2011 HOUSE EDUCATION

HB 1202

2011 HOUSE STANDING COMMITTEE MINUTES

House Education Committee
Pioneer Room, State Capitol

HB 1202
01/25/11
13405

☐ Conference Committee

Committee Clerk Signature Chad Fosheim

MINUTES:

Chairman RaeAnn Kelsch: We will open the hearing on HB 1202

June Herman – Vice President, Advocacy for the American Heart Association in ND: Support. Testimony attachment 1.

Chairman RaeAnn Kelsch: Questions? Support?

Amy Walters – Director of Student Services, SEEC: Support. Testimony attachment 2.

Rep. John Wall: Could you tell me how much money you got for the grant?

Amy Walters – Director of Student Services, SEEC: We did not secure the grant.

Rep. Phillip Mueller: Do we have any evidence that the programs you have outlined are having a positive effect for student weight loss, etc.

Amy Walters – Director of Student Services, SEEC: The data in the survey is administered every two years and was administered in my 2-3 month in the program. A new one will be done in March of this year.

Rep. Brenda Heller: You said you were a pilot project. Where did you get the initial funding?

Amy Walters – Director of Student Services, SEEC: The funding comes now the ND DPI from a federal grant.

Chairman RaeAnn Kelsch: Questions? Support?

Kyle Davison – Executive Director, SEEC: Support. Testimony attachment 3.

Chairman RaeAnn Kelsch: I thought it was comical this morning I was visiting with a rural superintendent and he said they've had some complaints from parents because they were making the child do so many pushups during PE. I think it is interesting because he said the reason we are doing this is to get these kids healthy.

Rep. Brenda Heller: What type of degree do the four people that need to be hired have to have?

Kyle Davison – Executive Director, SEEC: In coordinated student health there are 8 areas. To say what level of degree they would have to have, I think if we try to balance to level of expertise would be best so we aren't duplicating what we have

Rep. John Wall: Do you deal with school lunch programs?

Kyle Davison – Executive Director, SEEC: We work with the staff. There can be disconnect with the staff at times. We are trying to work to get people to work together on a more healthy lunch program.

Chairman RaeAnn Kelsch: Are nutrition guidelines set by federal government?

Kyle Davison – Executive Director, SEEC: I'm not sure on that.

Rep. John Wall: Do you have a grant writer on staff?

Kyle Davison – Executive Director, SEEC: We do not. We have outsourced a couple of times. The answer is no our staff doesn't.

Rep. Karen Rohr: Did you have any data that could quantify each of those eight components?

Kyle Davison – Executive Director, SEEC: I'm not able to give that information. That might be a question for Amy.

Chairman RaeAnn Kelsch: If you could send that information electronically that would be greatly appreciated. Further questions? Support?

Amy Heuer: Support. Testimony attachment 4.

Vice Chair Lisa Meier: Can you visit with us a little bit on when you have a student that is overweight or has some physical limitations, what process do you go through with those students?

Amy Heuer: It is a simple answer. I just let the students know to do the best they can do. I will try and modify things if a student is struggling on a particular area.

Vice Chair Lisa Meier: Have you ever working with parents to develop a diet plan to change habbits?

Amy Heuer: I do work with the students and let them know if they have any questions to have parents call me. The fitness gram I use has a healthy zone to be in. You are either in the zone or below. It isn't a pass or fail it just helps you know what to work on. I'll then get a chance to visit with them about it. If the BMI is above or below the zone ill talk about their diet and work them on that. Then I'll talk with them about what kinds of foods they choose and try to help them make better choices.

Chairman RaeAnn Kelsch: Questions? Support?

Nancy Paintner: Support. Testimony attachment 5.

Chairman RaeAnn Kelsch: Questions? Support?

Don Bernhagen: Support. Testimony attachment 6.

Chairman RaeAnn Kelsch: For new members in the committee we passed legislation in the 2009 session to put AEDs in all schools and we crafted the language so that non public schools could receive them as well. Questions? Support?

Shirley Hagemeister: Attachment 7. I am here in representation for the American Heart Association. I was actively involved in 2005 when the American Heart Association put AEDs in placement in public access defibrillation. I looked at 14 AEDs in 5 private schools and 4 had expired batteries and half without necessary accessories. 3 AEDs were with a recall from 2006 for battery problems. From my personal standpoint I was very excited to see the placement of AEDs in schools but I truly believe we have a problem and we need something concrete here for these people to work with.

