Section is as follows:

General Fund	$1,962,787
Federal funds	2,300,133
Other funds	370,948
Total Budget	**$4,633,868**

The federal funds for the Special Populations Section include the Maternal and Child Health Block Grant, HHS Office for the Elimination of Health Disparities, HHS Primary Care grant, and the HRSA State Systems Development Initiative grant.

Other funds in the Special Populations Section are from the Community Health Trust Fund.

The major expenditures in the Special Populations Section are as follows:

Salaries and Wages for 11.27 FTE	$1,425,178
Travel	58,000
Professional Services (data contracts, medical consultant)	118,000
Food Supplies (PKU)	171,000
Remaining Operating Expenses (supplies, rent, communications)	209,369
Grants to Individuals (Russell Silver)	100,000

Grants for the Medical Personnel Loan Repayment Program	347,500
Grants for the Dental Loan Repayment Program	493,448
Grants for the Veterinarian Loan Repayment Program	350,000
Grants to Clients (diagnostic and treatment program)	443,000
Grants to Providers for Multidisciplinary Clinics	370,000
Other Grants (service contracts such as care coordination, family support, medical home, grants to county social services, data, etc.)	548,373
Total Budget	**$4,633,868**

Changes to the Special Populations Section budget are as follows:

Elimination of federal Loan Repayment Program for Health Professionals	($200,000)
Increase in the Dental and Medical Loan Repayment Programs	$176,000
Increase in the Veterinarian Loan Repayment Program	$350,000
Increase for the Specialty Care Diagnostic Program to Reflect Medicaid rebasing	$88,000
New .5 FTE in Primary Care Program	$61,000

The Federal Loan Repayment Program was removed due to elimination of federal funding. The Dental and Medical Loan Repayment programs were increased to allow for additional loan repayments in the 2009-11 biennium. The programs currently are funded out of the Community Health Trust Fund; however, with the passage of Measure 3, there was not adequate funding available in the trust fund to pay for additional loan repayments. Consequently, the 2009-11 loan repayments require funding from the general fund. The Veterinarian Loan Repayment Program was transferred from the University System to the Department of Health at the request of the University System. The Department of Health has the systems in place to administer the program. The increase to the Specialty Care Diagnostic Program was necessary to adjust for Medicaid rebasing and continue the current level of service to children in the program. The half-time FTE was added to the Primary Care Program, using federal funding, as the result of the discontinuation of a contract.

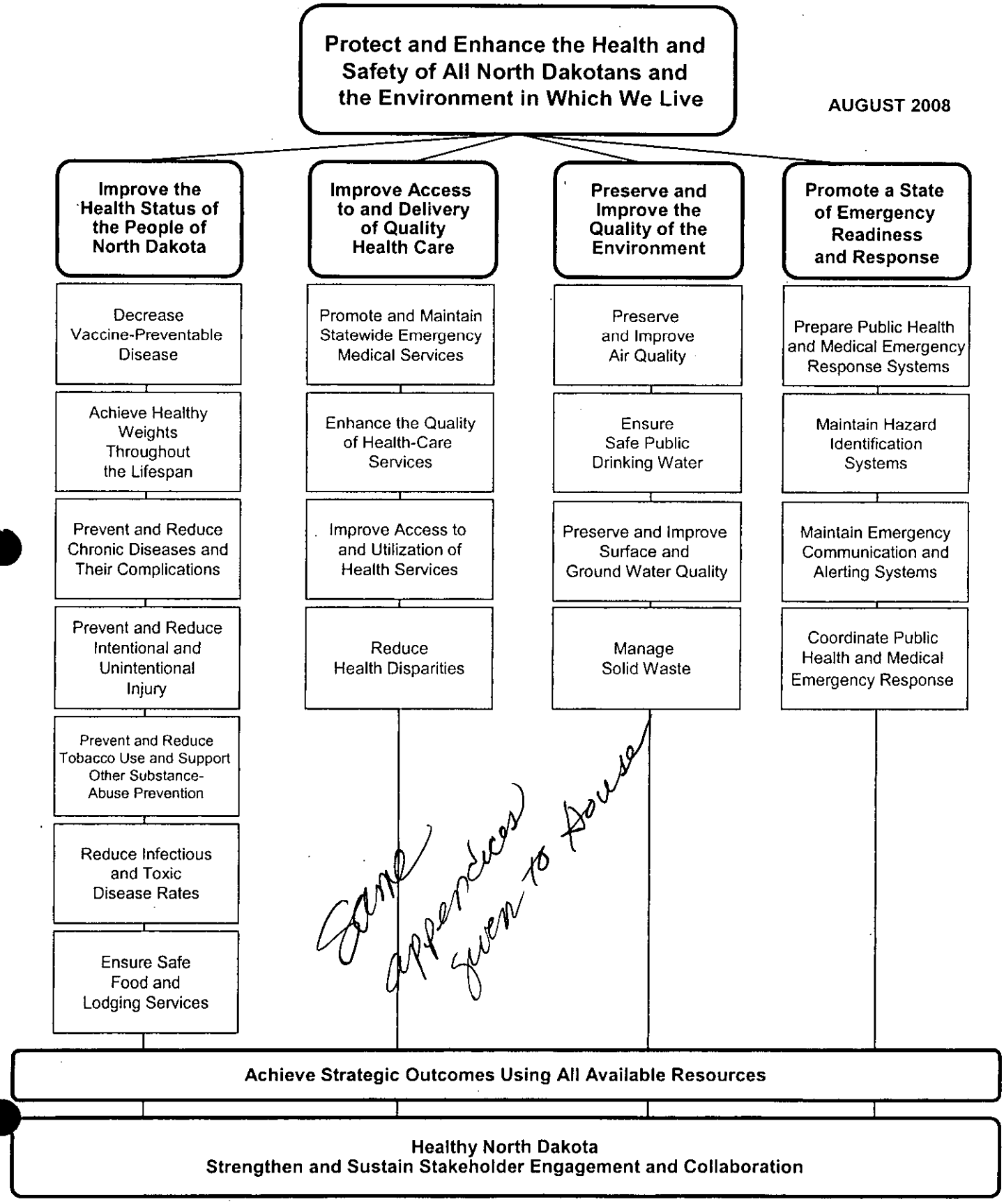
Conclusion

Chairman Holmberg, members of the Committee, this concludes the department's testimony on Senate Bill 2004. 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

Appendix 1

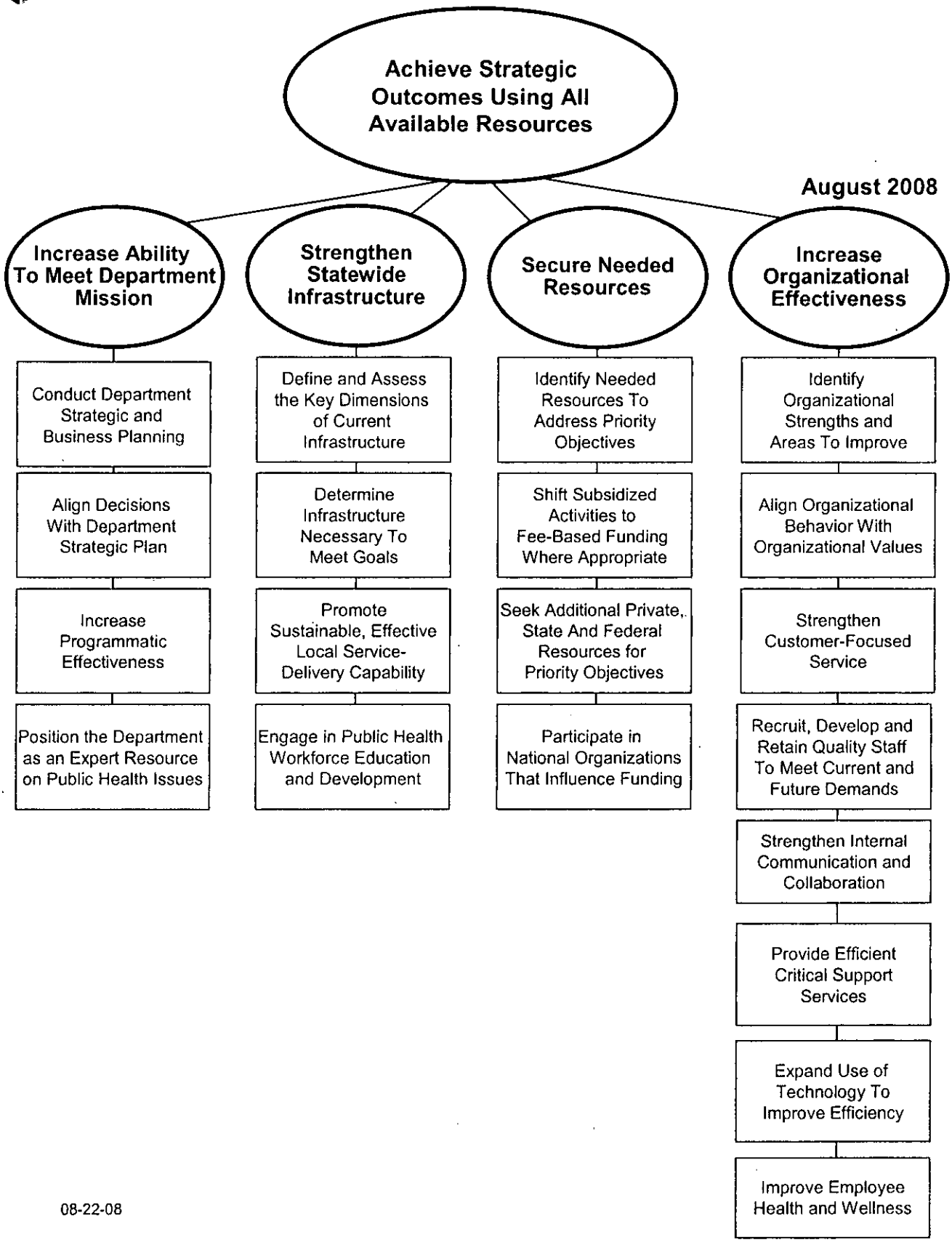
Strategic Plan: 2007–2009



NORTH DAKOTA
DEPARTMENT of HEALTH

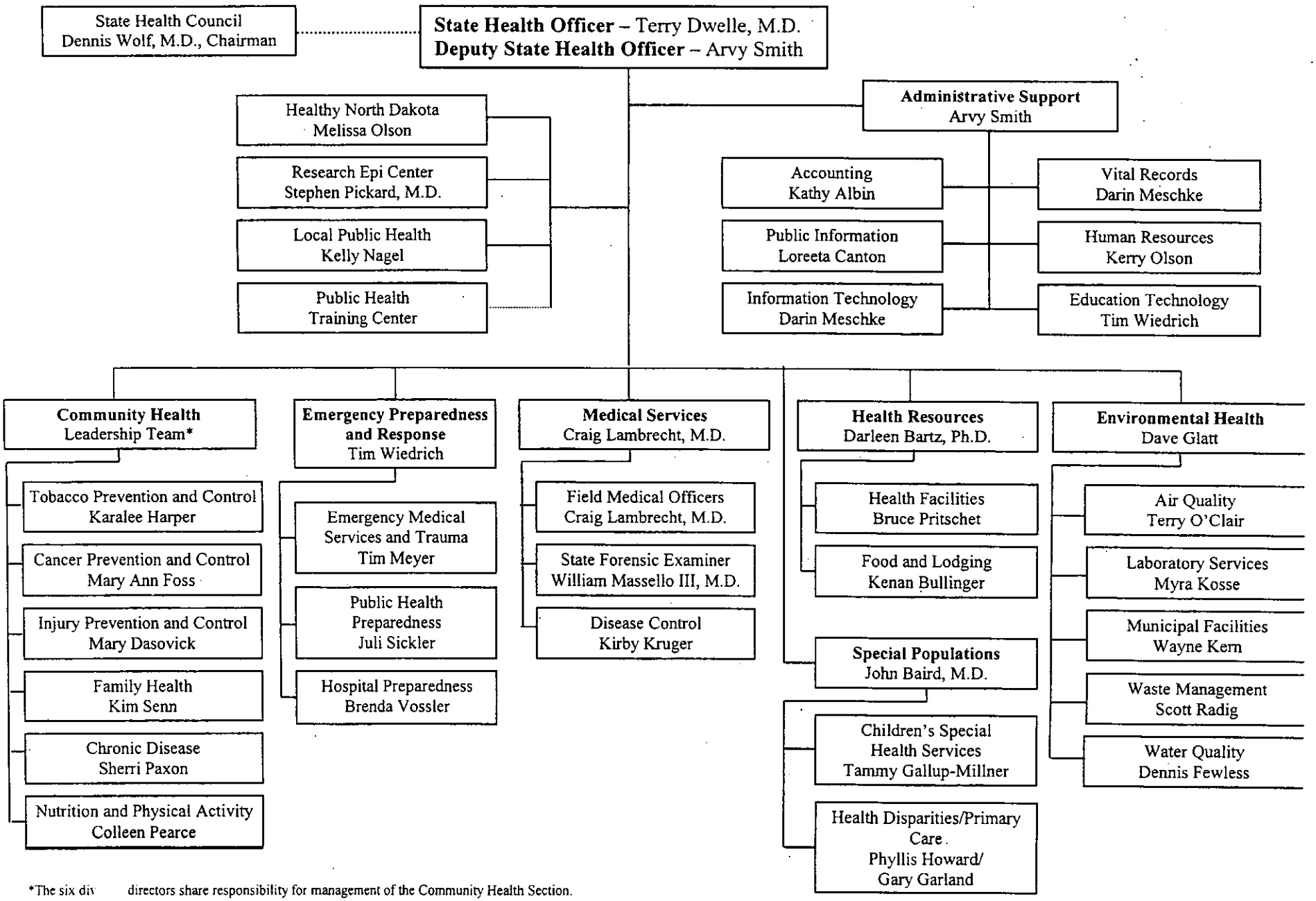
Appendix 2

Business Plan: 2007–2009



Appendix 3

North Dakota Department of Health
Organizational Chart
January 2009



*The six div directors share responsibility for management of the Community Health Section.

Appendix 4 – North Dakota Department of Health Section Overview

Administrative Support Section

The Executive Office is responsible for providing leadership and strategic direction for the department. It includes *Healthy North Dakota,* which is responsible for strengthening and sustaining stakeholder engagement and collaboration for the department.

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 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, 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 partnerships 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.

Community Health Section

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. Program accomplishments include:

- The Comprehensive Cancer Control Program (CCCP) collaborates with nearly 150 stakeholders and partners representing more than 60 public and private organizations in a statewide cancer coalition to reduce the burden of cancer in North Dakota. In July 2006, the CCCP published *North Dakota's Cancer Control Plan 2006-2010,* which 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. Between 1997 and 2006, 33,735 new incidences of cancer were diagnosed and reported to the registry. This number includes 31,426 invasive and 2,309 non-invasive cases of cancer. About 3,375 North Dakota residents are diagnosed with cancer each year.
- The *Women's Way* program works to reduce breast and cervical cancer deaths by increasing screening among women ages 40 to 64 who are underinsured 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 9,600 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 1997, 164 women have been diagnosed with breast cancer and 236 women with cervical dysplasias and cancers. Through the special Medicaid breast and cervical cancer treatment program, 190 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.

The division provides support to the Community Health Section, as well as internal and external partners, through epidemiology expertise, the Behavioral Risk Factor Surveillance System and Healthy People 2010 initiative. Division epidemiologists assist in surveillance efforts to assess disease prevalence, incidence and impact; evaluate program progress through performance indicators; and collaborate to provide information for quality improvement, research and community engagement.

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 education.
- Coordinated School Health Program – Provides consultation and technical assistance for schools and school nurses to use in organizing and managing school health and wellness initiatives. Provides support and coordination for the annual Coordinated School Health Roughrider Health Promotion Conference.
- Early Childhood 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 reproductive health-care services to include a broad range of methods, infertility services and services to adolescents, with priority for services to individuals from low-income families.

- 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 programs, education, access, screening and consultation to address the oral health needs of North Dakotans.
- Sudden Infant Death Syndrome Program – Provides support, education and follow up to those affected by a sudden infant death.
- Title V Maternal and Child Health – Provides consultation, technical assistance and comprehensive services to improve the health, safety and well-being of mothers and children.
- Women's Health Services – Coordinates with other state and local agencies to promote health-care services, education and support for women of all ages in North Dakota.

The Division of Injury Prevention and Control administers programs to reduce the frequency and severity of intentional and unintentional injuries to North Dakotans. Programs and services 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, intervention design and development, training and technical assistance, policy advocacy, and evaluation.
- Domestic Violence/Rape Crisis Program – The overall goal is to reduce domestic violence, sexual assault, dating violence and stalking crimes in North Dakota by funding projects to strengthen effective law enforcement and prosecution strategies to combat domestic violence, sexual assault, dating violence and stalking crimes and to develop and strengthen victim services and by partnering with stakeholders to develop and implement policies, advocate, provide training and technical assistance, and evaluate projects or programs.
- Child Passenger Safety Program – The goal of the child passenger safety program is to decrease injuries and death to children due to motor vehicle crashes. 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. In September 2008, this program was transferred to the Division of Air Quality in the Environmental Health Section.
- Suicide Prevention Program – The overall goal of this 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 with high rates of youth suicide mortality.

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. Programs and services within the division include:

- 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 assists communities, schools, worksites and other program partners in creating and sustaining environments that support lifelong healthy eating and physical activity. The program provides training and technical assistance to partners at the state and local level, including the Maternal and Child Health program, the Coordinated School Health program and *Healthy North Dakota* partners.
- 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. 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 and administration provided by local administering agencies such as public health and hospitals.

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.

Efforts include:

- Providing cessation assistance. The North Dakota Tobacco Quitline averages 258 calls per month with a 37.8 percent quit-rate after six months.
- Working to decrease smoking rates among youth and adults. The percentage of adults who are current smokers declined from 23.3 percent in 2000 to 20.9 percent in 2007. The percentage of youth who are current smokers declined significantly from 41 percent in 1999 to 21.1 percent in 2007.
- Working to increase the number of tobacco-free school grounds. Currently, 142 of the 244 school districts in the state have a tobacco-free school grounds policy, protecting about 85 percent of North Dakota students.

Emergency Preparedness and Response Section

The Division of Emergency Medical Services and Trauma is responsible for maintaining an efficient statewide emergency medical services system serving the day-to-day emergency needs of the public. This is accomplished through training and licensure of emergency health personnel, ambulance services and quick response units.

The Division of Emergency Medical Services and Trauma:

- 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 five 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 and staffing grants to ambulance services staffed by volunteers.

The Division of Public Health Preparedness is responsible for improving and maintaining public health response to disasters and large-scale emergencies. They accomplish this by creating public health disaster plans, providing training and conducting exercises. These activities are closely coordinated with federal and North Dakota state emergency management operations. A special emphasis is currently underway regarding preparedness for the devastating impact of pandemic influenza.

Public Health Preparedness is responsible for the initial response to health and medical emergencies for the Department of Health. Objectives include:

- Coordination of public health emergency response plans at local, regional and state levels.
- Development and maintenance of biological and chemical detection systems.
- Development and maintenance of communicable disease surveillance systems.
- Creation of laboratory capacities and surge capabilities.
- Development and maintenance of public health emergency communication systems.
- Coordination of public health emergency response training and exercises.
- Coordination and maintenance of statewide medical supply and antiviral cache.
- Development and coordination of the capability to rapidly vaccinate or distribute drugs to the entire population through mass dispensing sites.

The Division of Hospital Preparedness is responsible for improving and maintaining health facility response to disasters and large-scale emergencies that exceed the day-to-day operational capability of hospitals, clinics, long term care facilities and emergency medical service providers.

Hospital Preparedness objectives include:

- Assessment of current disaster surge capacities at health facilities statewide.

- Statewide coordination and planning for minimum care facilities, evacuations, mass fatalities and hospital bed capacities.
- Acquisition and distribution of medical resources.
- Coordination and credentialing of professional medical volunteers.
- Development and maintenance of emergency communication systems for health facilities.
- Development of training and exercising with the private medical sector and their employees.

Medical Services Section

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 250 cases each year are referred to the State Forensic Examiner, representing about 30 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.

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, Hepatitis Surveillance and 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.
- 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 and STD medications in certain situations, and coordinates the distribution of federally funded 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 and hepatitis C 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 Laboratory Services and local public health units.
- Maintains influenza surveillance systems to monitor influenza activity in the state.

Health Resources Section

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 acute care hospitals (35 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.
- Twenty-eight licensed home health agencies, 22 of which are certified.
- Fifteen hospice programs that provide end-of-life care to residents in a manner that preserves their dignity.
- Fifty-eight basic care facilities.
- Sixty-one rural health clinics.
- Sixty-seven intermediate care facilities for the mentally retarded.
- Two renal transplantation centers and 17 end-stage renal dialysis facilities, which help people who have kidney impairment to live normal lives.
- Sixteen ambulatory surgical centers for provision of surgical services to patients who do not require hospitalization.
- Five hundred and sixty-three 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, ambulatory surgical centers, and end-stage renal dialysis facilities.

In addition, the division:

- Certifies outpatient physical therapy and speech therapy providers.
- Operates the Federal Medicare & Medicaid Nurse Aide Registry, which includes investigations of possible resident abuse in nursing facilities. More than 12,000 certified nurse aides are registered in North Dakota.
- Provides plans review of construction for health-care facilities licensed by the division.

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, temporary food stands, tattoo/body art, tanning facilities and electrologists.

The Division of Food and Lodging:

- Either directly or through memorandums of understanding with nine 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.

Environmental Health Section

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.

- 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 for 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 (presently 514) 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 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 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 discharges 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).

Special Populations Section

Division of 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 and 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 clinical 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 about 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.
- Children With Special Health-Care Needs Service System, which provides leadership and support for initiatives that promote a community-based system of services for all families, children and youth with special health-care needs.

Office of Health Disparities/Primary Care

The Office of Health Disparities provides 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 identifies health disparities and develops recommendations for effective, culturally appropriate interventions within selected populations. The division seeks improvement in health status, works to increase healthy behaviors, and coordinates efforts to increase access to health care for North Dakota's underserved and disparate populations.

Primary Care 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, advanced practice nursing, and veterinarian loan repayment programs, resulting in the placement of five American doctors, four midlevel practitioners, six dentists and three veterinarians in North Dakota communities so far this 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.

Appendix 5

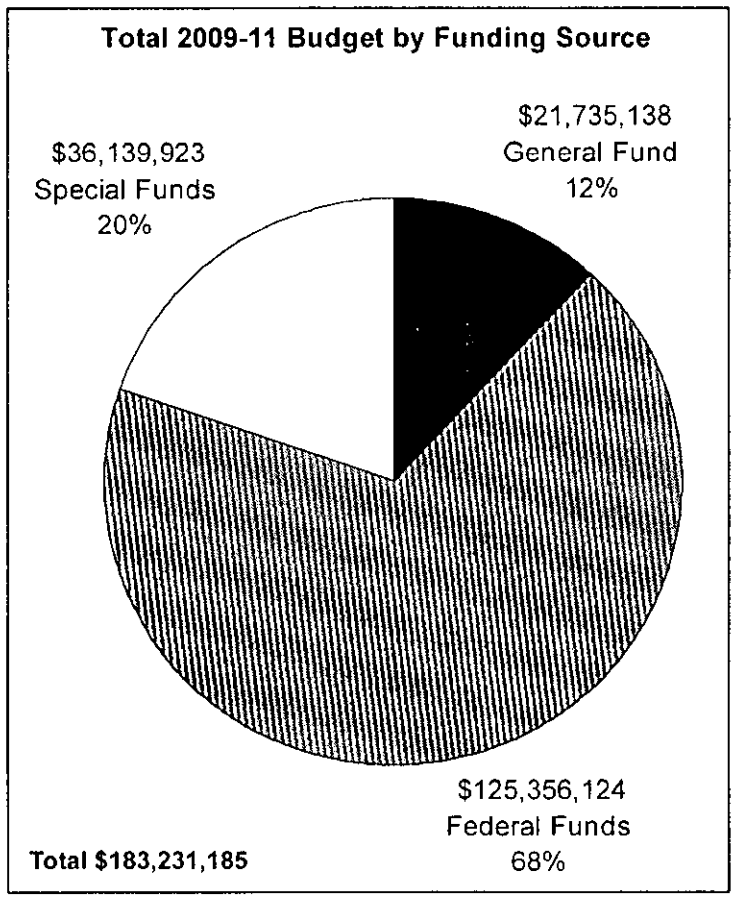
North Dakota Deparatment of Health
Community Health Trust Fund

	2007-09 Estimated Expenditures	2009-11 Governor's Budget
Beginning Balance	**$2,392,943**	**$507,414**
Tobacco Revenue	**5,842,137**	**4,388,119**
Total Available	**$8,235,080**	**$4,895,533**
Expenditures		
Dental Loan Fund	361,896	288,448
Dental New Practice Grant Program		10,000
Physician Loan	22,070	72,500
Colorectal Cancer Screening	150,000	0
EMS Training Grants	300,000	300,000
Tobacco Coordinator and Operating Expenses	139,397	
Advisory Committee	100,000	
City/County & State Employee Cessation	235,303	
Local Health and Tobacco Programs	4,700,000	
Tobacco Quit Line	1,069,000	
Community Health Tobacco Programs	0	3,388,768
Total Health Department	$7,077,666	$4,059,716
DHS Breast & Cervical Cancer	550,000	790,015
Governor's Prevention and Advisory Council	100,000	0
Total Expenditures	**$7,727,666**	**$4,849,731**
Ending Balance	**$507,414**	**$45,802**

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.

The total budget for the North Dakota Department of Health recommended by the governor for the 2009-11 biennium and included in SB 2004 is $183,231,185.



March 3, 2009
to House

State general fund spending is $21,735,138 or 12 percent of our budget. That is equivalent to $17 per capita per year – less than the cost of a flu shot or one childhood vaccination. Federal funds are recommended at $125,356,124 (68%), and special funds at $36,139,923 (20%).

A summary by funding source of the department's 2009-11 base level, which is our current budget less one-time expenses and the salary equity adjustment, compared to the 2009-11 budget request as presented in SB 2004, is as follows:

	SB 2004 2009-11 Base Level	SB 2004 2009-11 Budget Request	Percent of 09-11 Request	Increase/ Decrease	Inc(Dec) Percent
General	$17,454,898	$21,735,138	12%	$4,280,240	25%
Federal	114,980,691	125,356,124	68%	10,375,433	9%
Special	35,614,586	36,139,923	20%	525,337	1%
Total	**$168,050,175**	**$183,231,185**	**100%**	**$15,181,010**	**9%**
FTE	**331.50**	**343.50**		**12.00**	**4%**

The 2009-11 base-level budget for the Department of Health is $168,050,175 with $17,454,898 from the general fund and 331.50 FTE. Comparison of these figures to the 2009-11 budget request shows a total increase of $15,181,010 or 9 percent, a general fund increase of $4,280,240 or 25 percent, and an increase in FTE of 12.00 or 4 percent.

North Dakota has a network of 28 local public health units that provide a varying array of public health services. Some of the 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 2009-11 budget request, $74 million or 40 percent is passed through to various entities to provide services. Slightly more than $22.8 million goes to local public health units, and more than $33.3 million goes to other local entities. The remaining $17.9 million goes to state agencies, medical providers, tribal units and various other entities.

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. Our organization chart is included as Appendix 3. I will proceed by presenting the budget for each section, with the exception of general salary adjustments affecting all sections, which are presented below:

Governor's Salary and Benefits Package ($1.6 million general fund)	$4,062,251
Governor's Equity Package	$343,744
Cost to continue the 07-09 4% salary increase into 09-11 Biennium	$650,000
Equity increases appropriated by the 2007 Legislature (SB 2189)	$386,000

Equity increases provided during the 2007-09 biennium	$698,000
Increase in the Temporary Salary Line Item (Emergency Preparedness and Response, Administrative Support, and Community Health)	$226,000

Temporary salary increases in Emergency Preparedness and Response are due to the ever-changing requirements of the federal grant that cause us to use temporary staff rather than permanent staff. The Administrative Support temporary salary increase is also funded by Emergency Preparedness and Response funding, so temporary as opposed to permanent staff is used there as well. In Community Health, many different federal grants come and go, so we need to add temporary administrative support staff to cover the fluctuating demands.

The equity adjustments provided were particularly helpful in Environmental Health for engineers and in Health Resources for health facility surveyors where we were unable to hire staff and were losing staff due to noncompetitive salaries. Health Resources was unable to meet federal requirements for surveying facilities, and Environmental Health was unable to meet demands for energy development in the state. These adjustments have greatly improved our ability to hire and have significantly reduced turnover in these sections.

As Dr. Dwelle indicated, salary levels are a major issue for the Department of Health. Department of Health salaries are not equitable with other state agency salaries for similar jobs in comparable classifications. Studies by management experts indicate that inequitable salaries cause morale problems. We try to use savings and new federal and special funds to make salary adjustments where we can to improve this situation. Some important highlights with regard to salary levels in the department are as follows:

- The average salaries of 40 percent of our classifications are lower than the state average.
- While our turnover rate has decreased somewhat, we still lost almost one-fifth of our employees during the last two years.
- We continue to lose employees to other state agencies. This biennium, one of every six of our employees who left the department went to work for another state agency. Just recently, an employee quit to work for another state agency and received an $800 per month increase for a job that was only one grade higher.
- On the state and the regional level, we see the average salaries for many medical, scientific, IT, engineering and program management positions falling further behind. For environmental engineers, epidemiologists,

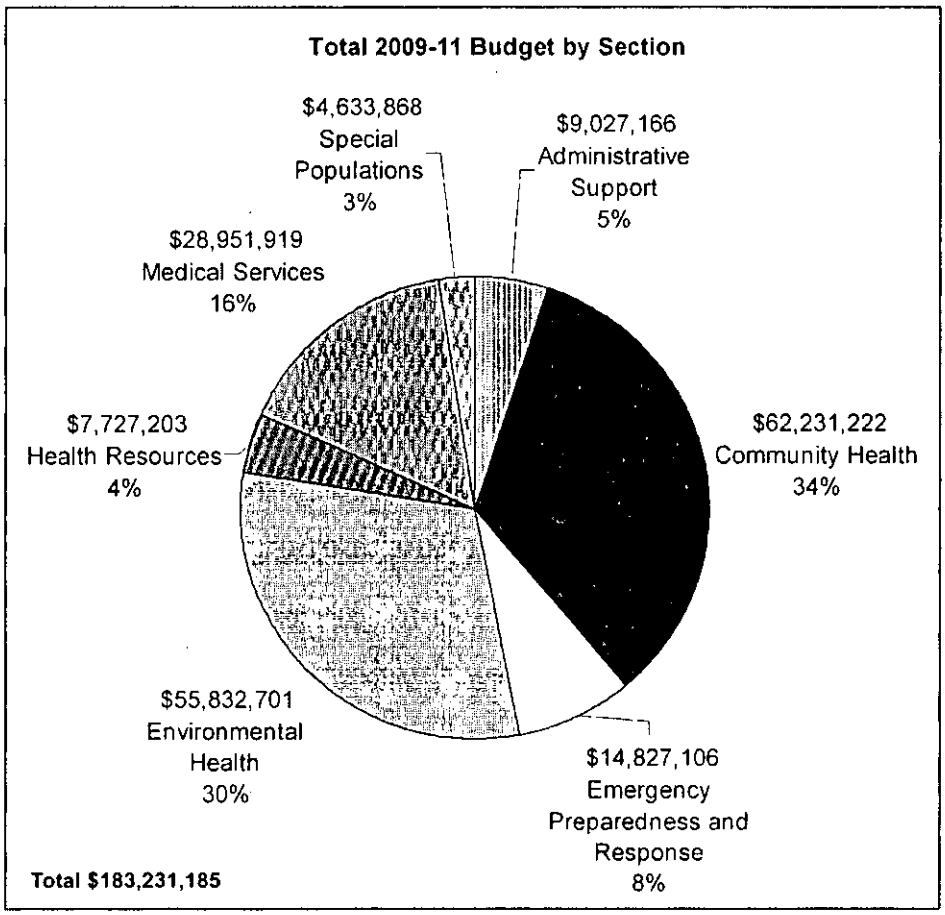
chemists, and human service program administrators, the difference is $12,000 per year or more.

- We are seeing salary compression between our long-term employees and our new hires, as we find that we must pay higher starting salaries to attract qualified applicants.

The governor's 5 percent per year salary package will greatly assist us in addressing external market equity and reducing turnover so we can retain our professional staff and continue to provide timely assistance to citizens and industry during this time of economic development. The governor's $343,744 funding for equity increases will begin to help us to address equity issues related to what other state agencies are paying employees in similar jobs in comparable classifications.

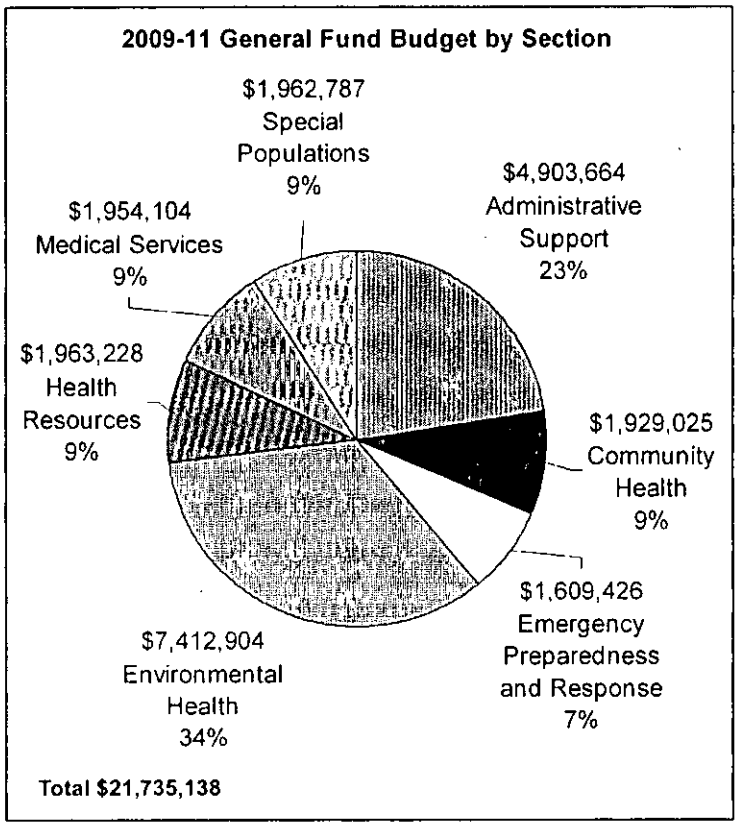
Budget by Section

The following pie charts reflect each section's total funds, general fund dollars and percentage of FTE.



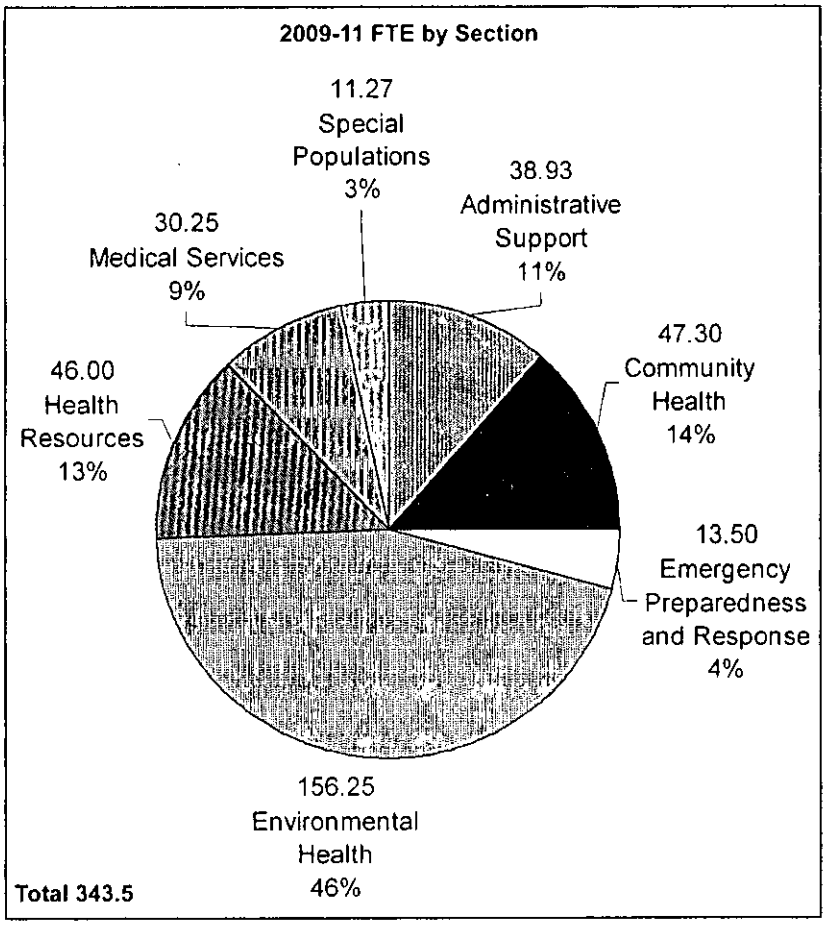
As you can see, the Environmental Health Section and the Community Health Section make up most of our total funding. Special Populations is our smallest

and newest section. The Administrative Support Section is only 5 percent of our total budget.



Most of our general fund dollars are in the Environmental Health Section and the Administrative Support Section and are mainly as follows:

- State match for Environmental Protection Agency (EPA) federal funding
- State match for Maternal and Child Health (MCH) federal funding
- Local public health state aid
- Vital Records
- State Forensic Examiner –
- State match for indirect costs in the Administrative Support Section



The Environmental Health Section employs almost half of our FTE.

As Dr. Dwelle mentioned, we have made significant progress in developing our strategic plan. So I will be presenting some of the goals and key performance measures for each section. A complete listing of all the goals, objectives and performance measures for each section is included in our submitted budget document.

We also have prepared comments describing all of the divisions and programs included in each section. That information can be found in Appendix 4.

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 Executive Office and *Healthy North Dakota* are also budgeted in this section.

Goals of the section are to:

- Achieve strategic outcomes using all available resources.
- Increase organizational effectiveness.
- Strengthen and sustain stakeholder engagement and collaboration through *Healthy North Dakota.*

A key performance measure in Administrative Support is to hold administrative overhead to less than 5 percent. All expenses in Administrative Support except those for Vital Records, *Healthy North Dakota,* grants to local public health units, and PROtect ND are included in administrative overhead. Our rates are as follows:

2003-05	2005-07	2007-09	2009-11
4.07%	3.23%	2.22%	2.41%

This shows that even though the programs and funding we administer are increasing, our overhead costs to administer them have remained low.

Critical issues in the Administrative Support section are

- Efficient and effective financial oversight of grants and contracts to ensure compliance with all contract requirements.
- Ability to retain staff in light of increases in the energy industry and competition with the market in general for most of our positions.
- Level federal funding in most federal grants coupled with inflationary increases, leaving less money for provision of service.

Administrative Support Section Budget

The total budget for the Administrative Support Section is as follows:

General Fund	$4,903,664
Federal Funds	3,572,576
Other Funds	550,926
Total Budget	**$9,027,166**

Federal funds in this section include the Preventive Health Block Grant, CDC Bioterrorism grants, federal contracts for Vital Records projects, and a multitude of federal and other funds that contribute to payment of our indirect costs.

The major expenses in the Administrative Support Section are as follows:

Salaries and Wages for 38.93 FTE	$5,279,505
Equity Salary Plan	343,744
IT Data Processing	180,165
Postage	305,757
Professional Services (Healthy North Dakota, audit, cert. of public advantage)	335,270
Remaining Operating Expenses (travel, supplies, insurance, communications)	682,725
Grants to Local Public Health Units	1,900,000
Total Budget	**$9,027,166**

Changes to the Administrative Support Section budget are as follows:

New Fraud Risk Assessment and Contract Compliance Program (1 FTE)	$157,020
Completion of Death Index Project	($220,000)
Changes in Accounting for Postage Costs in Vital Records	$245,000

A portion of the new position will address the audit finding to conduct a fraud risk assessment on all of our 80 programs. It also will allow us to use a more qualified individual to more efficiently determine financial contract compliance. As previously mentioned, more than 40 percent of our budget is awarded in contracts and grants. Recent audit findings of contracted entities have alerted us to the need for additional effort in this area. This request is our number-one priority in our optional package.

The adjustment in Vital Records also is related to an audit finding requiring us to account for the revenue and the expenditure for postage on birth certificate requests, rather than reflecting it as a refund.

The Senate made no changes to Senate Bill 2004 in the Administrative Support Section.

Community Health Section

The Community Health 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.

The Community Health section addresses two of our strategic goals:

- Improve the health status of the people of North Dakota.
- Improve access to and delivery of quality health care.

A variety of programs in this section address these two goals. Local public health units and other partners across the state provide many of the services that address these goals. This section administers programs addressing the high-risk behaviors that cause disease, to which Dr. Dwelle referred in his introductory remarks.

Numerous performance measures assess our progress toward these goals. Some key measures include:

- Increase in the percentage of North Dakota children ages 10 to 17 with a body mass index (BMI) in the normal weight range. (2003 baseline – 68.3%; goal – 73%)
- Decrease in the preventable cancer death rate. (2005 baseline – 94; goal – 90)
- Decrease in the suicide death rate among 10- to 24-year-olds. (2005 baseline – 19.79; goal – 5)
- Decrease in percentage of North Dakota youth in grades nine through 12 who are current smokers. (2005 baseline – 22%; goal – 21.5%)
- Decrease in the percentage of adult women who report not having had a pap smear in the past three years. (2004 baseline – 14%; goal – 10%)
- Increase in the percentage of pregnant women who receive first trimester prenatal care. (2005 baseline – 86%; goal – 88%)
- Decrease in the percentage of low-income population who reported no dental visit in the last year. (2004 baseline – 45%; goal – 42%)

Critical issues facing the Community Health Section are:

- Changes in the state's demographics, requiring more focus on chronic diseases (obesity, diabetes, heart disease, cancer) and access to primary and medical care.
- Coordinating the department's tobacco program with the efforts and funding of the Comprehensive Tobacco Control Advisory Committee.
- Discontinuation of a federal grant for suicide prevention programs.
- Decrease in federal funds to support state and local efforts to improve the health of mothers and children.
- Access to oral health services for the low-income and Medicaid populations.
- Development of strategies to effectively recruit women who are eligible for Women's Way's but are hard to recruit.

Community Health Section Budget

The total budget for the Community Health Section is as follows:

General Fund	$1,929,025
Federal Funds	53,681,795
Other Funds	6,620,402
Total Budget	**$62,231,222**

The federal funds for the Community Health Section consist of a Department of Agriculture grant (WIC – Special Supplemental Nutrition Program for Women, Infants and Children), Health and Human Services grants (Maternal and Child Health Block Grant, Heart Disease and Stroke Prevention, Comprehensive Cancer Prevention, Family Planning, Preventive Health Block, Family Violence Services and Prevention, Rape Prevention and Education, Abstinence, Early Childhood Comprehensive Systems, Oral Health, Diabetes, Coordinated School Health, Behavior Risk Factor Surveillance System, Breast and Cervical Cancer), and Department of Justice grants (STOP Violence Against Women, Safe Havens Supervised Visitation, Grants to Encourage Arrest).

Sources of other funding include the Community Health Trust Fund (Tobacco Settlement money) and the Domestic Violence Fund. A schedule of the status of the Community Health Trust Fund is included in Appendix 5. The schedule indicates that estimated expenditures for 2009-11 exceed revenue by more than $460,000 and that the balance is spent down to $45,802. Note that next biennium, we will not be able to sustain current spending with the amount of revenue available.

The major expenses in the Community Health Section are as follows:

Salaries and Wages for 39.96 FTE	$5,190,180
Travel	323,000
Blue Cross/Blue Shield Breast & Cervical Cancer Exams	1,200,000
Service Contracts to Local Public Health Units (Women's Way)	1,070,000
IT Contractual Services (WIC)	215,000
Professional Services for Heart Disease Stroke Prevention	440,000
Professional Services (various program contracts)	1,826,197
Professional Supplies and Educational Materials	498,000
Remaining Operating Expenses (educational supplies, rent, printing, communications)	1,026,299
Grants to Local Public Health Units (MCH)	1,460,000

Grants to Local Public Health Units (WIC)	5,367,000
Grants to Local Public Health Units (Family Planning)	2,248,000
Grants to Tribal Governments (MCH, Stop Violence)	298,500
Grants to Domestic Violence Sites	5,021,000
Miscellaneous Grants	2,026,713
WIC Food Payments	25,063,375
Community Health Tobacco Programs (1.0 FTE)	3,388,768
Tobacco Measure 3	2,891,634
Tobacco CDC Federal Program (6.34 FTE)	2,677,556
Total Budget	**$62,231,222**

Changes to the Community Health Section budget are as follows:

Reduction in Tobacco Programs funded from the Community Health Trust Fund	($2,879,629)
Authority for Tobacco Programs to access Tobacco Prevention & Control (Measure #3) funding	$2,891,634
Unfunding of Colorectal Cancer Grant Pilot Project	($200,000)
Increase for WIC Food Payments	$7,500,000
Increase in the Poison Prevention and Control Program	$149,000
Decrease in the Domestic Violence Safe Haven Grant Program	($747,000)
Increase for the Women's Way Program	$150,000
Increase in Community Health Programs (3 FTE) (Oral Health, School Health and Cancer Registry)	$363,500
Increase in Contractual Services for Community Health Programs	$373,000

The $2.9 million reduction in Community Health Trust Fund tobacco programs is a result of the reduced amount of revenue available in the fund due to the passage of Measure 3. Spending authority of almost $2.9 million was replaced to reflect the possibility of funding tobacco programs through a contract with the new entity created by Measure 3.

The colorectal cancer pilot project was eliminated because there weren't funds available in the Community Health Trust Fund and results were not available from the project yet to determine if it should be continued, expanded or eliminated.

WIC food payments are projected to increase substantially; we recently went to the Emergency Commission to get additional authority for increases in the current biennium.

The new FTE are related to new federal funding and the loss of a contractor to complete work in the Cancer Registry Program.

The Poison Prevention and Control Program is provided through a contract with Hennepin County in Minnesota and has been increasing significantly the last several years. We have previously covered the increases using Emergency Preparedness and Response funding, but this is no longer available to cover all the costs. There is not a qualified contractor in North Dakota, and loss of this program would be a great burden on the state's medical system.

The $150,000 general fund increase to Women's Way will allow us to contract with a recruitment consultant to improve our ability to get hard-to-reach women into the program.

The Senate made one change to Senate Bill 2004 in the Community Health Section. They approved funding of $622,828 for suicide prevention, which was included in our optional budge package.

Emergency Preparedness and Response Section

The Emergency Preparedness and Response Section is responsible for improving and maintaining public health and medical response for a wide range of emergencies. The Division of Emergency Medical Services and Trauma covers emergencies that include day-to-day activities such as the provision of ambulance services and the designation of hospital trauma centers. The Division of Public Health Preparedness works to prepare the state's public health system for response to catastrophic events such as floods, tornados and pandemic influenza. The Division of Hospital Preparedness is responsible for response to disasters and large-scale emergencies that exceed the day-to-day operational capacities of clinics and hospitals. Tim Wiedrich is the Section Chief for the Emergency Preparedness and Response Section.

The Emergency Preparedness and Response Section addresses the following two strategic goals:

- Promote a state of emergency readiness and response.
- Improve access to and delivery of quality health care.

Some key performance measures of the Emergency Preparedness and Response Section include:

- Decrease the response time from call receipt to EMT arrival for 90 percent of the calls to less than nine minutes for urban calls, less than 20 minutes for rural calls and less than 31 minutes for frontier calls.

- Increase the percentage of public health units and hospitals that have developed a plan for pandemic influenza preparedness to 75 percent.
- Increase the percentage of public health and medical responders who receive public health communication messages to 90 percent.

Critical issues facing the Emergency Preparedness and Response Section are:

- The decrease in federal emergency preparedness funding and new match and maintenance of effort requirements.
- Maintaining adequate emergency medical coverage statewide.

Emergency Preparedness and Response Section Budget

The total budget for the Emergency Preparedness and Response Section is as follows:

General Fund	$1,609,426
Federal Funds	11,542,680
Other Funds	1,675,000
Total Budget	**$14,827,106**

The federal funds for the Emergency Preparedness and Response Section consist of Centers for Disease Control and Prevention bioterrorism grants, Hospital Preparedness grants and the North Dakota Department of Transportation.

Other funds in the Emergency Preparedness and Response Section are from the Insurance Tax Distribution Fund, Health-Care Trust Fund and the Community Health Trust Fund.

As indicated earlier, we are anticipating match and maintenance of effort requirements for our emergency preparedness funding. Our options to address this are to use soft or in-kind match available from the department, local public health units and hospitals. In addition, we are looking at how EMS staffing grants can be adjusted to meet match requirements.

The major expenditures in the Emergency Preparedness and Response Section are:

Salaries and Wages for 13.5 FTE and Temporary Positions	$2,113,951
Travel	223,000
Rent/Building	342,000

IT Contractual Services (trauma registry, Public Health Information Network compliance, disease surveillance)	767,000
IT Data Processing	232,000
Professional Services (legal, various misc. contracts)	204,000
Remaining Operating Expenses (medical and office supplies, communications)	681,398
Equipment over $5,000 (generator, various lab equipment)	187,245
Grants to Local Public Health Units and Tribal Governments	4,943,940
Grants to Hospitals	2,093,812
Local Ambulance Grants	2,490,000
Quick Response Unit Grants	125,000
Other Grants	423,760
Total Budget	**$14,827,106**

Changes to the Emergency Preparedness and Response Section budget are as follows:

Completion of CDC Bioterrorism Pan Flu Project	($728,000)
Decrease in Hospital Preparedness Grants to Hospitals	($617,000)
Decrease in Medical Supplies for the Hospital Preparedness and Bioterrorism Grant	($203,000)
Increase in IT Contractual Services for the Trauma Registry	$200,000
Conversion of 1 Temporary Employee to an FTE	$19,000

Decreases are due to a reduction in federal funds available and the completion of the pan flu project. One long-time clerical position was converted to an FTE.

The Senate added $1.5 million to Senate Bill 2004 from the Insurance Tax Distribution Fund for grants to local ambulances.

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 section includes the Field Medical Officers, the Office of the State Forensic Examiner, and the Division of Disease Control.

The Medical Services Section addresses the following strategic goal:

- Improve the health status of the people of North Dakota

A key performance measure for the Medical Services Section is:

- Increase the percentage of children up-to-date on vaccines at 2 years of age. (baseline – 81%; goal – 90%)

Critical issues facing the Medical Services Section are:

- To keep up with the sexually transmitted disease workload, especially in more populous areas.
- To continue to develop the PROtect ND Kids immunization program and transition to the new system without seeing a reduction in immunization rates.