Chairman RaeAnn Kelsch: Questions?

Rep. Joe Heilman: How much does an AED cost?

Shirley Hagemeister: Anywhere from 1,200 to 2,400 dollars.

Rep. Corey Mock: What is the cost and time involved in maintaining an AED?

Shirley Hagemeister: I ask that they have a monthly check sheet. Batteries are good for a certain amount of time. Pads expire and there are some other updating costs. Some pads can cost from 50-100 dollars. These are resources that have to be in place.

Rep. Corey Mock: A recent event of a cardiac arrest in the area was from Perham Minn. Did that school have a working and maintained AED, was it used, and did it assist in Zachary living?

Chairman RaeAnn Kelsch: They did.

Shirley Hagemeister: A testimony from a young girl was about a school that had an AED and a substitute teacher had been up to date on the training and ended up saving her life.

Rep. Karen Rohr: What we are talking about is that all the schools have AEDs and you are the consultant?

Shirley Hagemeister: I am not the consultant I have just heard a lot of questions on these things.

Chairman RaeAnn Kelsch: Questions? Support?

Michelle Tipton: Support. Testimony attachment 8.

Chairman RaeAnn Kelsch: Are you primarily doing schools? Businesses? Lyceums?

Michelle Tipton: It is anybody I come into contact with. I will then walk them through their AEDs and see if they need help or assistance with them.

Chairman RaeAnn Kelsch: Questions? Support?

Robert Lech – Superintendent of Schools, Beulah School District: Support. Testimony attachment 9.

Chairman RaeAnn Kelsch: Questions? Support?

Jon Martinson - NDSBA: We support this bill.

Chairman RaeAnn Kelsch: Questions? Support?

Gale Schauer – DPI: Support. Testimony attachment 10.

Rep. John Wall: The appropriation requested is 660,000 dollars. Is it further broken down from what is broken down in the bill?

Gale Schauer – DPI: I don't have that info.

Rep. David Rust: Every year school districts are required to have their fire extinguishers looked at. Is this something that those individuals could do at the same time?

Gale Schauer – DPI: I know our dept has visited about that and it would take some coordination with whoever goes out and checks the AEDs.

Chairman RaeAnn Kelsch: That might work for some parts of the AEDS.

June Herman – Vice President, Advocacy for the American Heart Association in ND: We did have some dialogue with fire marshals and what can be done.

Rep. David Rust: It isn't the fire marshal that comes in; it is a company that does it.

June Herman – Vice President, Advocacy for the American Heart Association in ND: What we are envisioning is to develop a tracking sheet that would know the expiration dates in advance and allow for steps to keep up with the AEDs.

Rep. Karen Rohr: I have a question on the last sentence about sustaining. Have districts already engaged on how they could or would sustain the program?

Gale Schauer – DPI: I think we are always looking for a program that can and will be sustained. With our current program we have funded it for two years with the expectation that we would lower the funding and we are lowing it a little bit.

Rep. Bob Hunskor: If I was a physical education teacher and saw the charts in your testimony it would be a great motivation. Do you know if physical education teachers have a copy of your chart?

Gale Schauer – DPI: I don't know if they do. It is national data and we are currently trying to compile ND data on that.

Chairman RaeAnn Kelsch: Questions? Support?

Shirley Hagemeister: I'd like to address Rep. David Rust's questions. With the manufacturers of the AEDS there is a check sheet that is completed monthly for battery checks, electrode updates and any other service issue. Does that answer how the machine is set up?

Rep. David Rust: My question was just to make sure someone annually looked at the machine.

Rep. Brenda Heller: If we get this started with this 660,000 appropriation, how does it continue?

Chairman RaeAnn Kelsch: The thought is that it is going into the four REAS and the four coordinators. You could fund it now and potentially fund again on next go around. Once provided to the schools it is up to them to maintain. The cost would be the training etc.

June Herman – Vice President, Advocacy for the American Heart Association in ND: I think you described it well. We see in first two years districts start to step forward. We would certainly look at next session and see the continuing need for this.

Chairman RaeAnn Kelsch: Questions? Support?

Robert Langafelter: I guess I'm unbiased. It seems that we would need a study that physical education helps kids and a correlation between physical education and ADD. I haven't seen a study like that but I would think that there would be a relation. One comment I heard was about not being concerned about the cost. Government doesn't have unlimited resources so I think we should maybe look at other ways.