Medical Services Section Budget

The total budget for the Medical Services Section is as follows:

General Fund	$1,954,104
Federal funds	7,597,815
Other Funds	19,400,000
Total Budget	**$28,951,919**

The federal funds for the Medical Services Section include Centers for Disease Control and Prevention grants (Immunizations, 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 private providers and local public health units to purchase vaccines at reduced rates. Recent efforts have not resulted in a willing or able contractor for this, but we intend to keep pursuing this arrangement.

The major expenditures in the Medical Services Section are as follows:

Salaries and Wages for 30.25 FTE	$4,008,481
Travel	278,000
Professional Services (patient testing, media)	1,230,500
IT Consultant Services (immunization)	365,000
Medical Supplies, Vaccines, Medications	20,600,000
Professional Supplies and Materials	196,000
Printing	142,000
Remaining Operating Expenses (supplies, rent, utilities, communications, printing)	731,208

Bond Payments (morgue)	168,666
Grants to Local Public Health Units (immunization, epidemiology and laboratory capacity)	1,232,064
Total Budget	**$28,951,919**

Changes to the Medical Services Section budget are as follows:

Epidemiology and Laboratory Capacity (1 FTE) (Emergency Commission)	$113,000
Immunization position (1 FTE) (Emergency Commission)	$110,600
Increase in HIV Rapid Testing	$264,000
Increase in Immunizations Services	$167,000
Conversion of 1 Disease Control Temporary Employee to FTE	$26,000

Changes in this section are related to two new federal programs starting in the current biennium and approved by the Emergency Commission and the conversion of a long-time clerical position to an FTE.

The Senate made no changes to Senate Bill 2004 in the Medical Services Section.

Health Resources Section

Darleen Bartz, Ph.D., is Section Chief for the Health Resources Section. The Health Resources Section consists of two divisions: Health Facilities and Food and Lodging. These divisions work to promote quality care and services for the people of North Dakota. Each division works with an advisory committee to be responsive to concerns. The section also has formed a workgroup with representatives from the section 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 into the coming biennium.

The strategic goals this section addresses are:

- Improve the health status of the people of North Dakota.
- Improve access to and delivery of quality health care.

The key performance measures for the Health Resources Section are:

- Decrease the incidence of low-risk pressure ulcers in skilled nursing facilities. (baseline – 2.81%; goal – 2.5%)

- Reduce the number of retail and food service facilities with critical violations by 10 percent.

Critical issues facing the section are:

- To implement the new life safety code construction inspection program.
- To ensure adequate inspection of high-risk food establishments with limited staff.

Health Resources Section Budget

The total budget for the Health Resources Section is as follows:

General Fund	$1,963,228
Federal Funds	4,682,641
Other Funds	1,081,334
Total Budget	**$7,727,203**

The federal funds for Health Resources include Medicaid and Medicare.

Other funds for the Health Resources Section are facility licensing fees.

The major expenditures in the Health Resources Section are as follows:

Salaries and Wages for 46.0 FTE	$6,311,211
Travel	731,000
Rent/Building	78,000
IT Data Processing	90,000
Professional Services (legal, training)	126,000
Remaining Operating Expenses (supplies, communications, professional development)	390,992
Total Budget	**$7,727,203**

Change to the Health Resources Section budget is as follows:

New Life Safety Code Inspection Program (2 FTE)	$346,530

The two new FTE will implement the new state life safety code construction inspection program. This was a pilot project approved by the 2007 Legislative Assembly where state inspections of construction projects would be conducted at strategic points during the project to identify issues earlier in the process and as a result save facilities from incurring additional costs and experiencing delays. One of the facilities in the pilot project estimated savings of $230,000 as a result of the earlier inspections.

The Senate made no adjustments to Senate Bill 2004 for this section.

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.

The strategic goal this section addresses is:

- Preserve and improve the quality of the environment.

Key performance measures for Environmental Health are:

- Maintain or increase the percentage of facilities meeting Clean Air Act requirements for permitting. (baseline – 99.8%; goal – 100%)
- Maintain or increase the percentage of community water systems meeting all applicable health-based drinking water standards under the Safe Drinking Water Act. (baseline – 95.4%; goal – 100%)
- Maintain or increase the percentage of municipal Solid Waste and Special Waste disposal facilities meeting applicable state and federal waste management regulations. (baseline – 96%; goal – 100%)
- Maintain or increase compliance with the North Dakota Pollutant Discharge Elimination System program technical review criteria established by EPA. (baseline – 94.4%; goal – 100%)

Our performance in all of these areas is well above national targets. North Dakota is very proud of our pristine environment and does an excellent job of taking care of it. We hope that state and federal funding will continue to allow us to preserve our environment at its current state.

Critical issues challenging the Environmental Health Section involve the ability to address highly technical and complex issues that directly impact

environmental quality and economic development. These critical issues that have current impacts with future implications include:

- 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.
- Agricultural and industrial development – In recent years the nature and scope of proposed and constructed agricultural operations have 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 and compliance oversight, and monitoring.
- 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 Fund	$7,412,904
Federal funds	41,978,484
Other Funds	6,441,313
Total Budget	**$55,832,701**

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, and 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.

The major expenditures in the Environmental Health Section are as follows:

Salaries and Wages for 156.25 FTE	$20,533,362
Travel	900,000
IT Data Processing	320,000
Rent/Building	833,000
Utilities (Chemistry and Microbiology laboratories)	431,000
Professional Services (LUST and legal contracts)	2,000,000
IT Contractual	275,000
Laboratory Supplies and Equipment Maintenance	2,400,000
Equipment less than $5,000 (lab equipment, computers, printers)	308,000
Remaining Operating Expenses (supplies, communications, professional development)	1,147,582
Equipment over $5,000 (air pollution and labs)	685,230
Bond Payments and Extraordinary Repairs	772,127
Grants to Soil Conservation Districts/Communities (Non Point Source)	11,200,000
Grant to Public Instruction (school buses)	400,000
Grants to Communities (arsenic trioxide)	12,100,000
Other Grants (water grants, abandoned auto, EPA)	1,527,400
Total Budget	**$55,832,701**

Changes to the Environmental Health Section budget are as follows:

Epidemiology and Laboratory Capacity (1 FTE) (Emergency Commission)	$109,500
New Diesel Grant Program	$400,000
Increase in Wetlands Program	$400,000
New .5 FTE in the Waste Management program	$74,400

The changes to the Environmental Health Section budget are the result of additional federal funds available for specific projects.

The Senate added language in Senate Bill 2004 requiring the Water Commission to provide a grant of $200,000 to the Department of Health to be used as matching funds for the federal 319 Nonpoint Source Pollution program. They made no additional adjustments to Senate Bill 2004.

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 division called the Office of Health Disparities/Primary Care.

The Special Populations Section addresses the following strategic goal:

- Improve access to and delivery of quality health care.

Some key performance measures for Special Populations are as follows:

- Increase the percentage of children with special health-care needs who receive coordinated, ongoing, comprehensive care within a medical home. (baseline – 51.2%; goal – 60%)
- Increase the primary care physician to population ratio in non-urban areas. (baseline – 67.1; goal – 76)
- Decrease the number of suicides among American Indians. (baseline – 30; goal – 10)

The most critical issue facing the Special Populations Section is the availability of public health prevention and health-care programs to address disparate populations.

Special Populations Section Budget

The total budget for the Special Populations Section is as follows:

General Fund	$1,962,787
Federal funds	2,300,133
Other funds	370,948
Total Budget	**$4,633,868**

The federal funds for the Special Populations Section include the Maternal and Child Health Block Grant, HHS Office for the Elimination of Health Disparities, HHS Primary Care grant, and the HRSA State Systems Development Initiative grant.

Other funds in the Special Populations Section are from the Community Health Trust Fund.

The major expenditures in the Special Populations Section are as follows:

Salaries and Wages for 11.27 FTE	$1,425,178
Travel	58,000
Professional Services (data contracts, medical consultant)	118,000

Food Supplies (PKU)	171,000
Remaining Operating Expenses (supplies, rent, communications)	209,369
Grants to Individuals (Russell Silver)	100,000
Grants for the Medical Personnel Loan Repayment Program	347,500
Grants for the Dental Loan Repayment Program	493,448
Grants for the Veterinarian Loan Repayment Program	350,000
Grants to Clients (diagnostic and treatment program)	443,000
Grants to Providers for Multidisciplinary Clinics	370,000
Other Grants (service contracts such as care coordination, family support, medical home, grants to county social services, data, etc.)	548,373
Total Budget	**$4,633,868**

Changes to the Special Populations Section budget are as follows:

Elimination of federal Loan Repayment Program for Health Professionals	($200,000)
Increase in the Dental and Medical Loan Repayment Programs	$176,000
Increase in the Veterinarian Loan Repayment Program	$350,000
Increase for the Specialty Care Diagnostic Program to Reflect Medicaid rebasing	$88,000
New .5 FTE in Primary Care Program	$70,000

The Federal Loan Repayment Program was removed due to elimination of federal funding. The Dental and Medical Loan Repayment programs were increased to allow for additional loan repayments in the 2009-11 biennium. The programs currently are funded out of the Community Health Trust Fund; however, with the passage of Measure 3, there was not adequate funding available in the trust fund to pay for additional loan repayments. Consequently, the 2009-11 loan repayments require funding from the general fund. The Veterinarian Loan Repayment Program was transferred from the University System to the Department of Health at the request of the University System. The Department of Health has the systems in place to administer the program. The increase to the Specialty Care Diagnostic Program was necessary to adjust for Medicaid rebasing and continue the current level of service to children in the program. The half-time FTE was added to the Primary Care Program, using federal funding, as the result of the discontinuation of a contract.

The Senate made no changes to Senate Bill 2004 for the Special Populations Section.

Conclusion

Chairman Pollert, members of the Committee, this concludes the department's testimony on Senate Bill 2004. Thank you for your consideration of our request. Our staff is available to respond to any questions you may have.

ADMINISTRATIVE SUPPORT SECTION

	2005-07 Actual Expenditures	Expend To Date Dec 2008	2007-09 Current Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	**34.05**	**37.93**	**37.93**	**38.93**	**1.00**	**3%**
Salaries	2,652,443	2,196,674	3,214,512	4,055,883	841,371	26%
Temporary, Overtime	180,592	135,770	47,592	115,560	67,968	143%
Benefits	891,107	777,427	1,160,382	1,451,806	291,424	25%
TOTAL	**3,724,141**	**3,109,871**	**4,422,486**	**5,623,249**	**1,200,763**	**27%**
General Fund	1,519,360	2,572,094	2,237,028	2,734,565	497,537	22%
Federal Funds	2,204,781	537,777	2,085,458	2,790,607	705,149	34%
Other Funds	0	0	100,000	98,077	(1,923)	-2%
OPERATING EXPENSES						
Travel	96,091	60,946	105,876	123,875	17,999	17%
IT - Software/Supp.	191,281	34,946	63,501	24,296	(39,205)	-62%
Professional Supplies & Mat	141,751	39,115	55,262	36,769	(18,493)	-33%
Food & Clothing	0	0	0	0	0	
Buildings/Vehicle Maintenan	9,078	3,389	2,945	3,092	147	5%
Miscellaneous Supplies	637	0	0	0	0	
Office Supplies	49,340	47,120	60,055	62,160	2,105	4%
Postage	70,162	63,052	44,805	305,757	260,952	582%
Printing	52,835	46,157	62,127	75,243	13,116	21%
Utilities	1,753	2,148	3,132	(0)	(3,132)	
Insurance	89,360	76,778	94,682	101,923	7,241	8%
Lease/Rentals - Equipment	3,579	1,329	2,924	3,070	146	5%
Lease \Rentals-- Buildings./L	30,461	13,082	16,046	11,240	(4,806)	-30%
Repairs	80,500	7,242	10,565	10,910	345	3%
IT-Data Processing	432,611	313,308	284,105	180,165	(103,940)	-37%
IT-Telephone	82,027	64,874	84,693	66,024	(18,669)	-22%
IT - Contractual Services	101,078	17,525	16,701	20,000	3,299	20%
Professional Development	110,139	52,911	64,303	65,518	1,215	2%
Operating Fees & Services	63,643	20,494	28,775	31,605	2,830	10%
Professional Services	534,777	98,478	225,802	335,270	109,468	48%
Medical, Dental, and Optical	0	0	0	0	0	
Operating Budget Adjustmen	0	0	0	25,000	25,000	100%
Sub Total Operating	**2,141,103**	**962,893**	**1,226,299**	**1,481,917**	**255,618**	**21%**
IT Equip Under $5000	57,845	19,560	35,500	22,000	(13,500)	-38%
Other Equip Under $5000	45,205	12,550	350	0	(350)	
Office Equip Under $5000	31,929	4,633	1,419	0	(1,419)	
TOTAL	**2,276,082**	**999,636**	**1,263,568**	**1,503,917**	**240,349**	**19%**
General Fund	325,553	(1,321,857)	230,019	269,099	39,080	17%
Federal Funds	1,949,778	2,165,477	830,549	781,969	(48,580)	-6%
Other Funds	751	156,016	203,000	452,849	249,849	123%
CAPITAL ASSETS						
Land & Buildings	0	0	0	0	0	
Other Capital Paymnts	0	0	0	0	0	
Extraordinary Repairs	0	0	0	0	0	
Equipment >$5000	10,864	0	0	0	0	
IT Equip >$5000	0	0	0	0	0	
TOTAL	**10,864**	**0**	**0**	**0**	**0**	
General Fund	0	0	0	0	0	
Federal Funds	10,864	0	0	0	0	
Other Funds	0	0	0	0	0	
GRANTS\SPECIAL LINE ITEMS						
Grants	1,615,771	1,434,064	2,000,000	1,900,000	(100,000)	-5%
WIC Food	0	0	0	0	0	
Tobacco Prevention Control	0	0	0	0	0	
TOTAL	**1,615,771**	**1,434,064**	**2,000,000**	**1,900,000**	**(100,000)**	**-5%**
General Fund	1,100,000	1,412,500	1,900,000	1,900,000	0	0%
Federal Funds	515,771	19,205	100,000	0	(100,000)	
Other Funds	0	2,359	0	0	0	
COST CENTER TOTAL						
TOTAL	**7,626,858**	**5,543,571**	**7,686,054**	**9,027,166**	**1,341,112**	**17%**
General Fund	2,944,913	2,662,737	4,367,047	4,903,664	536,617	12%
Federal Funds	4,681,194	2,722,459	3,016,007	3,572,576	556,569	18%
Other Funds	751	158,375	303,000	550,926	247,926	82%

NORTH DAKOTA DEPARTMENT OF HEALTH
Administrative Support
2009-11 Executive Budget

Operating Fees Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Research/on line data	4,535	2,093	(2,442)	-53.8%
Advertising/Photo/Misc	5,900	6,165	265	4.5%
Employee Awards	18,340	23,347	5,007	27.3%
Total Operating Fees	**$ 28,775**	**$ 31,605**	**$ 2,830**	**9.8%**

Professional Services Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	15,195	20,000	4,805	31.6%
Prof Not Classified - Certificate of Public Advantage and UND Training	100,607	120,000	19,393	19.3%
Strategic Planning	30,000	25,000	(5,000)	-16.7%
Audit	40,000	50,000	10,000	25.0%
Healthy ND Project (Prev Blk) - Prof Fees	-	30,270	30,270	100.0%
Healthy ND - Consulting	40,000	90,000	50,000	125.0%
Total Professional Fees	**$ 225,802**	**$ 335,270**	**$ 109,468**	**48.5%**

Grant Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Electronic Death Registry	100,000	-	(100,000)	-100%
Local Public Health- State Aid	1,900,000	1,900,000	-	0%
Total Grants	**$ 2,000,000**	**$ 1,900,000**	**$ (100,000)**	**-5.0%**

North Dakota Department of Health
Summary of Federal & Other Funds
2009-11 Executive Budget

Administrative Support Section		2009-11 Executive Budget
Federal Funds		
Preventive Health Service Block Grant		405,449
CDC Bioterrorism		487,840
Vital Records Federal Contracts		354,738
Unallocated Equity Pool (Federal Share)		180,595
Indirect Cost Pool		2,143,954
	Total	**3,572,576**
Other Funds		
Environmental Health Practitioner Licenses		3,000
VR Postage Revenue		245,000
Certificate of Public Advantage		100,000
IC - Special Funds		200,000
IC - Special Funds - Not Identified		2,926
	Total	**550,926**

2009-11 Information Technology Contractual Services

North Dakota Department of Health

Administrative Support

Project	Vendor	Dept	2007-09 Biennium Appropriation	2009-11 Biennium Request	Difference Incr/(Decr)
Reporting System	Nexus	1111	16,701	20,000	3,299
			16,701	**20,000**	**3,299**
	ADMINISTRATIVE SUPPORT TOTAL		**16,701**	**20,000**	**3,299**

North Dakota Department of Health
Schedule of Grants
Administrative Support

Grant Line Item

Description	07-09 Current Budget	Amount Spent	Amount Remaining	09-11 Budget	General Fund	Federal Fund	Special Fund
Electronic Death Registry	100,000		100,000	-			
Preventive Block		18,115	(18,115)				
BT-		1,089	(1,089)				
Local Public Health- State Aid	1,900,000	1,414,860	485,140	1,900,000	1,900,000		
Total Grants	**$ 2,000,000**	**$ 1,434,064**	**$ 565,936**	**$ 1,900,000**	**$ 1,900,000**	**$ -**	**$ -**

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DEPARTMENT OF HEALTH
09-11 TRAVEL BUDGETS BY SECTION AND FUNDING SOURCE

	Total	General Fund	Federal Fund	Special Funds
Administrative Support Section	123,875	22,298	101,577	0
Medical Services Section	278,368	22,269	256,099	0
Health Resources Section	730,734	168,068	445,749	116,917
Community Health Section	323,142	45,240	277,902	0
Environmental Health Section	899,137	125,879	575,448	197,810
Emergency Preparedness Response Section	223,104	62,469	160,635	0
Special Population Section	58,320	13,997	44,323	0
Total Health Department Travel Budget	**2,636,680**	**460,220**	**1,861,732**	**314,728**

NORTH DAKOTA DEPARTMENT OF TRANSPORTATION
STATE FLEET SERVICES
BUDGET GUIDELINES COMPARISON
2007-09 and 2009-11 BIENNIUMS

DESCRIPTION	GROUP NUMBER	RATE			REPLACEMENT RATE			MILE/HOUR RATE		
		2007-09	2009-11	% Chg	2007-09	2009-11	% Chg	2007-09	2009-11	% Chg
Mini Pass. Van	1	0.48	0.53	10%	0.03	0.03	0%	0.51	0.56	10%
Sedan/Wagon	2	0.35	0.38	9%	0.02	0.02	0%	0.37	0.4	8%
Light Pickup/Cargo Van/Full-Size Utility	3	0.55	0.62	13%	0.03	0.03	0%	0.58	0.65	12%
Heavy Pickup/Van/Full-Size Utility	4	0.54	0.72	33%	0.05	0.05	0%	0.59	0.77	31%
Highway Patrol	7	0.57	0.65	14%	0.07	0.05	-29%	0.64	0.70	9%
Game Enforcement/Special	9	0.46	0.56	22%	0.05	0.03	-40%	0.51	0.59	16%
Facility Service Vehicle	12	1.08	1.27	18%	0.12	0.08	-33%	1.20	1.35	13%
Compact Utility/All	13	0.46	0.58	26%	0.06	0.06	0%	0.52	0.64	23%
Miscellaneous Truck/Mid-Size Bus	18	25.00	41.00	64%	5.00	5.00	0%	30.00	46.00	53%
Distributor Truck	19	35.00	50.00	43%	5.00	5.00	0%	40.00	55.00	38%
Sign Truck/Garbage Truck	20	20.00	30.00	50%	5.00	5.00	0%	25.00	35.00	40%
Single Axle Truck/All	21	31.00	40.00	29%	5.00	5.00	0%	36.00	45.00	25%
Tandem Axle Truck/All	22	42.00	60.00	43%	15.00	15.00	0%	57.00	75.00	32%
Truck Tractor	23	35.00	50.00	43%	5.00	5.00	0%	40.00	55.00	38%
Rotary Snowplow	24	70.00	95.00	36%	5.00	5.00	0%	75.00	100.00	33%
Motor Coach	26	55.00	80.00	45%	10.00	10.00	0%	65.00	90.00	38%
Water Commission Truck	27	N/A	45.00		N/A	0.00		N/A	45.00	
Lineworker Truck	29	30.00	35.00	17%	10.00	10.00	0%	40.00	45.00	13%
Shuttle Bus	30	21.00	24.00	14%	7.00	7.00	0%	28.00	31.00	11%
Fuel Truck	31	8.50	8.50	0%	1.50	3.50	133%	10.00	12.00	20%
Drill Truck	32	45.00	90	100%	10.00	10.00	0%	55.00	100.00	82%

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FTE Summar

	2007-09 Total	New Positions: Emerg C Immun & ELC	DC Temp/FTE Admin Ast	EPR Temp/FTE Admin Ast	Admin Fraud Risk	MS Life Safety	School Health Coord.	Comm H Epi	Oral Hlth Admin Asst	Comm H Oral Health	Env Health J. Kangas	Primary Care	Total Changes	2009-11 Total
Started with DOH			1/16/2007	9/1/2005										
Administration	18.93				1.00								1.00	19.93
Healthy ND	1.50												0.00	1.50
PROtect ND	2.00												0.00	2.00
VR	12.50												0.00	12.50
Ed/Technology	2.00												0.00	2.00
Local Public Hlth	1.00												0.00	1.00
Total Admin.	**37.93**	**0.00**	**0.00**	**0.00**	**1.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**1.00**	**38.93**
DC	24.25	2.00	1.00										3.00	27.25
Forensic Exam	3.00												0.00	3.00
Total Medical S.	**27.25**	**2.00**	**1.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**3.00**	**30.25**
Health Fac.	37.00					2.00							2.00	39.00
Food & Lodg.	7.00												0.00	7.00
Total H. Resources	**44.00**	**0.00**	**0.00**	**0.00**	**0.00**	**2.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**2.00**	**46.00**
Cancer Prevention	9.77							0.50					0.50	10.27
Chronic Disease	5.39							0.30					0.30	5.69
Family Health	10.70						1.00	0.20	0.50	0.50			2.20	12.90
Injury Prevention	5.00												0.00	5.00
Nutrition & Phys Activity	6.10												0.00	6.10
Tobacco Control	7.34												0.00	7.34
Total Comm. Hlth	**44.30**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**1.00**	**1.00**	**0.50**	**0.50**	**0.00**	**0.00**	**3.00**	**47.30**
Air Quality	31.50												0.00	31.50
Chem Lab	15.50												0.00	15.50
Micro Lab	20.50	1.00											1.00	21.50
Water Quality	31.50												0.00	31.50
Mun. Fac.	26.00												0.00	26.00
Waste Mgmt.	21.00										0.50		0.50	21.50
Env. Chief	8.75												0.00	8.75
Total Env. Health	**154.75**	**1.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.50**	**0.00**	**1.50**	**156.25**
BT Admin	4.00			1.00									1.00	5.00
Emergency H. Service	8.50												0.00	8.50
EPR	**12.50**	**0.00**	**0.00**	**1.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**1.00**	**13.50**
CSHS	8.10												0.00	8.10
Health Dis/Primary Care	2.67											0.50	0.50	3.17
Special Pop	**10.77**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.50**	**0.50**	**11.27**
Total	**331.50**	**3.00**	**1.00**	**1.00**	**1.00**	**2.00**	**1.00**	**1.00**	**0.50**	**0.50**	**0.50**	**0.50**	**12.00**	**343.50**

Department [redacted]lth
Proposed Ec[redacted]ustments

10-07
2

	# of Employees	Monthly Avg Sal	Monthly Avg Sal Times # Of Empl.	Proposed Salary Increase %	Monthly Salary Increase	18% Increase in Fringe Ben	Biennial Total	GF %	General Fund	Federal/ Other Funds	Total
Chemist II	6	3,182	19,092	10	1,909	344	54,069	50%	27,034	27,034	54,069
Chemist III	3	4,158	12,474	10	1,247	225	35,326	50%	17,663	17,663	35,326
Chief, Env Health Sec	1	7,346	7,346	5	367	66	10,402	50%	5,201	5,201	10,402
Data Proc Coord III	3	3,632	10,896	6	654	118	18,514	40%	7,406	11,109	18,514
Electronics Tech II	3	2,815	8,445	8	676	122	19,133	50%	9,566	9,566	19,133
Electronics Tech III	1	3,474	3,474	8	278	50	7,871	50%	3,935	3,935	7,871
Env Engineer II	10	4,128	41,280	8	3,302	594	93,524	50%	46,762	46,762	93,524
Env Engineer III	11	4,757	52,327	8	4,186	754	118,552	50%	59,276	59,276	118,552
Env Sci II	42	3,202	134,484	8	10,759	1,937	304,687	50%	152,343	152,343	304,687
Env Sci III	23	3,831	88,113	8	7,049	1,269	199,629	50%	99,814	99,814	199,629
Epidemiologist II	16	3,035	48,560	10	4,856	874	137,522	40%	55,009	82,513	137,522
Epidemiologist III	6	3,473	20,838	10	2,084	375	59,013	40%	23,605	35,408	59,013
Health Ed Spec II	1	2,960	2,960	5	148	27	4,191	0%	0	4,191	4,191
HSPA II	4	2,946	11,785	5	589	106	16,688	15%	2,503	14,184	16,688
HSPA III	16	3,317	53,072	5	2,654	478	75,150	20%	15,030	60,120	75,150
Info Center Spec II	1	3,300	3,300	6	198	36	5,607	10%	561	5,047	5,607
Microbiologist III	4	4,044	16,176	4	647	116	18,324	50%	9,162	9,162	18,324
Multi-Media Developer	1	2,702	2,702	7	189	34	5,356	10%	536	4,821	5,356
P H Nurse Cons II	2	3,393	6,786	4	271	49	7,687	25%	1,922	5,765	7,687
Reg Nurse II	1	3,334	3,334	4	133	24	3,777	40%	1,511	2,266	3,777
Reg Nurse III	1	4,027	4,027	4	161	29	4,562	40%	1,825	2,737	4,562
Sr. Chemist	1	4,378	4,378	10	438	79	12,398	50%	6,199	6,199	12,398
Sr. Env Eng I	3	5,514	16,542	4	662	119	18,739	50%	9,369	9,369	18,739
Sr. Env Eng II	4	6,289	25,156	4	1,006	181	28,497	50%	14,248	14,248	28,497
Sr. Epidemiologist	2	3,865	7,730	10	773	139	21,891	40%	8,757	13,135	21,891
					Total Request		**1,281,110** **		**579,238**	**701,872**	**1,281,110**
									45%		

** Biennial total is calculated by adding Monthly Salary Increase plus increase in Fringe Benefits times 24

North Dakota Department of Health

Schedule of Lease Agreements

OFFICE SPACE	Sq.Ftg	Rate/Sq Ft	07-09 Monthly	09-11 New Bien	09-11 Annual	Program
Central Valley Health	738.6	7.00	$430.85	448	5,377	Local Health Coordinator/DC Epid
City of Fargo	500	9.00	$375.00	400	4,800	3 FTE -AQ/WQ/WM
J & L Development	40,025	11.44	$38,157.00	39,683	476,199	Env.Health Section
McHenry County	190	14.21	$225.00	225	2,700	FTE -WQ
City of Bismarck	120	8.84	$88.40	90	1,080	FTE-DC Epid.
Northbrook, LLP	527	11.39	$500.00	500	6,000	3 Temp EPR-Pandemic Flu

Testimony - North Dakota Senate Appropriations Committee
1/20/2008
Theresa Will, RN/Administrator
City-County Health District, Valley City

Good morning, Chairman Holmberg and Members of the Senate Appropriations Committee.

My name is Theresa Will. I am a registered nurse who serves as the Unit Administrator for City-County Health District (CCHD) which provides public health services for Barnes County. I am here today to request your support for an increase in the "State Aid for Local Public Health" line item in the North Dakota Department of Health Budget (SB 2004).

City-County Health District currently employs 21 full-time and part-time staff for a total of **12.3** FTE's.

You have already received a copy of a letter which my health board chair and I wrote to Governor Hoeven and Dr. Dwelle (our state health officer) which describes our county's situation. You have also heard from your own local public health administrators regarding their individual health unit concerns. Collectively, the Local Public Health administrators have been working together to come to a consensus in identifying the highest-priority areas of need. We see the most urgent needs at the local level as follows:

1. Funds to strengthen and sustain the Public Health Nurse Home Visiting Program in order to serve our citizens' unmet needs;
2. Supplemental funds for Comprehensive Local Emergency Preparedness and Response;
3. Resources to initiate a Community Assessment at the local level;
4. Funds to sustain services funded by 2007-2009 Environmental Health State Aid.

North Dakota faces the major challenge of meeting the needs of its rapidly aging population, and we are really feeling the crunch in our county. It should be noted that 14.8% of North Dakota's population is over age 65, but in Barnes County almost 20% is over age 65! According to the ND State Data Center, by the year 2020, Barnes County's percentage of over-65 residents will jump from the current 19.8% to 31.7%. Dr. Richard Rathge, director of the North Dakota State Data Center, bolstered the case for increased funding for local public health services when he stated, "The significant rise in seniors will require the need for more effective and efficient service delivery systems, elderly appropriate housing, a more integrated informal care system and a host of other needs. Unfortunately, many of the rural areas are least prepared and equipped to meet these needs. That is why we need to plan ahead." ("The Burden of Cardiovascular Disease in North Dakota," Division of Chronic Disease, Heart Disease and Stroke Prevention Program of the North Dakota Department of Health, September 2007).

According to the Journal of Clinical Outcomes Management – February 2008: "Home-dwelling, low-income geriatric patients carry heavy burdens of chronic disease, and account for a

disproportionate share of health care resources." These are exactly the people in North Dakota who depend most heavily on Local Public Health. We assist the patients, particularly the low income, who fall outside traditional health care resources.

The benefits of public health services are numerous. Predominant among them is the saving of health care resources. For example, by enabling citizens to receive guidance from a health professional prior to entering the hospital/clinic setting, Local Public Health reduces the number of costly, unnecessary emergency room visits. We know that low-income geriatric patients who are not managed by a care provider such as Local Public Health tend to wait to seek health care until a crisis situation evolves, and this often leads to emergency care visits. Furthermore, by providing services that help clients avoid serious illnesses in the first place, care provided by Local Public Health removes the need for some doctor visits altogether.

I would like to share with you our specific budget profile, which is fairly typical for local health units across the state (except for the certified home care portion of our revenue). The pie graph which I distributed to each of you shows the revenue sources within our health unit. I would like to make a few clarifications regarding this budget.

Local tax revenue provides almost 30% of our funding. We currently levy the maximum 5 mills for public health, as allowed by the ND Century Code. With the current, well-justified push to reduce local property tax burdens across North Dakota, we cannot seek an increase in the local-tax-revenue of our budget. In fact, we need to decrease the share provided by this source.

For several years, City-County Health District has been fortunate to be able to run a profitable certified home care agency within our health unit. As you can see, this contributes 30% of our revenue. This means that, over the past several years, we have been able to use between $15,000 and $30,000/year of "certified home care" revenues to fund additional public health services needed by the residents of Barnes County. However, due to federal changes and the fact that there continues to be two home care agencies in our small community, our profit margin is decreasing dramatically. Like most ND counties, Barnes is a rural community (1,492 square miles, and only 7.9 people per square mile), and we know that if we are forced to decertify and stop providing certified home care, then our public health costs will increase sharply because we will no longer be able to provide both kinds of services with one trip to a farm or small village within our county. So, needless to say, the fact that we have been able to utilize revenue from our certified home care agency to provide public health services has been a wonderful asset for our county -- but this is a revenue stream that is not stable at this point. Furthermore, I believe there are only 3 local public health units that operate certified home care agencies, so this is not a revenue source available to many struggling health units.

The federal grant portion of our budget also has decreased over the past several years. These funds are pass-through dollars that are received by either the NDDOH or the NDDOT and are passed on to local public health to implement programs/services locally. In some programs, such as Emergency Preparedness, the decrease has been drastic. This includes funds for Maternal/Child Health, Emergency Preparedness, Immunizations, West Nile Virus, Health Alert Network, Tobacco Prevention, and Safe Communities. When funds were fully available,

coalitions and collaborative work groups and services were developed through public health. The community expects that public health continue to be a part of these coalitions/collaboratives, so these services are supplemented with local mill levy dollars.

We work hard to recruit private funding whenever we find that it is available. For example, we have received private funds from the SERVE Foundation, United Way, Kiwanis, etc. These funds are often used to purchase equipment or to assist in a health related project that a service group supports. As you can see, this portion of our budget is VERY small. Unfortunately, as our letter to Dr. Dwelle indicates, North Dakota's failure to provide sufficient state support for Local Public Health is actually hampering our ability to increase support from private funders such as Blue Cross Blue Shield. On a positive note, this means that increasing the state aid portion of the Local Public Health budget could also translate into an increase in the privately-funded component.

The fee for services piece of our pie includes payment for flu shots, pneumonia shots, community cholesterol screenings (which we hold 4 to 6 times per year), sewer permits, day care inspections, school inspections, and contracted nursing time for our jail and for a new assisted living facility that will be opening in Valley City. At one point, flu shots were a very nice source of revenue for local public health, but due to the fact that flu shots are now given in many places within various communities, such as local pharmacies, this revenue is also decreasing.

The donation for services portion of our budget includes donations by clients for foot care, maternal/child health, Health Tracks and various individual client donations. As you can see, this is not a very large amount and this also is a piece of the pie that is decreasing.

Now, for the state aid portion of our budget. Our unit's state aid amount per year is $21,823. This totals approximately 3% of our budget. In our health unit, these funds are used primarily to contract with Central Valley Health Unit for environmental health for Barnes County. This is a service/contract that has been in place for many years, providing sewer inspections, assistance with mold, radon and rodent issues, etc. Additional funding was provided by the Legislature in 2007 to assure an environmental health presence throughout our state, but these funds could not supplant services that were already in place. Therefore, that part of the increased state aid funding was not available to our health unit. These funds were and are extremely important for our state because they provide for environmental health in all communities; the funds must be continued to maintain these services.

On balance, it is only the 3% state aid portion of our budget that can and must be increased. According to the 2005 "National Profile of Local Health Departments" produced by the National Association of County and City Health Officials:

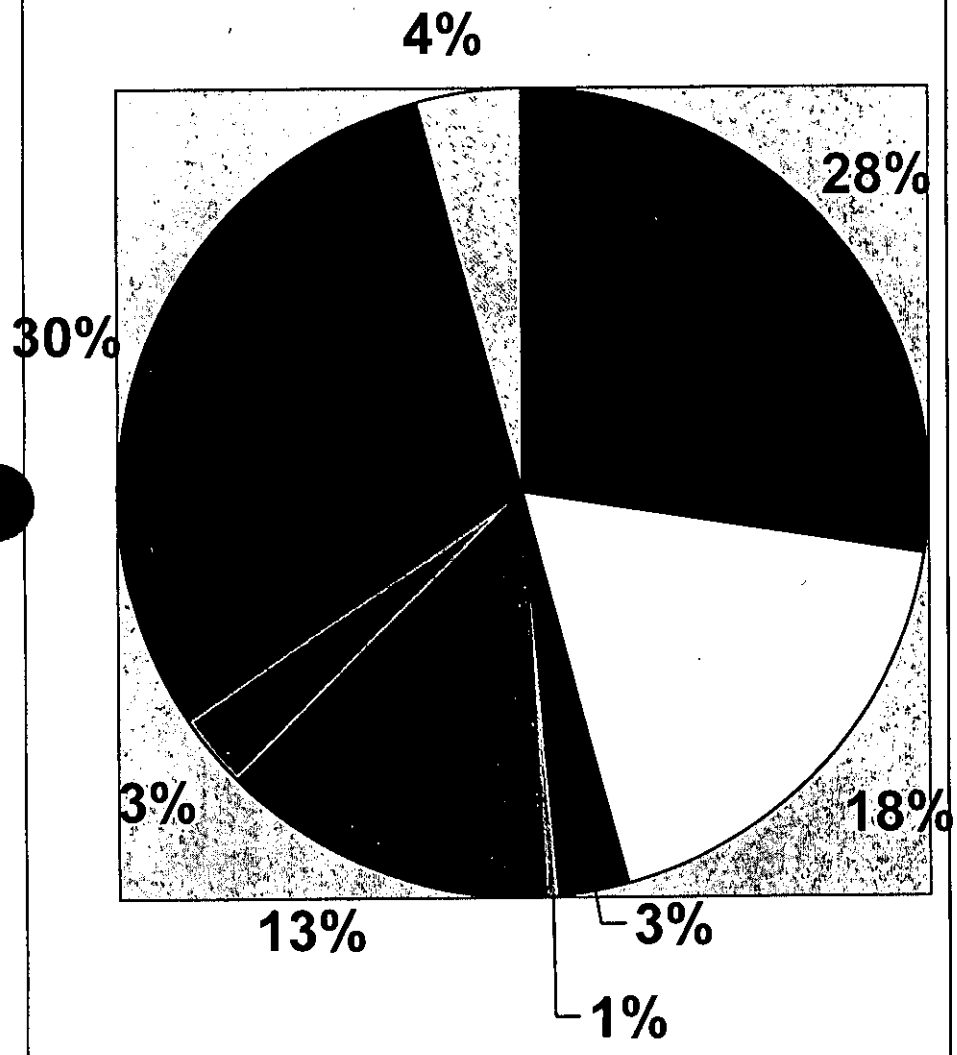
- **local sources** provide an average of 29% of Local Public Health revenues, which is right on track with what our budget shows;

- **federal funds** passed through to Local Public Health by state agencies average 13% which is also close to our 18%;
- but the national average for **state funding to local health** is 23% compared to only 3% in our budget and an average of 11% across the state (with only 5% from the state general fund).

If North Dakota's state leaders want Local Public Health to continue meeting the growing demand for public health services (which save lives and save health care dollars), we simply need an increase in the level of funding that the STATE provides directly to our local units. City-County Health District has been able to recover from a devastating 2004, when we ended the year with a $78,000 deficit. After making many cuts and changes to services, we have managed to regain a small cash reserve. We, as local public health administrators, are looking at the current and future needs for public health services, and we realize that unless funding from the state level is increased, we will either be operating in the red or cutting services that will negatively impact the health of North Dakota residents. Costs continue to increase, even when revenue sources decrease or stop all together. Please support a significant increase in state aid for local public health.

I want to thank you for this opportunity to share information regarding public health services and our need for increased funding. I would be happy to answer any questions that you may have.

City-County Health District 2009 Budgeted Revenue



- local tax $230,775
- Federal grants $154,790
- state aid $21,823
- private grants $5,000
- fee for svc $111,152
- donation for svcs $26,204
- certified HH $255,000
- Tobacco settlement $34,153

3

Testimony – ND Senate Appropriations Committee
1/20/2009
Brenda Stallman, RN, Administrator
Traill District Health Unit, Hillsboro

Good morning, Chairman Holmberg and Members of the Senate Appropriations Committee.

My name is Brenda Stallman. I am the administrator of Traill District Health Unit (TDHU) in Hillsboro. Our agency provides public health services for the citizens of Traill County. I am here to ask for your support of local public health through an increase in state aid funding, specifically itemized as part of the ND Dept. of Health budget under SB 2004.

Before I begin, I would like to point out other local health department representatives here in support of this testimony.

While Theresa outlined the financial shortages and needs of her department very well, I want to avoid duplication of her story that is nearly identical to mine and focus, instead, on the impact of these budgetary constraints on the citizens of Traill County. I will share that our total operating budget at TDHU is $287,000. The state aid that we collect amounts to $18,311 annually, or six percent of our total budget.

Local health departments agree collectively that the demand for our public health nurse home visitation is a program that will only grow due to our aging population. Unlike Theresa's scenario, TDHU and most local health departments do not provide certified home health care. Rather, we conduct home nursing visits on a donation basis. While most of us are currently just below or at our maximum allowable 5 mils, we cannot continue to locally match the costs of this vital service.

To explain our situation at THDU, I would like to tell you about Kelly. Kelly is the other full time RN employed by our agency besides myself. Her primary responsibility is home nursing visits. She carries a case load of 20 – 25 patients. The percentage of residents in Traill County over age 65 is expected to grow from 8.4 percent to 27% in 2020.

Kelly spends her time prefilling pill boxes and insulin syringes for seniors who cannot manage their medications. She conducts physical assessments, performs foot cares, coordinates doctor visits, and facilitates communication between doctors, pharmacists, social services, and families about her clients' condition. She helps determine if a client can remain safely at home or if it is time to seek more intensive type care such as assisted living or nursing home. Doctors rely on her heavily to be their eyes and ears on the patient's condition. The majority of calls coming in to our agency are calls for Kelly. Either clients are anxious for her arrival, or local physicians have questions about one of her patients. Though we employ 2 full time RN's and one full time LPN, I have heard comments like, "I thought Kelly was our only county nurse." This is because the home

visitation service that Kelly provides is the patient's primary concern and so vitally important to them to keep them healthy and in their home.

The suggested donation for Kelly's visits is $20. Where else could you get a health care professional to drive 40 miles and provide professional care for up to an hour of time for $20? No one is refused service due to inability to pay. Our 2008 revenue for home visits was $8,300. Kelly's salary and benefits amount to $53,000. This large deficit in program expense is addressed though local tax dollars and a small amount of state aid.

Another pressing need established by our public health colleagues across the state deals with local emergency preparedness and response.

To explain this item, I would like to tell you about our emergency preparedness and response coordinator. Her job description includes, but is not limited to, the management of all grants, (currently numbers 9) ranging from Maternal Child Health to West Nile Virus to Emergency Preparedness. She oversees the agency's total budget, supervises our staff, participates in all agency programs, has 5 bosses and answers to a population of 8,500. This person is to coordinate a response to public health emergencies in cooperation with county partners and agencies; identify the need for, obtain, and account for equipment and supplies needed in an emergency; participate in the planning and exercising of an event; and of course, respond to any emergency situation. The coordinator is to be available 24/7. Our current Emergency Preparedness grant award is $7,400.

Though we receive and appreciate support from regional Emergency Preparedness Coordinators, essentially it is our responsibility locally to plan, coordinate, and implement an emergency response.

The process of emergency planning does not end as our grant funding diminishes. We need to continue to engage our local partners and participate in staff training and education. We are required to exercise and evaluate our emergency plans. The lists of required supplies and equipment needs are long. Pandemic flu remains a real threat, yet we no longer receive funding to address it. Our colleagues have determined that $700,000 for the next & future bienniums until federal funding is available to support this key function.

You may have guessed that the emergency planner I mentioned is me and I respectfully ask for your consideration of this request.

Next, priorities established that call for increased state aid funding involves the need for local health departments to conduct community assessments. I have fought this idea for some time. Having lived and worked in a county of 8,500 people for 17 plus years, I felt I had a good feel for the health needs of our citizens. After all, I know that approximately 99% of our county's residents are white Norwegians. We have 4 school districts with a K -12 population of 1450. Our county is classified as rural and agriculture is our major industry. Our largest employer is American Crystal Sugar; we have 2 community

hospitals, 2 MeritCare clinics that together employ 5 family practice physicians, and 2 mid-level practitioners. We have an increasing number of children with special health care needs and an increasing population of residents over the age of 65. We have lost too many teens to alcohol related traffic deaths, including 3 in the community of Hatton in the last 3 years, two of which occurred in the 2008 calendar year. We are home to an increasing number of young single mothers and an increasing number of non-insured families. We have an increased number of individuals incarcerated on drug-related offenses who rely on our department for evaluation of their health needs. Jailers must be trained by us to dispense medications to inmates safely.

Like all over America, Traill County has an increasing childhood and adult obesity rate resulting in increasing incidences of heart disease and diabetes. It seems everyone has cancer and no one eats enough fruits and vegetables. Our residents are more transient, often states away from their immediate families. I no longer know everyone in my church and at the post office. Grandparents are raising grandchildren and these children often rely on our department for their first stop for health care needs.

So I thought I had my community assessment, solely based on my experience and intuition. We try to build our programs to support these perceptions. Though I still feel I know our county well, would you as an administrator of grant funds to distribute, award a grant to us based on just perceptions? Your smart business practices would not allow it. You would need and expect a community profile that scientifically calculates numbers, percentages, and trends. My experience, though helpful, is not sufficient for tracking disease rates and public health indicators necessary for accurate portrayal of our nation's health. Funding to conduct formal community profiles is essential and is a core function of public health.

Lastly, local public health seeks to meet the increasing demands for environmental health services in our counties. THDU contracts with Fargo Cass Public Health and is grateful for their expertise being made available to smaller health departments We value the $50,000 per biennium granted to the 8 largest health units in the last legislative session to help assure access to environmental health services. We are seeking an additional $50,000 per biennium to meet increased travel expenses, enforcement of regulations related to tattoo and tanning facilities and pools and spas; and increasing numbers of nuisance complaints, primarily in rural areas where township governments are not designed to accommodate these complaints.

In closing, I would like to introduce you to yet one more of my staff. This is our office receptionist (white memo board). Our Board of Health has elected to leave this position unfilled to address budgetary constraints. If you come to our office door, you may be greeted by this board informing you we are unavailable while out visiting clients or schools. You may leave a message with my receptionist, provided I remember to leave a marker. Those of you smart enough to call first, will often get a call forwarded to my cell phone. If I get your call in an outlying area, I will take your name and call you back later. With our current level of funding, it is unlikely that our receptionist's chair will be filled any time soon as we are near our 5 mil max for local tax support.

My last story includes you, or your mother, or your father, or spouse who will at some time require supportive care so that she or he can remain in the comfort of their own home. Who will you call for home care following illness, surgery, or for management of chronic disease? Local public health is by far the best value. It's available, experienced, and efficient. We would appreciate your support of increased state aid to local public health.

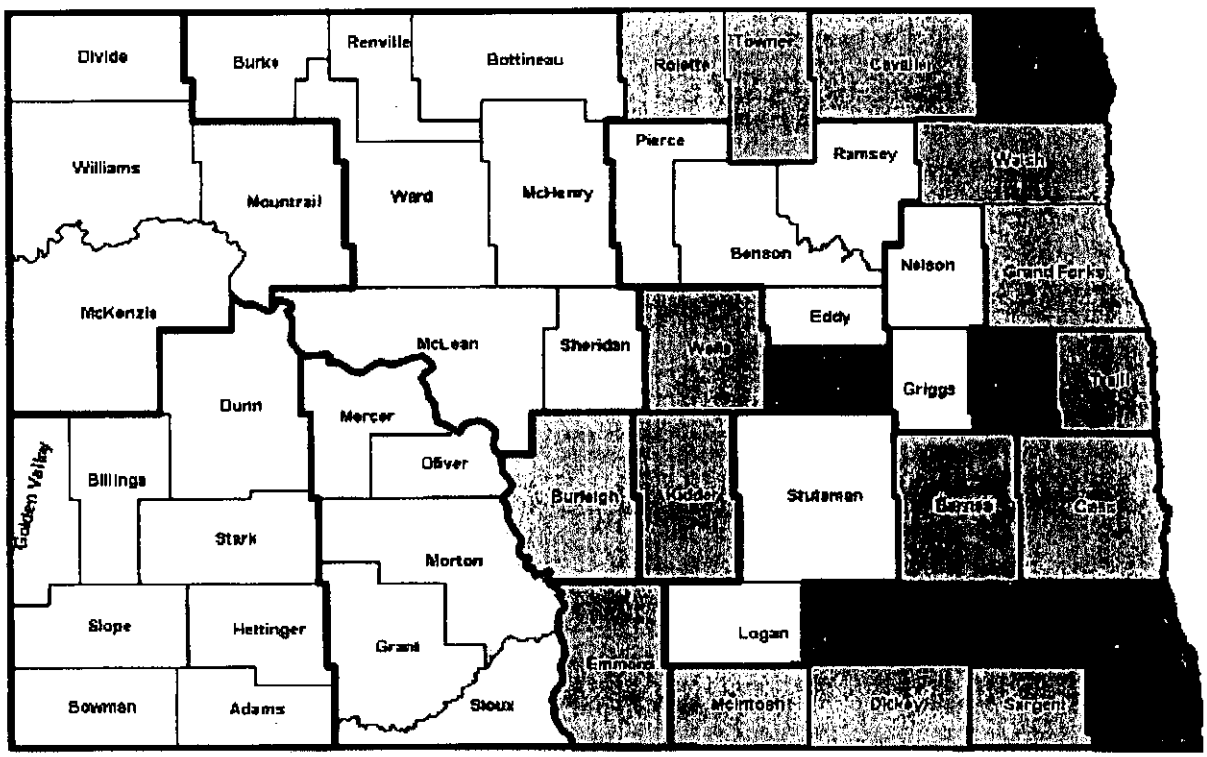
I want to thank you for time and for listening to my story. Do you have any questions?

4/5

Local Public Health Departments – Request for State Aid Increase 2009

Public Health
Prevent. Promote. Protect.

Map of North Dakota Local Public Health Departments



Multi County Health District
Single County Health District
City/County Health Department
City County Health District
Single County Health Department

Attachments include:

1. **Request for State Aid narrative**
2. **Support letters – Local Public Health Departments**
3. **History of State Aid funding to Local Public Health**

LOCAL PUBLIC HEALTH REQUEST FOR STATE AID INCREASE

January 2009

The local health departments are the foundation of the public health system and the major player in providing health services to community based programs and these services that assure and protect the health of our citizens. A report by the Trust for America's Health concludes that an investment of $10 per person per year in proven community-based programs could result in considerable medical cost savings. An investment in public health would potentially result in $6.20 savings for every $1.00 spent for North Dakota.

Local public health agencies are expected, and often required, to provide services and reach people that private and other governmental agencies fail to adequately address. In this context local public health agencies are regarded as the residual guarantor for essential services. They are also required by state law to provide services to North Dakota citizens regardless of ability to pay. As a result, services are often rendered without reimbursement either by insurance or client payment. Respectively, local health departments operate on relatively small budgets.

LPH funding sources are generally from local government (local tax dollars), state government and federal pass-through funds. A budget analysis conducted by legislative council in 2005 indicated that the average LPH budget is comprised of 36% from local government, 37% federal pass-through, 11% state direct (only 5% from state general fund) and the remaining 16% from fees and other sources. Only local and state general funding sources allow flexibility in expenditures or allocations. The majority of the flexible funding source is from local governments so in order to respond to community needs such as the changes in demography and health status, increased health care costs, and latest health care trends (such as under-funded or unfunded mandates) it requires a continual burden on local tax payers. In addition, there is a barrier to generate additional local tax dollars as health district budgets may not exceed the amount that can be raised by a levy of five mills as mandated in state statute. Presently, health districts average a 4 mill appropriation.

Local public health administrators have identified the following priority areas that are heavily subsidized by local funds, have unmet needs and/or increasing in cost to adequately implement:

1) Public Health Nurse Home Visits.
2) Supplement Funding for Comprehensive Local Emergency Preparedness & Response.
3) Community Health Assessment: An incentive for regional collaboration.
4) Increased funding for Regional Environmental services.

To meet these needs, local public health units project the need for an additional $3,595,000 per biennium in State Aid funding. **This funding would provide a significant improvement in meeting local public health services needs without increasing pressure on property tax; an important step to support property tax relief.**

Public Health Nurse Home Visits

Time Period: 2009-2011 biennium, and on-going
Total Funding: $2,000,000

Local Public Health Departments have long used local dollars to provide nursing services in the community through home and office visits. According to a recent study done by NACCHO, 83.3% of local public health departments currently offer a home visit program. **An informal survey conducted among the Local Public Health Departments here in North Dakota, it was determined that the majority of public health home visits are paid for with funds from local tax dollars.**

North Dakota is faced with the challenge of meeting the needs of its growing population of elderly persons. With 14.7 percent elderly population in 2000, North Dakota was one of only nine states where persons 65 and older constituted 14.0 percent or more of their total populations. This percentage increased to 14.8 percent in 2003 (ND State Plan on Aging) and will continue to increase. According to the North Dakota State Data Center projections are that by 2015 19.6% of our population will be over age 65 and by 2020 22.9% will be over 65. Traditionally, aging persons have been sent to nursing homes. Yet today many North Dakotans want to stay in their home or remain in their communities. Public Health is certainly one of the major players dealing with North Dakota's aging population.

Public Health Home visits provide the following:

- Medication monitoring – medications are set up and nurses monitor compliance.
- Assessments – blood pressures, weight monitoring, blood sugars.
- Case Management and referrals to other services within the community.
- Foot cares

The public health service delivery model is already in place to assist North Dakota's aging population and more funding is needed to sustain and increase the current level of service as the population ages. This delivery model makes sense.

Some elderly are very capable of living within their home setting if they have some minor assistance to assure that they remain healthy. In the long run it will save money and improve the quality of life for our State's elderly.

Along with services to the elderly, Local Public Health is seeing a need and a gap in services for the mentally ill who live communities around our State. Human Service Centers provide assistance to the mentally ill with the psychiatric medications, but not medications related to chronic disease. Local public health has had an increased demand and expectation to fill the gap and provide case management and medication assistance to this population with little or no reimbursement.

Currently 60% of Local Public Health Departments surveyed, see 40 to 100 or more home visit clients per month. It is estimated that the monthly cost for caring for a client in a nursing home is $4500, however the approximate monthly costs for public health services to assist a client in their home is $130. There is considerable economic and social value in caring for a person in their home as long as possible.

Supplement Funding for Comprehensive Local Emergency Preparedness & Response

Time Period: 2009-2011 biennium, and until federal funding is adequate at the local level
Total Funding: $700,000

Responding to disease outbreaks, environmental hazards, and natural disasters are essential services of local public health departments. The planning, training and coordinating response activities has required considerable amount of staff time and financial cost at the local level. We know that in the event of a public health emergency, it will be the local health department that will be called upon to respond. Our communities certainly deserve to have a Local Public Health unit that is prepared for a public health emergency. In order to be prepared, local Public Health needs adequate funding. The CDC Cooperative Agreement funding continues to require local public health to perform many activities for preparedness, however funding at the county level has decreased which has resulted in local government subsidizing the program.

Currently statewide, local public health units are subsidizing this process at the rate of approximately $350,000 per year. This figure was calculated based on the number of hours put into this effort that were not covered by Emergency Preparedness grant funding at the local level. With the beginning on the new grant cycle on August 9, 2008, local public health units have taken a significant cut in county allocation dollars for emergency preparedness. Without additional funding, local public health will need to even further increase the amount of local money allocated to emergency planning or make decisions on which aspects or emergency response and preparedness will not be addressed. Unfortunately Loc Public health is finding it increasingly difficult, if not impossible, to continue to increase their level of financial subsidies. This is a serious concern. Without additional funding, we run the risk of not being able to adequately plan and prepare for a public health emergency.

An increase in State Aid to be utilized for Emergency Preparedness and Response could be used in several ways:

- Fully engaging our local and regional partners in planning and exercising through community meetings
- Recruitment, training and maintenance of public health volunteers
- Staff training and education
- Exercising and evaluating emergency plans
- Purchasing supplies and equipment for emergency response

Community Health Assessment: An incentive for regional collaboration

Time Period: 2009-2011 biennium (assessments suggested every 5 years)
Funding: $495,000

Assessment is a core function of public health and is the foundation for public health practice. A community health assessment process includes determining the health needs of the community, investigating adverse health events and health hazards by conducting timely investigations; analyzing the determinants of identified health problems to determine why certain populations are at risk for adverse health outcomes; determining the communities' interest in improving health risks and then implementing strategies to address health problems and fulfill the community's interest in improving health conditions.

One core activity in a community assessment process is creating county or district health profiles which would provide health status data to be used in identifying priority areas to address. A template and profiles for about 4 health units have already been created. Funding for this community assessment process would provide an incentive for regional collaboration among similar and adjacent smaller health units to establish a coalition around conducting a community assessment and health improvement plan. The coalition would be comprised of all types of health system partners and encourage multi-county collaboration. A $5000 per county stipend would be provided as a base regardless of how many counties the health unit group includes. An additional incentive stipend of $20,000 would be provided to each collaborative having a combined population of 30,000 or more. These stipends would be provided to offset costs related

to 1) establishment of a Community Health Assessment Coalition, 2) health and population data compilation and community health profile development, 3) priority selection based on the data and assessment outcomes, and 4) development of an Improvement Plan to address the local public health group's priorities.

It is the intent that funding will pass through NDDoH and be distributed to local public health units as stipends for leading the community assessment and improvement planning process. A portion of the funding will remain in the NDDoH to assist with creating community health profiles, providing community assessment and community engagement training and providing technical assistance. NDDoH's internal epidemiologists report having the capacity to create the profiles. The NDDoH public health liaison reports the capacity to assist with coordination of assessments.

Budget:

Maximum total cost of per county stipend: **$265,000** (53 X $5000)
Likely total cost for collaborative incentive stipend: **$200,000** (~10 groups X $20,000)
NDDoH data assistance, training and technical assistance = **$30,000**
Total Community Assessment cost: $495,000

There is a significant effort to develop an accreditation process for local public health units throughout our nation. If local public health unit assessment capabilities are not strengthened in North Dakota, it is likely that many will not meet emerging national standards. These community health assessments would build significant capacity for local public health units to meet the core function of assessment. The development of health profiles and improvement plans will be very valuable to local public health units as well as other stakeholders such as hospital, clinics, schools, etc. In addition, the data and improvement plan will better position the local communities for funding opportunities to address issues specific to their population. The incentive stipends will help build collaborative groups which may lead to regional approaches to local public health services.

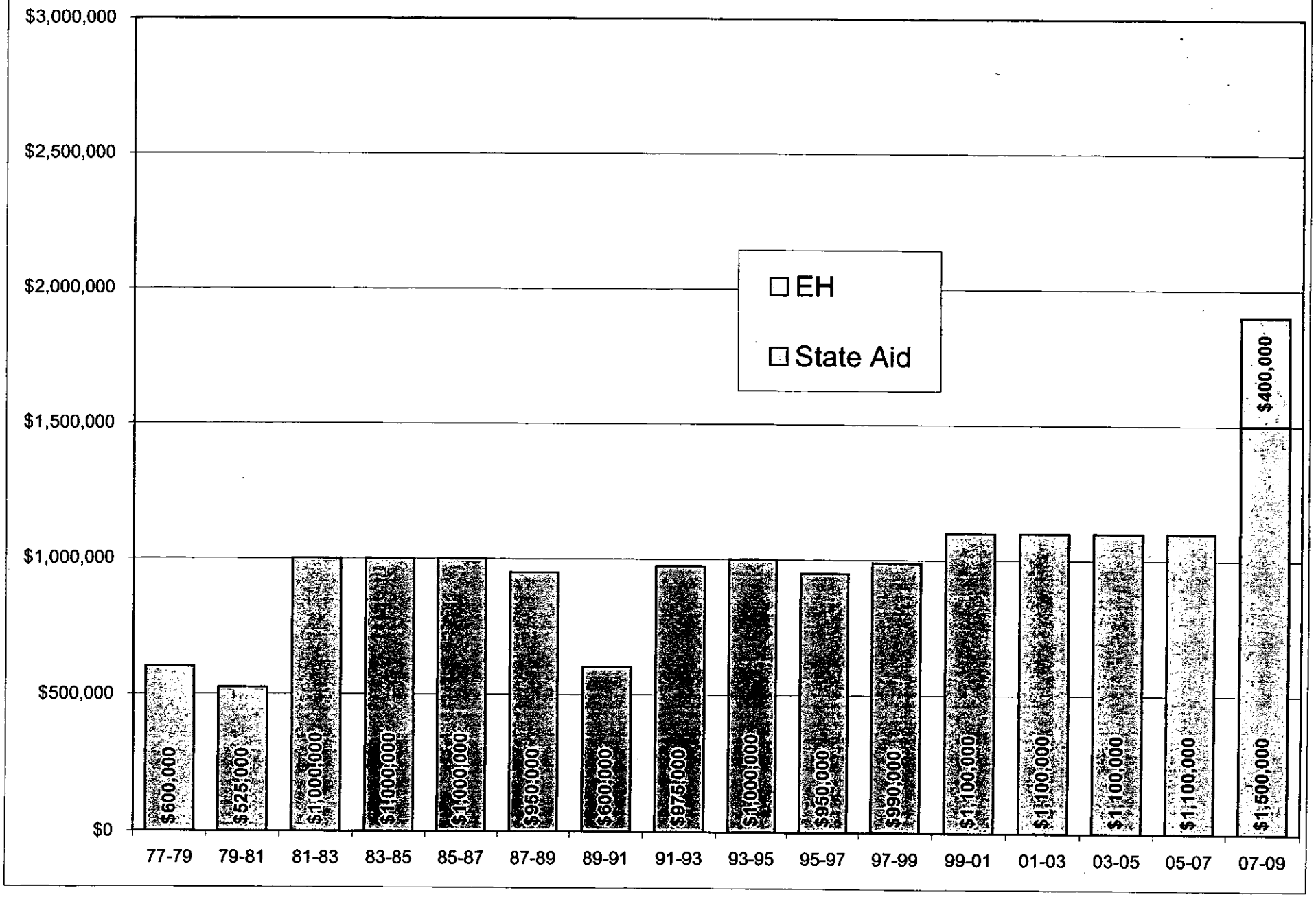
4) Increased funding for Regional Environmental Health Services

Time Period: 2009-2011 biennium and ongoing
Total Request: 400,000

The 2007 Legislature provided funding to local public health units through additional state aid to support environmental health services statewide. This funding, $50,000 per biennium, is directed to each of the 8 lead health units to assure access to environmental health services throughout North Dakota. Each of the 8 lead health units have utilized this funding to address priorities within their area, and have summarized activities via narrative reports to NDDoH. Additional funds would increase the amount from $50,000 per biennium to 100,000 per biennium for each of the 8 lead health units.

While the environmental health state aid has been a great value for our state, we see substantial increases in costs to maintain these services. Issues related to recruiting and retaining qualified EH staff in an oil economy, travel costs have increased to reach the most rural areas, increase in demands/expectations of our residents, and significant changes in EH service delivery will most certainly increase the costs of current EH services funded by the state aid. The most notable changes in EH services are: state tanning and tattoo rules, federal laws related to pools and spas, increase in requests for support on public health nuisances, and other services where funding does not fully cover service costs.

History of State Aid Funds to Local Public Health



TOWNER COUNTY PUBLIC HEALTH DISTRICT

404 5TH Ave. Suite #3, north door
PO Box 705
Cando, ND 58324-0705

Public Health
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Office (701) 968-4353 Email: dkitsch@nd.gov Fax (701) 968-4354
Web site: http://www.ndhealth.gov/Localhd/TCPHD/

January 6, 2008

Senator Ray Holmberg, Chair
Senate Appropriations Committee

Dear Senator Holmberg and members of the Appropriations Committee,

I am the director of Towner County Public Health District, a very small one employee local public health department. My duties are many including executive director, public health nurse, business manager, tobacco coordinator and janitor. Due to my various duties, I am unable to provide home visits. I do provide minimal support to the schools; provide immunizations and tobacco prevention activities along with material child health and injury prevention. I heavily rely on the support of North Central Regional staff located at Lake Region District Health Unit in Devils Lake, for emergency preparedness and environmental health issues.

A community assessment to determine health needs for this county has never been done. This is a core function of public health and is the foundation of public health practice. It would be very beneficial to our county to have an assessment completed. But we do not have funds available for an assessment. This data would give our county a better idea of the needs of the citizens who live here.

According to the 2007 Taxable Valuation of Property Subject to the General Property Tax for Towner County, 5 mills is $59,185. This does not allow me to hire even a part time nurse and/or a part time secretary, and I opt out of the health insurance which is close to $12,000 per year per employee, as I have health insurance under my husband. Most citizens looking for jobs in my area are usually looking for at least 24 hours per week and benefits. In order to better serve our population and provide more services, State Aid dollars could be used to hire another staff person who could assist me in the many functions I face as a public health nurse.

According to www.city-data.com, the July 2007 population of Towner County is 2,417. This puts a tax burden per citizen at $25 per Towner County citizen based on $59,185. Currently a large amount of the district's state aid (49%) goes to support our MCH match. Our county is an example of how increased State Aid dollars would be used to increase services to our citizens and to put less of a burden on the local tax dollars.

Please consider an increase in state aid dollars for North Dakota Local Public Health. Preventive health care and education goes a long way in helping to decrease medical costs for our citizens.

Sincerely,

Dana Kitsch

Dana Kitsch, BSN, RN
Executive Director

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Walsh County Health District
Public Health & WIC

Administration Building • 638 Cooper Avenue ~ Suite 3 • Grafton, ND 58237
(701) 352-5139 • Fax (701) 352-5074

January 7, 2009

Senator Ray Holmberg, Chairman
Senate Appropriations Committee Members

Walsh County Health District is a small public health unit that serves the residents of Walsh County only. We have 4.35 full time staff members, (WIC director, 3 RNs and 1 LPN).

In 2008 massive changes occurred in our immunization programs for children. HB1435 funding set aside money for the transition of local public health into the realm of billing insurance companies for vaccines. Partners with us were the State Health Department, ND BC/BS and various public and private health care providers across the state. In the end we have a system to deliver vaccines to both insured and uninsured children. Implementation of this program, "ProtectND Kids", has created concerns in public health offices across the state—mostly related to setting up the infrastructure to complete the billing and to reconcile the insurance statements. Historically we have all supported part of the staff time for immunization programs with local county money. The increase administrative time required since Protect ND Kids has strained the infrastructure of many public health units. Some of the larger units have had to add staff positions to accomplish the billing and reconciling, some units simply don't reconcile due to the staff cost/potential money collected not being cost effective, some units opted out of the program, and then small units like ours have simply added the additional duties onto busy staff, and then made changes in other programs to accommodate this.

Here in Walsh County we made the decision to not provide in home services to new clients, rather we will require them to come to our office with their pills and trays and we will set them up at our office. While this still allows some people to receive services, others will not be served due to inability to drive, inability to get medications ordered etc. Most of these elderly clients are referred to us after some type of hospitalization or crisis event surrounding proper medication use. Many need in-home services, but the staff time is too costly.

We are at a point in local public health units that for every new task we are given, we need to eliminate something else. Any support that you can give to increased state support of local public health units will be greatly appreciated.

Thank you,

Wanda

Wanda Kratochvil, RN

Central Valley Health District

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Stutsman County
122 2nd St NW
Jamestown, ND 58401
701-252-8130
701-252-8137 fax

Logan County
Courthouse, PO Box 12
Napoleon, ND 58561
701-754-2756

January 7, 2009

Senator Ray Holmberg – Chair
Members Senate Appropriations Committee
North Dakota State Legislative Assembly
State Capitol
Bismarck, ND

Dear Senator Holmberg and Members of the Appropriations Committee:

Central Valley Health District is asking you to support an increase in the amount of State Aid dollars to Local Public Health Departments. I am the current chairperson of the Local Public Health Administrators, as a group we have been meeting to discuss the priority issues concerning local public health departments across the state. The funding we are requesting is based on the priorities and the need to ease the tax burden of our local county areas.

Central Valley Health District is a two county Health Department serving Stutsman and Logan Counties. We also partner with several counties in our region to provide collaborative services for several programs including Tobacco Prevention, Environmental Health, Family Planning and Emergency Preparedness. The collaborative partnership helps to support public health services in smaller single county health departments that would not be able offer the services on their own.

During the last legislative session, our health district received additional State aid dollars to increase Environmental Health services to counties in our region such as Foster, LaMoure, Dickey, McIntosh, Wells and Barnes counties. We logged over 500 hours on environmental health services within these counties in 2008. As we establish a presence within these counties, the demand for environmental health services has increased. The only way to increase services to these counties is ask for them to use their local tax dollars to pay for the staff time when we are working on issues in that county. This is one example of how without an increase in State Aid, the local areas will continue to be burdened with additional requests for local tax dollars.

Central Valley Health District

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Stutsman County
122 2nd St NW
Jamestown, ND 58401
701-252-8130
701-252-8137 fax

Logan County
Courthouse, PO Box 12
Napoleon, ND 58561
701-754-2756

Central Valley Health District is also seeing a huge increase in the number of clients needing care to maintain their independence within the community. This includes elderly as well as those with mental health needs. All of the funding used for the services we provide to these clients comes from our local tax dollars. In 2008 we provided over 3000 home visits to clients. Each week we receive new referrals for people needing this service. This service is **not** the same as those provided by a **Certified Home Health Agency** run by our local hospital. Our visits involve preventative care and direct services to help people stay healthy and remain in their homes. There is no reimbursement for these services from Medicare or private insurance. **Our local dollars are funding these services**. Because of the limited amount of dollars we receive, we need to set criteria limiting the clients we are able to serve leaving clients who have needs that are not met.

Our local tax dollars have gone a long way to provide public health services to North Dakota residents. The local public health nurse is known across the state as the school nurse, the immunization nurse, local nurse who does home visits, foot cares, and head lice checks! We are at a point now that we can no longer continue to provide all the services with our local money. I hope you will support an increase in the State Aid dollars to the local public health departments in our State. Thank you.

Sincerely,

Robin Iszler

Robin Iszler, RN
Unit Administrator

Custer Health
For a healthier way of life.
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Mandan, North Dakota 58554
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January 8, 2009

Sen. Holmberg and Committee
ND State Legislature
Capitol Building
Bismarck, ND 58505

RE: Line Item for Local Public Health in SB2004.

Sen. Holmberg and Committee Members:

I am sending you this letter to urge you to support an increase in the state aid to local public health units in the State Health Dept. budget. I am the president of the Custer Board of Health, based in Mandan, and I can tell you that the money is necessary, and will be well spent to improve the lives of our people in Custer Health's five counties.

We do a lot of uncompensated care for home health patients who are uninsured, or for whom Medicaid doesn't pay. The private providers aren't interested in caring for these patients, and yet, if they do receive a little help from the nurse, are able to stay in their homes longer. The alternative is the nursing home or swing bed care at the local hospital. We spend about $235 a month for each of these clients; the nursing home costs $4600 a month. It's not hard to see that we have a vested interest in keeping these folks at home, without even mentioning the fact that they have a higher quality of life while staying in their home.

A large part of our local levy is spent on home health care, as there is no other program that will pay for these patients. Our levy is currently at 4.48 mils. We are capped at 5 mils, and we don't want to get to the cap. Another million dollars in the local health line item should shift some of the expense of these nursing visits away from the local property tax levy, and ease the burden on our member counties.

I ask you to seriously consider the inclusion of $4 million in the local health line item of SB2004. Thank you for listening.

Sincerely,

John Grunseth, D.D.S.
President, Custer Board of Health

Sargent County District Health Unit

Colleen Sundquist, Administrator
PO Box 237
316 Main Street
Forman, ND 58032

701-724-3725
FAX 701-724-3296
colleen.sundquist@co.sargent.nd.us

January 9, 2009

Senator Ray Holmberg
Senate Appropriations Committee

Dear Senator Holmberg and other Appropriation Committee Members,

I am writing this letter in support of a State Aid increase to Local Public Health.

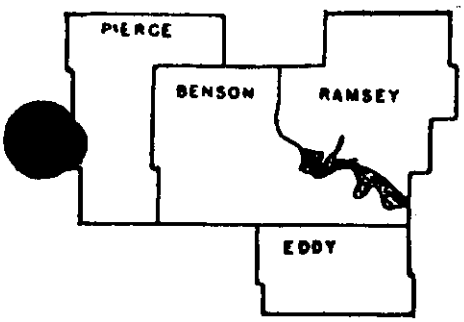
As Administrator of the Sargent County District Health Unit, and responsible for the health unit's budget, each year I find it increasingly difficult to find adequate funding for the public health programs that we wish to offer. With a decrease in funding received from federal grants—such as MCH and Bioterrorism—we rely heavily on our County and State Aid Funds. At this time the funds that are received from County Mill Levy accounts for only 30% of my total funds with little hope that additional funds will be available. Without an increase in State Aid funds we will need to address the idea of deleting programs or services.

Our current State Aid funding is greatly stretched among many different programs and services. The dollars that we receive are used to fund programs that are not funded by program specific dollars received from other sources. But as our funding decreases so does the need to look for other ways to fund and supplemental funding sources. We are also seeing an increase in program costs such as payroll, travel and utility.

The costs are escalating, the services are needed and we continue to serve; but our funding is diminishing. Without additional funding we will need to review our current infrastructure and decide where our priorities will need to lie. With an increase in State Aid funding we will be able to continue the services that our residents are accustomed to receiving and offer an efficient Public Health Department.

Thank you for your time and support. I would greatly appreciate if you consider an increase in our funding.

Colleen Sundquist
Administrator
Sargent County District Health Unit



LAKE REGION DISTRICT HEALTH UNIT

524 4th Avenue NE Unit 9
Devils Lake, ND 58301-2490
(701) 662-7035

BENSON COUNTY
201 MAIN STREET W. #5
MINNEWAUKAN, ND 58351
(701) 473-5444

EDDY COUNTY
16 S. 8th STREET
NEW ROCKFORD, ND 58356
(701) 947-5311

PIERCE COUNTY
240 SE 2nd STREET
RUGBY, ND 58368
(701) 776-6783

January 9, 2009

Senator Ray Holmberg
Senate Appropriations Committee
State Capitol
Bismarck, ND 58501

Dear Senator Holmberg,

I am writing in support of the increase in State Aid to local public health units. The Lake Region District Health Unit is a four county health unit comprised of Benson, Eddy, Pierce and Ramsey counties. I have been the administrator for Lake Region District Health for 23 years. I have seen our federal dollars remain the same or decrease over the years. They do not take into account that costs increase for staff and supplies. Our State Aid has had very few increases over the last 20 years. We do appreciate the increase we received during the last session.

Our health unit has been struggling to continue the federal programs (with the required matches) and the basic public health programs. In two of our counties the clinics do not provide childhood immunizations. With the changes in the immunization program this has caused a large increase in the workload for the staff providing these services. We have also added time for staff to be trained and prepare for Emergency Response. Environmental Health issues have also needed an increase in time to handle extra inspections and complaints. I believe these programs to be very important, but staff is only capable to doing so much work in 8 hours. We have not had the income to add staff for these programs.

The health unit would also like to look at the needs of the community and provide the true core public health services for our region but this is very difficult to do when we do not have the funds to hire staff or cover the expenses for these programs. I have looked at some grants for new programs but these usually just cover start up costs, it is very difficult to get a new program started just to tell the public in 1 to 2 years that we can not continue the services.

Thank you for your consideration to increase State Aid to local public health departments.

Sincerely,

Karen Pederson Halle

Karen Pederson Halle, RN
Administrator

GRAND FORKS PHD

PUBLIC HEALTH DEPARTMENT

January 9, 2009

Honorable Senator Ray Holmberg
State Senator
600 East Boulevard Avenue
Bismarck, ND 58505

Dear Senator Holmberg, and Members of the Senate Appropriations Committee:

As you prepare for the next state biennium, we, the members of the Grand Forks Board of Health urge you to take action to increase health discretionary state aid and provide "flexible" funding for local public health units. Public health units throughout North Dakota are facing increased local taxes and a significant local financial subsidy to support basic health and prevention programs that are "flat-funded", or seriously "under funded".

This is unacceptable. At a time when local public health units are striving to provide basic immunization programs for children, federal funding has been significantly reduced and we face shortfalls in reimbursement for childhood immunizations services. At a time when we are trying to sustain progress in preparing for potential acts of bioterrorism and emergency response, the Center for Disease Control and Prevention (CDC) Emergency Preparedness grant cuts local funding. At a time when we are trying to sustain regional environmental health services initially funded in the 2007 legislative session, personnel and travel costs are increasing under a "flat budget". At a time when we need to initiate community assessment services, and build cost effective community coalitions and partners to target disease and address preventative health services at the local level, funding isn't available.

At a time when there is considerable economic and social value in caring for a growing population of frail elderly in their home, and also for new parents learning to care for their children, the burden falls on local taxpayers and the gap in being able to provide needed services widens. Public health nurses teach clients health promotion skills, set up needed medication for the frail, thus preventing hospitalization and more expensive nursing home care. Private insurance and Medicare does not reimburse public health agencies for home visits. This service is supported through local funding (80%) and a smaller amount (20%) of a combination of Maternal Child Health grant funding, Medicaid reimbursement, and donations.

Thank you for your attention to this matter.

Sincerely,

Judy DeMers, President
Grand Forks Board of Health

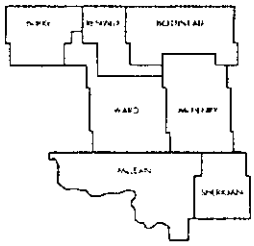
Mike McNamara, City Council
Grand Forks Board of Health

Cynthia Pic, County Commission
Grand Forks Board of Health

Dr. James Hargreaves
Health Officer Board of Health

Dr. Jim O'Connell, Dentist
Grand Forks Board of Health

Don Shields, Public Health Director
Grand Forks Board of Health



OFFICES IN:
Minot, Bottineau, Bowbells, Garrison,
Kenmare, McClusky, Minot AFB,
Mohall, Towner, Velva & Washburn

FIRST DISTRICT HEALTH UNIT

PO Box 1268 • 801 - 11th Avenue SW • Minot, ND 58702-1268
Phone (701) 852-1376 • Fax (701) 852-5043 • www.fdhu.org

January 12, 2009

Dear Chairman Holmberg and Members of the Senate Appropriations Committee,

As you have been made aware, local public health units are struggling financially throughout the State of North Dakota. First District Health Unit (FDHU) is no exception. As of October 31, 2008 we had used over $300,000 of our reserve funds to meet the 2008 year to date expenditures. The greatest areas of financial burden have been emergency preparedness, immunizations, environmental health and adult health services (which includes home health visits, footcare and health screenings for the elderly).

The 2009 FDHU budget totals $3,703,545. $1,029,000 will come from local property tax dollars and $184,112 is anticipated from State Aid utilizing the current funding allocation. The rest of the revenue will be received from consumer fees, federal and private grants.

Local public health units provide the match required for the federal grants received by the State. Because of increased match requirements, increased work requirements by both state and federal programs, and flat or decreased funding, FDHU is faced with the difficult decision as to whether or not to begin cutting services to the public.

Property tax dollars can no longer be the safety net for public health funding. Please consider the increased State Aid requested by Local Public Health Units.

Thank you for your consideration,

Robert Wetzler
President
FDHU Board of Health

Lisa Clute
Executive Officer

Bismarck Public Health

January 12, 2009

Dear Senator Holmberg and Members of the Senate Appropriations Committee:

As the Director of Bismarck-Burleigh Public Health (BBPH), I would like to provide some supporting information to that of the other public health agencies as we ask your support for increased State Aid.

In the area of emergency preparedness, in the past year BBPH's budget has been cut 77%, from $90,074 to $20,074. BBPH lost a full time planner in the public health arena. Although we have come a long way in preparing for emergencies for a community the size of Bismarck and Burleigh County for biological, pandemic, natural and all hazard emergencies since these programs have started and public health has been charged with specific planning, I know we are far from ready.

BBPH provides Home Health Nurse Home Visits to over two hundred Burleigh County residents with an average of six admissions a month. Our clients are on a sliding fee scale and many pay nothing. They are referred to us by other homecare agencies in the area. In 2008 51% of our clientele were between the ages of 81-90 and 16% were between the ages of 71-80. At this time we admit clients that stay in their homes safely thru weekly nursing visits. There have been requests for 2-3 visits a week but we do not have the staff to admit these clients and must turn them down. These people fall between the healthcare cracks. More funding would allow us more staff to make more visits.

As indicated, assessment is a core function of public health. It is important for each public health unit to have a base assessment established with community partners, to move the community forward to make changes with that community that are seen by all partners as the right choice at the right time.

Thank you for your support for increased State Aid.

Paula Flanders

Paula Flanders
Director
Bismarck Burleigh Public Health
500 East Front Ave.
Bismarck, ND 58504
PH 701-355-1540
FAX 701-221-6883

211 1st. Ave. NE
P.O. Box 726
Rolla, ND 58367-0726
www.rcphd.com
701-477-5646 701-477-9578 (fax)
bfrydenlund@nd.gov

Monday, January 12, 2009

Senator Ray Holmberg, Chair
Senate Appropriations Committee

Dear Senator Holmberg and members of the Appropriations Committee:

My name is Barbara Frydenlund, RN; I am the Administrator/Director of Nursing at the Rolette County Public Health District. I have been in my position since 2003. Rolette County was one of the last four health districts to be established in North Dakota in 2001. Our total budget has grown by 87% between, 2001 and 2008, and our services have increased dramatically.

Rolette County has a population of 13,903 *(2006 estimate),* over a land area of 902 square miles. Rolette County has 25.9 % *(2004)* of its population living below the federal poverty level. The average income of our county is $11,148.00 less than the mean income of North Dakota residents *(2004).* As of November 2008, 32% of our county population relied on the North Dakota Medicaid system for assistance. *(Rolette County Social Service Department).* Rolette County Public Health District services are available to all residents of the county regardless of individual's residency on state or tribal land.

As you can see from the above statistical information, additional funding in the form of state aid would be beneficial to provide our residents with more complete public health services. The health needs of our population are great and our tax base minimal.

With the exclusion of programs that Rolette County Public Health Districts acts as the fiscal agent for, 12% of our 2008 revenue ($35,000.00 or 3.5 mills) was received from local tax dollars. During this same time North Dakota State Aid accounted for 9% ($25,380.00) of our revenue. The local tax dollars and the state aid, which is also used to match federal grants is the only funding that is considered flexible funding as opposed to specific grant program funding. Many of the services that we currently provide are determined by grants received in addition to fee for service programs such as Health Tracks and Vaccine for Children Immunizations Programs. Currently the PROtect ND Kids Immunization program has not been cost effective for our agency but the service is essential to the health of the public, thus is supported by limited local tax dollars.

Currently due to limited funding to employ additional staff we have not offered a home visitation program but we are seeing a need to implement such a program. This would only be possible with additional state dollars. Public Health Home Nurse Visitation program for adults, children and newborns has been requested by residents, discharging hospitals and local social service. The current Home and Community Based county program funding is inadequate thus eliminating services to non-qualifying, yet high need individuals. Examples of the requested services are Newborn Home Visitation; in home medication setup, assistance with activities of daily living such as personal cares, for non-Medicaid/non-insured/under-insured, mentally and developmentally disabled individuals. As mentioned earlier as an agency we are fiscally unable to hire additional staff to fulfill this need. Salary plus required benefits for a fulltime registered nurse is approximately $56,000.00 per year.

Environmental Health Services are provided on an **as needed** basis from Lake Region Public Health Unit. This service is a direct result of the increase in State Aid funding allocated in the 2007 legislative session.

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Rolette County Public Health District

211 1st. Ave. NE
P.O. Box 726
Rolla, ND 58367-0726
www.rcphd.com
701-477-5646 701-477-9578 (fax)
bfrydenlund@nd.gov

Rolette County Public Health District as well as other non-lead public health districts/units received a substantial decrease in Emergency Preparedness funding from the North Dakota Department of Health in 2008. Our local funding was decreased by 62%, but the expectation of grant compliance has not changed. Currently I have 5% of my time or 8 hours per month allocated to public health emergency preparedness planning. This does not allow for adequate time for basic local program planning or participation in state wide preparation. Currently county dollars are supporting this program. With the potential availability and considering the importance in emergency preparedness, additional state aid funding would be allocated to this program. As a result of the 2008 tornado that struck Rolette County, Rolette County Public Health District was reminded of the importance of emergency response preparation.

Local health departments are the foundation of the public health system and the major player in providing health services to the community and these services assure and protect the health of our citizens.

With the health of North Dakotan's, consideration of the essential services of local public health and the fragile local economies of many of our counties in mind, please consider supporting the increase in state aid dollars for North Dakota Local Public Health.

Sincerely,

Barbara Frydenlund, RN
Administrator/Director of Nursing
Rolette County Public Health District

Southwestern District Health Unit
2869 3RD AVENUE WEST
DICKINSON, NORTH DAKOTA 58601
TELEPHONE: (701) 483-0171
TOLL FREE: 1-800-697-3145
FAX: (701) 483-4097

January 12, 2009

Dear Senator Holmberg and
Members of the Appropriations Committee:

Southwestern District Health Unit is a local public health agency in southwestern North Dakota. Our vision is healthy people in healthy communities and our goal/mission is to provide a variety of programs and services that improve and/or maintain the health status of the general population through Community Health Nursing, Emergency Preparedness and Response, Environmental Health, Nutrition, Oral Health, Tobacco and Cancer Prevention & Early Intervention services. The Unit provides these services in the eight counties that it serves which are: Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope and Stark.

The Southwestern District Health Unit covers the eight southwestern counties of North Dakota or approximately 10,000 square miles and has in it's service area 38,365 in population based on the 2000 Census. We have a strong commitment to provide ongoing education to the public with regard to health promotion, disease and injury prevention.

We are writing to share concerns for local public health's future, its infrastructure and its ability to continue to provide needed public health services to it communities' and area residents. We are concerned about the state of our state's local public health infrastructure. That includes disease and injury prevention and health promotion activities, food safety and ensuring we have enough qualified personnel at the local public health agency level. An increase in state aid to local public health is necessary to continue needed infrastructure and support our capacity to provide essential public health services.

Local public health leads the prevention effort and protection of health at the local level. Local public health provides vital disease-prevention and health promotion services that inform, educate and empower people about health issues, prevent epidemics and the spread of disease, protect against environmental hazards, prevent injuries, promote and encourage healthy behaviors and overall health, prepare for and respond to public health emergencies and assist communities in recovery, assure quality and accessibility of health services and partner with community to fulfill our mission of healthy people in healthy communities.

Local public health professionals must have the resources, tools and training they need to meet emerging health threats. This includes adequate funding to maintain workforce and prevent disease by promotion of healthy behaviors. Whether recovering from a natural disaster or detecting and responding to a disease outbreak or an environmental hazard, local public health provides the first line of defense when it comes to protecting the health of southwestern North Dakotans. Southwestern District Health Unit also promotes health by providing immunization clinics, infant, preschool and school health services, adult health screening, education, information and referral services, communicable disease prevention activities, environmental health, nutrition, cancer and tobacco prevention, tobacco cessation and many other wellness focused services.

Southwestern District Health Unit has relied heavily on federal/federal pass through funds to provide services in our region. In 2007 this accounted for 47% of our budget and in 2008 it is expected to be at 41%. Federal/federal pass through funding streams for local public health are tied to specific programming. Local funds, health district mill levy/property taxes and state general aid funds, are our only flexible funding sources for local public health to use to respond to local health problems. Local funds from Mill Levy are at 23% and state general aid at 7% for both years. An increase in state general aid for local public health will allow for improvements for local public health to be able to meet and respond to pressing local health problems without placing additional increases on local property taxes.

In addition, federal funding for improving local public health preparedness has declined. Southwestern District Health Unit has made many improvements in local public health preparedness however continued consistent funding is needed to continue work with preparing for public health emergencies caused by disease outbreaks, terrorism acts or other local emergencies.

The challenge of competing with the private sector for recruiting and retaining qualified health professionals speaks to one of the greatest of Southwestern District Health Unit challenges and need for state aid. 80% of Southwestern District Health Unit's budget is staff related expenses however the salaries we are able to offer are still well below the salaries of the surrounding market from which we must draw employees. There is a great need for state aid to provide market based salaries for local public health professionals and for Southwestern District Health Unit the public health professionals the starting wage is are under-market by as much as 43.58%.

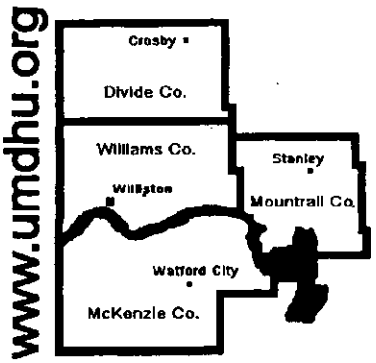
A strong local public health system is vital to the good health of southwestern and all North Dakotans. Local public health units lead the prevention effort and protection of health at the local level. There is a need to increasing state general aid and the investment in prevention that can help continue to build and address the local public health infrastructure and our ability to continue to address the health problems in the communities that we serve. Supporting and strengthening the local public health system assures that it is able to respond to everyday health threats in addition to unexpected public health emergencies and ensure that all individuals, regardless of their location, income, health status or race and/or ethnicity have access to community based health and preventative services they need.

Local public health services and programs are an investment in our most basic health infrastructure. Like our highways, bridges, water and electrical lines, it must be maintained, rebuilt and upgraded in order to meet the significant challenges and opportunities for improved health outcomes for the people of North Dakota.

Sincerely,

Carlotta F. Ehlis

Carlotta F. Ehlis
Executive Officer



www.umdhu.org

Upper Missouri District Health Unit

"Your Public Health Professionals"

DIVIDE COUNTY
Divide Co. Courthouse
P.O. Box 69
300 Main St. N
Crosby, ND 58730
Phone 701-965-6813
Fax 701-965-6814

MCKENZIE COUNTY
Northern Plains Building
P.O. Box 1066
109 W 5th St.
Watford City, ND 58854
Phone 701-444-3449
Fax 701-842-6985

MOUNTRAIL COUNTY
Memorial Building
P.O. Box 925
18 2nd Ave SE
Stanley, ND 58784
Phone 701-628-2951
Fax 701-628-1294

WILLIAMS COUNTY
110 W. Bdwy, Ste 101
Williston, ND 58801-6056
Phone 701-774-6400
Fax 701-577- 8536
Toll Free 1-877-572-3763

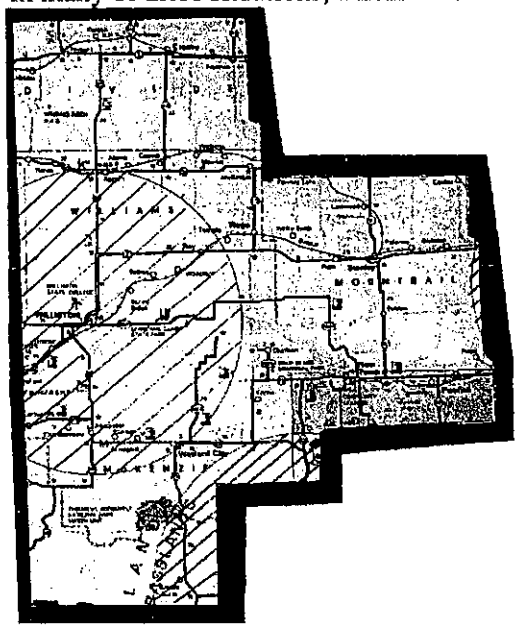
January 12, 2009

Senator Ray Holmberg, Chair and members of the Senate Appropriations Committee,

Dear Senators,
Thank you for considering an increase in State Aid for local public health units in North Dakota. We are thankful City-County Health District and Traill District Health administrators are able to provide testimony to you. We respectfully submit this letter to provide specific information about our health unit to complement their written and in-person testimony.

State Aid is an extremely important part of our funding and we use it to meet unfunded public health service demands in our district. General State Aid (4.8%), Tobacco State Aid (3.4%), and mill levy revenue (21.2%) provide much needed flexibility in responding to our citizens' needs. Our Board of Health and associated County Commissioners have recently been very supportive by increasing our mill levy by over 30%, to do their part to better meet service needs in our district. With your support, we propose applying additional State Aid to the following areas in our district:

Home Visits
Our four county health unit covers a large portion of the state and includes many remote areas. This is a significant issue for residents in our district who rely on public health nurse (PHN) home visits. In many of these situations, a home visit may be the difference between staying in their home, or needing to relocate to a much more expensive long term care facility.



The picture to the left approximates private medical provider home health service range in white crosshatch (a reported 45-50 mile service range) from Williston, Minot, and Killdeer. As you can see, much of our district is ***not*** served by private medical home health providers. In addition, our health unit is not a certified home care agency, so much of our district relies on PHN home visits. Unfortunately, our PHN home visits are limited to activities covered by funding from federal Title III ($43,912), local mill levy required match and subsidy ($19,672), and donations ($15,358). Based on 2000 census data, total 2009 funding for these service represents about $1.09 per month for

each citizen 65+ years old. However, our home visits provide services to various ages, most of which are 60 years old or older.

Please keep in mind that travel costs are a significant factor in providing services to the remote areas of our district, but pale in comparison to long term care costs, both financial and social. Each of our counties has a higher percentage of senior citizens (~16%) compared to the state (14%); remotely located Divide county has double the percentage. We expect these percentages to increase! Increased State Aid support will help us better complement private home health services, or provide the service when there is none (see map page 1), for a more adequate health system.

Assessment

Assessment is one of three core functions of public health. Knowing our district's local issues is vital to effective and efficient delivery of health services. Community Health Assessment is time intensive, because when done right it includes all partners and customers of the health system. Assessment in our district is extremely limited due to direct service demands that consume our staff time. If it were not for our local tobacco prevention assessment activities, we would likely have no community assessment. Our *2005 Community Health Profile*, completed by use of a small one time grant, will need to be updated in the next year, and we are unsure how effective we will be in involving community stakeholders in the assessment process. Additional State Aid would improve our ability to hold comprehensive community health forums, deliberately engage health partners, and effectively translate the process into actions to improve our health system.

Increased Demands and Costs for Environmental Health Services

The 2007 Legislature provided specific funding for environmental health services in North Dakota. The funding was vital to assuring all North Dakotans had access to that service. Our health district applied the funding to several areas; primarily public health nuisance investigation and abatement, indoor air quality consultation, an additional food service inspection for each school, and a proactive program to reduce "e-waste" going into our landfills. Additional State Aid would be used to offset expected increases in demand for, and costs of, environmental health services in the next biennium.

In conclusion, State Aid is a vital component to our budget, and like local mill levy, it provides the flexibility needed to address local needs. Additional State Aid will allow us to provide home visits, assessment, and environmental health services to assure we meet the increasing demands for public health services in northwest North Dakota.

Thank you for considering an increase in State Aid for local public health units in North Dakota!

Respectfully,

Mike Melius, Executive Officer
Upper Missouri District Health Unit

Dan Kalil, President
UMDHU Board of Health

NGDHU

NELSON-GRIGGS DISTRICT HEALTH UNIT
116 Main Street • P O Box 365 • McVille, ND 58254
Phone: 701-322-5624 • Fax: 701-322-5111
Monday – Friday 8:00 am – 4:30 pm

January 12, 2009

Senator Ray Holmberg
Appropriations Committee Members
2009 North Dakota Legislature

Dear Sen. Holmberg and Committee Members,

The service area for Nelson-Griggs District Health Unit covers two rural counties, Nelson Co. and Griggs. Co. One of the many programs we provide to our residents is Public Health Nurse Home Visits. This program has been in existence for many years and is part of the continuum of home services for our residents, different from certified Home Health and Home & Community-Based Services. Both of those programs are administered and provided by other agencies and the funding is much different.

2008 Home Visits

- 390 home visits made every 2 weeks to an occasional monthly visit
- Average monthly caseload 17 clients
- 4000+ miles traveled
- 600+ hours of nursing time
- Services include, but not limited to, setting up medications, mental health assessments, foot care, assessing physical health and information and referral. Documentation of the visit, notifying health care providers of client health changes and re-ordering medications are examples of other needed services.
- Primary sources of funding: local dollars or general State Aid monies

There has been an increase in number of home visits from 310 in 2007 and 286 in 2006. If family members are available and willing to learn medication setup, we teach them and do not see their family member on an on-going basis. Our residents, especially our elderly, greatly benefit from this program.

PROtect ND Immunization Program

Much time has been spent in developing the "how to" of the program, now that we purchase vaccine privately. Those of our residents who have health insurance have benefitted in that immunizations can be billed to their insurance company, however this has been an enormous systems change in our office. It is not as easy to administer immunizations in the school setting with the additional information and verification from parents as to Health Insurance Company, policy number and primary policy holder when forms are mailed back and forth. If parents bring their child to our office, it takes away from school time so we will continue to work with both schools and parents to keep immunization rates high. We are closely reviewing the payment information as this program develops – this has impacted our other programs as there is just less time to accomplish everything.

Unfortunately, funding drives our programs in many instances. Grant funded programs are very specific and have little flexibility to cover our increasing costs of utilities as an example. An increase in State Aid would allow us the flexibility to work with our Boards of Health and communities as we respond to the growing needs of our residents.

Thank you.

Julie Ferry RN Adm

Julie Ferry RN, Administrator

Public Health
Prevent. Promote. Protect.
Cavalier County Health District

Cavalier County Health District
901 3rd Street, Suite 11
Langdon, ND 58249
Phone: 701-256-2402 Fax: 701-256-5765
Monday- Friday 8:00am—4:30pm

January 13, 2009

Senator Ray Holmberg, Chair
Senate Appropriations Committee
2009 North Dakota Legislature

Dear Senator Holmberg and members of the Appropriations Committee,

Cavalier County Health District provides public health services to all of Cavalier County. Our staff includes two registered nurses, one secretary and a part-time WIC person. We have many grant funded programs; most do not cover the full cost of the program. We also have programs that we would like to do or do provide on a limited basis that do not have specific grant funding attached. These are funded with state aid funds or local funds.

Cavalier County Health District does provide some limited home visiting services. Our case load varies from month to month. Services may include medication set up, home assessments, physical assessments and referrals. We also provide visits to families with newborn babies. Funds for home visiting are from local dollars at this time. Cavalier County does not have a certified home health agency. This program was discontinued many years ago. The need for more home visiting will continue to increase due to the aging population and number of senior citizens.

Regional environmental services for our county would be beneficial. A full-time regional environmental health person could cover several counties in our area. At this time we have very, very limited services from a part-time funded position.

For the past 9 months we have implemented the PROtect ND immunization program. It has been going well, but has required a great amount of staff time. We are the only immunization providers in the county and this has worked well in our area. The clients who come to our office for immunizations have been very pleased with our ability to bill health insurance for them. We feel this is a very important program for us to continue to offer. It is a complicated program and requires continuing education on a regular basis. We work very hard to keep our immunization rates high and educate the public on the importance of vaccines.

We continuously see a need for more funding in the programs we offer. Grant funds are decreasing or are remaining level. For example; in local emergency preparedness—we have grant funds but they do not cover the costs of the program for our health unit. We are concerned about keeping the programs and staff we have and yet we would like to add more public health programs. In 2007 North Dakota State Aid accounted for 6% of our total budget. Costs to provide programs continue to increase and health needs continue to increase.

Cavalier County Health District is committed to promoting healthy lifestyles, preventing disease and protecting the environment. Please consider an increase in state aid to local public health in North Dakota.

Thank you,

Terri Gustafson RN, Administrator Cavalier County Health District

LaMoure County Public Health Department

Public Health
Prevent. Promote. Protect.

LaMoure County Health Department
Box 692 Omega City Plaza
LaMoure, ND 58458

January 13th, 2009
Attention ND Legislators,

LaMoure County Public Health (LCHD) is supporting the initiative by ND Public health Units to seek additional state aid funding through SB2004. LaMoure is in the southeast corner of the state and in 1998 became one of the last 4 counties in ND that developed a public health. Public health is a financial necessity to our state in order to minimize the spending of health care dollars at the acute level. LaMoure County does not have a hospital and 3 part-time staffed clinics in the cities of Kulm, Edgeley and LaMoure.

LaMoure has a population of 4,262 people with 36% of the population 60 years of age and older, 18% disabled, and 22 % are school aged. Financial status of the constituents according to the 2006 census: shows 9.8% of the population below poverty, with a median income for the majority at $38,000. LaMoure County's Public Health budget is subsidized with 30 % from state and federal grants; 44% from donations, Medicaid/ Medicare, and/or private Insurance; with remaining 26% from county tax dollars. To minimize staffing costs, the county has contracted with the local nursing home to provide very part-time administrative support and 1.75 FTE for public health nurses.

To ensure that core services are met, LCHD has collaborated with Central Valley Health unit in Jamestown for pooling of grant funds for programs. Programs include nurse home visitation under Title III, Emergency Response and Preparedness activities, Women's Way, and the Community Health Grant for tobacco prevention and control. Fiscally we have just made budget and there are no cash reserves. In the last quarter RN's have made 100+ elderly visits for medication monitoring, health assessments, foot cares and/or referrals for access to medical and or financial assistance. LCHD has administered 1200+ vaccinations to all ages, provided school nursing to 656 students in 4 county schools and 2 Hutterite colonies; along with numerous other program activities.

LaMoure County's people are proud, independent and very rural. Our mission is to preserve the health, independence and personal choice for each LaMoure County constituent. In order to make this a reality, we need to meet the core functions of public health through additional financial assistance. Public health programs need to be funded at a level that ensures quality care. Thank you for your time and consideration in increasing state aide through SB 2004

Sincerely Yours,

Tony C. Hanson, Administrator LaMoure County Health Department
Bruce Klein, Chairman of LaMoure County Public Health Board

Richland County Health Department

Law Enforcement Center 413 3rd Ave. North Wahpeton, ND 58075
Telephone (701) 642-7735 Fax (701) 642-7746
www.richlandcountyhealth.org

January 14, 2009

Senator Ray Holmberg
Senate Appropriations Committee

Dear Senator Holmberg and other Appropriation Committee Members,

I am writing a letter of support for a state aid increase to local public health, as the Administrator of the Richland County Health Department in Wahpeton, North Dakota.

The number of individuals requesting services is increasing at an alarming rate, while at the same time funding is diminishing. Generally, services are provided regardless of ability to pay and reimbursement often falls short of expenses. Additionally, funding sources over the past several years have remained level or have decreased while cost for supplies and services have escalated. It is a struggle to continue operating in the face of recurrent budget shortfalls. In 2008, only two percent (2%) of our local public health funding dollars came from state aid funding.

Thank you for your time, concern and support in this issue.

Deb Flack

Deb Flack, RN, MS
Administrator
Richland County Health Department

It's because we care!

EMMONS COUNTY PUBLIC HEALTH
118 E Spruce Ave
PO Box 636
Linton ND 58552
Phone/Fax: (701)254-4027
E-mail: bvoller@nd.gov

Public Health

Emmons County Public Health is a single county public health department located in south-central North Dakota. According to our latest census, our population is 4,331 with is a pre-dominantly elderly population. A great majority of these elderly require some kind of medical care in addition to their doctor visits. We do have 2 satellite certified Home Health Agencies covering Emmons County, but many of these elderly do not qualify for 3rd party reimbursable services. What we do provide is basic maintenance care which allows our elderly residents to stay in their own homes as long as possible. These services include medication monitoring with medi-planners filled for the elderly client and they are assessed for medication compliance and side effects, as well as nursing assessments, foot-care, blood draws, and case management/referrals are provided. This service consumes a considerable amount of time and resources, but it is a very valuable service for our residents. This past year, our Nurses provided 850 in-home nursing services to our residents.

Responding to emergencies, whether they are disease outbreaks, environmental hazards, and natural disasters are all part of essential services provided by local public health. The 24/7 coverage, planning, training, meetings, and coordination with other local and state agencies requires local dollars that are already stretched to provide other services that are not funded in our county.

Environmental health services are being provided through a regional contract with a larger health department and an increasing demand for more services is being identified. With new regulations in place, more personnel time and funds are needed to meet the demands.

As a public health department we are expected to provide a level of service to the residents and community we serve; however, it is becoming increasingly difficult with the limited funds we receive. We cannot continue to provide the many needed services that no other agencies will provide with the current funds we receive. We urge you to support the request for a state aid increase to meet the public health needs of our State. Thank you for your consideration.

Sincerely,

Beverly A. Voller, RN
Emmons County Public Health

Fargo Cass Public Health
Ruth Bachmeier, Director of Public Health
401 Third Avenue North, Fargo, ND 58102
Phone 701-241-1380
Fax 701-241-8559
RBachmeier@cityoffargo.com

Public Health
Prevent. Promote. Protect.
Fargo Cass Public Health

January 15, 2009

Senator Ray Holmberg, Chair
ND Senate Appropriations Committee

Senator Holmberg,

Please accept this letter of support for an increase in State Aid to local public health departments. Local public health is the foundation of the public health system in North Dakota. As the largest local health department in the state, Fargo Cass Public Health (FCPH) is tasked to assure the provision of essential public health services for the 123,000 residents of Cass County.

Cass County has continued to enjoy growth; however, with this growth comes the need for additional services. At this time the vast majority of funding that FCPH receives through federal and state grants is very program specific. The struggle that we face is that there are many public health needs in our community that do not receive categorical funding. Every county is different; every community has its own unique public health needs. Funding streams do not always coincide with identified needs.

The core functions of public health are assessment, policy development, and assurance. Unfortunately, there are limited funds available to carry out these core functions. Local public health departments need the flexibility to identify their own unique community health concerns **and** the funding to appropriately address them. State Aid **is** a flexible funding source that we receive that can be targeted to our communities' identified area of need.

An increase in State Aid to FCPH could be utilized in any of the four areas identified by local administrators:

- Public Health Nurse Home Visits: In 2008 FCPH averaged 438 home visits per month to high risk adults. Health and home safety assessments, medication monitoring, and case management are the primary services provided. It is anticipated that as our population ages combined with the increasing cost of health care that these numbers will continue to grow.

- Local Emergency Preparedness and Response: FCPH is the lead agency for the SE region of the state. Funding is provided through federal grants for key preparedness positions which include 2.5 FTE's for the region. In the event of a public health emergency, it will be the local health departments that are called upon to respond. It is our responsibility to have an adequately trained and prepared workforce to respond to such an emergency. Funding is limited for preparedness training for the rest of our 100+ FCPH staff.
- Community Health Assessment: Assessment is a core function of public health. FCPH would benefit from funding to complete a comprehensive, community wide health assessment. FCPH does do an annual modified community health assessment, however additional funding would allow a much more in-depth process that would include community partners in assessing health needs.
- Regional Environmental Health: as the lead agency for the SE corner of the state, FCPH does provide environmental health services for surrounding counties. The need for these services continues to increase, particularly in the areas of nuisance reports and pool and spa regulations. Increase in State Aid would help us meet the demand for increased services.

Except for the regional environmental position, all of these activities are primarily funded through local dollars. FCPH's funding sources for our current operating budget can be broken down to 52% local funds (county and city), 33% program specific grants (federal and state), 12% fee for service, and 3% general fund State Aid. As stated before, an increase in State Aid would allow FCPH the flexibility to respond to specific identified needs within our county and region. It is the mission of FCPH to "assure a healthy community for all people through ongoing assessment, education, advocacy, intervention, prevention, and collaboration". An increase in State Aid would assist FCPH to more effectively carry out this mission.

Thank you for your time and attention to this important public health issues.

Sincerely,

Ruth Bachmeier

Ruth Bachmeier
Director of Public Health

COMMUNITY HEALTH SECTION

	2005-07 Actual Expenditures	Expend To Date Dec 2008	2007-09 Current Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	**37.45**	**44.30**	**44.30**	**47.30**	**3.00**	**7%**
Salaries	2,241,150	2,094,781	2,973,073	3,488,890	515,817	17%
Temporary, Overtime	149,017	81,352	170,700	255,700	85,000	50%
Benefits	752,046	728,197	1,126,481	1,445,590	319,109	28%
TOTAL	**3,142,213**	**2,904,330**	**4,270,254**	**5,190,180**	**919,926**	**22%**
General Fund	493,633	573,206	567,924	730,296	162,372	29%
Federal Funds	2,645,447	2,331,124	3,702,330	4,459,884	757,554	20%
Other Funds	3,133	0	0	0	0	
OPERATING EXPENSES						
Travel	249,284	196,109	276,053	323,142	47,089	17%
IT - Software/Supp.	46,165	34,810	42,810	48,537	5,727	13%
Professional Supplies & Mate	483,499	289,612	474,018	497,759	23,741	5%
Food & Clothing	0	0	0	0	0	
Buildings/Vehicle Maintenanc	2,362	772	1,375	1,444	69	5%
Miscellaneous Supplies	62	668	1,825	1,916	91	5%
Office Supplies	51,491	45,128	52,702	57,010	4,308	8%
Postage	80,779	79,731	119,291	125,256	5,965	5%
Printing	174,357	116,550	134,978	160,467	25,489	19%
Utilities	0	0	0	0	0	
Insurance	0	0	0	0	0	
Lease/Rentals - Equipment	9,573	5,425	8,835	9,277	442	5%
Lease \Rentals-- Buildings./L	110,838	73,654	97,762	98,304	542	1%
Repairs	3,699	2,529	3,194	3,354	160	5%
IT-Data Processing	85,132	75,248	102,203	102,768	565	1%
IT-Telephone	55,772	47,286	71,612	73,044	1,432	2%
IT - Contractual Services	436,214	155,586	91,475	215,000	123,525	135%
Professional Development	76,752	59,204	86,524	90,850	4,326	5%
Operating Fees & Services	85,491	23,152	46,501	48,826	2,325	5%
Professional Services	3,043,821	2,079,885	4,249,664	4,536,197	286,533	7%
Medical, Dental, and Optical	16,293	19,150	17,900	18,795	895	5%
Operating Budget Adjustmen	0	0	0	149,000	149,000	100%
Sub Total Operating	**5,011,584**	**3,304,499**	**5,878,722**	**6,560,946**	**682,224**	**12%**
IT Equip Under $5000	37,782	28,039	44,000	26,400	(17,600)	-40%
Other Equip Under $5000	(100)	2,327	0	0	0	
Office Equip Under $5000	40,989	3,611	7,900	11,150	3,250	41%
TOTAL	**5,090,255**	**3,338,476**	**5,930,622**	**6,598,496**	**667,874**	**11%**
General Fund	192,756	153,096	269,720	488,729	219,009	81%
Federal Funds	4,897,499	3,175,380	5,510,902	5,959,767	448,865	8%
Other Funds	0	10,000	150,000	150,000	0	0%
CAPITAL ASSETS						
Land & Buildings	0	0	0	0	0	
Other Capital Paymnts	0	0	0	0	0	
Extraordinary Repairs	0	0	0	0	0	
Equipment >$5000	0	0	0	0	0	
IT Equip >$5000	0	0	0	0	0	
TOTAL	**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	14,187,593	10,180,302	17,442,100	16,421,213	(1,020,887)	-6%
WIC Food	17,337,118	14,579,365	17,550,000	25,063,375	7,513,375	43%
Tobacco Prevention Control	8,506,729	5,528,751	8,922,370	8,957,958	35,588	0%
Tobacco Prev Advisory Comm.				0	0	
TOTAL	**40,031,440**	**30,288,418**	**43,914,470**	**50,442,546**	**6,528,076**	**15%**
General Fund	236,523	753,788	760,000	710,000	(50,000)	-7%
Federal Funds	33,593,087	25,418,778	36,469,423	43,262,144	6,792,721	19%
Other Funds	6,201,830	4,115,852	6,685,047	6,470,402	(214,645)	-3%
COST CENTER TOTAL						
TOTAL	**48,263,908**	**36,531,224**	**54,115,346**	**62,231,222**	**8,115,876**	**15%**
General Fund	922,912	1,480,090	1,597,644	1,929,025	331,381	21%
Federal Funds	41,136,033	30,925,282	45,682,655	53,681,795	7,999,140	18%
Other Funds	6,204,963	4,125,852	6,835,047	6,620,402	(214,645)	-3%

TOBACCO SPECIAL LINE

	2005-07 Actual Expenditures	Expend To Date Dec 2008	2007-09 Current Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	**6.00**	**7.00**	**7.00**	**7.34**	**0.34**	**5%**
Salaries	401,907	404,790	552,318	634,818	82,500	15%
Temporary, Overtime	61,406	687	10,000	10,000	0	0%
Benefits	140,665	142,139	207,797	257,163	49,366	24%
TOTAL	**603,978**	**547,616**	**770,115**	**901,981**	**131,866**	**17%**
General Fund		0	0	0	0	
Federal Funds	551,246	466,790	653,014	784,880	131,866	20%
Other Funds	52,733	80,826	117,101	117,101	0	0%
OPERATING EXPENSES						
Travel	36,892	17,589	24,416	28,567	4,151	17%
IT - Software/Supp.	1,954	2,138	3,069	1,500	(1,569)	-51%
Professional Supplies & Mate	2,453	1,850	3,205	3,365	159	5%
Food & Clothing		0	0	0	0	
Buildings/Vehicle Maintenanc	154	0	0	0	0	
Miscellaneous Supplies		0	0	0	0	
Office Supplies	3,254	2,777	5,501	5,950	449	8%
Postage	3,976	1,883	3,572	3,751	180	5%
Printing	5,303	1,945	0	0	0	
Utilities		0	0	0	0	
Insurance		0	0	0	0	
Lease/Rentals - Equipment	2,448	947	1,560	1,638	78	5%
Lease \Rentals– Buildings./L	16,357	12,029	16,046	16,046	0	0%
Repairs	216	314	314	330	16	5%
IT-Data Processing	8,674	5,965	8,436	12,465	4,029	48%
IT-Telephone	10,401	7,856	11,750	11,985	235	2%
IT - Contractual Services	60,805	110	0	0	0	
Professional Development	8,259	31,992	5,555	5,833	278	5%
Operating Fees & Services	6,429	3,343	1,752	1,840	88	5%
Professional Services	1,638,104	1,001,972	1,847,479	1,888,883	41,404	2%
Medical, Dental, and Optical			0	0	0	
Operating Budget Adjustment			0	0	0	
Sub Total Operating	**1,805,680**	**1,092,710**	**1,932,655**	**1,982,153**	**49,497**	**3%**
IT Equip Under $5000	9,684	1,096	5,600	10,000	4,400	79%
Other Equip Under $5000			0	0	0	
Office Equip Under $5000	8,766	2,490	0	0	0	
TOTAL	**1,824,130**	**1,096,296**	**1,938,255**	**1,992,153**	**53,897**	**3%**
General Fund	0	0	0	0	0	
Federal Funds	868,686	442,288	750,309	718,852	(31,458)	-4%
Other Funds	955,444	654,008	1,187,946	1,273,301	85,355	7%
CAPITAL ASSETS						
Land & Buildings	0	0	0	0	0	
Other Capital Paymnts	0	0	0	0	0	
Extraordinary Repairs	0	0	0	0	0	
Equipment >$5000	0	0	0	0	0	
IT Equip >$5000	0	0	0	0	0	
TOTAL	**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	6,078,620	3,884,839	6,214,000	6,063,824	(150,176)	-2%
WIC Food			0	0	0	
Tobacco Prevention Control			0	0	0	
Tobacco Prev Advisory Comm.				0	0	
TOTAL	**6,078,620**	**3,884,839**	**6,214,000**	**6,063,824**	**(150,176)**	**-2%**
General Fund	0	0	0	0	0	
Federal Funds	1,181,479	714,006	1,174,000	1,173,824	(176)	0%
Other Funds	4,897,142	3,170,833	5,040,000	4,890,000	(150,000)	-3%
COST CENTER TOTAL						
TOTAL	**8,506,729**	**5,528,751**	**8,922,370**	**8,957,958**	**35,587**	**0%**
General Fund	0	0	0	0	0	
Federal Funds	2,601,410	1,623,084	2,577,323	2,677,556	100,232	4%
Other Funds	5,905,319	3,905,667	6,345,047	6,280,402	(64,645)	-1%

NORTH DAKOTA DEPARTMENT OF HEALTH
Community Health
2009-11 Executive Budget

Operating Fees Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Advertising Services	8,885	9,330	445	5.0%
Licenses and Taxes	3,666	3,850	184	5.0%
Purchase of Service and Cooperative Agreements	33,950	35,646	1,696	5.0%
Total Operating Fees	**$ 46,501**	**$ 48,826**	**$ 2,325**	**5.0%**

Professional Services Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	28,936	31,997	3,061	10.6%
Women's Way-Blue Cross Blue Shield	1,300,000	1,145,000	(155,000)	-11.9%
Women's Way-Local Public Health Units	1,000,000	920,000	(80,000)	-8.0%
Women's Way-Recruitment Campaign	160,000	180,000	20,000	12.5%
Women's Way-Web Based Data	50,000	25,000	(25,000)	-50.0%
Women's Way-Nurse Consultant	28,000	-	(28,000)	-100.0%
Cancer Registry-Epidemiologist Consultant	70,000	35,000	(35,000)	-50.0%
Cancer Registry-Cancer Data Administrator	170,000	35,000	(135,000)	-79.4%
diovascular Health-Media Campaign	90,000	-	(90,000)	-100.0%
nprehensive Cancer-Program Evaluator	45,000	50,000	5,000	11.1%
Comprehensive Cancer-Curriculum Development/Grant Workshop	50,000	12,000	(38,000)	-76.0%
Cardiovascular Health-Partnership Development	100,000	-	(100,000)	-100.0%
Heart Disease & Stroke Prevention-Communication Consultant		70,000	70,000	
Heart Disease & Stroke Prev-Clinical Information Systems		70,000	70,000	
Heart Disease & Stroke Prevention-Program Consultant		60,000	60,000	
Heart Disease & Stroke Prevention-Partnership Development		60,000	60,000	
Heart Disease & Stroke Prevention-Evaluation Consultant		60,000	60,000	
Heart Disease & Stroke Prevention-Disease Mgmt Pilot		60,000	60,000	
Heart Disease & Stroke Prevention-Quality Improvement Project		60,000	60,000	
BRFSS-Behavior Risk Survey	330,000	350,000	20,000	6.1%
Diabetes-Disease Management Coordinator (BCBS)	160,000	120,000	(40,000)	-25.0%
Diabetes-Evaluation and Surveillance Consultant	35,000	50,000	15,000	42.9%
Diabetes-ND Diabetes Partnership Collaborative Coordinator	130,000	100,000	(30,000)	-23.1%
Diabetes-Quality Improvement Project		80,000	80,000	
Diabetes-Clinic Registry Projects		30,000	30,000	
Family Planning-Clinical Consultant	47,500	45,200	(2,300)	-4.8%
Maternal and Child Health (MCH)-Medical Fee Contract	-	115,000	115,000	
Maternal and Child Health (MCH)-Evaluation/Communication Consultant	32,414	50,000	17,586	54.3%
Maternal and Child Health (MCH)-New Parenting/Scoliosis	-	20,000	20,000	
Oral Health-Public Health Dentist/Coalition Coordinator	50,000	56,500	6,500	13.0%
Oral Health-Program Evaluator	65,000	47,000	(18,000)	-27.7%
Early Childhood Comprehensive System-Program Evaluator	-	80,000	80,000	
School Health-Program Evaluator	-	75,000	75,000	
Child Safety Program-Program Facilitators	159,000	158,000	(1,000)	-0.6%
Suicide Prevention-Data Collection (UND)	60,000	40,000	(20,000)	-33.3%
Suicide Prevention-Local Program Consultant	55,000	35,000	(20,000)	-36.4%
Suicide Prevention-Public Awareness Campaign	21,559	13,000	(8,559)	-39.7%
Women, Infant and Children (WIC)-Consultants/Speakers	12,255	23,500	11,245	91.8%
Women, Infant and Children (WIC)-Research Consultant		24,000	24,000	
lorectal-Reconciling Item Due to Keying Error in BARS		150,000	150,000	
Total Professional Fees	**$ 4,249,664**	**$ 4,536,197**	**$ 286,533**	**6.7%**

NORTH DAKOTA DEPARTMENT OF HEALTH
Community Health
2009-11 Executive Budget
Grant Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Abstinence Education	125,000	159,000	34,000	27.2%
Breast & Cervical Cancer	160,000	80,000	(80,000)	-50.0%
Cardiovascular Health	150,000	-	(150,000)	-100.0%
Child Safety Program	40,000	-	(40,000)	-100.0%
Colorectal Grants	200,000	-	(200,000)	-100.0%
Domestic Violence (GF & SF)	1,050,000	1,050,000	-	0.0%
Early Childhood Comprehensive System	139,000	150,000	11,000	7.9%
Family Planning	2,365,500	2,610,000	244,500	10.3%
Family Violence	1,400,000	1,346,806	(53,194)	-3.8%
Grants to Encourage Arrest	995,500	775,000	(220,500)	-22.1%
Heart Disease and Stroke Prevention	-	20,000	20,000	
MCH Block (Locals & Family Planning Sites)	1,863,000	1,975,000	112,000	6.0%
Oral Health	60,000	60,000	-	0.0%
Preventive Health Block Grants	-	85,452	85,452	
Rape Prevention	258,000	343,000	85,000	32.9%
Safe Havens	1,237,000	490,000	(747,000)	-60.4%
STOP Violence	1,461,500	1,420,000	(41,500)	-2.8%
Suicide Prevention	680,000	490,000	(190,000)	-27.9%
Women, Infant and Children Program (WIC)	5,257,600	5,366,955	109,355	2.1%
Total Grants	**$ 17,442,100**	**$ 16,421,213**	**$ (1,020,887)**	**-5.9%**

NORTH DAKOTA DEPARTMENT OF HEALTH
Tobacco Special Line Item
2007-09 Executive Budget

Operating Fees Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Advertising Services/Misc. Coop. Agreements	1,752	1,840	88	5.0%
Total Operating Fees	**$ 1,752**	**$ 1,840**	**$ 88**	**5.0%**

Professional Services Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
MSU/NDSU-Compliance Study	4,000		(4,000)	-100.0%
CHTF Quitline	1,069,000	1,069,000	-	0.0%
CHTF Quitline Promotions	20,000	70,000	50,000	250.0%
CHTF State Employee Cessation Promotion		10,000	10,000	
CHTF Adult Tobacco Survey		75,000	75,000	
CDC Tobacco Quitline/Promotion	437,327	440,000	2,673	0.6%
Tobacco Consultants	85,500	85,850	350	0.4%
CDC Legal	10,000	12,033	2,033	20.3%
Tribal Tobacco Consultants	50,000	50,000	-	0.0%
Tobacco Evaluation Consultant	50,000	20,000	(30,000)	-60.0%
Youth Tobacco Survey	25,000	40,000	15,000	60.0%
Communication Consultants	20,000	17,000	(3,000)	-15.0%
American Legacy Quitline	76,652		(76,652)	-100.0%
Total Professional Fees	**$ 1,847,479**	**$ 1,888,883**	**$ 41,404**	**2.2%**

Grant Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Public Health Units/Tribal Organizations (CDC)	1,174,000	1,173,824	(176)	0.0%
Adivory Committee (CHTF)	80,000		(80,000)	-100.0%
Local Communities/Tobacco Cessation (CHTF)	260,000		(260,000)	-100.0%
Public Health Units (CHTF)	4,700,000		(4,700,000)	-100.0%
Undetermined CHTF		1,998,366	1,998,366	
Undetermined Tobacco Measure #3	-	2,891,634	2,891,634	
Total Grants	**$ 6,214,000**	**$ 6,063,824**	**$ (150,176)**	**-2.4%**

2009-11 Information Technology Contractual Services
North Dakota Department of Health
Community Health Section

Project	2007-09 Biennium Request	2009-11 Biennium Request	Difference Incr/(Decr)
CANCER PREVENTION & CONTROL	9,960	-	(9,960)
NEXUS	81,515	215,000	133,485
Community Health Section	**91,475**	**215,000**	**123,525**

North Dakota Department of Health
Summary of Federal & Other Funds
2009-11 Executive Budget

Community Health Section	2009-11 Executive Budget
Federal Funds	
Chronic Disease Prevention - BRFSS	444,202
Chronic Disease Prevention - Tobacco Prevention	2,677,556 *
Heart Disease and Stroke Prevention	852,675
Breast and Cervical Cancer Program	2,941,597
Cancer Registry	463,878
Comprehensive Cancer	549,653
Abstinence Education	182,095
Oral Health (HRSA & CDC)	577,450
Family Planning	2,943,600
Flex Grant	159,120
School Health	272,125
Family Violence and Prevention	1,427,056
Early Childhood Comprehensive Systems	345,575
Title V - Maternal and Child Health Block Grant (MCH)	3,252,156
Metabolic Screening - University of Iowa	115,000
Rape Prevention and Education	200,000
Rape Capacity	200,000
Preventive Health Block Grant	95,602
State/Tribal Youth Suicide Prevention	591,000
Women, Infant and Children Program (WIC)	31,447,774
Grants to Encourage Arrest Policies	775,000
Supervised Visitation, Safe Havens for Children	500,000
Child Safety Program	401,500
Stop Violence Against Women	1,523,432
DHS Parent Newsletter & Miscellaneous Grants	47,500
Diabetes Program	696,249
Total	**53,681,795**
Other Funds	
Domestic Violence Fund	340,000
Community Health Trust Fund	6,280,402 *
Total	**6,620,402**

* These funds are in the Tobacco Prevention and Control Special Line Item

North Dakota Department of Health
Summary of Federal & Other Funds
2009-11 Executive Budget

Tobacco Prevention and Control Special Line		2009-11 Executive Budget
Federal Funds		
Chronic Disease Prevention - Tobacco Prevention		2,677,556
	Total	**2,677,556**
Other Funds		
Community Health Trust Fund		3,388,768
Tobacco Measure #3 Funding		2,891,634 *
	Total	**6,280,402**

* The Tobacco Measure #3 Funding is requested appropriation authority provided

North Dakota Department of Health
Schedule of Grants
Community Health Section

Grant Line Item

Description	07-09 Current Budget	Amount Spent	Amount Remaining	09-11 Budget	General Fund	Federal Fund	Special Fund
Abstinence Education	125,000	116,822	8,178	159,000		159,000	
Comprehensive Cancer	160,000	49,251	110,749	80,000		80,000	
Cardiovascular Health	150,000		150,000	-			
Child Safety Program	40,000	-	40,000	-			
Colorectal Grants	200,000	43,788	156,212	-		150,000	(150,000) *
Domestic Violence (GF & SF)	1,050,000	920,185	129,815	1,050,000	710,000		340,000
Early Childhood Comprehensive System	139,000	72,538	66,462	150,000		150,000	
Family Planning	2,365,500	1,331,280	1,034,220	2,610,000		2,610,000	
Family Violence	1,400,000	790,959	609,041	1,346,806		1,346,806	
Grants to Encourage Arrest	995,500	321,040	674,460	775,000		775,000	
Heart Disease and Stroke Prevention	-		-	20,000		20,000	
MCH Block (Locals & Family Planning Sites)	1,863,000	1,227,843	635,157	1,975,000		1,975,000	
Oral Health	60,000	9,000	51,000	60,000		60,000	
Preventive Health Block Grants	-	42,764	(42,764)	85,452		85,452	
Rape Prevention	258,000	219,791	38,209	343,000		343,000	
Safe Havens	1,237,000	370,541	866,459	490,000		490,000	
STOP Violence	1,461,500	766,360	695,140	1,420,000		1,420,000	
Suicide Prevention	680,000	254,379	425,621	490,000		490,000	
Women, Infant and Children Program (WIC)	5,257,600	3,643,761	1,613,839	5,366,955		5,366,955	
	$ 17,442,100	**$ 10,180,302**	**$ 7,261,798**	**$ 16,421,213**	**$ 710,000**	**$ 15,521,213**	**$ 190,000**

* BARS error offset in operating line

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NORTH DAKOTA DEPARTMENT OF HEALTH
Community Health
2009-11 Executive Budget
Summary of Grants to Domestic Violence Sites

Description	2009-11 Executive Recommendation	2009-11 Grant to DV Sites	2009-11 Other Local Agencies
Domestic Violence (GF & SF)	1,050,000	1,050,000	
Family Violence	1,346,806	1,346,806	
Grants to Encourage Arrest	775,000	775,000	
Preventive Health Block Grants	85,452	31,452	54,000
Rape Prevention	343,000	343,000	
Safe Havens	490,000	490,000	
STOP Violence	1,420,000	984,742	435,258
Total Grants	**$ 5,510,258**	**$ 5,021,000**	**$ 489,258**

must do at 2% if less than 9.3

Best Practices

North Dakota 2007

for Comprehensive Tobacco Control Programs

In fiscal year 2006, North Dakota earned $23.3 million in revenue from the sale of tobacco products, and was eligible to receive $21.3 million from their legal settlement with the tobacco industry. Of the $44.7 million North Dakota receives in revenue from their tobacco excise taxes and settlement, 21% would fund North Dakota's tobacco prevention and control program at the level of investment recommended by the CDC.

According to the Centers for Disease Control and Prevention (CDC), the recommended level of investment for tobacco prevention and control in North Dakota is **$9.3 million per year**, or **$14.67 per capita.**

I. State and Community Interventions
CDC recommends that North Dakota invest $7.37 per capita annually in state and community interventions because multiple societal resources working together will have the greatest long-term population impact.

II. Health Communication Interventions
CDC recommends that North Dakota invest $1.86 per capita annually in health communications because media interventions work to prevent tobacco use initiation, promote cessation, and shape social norms.

III. Cessation Interventions
CDC recommends that North Dakota invest $3.52 per capita annually in tobacco cessation. Tobacco use treatment is an effective and highly cost-effective intervention.

IV. Surveillance and Evaluation
CDC recommends that North Dakota invest $1.28, or 10% of tobacco control program costs, per capita annually in state surveillance and program evaluation because publicly financed programs should be accountable and demonstrate effectiveness.

V. Administration and Management
CDC recommends that North Dakota invest $0.64, or 5% of tobacco control program costs, per capita annually in administration and management because complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.

Reference: Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs—2007.* Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, October 2007.

Testimony
SB No. 2063
Senate Appropriations Subcommittee
January 29, 2009, 11:00 a.m.

Good morning Senators Kilzer, Fischer and Mathern. My name is Kathleen Mangskau and I am the chair of the Tobacco Prevention and Control Advisory Committee. I am here to provide information on how the funds appropriated in SB 2063 will be spent and to provide the documents you requested The law passed by the voters in November 2008 directs that the funds in the tobacco prevention and control trust fund be spent to develop and implement a statewide, comprehensive Center for Disease Control and Prevention (CDC)-based best practice tobacco prevention and control program. I will provide background on the need for the program, the progress of the advisory committee to date, the best practice categories, the current levels of funding in the best practice categories and how the new funds will be used to meet the recommended programming and levels of spending.

The Need for a Comprehensive Tobacco Prevention and Control Program
We all know many people who have been impacted by tobacco use suffering from heart or lung disease, or other associated cancers or by the premature death of a loved one. At the first advisory committee meeting, I was struck by the overwhelming impact tobacco use had on the members of the advisory committee and the families and their motivation for wanting to be part of the committee. The toll of tobacco in North Dakota is high and rising health care costs are a concern to many North Dakotans. With the current level of funding for tobacco control efforts in the state, tobacco use continues to kill more than 900 North Dakota residents every year and costs the state $250 million in annual excess health care costs, including $47 million a year in state Medicaid program costs. State productivity losses from smoking total an additional $192 million each year. According to the *North Dakota Behavioral Risk Factor Survey*, one in five adults in North Dakota smoke, a rate that has changed very little for a more than a decade. The *North Dakota Youth Risk Behavior Survey* indicates that more than one in five kids (21%) still smoke, and one in five high school males (20%) use spit tobacco. These North Dakota youth tobacco use rates are all higher than the national rates. While North Dakota has made strides in reducing youth tobacco use; the tobacco use problem clearly is not solved. The decline in youth rates has flattened but without additional resources and programming, we will not continue to see major changes in those rates. The 2007 Institute of Medicine Report concluded that to effectively reduce tobacco use, "states must maintain over time a

comprehensive integrated tobacco control strategy." Research shows that the more states spend on sustained comprehensive tobacco control programs, the greater the reductions in smoking—and the longer states invest in such programs, the greater and faster the impact. North Dakota voters chose to implement a comprehensive strategy when they enacted Measure 3.

The Tobacco Prevention and Control Advisory Committee has primary goals of preventing youth from starting to use tobacco, helping youth and adults to quit tobacco use, eliminating exposure to secondhand smoke and identifying and eliminating tobacco use disparities. Implementing evidence-based, statewide tobacco control programs that are comprehensive, integrated, sustained and accountable have been shown to reduce smoking rates, tobacco-related deaths, and diseases caused by smoking. These programs will prevent or accelerate declines in heart disease, lung diseases and disorders, and once again make lung cancer a rare disease. A comprehensive approach combines educational, clinical, regulatory, economic and social strategies. The plan will have well-defined goals, objectives, and short-term, intermediate and long-term indicators of success.

Progress of Tobacco Prevention and Control Advisory Committee

Governor Hoeven promptly appointed the nine-member advisory committee in December 2008. The appointments became official on January 1, 2009. The Committee convened its first meeting on January 8, 2009 and elected the executive committee and chair, set their meeting dates, determined their operating procedures, and initiated research into best practice approaches in order to prepare for Legislative requests for information and to meet the time constraints (180 days) to develop the plan. The Committee is requesting retroactive spending authority in order to conduct its business and meet that deadline. The CDC has been contacted to provide training on the Best Practice approach for the advisory committee members, local tobacco coordinators and local coalition leaders/members in the latter part of February. The CDC has designated a consultant to assist the state with development of their plan for a comprehensive program. The advisory committee has scheduled meetings to be held as frequently as every other week until the plan is completed. The committee will use the previous and current state tobacco plans as a foundation for the comprehensive plan. The second meeting of the committee was held on January 23 and focused on understanding the history of the tobacco control funding in North Dakota. See attachment A for a list of the Advisory Committee and Executive Committee members.

The Executive Committee met on January 16th and 23rd and outlined the roles and responsibilities of the members and began carrying out the work of the committee.

The Executive Committee met with staff from the North Dakota Department of Health on January 15 and January 27, 2009 to begin working through the roles and responsibilities of each agency so we can be most effective and do not duplicate efforts as required by NDCC § 23-42-05. There was a fairly high level of agreement as to which agency could carry out each function most efficiently and effectively. This information will be useful to this committee as you move to balance responsibilities between the Department of Health and the Advisory Committee. I will outline that information in more detail as I discuss the best practice categories. The minutes of the meetings you requested are included as Attachment B.

Current Funding and Funding Needed

A fact sheet on the CDC Best Practices recommended annual investment for North Dakota is included as Attachment C. The table below shows that North Dakota, with a combination of state tobacco settlement revenues and federal funds, currently spends around $4.4 million per year on tobacco prevention and control efforts, less than one-half (47%) of the $9.3 million the CDC recommends for a comprehensive tobacco control program each year. Moreover, the percentage spent on tobacco prevention and control efforts may be slightly overestimated as 100 percent of the Community Health Trust Fund state aid funding to local health departments is not spent on tobacco prevention and control programming.

A comparison of the recommended per capita spending and the current level of tobacco control spending in North Dakota in 2008 provided by the State Health Department shows that the program is sadly underfunded in many categories and thus North Dakota has not been able to make the progress necessary to protect our citizens and significantly reduce the health and economic burden of tobacco use in the state. Measure 3 allocated just enough money to get the job done.

North Dakota Tobacco Control Expenditures by Best Practice Category in 2008

	Per Capita Recommendation	ND Spending	Percentage of Recommendation ND Spends
State and Community Interventions	$ 7.37	$3.90	53%
Health Communication Interventions	$ 1.86	$0.27	15%
Cessation Interventions	$ 3.52	$1.14	32%
Surveillance and Evaluation	$ 1.28	$0.15	12%
Administration and Management	$ 0.64	$0.75	101%
*Other Funds in ND (State Aid)		$0.74	
Total	**$14.67**	**$6.95**	**47%**

It has been stated that North Dakota already spends $97 million per biennium to prevent risky behaviors. The report prepared by the Legislative Council outlining the expenditures on risk-associated behavior prevention programs shows that the vast majority of those dollars are spent for treatment. A recent study by the Governor's Prevention Advisory Council on Drugs and Alcohol reports prevention funding at a much lower level. The large amount spent on treatment is further evidence of the need to do more to prevention disease and addiction. A Best Practice approach in tobacco control focuses on funding prevention strategies rather than treatment, thus preventing many of the chronic diseases and cancers caused by tobacco use and thus resulting in health care cost savings.

How the Trust Funds will be Spent

The Strategic Contribution Fund payment to North Dakota is approximately $13.8 million per year. As directed by Measure #3 that money will be deposited in a trust fund, the sole purpose of which is to fund a CDC based comprehensive program in North Dakota. Using the projected levels of tobacco prevention and control funding from the CDC and the Community Health Trust Fund, each year approximately $6.2 million dollars of the Tobacco Prevention and Control Trust funds would be spent to bring North Dakota up to the recommended funding level for a comprehensive approach. The remaining $7.6 million would remain in the trust to fund tobacco prevention and control beyond the nine remaining years the Strategic Contribution Fund payments are coming to the state. At this funding level and if the CDC support for tobacco control remains about the same as it currently is, the funding should support programs for more than 16 years.

The state plan the advisory committee will develop, with input from North Dakota residents, will outline the programs and services needed to implement a Best Practice comprehensive program in North Dakota. The Advisory Committee will work closely with the North Dakota Department of Health to put in place programs and services where the current programming is lacking and to prevent duplication. Some of the programs and services may involve contracting with the North Dakota Department of Health to enhance their current programming where needed. A grants program will be established to fund missing components of the current program and enhance areas where funding is inadequate. The advisory committee will determine which grants would be funded based on the Best Practice approach. These funds will enhance and not duplicate, replace or supplant the current programs funded by the Department of Health through the existing CDC funds and the Community Health Trust Fund. The funds will be allocated not only to local communities, but also to statewide organizations capable of carrying out programs to enhance efforts to prevent initiation among youth, promote quitting among youth and adults, reduce and eliminate exposure to secondhand smoke and

eliminate disparities in tobacco use among specific populations. Attachment D shows the recommended funding for tobacco prevention and control efforts in North Dakota by Best Practice category and shows the estimated funds that will be available from the CDC and the Community Health Trust Fund and the projected amount that will be needed from the Tobacco Prevention and Control Trust Fund in the 2009-2011 biennium. Attachment F shows the Tobacco Prevention and Control Estimated Revenues and Expenditure for the 2009-2011 biennium.

How the Centers for Disease Control and Prevention Determines Best Practices

The Centers for Disease Control and Prevention uses the nearly five decades of research since the first Surgeon General's report was published as a basis for their Best Practices. The Best Practice emphasizes that there is now a robust evidence base about effective interventions. The Best Practice recommendations are based extant-scientific literature and the review of large-scale sustained state programs which have been shown to reduce smoking and the related health and economic consequences. The evidence-based analysis of the literature and the review of outcomes of state tobacco control programs and interventions provide the background for what works in reducing tobacco use and its toll. In addition, national initiatives from the National Institutes of Health, the Substance Abuse and Mental Health Services Administration and the Agency for Healthcare Research and Quality that supported innovative intervention studies have been used to determine effective interventions. Pages 16-18 of *The Best Practices for Comprehensive Tobacco Control Programs* provide a listing of the resources and references that were used to develop the Best Practice guidance document. The list includes a broad array of public, private and non-profit groups that have conducted the research. The 2007 Institute of Medicine report presented a blueprint for action to "reduce smoking so substantially that it is no longer a public health problem for our nation." The recommendations go on to list as foremost among the recommendations is that each state should fund a comprehensive best practice tobacco control program at the level recommended by the Centers for Disease Control and Prevention.

A total of eight states have met CDC's minimum funding recommendations for one or more years. One state with the longest history of funding for tobacco prevention is California. A recent study titled, "Effect of the California Tobacco Control Program on Personal Health Care Expenditures" analyzed data from 1980 and 2004 on smoking, health care expenditures, and exposure to a tobacco control educational program in California and compared them to a group of 38 control states. Control states were those without comprehensive tobacco control programs prior to 2000 or cigarette tax increases of $0.50 or more per pack over the study

period. North Dakota was one of the control states in the study. The researchers found that $86 billion were saved in personal health care expenditure between 1989, the start of the program, and 2004. This grew over time. The personal health care expenditure savings represented about a **50 fold** return on the $1.8 billion spent on the program during the same period.

What do the findings mean? The California Tobacco Control Program has been successful in reducing smoking in California in comparison to other states, and has reduced personal health care expenditures. These cost reductions are substantial, rapid, and grew over time. The focus on social norm change among adults, not primarily on youth prevention, is responsible for such rapid and large reductions in disease and health care costs.

The law passed by the voters in November 2008 makes it possible for North Dakota to have the opportunity to implement a comprehensive best practice tobacco prevention and control program and produce outcomes similar to those in California with significant health care savings.

Best Practice Components

State and Community Interventions

Coordinated and combined intervention efforts of statewide and local programs working together have the greatest long-term impact. This component supports the state and local community effort to mobilize coalitions to develop state and community level programs and policies to counter pervasive pro-tobacco influences. At the current tobacco control funding level, many counties in the state do not have enough funding to maintain staffing to carry out tobacco prevention activities, youth programs that include tobacco prevention activities, and implement culturally appropriate interventions. The new funds from the trust can be used to enhance support to local and tribal programs, law enforcement, and agencies that can conduct programs reaching specific populations with high tobacco use rates such as Native Americans, pregnant women, lower socio-economic populations and the school to work population aged 18-30. Greater emphasis needs to be placed on engaging communities and providing training so local communities implement policies and strategies to reduce tobacco use. As evidence-based programs are implemented, additional efforts to collaborate with other chronic disease programs and support efforts to promote prevention programs and cessation efforts would create synergy of consistent health promotion messages and multiple avenues to provide services. This component will be jointly implemented by the Tobacco Advisory Committee and the State Health Department.

Health Communication Interventions

There is strong evidence that sustained earned and paid media in combination with other interventions and strategies is effective in reducing tobacco use. Exposure to counter marketing ads is associated with greater pro-health attitudes and beliefs and produces significant declines in smoking rates among adults and youth as well as slowing initiation among youth. Paid media is also needed to recruit target populations with high tobacco use rates to the quitline and local cessation programs. Currently, no funding is available for statewide media efforts to educate youth and very limited funding is available to educate the public about the dangers of secondhand smoke. Funding can also be used to provide greater outreach of the quitline services and to conduct market research so public education efforts can be effectively targeted. Health communication messages that are sustained and appropriately targeted can greatly impact health behaviors. This component will be implemented by the Tobacco Prevention and Control Advisory Committee.

Cessation

Interventions to increase cessation encompass a broad array of policy, system, and population-based measures. Sustaining, expanding and promoting cessation services through the statewide quitline and local treatment programs is needed. Promoting coverage for tobacco dependence treatment under both public and private insurance will increase the number of individuals receiving treatment. Individual and group counseling and coverage of all FDA approved medications will enhance current efforts. Currently only limited medications are provided. Eliminating cost and other barriers to treatment for underserved populations as well as making health systems changes to effectively reach all at risk populations will work to reduce tobacco use. Funding training for health professionals in the use of the Public Health Service Guidelines and for the quitline and local cessation services will reach more tobacco users and increase the number who successfully quit. Providing cessation services to youth in a variety of medium, including web-based, internet and text messaging, will reach out to younger populations in methods they prefer to use. This component will be implemented primarily by the Department of Health.

Surveillance and Evaluation

This component develops systems to monitor attitudes, behaviors and health outcomes and demonstrate accountability for the funds and effectiveness of programs. Surveillance systems are used to assess the prevalence of tobacco use, exposure to secondhand smoke, track trends and identify disparities and measure progress in eliminating those disparities. It includes the evaluation of health communication efforts, cessation and community interventions and conducting surveys such as the Youth Tobacco Survey, Adult Tobacco Survey and the

inclusion of tobacco questions in the Behavior Risk Factor Survey, the Youth Risk Behavior Survey and surveys regarding cessation and quitline services. Funding is needed to enhance the data collection efforts by the Department of Health to enable them to gather data on specific population groups such as Native Americans and other groups with high tobacco use as well as to increase their sample size to get estimates for local counties or other geographic breakdowns. The funding will support additional evaluation of programs and services and could provide for outside evaluation of the statewide quitline and other program activities. Current funding has limited the program primarily to process evaluation. With the new funding we will be able to conduct outcome evaluation and provide the program the capability to look at changes over time in diseases caused by tobacco use and secondhand smoke. This component will be jointly implemented. The Department of Health will be responsible for the surveillance and the Tobacco Advisory Committee will be responsible for the evaluation.

Administration and Management

This component provides support to employ qualified state staff for oversight, training and technical assistance to local programs. It includes coordinating statewide programs such as the quitline and collaboration with partners for public education efforts, strategic planning and provides for real time fiscal management, effective communication, education of decision makers on the health effects of tobacco and evidence-based effective programs and policy interventions. The state has used primarily CDC funding to develop a cadre of staff and contractors capable of carrying out these functions. The grants program would coordinate closely with the state program on training and technical assistance efforts. Minimal funding would be needed to support the staff to manage the grants program and evaluation. This component will be jointly implemented.

The specific programs and projects that will be funded in each component will be determined by the Advisory Committee based on the comprehensive Best Practice plan.

Accountability

There are multiple measures in place to assure accountability of this new state entity. The Advisory Committee is appointed by the Governor and members can be removed for malfeasance in office (NDCC § 23-42-02). Like other state agencies, this state agency will be subject to the Office of Management and Budget fiscal controls and fiscal reporting requirements, audit procedures and other state requirements including state personnel laws, procurement laws, record management requirements, open meeting and record laws, and mandated legal representation by an Assistant or Special Assistant Attorney General.

NDCC § 23-42-02 requires that prior to April 1 of each year, that the advisory committee evaluate the effectiveness of the plan and propose any necessary changes to the executive committee. In addition, NDCC § 23-42-07 requires that at least once a biennium the executive committee will provide for an independent review of the comprehensive plan to assure the plan is consistent with the Centers for Disease Control and Prevention Best Practices for Comprehensive Tobacco Control Programs. A report of that review will be sent to the Governor and the State Health Officer before September 1 in each odd numbered year.

State law provides that the Legislative Audit and Fiscal Review may ask for a performance audit. NDCC § 54-10-01(4) provides that the State Auditor shall: Perform or provide for performance audits of state agencies as determined necessary by the state auditor or the legislative audit and fiscal review committee. A performance audit must be done in accordance with generally accepted auditing standards applicable to performance audits.

In addition,, public health experts routinely monitor the smoking rates of adults and youth. After North Dakota's CDC based program is fully implemented and a reasonable period of time has passed, legislators and the public will have an opportunity to judge this program based on outcomes and results. That will be the ultimate measure of accountability.

Requested Amendments

Attachment F is the list of requested amendments to the bill. Some of the requested amendments are procedural to create consistency with the law, and the remaining amendments are necessary to actively engage the committee in carrying out the work of developing and implementing the plan according to the timelines in the law.

The substantive amendments are:

- Continuing appropriation – to carry out the work of the work of developing and implementing the plan.
- Retroactive spending authority – to reimburse the committee members for the work they are currently doing in developing the plan and preparing legislative information and to pay for expenses incurred in developing the plan (e.g. copies, consultants, etc).
- Emergency clause – to allow the committee to complete the plan in the required time frame.

Measurable Outcomes

The programs implemented with the Tobacco Prevention and Control Trust Funds will sharply reduce smoking and other tobacco use in the state. The number of people in the state who suffer and die prematurely because of smoking and other tobacco use will be reduced. Our work force and our children will be healthier. We will save money by reducing government, business, and household costs caused by smoking and other tobacco use.

A comprehensive statewide tobacco prevention and control program is a coordinated effort to establish smoke-free policy and social norms, to promote and assist tobacco users to quit and to prevent youth from starting tobacco use. Research indicates greater effectiveness with multi-component interventions that are integrated. The more the state invests, the greater the reduction in smoking—and the longer the state invests, the greater and faster the impact. For example, in California, home of the longest running comprehensive program, smoking rates among adults declined from 22.7 percent in 1998 to 13.3 percent in 2006. As a result, compared with the rest of the country, heart disease deaths and lung cancer incidence in California have declined at accelerated rates. Among women in California, the rate of lung cancer deaths decreased while it continued to increase in other parts of the country. Since 1998, lung cancer incidence in California has been declining four times faster than in the rest of the nation. The tobacco use epidemic can be stopped. We know these programs work.

In 2007, the Institute of Medicine of the National Academies of Sciences, the President's Cancer Panel, and the CDC each issued reports that concluded there is overwhelming evidence that comprehensive state tobacco prevention programs substantially reduce tobacco use and recommended that every state fund its program at the CDC-recommended level. Since these reports, even more evidence has accumulated on the power of state investments in tobacco prevention and cessation. For example, earlier studies found that for every dollar spent, state tobacco prevention programs can, in their early years, save $3.00 or more just in reduced state health care expenditures. New research has strengthened those findings, demonstrating that state programs secure even larger returns on investment if tobacco prevention programs are sustained for over ten or more years at adequate levels. In California's tobacco prevention program they found that for every dollar the state spent on its tobacco control program, the state saved $50 in total healthcare costs. This study confirms that the cost-saving benefits from sustained state investments in effective tobacco control programs quickly grow over time to dwarf the state expenditures; producing massive gains for the state not only in terms of improved public health and increased worker

productivity but in reduced government, business, and household costs. Because of this legislation, North Dakota is posed on the brink to realize similar results.

According to a report issued by the *Campaign for Tobacco Free Kids* in September 2008, fully funding North Dakota's tobacco prevention and cessation efforts at the CDC-recommended level will have a significant impact on the health and economy of the state. The report states that a fully funded tobacco prevention program would:

- ***Reduce youth smoking by 12.7%;***
- ***Stop 4,570 North Dakota kids from becoming addicted adult smokers;***
- ***Save 1,460 kids from dying from smoking;***
- ***Prompt more than 3,480 current adult smokers to quit for good; and***
- ***Save more than 920 North Dakota adults from dying prematurely from smoking.***

In terms of fiscal impact, the report states that fully funding the state tobacco prevention program with average results would strengthen the state's economy by increasing worker productivity and reducing future smoking-caused health care and smoking-caused other costs in the state by more than $113 million after five years. "Using conservative, research-based estimates, the smoking declines from a comprehensive Best Practice program will lock-in more than $113 million in future smoking-caused health expenditure reductions, including more than $11.9 in future cuts to state Medicaid program expenditures." The projections would grow even larger after the first five years of a fully-funded program.

Research shows that that on average in North Dakota, the impact of a fully-funded program would reduce adult smoking by 1,200 in the first year. These adult smoking reductions would continue to grow each year the program is in place. The 5-year heart-stroke savings would be $1.1 million and 5-year pregnancy savings would be $920,000. North Dakota's health care costs would be reduced by approximately $2.0 million in the first five years just from fewer smoking-caused heart attacks, strokes and fewer smoking-affected births.

We are fortunate to live in North Dakota where our economy is good. Investing in tobacco prevention and control as the people directed by enacting Measure 3 will create future health care savings that can be dedicated to other state efforts in the future when our economy may not be as strong.

Thank you. I would be happy to answer any questions you may have.

Attachment A – Tobacco Advisory Committee and Executive Committee
Attachment B – Minutes of Advisory Committee Meetings
Attachment C – *Best Practices for Comprehensive Tobacco Control Programs – North Dakota*
Attachment D – North Dakota Tobacco Prevention and Control Funding by Best Practice Category
Attachment E– Tobacco Prevention and Control Trust Fund Estimated Revenues and Expenditures 2009-2011
Attachment F – Amendments

North Dakota Tobacco Prevention and Control Advisory Committee | 2009

Member Name	Address	County	LD	Phone	Employer	Job title	E-Mail	Appt. Date	Term Ends
Jacobson, Lorraine	14055 Highway 13 Milnor ND 58060	Sargent	26	427-5432 W 427-5432 H	Sargent Cty Dist H	Tobacco Prevention Coordinator	ljacobson@nd.gov	1-1-09	6-30-10
Klein, Dale A., MD	Q&R Clinic 9010 NW 18th Street Mandan, ND 58554	Morton	34	661-5088W 663-0053 H	MC1 Health Systems	Family Physician	dklein@mohs.org	1-1-09	6-30-10
Lidstrom, Kermit	630 Remington Ave Bismarck ND 58503	Burleigh	47	258-0191 H	AARP	Executive Council	KL4530@hotmail.com	1-1-09	6-30-11
Mangskau, Kathy	98 Country Club Drive Bismarck, ND 58504	Burleigh	8	258-7919 W 258-7919 H	Self-employed	Public Health Consultant	kmconsult@btinet.net	1-1-09	6-30-11
Marion, Nathan	506 Stuttgart Drive Bismarck ND 58504	Burleigh	30	426-7879 W 255-7793 H	T.G.I. Fridays	Host	nate.marion@live.com	1-1-09	6-30-09
McGeary, Pat	2601 Astronaut Drive Bismarck ND 58503	Burleigh	47	355-1597 W 224-1005 H	Bismarck Burleigh Public Health	RN	pmcgeary@nd.gov	1-1-09	6-30-11
Oyloe, Javayne	712 4th Str W Williston, ND 58801	Williams	1	774-6409 W 572-2294 H	Upper Missouri Dist Health Unit	Health Promo Team Leader	joyloe@umdhu.org	1-1-09	6-30-09
Prom, Jeanne	2015 N 16th Street #12 Bismarck ND 58501	Burleigh	35	202-6363 W 255-1519 H	Self Employed	Public Health Consultant	Jeanne679@bis.midco.net	1-1-09	6-30-09
Taylor, Jay	4026 153rd Ave SE Durbin, ND 58059	Cass	22	234-6460 W 347-4493 H	MeritCare Health Systems	Respiratory Therapist	Jay.taylor@meritcare.com	1-1-09	6-30-10

Executive Committee: Kathy Mangskau, Chair
Pat McGeary
Javayne Oyloe

1-22-09

Minutes
North Dakota Tobacco Prevention and Control Advisory Committee
Bismarck Public Library, Room B, Bismarck, ND
January 8, 2009
1:30 p.m.

Members Present: Mr. Nathan Marion
Ms. Kathy Mangskau
Dr. Dale Klein
Dr. Kermit Lidstrom
Mr. Jay Taylor
Ms. Jeanne Prom
Ms. Pat McGeary
Ms. Lorraine Jacobsen

Via Conference Call: Ms. Javayne Oyloe

Others Present: Ms. Karalee Harper
Ms. Heidi Heitkamp
Ms. Rosie Sand
Mr. James McPhearson
Ms. Janelle Cole
Ms. Vicki Rosenau
Ms. Dona Hart
Ms. Marie Arseo.

Ms. Mangskau called the meeting to order at 1:33 pm.

Approval of Agenda:
Dr. Lidstrom moved to approve the agenda. Ms. McGeary seconded.

Introductions: Ms. Mangskau presided the meeting. Each board member was introduced and reviewed how tobacco has affected a family member, themselves, their work with tobacco prevention and cessation and their interest in serving on the committee.

Review of Measure 3: Ms. Mangskau reviewed Measure 3. Discussions took place on the various components of the measure.

Select an Executive Committee: Ms. Mangskau emphasized that the executive committee is at the helm of seeing the implementation through. The executive committee powers like a state agency.

There was discussion that took place about the advisory committee having no spending authority at this point.
Mr. Taylor asked for a review of duties – differences between executive committee and the advisory board. Ms. Mangskau summarized the executive board:

- will have to represent to the advisory committee
- take a very active role until the executive director is hired
- serve as spokespeople for the group
- will do coordination with the State Health Dept.

Mr. Taylor took over facilitating the executive board member nominations. Ms. Prom nominated Ms. McGeary, Dr. Klein seconded. Ms. McGeary nominated Ms. Mangskau, Ms. Prom seconded. Dr. Klein nominated Dr. Lidstrom, Mr. Marion seconded. Ms McGeary nominated Ms. Oyloe, Ms. Mangskau seconded. Dr. Lidstrom withdrew his nomination.

Dr. Klein moved to cast the ballot for the 3 names submitted (Ms. Mangskau, Ms. McGeary, Ms. Oyloe). Ms. Prom seconded.
Aye votes: Mr. Marion, Ms. Mangskau, Dr. Klein, Dr. Lidstrom, Mr. Taylor, Ms. Prom, Ms. McGeary, Ms. Oyloe, Ms. Jacobson. Nays: none. Motion carried.

The terms were next determined by lot. Ms. Oyloe has a 6 month term, Ms. McGeary drew the 1 ½ year and Ms. Mangskau drew the 2 ½ year term. The terms will be staggered and need to be synchronized with all members.

Ms. McGeary moved that Ms. Mangskau be the chair of the executive committee. Ms. Oyloe seconded.
Ayes: Mr. Marion, Ms. Mangskau, Dr. Klein, Dr. Lidstrom, Mr. Taylor, Ms. Prom, Ms. McGeary, Ms. Oyloe, Ms. Jacobson. Nays: None. Motion carried.
Dr. Lidstrom moved that Ms. Mangskau also be chair of the advisory committee, Mr. Taylor seconded the motion.
Ayes: Mr. Marion, Ms. Mangskau, Dr. Klein, Dr. Lidstrom, Mr. Taylor, Ms. Prom, Ms. McGeary, Ms. Oyloe, Ms. Jacobson. Nays: None. Motion carried.

The meeting was recessed at 2:35 p.m. and reconvened at 2:45 p.m.

Operating Procedures: The board decided that agendas, Roberts Rules of Order, and to make sure we are operating under open meetings are key. **Ms. Jacobson moved to use Roberts Rules revised. Dr. Lidstrom seconded. No further discussion. All were in favor.**

Discuss future meeting dates: In order to reach the committees goals, it was decided that the executive board needs to meet weekly and the advisory board every other week. The executive board will meet all Friday's beginning at 10 a.m. The meeting may be a conference call at times. . The advisory meeting will take place from 12:30pm to 4:30 pm. The Fridays will be Jan 23, Feb 6, Feb 20, March 6, March 20, April 3, April 17, May 1, May 15, May 29, June 12, and June 26. Meeting by IVAN will be investigated to save money on traveling. It was recommended that Mary Kay Kelsch from the Attorney General's Office be invited to the next advisory board meeting for an open meetings, open record update. Ms. Mangskau requested the approval from the executive committee to pursue hiring a legal counselor. The legal counselor could be paid by the hour. **Jeanne Prom moved the advisory committee grant the authority to the executive board to look at options for a legal counselor to be present at the meetings. Dr. Lidstrom seconded.**

Ayes: Mr. Marion, Ms. Mangskau, Dr. Klein, Dr. Lindstrom, Mr. Taylor, Ms. Prom, Ms. McGeary, Ms. Jacobson. Nays: none. The motion passed.

The budget hearing for the strategic contribution fund is scheduled for January 20. The executive committee will write up and provide testimony to the legislative hearing.

Ms. Prom stated that all of us need a good education on how the money flows. In summary, the next meeting agenda should have discussion of conflict of interest, open meetings and open records law, how the money flows, and the history on the funding and how the community health grant program began.

There was discussion about taking a role in other tobacco legislation that supports a statewide comprehensive plan.

Define Next Steps: A visit from CDC (Centers for Disease Control) is needed. It would be great to hear from other states who are listed in the "Best Practices Book", their experience with setting up a comprehensive plan. Ms. Oyloe stated to also look at what has not worked. CDC will be contacted.

At the next meeting the process will be discussed. The advisory board will want to gather public input. Some board members reported getting suggestions and opinions from the public by telephone calls. It was agreed to have one or two people on the advisory board to whom the inquiries would be reported to. Ms. Jacobson and Mr. Taylor volunteered to make their emails available for that purpose.
It was concluded that public meetings will be held to gather public input and that May/June would be a good time to start these since money would be available for supplies and travel by then. It may be helpful to hire a consultant.

Ms. Harper spoke and the State Health Department 5 year plan and the annual action plan will be sent to Ms. Mangskau and the advisory committee. It was discussed that the executive board sit down with the ND State Health Department to understand the boundaries of the money and work together.

Dr. Klein recommended to build off of the Blue Ribbon Planning Book which was published in December 2000. Ms. McGeary agreed and added that in addition to the Blue Ribbon Book to use the recent updated CDC Best Practices Guide.

Clarification of compensation was discussed. An executive director is needed soon. Three ways to do this (appropriations) would be:

- The legislature appropriating money beginning July 1, 2009.
- The legislature allowing an emergency clause where the money can be spent beginning in April.
- The legislature could grant retroactive authority to spend.

Meeting adjourned at 4:25 pm.

Recorder,

Pat McGeary

ND Tobacco Prevention and Control Advisory Committee
Friday, January 23, 2009
Veterans Memorial Public Library, Room C
515 N 5th St., Bismarck, ND
12:30 – 3:30 p.m.
Minutes
DRAFT

Call to Order
Ms Mangskau presided. Quorum established.

Present: Kathy Mangskau, Pat McGeary, Dr. Dale Klein, Jay Taylor, Kermit Lidstrom, Lorraine Jacobson, Jeanne Prom

Teleconference: Javayne Oyloe

Absent: Nathan Marion

Guests: Rosey Sand, Kara Lee Harper, Neil Charvat, Amy Walters, Mary Kae Kelsch

Adoption of the Agenda: Ms McGeary moved to approve, Dr. Klein seconded. Agenda approved.

Approval of Minutes: Dr. Klein moved to approve. Mr. Taylor seconded. Minutes approved.

Discussion of Future Meeting Locations: Ms. McGeary will reserve a room at the library through April. Ms. Mangskau will notify Mr. Marion to research the possibility of using skype with a laptop system. Dr. Klein will check for rooms at both Bismarck Hospitals and the ND Medical Association.

Appointment of Parliamentarian: Dr. Klein volunteered to be the parliamentarian at each meeting.

Review of Past Tobacco Control Funding From the Tobacco Master Settlement Agreement: Ms. Mangskau reviewed the history from 1998 until the present.

Open Meetings and Open Records Presentation: Mary Kae Kelsch from the Attorney General's Office reviewed the policy and answered questions about following the law on open meetings/records.

Summary of Meeting with Department of Health: Report given by Ms. Mangskau and Ms McGeary. Meetings will continue with the State Health Department.

Legislative Update – Executive Committee: SB 2063 . Hearing was held on Tuesday. No action has been taken by the Senate Human Services Committee. Research will be

done to clarify information on money for substance abuse in a report submitted by Senator July Lee. Ms. Mangskau reviewed all bills related to tobacco prevention. There was consensus from the committee to focus on SB 2063.

Discussion of Pre-Work (Effect of the California Tobacco Control Program on Personal Health Care Expenditures): Tabled until the next meeting.

Other Business: It was decided that Ms. Jacobson would be the point person for responding to public concerns. The next meeting will be held February 6 and the topic covered will be "conflict of interest."

Ms Prom moved to adjourn the meeting. Mr. Lidstrom seconded. Meeting adjourned at 3:50 p.m.

Recorded by,

Pat McGeary

Best Practices for Comprehensive Tobacco Control Programs

North Dakota

According to the Centers for Disease Control and Prevention (CDC), the recommended level of investment for tobacco prevention and control in North Dakota is **$9.3 million per year**, or **$14.67 per capita.**

Tobacco use is the single most preventable cause of death and disease in the United States.

- Half of all long-term smokers die prematurely from smoking-related causes.

In North Dakota, an estimated 900 adults are projected to die each year from smoking.

- For each person who dies, another 20 people are suffering with at least one serious tobacco-related illness.
- If current smoking rates among people younger than age 18 continue, an estimated 11,000 of these North Dakota youth are projected to die from smoking.

The economic impact of tobacco use is equally staggering.

- North Dakota spends approximately $247 million each year in smoking-attributable medical expenses, including an estimated $47 million on smoking-attributable Medicaid medical costs.
- North Dakota also loses an estimated $190 million each year in lost productivity from an experienced workforce that dies prematurely. Additional costs occur each year in medical treatment and lost productivity as a result of exposure to secondhand smoke.

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.

- Evidence-based statewide tobacco control programs that are comprehensive, sustained, and accountable have been shown to reduce the number of tobacco-related deaths and disease.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office on Smoking and Health

Tobacco Prevention and Control Funding
By Best Practice Category
Estimated for 2009-2011

Attachment D

Best Practice Category	Recommended Funding Level	Recommended Funding Range	CDC Funding	Community Health Trust Funding	Tobacco Trust Funding
State and Community Interventions	$ 9,300,000	$8,400,000 - $13,600,000	$ 1,614,880		
Health Communications Interventions	$ 2,418,000	$1,600,000 - $5,000,000	$ 432,500		
Cessation Interventions	$ 4,464,000	$2,600,000 - $6,600,000	$ 160,640		
Surveillance and Evaluation	$ 1,674,000	$1,200,000 - $2,600,000	$ 216,526		
Administration and Management	$ 744,000	$600,000 - $1,200,000	$ 375,454		
Total	$ 18,600,000	$14,400,000 - $29,000,000	$ 2,800,000	$ 3,388,000	$ 12,412,000

Attachment E

Tobacco Prevention and Control Trust Fund			
	2007-09 Appropriation	2007-09 Estimated Spending	2009-11 Budget Request
Beginning Balance	$0	$0	$0
Revenue: Transfers from the Tobacco Settlement Trust Fund, Strategic Contribution Funds	$0	$13,800,000	$27,600,000
Expenditures:	$0	$	$18, 600,000
State and local programs	$0	$0	$ 9,300,000
Health communications	$0	$0	$ 2,418,000
Cessation programs	$0	$0	$ 4,464,000
Data collection, program monitoring and evaluation	$0	$0	$ 1,674,000
Administration and management	$0	$0	$ 744,000

PROPOSED AMENDMENTS TO SENATE BILL 2063

Page 1, line 1, after "to" insert: "create and enact a new section to the North Dakota Century Code to"

Page 1, line 1, replace the second "an" with "a continuing"

Page 1, line 2, after "tobacco" insert "prevention and"

Page 1, line 2, replace "advisory" with "executive"

Page 1, line 2, after "committee" insert "; to allow for payment of committee expenses prior to July 1, 2009; to declare an effective date; and to declare an emergency"

Page 1, line 4, after "**1.**" Insert "**CONTINUING**"

Page 1, line 4, after "**APPROPRIATION.**" Replace the remainder of the bill with

"All money in the tobacco prevention and control fund and all funds received by the tobacco prevention and control executive committee from whatever source are appropriated on a continuing basis to the committee for the purpose of defraying the expenses of the committee in developing, implementing and administering the comprehensive plan.

SECTION 2. APPROPRIATION. PAYMENT OF COMMITTEE EXPENSES INCURRED PRIOR TO JULY 1, 2009. Any moneys received by the executive committee prior to July 1, 2009 through grants or from other sources, are hereby appropriated to the committee to defray the expenses of the committee, and the development, implementation and administration of the comprehensive tobacco control and prevention plan. The executive committee may authorize and pay for expenses incurred prior to the effective date of this appropriation and prior to the receipt of any moneys.

SECTION 3. EFFECTIVE DATE. This Act becomes effective immediately upon its filing with the secretary of state.

SECTION 4. EMERGENCY. This Act is declared to be an emergency measure."

Renumber accordingly

TPCAC EXECUTIVE COMMITTEE MEETING MINUTES

Friday, January 16th, 2009

10:00 AM

Bismarck Burleigh Public Health Conference Room

PARTICIPANTS: Kathy Mangskau, Pat McGeary, and Javayne Oyloe

AGENDA ITEMS	DISCUSSION	OUTCOME/ACTION
Call to Order		Kathy called the meeting to order
Approval of Minutes	N/A	
Roles and responsibilities of the Executive Committee Members	The Committee Executive Members will be responsible for the daily work of developing a comprehensive tobacco prevention and control plan for ND.	Kathy will prepare agendas, file open meetings notices and request pre-work by members of the full advisory committee. Javayne will record the minutes. Other duties by the Executive Committee will occur as needed. Pat will make arrangements for the meeting rooms.
Meeting locations	We need to secure locations, which are offered at no cost so that we can focus on the work of the committee.	Pat has secured rooms for the next few meetings and will continue to work toward a permanent solution. This will be an agenda item for the advisory committee.
Review of meeting with the Health Department	Discussion of meeting with the Health Department to determine coordination of roles between the advisory committee and the Health Department. At this point the department would like to continue with surveillance, state aid, cessation, community grant implementation. The advisory committee would be responsible for community grant review/guidance, policy, health communication and evaluation of the comprehensive program.	Kathy will work with the Health Department to determine a budget. This will be presented to legislators and the advisory committee within the next week.
Review of tobacco legislation - 2009	Discussion of 2009 legislative issues and what the advisory committee will need to	Javayne will develop testimony for SB 2070 and HB1368. Kathy will develop testimony for

TPCAC EXECUTIVE COMMITTEE MEETING MINUTES

Friday, January 23rd, 2009
10:00 AM
DRAFT

AGENDA ITEMS	DISCUSSION	OUTCOME/ACTION
Responding to media requests	Discussion related to responding to media requests	General information can be provided by Executive Committee members.
Advisory committee Best Practice Training/Other resources	Discussion of training and resource needs	CDC will be available to come to ND in February. The Executive Committee will continue to provide/secure needed resources. Kathy will create state e-mail addresses for the advisory committee members. Those who already have state addresses will need to use them.
Agenda for 2/6	Discussion on agenda items	Kathy will send out an agenda to advisory committee members early next week. - Meeting schedule -
Other business	Discussion on April American Indian training. Discussion to provide remuneration any time committee members are involved substantive work for the committee.	Pat will explore opportunities to work with ND tribe representatives. Kathy will connect with Senator Marcellais. Discussion on remuneration was tabled until we consult legal experts.
Adjourn		Kathy adjourned the meeting at 11:52

TPCAC EXECUTIVE COMMITTEE MEETING MINUTES

Friday, January 23rd, 2009
10:00 AM
DRAFT

PARTICIPANTS: Kathy Mangskau, Pat McGeary, and Javayne Oyloe

AGENDA ITEMS	DISCUSSION	OUTCOME/ACTION
Call to Order		Kathy called the meeting to order
Approval of 1/16/09 Minutes		Minutes approved as corrected.
Review roles and responsibilities of the Executive Committee Members	The Committee Executive Members will be responsible for the daily work of developing a comprehensive tobacco prevention and control plan for ND.	Kathy will prepare agendas, file open meetings notices and request pre-work by members of the full advisory committee. Primary person to speak to legislators and respond to media. Javayne will record the minutes. Serve as back up for the Chair. Pat will make arrangements for the meeting rooms. Serve as back up for Chair.
Report of future meeting locations	We need to secure locations, which are offered at no cost so that we can focus on the work of the committee.	Pat has secured rooms for the next few meetings and will continue to work toward a permanent solution. This will be an agenda item for the advisory committee to explore BSC options. Pat will develop a schedule through April and provide to advisory committee.
Tobacco legislation update	Discussion of 2009 legislative issues and what the advisory committee will need to provide during this session.	Kathy testifies in hearings for 2070, 2063 & 1368. Talking points will be developed for 2063 related to health incomes. Bill 1213 will be heard this week. Kathy will develop testimony for this bill. Other testimony will be developed if/when needed. We were unable to secure an ID# for LBST.

TPCAC EXECUTIVE COMMITTEE MEETING MINUTES

Friday, January 23rd, 2009

10:00 AM

DRAFT

AGENDA ITEMS	DISCUSSION	OUTCOME/ACTION
Responding to media requests	Discussion related to responding to media requests	General information can be provided by Executive Committee members.
Advisory committee Best Practice Training/Other resources	Discussion of training and resource needs	CDC will be available to come to ND in February. The Executive Committee will continue to provide/secure needed resources. Kathy will create state e-mail addresses for the advisory committee members. Those who already have state addresses will need to use them.
Agenda for 2/6	Discussion on agenda items	Kathy will send out an agenda to advisory committee members early next week. - Meeting schedule -
Other business	Discussion on April American Indian training. Discussion to provide remuneration any time committee members are involved substantive work for the committee.	Pat will explore opportunities to work with ND tribe representatives. Kathy will connect with Senator Marcellais. Discussion on remuneration was tabled until we consult legal experts.
Adjourn		Kathy adjourned the meeting at 11:52

Comprehensive Tobacco Prevention and Control Executive Committee
Meeting with North Dakota Department of Health
State Health Department, State Health Officer's Office
600 E. Boulevard Ave.
Bismarck, ND
Thursday, January 15, 2009, 3:00 p.m.
MINUTES

Present: Arvy Smith, Karalee Harper, Kathy Mangskau, Pat McGeary,
Present by Teleconference: Javayne Oyloe

Introductions
Meeting began at 3:05 p.m.

Discussion of Budget Based on CDC Best Practice Categories
Ms. Mangskau requested the State Health Dept. Tobacco Prevention and Control Budget. This is necessary to complete the preparation for the legislature. CDC, the Community Health Grant Program discussed.

Discuss/Resolve Issues of Concern
Roles of both the State Health Dept Tobacco Prevention and Control Program and the new Tobacco Prevention and Control Advisory Board discussed. Grant process and implementation discussed. Grants and the various restrictions with each discussed. Recommended percentages of each best practices category estimated.

Discuss Each Parties Role/Function in Carrying Out the Comprehensive Program
Discussion took place on legal expertise defining "supplanting." Surveillance, community grant programs, and the quitline fit well with the State Health Department Tobacco Prevention Program. Media through public education, policy, evaluation, grant programs may work well with the Tobacco Prevention and Control Advisory Committee model. Where does cessation fit? Disparities should be integrated throughout all programs. The Best Practices Categories were listed. CDC will be providing further expertise with building a model for collaborating.

Discuss/Set Meeting with Legislative Leadership to Share Resolved Issues
Tabled until further meetings with State Health Department completed and more information received.

Meeting ended at 5:15 p.m.

Recorded by,

Pat McGeary

Comprehensive Tobacco Prevention and Control Executive Committee
Meeting with North Dakota Department of Health
State Health Department
Office of the Director of Tobacco Prevention and Control
600 E. Boulevard Ave.
Bismarck, ND
Tuesday, January 27, 2009, 11 a.m.
MINUTES

Present: Karalee Harper, Arvy Smith, Kathy Mangskau, Pat McGeary
Teleconference: Javayne Oyloe

Meeting began at 11:00 a.m.

Discussion of Each Parties Role/Function in Carrying Out the Comprehensive Program
The State Health Dept. and Advisory Committee will have a joint role with the Community Health Grant Program (state and local interventions). The quitline will remain under the State Health Dept. with the Community Health Grant supplementing. Administration will be joint. The City-County Cessation Grant should fold into the cessation component of the Community Health Grant Program and have consistent and standard NRT distribution both. Everything related to the quitline will stay with the Health Dept. Media for the quitline would move over to the advisory committee.

All agreed the Advisory Committee would release RFP's for funding and have Health Dept representation on the RFP review committee.

Karalee will check with Karen from the Grants Department if we can defer the bid process to the Advisory Committee. The state procurement process is used.

The Advisory Committee will set criteria and the Advisory Committee may contract back to the Health Dept. A reporting mechanism is in place at the Health Dept.

Grant scheduling regarding coordinating the CDC Grants and the new funding was discussed. Options on how to make the transition into adequate funding was discussed.

Public Health Service Guidelines were discussed such as a systems approach change in hospitals, clinics, other health settings.

All agreed that we need legal advice on what is "supplanting" so we are following the law appropriately.

Positions needed for the Advisory Committee are a FT executive director, FT office assistant, FT accountant, and 2 FT special projects position which may cover health communications, systems change, and disparities.

Questions asked about who sets performance standards and who has the authority to make changes in grants upon a local public health unit's request such as with scope of practice.

The "Baby & Me Tobacco Free" Program, authored for pregnant women is also a cessation piece. This would be a great opportunity for North Dakota to pilot.

Existing committees were discussed including Health North Dakota Working Groups (youth, cessation, disparities), and School Coordinated Health. The roles and responsibilities of these will need to be studied.

Next Action: Kathy will check with the attorney about what "supplanting" is. On Friday, Karalee will let us know when the next meeting is.

Meeting adjourned at 12:40 p.m.

Recorded by,

Pat McGeary

F

Tobacco Prevention and Control Funding
By Best Practice Category
Estimated for 2009-2011
DRAFT

Best Practice Category		Community Health Trust Funding
State and Community Interventions	$	-
Health Communications Interventions	$	-
Cessation Interventions	$	3,093,000
Surveillance and Evaluation	$	155,000
Administration and Management	$	140,000
Total	**$**	**3,388,000**

NORTH DAKOTA DEPARTMENT OF HEALTH
Tobacco Special Line Item
2007-09 Executive Budget

Operating Fees Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Advertising Services/Misc. Coop. Agreements	1,752	1,840	88	5.0%
Total Operating Fees	**$ 1,752**	**$ 1,840**	**$ 88**	**5.0%**

Professional Services Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
CDC MSU/NDSU-Compliance Study	4,000		(4,000)	-100.0%
CHTF-TBD		1,251,005	1,251,005	
CHTF Quitline	1,069,000		(1,069,000)	-100.0%
CHTF Quitline Promotions	20,000		(20,000)	-100.0%
CDC Tobacco Quitline/Promotion	437,327	440,000	2,673	0.6%
CDC Tobacco Consultants	85,500	58,845	(26,655)	-31.2%
CDC Legal	10,000	12,033	2,033	20.3%
CDC Tribal Tobacco Consultants	50,000	50,000	-	0.0%
CDC Tobacco Evaluation Consultant	50,000	20,000	(30,000)	-60.0%
CDC Youth Tobacco Survey	25,000	40,000	15,000	60.0%
CDC Communication Consultants	20,000	17,000	(3,000)	-15.0%
American Legacy Quitline	76,652		(76,652)	-100.0%
Total Professional Fees	**$ 1,847,479**	**$ 1,888,883**	**$ 41,404**	**2.2%**

Grant Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Public Health Units/Tribal Organizations (CDC)	1,174,000	1,173,824	(176)	0.0%
Adivory Committee (CHTF)	80,000		(80,000)	-100.0%
Local Communities/Tobacco Cessation (CHTF)	260,000		(260,000)	-100.0%
Public Health Units (CHTF)	4,700,000		(4,700,000)	-100.0%
Undetermined CHTF		1,998,366	1,998,366	
Undetermined Tobacco Measure #3	-	2,891,634	2,891,634	
Total Grants	**$ 6,214,000**	**$ 6,063,824**	**$ (150,176)**	**-2.4%**

North Dakota Department of Health
Schedule of Grants
Tobacco Special Line

Grant Line Item

Description	07-09 Current Budget	Amount Spent	Amount Remaining	09-11 Budget	General Fund	Federal Fund	Special Fund
Public Health Units/Tribal Organizations (CDC)	1,174,000	714,006	459,994	1,173,824		1,173,824	
Adivory Committee (CHTF)	80,000		80,000				
Local Communities/Tobacco Cessation (CHTF)	260,000	116,763	143,237				
Public Health Units (CHTF)	4,700,000	3,054,070	1,645,930				
Undetermined CHTF			-	1,998,366			1,998,366
Undetermined Tobacco Measure #3			-	2,891,634			2,891,634
	$ 6,214,000	**$ 3,884,839**	**$ 2,329,161**	**$ 6,063,824**	**$ -**	**$ 1,173,824**	**$ 4,890,000**

Master Settlement Agreement

New Money

Strategic Contribution Fund

Biennial Payment Available 1999-Perpetuity
2009-2011 Payment Amount of $43,881,191

- Water (45%) $19,746,536
- Schools (45%) $19,746,536
- Community Health Trust Fund (10%) $4,388,119
  - Other programs (20%) $877,624
  - Tobacco Prevention Control (80%) $3,510,495.2
    - State and Community Interventions to include schools, communities, and state aid for local public health units
      * updated to reflect new "best practice"

Tobacco Prevention and Control Trust Fund
Available 2008-2017
2009-2011 Payment Amount of $27,595,458
[Requesting $12,882,000 – remaining money will be saved and bear interest in a strategy to extend the funding beyond the last Strategic Contribution Fund payment in 2017] Advisory Committee and Executive Committee– develop a comprehensive statewide tobacco prevention and control plan

***All dollar amounts are per biennium**

4-28-09

3

CHAPTER 23-42
TOBACCO PREVENTION AND CONTROL PROGRAM

23-42-01. Definitions. As used in this chapter:

1. "Advisory committee" is the nine-member tobacco prevention and control advisory committee responsible to develop the comprehensive plan.

2. "Comprehensive plan" means a comprehensive statewide tobacco prevention and control program that is consistent with the centers for disease control best practices for comprehensive tobacco prevention and control programs and does not duplicate the work of the community health grant program created in chapter 23-38.

3. "Executive committee" means the three-member committee selected by the advisory committee and charged with implementation and administration of the comprehensive plan.

4. "Tobacco prevention and control fund" consists of all principal and interest of the tobacco prevention and control trust fund established by section 54-27-25.

23-42-02. Tobacco prevention and control advisory committee - Membership - Terms - Duties - Removal.

1. The advisory board consists of nine North Dakota residents appointed by the governor for three-year terms as follows:

   a. A practicing respiratory therapist familiar with tobacco-related diseases;

   b. Four nonstate employees who have demonstrated expertise in tobacco prevention and control;

   c. A practicing medical doctor familiar with tobacco-related diseases;

   d. A practicing nurse familiar with tobacco-related diseases;

   e. A youth between the ages of fourteen and twenty-one; and

   f. A member of the public with a previously demonstrated interest in fostering tobacco prevention and control.

2. The governor shall select the youth and public member independently; the respiratory therapist from a list of three nominations provided by the North Dakota society for respiratory care; the four tobacco control experts from a list of two nominations per member provided by the North Dakota public health association's tobacco control section; the medical doctor from a list of three nominations provided by the North Dakota medical association; and the nurse from a list of three nominations provided by the North Dakota nurses association. The governor must make the appointments within three weeks of receiving the respective list of nominees. If the governor fails to make an appointment within three weeks, the association that provided the list of nominees shall select the committee member. In the initial appointments for the advisory committee, the governor shall stagger the terms of the members so that the terms of three members expire each fiscal year and that three members are appointed each year by June thirtieth. Accordingly, the governor's initial appointments, in some instances, must be for terms less than three years. The governor shall fill vacancies for the unexpired term as provided in this section.

3. No individual may serve more than two consecutive three-year terms. However, terms of less than three years are not considered in determining an individual's eligibility for reappointment.

4. A quorum of the advisory committee is required to conduct business, but the advisory committee may conduct a meeting with less than a quorum present. A quorum is a majority of the members of the committee. Any action taken requires a vote of the majority of the members present at the meeting.

5. The advisory board shall:

   a. Select the executive committee;

   b. Fix the compensation of the advisory committee and the executive committee. However, compensation may not exceed compensation allowed to the legislature. Advisory and executive committee members are entitled to reimbursement for mileage and expenses as provided for state officers in addition to any compensation provided;

   c. Develop the initial comprehensive statewide tobacco prevention and control program that includes support for cessation interventions, community and youth interventions, and health communication; and

   d. Evaluate the effectiveness of the plan and its implementation and, before April first of each year, propose any necessary changes to the plan to the executive committee.

6. The governor may remove any member of the advisory committee for malfeasance in office, but the advisory committee is not subject to section 54-07-01.2.

7. No nomination to, or member of, the advisory committee shall have any past or current affiliation with the tobacco industry or any industry, contractor, agent, or organization that engages in the manufacturing, marketing, distributing, sale, or promotion of tobacco or tobacco-related products.

23-42-03. Executive committee. The executive committee of the advisory committee consists of three individuals selected by the advisory committee from its membership. The term of each member is for three years. The initial terms of the members must be staggered so that one member serves a three-year term, one member serves a two-year term, and one member serves a one-year term. The determination of initial terms shall be by lot. No individual may serve more than two consecutive three-year terms. However, terms of less than three years are not considered in determining an individual's eligibility for reappointment. The advisory committee shall fill vacancies for the unexpired term. An individual selected to serve on the executive committee is no longer eligible to serve if that individual is not a member of the advisory committee. The executive committee is responsible for the implementation and administration of the comprehensive plan, including the appropriateness of expenditures to implement the comprehensive plan. The executive committee may seek the counsel and advice of the advisory committee in implementing the plan, but the executive committee is the final decisionmaker.

23-42-04. Powers of the executive committee. To implement the purpose of this chapter and, in addition to any other authority granted elsewhere in this chapter, to support its efforts and implement the comprehensive plan, the executive committee may employ staff and fix their compensation, accept grants, property, and gifts, enter contracts, make loans, provide grants, borrow money, lease property, provide direction to the state investment board for investment of the tobacco prevention and control fund, and take any action that any private individual, corporation, or limited liability company lawfully may do except as restricted by the provisions of this chapter.

23-42-05. Development of the comprehensive plan. The advisory committee shall develop the initial comprehensive plan within one hundred eighty days of the initial meeting of the advisory committee. The comprehensive plan must be funded at a level equal to or greater than the centers for disease control recommended funding level. Funding for the comprehensive plan must supplement and may not supplant any funding that in the absence of this chapter would be or has been provided for the community health trust fund or other health initiatives.

23-42-06. Conflict of interest. No member of the advisory committee or of the executive committee who has a direct and substantial personal or pecuniary interest in a matter before them may vote or take any action on that matter.

23-42-07. Audit. At least once a biennium, the executive committee shall provide for an independent review of the comprehensive plan to assure that the comprehensive plan is consistent with the centers for disease control best practices. The executive committee shall report the results of that review to the governor and to the state health officer on or before September first in each odd-numbered year.

and not to offset projected deficits in state finances unless first approved by the budget section of the legislative council. The budget section may approve additional cash flow financing not to exceed eighty percent of estimated general fund revenues relating to sales or production occurring prior to June thirtieth, to be collected in July and August after the end of the biennium. Such additional cash flow financing is only effective for sixty days unless an extension or reapproval is received from the budget section. If a revenue shortfall of greater than five percent occurs, the office of management and budget shall order budget allotments under section 54-44.1-12 prior to approval by the budget section of such additional cash flow financing. It is the intent of the legislative assembly that all borrowing must be repaid by the end of the biennium. The terms of any specific issue of such certificates, notes, or bonds may not exceed one hundred eighty days from the date of issuance whereupon the principal and interest on the certificates, notes, or bonds must be paid in full from the state general fund or from another issue of a similar nature. All principal and interest on such issues made during a biennial period must be repaid in full at the close of the biennial period from the state general fund. When certificates, notes, or bonds are issued for cash flow purposes to funds which otherwise would be invested, with the investment income accruing to the special fund, the certificate must bear an investment rate of return which must be agreed upon by the state investment board, and must be at a level commensurate with the yield to be reasonably expected by such fund if invested in alternate securities.

54-27-24. Paying refunds from the general fund. Each office, agency, or institution that must deposit funds collected in the general fund shall pay refunds from the general fund.

The office of management and budget shall establish accounting requirements for paying refunds from the general fund in accordance with the central accounting system.

54-27-25. Tobacco settlement trust fund - Interest on fund - Uses.

1. There is created in the state treasury a tobacco settlement trust fund. The fund consists of the tobacco settlement dollars obtained by the state under subsection IX(c)(1) of the master settlement agreement and consent agreement adopted by the east central judicial district court in its judgment entered December 28, 1998 [Civil No. 98-3778] in State of North Dakota, ex rel. Heidi Heitkamp v. Philip Morris, Inc. Except as provided in subsection 2, moneys received by the state under subsection IX(c)(1) must be deposited in the fund. Interest earned on the fund must be credited to the fund and deposited in the fund. The principal and interest of the fund must be allocated as follows:

   a. Transfers to a community health trust fund to be administered by the state department of health. The state department of health may use funds as appropriated for community-based public health programs and other public health programs, including programs with emphasis on preventing or reducing tobacco usage in this state. Transfers under this subsection must equal ten percent of total annual transfers from the tobacco settlement trust fund of which a minimum of eighty precent must be used for tobacco prevention and control.

   b. Transfers to the common schools trust fund to become a part of the principal of that fund. Transfers under this subsection must equal forty-five percent of total annual transfers from the tobacco settlement trust fund.

   c. Transfers to the water development trust fund to be used to address the long-term water development and management needs of the state. Transfers under this subsection must equal forty-five percent of the total annual transfers from the tobacco settlement trust fund.

2. There is created in the state treasury a tobacco prevention and control trust fund. The fund consists of the tobacco settlement dollars obtained by the state under section IX(c)(2) of the agreement adopted by the east central judicial district court in its judgment entered December 28, 1998 [Civil No. 98-3778] in State of North

Dakota, ex rel. Heidi Heitkamp v. Philip Morris, Inc. Interest earned on the fund must be credited to the fund and deposited in the fund. Moneys received into the fund are to be administered by the executive committee for the purpose of creating and implementing the comprehensive plan. If in any biennium, the tobacco prevention and control trust fund does not have adequate dollars to fund a comprehensive plan, the treasurer shall transfer money from the water development trust fund to the tobacco prevention and control trust fund in an amount equal to the amount determined necessary by the executive committee to fund a comprehensive plan.

3. Transfers to the funds under this section must be made within thirty days of receipt by the state.

Tobacco Prevention and Control Estimate[redacted]laries and Fringe Benefits 2009-2011

Position	Biennial Salary	Fringe Benefits	Insurance	Total	Contracted
Executive Director	$120,000	$21,600	$19,864	$161,464	
Adm Assistant	$50,000	$9,000	$19,864	$78,864	
Accounting/Budget Specialist	$90,000	$16,200	$19,864	$126,064	
Business Communications Specialist*	$90,000	$16,200	$19,864	$126,064	$208,000
	$350,000	$63,000	$79,456		
Total Salary and Fringe				$492,456	
Operating Costs (Biennial)				$300,000	
Tptal				$792,456	

Possibly Nurse Consultant for Cessation Systems Approach
* If the position is contractual costs are estimated at $208,000
Position descriptions from HRMS may not exactly match the position, but are as close as we could find

Fringe calculated at 18% of salaries
Insurance calculated at $827.67/mo

D

NORTH DAKOTA DEPARTMENT OF HEALTH

March 4, 2008

TOBACCO *Facts*

Schools Reporting a Tobacco-Free School Grounds Policy

Districts Reporting Tobacco-Free Grounds Policy

Number of Districts in N.D.	Number of Districts With Policy	Percentage
244	142	58%

Students Protected by Tobacco-Free Grounds Policy

Enrollment in N.D. School Districts	Enrollment in Districts With Policy	Percentage
102,112	87,087	85%

Adams Elementary School
Anamoose Public School
Apple Creek School District
Ashley Public School
Beach Public Schools
Bell School District
Beulah Public Schools
Bismarck Public Schools
Bottineau Public School
Bowbells Public School
Brentwood Adventist Christian School
Burke Central School District
Carrington School District
Cavalier Public School
Center-Stanton School District
Central Cass Public School
Central Elementary School District
Dakota Prairie School District
Devils Lake School District
Dickinson Public Schools
Divide County Schools
Drake Public School
Drayton Public School
Dunseith School District
Edgeley Public School
Edmore Public School
Eight Mile Public School
Ellendale Public School
Enderlin Public School
Eureka School District
Fargo Catholic Schools Network
Fargo Public Schools
Fessenden-Bowdon Public School
Flasher Public School
Four Winds Community High School
Ft. Ransom Elementary School
Gackle-Streeter Public School
Garrison Public School
Glenburn Public School
Goodrich School District
Grafton School District
Grand Forks School District
Griggs County Central Public School
Harvey Public Schools
Hatton Public Schools
Hazelton-Moffit-Braddock Public School
Hazen Public Schools
Hettinger Public School
Hillsboro Public Schools
Jamestown Public Schools
Kenmare Public Schools
Kindred Public School
Kulm Public School
Lakota School District
LaMoure Public School
Langdon Area Schools
Leeds Public School
Lewis and Clark School District
Lidgerwood Public School
Linton Public School
Lisbon Public Schools
Litchville-Marion Public Schools
Little Flower Elementary School
Lone Tree 6 School District
Maddock Public School
Mandan School District
Manning School
Manvel Public School
Maple Valley School District
Mapleton Public Schools
Marmarth Public School
Martin Luther School
Max School District
May-Port CG School District
McClusky Public Schools
Medina Public School
Midkota School District
Midway Public School District
Milnor Public School
Minnewaukan Public School
Minot Catholic Schools
Minot Public Schools
Mott-Regent Public Schools
Mt. Pleasant Public School
Naughton School
Nedrose School District
New England School District
New Public School District #8
New Rockford-Sheyenne Public School
Newburg-United Public School
North Border School District
North Central Public School District #28
North Dakota School for the Deaf
North Sargent Public School
Northern Cass Public School
Northwood Public School
Oak Grove Lutheran High School
Oakes School District
Oberon Elementary School

Our Redeemer's Christian School
Page Public School
Pingree-Buchanan Public Schools
Pleasant Valley Elementary School
Powers Lake School District
Richland 44 School District
Rolette Public School
Rugby Public Schools
Sargent Central Public School
Selfridge Public School
Shiloh Christian School
Solen Public School
Southern Public School District #8
St. Alphonsus School
St. Catherine Elementary School
St. Joseph's Elementary School (Devils Lake)
St. Joseph's Elementary School (Williston)
St. Mary's Central High School
Steele-Dawson Public School
Sterling Elementary School
Surrey School
Tappen Public School
Thompson Public School
Tioga Public School
Towner-Granville-Upham Schools
Trinity Christian School
Turtle Lake-Mercer Public School
United School District
Valley School District
Valley City School District
Wahpeton School District
Warwick Public School
Washburn School District
Watford City Public Schools
West Fargo School District
Westhope Public School
Williston Public Schools
Wilton Public School
Wing Public School
Wishek Public School
Wolford Public School
Wyndmere Public School
Zeeland Public School

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NORTH DAKOTA DEPARTMENT OF HEALTH

March 11, 2009

TOBACCO *Facts*

Schools Reporting a Tobacco-Free School Grounds Policy

Districts Reporting Tobacco-Free Grounds Policy

Number of Districts in N.D.	Number of Districts With Policy	Percentage
190	131	69%

Students Protected by Tobacco-Free Grounds Policy

Enrollment in N.D. Schools	Enrollment in Schools With Policy	Percentage
101,702	88,945	87%

Adams Elementary School
Anamoose Public School
Apple Creek School District
Ashley Public School
Beach Public Schools
Bell Elementary School
Beulah Public Schools
Bismarck Public Schools
Bottineau Public School
Bowbells Public School
Brentwood Adventist Christian School
Burke Central School District
Carrington School District
Cathedral of the Holy Spirit Elementary School
Cavalier Public School
Center-Stanton School District
Central Cass Public School
Central Elementary School District
Dakota Prairie School District
Devils Lake School District
Dickinson Public Schools
Divide County Schools
Drake Public School
Drayton Public School
Dunseith School District
Edgeley Public School
Edmore Public School
Eight Mile Public School
Ellendale Public School
Enderlin Public School
Eureka Elementary School
Fargo Catholic Schools Network
Fargo Public Schools
Fessenden-Bowdon Public School
Flasher Public School
Four Winds Community High School
Ft. Ransom Elementary School
Gackle-Streeter Public School
Garrison Public School
Glenburn Public School
Goodrich School District
Grafton School District
Grand Forks School District
Griggs County Central Public School
Harvey Public Schools
Hatton Public Schools
Hazelton-Moffit-Braddock Public School
Hazen Public Schools
Hettinger Public School
Hillsboro Public Schools
Jamestown Public Schools
Kenmare Public Schools
Kindred Public School
Kulm Public School
Lakota School District
LaMoure Public School
Langdon Area Schools
Leeds Public School
Lewis and Clark School District
Lidgerwood Public School
Linton Public School
Lisbon Public Schools
Litchville-Marion Public Schools
Little Flower Elementary School
Lone Tree 6 School District
Maddock Public School
Mandan School District
Manning School
Manvel Public School
Maple Valley School District
Mapleton Public Schools
Marmarth Public School
Martin Luther School
Max School District
May-Port CG School District
McClusky Public Schools
Medina Public School
Menoken Elementary School
Midkota School District
Midway Public School District
Milnor Public School
Minnewaukan Public School
Minot Catholic Schools
Minot Public Schools
Mott-Regent Public Schools
Mt. Pleasant Public School
Nash Elementary School
Naughton School
Nedrose School District
New England School District
New Public School District #8
New Rockford-Sheyenne Public School
Newburg-United Public School
North Border School District
North Central Public School District #28
North Dakota School for the Deaf
North Sargent Public School
Northern Cass Public School

Northwood Public School
Oak Grove Lutheran Schools
Oakes School District
Oberon Elementary School
Our Redeemer's Christian School
Page Public School
Pingree-Buchanan Public Schools
Pleasant Valley Elementary School
Powers Lake School District
Richardton-Taylor Public Schools
Richland 44 School District
Rolette Public School
Rugby Public Schools
Sargent Central Public School
Selfridge Public School
Shiloh Christian School
Solen Public School
Southern Public School District #8
St. Alphonsus Elementary School
St. Anne's Elementary School
St. Catherine Elementary School
St. Joseph's Elementary School (Devils Lake)
St. Joseph's Elementary School (Williston)
St. Mary's Central High School
St. Mary's Elementary School
Steele-Dawson Public School
Sterling Elementary School
Surrey School
Tappen Public School
Thompson Public School
Tioga Public School
Towner-Granville-Upham Schools
Trinity Christian School
Turtle Lake-Mercer Public School
United School District
Valley School District
Valley City School District
Wahpeton School District
Warwick Public School
Washburn School District
Watford City Public Schools
West Fargo School District
Westhope Public School
Williston Public Schools
Wilton Public School
Wing Public School
Wishek Public School
Wolford Public School
Wyndmere Public School
Zeeland Public School

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North Dakota Schools and Districts (Public and Nonpublic) That Have Not Reported a Tobacco-Free School Grounds Policy

Alexander
Almont (Sims 8)
Baldwin
Belcourt
Ojibwa Indian School (Belcourt)
St. Anne's Catholic (Belcourt)
Belfield
Bisbee-Egeland 2
Dakota Adventist Academy (Bismarck)
Missouri Valley Montessori School (Bismarck)
Theodore Jameson Elementary (Bismarck)
Bowman
Central Valley (Buxton)
Carson (Roosevelt 18)
Cartwright (Horse Creek 32)
Hope Christian Academy
Dickinson Trinity
Edinburg
Elgin
Emerado
Fairmount
Fairview (Yellowstone 14)
Grace Lutheran Elementary
Academy for Children School (Fargo)
Dakota Montessori (Fargo)
Meritcare Child Development Center (Fargo)
A Child's World (Fargo)
Small Wonders Kindergarten (Fargo)
Finley-Sharon
Fordville-Lankin
St. Bernard Mission School (Ft. Yates)
Standing Rock
Glen Ullin
Lynch Immanual Kindergarten School (Glenburn)
Holy Family Elementary School (Grand Forks)
St. Michael's Elementary School (Grand Forks)
Prairie Voyager Adventist School (Grand Forks)
Grenora
Hague (Bakker 10)
Halliday (Twin Buttes)
Hankinson
Hebron
Hope
Anne Carlson Center for Children (Jamestown)
St. John's Academy (Jamestown)
Hillcrest SDA School (Jamestown)
Kensal
Killdeer
Larimore
New Testiment Baptist (Larimore)
Sweet Briar 17 (Mandan)
Christ the King (Mandan)
St. Joseph's Elementary (Mandan)
Marmot
Mandaree
Medora (Billings County 1)
Dakota Memorial School (Minot)
South Prairie School (Minot)
Minto
Mohall-Lansford-Sherwood
Montpelier
Park Christian School (Fargo)
Munich
Napoleon
New Salem
Newtown
Park River
Parshall
Prairie Learning Center (Raleigh)
Ray (Nesson 2)
Robinson
Barnes County North
Roseglen (White Shield)
St. Anthony (Little Heart)
St. John
St. Thomas
Sawyer
Scranton
South Heart
Squaw Gap School (Earl)
Stanley
Starkweather
Strasburg
Living Waters Christian (Tolna)
Underwood
Velva
St. John's Elementary (Wahpeton)
Johnson Corners Christian (Watford City)

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NORTH DAKOTA DEPARTMENT OF HEALTH

March 2009

TOBACCO *Facts*

Schools Reporting a Gold Star School Tobacco Policy

Many North Dakota schools have become Gold Star Schools, while many more are working toward that distinction. To become a Gold Star School, a school must have all the components of the Gold Star School Tobacco Policy Program Checklist included in its tobacco policy. To view the checklist, go to **www.ndhealth.gov/tobacco/Schools.htm**.

Districts Reporting Gold Star School Tobacco Policy

Number of Districts in N.D.	Number of Districts With Policy	Percentage
190	46	24%

Students Protected by Gold Star School Tobacco Policy

Enrollment in N.D. Schools	Enrollment in Schools With Policy	Percentage
101,702	20,522	20%

Adams-Edmore Elementary School
Anamoose Public School
Apple Creek School District
Beach Public Schools
Beulah Public Schools
Bismarck Public Schools
Bottineau Public School
Bowbells Public School
Brentwood Adventist Christian School
Center-Stanton School District
Central Elementary School
Drake Public School
Eight Mile Public School
Eureka Elementary School
Fessenden-Bowdon Public School
Harvey Public Schools
Hazen Public Schools
Kenmare Public Schools
Lone Tree 6 School District
Manning School
Marmarth Public School
Martin Luther School
McClusky Public Schools
Milnor Public School
Mott-Regent Public Schools
Nash Elementary School
Naughton School
Newburg-United Public School
North Sargent Public School
Pleasant Valley Elementary School
Richardton-Taylor Public Schools
Richland 44 School District
Sargent Central Public School
Shiloh Christian School
St. Catherine Elementary School
St. Joseph Elementary School - Williston
St. Mary's Central High School
St. Mary's Elementary School
Steele-Dawson Public School
Sterling Elementary School
Tappen Public School
Towner-Granville-Upham Schools
Trinity Christian School
United School District
Wahpeton School District
Westhope Public School

Disclaimer: Every effort is made to ensure that the schools listed here are indeed Gold Star Schools; however, the North Dakota Department of Health is not responsible for schools that may be misrepresented, and does not guarantee the accuracy of the information placed in this listing.

If you are aware of any Gold Star Schools that are not listed, call, fax or mail the school name, full address, phone number and the date the school went tobacco-free (if known) to the North Dakota Department of Health, Division of Tobacco Prevention and Control, 600 East Boulevard Ave., Department 301, Bismarck, N.D. 58505-0200, Phone: 701.328.3138, Fax: 701.328.2036.

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Gold St☆r

School Tobacco Policy Program Checklist

Red Star – meet all requirements 1 – 3:

_____1. All school buildings where classes are held are smoke-free.

_____2. Students are prohibited from using tobacco products on school grounds or at school events, whether on or off district property.

_____3. Tobacco is specifically named in the policy, not implied by prohibiting drugs (such as alcohol and other drugs).

Blue Star – meet all requirements above, plus all requirements 4 – 7:

_____4. Students and staff are prohibited from using tobacco in school-owned vehicles, including busses.

_____5. Wearing clothing or using other items that advertise or promote tobacco products is prohibited.

_____6. A student enforcement plan is included.

_____7. All components of the policy are effective 24/7, regardless of time or occasion.

Silver Star – meet all requirements above, plus all requirements 8 – 14:

_____8. School grounds and/or campuses are tobacco-free at all times.

_____9. School events on school property are tobacco-free, including use by visitors.

_____10. A plan to communicate the tobacco policy to all students and employees is outlined.

_____11. School employees are prohibited from using tobacco products on school grounds or at school events (whether on or off school property).

_____12. An enforcement plan for employees is included.

_____13. The policy includes a statement explaining the rationale for the policy and definitions of tobacco and tobacco use.

_____14. The policy prohibits tobacco advertising and acceptance of gifts from the tobacco industry.

Gold Star – meet all requirements above, plus all requirements 15 – 21:

_____15. All buildings or property, whether owned or leased by the school, are tobacco-free (not just student-accessed locations).

_____16. School events off school property are tobacco-free.

_____17. Tobacco prevention education is provided at all levels, K–12.

_____18. Teachers who implement tobacco prevention curricula are adequately trained.

_____19. Student enforcement plan includes tobacco education and cessation resource information.

_____20. Employee enforcement plan includes providing cessation resource information.

_____21. A plan to communicate the policy to visitors is outlined.

NORTH DAKOTA
DEPARTMENT of HEALTH

DIVISION of TOBACCO
PREVENTION & CONTROL

Current Measure 3

Fiscal Year	SCF Deposit	CDC Program	CDC Funds	CHTF 80%	Tob Trust	Balance
2009	13.8					13.8
2010	13.8	9.3	1.1	1.7	6.5	21.1
2011	13.8	9.3	1.1	1.7	6.5	28.4
2012	13.8	9.3	1.1	1.8	6.4	35.8
2013	13.8	9.3	1.1	1.8	6.4	43.2
2014	13.8	9.3	1.1	1.8	6.4	50.6
2015	13.8	9.3	1.1	1.8	6.4	58.0
2016	13.8	9.3	1.1	1.8	6.4	65.4
2017	13.8	9.3	1.1	1.8	6.4	72.8
2018	0.0	9.3	1.1	2.1	6.1	66.7
2019	0.0	9.3	1.1	2.1	6.1	60.6
2020	0.0	9.3	1.1	2.1	6.1	54.5
2021	0.0	9.3	1.1	2.1	6.1	48.4
2022	0.0	9.3	1.1	2.1	6.1	42.3
2023	0.0	9.3	1.1	2.1	6.1	36.2
2024	0.0	9.3	1.1	2.1	6.1	30.1
2025	0.0	9.3	1.1	2.1	6.1	24.0
2026	0.0	9.3	1.1	2.1	6.1	17.9
2027	0.0	9.3	1.1	2.1	6.1	11.8
2028	0.0	9.3	1.1	2.1	6.1	5.7

Future tobacco funding would consist of CDC funds plus
80% of the Community Health Trust Fund or approximately
$1.1 million per year of CDC and $2.1 million per year year of CHTF
$3.2 million would sustain the program annually

Trust Fund balance is depleted in 2028 but there is fair sustainability
to the program

80% amended out of Measure 3

Fiscal Year	SCF Deposit	CDC Program	CDC Funds	CHTF 80%	Tob Trust	Balance
2009	13.8					13.8
2010	13.8	9.3	1.1	0	8.2	19.4
2011	13.8	9.3	1.1	0	8.2	25.0
2012	13.8	9.3	1.1	0	8.2	30.6
2013	13.8	9.3	1.1	0	8.2	36.2
2014	13.8	9.3	1.1	0	8.2	41.8
2015	13.8	9.3	1.1	0	8.2	47.4
2016	13.8	9.3	1.1	0	8.2	53.0
2017	13.8	9.3	1.1	0	8.2	58.6
2018	0	9.3	1.1	0	8.2	50.4
2019	0	9.3	1.1	0	8.2	42.2
2020	0	9.3	1.1	0	8.2	34.0
2021	0	9.3	1.1	0	8.2	25.8
2022	0	9.3	1.1	0	8.2	17.6
2023	0	9.3	1.1	0	8.2	9.4
2024	0	9.3	1.1	0	8.2	1.2

Future tobacco program funding would consist of CDC funds only of
approximately $1.1 million per year
There would be only $1.1 million to try to sustain the program annually

Trust Fund balance is depleted in 2024 and there is questionable
sustainability to the program

Prepared by the North Dakota Legislative Council staff for Conference Committee
April 2009

ANALYSIS OF THE COMMUNITY HEALTH TRUST FUND FOR THE 2007-09 AND 2009-11 BIENNIUMS (REFLECTING LEGISLATIVE ACTION THROUGH APRIL 23, 2009)

	2007-09 Biennium		2009-11 Biennium	
Beginning balance		$2,392,943		$728,192
Add estimated revenues				
Transfers to date from the tobacco settlement trust fund	$5,951,646		$0	
Projected remaining transfers from the tobacco settlement trust fund	0		4,388,119	
Total estimated revenues		5,951,646		4,388,119
Total available		$8,344,589		$5,116,311
Less estimated expenditures and transfers				
State Department of Health (2007 HB 1004; 2009 SB 2004; 2009 SB 2227)				
Tobacco prevention and control	$4,700,000		$2,302,098	
Dentists' loan program	360,000		483,448	
Community health grant programs	160,000		0	
Community Health Grant Program Advisory Committee	70,000		0	
Tobacco Quitline	1,069,000		1,069,000	
Tobacco cessation coordinator and operating expenses	139,397		139,397	
Physician loan repayment program	18,000		272,500	
Veterinarian loan repayment program			350,000	
Women's Way program			304,332	
Stroke registry and prevention program			472,700	
Colorectal cancer screening initiative	150,000		300,000	
Emergency medical services grants	300,000		300,000	
Dental grant program (2007 SB 2152)	0		10,000	
Governor's office				
Governor's Prevention and Advisory Council (2007 SB 2276)	100,000		0	
Department of Human Services				
Breast and cervical cancer assistance (2007 SB 2012; 2009 HB 1012)	550,000		790,015	
Total estimated expenditures and transfers		7,616,397		6,793,490[1]
Estimated ending balance		$728,192		($1,677,179)

[1]Estimated expenditures would need to be reduced by $1,677,179 based on estimated available revenues in the fund for the 2009-11 biennium.

4-28-09

Prepared by the North Dakota Legislative Council staff for Representative Nelson
May 2009

ANALYSIS OF THE COMMUNITY HEALTH TRUST FUND FOR THE 2007-09 AND 2009-11 BIENNIUMS (REFLECTING LEGISLATIVE ACTION THROUGH MAY 1, 2009, AND PROPOSED AMENDMENTS 98047.0412)

	2007-09 Biennium		2009-11 Biennium	
Beginning balance		$2,392,943		$728,192
Add estimated revenues				
Transfers to date from the tobacco settlement trust fund	$5,951,646		$0	
Projected remaining transfers from the tobacco settlement trust fund	0		4,388,119	
Total estimated revenues		5,951,646		4,388,119
Total available		$8,344,589		$5,116,311
Less estimated expenditures and transfers				
State Department of Health (2007 HB 1004; 2009 SB 2004; 2009 SB 2227)				
Tobacco prevention and control	$4,700,000		$0	
Dentists' loan program	360,000		483,448	
Community health grant programs	160,000		0	
Community Health Grant Program Advisory Committee	70,000		0	
Tobacco Quitline	1,069,000		0	
Tobacco cessation coordinator and operating expenses	139,397		0	
Physician loan repayment program	18,000		272,500	
Veterinarian loan repayment program			350,000	
Women's Way program			304,332	
Stroke registry and prevention program			472,700	
Colorectal cancer screening initiative	150,000		300,000	
Emergency medical services grants	300,000		300,000	
Dental grant program (2007 SB 2152)	0		10,000	
Governor's office				
Governor's Prevention and Advisory Council (2007 SB 2276)	100,000		0	
Department of Human Services				
Breast and cervical cancer assistance (2007 SB 2012; 2009 HB 1012)	550,000		790,015	
Total estimated expenditures and transfers		7,616,397		3,282,995
Estimated ending balance		$728,192		$1,833,316

North Dakota Deparatment of Health
Community Health Trust Fund

	2007-09 Estimated Expenditures	2009-11 Governor's Budget	2011-13 Estimated Budget *
Beginning Balance	**2,392,943**	**618,683**	**157,071**
Tobacco Revenue	**5,842,137**	**4,388,119**	**4,388,119** **
Total Available	**8,235,080**	**5,006,802**	**4,545,190**
Expenditures			
Dental Loan Fund	360,000	288,448	288,448
Dental New Practice Grant Program		10,000	10,000
Physician Loan	18,000	72,500	72,500
Colorectal Cancer Screening	150,000	0	
EMS Training Grants	300,000	300,000	300,000
Tobacco Coordinator and Operating Expenses	139,397	0	
Advisory Committee	70,000	0	
City/County & State Employee Cessation	160,000	0	
Local Health and Tobacco Programs	4,700,000	0	
Tobacco Quit Line	1,069,000	0	
Community Health Tobacco Programs	0	3,388,768	3,388,768
Total Health Department	6,966,397	4,059,716	4,059,716
DHS Breast & Cervical Cancer	550,000	790,015	790,015
Governor's Prevention and Advisory Council	100,000	0	0
Total Expenditures	**7,616,397**	**4,849,731**	**4,849,731**
Ending Balance	**618,683**	**157,071**	**(304,541)**

* Revenue and Expenditures are assumed to be the same as 2009-11

** 80% equals $3,510,495
** 20% equals $877,624

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North Dakota Department of Health
Community Health Trust Fund

	2007-09 Estimated Expenditures	2009-11 Governor's Budget	2009-11 Proposed Amendments	2011-13 Estimated Budget *
Beginning Balance	**2,392,943**	**618,683**	**157,071**	**2,435,039**
Transfer from Tobacco Prevention & Control Fund			**4,100,000**	**4,100,000**
Transfer from Tobacco Settlement Fund	**5,842,137**	**4,388,119** **		**4,388,119**
Total Available	**8,235,080**	**5,006,802**	**4,257,071**	**10,923,158**
Expenditures				
Dental Loan Fund	360,000	288,448		288,448
Dental New Practice Grant Program		10,000		10,000
Physician Loan	18,000	72,500		72,500
Colorectal Cancer Screening	150,000	0		
EMS Training Grants	300,000	300,000		300,000
Tobacco Coordinator and Operating Expenses	139,397	0		
Advisory Committee	70,000	0		
City/County & State Employee Cessation	160,000	0		
Local Health and Tobacco Programs	4,700,000	0		
Tobacco Quit Line	1,069,000	0		
Community Health Tobacco Programs	0	3,388,768		3,388,768
Proposed Expenses				
Medical Loan Repayment Loan Program (SB 2227)			67,500	67,500
Medical Loan Repayment Loan Program (SB 2004)			132,500	132,500
Dental Loan Repayment Loan Program			195,000	195,000
Veterinarian Loan Repayment Loan Program			350,000	350,000
Women's Way Program			304,332	304,332
Colorectal Cancer Pilot Project			300,000	300,000
Heart Disease and Stroke			472,700	472,700
Total Health Department	6,966,397	4,059,716	1,822,032	5,881,748
DHS Breast & Cervical Cancer	550,000	790,015		790,015
Governor's Prevention and Advisory Council	100,000	0		0
Total Expenditures	**7,616,397**	**4,849,731**	**1,822,032**	**6,671,763**
Ending Balance	**618,683**	**157,071**	**2,435,039**	**4,251,395**

* Revenue and Expenditures are assumed to be the same as 2009-11

** 80% equals $3,510,495

HISTORY OF THE COMM[redacted]Y HEALTH TRUST FUND

Revenue	1999/2001	2001/2003	2003/2005	2005/2007	2007/2009	2009/2011
Deposit to the Community Health Trust Fund	$ 5,290,078	$ 5,363,637	$ 4,631,002	$ 4,382,812	$ 5,951,646	$ 4,388,119
Carry Forward Balance		$ 5,290,078	$ 5,753,089	$ 4,502,525	$ 2,392,943	$ 728,192
Total Dollars Available for Appropriation	$ 5,290,078	$ 10,653,715	$ 10,384,091	$ 8,885,337	$ 8,344,589	$ 5,116,311
Expenditures						Proposed
Tobacco Prevention and Control	$ -	$ 4,700,000	$ 4,700,000	$ 4,700,000	$ 4,700,000	$ 2,302,098
Community Health Grant Programs	$ -	$ 200,000	$ 600,000	$ 495,000	$ 235,303	$ -
Community Health Grant Programs Advisory Committee	$ -	$ -		$ -	$ 100,000	$ -
Tobacco Quit Line	$ -	$ -	$ 680,000	$ 884,000	$ 1,069,000	$ 1,069,000
Tobacco Cessation coordiator and operating expenses	$ -	$ -		$ 111,000	$ 139,397	$ 139,397
Breast and cervical cancer assistance	$ -	$ 114,755	$ 114,755	$ 254,356	$ 550,000	$ 790,015
Dentists' Loan Program	$ -	$ 140,000	$ 300,000	$ 420,000	$ 356,896	$ 483,448
Physician loan repayment program	$ -				$ 22,070	$ 272,500
Governor's Prevention and Advisory Council	$ -				$ 100,000	$ -
Colorectal cancer screening initiative	$ -				$ 150,000	$ 300,000
Emergency medical services grants	$ -				$ 300,000	$ 300,000
Dental Grant Program	$ -				$ 5,000	$ 10,000
Veterinarian loan program	$ -				$ -	$ 350,000
Women's Way program	$ -				$ -	$ 304,332
Stoke registry and prevention program	$ -				$ -	$ 472,700
Total Expenditures	$ -	$ 5,154,755	$ 6,394,755	$ 6,864,356	$ 7,727,666	$ 6,793,490
Total Tobacco Expenditures	$ -	$ 4,900,000	$ 5,980,000	$ 6,190,000	$ 6,243,700	$ 3,510,495
Percent of CHTF for Tobacco Prevention and Control	0%	95%	94%	90%	81%	52%
Measure # 3: Mandate Spending on Tobacco						
80% of 10% (CHTF)						

D

Testimony
SB 2004
House Appropriations Human Resources Division
March 10, 2009
Deborah Knuth, ACS CAN

Reaching North Dakota Women Who Need Mammograms and Pap Tests By Providing *Women's Way* Services

Good morning Chairman Pollert and members of the House Appropriations Human Resources Division. My name is Deb Knuth and I am the Government Relations Director for the American Cancer society Cancer Action Network in North Dakota. ACS CAN is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society that supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

I am here today to ask that SB 2004 be amended to include additional funding for Women's Way in the amount of $304,332.

What is *Women's Way*?

- *Women's Way* provides breast and cervical cancer screening and diagnostic services to North Dakota women ages 40 through 64, who are low income and medically underserved because they are uninsured or underinsured.
- There are approximately 24,000 women in the state who are potentially eligible for this program.
- Since 1997, approximately 40% of these women have received *Women's Way* services at least once. These women probably would not have screening mammograms or Pap tests otherwise. Women's Way stresses to all program clients that "once is not enough" and encourages women to get screened regularly.
- Since 1997, 164 women have been diagnosed with breast cancer and 233 women have been diagnosed with cervical cancers or pre-cancers.
- *Women's Way* saves lives through regular screening. Women who have mammograms and Pap tests according to breast and cervical cancer screening guidelines find breast or cervical cancers in early stages while it is still curable and costs less to treat. This saves costly treatment dollars for cancers detected in late stages for these uninsured women.
- Current funding enables the program to serve approximately 13% of the potentially eligible women a year (3,200 women).

We need to reach the rest of the 20,800 women and have the ability to provide the services needed. I'm asking that you amend SB 2004 for an additional $304,332.00 so that together, we can prevent breast and cervical cancer and save lives.

In spite of Stimulus; Funding Challenges:

- *Women's Way* has been informed that increased federal funding will not happen. If Federal funding remains level, *Women's Way* needs state dollars to cover increased program expenses (i.e. medical procedure cost increases, increased travel costs, staff salary increases, etc.) Another possibility is that the current federal funding $1,313,000 per year could be reduced by approximately $150,000 per fiscal year. The program would be unable to maintain the current level of program services.

Increased costs for program covered medical services:

- The program periodically has new medical procedures added to those currently reimbursed to the healthcare providers who provide mammograms and Pap tests and the other program covered services.

- Digital Mammograms
  Effective July 1, 2009, CDC has approved payment for digital mammograms, in addition to conventional film mammograms. Currently in North Dakota, 14 mammography facilities are using digital mammography exclusively. Of the remaining, 12 are definitely going to change to digital in the next two years and 8 are considering the change within the next two years. Eight facilities plan to continue using conventional film mammography. Currently, *Women's Way* pays for both conventional film mammograms and digital mammograms at the conventional film mammogram *screening* rate of $83.26 and *diagnostic* rate of $93.78 only. Starting July 1, 2009, reimbursement for *screening* digital mammography will be $111.87 and *diagnostic* digital mammogram rate will be $131. The estimate for FY 09-10 is that an additional $67,000/year ($134,000 for 09-11 Biennium) will be needed for the increased cost of digital mammography reimbursement to healthcare providers. Note: Federal criteria allow *Women's Way* to pay up to the Medicare Part B maximum rate for all covered medical services. Healthcare providers agree to accept the Medicare Part B maximum rate as full payment for program covered services provided to *Women's Way* clients.
- Computer-assisted Detection (CAD) is an adjunct to screening mammography which supports mammogram interpretations and findings. CAD is used in addition to human evaluation of a mammogram, usually a radiologist. Most mammography facilities are now using CAD. However, this expense is not paid for by *Women's Way* because CAD is not included on the Centers of Disease Control and Prevention (CDC) list of procedures covered by the Federal funding for the National Breast and Cervical Cancer Early Detection Program. Therefore, *Women's Way* clients are charged for this procedure – the average charge for CAD is between $30 – $50. Paying this expense is a hardship for *Women's Way* clients. There have been cases where the *Women's Way* client has refused to have a mammogram because she would have to pay the CAD expense, and, the program has received numerous calls from clients that have been billed after the fact. For healthcare providers, once they add CAD as an adjunct to their mammography, all their mammograms automatically have CAD added on. *Women's Way* currently provides approximately 1,850 mammograms a year. State dollars would enable *Women's Way* to reimburse for CAD at the Medicare Part B rate which is currently $10.36. Total annual cost of approximately $19,166 and a biennial cost of $38,332. Note: Healthcare providers agree to accept the Medicare Part B rate as full payment when they sign the Agreement to provide *Women's Way* services.

No federal funding for screening mammograms for women ages 40-49:

- Congress passed the Breast and Cervical Cancer Mortality Prevention Act in 1990. At that time, the breast cancer screening guidelines were to start annual screening mammograms at age 50 which is what Congress wrote into the law. In the mid-1990's, the American Cancer Society and other professional organizations updated breast cancer screening guidelines to start annual screening mammograms at age 40.
- *Women's Way* clients ages 40-49 receive basic screening services of clinical breast exam, pelvic exam and a Pap test. Only if a client is age 50 and over will a screening mammogram be covered.
- There are currently approximately 310 women ages 40-49 enrolled in the program. Using the digital mammography rate of $111.87, approximately $35,000 per year would cover screening mammograms for this age group. Based on current program data, approximately 13 percent of program clients have abnormal breast screening results. This would mean approximately 40 women ages 40-49 will need a diagnostic mammogram at the digital diagnostic rate of $131.84 – approximately $5,000. Annual mammogram coverage for women ages 40-49 would require approximately $40,000 ($80,000 for 09-11 Biennium).

- If federal funding remains at $1,313,000 – this "level" funding does not cover staff salary increases or necessary in-state travel expenses. These expenses would require approximately $52,000 for the 09-11 biennium.

09-11 Biennial Request Summary:

Digital mammograms	$ 134,000	
CAD	38,332	
Mammograms for 40-49 yr olds	80,000	
Salaries & travel	52,000	
Total request		$ 304,332

Update on 07-09 Biennium Funding:

- Federal funding is currently $2,616,000.
  - Federal funding requires a 3 to 1 match.
- State general fund $100,000.
  Is being used to recruit eligible women:
  - $65,650 has been contracted to the ten *Women's Way* local coordinating units (LCUs) throughout the state to implement evidence-based recruitment strategies. These efforts are currently underway. The LCUs are located in local public health offices and a public health nurse serves as the local coordinator.
  - The LCUs are paid a fee for each woman recruited, enrolled and screened. $5.00 of state general funds has been added to the federal funding amount of $132.85 fee per client for fiscal year 08-09. $5.00 x 3,200 women (statewide annual screening goal) = $16,000. LCUs receive a total of $137.85 per screened woman.
  - $18,350 is being used for television paid media campaigns. A paid media campaign ran for seven days in October 2008 (October Breast Cancer Awareness Month); and a second paid media campaign was run the first week of January 2009 (January Cervical Health Awareness Month). The media buy was based on market statistics of best time of day and most watched television channels by women ages 40 through 64. The 30 second ads featured six *Women's Way* clients and their healthcare providers. The ads encourage women to call the statewide toll free number to find out how to enroll.

Thank you for allowing me to speak to you today. Again, I ask that you amend SB 2004 in the amount of $304,332.00 so that this proven program can reach the additional women for breast and cervical cancer screenings.

NORTH DAKOTA DEPARTMENT OF HEALTH
Community Health
2009-11 Executive Budget

Womens Way Funding

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Women's Way Federal Revenue Projections	2,977,246	2,941,597	(35,649)	-1.2%
Women's Way General Funds	100,000	250,000	150,000	150.0%
	$ 3,077,246	**$ 3,191,597**	**$ 114,351**	**3.7%**
FTE	**4**	**4.48**	**0.48**	**12.00%**
Payroll	323,410	398,434	75,024	23.2%
Temporary Employee*	-	80,000	80,000	
Benefit	119,638	166,145	46,507	38.9%
Total Payroll and Fringe	**443,048**	**644,579**	**201,531**	**45.5%**
ITD/Telephone	5,500	6,500	1,000	18.2%
ITD Contractual		6,000	6,000	
Printing/Postage	32,000	40,000	8,000	25.0%
Rent	8,000	9,500	1,500	18.8%
Travel	10,000	11,700	1,700	17.0%
Supplies	25,000	26,250	1,250	5.0%
Professional Services-Blue Cross Blue Shield	1,300,000	1,145,000	(155,000)	-11.9%
Professional Services-Local Public Health Units	1,000,000	920,000	(80,000)	-8.0%
Professional Services-Recruitment Campaign	160,000	180,000	20,000	12.5%
Professional Services-Web Based Data	50,000	25,000	(25,000)	-50.0%
Professional Services-Nurse Consultant	28,000	-	(28,000)	-100.0%
Professional Services-Gov. Recruitment		150,000	150,000	
Equipment < $5,000		6,000	6,000	
Misc Operating	15,698	21,068	5,370	34.2%
Total Operating	**$ 2,634,198**	**$ 2,547,018**	**$ (87,180)**	**-3.3%**
Total Projected Women's Way Expendidtures	**$ 3,077,246**	**$ 3,191,597**	**$ 114,351**	**3.7%**

*The increase in staffing of .48 is due to rebudgeting of FTE's in the CH Section to maximize federal funding. The increase of $80,000 in the temporary salaries plus $8,000 of fringe is the GF reallocated to hire a temporary employee for WW Recruitment efforts.

5

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Senate Bill 2004
Appropriation for defraying the expenses of the State Department of Health

Senate Appropriation Committee

Chairman Holmberg and members of the Senate Appropriation Committee. I am June Herman, Senior Director of Government Relations for the American Heart Association in North Dakota. I am here today asking for your favorable consideration in adding funding into SB 2004 for a statewide stroke registry and program.

The Department of Health ranked this project 14th out of its 33 submitted optional requests, and would provide statewide improvements to stroke care, and meet CMS reimbursement data needs of hospitals. As stroke is the leading admission to long term care, medical care costs born by the state will escalate as our elderly population demographics dramatically increase.

North Dakotans ages 65 and older are more likely to die from heart disease and stroke than any other age group. In fact, 95 percent of stroke deaths and 87 percent of heart disease deaths in 2005 were people 65 and older. Sixty-eight percent of North Dakotans with a history of stroke are 65 and older, with stroke the leading admission cause for Long Term Health Care. In 2003, North Dakota Medicare (ages 65 and older) payments for heart disease and stroke hospital discharges exceeded $61 million dollars.

The most pronounced change in the state's population will be a dramatic increase in the elderly population. In 2000, 14.7 percent of the state's residents were 65 and older. By 2010 the proportion of elderly will jump to 17 percent, and will move to 23 percent by 2020.

Stroke Registry Request:

Establish a state stroke registry to monitor, evaluate and provide guidance to health care quality improvement efforts for the evaluation, diagnosis and treatment of acute stroke in hospitals statewide. The registry would assess the use of best practice guidelines for acute stroke treatment by conducting real-time data collection on stroke treatment with hospitals. Using these data, hospitals and the State Heart Disease and Stroke Prevention (HDSP) program will be able to measure and improve the quality of patient care.

- Health Communications Campaign: Awareness, calling 911
- Establishing a stroke registry: hospital patient quality, data
- Community Grant program: professional development, improve quality within healthcare and community

Within the near future, CMS will be basing reimbursement on these measurements as research has demonstrated that patient outcomes are better and overall Medicare expenses are reduced if these care measures are adhered to by the health system.

Appropriation Request: $801,832 biennium

Core Elements of a Stroke Registry

- Provides for a web based program based on the 10 consensus measures formally adopted by all four leading stroke treatment groups: The Joint Commission, Centers for Disease Control, the American Heart Association, and the National Quality Forum.
- These measures are valid in all sizes of hospitals. Small hospitals would enter data on a few measurements (such as tPA/transfer or patient management/discharge planning measures) and large hospitals would focus on all ten measurements.
- Data will be collected prospectively and concurrent with care for stroke patients. This process will improve the quality of stroke care by continually promoting compliance with best practice guidelines. The registry's performance measures will include the standard stroke measure set utilized by the Joint Commission for awarding the Certification of Primary Stroke Center.
- Department of Health would have real-time access to data, monitoring trends in diagnosis, disparities, time to care, average stay, hospital mortality and EMS pre-notification performance.

- Collect data on quality of care indicators concurrent with patient care, and transmit this data to a centralized, web-based registry database.
- Promote and support quality improvement activities, interventions and systems-level changes at each registry site.
- Provide for state project facilitation for increased provider participation, to assure quality data reporting and facilitate stroke work group identification of process improvement opportunities.

Hospitals using quality improvement program increase compliance to stroke treatment guidelines. In the five-year study, the largest on acute stroke care for hospitalized patients, researchers tracked guidelines compliance among hospitals participating in utilizing a guidelines based program. They found:

- increased the absolute percentage of ischemic stroke patients treated with clot-busters within two hours of stroke onset from 42 percent to 72.8 percent;
- increased the absolute percentage of patients beginning smoking cessation from 65.2 percent to 93.6 percent; and
- increased the absolute percentage of patients being started on cholesterol-lowering drugs from 73.3 percent to 88.3 percent.

The study showed that all hospitals improved regardless of size, geography and teaching status.

In conclusion, I ask for favorable consideration of inclusion of stroke registry and initiative funding during your committee's deliberations.

American Heart Association. | American Stroke Association.
Learn and Live.

Senate Bill 2004
Appropriation for defraying the expenses of the State Department of Health

House Appropriation Human Resources Division

Chairman Pollert and members of the House Appropriation Human Resources Division. I am June Herman, Senior Director of Government Relations for the American Heart Association in North Dakota. I am here today asking for a proposed funding increase for a statewide stroke registry and program.

The Heart Disease and Stroke OAR is ranked number 14 out of the 33 submitted optional appropriation requests, and would provide statewide data for improvements to stroke care, and meet anticipated 2011 CMS reimbursement data needs of hospitals. Support to build hospital capacity for stroke systems, data population, public awareness and training are also included.

The original Heart Disease and Stroke OAR included Department of Health FTE for the project oversight and support. In reviewing the capacity of a current federal grant from Centers of Disease Control and Prevention (CDC), the current project director concluded that oversight could occur through that funding source with implementation support of AHA quality care staff and our stroke system partners. That would eliminate $329,132 of the original OAR, leaving an OAR request of $472,700 from the general fund.

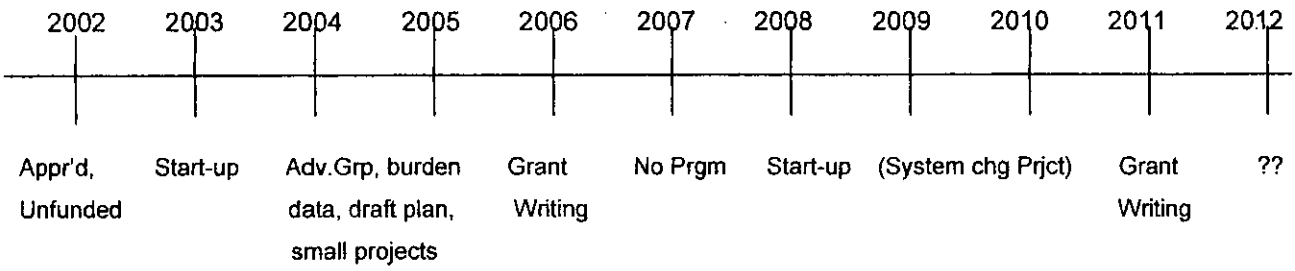
It's important for this committee's consideration of this funding request to also note that federal stimulus funds have been directed to CDC. Within the next several weeks we will receive clarification on the potential use of those funds to state heart disease and stroke programs. In preparation for the potential, an executive group of the North Dakota Heart Disease and Stroke advisory committee has incorporate the potential 1 year boost in funding in support of this OAR.

Attachment A provides for two funding options for this committee's favorable consideration given what I've just shared with this committee. Option 1 is the appropriate need if no CDC Stimulus funds become available, or $472,700. Option 2 is based on CDC funding becoming available, and seeks $190,350.

The stroke registry proposal is based upon a 2 year implementation project, which is where the federal stimulus funds would run short.

Also included on attachment A are the core elements and costs of the proposal as the committee works through this request.

North Dakota is a current recipient of CDC Heart Disease and Stroke "capacity building" project funds of $350,000 per year for four years. Due to those federal funds, we have a limited window of opportunity to advance acute stroke care in North Dakota in the next two years. Without federal funding, the state is without a statewide Heart Disease and Stroke program, even though it addresses the number 1 and 3 chronic disease in North Dakota. This timeline provides you with perspective –



North Dakota's state program to address the #1 and #3 chronic disease is on a federal funding cycle that unfortunately limits its public health leadership for stroke and heart care. As stroke is the leading admission to long term care, medical care costs born by the state will escalate as our elderly population demographics dramatically increase.

North Dakotans ages 65 and older are more likely to die from heart disease and stroke than any other age group. In fact, 95 percent of stroke deaths and 87 percent of heart disease deaths in 2005 were people 65 and older. Sixty-eight percent of North Dakotans with a history of stroke are 65 and older, with stroke the leading admission cause for Long Term Health Care. In 2003, North Dakota Medicare (ages 65 and older) payments for heart disease and stroke hospital discharges exceeded $61 million dollars.

The most pronounced change in the state's population will be a dramatic increase in the elderly population. In 2000, 14.7 percent of the state's residents were 65 and older. By 2010 the proportion of elderly will jump to 17 percent, and will move to 23 percent by 2020.

Attachment B highlights the core objectives of the Heart Disease and Stroke OAR. In conclusion, we ask for inclusion of stroke registry and initiative funding within SB 2004.

Attachm

Proposed Change to Senate Bill No. 2004

State Department of Health
Proposed funding change:

Option 1: Assumes No CDC Stimulus

Description	FTE	General Fund	Special Fund	Total
Increase funding for operating expenses ($306,000) and grants ($166,700) for heart disease and stroke prevention.	-0-	$472,700	-0-	$472,700

Option 2: Assumes CDC Stimulus for Heart Disease and Stroke

Description	FTE	General Fund	Special Fund	Total
Increase funding for operating expenses ($703,000) and grants ($166,700) for heart disease and stroke prevention.	-0-	$190,350	$679,350	$869,700

	Option 1: 2009-2011 OAR Request	**Option 2:** 2009-2011	
		Year 1 Stimulus from CDC	**Year 2 General Funds**
Statewide Technology	$74,700	$37,350	$37,350
Chart Entry Grant for Entering Prior Stroke Patient Data	$92,000	$92,000	$0
4 Temporary Regional Coordinators (start-up assistance)	$160,000	$80,000	$80,000
Warning Signs & Symptoms Public Awareness Campaign	$96,000	$270,000	$48,000
Training: Pre-hospital and Hospital	$50,000	$200,000	$25,000
Total Investment	**$472,700**	**$679,350**	**$190,350**

Stroke Registry Request:

Establish a state stroke registry to monitor, evaluate and provide guidance to health care quality improvement efforts for the evaluation, diagnosis and treatment of acute stroke in hospitals statewide. The registry would assess the use of best practice guidelines for acute stroke treatment by conducting real-time data collection on stroke treatment with hospitals. Using these data, hospitals and the State Heart Disease and Stroke Prevention (HDSP) program will be able to measure and improve the quality of patient care.

- Health Communications Campaign: Awareness, calling 911
- Establishing a stroke registry: hospital patient quality, data
- Community Grant program: professional development, improve quality within healthcare and community

Within the near future, CMS will be basing reimbursement on these measurements as research has demonstrated that patient outcomes are better and overall Medicare expenses are reduced if these care measures are adhered to by the health system.

Core Elements of a Stroke Registry

- Provides for a web based program based on the 10 consensus measures formally adopted by all four leading stroke treatment groups: The Joint Commission, Centers for Disease Control, the American Heart Association, and the National Quality Forum.
- These measures are valid in all sizes of hospitals. Small hospitals would enter data on a few measurements (such as tPA/transfer or patient management/discharge planning measures) and large hospitals would focus on all ten measurements.
- Data will be collected prospectively and concurrent with care for stroke patients. This process will improve the quality of stroke care by continually promoting compliance with best practice guidelines. The registry's performance measures will include the standard stroke measure set utilized by the Joint Commission for awarding the Certification of Primary Stroke Center.
- Department of Health would have real-time access to data, monitoring trends in diagnosis, disparities, time to care, average stay, hospital mortality and EMS pre-notification performance.
- Collect data on quality of care indicators concurrent with patient care, and transmit this data to a centralized, web-based registry database.

- Promote and support quality improvement activities, interventions and systems-level changes at each registry site.
- Provide for state project facilitation for increased provider participation, to assure quality data reporting and facilitate stroke work group identification of process improvement opportunities.

Hospitals using quality improvement program increase compliance to stroke treatment guidelines. In the five-year study, the largest on acute stroke care for hospitalized patients, researchers tracked guidelines compliance among hospitals participating in utilizing a guidelines based program. They found:

- increased the absolute percentage of ischemic stroke patients treated with clot-busters within two hours of stroke onset from 42 percent to 72.8 percent;
- increased the absolute percentage of patients beginning smoking cessation from 65.2 percent to 93.6 percent; and
- increased the absolute percentage of patients being started on cholesterol-lowering drugs from 73.3 percent to 88.3 percent.

The study showed that all hospitals improved regardless of size, geography and teaching status.

Testimony
SB 2004
House Appropriations Human Resources Division
March 10, 2009
Ken Tupa, ACS CAN

Overcoming Barriers to Cancer Prevention, Early Detection, and Treatment

The North Dakota Colorectal Cancer Screening Initiative

Good morning Chairman Pollert and members of the House Appropriations Human Resources Division. My name is Ken Tupa and I am a registered Lobbyist for the American Cancer society Cancer Action Network in North Dakota.

I am here today to ask for the committee's favorable consideration to continue the ND Colorectal Cancer Screening Initiative.

Colorectal cancer (otherwise known as colon cancer) is the second most frequently diagnosed cancer and the second most common cause of cancer death in the United States. Colorectal cancer is one of the few cancers that can be prevented through screening and early detection.[1]

The 2007 North Dakota Legislative Assembly expanded access to health care by authorizing $200,000, administered by the North Dakota Department of Health, for the development of a colorectal cancer screening pilot project for low income North Dakotans to assist in eliminating health disparities among minority populations and the underinsured and uninsured. The funding was made available through a granting process, administered by the North Dakota Department of Health.

The grant recipient, Heart of America, Rugby, North Dakota, developed and is providing a comprehensive approach to cancer prevention, early detection, and treatment to eligible North Dakotans.

Currently in North Dakota, individuals who are not qualified for Medicaid or Medicare have no other program to help them with colorectal cancer screening. Poor and uninsured individuals are less likely to receive cancer prevention services, more likely to be treated for cancer at late stages of the disease, more likely to receive substandard care and services, and more likely to die from cancer.[2]

While the Heart of America is now able to offer colorectal cancer screenings, there has been a startup time of the program that was unforeseen, resulting in a lack of data prior to

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[1] How Do You Measure Up? A Progress Report on State Legislative Activity to Reduce Cancer Incidence and Mortality 2008. American Cancer Society Cancer Action Network

[2] Cancer Facts and Figures 2008. American Cancer Society

the end of 2008. According to an article in CDC's *Preventing Chronic Disease,* volume 5, No 2, April 2008, entitled *Start-up of the Colorectal Screening Demonstration Program,* "The start-up process lasted 9 to 11 months and involved assembling a staff team, developing program models, convening a MAB to assist in developing policies and procedures, building partnerships, planning for client recruitment, developing a data management system, and identifying resources for the treatment of complications." This has also been the case for the North Dakota Cancer Screening Initiative.

So far, the Heart of America has prescreened over 250 people, resulting in 53 screenings as of January 31, 2009 with 29 individuals having a colonoscopy. Six of those people showed pathology results with Adenoma-Tubular or Adenoma-Tubular Villous and one person showed pathology results with Adenoma-Tubular with high grade dysplagia, meaning at least three colorectal cancers have been prevented and four individuals had polyps removed that have a lower possibility of developing into colorectal cancer.

With the initiative now in place, the data demonstrate the need for the program, and ASC CAN would urge your support to provide $300,000 for the next biennium to maintain and possibly expand the initiative. Inclusive of the $300,000 would be $34,225 for a .5 contract person for program management, data management and oversight of outreach development.

Colorectal Cancer Screening Program Services for North Dakota

B

[redacted]akota Department of Health
Div[redacted]n of Cancer Prevention and Control, 600 East Boulevard Ave., Dept. 301Bismarck, ND 58505-0200
Tel: (800) 280-5512; Fax: (701) 328-2036

Every 3.5 minutes, someone is diagnosed with CRC; every 9 minutes, someone dies from CRC; and every 5 seconds, someone who should be screened for CRC is not.

Colorectal Cancer in North Dakota

Colorectal cancer is a leading killer in North Dakota that will take the lives of more than 120 men and women this year alone.[1] The real tragedy is that we have tools to prevent unnecessary suffering and deaths from colon and rectal cancers, but those tools are not being used.

Consider the following:

- **Colorectal cancer can be prevented.** In fact, the polyps that can lead to cancer can be removed during regular colonoscopy screening exams.
- **Colorectal cancer screening saves lives.** When colorectal cancer is diagnosed early, at a localized stage, more than 90% of patients survive for five years or more. Once the disease has metastasized to other parts of the body, a grim 90% of patients die within five years. Yet, only 39% of colorectal cancer cases are diagnosed while the disease is still in the localized stage.
- **Too few adults in this state are currently screened for colorectal cancer.** According to 2006 data, CRC screening rates for adults 50 or older in North Dakota hover around 56%.[2]

North Dakota's Colorectal Cancer Screening Program

Only about 26% of adults aged 50-64 without health insurance in North Dakota received their recommended colorectal cancer screenings.[1]

It is essential that we provide these men and women access to screening programs to prevent colorectal cancer or detect it at the earliest stages. In addition to saving lives, treating colorectal cancer that is detected early may be less expensive than finding it at an advanced state when it is more expensive.

For example, patients diagnosed through colon cancer screenings at a cost of $1000 have a 90% chance of survival. Yet, if a patient is not diagnosed until symptoms are exhibited, the chance of survival drops to 10% and care during the remaining 4-5 years of life can cost up to $300,000.

The North Dakota Department of Health, has developed a colorectal cancer screening pilot project for low income North Dakotans to assist in eliminating health disparities among minority populations and the underinsured and uninsured. Additional funding is needed to sustain and expand the program intended for the disparate and hard to reach [redacted]lation.

Call to Action

The American Cancer Society Cancer Action Network[SM] (ACS CAN) believes that all eligible adults in North Dakota should have access to the program. Additional state funding is required to expand the capacity of the screening program

2008-2009 NORTH DAKOTA COLORECTAL CANCER SCREENING INITIATIVE EXPENDITURE AND IN-KIND REPORT
February 2008 through February 2009

DATE	CRC INITIATIVE FUNDS-STAFF AND SUPPLIES ETC.	CRC INITIATIVE FUNDS FOR SCREENING	TOTAL INITIATIVE FUNDS SPENT	HEART OF AMERICA'S IN-KIND STAFF, SUPPLIES & MISC.	HEART OF AMERICA IN-KIND FOR PROCEDURES	COMMUNITY PARTNERS IN-KIND	TOTAL IN-KIND	TOTAL OF INITIATIVE FUNDS AND IN-KIND
February 2008	$872.73	0	**$872.73**					**$872.73**
March 2008	$4,926.80	0	**$4,926.80**	$1,114.85	0	$249.58	**$1,364.43**	**$6,291.23**
April 2008	$2,630.63	$153.82	**$2,784.45**	$456.27	$397.96	$43.25	**$897.48**	**$3,681.93**
May 2008	$2,477.38	$2,723.97	**$5,201.35**	$210.47	$3,416.95	$856.80	**$4,484.22**	**$9,685.57**
June 2008	$3,817.96	0	**$3,817.96**	$683.17		$6,443.16	**$7,126.33**	**$10,944.29**
July 2008	$2,437.53	$143.77	**$2,581.30**	$344.10	$345.16	$1,705.68	**$2,394.94**	**$4,976.24**
August 2008	$3,082.31	$974.12	**$4,056.43**	$87.66	$2,280.41	$1,774.46	**$4,142.53**	**$8,198.96**
September 2008	$10,542.67	$2,794.72	**$13,337.39**	$390.46	$4,717.59	$1,449.60	**$6,557.65**	**$19,895.04**
October 2008	$4,415.92	$1,793.47	**$6,209.39**	$272.00	$2,705.13	$2,178.64	**$5,155.77**	**$11,365.16**
November 2008	$3,031.14	$4,492.14	**$7,523.28**	$329.70	$6,902.66	$815.88	**$8,048.24**	**$15,571.52**
December 2008	$4,343.83	$4,694.65	**$9,038.48**	$799	$8,434.19	$3,497.10	**$12,730.29**	**$21,768.77**
January 2009	$3,924.87	$1,584.36	**$5,509.23**	$465.75	$3,421.00	$1,680.69	**$5,567.44**	**$11,076.67**
February 2009	$3,561.88	$1087.27	**$4,649.15**	$194.88	$2,775.22	$464.00	**$3,434.10**	**$8,083.25**
Total	**$50,065.65**	**$20,442.29**	**$70,507.94**	**$5,348.31**	**$35,396.27**	**$21,158.84**	**$61,903.42**	**$132,411.36**

2008-2009 Colorectal Cancer Screening Initiative
2008 Screening Results

Updated 3-3-09 (data entered through January 2009)

Count of Referrals	
Doctor	15
Other Healthcare Staff	5
Women's Way	12
Radio	26
Newspaper	57
Community Events	2
Other	6
Total	**53**

Enrollment Reason	
Self	18
Encouraged by Family or Friend	24
Advertising	4
Doctor, Nurse Recommended	147
Referred by Women's Way	8
Total	**53**

Count By Gender	
Female	38
Male	15
Total	**53**

Race	
White	32
Native Hawaiian or other Pacific Islander	1
American Indian	20
Total	**53**

Medical Coverage	
Health Insurance High Deductible	20
Not Covered by Health Insurance	4
No Health Insurance	29
Total	**53**

Family History	
Yes	11
No	40
Don't know	2
Total	**53**

Count of Previous Screening	
Yes	13
No	38
Unknown	1
Total	**53**

Initial Plan for Screening	
iFOBT	45
Initial Refer for colonoscopy because of family/personal history	8

Count of FOBT Results	
Negative	24
Positive	21

Count of Colonoscopies Completed	
Yes	29

Count of Endoscopy Results	
Normal/Negative/Hemorrhoids	16
Polyps	10
No Findings, inconclusive	1
Other Findings, no cancer	2

Biopsy Count from Colonoscopies	
Yes	11
No	17

Count of Pathology Results	
No Diagnostic Abnormally	2
Adenoma-Tubular	4
Adenoma-tubular Villous	2
Adenoma-Tubular with high grade dysplagia	1

Needs Follow-up Repeat Colonoscopy	
Yes	9

F

Madam Chairmen and members of the Committee thank you for this opportunity. Thank you to Legislator's Joan Heckaman and Dave OConnall for their attention in enabling my testimony before this committee. And thank you for the North Dakota legislature, where an ordinary citizen can make a contribution representing their viewpoint.

My name is Karen Anderson, I currently teach art at Devils Lake High School, I have taught at Four Winds School on the Spirit Lake nation, Warwick Public School, located on the Spirit Lake Nation, and Minnewaukan Public school located along the lake west of the town of Devils Lake, I farm and ranch by Warwick, which is south of the town of Devils Lake and I am a member of the board of the North Dakota Council on the Arts. I'm here today to speak for support for an amendment to SB 2004, which would provide funding to the Health Department, to be utilized for suicide prevention.

As Commander James Lovell of Apollo 13 reported, " Houston We have A Problem" We have a problem in North Dakota with suicide. To prepare for this testimony, I did an informal unscientific study. I sent out an email to my siblings and their children, from all around the nation. Colorado, Massachusettes, Wyoming, Idaho, Washington, Oregon, Illinois, Arkansas, Kansas, Nebraska,Texas, Arizona, and New York. I asked them one question. How many people do you know of in the last 15 years, who have committed suicide? This was to include people in their communities, that they may not have even known, but had heard about through an acquaintance or in the news. Their answers did not surprise me. Some said none, one, or two. What did surprise them, was my answer. 12 plus. I did not ask permission from the families to mention names of those 12 here today, but I can tell you this, they cross all races, ages, and levels of education. Three were in my son's graduating class, seven were from small towns in Eddy and Benson County, and the last two were former students of mine on the Spirit Lake Reservation who had not yet left elementary school at the time of their suicides. 12 plus. The plus are all of the suicides that my students have experienced within their families and acquaintances on the Spirit Lake reservation. Education and awareness are important frontline measures in suicide prevention. It is not an exaggeration to say that dollars provided for this amendment, may save lives.

F

EMERGENCY PREPAREDNESS RESPONSE SECTION

	2005-07 Actual Expenditures	Expend To Date Dec 2008	2007-09 Current Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	**12.00**	**12.50**	**12.50**	**13.50**	**1.00**	**8%**
Salaries	789,449	716,766	970,813	1,117,397	146,584	15%
Temporary, Overtime	216,450	424,720	405,258	476,381	71,123	18%
Benefits	307,583	304,895	417,492	520,173	102,681	25%
TOTAL	**1,313,483**	**1,446,381**	**1,793,563**	**2,113,951**	**320,388**	**18%**
General Fund	269,040	273,602	384,130	438,645	54,515	14%
Federal Funds	1,044,443	1,164,458	1,409,433	1,675,306	265,873	19%
Other Funds	0	8,321	0	0	0	
OPERATING EXPENSES						
Travel	150,057	84,673	188,508	223,104	34,596	18%
IT - Software/Supp.	139,687	71,691	59,214	57,845	(1,369)	-2%
Professional Supplies & Mat	29,074	41,861	53,695	26,323	(27,372)	-51%
Food & Clothing	733	24	0	0	0	
Buildings/Vehicle Maintenan	96,343	78,874	39,343	29,310	(10,033)	-26%
Miscellaneous Supplies	513	8,979	8,453	0	(8,453)	-100%
Office Supplies	32,710	17,476	21,937	22,689	752	3%
Postage	17,790	10,622	18,476	19,250	774	4%
Printing	38,908	17,734	25,803	14,889	(10,914)	-42%
Utilities	0	4,009	4,835	9,063	4,228	87%
Insurance	0	1,043	532	10,298	9,766	1836%
Lease/Rentals - Equipment	1,725	1,290	2,625	2,703	78	3%
Lease \Rentals-- Buildings./L	140,441	189,843	230,865	341,569	110,704	48%
Repairs	39,470	117,690	84,570	23,250	(61,320)	-73%
IT-Data Processing	27,391	312,626	411,501	232,027	(179,474)	-44%
IT-Telephone	48,471	35,527	46,381	50,795	4,414	10%
IT - Contractual Services	307,538	784,214	381,052	766,552	385,500	101%
Professional Development	28,237	41,789	77,323	74,760	(2,563)	-3%
Operating Fees & Services	39,768	35,550	40,941	28,354	(12,587)	-31%
Professional Services	787,456	434,882	583,096	203,632	(379,464)	-65%
Medical, Dental, and Optical	2,245	1,133,368	848,843	200,740	(648,103)	-76%
Operating Budget Adjustmen	0	0	0	0	0	
Sub Total Operating	**1,928,556**	**3,423,764**	**3,127,993**	**2,337,153**	(790,840)	**-25%**
IT Equip Under $5000	31,165	220,296	58,473	86,200	27,727	47%
Other Equip Under $5000	28,469	90,292	71,562	26,045	(45,517)	**-64%**
Office Equip Under $5000	30,858	5,352	3,477	0	(3,477)	
TOTAL	**2,019,048**	**3,739,704**	**3,261,505**	**2,449,398**	**(812,107)**	**-25%**
General Fund	101,421	101,112	194,778	230,781	36,003	18%
Federal Funds	1,917,627	3,560,765	2,677,862	2,218,617	(459,245)	-17%
Other Funds	0	77,827	388,865	0	(388,865)	
CAPITAL ASSETS						
Land & Buildings	0	0	0	0	0	
Other Capital Paymnts	0	0	0	0	0	
Extraordinary Repairs	0	0	0	0	0	
Equipment >$5000	37,828	46,370	242,000	187,245	(54,755)	-23%
IT Equip >$5000	0	0	0	0	0	
TOTAL	**37,828**	**46,370**	**242,000**	**187,245**	**(54,755)**	**-23%**
General Fund	0	0	0	0	0	
Federal Funds	37,828	46,370	242,000	187,245	(54,755)	-23%
Other Funds	0	0	0	0	0	
GRANTS\SPECIAL LINE ITEMS						
Grants	7,366,989	8,052,922	11,083,122	10,076,512	(1,006,610)	-9%
WIC Food	0	0	0	0	0	
Tobacco Prevention Control	0	0	0	0	0	
TOTAL	**7,366,989**	**8,052,922**	**11,083,122**	**10,076,512**	**(1,006,610)**	**-9%**
General Fund	940,000	775,755	940,000	940,000	0	0%
Federal Funds	6,416,989	6,456,105	8,468,122	7,461,512	(1,006,610)	-12%
Other Funds	10,000	821,062	1,675,000	1,675,000	0	0%
COST CENTER TOTAL						
TOTAL	**10,737,348**	**13,285,377**	**16,380,190**	**14,827,106**	**(1,553,084)**	**-9%**
General Fund	1,310,461	1,150,469	1,518,908	1,609,426	90,518	6%
Federal Funds	9,416,887	11,227,698	12,797,417	11,542,680	(1,254,737)	-10%
Other Funds	10,000	907,210	2,063,865	1,675,000	(388,865)	-19%

NORTH DAKOTA DEPARTMENT OF HEALTH
Emergency Preparedness & Response
2009-11 Executive Budget

Operating Fees Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Research Fees	2,570	2,057	(513)	-20.0%
Purchase of Service (Temp Employment Agency)	29,558	20,368	(9,190)	-31.1%
Advertising/Photo/Misc	8,813	5,929	(2,884)	-32.7%
Total Operating Fees	**$ 40,941**	**$ 28,354**	**$ (12,587)**	**-30.7%**

Professional Services Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	36,072	42,830	6,758	18.7%
Medical-Hospital Preparedness Program (HPP)	171,766	26,507	(145,259)	-84.6%
Professionals Services-Pan Flu	23,000		(23,000)	-100.0%
ND Assoc of Counties	120,000	60,000	(60,000)	-50.0%
Risk Communication Conference (Public Infor. Office)	20,000	20,000	-	0.0%
Verbatim Translations (Public Infor. Office)	10,000	5,000	(5,000)	-50.0%
BreConsulting (Ed Tech)	25,000	27,000	2,000	8.0%
Bruce Whitmore (Ed Tech)	20,000	14,000	(6,000)	-30.0%
Hennepin County (Poison Control-Disease Control)	40,000	-	(40,000)	-100.0%
Medical Services-EMS	20,858	4,200	(16,658)	-79.9%
Traffic Assessment-EMS	12,500		(12,500)	-100.0%
Emergency Medical Services Training	3,900	4,095	195	5.0%
Evaluate State Trauma System	80,000		(80,000)	-100.0%
Total Professional Fees	**$ 583,096**	**$ 203,632**	**$ (379,464)**	**-65.1%**

Grant Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Grants-LPHU (PHEP)	4,202,084	3,930,980	(271,104)	-6.5%
Grants-Tribal Health Agencies (PHEP)	146,760	186,760	40,000	27.3%
Grants-Local Hospitals (HPP)	2,710,986	2,093,812	(617,174)	-22.8%
Grant for City Readiness Initiative (PHEP-CRI)	200,000	400,000	200,000	100.0%
Grants-Dept. of Agriculture (PHEP)	250,000	250,000	-	0.0%
LPHU Connectivity (HAN-PHEP)	562,200	526,200	(36,000)	-6.4%
Sentinel Labs (PHEP)	59,840	45,760	(14,080)	-23.5%
NDSU (PHEP)	20,752	28,000	7,248	34.9%
Grants-Pan Flu (PHEP)	315,500		(315,500)	-100.0%
Emerg Medical Services Training Grant (Gen Fund)	940,000	940,000	-	0.0%
Emerg Medical Services Training Grant (Insurance Trust Fund)	1,250,000	1,250,000	-	0.0%
EMS Volunteer Training Grant (Comm Hlth Trust Fund)	300,000	300,000	-	0.0%
EMS Quick Response Units (Health Care Trust Fund)	125,000	125,000	-	0.0%
Total Grants	**$ 11,083,122**	**$ 10,076,512**	**$ (1,006,610)**	**-9.1%**

EMS - Emergency Medical Services
HAN - Health Alert Network
HPP - Hospital Preparedness Program
LPHU - Local Public Health Units
NHTSA-Nat'l Highway Traffic Safety Admin
PHEP - Public Health Emergency Preparedness

NORTH DAKOTA DEPARTMENT OF HEALTH
Emergency Preparedness & Response
2009-11 Executive Budget

IT Contractual Services

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
PHP-Strategic National Stockpile Inventory System (Caduceus)	75,852	75,852	-	0.0%
PHP-Scientific Technologies Corp (RRF Mtce Agrmnt)	24,500	24,500	-	0.0%
PHP-Med Media Inc (EMS System Mtce Agrmnt)	15,000		(15,000)	-100.0%
PHP-Scientific Technologies Corp (StarLims Serv Contr.)	61,500	61,500	-	0.0%
PHP-Nexus On-line Program Reporting System	25,000	25,000	-	0.0%
PHP-Electronic Disease Reporting System (Consilience Mtce Agrmnt)		100,000	100,000	100.0%
PHP-Internet Video Network Multipoint Control Unit (AVI Mtce Agrmnt)	13,000	13,000	-	0.0%
PHP-Video Conference Maintenance (Polycom Mtce Agrmnt)	49,200	49,200	-	0.0%
PHP-Develop software for DNA sequencer to update identification libraries for accurate identification of microorganisms (add'l $20,000 pd by Environmental Health)		10,000	10,000	100.0%
PHP-Proxicom (Health Alert Network Development)	30,000	30,000	-	0.0%
PHP-Public Health Information Network (PHIN) Compliance		100,000	100,000	100.0%
EMS-Traffic Assessment (Clinical Data Management-Mtce Agrmnt)	17,000	17,000	-	0.0%
EMS-Trauma CHTF (Clinical Data Management-Mtce Agrmnt)	10,000	10,000	-	0.0%
EMS-Trauma Registry		200,000	200,000	100.0%
EMS-Med Media (Development of EMS software and data collection system)	5,500	5,500	-	0.0%
EMS-iNET Technologies Trauma Program	4,500	5,000	500	11.1%
HP-Proxicom (Mtce Agrmnt for ESAR-VHP)	50,000		(50,000)	-100.0%
HP-ESAR-VHP (Consilience Mtce Agrmnt)		40,000	40,000	100.0%
Total IT Contractual Services	**$ 381,052**	**$ 766,552**	**$ 385,500**	**101.2%**

CHTF - Community Health Trust Fund
EMS - Emergency Medical Services and Trauma
ESAR-VHP Emergency System for Advance Registration of Volunteer Health Professionals
HP - Hospital Preparedness
PHP - Public Health Preparedness

North Dakota Department of Health
Emergency Preparedness and Response Section
Equipment > $5,000

Description\Narrative	Quantity	Base Price	Total Equipment	Age	Comments
Portable 20K trailer mounted generator	1	25,000	25,000	New	
Portable Advisory Radio System	1	16,245	16,245	New	
DNA extractor	0.875	80,000	70,000	New	Other $10,000 paid by EH
Boiler (replacement) for autoclave	0.50	50,000	25,000	17	Other half paid by EH
Upgrade Pulse field system for salmonella testing	0.50	20,000	10,000	8	Other half paid by EH
Upgrade sequencing instrument for DNA testing	1	15,000	15,000	New	
6 ft biosafety cabinet	2	13,000	26,000	6	
Emergency Preparedness and Response Total			**187,245**	*	

*** This equipment is funded with federal funds**

Department of Health
Summary of Federal & Other Funds
2009-11 Executive Budget

Emergency Preparedness & Response Section	2009-11 Executive Budget
Federal Funds	
CDC Public Health Emergency Preparedness	7,958,472
Emergency Medical Services for Children Grant	235,387
ND Department of Transportation -Traffic Assessment	350,000
ND Dept of Trans. - Emergency Medical Services Traffic Safety	270,608
Hospital Preparedness Program	2,728,213
Total	**11,542,680**
Other Funds	
Emerg. Medical Services Training Grant (Community Health Trust Fund)	300,000
Emerg. Medical Services (HB 1296)	1,250,000
Emerg. Medical Services Pilot Project (Health Care Trust Fund)	125,000
Total	**1,675,000**

North Dakota Department of Health
Schedule of Grants
Emergency Preparedness and Response

Grant Line Item

Description	07-09 Current Budget	Amount Spent	Amount Remaining	09-11 Budget	General Fund	Federal Fund	Special Fund
Grants-LPHU (PHEP)	4,202,084	3,018,693	1,183,391	3,930,980		3,930,980	
Grants-Tribal Health Agencies (PHEP)	146,760	169,564	(22,804)	186,760		186,760	
Grants-Local Hospitals (HPP)	2,710,986	1,840,410	870,576	2,093,812		2,093,812	
Grant for City Readiness Initiative (PHEP-CRI)	200,000	342,713	(142,713)	400,000		400,000	
Grants-Dept. of Agriculture (PHEP)	250,000	141,415	108,585	250,000		250,000	
LPHU Connectivity (HAN-PHEP)	562,200	362,049	200,151	526,200		526,200	
Sentinel Labs (PHEP)	59,840	32,878	26,962	45,760		45,760	
NDSU (PHEP)	20,752	15,000	5,752	28,000		28,000	
Grants-Pan Flu (PHEP)	315,500	533,383	(217,883)			0	
Emerg Medical Services Training Grant (Gen Fund)	940,000	775,755	164,245	940,000	940,000		
Emerg Medical Services Training Grant (Insurance Trust Fund)	1,250,000	691,914	558,086	1,250,000			1,250,000
EMS Volunteer Training Grant (Comm Hlth Trust Fund)	300,000	124,148	175,852	300,000			300,000
EMS Quick Response Units (Health Care Trust Fund)	125,000	5,000	120,000	125,000			125,000
Total Grants	**$ 11,083,122**	**8,052,922**	**$ 3,030,200**	**$10,076,512**	**$940,000**	**$7,461,512**	**$ 1,675,000**

C.

Executive Offices
1622 E. Interstate Ave.
Bismarck, ND 58503

(701) 221-0567 Voice
(701) 221-0693 Fax
(877) 221-3672 Toll Free
www.ndemsa.org

SB 2004

March 10, 2009

Testimony
North Dakota EMS Association
Mark Weber, NDEMSA President

Good Morning Chairman Pollert and members of the committee. My name is Mark Weber, I am the President of the North Dakota Emergency Medical Services (EMS) Association. I thank you for the opportunity to testify in support of SB 2004.

The pure volunteer system can no longer sustain EMS services in North Dakota. The EMS staffing grant included in the DOH budget will continue to help address the need for EMS assistance in many parts of the state. Earlier in the session (SB 2049), we recommended increasing the total grant amount, the development of a peer system assessment process for EMS agencies, the delivery of a leadership development program for ambulance service managers and an annual state wide recruitment drive.

In 2007 the North Dakota Legislature allocated $1.25M for ND EMS. This funding was allocated to assist EMS systems with a "people" problem. Where there are not enough "people" willing to volunteer their time to serve on ambulance services. This money was to go to the neediest services based on criteria developed by the ND DoH Division of Emergency Medical Services and Trauma through a grant process. These grants have been hugely successful and are accomplishing the goals as initially intended. The grants have helped 32 Access Critical Ambulance Services, and with the local matching requirement, the $1.25M will bring in an additional $589,000.00 in local funds, thus having a total positive financial impact on ND EMS of $1,839,000.00. With a total of 108 eligible ambulance services for these grants in ND, through the Interim Public Safety Committee (SB 2049) we sought an additional $3.25M be made available to increase the number of Access Critical Ambulance Services we can help with their "people" problem, and increase the maximum amount they can receive. If the additional funding were appropriated, using the same matching requirement, it would then have a total financial impact of $6,615,000.

Additionally, SB 2049 provided $1,274,000 to allow the grant scope to be broadened to include system assessments, leadership development and a state-wide recruitment effort, all to maintain and improve the viability of EMS in ND. (the DOH would contract with a third party for these three projects)

Facts;

- The current 32 ambulance service projects would cost $1.8M
- The current funding of $1.25M would only sustain 18 of the services.
- It costs almost $70M to run the ND EMS system
- Current state funding is approximately 3.5% of the total cost of ND EMS

As we analyze the grant application process and when we discuss the benefits and pitfalls with stakeholders we realize we need to make changes to the grant process, accountability needs to be a part of the process. We must be able to justify to the citizens and the legislature that the allocation is making improvements to the ND EMS System and the providers are focusing on EMS duties while getting paid and we are not spending the money on services that cannot be sustained. To do this we must not just give money to the services that request it. We need to help them develop realistic goals and plans to keep service available, and then help them accomplish their goals. We can make this happen with the implementation of a peer assessment process. The assessment would be part of the grant and would include a group of peers, not a regulatory agency assessing the EMS systems structure and processes, helping develop goals, and then help them accomplish the goals. We feel this assessment process could also be available to every EMS service that requests it. By assessing a service and developing goals then helping them accomplish the goals we can assure the money is making a difference and being utilized in an effective way. If a service cannot show improvement or cannot accomplish the goals, that service should probably not receive another grant.

Another extremely important aspect to the success of these grants will be to have knowledgeable well informed ambulance service directors/managers. To accomplish this we feel we need to make leadership development available to all EMS managers and educators. We would offer leadership development courses on an annual basis. Remembering that a large majority of EMS service directors/managers are volunteers and that we feel this training is so important in needs to be mandatory for all grant recipients. We feel we would need to pay the participants while they are attending classes and pay all expenses, room, meals, mileage just so the participants don't lose money while attending the classes.

The last recommendation is to develop an annual state-wide recruitment drive. A state-wide recruitment drive would help rural ambulance services with their "people" problem as well.

Finally, the 2007 Legislature requested a study of ND EMS, and in addition to the aforementioned issues, the study completed by the National Highway Traffic Safety Administration identified a lack of consistent medical oversight, ambulance inspections and technical assistance. These issues could be addressed with Regional Specialists (OAR in the budget and HB 1571) that would be DOH staff or contracted to complete ambulance services inspections, develop patient care review programs, assist Medical Directors and EMS providers as healthcare changes with EMS taking a greater role in rural, frontier areas of ND.

As you know, the Senate incorporated some of SB 2049 into SB 2004, adding $1.5 million (to the $1.25 million in the budget) for staffing, system assessments, leadership development, and an annual recruitment program. We understand there are constraints to funding and there are priorities. We believe EMS in ND is a priority. We would ask for your favorable consideration to designate the additional $1.5 million for the staffing grants and grant oversight, include up to $1.274 million for the system assessments, leadership development, and recruitment grants and $273,428 for 2 DOH FTEs or contract staff for EMS Regional Specialists.

Chairman Pollert, thank you for this opportunity to testify and I would be happy to answer questions the committee may have.

B

MEDICAL SERVICES SECTION

	2005-07 Actual Expenditures	Expend To Date Dec 2008	2007-09 Current Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	**27.25**	**27.25**	**27.25**	**30.25**	**3.00**	**11%**
Salaries	2,049,743	1,778,442	2,479,878	2,793,294	313,416	13%
Temporary, Overtime	135,988	110,233	141,000	103,008	(37,992)	-27%
Benefits	698,432	641,732	881,715	1,112,179	230,464	26%
TOTAL	**2,884,163**	**2,530,407**	**3,502,593**	**4,008,481**	**505,888**	**14%**
General Fund	689,895	730,927	971,734	1,132,356	160,622	17%
Federal Funds	2,194,268	1,799,480	2,530,859	2,876,125	345,266	14%
Other Funds	0	0	0	0	0	
OPERATING EXPENSES						
Travel	174,048	151,273	234,122	278,368	44,246	19%
IT - Software/Supp.	33,442	28,104	39,233	37,481	(1,752)	-4%
Professional Supplies & Mate	140,456	196,677	235,897	195,751	(40,146)	-17%
Food & Clothing	323	0	0	0	0	
Buildings/Vehicle Maintenanc	4,506	6,573	8,622	10,384	1,762	20%
Miscellaneous Supplies	4,500	287		0	0	
Office Supplies	34,784	33,440	64,338	67,975	3,637	6%
Postage	82,335	50,375	80,631	85,441	4,810	6%
Printing	75,811	85,170	118,440	142,268	23,828	20%
Utilities	36,422	39,440	37,905	62,720	24,815	65%
Insurance	0	0	0	0	0	
Lease/Rentals - Equipment	2,353	1,869	2,839	2,981	142	5%
Lease \Rentals-- Buildings./L	80,005	53,351	71,161	71,464	303	0%
Repairs	42,326	28,945	35,222	43,358	8,136	23%
IT-Data Processing	202,861	46,834	77,942	73,870	(4,072)	-5%
IT-Telephone	57,093	41,163	63,236	64,210	974	2%
IT - Contractual Services	982,531	129,001	260,000	365,000	105,000	40%
Professional Development	43,669	38,872	65,891	69,846	3,955	6%
Operating Fees & Services	62,857	43,093	111,139	102,130	(9,009)	-8%
Professional Services	869,972	528,963	826,032	1,230,500	404,468	49%
Medical, Dental, and Optical	4,214,492	2,930,092	20,488,144	20,617,361	129,217	1%
Operating Budget Adjustmen	0	0	0	0	0	
Sub Total Operating	**7,144,788**	**4,433,522**	**22,820,794**	**23,521,108**	**700,314**	**3%**
IT Equip Under $5000	20,287	17,319	24,071	21,600	(2,471)	-10%
Other Equip Under $5000	1,103	3,724	399	0	(399)	
Office Equip Under $5000	28,607	6,358	2,989	0	(2,989)	
TOTAL	**7,194,785**	**4,460,923**	**22,848,253**	**23,542,708**	**694,455**	**3%**
General Fund	914,864	333,002	626,628	653,082	26,454	4%
Federal Funds	3,174,686	1,971,253	2,821,625	3,489,626	668,001	24%
Other Funds	3,105,235	2,156,668	19,400,000	19,400,000	0	0%
CAPITAL ASSETS						
Land & Buildings	0	0	0	0	0	
Other Capital Paymnts	136,577	120,956	163,021	168,666	5,645	3%
Extraordinary Repairs	5,024	0	0	0	0	
Equipment >$5000	0	0	0	0	0	
IT Equip >$5000	0	0	0	0	0	
TOTAL	**141,601**	**120,956**	**163,021**	**168,666**	**5,645**	**3%**
General Fund	141,601	120,956	163,021	168,666	5,645	3%
Federal Funds	0	0	0	0	0	
Other Funds	0	0	0	0	0	
GRANTS\SPECIAL LINE ITEMS						
Grants	1,208,651	901,810	1,145,530	1,232,064	86,534	8%
WIC Food	0	0	0	0	0	
Tobacco Prevention Control	0	0	0	0	0	
TOTAL	**1,208,651**	**901,810**	**1,145,530**	**1,232,064**	**86,534**	**8%**
General Fund	0	0	0	0	0	
Federal Funds	1,208,651	901,810	1,145,530	1,232,064	86,534	8%
Other Funds	0	0	0	0	0	
COST CENTER TOTAL	0					
TOTAL	**11,429,199**	**8,014,096**	**27,659,397**	**28,951,919**	**1,292,522**	**5%**
General Fund	1,746,359	1,184,885	1,761,383	1,954,104	192,721	11%
Federal Funds	6,577,605	4,672,543	6,498,014	7,597,815	1,099,801	17%
Other Funds	3,105,235	2,156,668	19,400,000	19,400,000	0	0%

NORTH DAKOTA DEPARTMENT OF HEALTH
Medical Services
2009-11 Executive Budget

Operating Fees Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Purchase of Service - PROtect ND contracts to LPHU	17,828	7,162	(10,666)	-59.8%
Film Processing	3,980	2,250	(1,730)	-43.5%
Advertising/Photo/Misc	89,331	92,718	3,387	3.8%
Total Operating Fees	**$ 111,139**	**$ 102,130**	**$ (9,009)**	**-8.1%**

Professional Services Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	9,000	5,000	(4,000)	-44.4%
Medical Professionals - Medcenter One	41,000	49,000	8,000	19.5%
Medical Services National		35,000	35,000	100.0%
AIDS Patient Testing - LPHU and others	184,000	504,000	320,000	173.9%
[illegible]S Patient Testing - Hospitals	3,000	3,000	-	0.0%
[illegible]S Patient Testing - Media, Comm. Action, Red Cross	165,000	180,000	15,000	9.1%
TB Patient Testing - LPHU	75,000	60,000	(15,000)	-20.0%
Ryan White - LPHU	135,000	140,000	5,000	3.7%
Ryan White - Media		10,000	10,000	100.0%
Viral Hepatitis - LPHU	32,000	32,000	-	0.0%
Viral Hepatitis - Media	50,000	20,000	(30,000)	-60.0%
Laboratory Testing - Medical Examiner	16,000	12,500	(3,500)	-21.9%
Immunization - Media and Evaluation	48,000	110,000	62,000	129.2%
ELC - Campaigns: Influenza and West Nile	68,032	70,000	1,968	2.9%
Total Professional Fees	**$ 826,032**	**$ 1,230,500**	**$ 404,468**	**49.0%**

Grant Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Immunization -LPHU	850,000	916,510	66,510	8%
Epidemiology and Lab Capacity to LPHU	130,530	189,386	58,856	45%
Epidemiology and Lab Capacity to NDSU	145,000	106,168	(38,832)	-27%
STD	20,000	20,000	-	0%
Total Grants	**$ 1,145,530**	**$ 1,232,064**	**$ 86,534**	**7.6%**

[illegible]HU - Local Public Health Unit

NORTH DAKOTA DEPARTMENT OF HEALTH
Medical Services
2009-11 Executive Budget

IT Contractual Services

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Immunization (Maint) - BCBS	260,000	290,000	30,000	11.5%
Immunization enhancement - BCBS		75,000	75,000	100.0%
Total IT Contractual Services	**$ 260,000**	**$ 365,000**	**$ 105,000**	40.4%

North Dakota Department of Health
Summary of Federal & Other Funds
2009-11 Executive Budget

Medical Services Section		2009-11 Executive Budget
Federal Funds		
CDC Bioterrorism		645,253
Epidemiology & Lab Capacity		1,102,207
Ryan White Grant		1,258,052
Aids Prevention & Surveillance Grant		1,470,175
Immunization Grant		2,463,386
Sexually Transmitted Disease (STD) Grant		318,106
Tuberculosis Grant		228,956
Adult Viral Hepatitis Grant		111,680
	Total	**7,597,815**
Other Funds		
Immunization PROtect ND for Kids		19,400,000
	Total	**19,400,000**

North Dakota Department of Health
Schedule of Grants
Medical Services

Grant Line Item

Description	07-09 Current Budget	Amount Spent	Amount Remaining	09-11 Budget	General Fund	Federal Fund	Special Fund
Immunization -LPHU	850,000	600,676	249,324	916,510		916,510	
Epidemiology and Lab Capacity to LPHU	130,530	223,618	(93,088)	189,386		189,386	
Epidemiology and Lab Capacity to NDSU	145,000	57,516	87,484	106,168		106,168	
STD	20,000	20,000	-	20,000		20,000	
			-				
Total Grants	**$ 1,145,530**	**$ 901,810**	**$ 243,720**	**$ 1,232,064**	**$ -**	**$ 1,232,064**	**$ -**

* LPHU - Local Public Health Unit

317 Vaccine Allocation	
Year*	Amount Received
2006	$2,200,102
2007	$1,785,002
2008**	$1,517,169
2009***	$1,517,209

*October 1 - September 30
**Original target was $1,720,412
***Target Amount, usually cut in 4th quarter

HEALTH RESOURCES SECTION

	2005-07 Actual Expenditures	Expend To Date Dec 2008	2007-09 Current Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	**44.00**	**44.00**	**44.00**	**46.00**	**2.00**	**5%**
Salaries	3,092,116	2,494,818	3,709,892	4,576,916	867,024	23%
Temporary, Overtime	23,272	14,800	10,000	25,000	15,000	150%
Benefits	1,048,316	851,394	1,341,293	1,709,295	368,002	27%
TOTAL	**4,163,704**	**3,361,012**	**5,061,185**	**6,311,211**	**1,250,026**	**25%**
General Fund	529,332	490,284	716,979	1,599,269	882,290	123%
Federal Funds	3,024,247	2,427,240	3,632,086	3,808,442	176,356	5%
	610,125	443,488	712,120	903,500	191,380	27%
OPERATING EXPENSES						
Travel	514,719	371,454	624,559	730,734	106,175	17%
IT - Software/Supp.	20,058	19,622	19,569	26,504	6,935	35%
Professional Supplies & Mate	9,374	5,036	7,539	7,916	377	5%
Food & Clothing	53	150		0	0	
Buildings/Vehicle Maintenanc	1,109	914	1,652	1,735	83	5%
Miscellaneous Supplies	0	0	0	0	0	
Office Supplies	14,186	27,218	29,044	26,231	-2,813	-10%
Postage	30,863	22,354	30,725	34,261	3,536	12%
Printing	11,608	18,870	20,941	12,589	-8,352	-40%
Utilities	0	0	0	0	0	
Insurance	0	0	0	0	0	
Lease/Rentals - Equipment	1,474	1,371	1,927	2,023	96	5%
Lease \Rentals-- Buildings./L	96,627	58,003	77,412	77,632	220	0%
Repairs	2,339	1,774	4,274	4,488	214	5%
IT-Data Processing	61,268	58,320	68,975	90,063	21,088	31%
IT-Telephone	44,138	35,677	50,243	50,576	333	1%
IT - Contractual Services	0	0	0	0	0	
Professional Development	31,764	25,588	46,555	63,308	16,753	36%
Operating Fees & Services	9,776	17,135	34,721	44,042	9,321	27%
Professional Services	30,718	29,691	117,667	125,800	8,133	7%
Medical, Dental, and Optical	0	0	0	0	0	
Operating Budget Adjustmen	0	0	0	73,550	73,550	100%
Sub Total Operating	**880,074**	**693,177**	**1,135,803**	**1,371,452**	**235,649**	**21%**
IT Equip Under $5000	42,875	31,591	100,000	39,200	-60,800	-61%
Other Equip Under $5000	5,085	0	0	0	0	
Office Equip Under $5000	10,685	7,170	28,900	5,340	-23,560	-82%
TOTAL	**938,720**	**731,938**	**1,264,703**	**1,415,992**	**151,289**	**12%**
General Fund	98,095	84,853	105,556	363,959	258,403	245%
Federal Funds	715,241	537,857	1,010,975	874,199	-136,776	-14%
Other Funds	125,384	109,228	148,172	177,834	29,662	20%
CAPITAL ASSETS						
Land & Buildings	0	0	0	0	0	
Other Capital Paymnts	0	0	0	0	0	
Extraordinary Repairs	0	0	0	0	0	
Equipment >$5000	0	0	0	0	0	
IT Equip >$5000	0	0	0	0	0	
TOTAL	**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	0	0	0	0	0	
WIC Food	0	0	0	0	0	
Tobacco Prevention Control	0	0	0	0	0	
TOTAL	**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	
COST CENTER TOTAL						
TOTAL	**5,102,424**	**4,092,950**	**6,325,888**	**7,727,203**	**1,401,315**	**22%**
General Fund	627,427	575,137	822,535	1,963,228	1,140,693	139%
Federal Funds	3,739,488	2,965,097	4,643,061	4,682,641	39,580	1%
Other Funds	735,509	552,716	860,292	1,081,334	221,042	26%

NORTH DAKOTA DEPARTMENT OF HEALTH
Health Resources
2009-11 Executive Budget

Operating Fees Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Purchase of Service (Temp Employment Agency)	22,072	30,175	8,103	36.7%
Research Fees	585	1,199	614	105.0%
Advertising Services	10,939	11,486	547	5.0%
Photo/License	1,125	1,182	57	5.1%
Total Operating Fees	**$ 34,721**	**$ 44,042**	**$ 9,321**	**26.8%**

Professional Services Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	41,447	45,800	4,353	10.5%
Health Facilities Training	76,220	80,000	3,780	5.0%
Total Professional Services	**$ 117,667**	**$ 125,800**	**$ 8,133**	**6.9%**

Grant Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Total Grants	**$ -**	**$ -**	**$ -**	

North Dakota Department of Health
Summary of Federal & Other Funds
2009-11 Executive Budget

Health Resources Section		2009-11 Executive Budget
Federal Funds		
State Health Care Providers Certification Title 18		2,752,275
Medicaid Title 19		1,744,940
Clinical Laboratory Improvement Amendements (CLIA)		134,322
CDC Public Health Emergency Preparedness		51,104
	Total	**4,682,641**
Other Funds		
Hospital License Fees		214,098
Food and Lodging Fees		722,580
Life Safety Code		114,356
Basic Care		30,300
	Total	**1,081,334**

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Health Resources-Life Safety Code

	LSC Const
SALARIES AND WAGES	
FTE EMPLOYEES (Number)	**2.00**
Salaries	198,788
Temporary, Overtime	
Benefits	74,192
TOTAL	**272,980**
General Fund	182,895
Federal Funds	
Other Funds	90,085
OPERATING EXPENSES	
Travel	46,450
IT - Software/Supp.	800
Professional Supplies & Materials	1,000
Food & Clothing	
Buildings/Vehicle Maintenance Supplies	
Miscellaneous Supplies	
Office Supplies	3,500
Postage	300
Printing	700
Utilities	
Insurance	
Lease/Rentals - Equipment	
Lease \Rentals-- Buildings./Land	6,000
Repairs	
IT-Data Processing	4,000
IT-Telephone	4,000
IT - Contractual Services	
Professional Development	2,400
Operating Fees & Services	**0**
Professional Services	**0**
Medical, Dental, and Optical	
Operating Budget Adjustment	
Sub Total Operating	**69,150**
IT Equip Under $5000	4,000
Other Equip Under $5000	400
Office Equip Under $5000	
TOTAL	**73,550**
General Fund	49,279
Federal Funds	
Other Funds	24,271
GRANTS\SPECIAL LINE ITEMS	
Grants	
WIC Food	
Tobacco Prevention Control	
Community Health Advisory	
TOTAL	**0**
General Fund	0
Federal Funds	
Other Funds	
COST CENTER TOTAL	
TOTAL	**346,530**
General Fund	232,174
Federal Funds	0
Other Funds	114,356

CHAPTER 375

SENATE BILL NO. 2152

(Senators Nething, J. Lee, Warner)
(Representatives Pietsch, Price)

DENTAL LOAN REPAYMENT PROGRAM AND GRANTS

AN ACT to create and enact a new subsection to section 43-28.1-03 and a new section to chapter 43-28.1 of the North Dakota Century Code, relating to selection and eligibility for loan repayment under the dentists' loan repayment program and for new practice grants; to provide for a legislative council study; and to provide an appropriation.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. A new subsection to section 43-28.1-03 of the North Dakota Century Code is created and enacted as follows:

For the purposes of a dentist selected for loan payment who practices within fifteen miles [24.14 kilometers] of the city limits of Bismarck, Fargo, or Grand Forks, to qualify to receive a yearly disbursement under this chapter during that year of obligated service, the dentist must have:

a. Received dental medical payments of at least twenty thousand dollars in the form of medical assistance reimbursement; or

b. Practiced at least two full workdays per week at a public health clinic or at a nonprofit dental clinic that uses a sliding fee schedule to bill the nonprofit dental clinic's patients.

SECTION 2. A new section to chapter 43-28.1 of the North Dakota Century Code is created and enacted as follows:

New practices - Grants.

1. A dentist who graduated from an accredited dental school within the previous five years and is licensed to practice in North Dakota may submit an application to the state health council for a grant for the purpose of establishing a dental practice in a city in the state which has a population that does not exceed seven thousand five hundred.

2. The state health council may award a maximum of two grants per year and shall establish the criteria for the grant program under subsection 1 which must include:

   a. A maximum grant award of fifty thousand dollars per applicant;

   b. A requirement that the community must provide a fifty percent match for a grant;

Sixty-first Legislative Assembly of North Dakota
In Regular Session Commencing Tuesday, January 6, 2009

2009

SENATE BILL NO. 2227
(Senators Stenehjem, O'Connell)
(Representatives Boucher, Carlson)
(At the request of the Governor)

AN ACT to amend and reenact subsections 5 and 6 of section 43-12.2-01 and subsection 3 of section 43-12.2-03 of the North Dakota Century Code, relating to the medical loan repayment program; and to provide an appropriation.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Subsections 5 and 6 of section 43-12.2-01 of the North Dakota Century Code are amended and reenacted as follows:

5. Each recipient is limited to a ~~ten~~ thirty thousand dollar maximum loan repayment to be paid over two years.

6. The state health council ~~shall~~ may select ~~up to five~~ any number of recipients ~~in five~~ and communities each year as participants in the program subject to the availability of funding.

SECTION 2. AMENDMENT. Subsection 3 of section 43-12.2-03 of the North Dakota Century Code is amended and reenacted as follows:

3. A nurse practitioner, physician assistant, or certified nurse midwife who receives loan repayment under this chapter:

   a. Must be a graduate of an accredited program, located in the United States or Canada, for the preparation of nurse practitioners, physician assistants, or certified nurse midwives;

   b. Must be enrolled in or have graduated from an accredited training program for nurse practitioners, physician assistants, or certified nurse midwives prior to or within one year after submitting an application to participate in the loan repayment program and may not have practiced full time as a nurse practitioner, physician assistant, or certified nurse midwife in this state ~~within three years~~ for more than one year before the date of the application;

   c. Must be licensed or registered to practice as a nurse practitioner, physician assistant, or certified nurse midwife 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 services for a minimum of two years at the selected community if the applicant receives a loan repayment program contract.

SECTION 3. APPROPRIATION - COMMUNITY HEALTH TRUST FUND. There is appropriated out of any moneys in the community health trust fund in the state treasury, not otherwise appropriated, the sum of $67,500, or so much of the sum as may be necessary, to the state department of health for the purpose of providing funding for the medical loan repayment program, for the biennium beginning July 1, 2009, and ending June 30, 2011.

Veteri[illegible]an Program

SB 2004 - Health Department

3/10/2009

		Appropriation	Annual	2008			2009			2010			2011		
Loan Yr	Biennium	Needed	Total	#1	#2	#3	#1	#2	#3	#1	#2	#3	#1	#2	#3
yr 1			45,000	15,000	15,000	15,000									
yr 2	07-09	135,000	90,000	15,000	15,000	15,000	15,000	15,000	15,000						
yr 3			165,000	25,000	25,000	25,000	15,000	15,000	15,000	15,000	15,000	15,000			
yr 4	09-11	405,000	240,000	25,000	25,000	25,000	25,000	25,000	25,000	15,000	15,000	15,000	15,000	15,000	15,000
yr 5			240,000	0	0	0	25,000	25,000	25,000	25,000	25,000	25,000	15,000	15,000	15,000
yr 6	11-13	480,000	240,000				0	0	0	25,000	25,000	25,000	25,000	25,000	25,000
yr 7			240,000										25,000	25,000	25,000
yr 8	13-15	480,000	240,000												

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		Appropriation	Annual	2012			2013			2014			2015		
Loan Yr	Biennium	Needed	Total	#1	#2	#3	#1	#2	#3	#1	#2	#3	#1	#2	#3
yr 1			45,000												
yr 2	07-09	135,000	90,000												
yr 3			165,000												
yr 4	09-11	405,000	240,000												
yr 5			240,000	15,000	15,000	15,000									
yr 6	11-13	480,000	240,000	15,000	15,000	15,000	15,000	15,000	15,000						
yr 7			240,000	25,000	25,000	25,000	15,000	15,000	15,000	15,000	15,000	15,000			
yr 8	13-15	480,000	240,000	25,000	25,000	25,000	25,000	25,000	25,000	15,000	15,000	15,000	15,000	15,000	15,000

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ENVIRONMENTAL HEALTH SECTION

	2005-07 Actual Expenditures	Expend To Date Dec 2008	2007-09 Current Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	**155.75**	**154.75**	**154.75**	**156.25**	**1.50**	**1%**
Salaries	11,283,916	9,517,718	13,056,531	14,603,465	1,546,934	12%
Temporary, Overtime	242,483	174,202	254,800	238,920	(15,880)	-6%
Benefits	3,837,068	3,371,965	4,770,340	5,690,977	920,637	19%
TOTAL	**15,363,467**	**13,063,885**	**18,081,671**	**20,533,362**	**2,451,691**	**14%**
General Fund	3,775,444	2,863,030	4,637,509	5,564,373	926,864	20%
Federal Funds	8,290,209	7,613,160	10,483,526	11,818,129	1,334,603	13%
Other Funds	3,297,814	2,587,695	2,960,636	3,150,860	190,224	6%
OPERATING EXPENSES						
Travel	667,754	534,636	774,016	899,137	125,121	16%
IT - Software/Supp.	186,183	97,215	161,393	165,249	3,856	2%
Professional Supplies & Mat	167,356	76,524	126,762	127,803	1,041	1%
Food & Clothing	5,833	3,776	6,542	6,869	327	5%
Buildings/Vehicle Maintenan	105,323	36,142	53,258	54,920	1,662	3%
Miscellaneous Supplies	0	0	0	0	0	
Office Supplies	40,316	31,157	54,427	58,073	3,646	7%
Postage	146,676	112,597	169,895	174,178	4,283	3%
Printing	34,035	20,739	49,382	49,938	556	1%
Utilities	359,295	254,304	392,054	431,259	39,205	10%
Insurance	1,487	1,375	2,641	2,967	326	12%
Lease/Rentals - Equipment	38,225	19,932	50,451	50,769	318	1%
Lease \Rentals– Buildings./L	745,352	597,687	798,392	833,017	34,625	4%
Repairs	507,160	396,507	571,274	672,700	101,426	18%
IT-Data Processing	291,857	212,675	308,676	320,535	11,859	4%
IT-Telephone	142,367	126,600	178,398	183,046	4,648	3%
IT - Contractual Services	283,629	112,110	200,000	275,000	75,000	38%
Professional Development	201,095	137,333	231,225	238,690	7,465	3%
Operating Fees & Services	184,510	59,405	151,226	125,697	(25,529)	-17%
Professional Services	1,212,808	666,061	2,466,435	1,971,685	(494,750)	-20%
Medical, Dental, and Optical	1,701,497	1,104,787	1,598,815	1,665,150	66,335	4%
Operating Budget Adjustmer	0	0	0	0	0	
Sub Total Operating	**7,022,758**	**4,601,562**	**8,345,262**	**8,306,682**	**(38,580)**	**0%**
IT Equip Under $5000	123,881	67,489	131,474	159,100	27,626	21%
Other Equip Under $5000	64,950	26,593	51,850	137,900	86,050	166%
Office Equip Under $5000	239,535	12,264	18,427	10,900	(7,527)	-41%
TOTAL	**7,451,124**	**4,707,908**	**8,547,013**	**8,614,582**	**67,569**	**1%**
General Fund	1,701,978	1,263,563	1,661,373	1,661,120	(253)	0%
Federal Funds	4,379,612	2,649,062	5,188,598	4,242,009	(946,589)	-18%
Other Funds	1,369,534	795,283	1,697,042	2,711,453	1,014,411	60%
CAPITAL ASSETS						
Land & Buildings	0	0	0	0	0	
Other Capital Paymnts	388,201	379,800	529,221	535,461	6,240	1%
Extraordinary Repairs	231,943	32,939	228,841	236,666	7,825	3%
Equipment >$5000	805,364	254,475	627,800	662,430	34,630	6%
IT Equip >$5000	0	7,434	26,500	22,800	(3,700)	-14%
TOTAL	**1,425,508**	**674,648**	**1,412,362**	**1,457,357**	**44,995**	**3%**
General Fund	142,998	170,779	185,227	187,411	2,184	1%
Federal Funds	1,069,822	428,960	822,431	1,190,946	368,515	45%
Other Funds	212,688	74,909	404,704	79,000	(325,704)	-80%
GRANTS\SPECIAL LINE ITEMS						
Grants	16,221,311	8,018,230	24,465,894	25,227,400	761,506	3%
WIC Food	0	0	0	0	0	
Tobacco Prevention Control	0	0	0	0	0	
TOTAL	**16,221,311**	**8,018,230**	**24,465,894**	**25,227,400**	**761,506**	**3%**
General Fund	0	0	0	0	0	
Federal Funds	15,768,977	7,763,573	23,965,894	24,727,400	761,506	3%
Other Funds	452,334	254,657	500,000	500,000	0	0%
COST CENTER TOTAL						
TOTAL	**40,461,409**	**26,464,671**	**52,506,940**	**55,832,701**	**3,325,761**	**6%**
General Fund	5,620,419	4,297,372	6,484,109	7,412,904	928,795	14%
Federal Funds	29,508,620	18,454,755	40,460,449	41,978,484	1,518,035	4%
Other Funds	5,332,370	3,712,544	5,562,382	6,441,313	878,931	16%

NORTH DAKOTA DEPARTMENT OF HEALTH
Environmental Health
2009-11 Executive Budget

Operating Fees Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Advertising/Misc	45,045	47,283	2,238	5.0%
Purchase of Service	45,623	15,461	(30,162)	-66.1%
Film Processing	5,918	6,213	295	5.0%
PSA's Radon and Air Monitors	54,640	56,740	2,100	3.8%
Total Operating Fees	**$ 151,226**	**$ 125,697**	**$ (25,529)**	**-16.9%**

Professional Services Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	391,026	446,260	55,234	14.1%
Misc. Prof - Air Quality	10,000	10,000	-	0.0%
Air Quality Professional Services	33,700	33,000	(700)	-2.1%
Methyl Mercury Contamination	30,810		(30,810)	-100.0%
Lab Proficiency Testing - Chem Lab	17,274	10,000	(7,274)	-42.1%
Micro Lab Pathology Consultant	24,600	26,500	1,900	7.7%
Lab Proficiency Testing - Micro Lab	11,200	11,925	725	6.5%
Water Quality Management	25,000		(25,000)	-100.0%
Misc Prof Fees	32,564	34,000	1,436	4.4%
Wetlands	145,150	200,000	54,850	37.8%
Misc Prof Fees (EMAP)	50,000		(50,000)	-100.0%
Misc Prof Fees (EPA Block)	51,111	50,000	(1,111)	-2.2%
LUST Engineering fees	924,000	850,000	(74,000)	-8.0%
Targeted Brownfields Misc. Prof.	720,000	300,000	(420,000)	-58.3%
Total Professional Fees	**$ 2,466,435**	**$ 1,971,685**	**$ (494,750)**	**-20.1%**

Grant Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
319 Nonpoint Source	11,000,000	11,200,000	200,000	1.8%
604 B Water Quality Mgmt. Prog.	60,000	80,000	20,000	33.3%
EPA Wetlands Protection funds	275,894	350,000	74,106	26.9%
Arsenic Trioxide	12,000,000	12,100,000	100,000	0.8%
WQ Stockmen's Association	50,000	50,000	-	0.0%
Grant to DPI to purchase school buses		400,000	400,000	
Grants to local Soil Cons Dists-WDTF	200,000	200,000	-	0.0%
Water Quality Monitoring funds	150,000	150,000	-	0.0%
Lake Survey Funds	150,000	200,000	50,000	33.3%
Grants to LPH (EPA Block)	330,000	247,400	(82,600)	-25.0%
Abandoned Auto Fund	250,000	250,000	-	0.0%
Total Grants	**$ 24,465,894**	**$ 25,227,400**	**$ 761,506**	**3.1%**

2009-11 Information Technology Contractual Services
North Dakota Department of Health
Environmental Health Section

Project	Vendor	2007-09 Biennium Request	2009-11 Biennium Request	Difference Incr/(Decr)	Percent % Increase + Decrease -
Develop Software for Microbiology			20,000	20,000	100.0%
	Microbiology Total	**-**	**20,000**	**20,000**	100.0%
One Stop		200,000	255,000	55,000	27.5%
	Environmental Health-Chief Total	200,000	255,000	55,000	27.5%
	ENVIRONMENTAL HEALTH SECTION TOTAL	**200,000**	**275,000**	**75,000**	37.5%

North Dakota Department of Health
Environmental Health Section
Equipment > $5,000

Description\Narrative	Quantity	Base Price	Total Equipment	Age	Comments
DNA extractor	0.125	80,000	10,000	New	Other $70,000 paid by EPR; Increase disease outbreaktesting capacity
Replace obsolete Gas Chromatography systems	4	35,000	140,000	23	Examination of chemical samples for synthetic organic comounds
TOC analyzer	1	35,000	35,000	New	Increase capacity to test surface waters for organic compounds
Boiler (replacement) for autoclave	0.50	50,000	25,000	17	Other half paid by EPR; provides steam for sterlization of labware
Upgrade Pulse field system for salmonella testing	0.50	20,000	10,000	8	Other half paid by EPR; for foodborne outbreak DNA printing
Replace failing nitrogen generator >15 yrs old	1	7,500	7,500	14	Provides high quality hydrogen gas used in chemistry instruments
Forklift for cold storage	1	7,500	7,500	New	Replaces handheld lifts to move shipping palates and crates
Replace Lab glassware dishwasher	1	25,000	25,000	17	Sanitize labware
Replace microscope and lens	1	25,000	25,000	10	Examination of clinical specimens by fluorescence microscopy
Replace failing hydrogen generator	1	6,500	6,500	7	Provides high quality hydrogen gas used in chemistry instruments
Replace Sulfur Dioxide Analyzer	1	11,120	11,120	8	Ambient Air Quality Assessment - Replacement
Replace Ozone Analyzer	1	8,400	8,400	9	Ambient Air Quality Assessment - Replacement
Replace Nitrogen Oxide Analyzer	1	12,180	12,180	8	Ambient Air Quality Assessment - Replacement
Radiation Survey Meter with Accessories	2	6,350	12,700	Over 15	Radiological Emergency Response Kit
Replace Continuous Particulate Analyzer	6	33,000	198,000	Replacement	Three are 9 yrs. old; 2 are 7 yrs. old and 1 is 6 yrs.
Carbon Dioxide Analyzer	1	7,500	7,500	New	Ambient Air Quality Assessment - Replacement
Datalogger	1	8,200	8,200	5	Ambient Air Quality Assessment - Replacement - Record data
Replace Digital Chart Recorder	1	7,300	7,300	7	Ambient Air Quality Assessment - Replacement - Record data
Replace Nitrogen Oxide Analyzer	3	12,180	36,540	8, 5 and 5	Ambient Air Quality Assessment - Replacement
Replace Ozone Analyzer	3	8,400	25,200	8, 7 and 5	Ambient Air Quality Assessment - Replacement
Replace Sulfur Dioxide Analyzer	2	11,120	22,240	7 and 6	Ambient Air Quality Assessment - Replacement
Ammonia Analyzer	1	21,550	21,550	9	Ambient Air Quality Assessment - Replacement
Environmental Health Total			**662,430**	*	

***This equipment is funded with federal and special funds**

North Dakota Department of Health
Extraordinary Repairs
2009-11 Executive Budget

Lab Building	Amount
Replace humidifier in North Lab	16,600
Upgrade front office HVAC controls	88,700
Repair driveway and parking lots	26,600
Replace hot water heaters in North Lab	5,550
Landscaping - trees, tables, sidewalks, etc.	3,900
Add North Lab to the generator	37,700
Replace carpets	12,200
Gutter covers for cold storage	3,300
Upgrade access control for North Lab	11,102
Total	**205,652**
Environmental Training Center	
Roof repairs and window replacement	23,000
Window replacements	8,014
Total	**31,014**
Total Environmental Health Section	**236,666**

North Dakota Department of Health
Summary of Federal & Other Funds
2009-11 Executive Budget

Environmental Health Section		2009-11 Executive Budget
Federal Funds		
EPA Block Grant		8,176,760
FDA Radiation & Mammography Program		103,000
EPA PM 2.5 Monitoring		387,573
CDC Public Health Emergency Preparedness		980,765
Maternal and Child Health Block Grant (MCH)		96,097
Epidemiology & Lab Capacity		431,009
Aids Prevention		309,534
Immunization Grant		199,419
Sexually Transmitted Disease (STD) Grant		197,263
Tuberculosis Grant		93,390
MT National Lab Science		6,250
Nonpoint Source Implementation Grant		12,302,936
Arsenic Trioxide		12,326,610
Water Quality Management		238,912
Water Quality Monitoring		640,000
National Water Survey		400,000
Wetland Program Development Grants		400,000
Drinking Water State Revolving Fund and Special Request		890,481
Clean Water Revolving Fund		671,571
Clean Diesel Grant		400,000
State and Tribal Assistance (STAG) Grant		112,200
Targeted Brownfield Grant		420,000
Leaking Underground Storage Tank (LUST)		1,754,714
ND Environmental Exchange One STOP program		440,000
	Total	**41,978,484**
Other Funds		
Air Contaminant Fees		3,311,885
Asbestos Fees & Lead Base		57,000
Radiation Control Licensing Fees		405,000
Chemistry Laboratory Analysis Fees		600,000
Microbiology Laboratory Analysis Fees		750,000
Environment & Rangeland Fund		272,310
ND Water Commission		200,000
Operator Certificate Fund		36,191
Large Volume Landfills		285,927
Solid Waste Permitting Fees		168,000
Petroleum Tank Release Comp Fund		105,000
Abandoned Motor Vehicle Fund		250,000
	Total	**6,441,313**

North Dakota Department of Health
Schedule of Grants
Environmental Health Section

Grant Line Item

Description	07-09 Current Budget	Amount Spent	Amount Remaining	09-11 Budget	General Fund	Federal Fund	Special Fund
319 Nonpoint Source	11,000,000	4,916,142	6,083,858	11,200,000		11,200,000	
604 B Water Quality Mgmt. Prog.	60,000	3,821	56,179	80,000		80,000	
EPA Wetlands Protection funds	275,894	225,597	50,297	350,000		350,000	
Arsenic Trioxide	12,000,000	2,410,715	9,589,285	12,100,000		12,100,000	
WQ Stockmen's Association	50,000	50,000	-	50,000			50,000
Grant to DPI to purchase school buses		-	-	400,000		400,000	
Grants to local Soil Cons Dists-WDTF	200,000	187,356	12,644	200,000			200,000
Water Quality Monitoring funds	150,000	46,020	103,980	150,000		150,000	
Lake Survey Funds	150,000	20,000	130,000	200,000		200,000	
Grants to LPH (EPA Block)	330,000	141,277	188,723	247,400		247,400	
Abandoned Auto Fund	250,000	17,301	232,699	250,000			250,000
	$ 24,465,894	**$ 8,018,230**	**$ 16,447,664**	**$ 25,227,400**	**$ -**	**$ 24,727,400**	**$ 500,000**

C

North Dakota Department of Health
Environmental Health
IT Equipment Under $5,000

Description	Dept	Unit Price	Qty.	Total
Laptop Computer	AQ	2,000	5	10,000
Desktop Computer	AQ	1,200	29	34,800
Repace notebook computer > 4 yrs old	Chem	2,000	2	4,000
PC replacments > 4yrs old	Chem	1,200	8	9,600
PC replacments > 4yrs old	Micro	1,200	17	20,400
Workstation	WQ	1,000	1	1,000
Notebook computers	WQ	2,000	3	6,000
Desktop computers	WQ	850	16	13,600
Laptop computers to replace outdated units	MF	2,000	2	4,000
Tablet computers to replace outdated units	MF	2,700	5	13,500
PCs to replace outdated units	MF	1,200	12	14,400
Desktop computer	WM	900	1	900
Laptop computer	WM	1,400	1	1,400
Laptop computer	WM	1,400	1	1,400
Desktop computer	WM	900	4	3,600
Desktop computer	WM	900	5	4,500
Notebook Computers	ECO	1,400	1	1,400
Computer Workstations	ECO	900	5	4,500
Sub Total Computers			118	149,000

LCD Monitor	AQ	350	5	1,750
Printer	AQ	4,300	1	4,300
Monitors	WQ	350	6	2,100
Uninterruptable power supply for SDWIS server	MF	400	1	400
Label printer to replace older unit	MF	500	1	500
Monitors	ECO	350	3	1,050
Sub Total Other IT Equipment				10,100

Total IT Equipment Under $5,000 **159,100**

North Dakota Department of Health
Environmental Health
Other Equipment Under $5,000

Description	Dept ID	Unit Price	Qty.	Total
Portable Flow Calibrator	AQ	4,300	1	4,300
Meteorological Equipment Set	AQ	4,300	1	4,300
Meteorological Equipment Set	AQ	4,300	1	4,300
Meteorological Equipment Set	AQ	4,300	1	4,300
Meteorological Equipment Set	AQ	4,300	1	4,300
Meteorological Equipment Set	AQ	4,300	1	4,300
Radiation Detection Response Kits	AQ	3,500	1	3,500
Radiation Detection Response Kits	AQ	3,500	1	3,500
Meteorological Tower	AQ	2,000	1	2,000
Automated external defibrillator	Chem	1,000	1	1,000
Replace laboratory stools	Chem	750	4	3,000
Replace mod block for mercury digestions	Chem	4,300	1	4,300
Replace water polisher in mineral lab	Chem	4,500	1	4,500
Replace digestion block for metals analysis	Chem	3,500	1	3,500
Replace probes for biochemical oxygen	Chem	600	2	1,200
Replace analytical balance	Chem	4,500	2	9,000
Replace scientific fridge	Chem	750	2	1,500
Replace muffle oven	Chem	4,000	1	4,000
Replace laboratory stools	Micro	750	10	7,500
Replace vortex mixer	Micro	500	3	1,500
Replace pH meters	Micro	2,000	2	4,000
Replace pan balances	Micro	3,000	2	6,000
Visitor photo system for security	Micro	4,500	1	4,500
Upgrade emergency pager	Micro	2,500	1	2,500
Replace lab carts	Micro	600	4	2,400
Replace digital camera	Micro	2,500	1	2,500
Replace bench top incubator	Micro	2,000	2	4,000
Automated external defibrillator	Micro	1,000	1	1,000
Replace powered air purifying respirator	Micro	1,500	3	4,500
Replace bench top copier	Micro	1,500	1	1,500
Replace analytical balance	Micro	4,000	1	4,000
pH/couductivity meters	WQ	1,000	2	2,000
Digital cameras	WQ	350	2	700
Geo-pump	WQ	1,000	1	1,000
Stage recorder/data logger	WQ	1,200	5	6,000
Flow meters	WQ	2,500	3	7,500
Digital cameras	MF	350	4	1,400
PID/OVM Meter	WM	4,000	1	4,000
GPS	WM	1,500	1	1,500
Projector	ECO	1,100	1	1,100

Total Other Equipment Under $5,000 **137,900**

C

Draft

American Recovery and Reinvestment Act of 2009
Intended Use Plan
North Dakota Drinking Water State Revolving Loan Fund

March 10, 2009

I. Introduction

This is the Intended Use Plan (IUP) for the North Dakota Department of Health's (NDDH) Drinking Water State Revolving Loan Fund Program (DWSRF) under the American Recovery and Reinvestment Act (ARRA) of 2009. This IUP will accompany the application for the DWSRF capitalization grant under ARRA.

II. DWSRF Program Goals

The NDDH is committed to using funds provided through ARRA to provide assistance to water systems for capital improvement projects which will proceed quickly to construction, creating jobs and further the public health protection objectives of the Safe Drinking Water Act. The goal is to enter into binding commitments for projects which will proceed to construction or award of construction contracts by February 17, 2010. The NDDH intends to award all assistance available under this capitalization grant in full conformance with the deadlines established under the ARRA and the terms and conditions of the capitalization grant award.

The NDDH recognizes that the goal of the ARRA is to expeditiously fund eligible projects that simultaneously will create jobs, promote economic recovery, and generate long-term benefits from infrastructure investment. In this grant, the NDDH is being called upon to accomplish goals that previously may not have been priorities in its base DWSRF program. If activities are identified in the base DWSRF program that may not practically be attainable within the timeframes associated with the ARRA, these activities will be pursued using funds made available though the base DWSRF program.

III. Sources and Uses of Funds

The NDDH will apply for a capitalization grant in the amount of $19,500,000. This represents the amount the state is eligible to receive under the supplemental appropriation enacted under the ARRA. Note that the ARRA has waived the state match that is normally required in order to receive a capitalization grant.

The NDDH intends to take the full 4 percent DWSRF program administration set-aside of $780,000. The following table summarizes the sources and uses of the capitalization grant:

Sources and Uses of Capitalization Grant

SOURCES	
Capitalization Grant	$19,500,000
USES	
4% DWSRF Program Administration	$780,000
Infrastructure Assistance Agreements	$18,720,000

IV. Criteria and Methods for Distribution of Funds

A. Loan Terms and Fees

Under North Dakota's traditional DWSRF, the maximum repayment period for loans is 20 years following project completion. The present loan interest rate is 2.5 percent for public water systems that qualify for tax-exempt financing and 4 percent for those that do not qualify for tax-exempt financing, with the exception of projects that use leveraged bond proceeds. An annual loan fee of 0.5 percent is assessed on all loans to support DWSRF administration. Loans necessitating leveraging will be subject to a loan interest rate (including the 0.5 percent administration fee) of 75 percent of the current market interest rate. The interest rate on these loans will be more than the regular DWSRF interest rate.

Loan assistance provided with ARRA funds will be at an interest rate of 0.5 percent for a maximum term of 20 years. An annual loan fee of 0.5 percent will also be assessed on all loans to support DWSRF administration. The DWSRF program will also provide additional subsidy to identified assistance recipients as described in section IV.B. A public water system is limited to $5 million of assistance with ARRA funds (includes loan forgiveness and loan funds at the reduced interest rate). The loan terms for recipients of assistance from base DWSRF funding will remain unchanged from that described in the 2009 DWSRF IUP.

B. Additional Subsidization

The ARRA requires that at least 50 percent of assistance provided be in the form of additional subsidies. The DWSRF program will provide these additional subsidies as loan forgiveness. The NDDH has the authority under state law, N.D.C.C. Chapter 61-28.1, to provide financial assistance through the DWSRF as authorized by federal law and the USEPA.

Criteria for determining the amount of loan forgiveness is on a project specific basis. Loan forgiveness will be based on the relative future water cost index (RFWCI). The RFWCI is defined as the ratio of expected average annual residential user charge for water service resulting from the project, including costs recovered through special assessments, to the local annual median household income (based on 2000 census data).

Projects with a RFWCI of 2.0 percent or greater will qualify for 75 percent loan forgiveness. Projects with a RFWCI of 1.5 percent to 1.9 percent will qualify for 50 percent loan forgiveness. Projects with a RFWCI less than 1.5 percent will not qualify for any loan forgiveness. Projects that do not qualify for loan forgiveness still qualify for a reduced-interest loan as discussed above.

The loan forgiveness cap for any one project is $2.5 million. The cap for any public water system for ARRA funds is $5 million (includes loan forgiveness and loan funds at the reduced interest rate).

The attached ARRA Fundable Project Priority List shows that at least 50 percent ($9,750,000) of the available funding for projects is provided through loan forgiveness. Any subsequent revision

to this ARRA Fundable Project Priority list will likewise show that at least 50 percent of the available funding for projects will be provided with loan forgiveness.

C. Green Infrastructure

The ARRA requires that, to the extent there are sufficient eligible project applications, not less than 20 percent of the funds provided for projects be used for water efficiency, energy efficiency, green infrastructure, or other environmentally innovative activities. Where it is not clear that a project or component qualifies to be included as counting towards the 20 percent requirement, the files for such projects will contain documentation of the business case on which the project was judged to qualify, as described in Attachment 8 to the USEPA guidance for the ARRA. Projects on the PPL meeting one or more objectives are designated as follows: Green Infrastructure = G; Energy Efficiency = E, Water Efficiency = W, Other Environmentally Innovative Activity = O.

The ARRA Fundable List has sufficient projects with qualifying components. Five projects listed on the attached ARRA Fundable List appear to contain components qualifying as green infrastructure projects for purposes of this requirement, based upon USEPA guidance. These projects and project components that qualify towards the green project reserve total $3.9 million. The 20 percent requirement is $3.9. The DWSRF program has met this requirement of the ARRA. Eligibility of these components will be verified prior to award of financial assistance.

D. Priority for Projects Ready to Proceed to Construction in 12 Months/Preference for Expeditious Activities

The DWSRF has a priority system for ranking projects in accordance with criteria associated with water quality, water quantity, economic need, infrastructure adequacy, regionalization, and operator safety. However, the ARRA requires that priority be given to projects that will be ready to proceed to actual construction within 12 months of the date of enactment.

To satisfy this requirement, new projects were solicited in February 2009 in anticipation of ARRA funding. Potential assistance recipients were also queried from projects on the DWSRF Fundable and Comprehensive Project Priority Lists that were included in the base DWSRF 2009 IUP. Those projects that appear to be ready to proceed by February 16, 2010 have been given priority which is reflected in the projects being considered eligible to receive ARRA funding. The ARRA Project Priority List included within this IUP reflects the projects that will be funded using ARRA funds.

In addition, ARRA section 1602 includes a goal of using at least 50 percent of the funds for activities that can be initiated not later than 120 days after enactment of the ARRA. Two projects, representing 33 percent of the ARRA funds, as far as it's possible to determine, appear to be able to start construction by June 16, 2009.

E. Avoidance of Reallotment/Relationship to Base Program

In order to meet the requirements and deadlines of the ARRA for the expeditious and timely commitment and expenditure of funds, projects will be regularly reviewed and the data reported to USEPA on the progress of assistance recipients under the statutory deadlines specified in this IUP to identify any issues with the timeliness of this progress. If such issues are identified, the NDDH intends to work with USEPA to resolve such issues which may place the State at risk of reallotment if not resolved in a timely manner. The DWSRF program will include conditions in its binding commitments to ensure that assistance recipients make timely progress with respect to entering into contracts and/or construction. If a recipient fails to maintain progress with these conditions, they will receive funding from other DWSRF monies so that ARRA funding can be provided for a project that is ready to proceed. In addition, the DWSRF program will set loan application deadlines. If a project on the ARRA Fundable Project Priority List does not submit a loan application by the deadline, the DWSRF program will fund the next highest ranked project on the ARRA Comprehensive Project Priority List that is ready to proceed.

The NDDH understands that the USEPA may deobligate funds from states that fail to meet requirements on use of funds. The NDDH intends to avoid deobligation. If North Dakota is eligible for additional funds made available from other states that fail to meet deadlines, the NDDH will provide USEPA with a list of projects from its priority list that are ready to proceed to construction, and will also provide a certification that all funds received from these projects will be under contract for construction within 120 days of reallotment.

V. Public review and Comment

In compliance with the requirement in SDWA sec.1452(b)(1) to provide pubic review and comment, notice of the availability of this IUP was published in the four major newspapers in the state starting on February 26, 2009. A public hearing on this IUP will be held on March 16, 2009 and written comments will be accepted through March 18, 2009.

DRAFT
ARRA Comprehensive Project List
FY 2009
State of North Dakota
Drinking Water State Revolving Loan Fund Program

Priority Points	Assistance Recipient	Assistance Requested ($1000)	Date of Construction	Cumulative Total ($1000)
54	BDW	3,485	9/1/2009	3,485
44	R&TWSA	2,300	10/1/2009	5,785
32	Karlsruhe	824	7/15/2009	6,609
31	Wildrose	2,373	1/1/2010	8,982
28	Grafton	3,794	5/15/2010	12,776
28	Grafton	6,350	5/15/2013	19,126
28	Strasburg	2,230	6/15/2009	21,356
26	Washburn	4,143	6/1/2009	29,759
26	Hillsboro	4,260	8/1/2009	25,616
23	Valley City	4,605	12/15/2009	35,964
23	Kenmare	1,600	6/1/2009	31,359
22	Watford City	7,810	1/15/2011	43,774
21	Wimbledon	319	8/15/2009	44,093
19	Jamestown	3,200	6/15/2009	48,563
19	CPWD	1,270	7/1/2009	45,363
19	Jamestown	2,630	6/15/2010	51,193
19	Mayville	5,500	6/15/2009	56,693
19	Minto	400	8/15/2009	57,093
18	Granville	265	9/15/2009	57,358
17	Max	429	8/1/2009	57,787
16	Beulah	1,013	7/15/2009	58,800
16	Edgeley	400	6/15/2009	59,200
16	Langdon	2,700	11/15/2009	61,900
16	State Line Coop	275	8/1/2009	62,175
15	Fairmount	725	7/15/2009	62,900
15	Park River	920	10/15/2009	63,820
14	Enderlin	8,100	5/15/2009	71,920
14	Killdeer	2,500	2/1/2010	74,420
14	Velva	767	7/1/2009	75,187
13	Kindred	725	7/15/2009	75,912
13	Langdon RWD	503	9/15/2009	76,415
13	Oakes	220	6/15/2009	76,635
13	West Fargo	21,000	5/15/2012	97,635
12	Kathryn	150	10/1/2009	97,785
12	Page	200	5/15/2009	97,985
12	Williston	3,102	9/1/2009	101,087
11	BRWD	6,000	8/1/2009	107,087
11	Colfax	315	7/15/2009	107,402
11	Dakota RWD	1,978	8/15/2009	109,380
11	Lisbon	2,250	4/15/2009	111,630
11	Oakes	250	6/15/2009	111,880
11	Pembina	1,105	9/1/2009	112,985

DRAFT
ARRA Comprehensive Project List
FY 2009
State of North Dakota
Drinking Water State Revolving Loan Fund Program

Priority Points	Assistance Recipient	Assistance Requested ($1000)	Date of Construction	Cumulative Total ($1000)
11	Portland	650	5/15/2009	113,635
10	Carrington	6,150	6/15/2009	119,785
10	Drayton	870	10/15/2009	120,655
10	Mandan	4,000	9/1/2009	124,655
10	Mandan	1,500	10/1/2009	126,155
10	Sawyer	373	7/1/2009	126,528
10	West Fargo	20,000	5/15/2010	146,528
9	Bismarck	9,000	7/1/2010	155,528
9	Buffalo	200	6/15/2009	155,728
9	Christine	485	7/15/2009	156,213
9	Cooperstown	705	6/15/2009	156,918
9	Enderlin	2,500	6/15/2009	159,418
9	NVWD	784	6/15/2010	160,202
9	NVWD	1,300	6/15/2012	161,502
9	Wilton	4,250	4/1/2010	165,752
8	Mandan	1,100	8/1/2009	166,852
8	Mandan	1,500	9/1/2009	168,352
8	Mandan	8,600	4/1/2010	176,952
8	Mapleton	1,300	6/15/2009	178,252
8	Sawyer	556	7/1/2009	178,808
7	Bismarck	2,100	12/15/2009	180,908
7	Dickinson	1,240	5/15/2009	182,148
7	Grafton	750	11/15/2009	182,898
7	Grand Forks	730	6/15/2009	183,628
7	Grand Forks	520	6/15/2009	184,148
7	Grand Forks	650	7/15/2009	184,798
7	Grand Forks	205	5/15/2009	185,003
7	Grand Forks	962	6/15/2009	185,965
7	Minto	100	7/1/2009	186,065
7	NPRWD	550	8/1/2009	186,615
6	Cavalier	200	8/1/2009	186,815
6	Grand Forks	620	6/15/2009	187,435
6	Leonard	2,000	8/15/2009	189,435
6	New Leipzig	99	6/15/2009	189,534
5	Bismarck	770	7/15/2009	190,304
5	Bowman	530	12/31/2009	190,834
5	Fargo	675	10/15/2009	191,509
5	Grand Forks	1,500	7/15/2009	193,009
5	Grand Forks	126	5/15/2009	193,135
5	Mandan	1,800	6/1/2009	194,935
5	NPRWD	1,650	8/15/2009	196,585
4	Casselton	800	5/15/2009	197,385

DRAFT
ARRA Comprehensive Project List
FY 2009
State of North Dakota
Drinking Water State Revolving Loan Fund Program

Priority Points	Assistance Recipient	Assistance Requested ($1000)	Date of Construction	Cumulative Total ($1000)
4	Fargo	16,800	11/15/2009	214,185
4	Grand Forks	150	11/15/2009	214,335
4	TRWD	1,720	6/15/2009	216,055
3	Fargo	280	8/15/2009	216,335
3	Fargo	4,400	9/15/2009	220,735
3	Fargo	4,750	2/15/2010	225,485
3	Garrison RWA	445	9/15/2009	225,930
3	Williams RWD	750	9/1/2009	226,680
1	Wahpeton	125	7/1/2009	226,805
1	Wahpeton	300	8/1/2009	227,105
1	Wahpeton	525	4/15/2010	227,630
1	Wahpeton	180	7/1/2011	227,810
1	Wahpeton	180	7/1/2011	227,990

DRAFT
Fundable Project List
ARRA 2009
State of North Dakota
Drinking Water State Revolving Loan Fund Program

*** All loans are for a maximum of 20 years with an effective interest rate of 1%**
**** "Green Project" key: Green Infrastructure=G, Energy Efficiency=E, Water Conservation=W, Other=O**

Project Rank	Source of Funds	Assistance Recipient	Service Area Pop.	Project Description	Date of Construction	Assistance Requested ($1000)	Total Estimated Assistance ($1000)	Loan * ($1000)	Principle Forgiveness ($1000)	Green Project**	Green Project Reserve ($1000)
1	ARRA	BDW	1,089	Bulk Service to Fortuna, Noonan & Columbus	9/1/2009	3,485.0	3,485.0	985.0	2,500.0		
2	ARRA	R&TWSA	1,891	Well field, WTP and transmission main improvements for arsenic compliance	10/1/2009	1,728.0	1,728.0	864.0	864.0	E&W	600.0
3	ARRA	Karlsruhe	119	WTP or regionalization for arsenic compliance	7/15/2009	825.0	825.0	206.0	619.0		
4	ARRA	Wildrose	100	Rural water connection, pipeline, and booster station for arsenic compliance	1/1/2010	2,373.0	2,373.0	593.0	1,780.0	E&W	150.0
5	ARRA	Strasburg	549	Watermain and water tower replacement	6/15/2009	2,230.0	2,230.0	558.0	1,672.0	W	1,115.0
6	ARRA	Washburn	1,389	WTP improvements and water meter replacement	6/1/2009	4,143.0	4,143.0	2,071.0	2,072.0	E&W	1,400.0
7	ARRA	Hillsboro	1,563	New water source, WTP, storage, transmission main and rural water connection	8/1/2009	4,260.0	3,301.0	3,058.0	243.0		
8	ARRA	Valley City	6,826	WTP upgrade	12/15/2009	4,605.0	635.0	635.0	0.0	E	635.0
					Assistance under ARRA =		**18,720.0**	**8,970.0**	**9,750.0**		**3,900.0**

Abbreviations
BDW = Burke, Divide Williams Rural Water District
R&TWSA = Ray and Tioga Water Supply Association
WTP = Water Treatment Plant

B

North Dakota
STOCKMEN'S ASSOCIATION
407 SOUTH SECOND STREET
BISMARCK, NORTH DAKOTA 58504
Ph: (701) 223-2522
Fax: (701) 223-2587
e-mail: ndsa@ndstockmen.org
www.ndstockmen.org

SB 2004

Good morning, Mr. Chairman and members of the Appropriations Committee. For the record, my name is Julie Ellingson and I represent the North Dakota Stockmen's Association.

I appear here in support of SB 2004 and, specifically, the $50,000 Environmental and Rangeland Protection Fund appropriation, which supports the Stockmen's Association's Environmental Services Program. The Environmental Services Program is a statewide program that was launched in 2001 to help cattle producers minimize air and water quality impacts and comply with state and federal environmental regulations associated with concentrated feeding. The program does so by helping producers identify and implement cost-effective solutions that both enhance the environment and their potential for profitability.

Since its debut and with the support of the Health Department and the State Legislature, the North Dakota Stockmen's Association's Environmental Services Program has been very effective – one viewed as a model across the country. Our Environmental Services director has been invited onto 513 state beef cattle operations – at least one in every county – to conduct a free, confidential assessment of the animal feeding operation and to determine how it fits with state and federal regulations. From those on-site assessments, the director has also developed 45 Stockmen's Stewardship Support Program contracts and 70 Natural Resources Conservation Service Environmental Quality Incentive Program contracts for cost-share assistance to help producers install appropriate animal waste handling systems and other environmentally friendly best management practices.

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Even more impressive is how the program has helped producers reduce the amount of pollutants, such as suspended solids, nitrogen, phosphorus and fecal coli-form, from entering into waters of the state. Since 2001, the Stockmen's Association's Environmental Services Program has helped permit nearly 67,000 head of cattle and, more significantly, reduce nitrogen, phosphorus and biological oxygen demand by 82 percent on those permitted livestock operations.

The Stockmen's Association's annual Feedlot Tour is also possible because of the funding appropriated in this budget. The Feedlot Tour draws a few hundred beef producers who come on the day-long tour of progressive permitted feedlots each June to learn about stewardship practices being used across the state so they can employ the same or similar measures on their own operations.

The Stockmen's Association enjoys a strong working relationship with the Health Department. Because of our daily contact and close affiliation with the state's beef cattle producers, we are able to administer services and answer questions for folks who may not be inclined to contact a regulatory agency directly. We are also pleased to be able to assist the Department if it ever receives a complaint about a beef operation.

Cattle producers' livelihood and legacy depend on the way they care for their animals, the land they graze and the water they drink. Your support of this budget will help cattle producers be good stewards of their environment, which benefits this and future generations of North Dakotans.

For these reasons, we ask for your favorable consideration of this program as you work through this budget.

SPECIAL POPULATIONS SECTION

	2005-07 Actual Expenditures	Expend To Date Dec 2008	2007-09 Current Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	**9.00**	**10.77**	**10.77**	**11.27**	**0.50**	**5%**
Salaries	740,798	649,991	864,944	1,004,642	139,698	16%
Temporary, Overtime	7,482	4,670	8,000	8,000	0	0%
Benefits	258,293	229,708	331,439	412,536	81,097	24%
TOTAL	**1,006,572**	**884,369**	**1,204,383**	**1,425,178**	**220,795**	**18%**
General Fund	273,435	319,970	338,847	432,899	94,052	28%
Federal Funds	733,137	555,163	865,536	992,279	126,743	15%
Other Funds	0	9,236	0	0	0	
OPERATING EXPENSES						
Travel	37,191	35,428	49,846	58,320	8,474	17%
IT - Software/Supp.	4,224	4,267	3,284	2,960	(324)	-10%
Professional Supplies & Mat	4,343	3,060	3,859	4,052	193	5%
Food & Clothing	0	112,828	163,259	171,422	8,163	5%
Buildings/Vehicle Maintenan	0	292	0	0	0	
Miscellaneous Supplies	79	0	0	0	0	
Office Supplies	5,096	3,219	3,375	3,650	275	8%
Postage	3,556	11,756	16,642	17,474	832	5%
Printing	18,603	9,739	9,469	11,250	1,781	19%
Utilities	0	0	0	0	0	
Insurance	0	0	0	0	0	
Lease/Rentals - Equipment	114	1,490	3,727	3,913	186	5%
Lease \Rentals-- Buildings./L	6,744	40,081	56,934	60,534	3,600	6%
Repairs .	125	710	1,530	1,607	77	5%
IT-Data Processing	3,429	44,268	61,421	52,168	(9,253)	-15%
IT-Telephone	1,438	8,796	12,114	13,967	1,853	15%
IT - Contractual Services	0	0	0	0	0	
Professional Development	17,639	6,660	9,559	10,037	478	5%
Operating Fees & Services	1,455	28,748	10,027	10,528	501	5%
Professional Services	33,756	233,936	507,010	117,557	(389,453)	-77%
Medical, Dental, and Optical	0	80	219	230	11	5%
Operating Budget Adjustmer	0	0	0	0	0	
Sub Total Operating	**137,790**	**545,358**	**912,275**	**539,669**	**(372,606)**	-41%
IT Equip Under $5000	2,368	7,380	8,600	8,000	(600)	-7%
Other Equip Under $5000	0	0	0	0	0	
Office Equip Under $5000	0	663	0	8,700	8,700	100%
TOTAL	**140,159**	**553,401**	**920,875**	**556,369**	**(364,506)**	**-40%**
General Fund	32,711	179,109	303,242	131,245	(171,997)	-57%
Federal Funds	107,315	373,643	617,633	425,124	(192,509)	-31%
Other Funds	133	649	0	0	0	
CAPITAL ASSETS						
Land & Buildings	0	0	0	0	0	
Other Capital Paymnts	0	0	0	0	0	
Extraordinary Repairs	0	0	0	0	0	
Equipment >$5000	0	0	0	0	0	
IT Equip >$5000	0	0	0	0	0	
TOTAL	**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	1,724,172	758,856	1,881,130	2,652,321	771,191	41%
WIC Food	0	0	0	0	0	
Tobacco Prevention Control	0	0	0	0	0	
TOTAL	**1,724,172**	**758,856**	**1,881,130**	**2,652,321**	**771,191**	**41%**
General Fund	526,977	144,848	393,643	1,398,643	1,005,000	255%
Federal Funds	813,747	368,060	897,487	882,730	(14,757)	-2%
Other Funds	383,448	245,948	590,000	370,948	(219,052)	-37%
COST CENTER TOTAL						
TOTAL	**2,870,903**	**2,196,626**	**4,006,388**	**4,633,868**	**627,480**	**16%**
General Fund	833,123	643,927	1,035,732	1,962,787	927,055	90%
Federal Funds	1,654,199	1,296,866	2,380,656	2,300,133	(80,523)	-3%
Other Funds	383,581	255,833	590,000	370,948	(219,052)	-37%

NORTH DAKOTA DEPARTMENT OF HEALTH
Special Populations
2009-11 Executive Budget

Operating Fees Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Family Advisory Council Consultant Fee	8,942	9,389	447	5.0%
Advertising/Photo/Misc	1,085	1,139	54	5.0%
Total Operating Fees	**$ 10,027**	**$ 10,528**	**$ 501**	**5.0%**

Professional Services Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Cultural Sensitivity Training Sessions	20,000		(20,000)	-100.0%
Community and Reservation Training	19,988		(19,988)	-100.0%
Health Disparities Awareness	20,000		(20,000)	-100.0%
Outreach Services	15,358	11,910	(3,448)	-22.5%
Web Site Development	7,500		(7,500)	-100.0%
Medical Consultant	24,000	40,647	16,647	69.4%
SSDI MCH Data Contracts	7,862	65,000	57,138	726.8%
Individual Claims (MMIS pay DHS)	362,280		(362,280)	-100.0%
Community Assistance Misc. Prof.	30,022		(30,022)	-100.0%
Total Professional Fees	**$ 507,010**	**$ 117,557**	**$ (389,453)**	**-76.8%**

Grant Line Item

Description	2007-09 Budget	2009-11 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Family Support Contracts	40,400	40,400	0	0.0%
Grants to Multidisciplinary Clinics	342,674	369,243	26,569	7.8%
Medical Home Contracts	26,000	32,487	6,487	25.0%
Grants for Care Coordination	71,400	71,400	0	0.0%
Grants to Individuals - Russell Silver	100,000	100,000	0	0.0%
Grants to Individuals - (MMIS pay Hum Ser)		442,500	442,500	100.0%
Grants to Counties	248,056	215,000	(33,056)	-13.3%
Grants for Specialty Care Diagn. Treat.		88,000	88,000	100.0%
SSDI Grants to DHS and Data Contracts	48,000		(48,000)	-100.0%
Dental Loan Repayment	440,000	493,448	53,448	12.1%
Medical Loan Repayment	225,000	347,500	122,500	54.4%
Federal Physicians Loan Repayment	200,000		(200,000)	-100.0%
Veterinarian Loan Repayment		350,000	350,000	100.0%
Grant to UND for Primary Care	139,600	102,343	(37,257)	-26.7%
Total Grants	**$ 1,881,130**	**$ 2,652,321**	**$ 771,191**	**41.0%**

North Dakota Department of Health
Summary of Federal & Other Funds
2009-11 Executive Budget

Special Populations Section		2009-11 Executive Budget
Federal Funds		
State Partnership Grant Program to Improve Minority Health		296,701
Maternal and Child Health Block Grant (MCH)		1,471,458
State Systems Development Initiative Grant (SSDI)		209,286
Primary Care Coordination		322,688
	Total	**2,300,133**
Other Funds		
Dental Loan Repayment Program (CHTF)		298,448
Medical Loan Repayment Program (CHTF)		72,500
	Total	**370,948**

North Dakota Department of Health
Schedule of Grants
Special Populations

Grant Line Item

Description	07-09 Current Budget	Dec-09 Amount Spent	Amount Remaining	09-11 Budget	General Fund	Federal Fund	Special Fund
Family Support Contracts	40,400	21,877	18,523	40,400	17,372	23,028	
Grants to Multidisciplinary Clinics	342,674	173,684	168,990	369,243	158,600	210,643	
Medical Home Contracts	26,000	2,970	23,030	32,487	13,969	18,518	
Grants for Care Coordination	71,400	46,165	25,235	71,400	30,702	40,698	
Grants to Individuals - Russell Silver	100,000	6,913	93,087	100,000	100,000		
Grants to Individuals - (MMIS Payments)		-	-	442,500	170,000	272,500	
Grants to Counties	248,056	111,291	136,765	215,000		215,000	
Grants for Specialty Care Diagn. Treat.		-	-	88,000	88,000		
SSDI Grants to DHS and Data Contracts	48,000	482	47,518	-			
Dental Loan Repayment	440,000	228,448	211,552	493,448	195,000		298,448
Medical Loan Repayment	225,000	44,570	180,430	347,500	275,000		72,500
Federal Physicians Loan Repayment	200,000	35,000	165,000	-			
Veterinarian Loan Repayment		-	-	350,000	350,000		
Grant to UND for Primary Care	139,600	87,455	52,145	102,343		102,343	
Total Grants	**$ 1,881,130**	**$ 758,855**	**$ 1,122,275**	**$ 2,652,321**	**$ 1,398,643**	**$ 882,730**	**$ 370,948**

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2-10-09

Health Department Bills with Fiscal Impact
As of January 30, 2009

		2009-11 Appropriation in the Bill					2009-11 Fiscal Note Prepared				
		FTE	General	Federal	Other	Total	FTE	General	Federal	Other	Total
1121	PERS Retirement Pay		116,362	261,842		378,204					0
1231	Mobile Dental Care		196,000			196,000					0
1315	Dentist Start-up Costs		180,000			180,000					0
1338	Landfill Siting Board							348,000			348,000
1339	Primary Stroke Center					0	1.0	143,300			143,300
1424	Swimming Pool Program	1.0	191,700			191,700					0
1536	Waste Reduction Fund (Continuing A)				1,340,000	1,340,000	0.5			1,340,000	1,340,000
1568	Interim Comm. Status of Care		500,000			500,000					0
1571	EMS Regional Assistance	4.0	546,856			546,856					0
* 2046	Life Safety Code Reviews	2.0	215,680		106,230	321,910					0
2047	EMS Grants - Rural Law Enfor.		128,400			128,400					0
2048	Trauma Center Hospitals					0		4,000			4,000
2049	EMS Grants & Training				4,524,000	4,524,000	1.0	130,000		4,524,000	4,654,000
2050	EMS Operation Dispatch					0		5,000			5,000
2141	Land Surface Damage					0		200,000			200,000
2194	Commission on Status of Women					0	2.0	690,000			690,000
2198	Traumatic Brain Injury Registry		40,000			40,000					0
* 2227	Increase Medical Loan Repayment					0		67,500			67,500
2230	Domestic Violence	1.0	5,000,000			5,000,000					0
2272	Health Insurance Prosthetics		2,203	4,957		7,160					0
2332	Health IT Advisory Comm.		5,923,572			5,923,572					0
2333	Immunizations					0		21,600,000		(19,400,000)	2,200,000
2333	Immunizations/Proposed Amend.		5,800,000			5,800,000					0
2356	Nonprofit Dental Equipment Grants		450,000			450,000					0
2358	Nonprofit/PH Dental Loan Repayment		180,000			180,000					0
2412	Fetal Alcohol Syndrome		369,900			369,900					0
	Total	**8.0**	**19,840,673**	**266,799**	**5,970,230**	**26,077,702**	**4.5**	**23,187,800**	**0**	**(13,536,000)**	**9,651,800**

2063 Tobacco Measure 3

* In Governor's Budget

NAL

Optional Adjustment Summary
2009-11 Budget Request

Priority	Section			General Funds	Federal/ Other Funds	FTE	Salaries	Operating	Grants	Total
3	Admin	Healthy Living		11,075,260		12.00	1,120,260	3,615,000	6,340,000	11,075,260
21	Admin	General Epidemiologist		157,228		1.00	117,228	40,000		157,228
31	Admin	Local Public Health		3,270,000					3,270,000	3,270,000
22	Admin	Workforce Solutions Software System		87,470				87,470		87,470
2	Admin	Department Salary Package - Equity	FF	204,399	225,180		429,579			429,579
1	Admin	Fraud Risk Assessment /Contract Compliance	FF	153,439	153,439	2.00	256,878	50,000		306,878
17	MS	Autopsy Assistant		66,572		1.00	66,572			66,572
16	MS	Fargo Field Epidemiologist		125,798		1.00	104,898	20,900		125,798
19	HR	Environmental Health Practitioner (F&L)	FF	72,124	60,000	1.00	102,124	30,000		132,124
5	HR	Life Safety Code Construction Visits	OF	215,680	106,230	2.00	248,360	73,550		321,910
24	CH	Newborn Screening		59,000				59,000		59,000
20	CH	Ronald McDonald Dental Care Mobile		200,000					200,000	200,000
23	CH	Women's Way		500,000				500,000		500,000
14	CH	Suicide Prevention		622,828		1.00	111,064	61,764	450,000	622,828
7	CH	Poison Prevention & Control		149,000				149,000		149,000
32	CH	Adult Injury Prevention		215,698		1.00	105,738	9,960	100,000	215,698
13	CH	Heart Disease & Stroke Prevention		801,832		1.50	175,132	484,700	142,000	801,832
26	CH	Asthma Arthritis Program Development		290,721		1.50	147,521	143,200		290,721
15	EH	Energy Development		278,927		2.00	212,598	66,329		278,927
30	EH	Onsite Sewage Treatment		404,764		2.00	231,374	143,390	30,000	404,764
18	EH	Crime Lab Space	FF	71,000	71,000			142,000		142,000
4	EPR	Emergency Response Wide-area Network		960,000					960,000	960,000
29	EPR	EMS Trauma Medical Director		190,758		0.50	180,258	10,500		190,758
10	EPR	Trauma Center Designation Grant		187,000					187,000	187,000
12	EPR	Assistant Trauma Coordinator		110,914		1.00	100,414	10,500		110,914
11	EPR	Emergency Medical Services Specialists		546,856		4.00	401,656	145,200		546,856
25	EPR	Trauma Administrative Assistant		49,096		0.50	45,596	3,500		49,096
27	SP	ND Early Hearing Detection & Intervention	**	113,958		1.50	87,663	26,295		113,958
28	SP	Medical Home Program		504,005		1.50	176,726	327,279		504,005
6	SP	Specialty Care Diagnostic & Treatment Program		88,000					88,000	88,000
9	SP	Dental Loan Repayment		195,000					195,000	195,000
8	SP	Medical Personnel Loan Repayment		270,000					270,000	270,000
		Grand Total		**22,237,327**	**615,849**	**38.00**	**4,421,639**	**6,199,537**	**12,232,000**	**22,853,176**
		Grand Total All Funds		**22,853,176**			**4,421,639**	**6,199,537**	**12,232,000**	
							0			

** Includes only one year of funding

#3

2-10-09

FINAL

Optional Adjustment Summary
2009-11 Budget Request

Priority	Section			General Funds	Federal/ Other Funds	FTE	Salaries	Operating	Grants	Total
2	EPR	Emergency Response Wide-area Network		960,000					960,000	960,000
6	EH	Crime Lab Space	FF	71,000	71,000			142,000		142,000
7	Admin	Department Salary Package - Equity	FF	204,399	225,180		429,579			429,579
8	Admin	Healthy Living		11,075,260		12.00	1,120,260	3,615,000	6,340,000	11,075,260
11	EPR	Trauma Center Designation Grant		187,000					187,000	187,000
12	EPR	Emergency Medical Services Specialists		546,856		4.00	401,656	145,200		546,856
13	EPR	Assistant Trauma Coordinator		110,914		1.00	100,414	10,500		110,914
14	CH	Heart Disease & Stroke Prevention		801,832		1.50	175,132	484,700	142,000	801,832
15	Admin	Hospital Discharge Data Epidemiologist		229,488		1.00	184,488	45,000		229,488
16	CH	Suicide Prevention		622,828		1.00	111,064	61,764	450,000	622,828
17	EH	Energy Development		278,927		2.00	212,598	66,329		278,927
18	MS	Fargo Field Epidemiologist		125,798		1.00	104,898	20,900		125,798
19	MS	Autopsy Assistant		66,572		1.00	66,572			66,572
20	HR	Environmental Health Practitioner (F&L)	FF	72,124	60,000	1.00	102,124	30,000		132,124
21	CH	Ronald McDonald Dental Care Mobile		200,000					200,000	200,000
22	Admin	Workforce Solutions Software System		87,470				87,470		87,470
23	CH	Women's Way		500,000				500,000		500,000
24	CH	Newborn Screening		168,774		1.00	109,774	59,000		168,774
25	EPR	Trauma Administrative Assistant		49,096		0.50	45,596	3,500		49,096
26	CH	Asthma Arthritis Program Development		290,721		1.50	147,521	143,200		290,721
27	SP	ND Early Hearing Detection & Intervention	**	113,958		1.50	87,663	26,295		113,958
28	SP	Medical Home Program		504,005		1.50	176,726	327,279		504,005
29	EPR	EMS Trauma Medical Director		190,758		0.50	180,258	10,500		190,758
30	EH	Onsite Sewage Treatment		404,764		2.00	231,374	143,390	30,000	404,764
31	Admin	Local Public Health		3,270,000					3,270,000	3,270,000
32	CH	Adult Injury Prevention		215,698		1.00	105,738	9,960	100,000	215,698
33	SP	Health Disparities		50,000				10,000	40,000	50,000

** Includes only one year of funding

Prepared by the Legislative Co[redacted] staff
for Senator Mathern
February 9, 2009

A
3

LISTING OF PROPOSED CHANGES TO SENATE BILL NO. 2004

State Department of Health

Proposed funding changes:

	Description	FTE	General Fund	Special Funds	Total
1	Increase operating expenses funding for the women's way initiative to provide a total of $500,000		$350,000	$0	$350,000
2	Increase funding for salaries and wages ($109,774) and operating expenses ($59,000) for newborn screening	1.00	168,774	0	168,774
3	Increase grants funding for local public health to provide a total of $5,170,000		3,270,000	0	3,270,000
	Total proposed funding changes		$3,788,774	$0	$3,788,774

Other proposed changes

None

Prepared by the Legislative Council staff
for Senator Mathern
February 9, 2009

LISTING OF PROPOSED CHANGES TO SENATE BILL NO. 2004

State Department of Health

Proposed funding changes:

	Description	FTE	General Fund	Special Funds	Total
1	Increase operating expense funding for the Crime Laboratory space addition		$41,552	$41,552	$83,104
2	Increase salaries and wages funding for salary equity adjustments		579,238	701,872	1,281,110
3	Increase funding for salaries and wages ($102,124) and operating expenses ($30,000) for an environmental health practitioner	1.00	66,062	66,062	132,124
	Total proposed funding changes		$686,852	$809,486	$1,496,338

Other proposed changes

None

staff for Senator Mathern
February 11, 2009

B

LISTING OF PROPOSED CHANGES TO SENATE BILL NO. 2004

State Department of Health

Proposed funding changes:

	Description	FTE	General Fund	Special Funds	Total
1	Increase funding for salaries and wages ($720,000), operating expenses ($100,000), and grants ($4,180,000) for the healthy living initiative	6.00	$5,000,000	$0	$5,000,000
2	Increase funding for salaries and wages ($175,132), operating expenses ($484,700), and grants ($142,000) for heart disease and stroke prevention	1.50	801,832	0	801,832
3	Increase funding for salaries and wages ($111,064), operating expenses ($61,764), and grants ($450,000) for suicide prevention	1.00	622,828	0	622,828
4	Increase funding for salaries and wages ($116,076) and operating expenses ($54,800) for energy development	1.00	85,438	85,438	170,876
5	Increase funding for salaries and wages ($87,663) and operating expenses ($26,295) for North Dakota early hearing detection and intervention	1.50	113,958	0	113,958
	Total proposed funding changes		$6,624,056	$85,438	$6,709,494

Other proposed changes

None

Prepared by the North Dakot[redacted]ative Council
staff for Senator Kilzer
February 14, 2009

LISTING OF PROPOSED CHANGES TO SENATE BILL NO. 2004

State Department of Health

Proposed funding changes:

	Description	FTE	General Fund	Special Funds	Total
1	Increases funding from the insurance tax distribution fund for emergency medical services grants, including ambulance services staffing grants, system assessments, leadership training, and recruitment efforts.		$0	$1,500,000	$1,500,000
	Total proposed funding changes		$0	$1,500,000	$1,500,000

Other proposed changes:

None

Prepared by the North Dakota Legislative Council staff for Senator Mathern
February 14, 2009

LISTING OF PROPOSED CHANGES TO SENATE BILL NO. 2004

State Department of Health

Proposed funding changes:

	Description	FTE	General Fund	Special Funds	Total
1	Increases funding from the insurance tax distribution fund for emergency medical services grants, including ambulance services staffing grants, system assessments, leadership training, and recruitment efforts.		$0	$2,000,000	$2,000,000
	Total proposed funding changes		$0	$2,000,000	$2,000,000

Other proposed changes:

None

Prepared by the North Dakota Legislative [illegible]ncil
staff for House Appropriations - Human [illegible]rces
April 6, 2009

LISTING OF PROPOSED CHANGES TO SENATE BILL NO. 2004

State Department of Health

Proposed funding changes:

	Description	FTE	General Fund	Special Funds	Total
1	Decreases funding from the general fund in the grants line item for the medical loan repayment program to provide a total of $347,000, of which $207,500 is from the general fund		($67,500)		($67,500)
2	Decreases funding from the insurance tax distribution fund for emergency medical services grants added by the Senate to provide a total of $1,250,000 from the insurance tax distribution fund for these grants			($1,500,000)	(1,500,000)
3	Removes 1 FTE auditor II position in fraud risk assessment contract compliance, including $25,000 of operating expenses	(1.00)	(78,510)	(78,510)	(157,020)
4	Decreases funding for salaries and wages to remove funding to address salary equity issues		(163,144)	(180,600)	(343,744)
5	Decreases funding for operating expenses		(100,000)		(100,000)
6	a. Decreases funding for operating expenses for the Women's Way program to provide a total of $100,000		(150,000)		(150,000)
	b. Increases funding for operating expenses for the Women's Way program to provide a total of $554,332		304,332		304,332
7	a. Removes funding and 1 FTE position added by the Senate for suicide prevention	(1.00)	(622,828)		(622,828)
	b. Decreases funding and removes 1 FTE position added by the Senate for suicide prevention to provide $250,000 for grants	(1.00)	(372,828)		(372,828)
8	Removes funding for operating expenses included in the executive recommendation for poison prevention and control		(149,000)		(149,000)
9	Decreases funding in the grants line item for Russell Silver Syndrome grants to provide a total of $50,000 from the general fund		(50,000)		(50,000)
10	Decreases funding in the grants line item for the specialty care diagnostic and treatment program resulting from the rebasing of Medicaid to provide a total of $38,000		(50,000)		(50,000)
11	Adjusts funding for the Life Safety Code construction survey program to provide 50 percent general fund support with the remaining funding coming from special funds received from fees assessed facilities involved in the construction projects		(58,909)	58,909	0
12	Increases operating expenses to provide newborn hearing screening results to a licensed medical professional		50,000		50,000

13 Increases funding for grants to continue the current program and to provide a colorectal cancer screening pilot initiative for low-income underinsured and uninsured men and women aged 50 to 64 living in counties with a population exceeding 15,000, including $34,225 for the department to contract for program management, data management, and outreach oversight		300,000		000
14 Removes funding in the operating expenses line item for a budgeting error in the Community Health Division of the budget			(150,000)	(150,000)
15 Increases funding in the grants line item for grants to local public health units for nurse home visits		2,000,000		2,000,000
16 Increases funding in the grants line item for grants to local public health units for comprehensive emergency preparedness and response		500,000		500,000
17 Increases funding in the grants line item for grants to local public health units for community health assessment and incentives for regional collaboration		200,000		200,000
Total proposed funding changes	(3.00)	$1,491,613	($1,850,201)	($358,588)

Other proposed changes:

1 Add a section regarding a Legislative Council study of the state immunization program. The study if conducted must explore pharmacists' or other providers' ability and interest in immunizing children and include a review of the effect of the program on public health units, including billing, billing services, fee collections, and uncollectible acccounts.

2 Add a section to provide an appropriation for federal stimulus funds available as follows:

APPROPRIATION - FEDERAL FISCAL STIMULUS FUNDS - ADDITIONAL FUNDING APPROVAL. The funds provided in this section, or so much of the funds as may be necessary, are appropriated from federal funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, not otherwise appropriated, to the state department of health, for the period beginning with the effective date of this Act and ending June 30, 2011, as follows:

Water quality grants	$194,300
Superfund arsenic trioxide project grants	7,000,000
Clean diesel grants (provided to the department of public instruction)	1,730,000
Clean water state revolving loan fund administration	769,564
Drinking water state revolving loan fund administration	780,000
Stop violence against women	812,159
Women, infants, and children	61,800
Total federal funds	$11,347,823

The state department of health may seek emergency commission and budget section approval under chapter 54-16 for authority to spend any additional federal funds received under the federal American Recovery and Reinvestment Act of 2009 in excess of the amounts appropriated in this section, for the period beginning with the effective date of this Act and ending June 30, 2011.

Any federal funds appropriated under this section are not a part of the agency's 2011-13 base budget. Any program expenditures made with these funds will not be replaced with state funds after the federal American Recovery and Reinvestment Act of 2009 funds are no longer available.

3 Add a section to provide that of the funds included in the grants line item for ambulance services staffing grants, system assessments, leadership training, and recruitment efforts amounts be used as follows:

a. $1) for providing grants to emergency medial services operations as ed in North Dakota Century Code Chapter 23-40; and

b. $5[redacted] to contract with a third party to:

[redacted], implement, and provide an access critical ambulance service op[redacted]is assessment process for the purpose of improving EMS delivery;

Develop, implement, and provide leadership development training;

Develop, implement, and provide a biennial emergency medical services recruitment drive; and

Provide regional assistance to ambulance services to develop a quality review process to use when reviewing the quality of care rendered by EMS personnel and provide a mechanism to report to the medical directors

4 Add a section allowing the department to continue 2007-09 unspent colorectal cancer screening grant funds to continue the colorectal screening initiative in the 2009-11 biennium

North Dakota Department of Health
Summary of Proposed
Budget Changes

	Senate Version SB 2004 Appropriation	HB1231 Mobile Dental Care	SB 2047 EMS Grants Rural Law Enforce.	SB 2230 Domestic Violence	SB 2272 Health Insurance Prosthetics	SB 2332 Health IT Advisory Comm.	SB 2333 Immuniz.	SB 2358 Nonprofit PH Dental Loan Rep.	SB 2412 Fetal Alcohol Syndrome	Total Proposed Bills	Proposed Health Dept Revised Total
Salaries & Wages	45,316,676				2,309					2,309	45,318,985
Operating Exp.	44,743,226					500,000				500,000	45,243,226
Total Capital Assets	1,813,268									0	1,813,268
Grants	59,459,510	196,000	128,400	2,000,000			5,800,000	180,000	369,900	8,674,300	68,133,810
Tobacco Program	8,957,958									0	8,957,958
WIC Food Payments	25,063,375									0	25,063,375
Total	185,354,013	196,000	128,400	2,000,000	2,309	500,000	5,800,000	180,000	369,900	9,176,609	194,530,622
General	22,357,966	196,000	128,400	2,000,000	902	500,000	5,800,000	180,000	369,900	9,175,202	31,533,168
Federal	125,356,124				1,407					1,407	125,357,531
Special	37,639,923									0	37,639,923
Total	185,354,013	196,000	128,400	2,000,000	2,309	500,000	5,800,000	180,000	369,900	9,176,609	194,530,622
FTE	344.50			1.00						1.00	345.50

Prepared by the North Dakota Legislative Council staff
for Representative Kerzman
April 28, 2009

LISTING OF PROPOSED CONFERENCE COMMITTEE CHANGES TO ENGROSSED SENATE BILL NO. 2004

State Department of Health

Proposed funding changes:

	Description	FTE	General Fund	Special Funds	Total
1	Increases funding from the general fund and reduces funding from the community health trust fund for the dentists' loan program		$483,448	($483,448)	$0
2	Increases funding from the general fund and reduces funding from the community health trust fund for the physician loan repayment program		205,000	(205,000)	0
3	Increases funding from the general fund and reduces funding from the community health trust fund for the veterinarian loan repayment program		350,000	(350,000)	0
4	Increases funding from the general fund and reduces funding from the community health trust fund for the Women's Way program		304,332	(304,332)	0
5	Increases funding from the general fund and reduces funding from the community health trust fund for the stroke registry and prevention program		472,700	(472,700)	0
6	Increases funding from the general fund and reduces funding from the community health trust fund for the colorectal cancer screening initiative		300,000	(300,000)	0
7	Increases funding from the general fund and reduces funding from the community health trust fund for the emergency medical services grants		300,000	(300,000)	0
8	Increases funding from the general fund and reduces funding from the community health trust fund for the dental grant program		10,000	(10,000)	0
	Total proposed funding changes		$2,425,480	($2,425,480)	$0

Other proposed changes:

None

Prepared by the North Dakota Legislative Council staff
April 30, 2009

LISTING OF PROPOSED CONFERENCE COMMITTEE CHANGES TO ENGROSSED SENATE BILL NO. 2004

State Department of Health

Proposed funding changes:

	Description	FTE	General Fund	Special Funds	Total
1	Increases funding from the general fund to provide a grant to the University of North Dakota for a Simulation Laboratory Initiative		$500,000		$500,000
	Total proposed funding changes		$500,000	$0	$500,000

Other proposed changes:

None

Prepared by the North Dakota Legislative Council staff
for Representative Kreidt

May 2, 2009

LISTING OF PROPOSED CONFERENCE COMMITTEE CHANGES TO REENGROSSED SENATE BILL NO. 2004

State Department of Health

Proposed funding changes:

	Description	FTE	General Fund	Special Funds	Total
1	Increases funding from the general fund to provide a grant for donated dental services		$50,000		$50,000
	Total proposed funding changes		$50,000	$0	$50,000

Other proposed changes:

None

Pr[redacted] May 2, 2009: 2:20 PM		
Provisions	**Mathern Kerzman Amendments**	**Nelson Amendments**
	98047.0410	**98047.0412**
2009/2011 Appropriation	To the North Dakota Department of Health	In OMB bill
Amount	$12,883,000	0 in this amendment
Full-time equivalents	4	0 in this amendment
2007/2009 Appropriation	$62,403	Not in this Amendment
Report to the Legislative Council	Before September 1, 2010	None
Accountability in addition	Section 12: Executive Committee has	Section 13: Amends Measure #3 to require
to that provided in Measure # 3	same responsibilities as other state entity	the executive committee submit a biennial
	(Senate Amendment to SB 2063)	budget to OMB and the Legislative Council
Health department	Section 11: Health Department provides	Transfers all tobacco funding to OMB.
/Executive committee	fiscal services for executive committee.	Health Department will no longer play
	Health department may retain up to 5%	any role in tobacco programming
	of appropriation	(Unclear what happens to CDC grant)
Significant Amendments	**Does not amend Measure # 3**	**Amends 6 sections of Measure # 3**
to Measure # 3		1. Amends 80% requirement out of Measure # 3
		which would result in the removal of
		millions of dollars for tobacco control
		2. Removes the requirement that the
		Measure # 3 plan not duplicate the
		health department work
		3. Repeals the community health grant program
		4. Power for contingent transfer of funds from
		water development fund to tobacco prevention fund
		be given to the legislature
		5. Unclear of the meaning of Section 10
		6.Other word changes

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	Special Note: Measure # 3 does provide accountability	
		23-42-05. Development of the comprehensive plan.
Sec. 23-42-01 (2) ..."Comprehensive plan "means a plan		**Funding for the comprehensive plan must supplement and may not supplant**
does not duplicate the work of the community		**any funding that in the absence of this chapter would be or has been**
health grant program created in chapter 23-38.		**provided for the community health trust fund or other health initiatives.**