Chairman RaeAnn Kelsch: When we initially did buy them it was one big purchase. I think sometimes when you put these new devices in schools you sometimes forget that there will be maintenance.

Robert Langafelter: You don't always need to necessarily replace them either. One other comment I have is that a lot of the training on these is amateur. It is done on a video and doesn't seem like a real life situation you would run into.

Chairman RaeAnn Kelsch: Further Testimony? We will close the hearing on HB 1202.

2011 HOUSE STANDING COMMITTEE MINUTES

House Education Committee
Pioneer Room, State Capitol

HB 1202
02/07/11
14166

☐ Conference Committee

Committee Clerk Signature

MINUTES:

Chairman RaeAnn Kelsch: We will open the hearing on HB 1202.

June Herman – American Heart Association: Attachment. We wanted to streamline the bill further and the Department of Health was willing to handle the task through the funds directly to the Southeast Education Cooperative for this purpose. When the bill came to you it was somewhat convoluted so we are trying to get it out directly so that it could be implemented and used during this coming school years. In hearing the testimony and having Department of Public Instruction, Department of Health, REA and the American Heart Association and sit down, it was shared with us that there was another bill last session that gave money to fetal alcohol programs and it was able to be directed through the agency directly to the entity that had the expertise and in this case it was the Southeast Education Cooperative. Because the health department already provides technical assistance to that REA when it comes to having these school programs, they felt they didn't need to have an administrative fee. That reduces the bill amount by 20,000. We don't have to use another outside entity to help us select REA choices.

Vice Chair Lisa Meier: I'll move the amendment.

Rep. Joe Heilman: Second.

Chairman RaeAnn Kelsch: Questions on the amendment? We will try a voice vote. Motion carries.

Voice vote: Motion carries.

Chairman RaeAnn Kelsch: What are the wishes of the committee?

Vice Chair Lisa Meier: I move a do pass as amended.

Rep. Karen Karls: Second.

Chairman RaeAnn Kelsch: Discussion? We will take the roll on HB 1202 as amended and rerefer to appropriations. We will close on HB 1202.

13 YEAS 2 NAYS 0 ABSENT DO PASS as Amended and Rerefer to Appropriations CARRIER: Chairman RaeAnn Kelsch

11.0391.02001
Title.03000

Adopted by the Education Committee

YR
2/7/11

February 7, 2011

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1202

Page 1, line 4, replace "$660,000" with "$640,000"

Page 1, line 6, replace "a regional education association" with "the southeast education cooperative regional education association"

Page 1, remove lines 8 through 10

Page 1, line 11, remove "2."

Page 1, line 15, replace "a." with "1."

Page 1, line 17, replace "b." with "2."

Page 1, line 19, replace "c." with "3."

Page 1, line 21, replace "d." with "4."

Renumber accordingly

Date: 02-07-11
Roll Call Vote #: VOICE VOTE

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1202

House EDUCATION Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By VICE CHAIR MEIER Seconded By REP. HEILMAN

Representatives	Yes	No	Representatives	Yes	No
Chairman Kelsch			Rep. Hanson		
Vice Chairman Meier			Rep. Hunskor		
Rep. Heilman			Rep. Mock		
Rep. Heller			Rep. Mueller		
Rep. Johnson					
Rep. Karls					
Rep. Rohr					
Rep. Rust					
Rep. Sanford					
Rep. Schatz					
Rep. Wall					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

VOICE VOTE ON AMENDMENT

MOTION CARRIES

Date: 02-07-11
Roll Call Vote #: _____

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1202

House EDUCATION Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment

☒ Rerefer to Appropriations ☐ Reconsider

Motion Made By REP. MEIER Seconded By REP. KARLS

Representatives	Yes	No	Representatives	Yes	No
Chairman Kelsch	X		Rep. Hanson	X	
Vice Chairman Meier	X		Rep. Hunskor	X	
Rep. Heilman	X		Rep. Mock	X	
Rep. Heller	X		Rep. Mueller	X	
Rep. Johnson	X				
Rep. Karls	X				
Rep. Rohr	X				
Rep. Rust		X			
Rep. Sanford	X				
Rep. Schatz		X			
Rep. Wall	X				

Total (Yes) 13 No 2

Absent 0

Floor Assignment CHAIRMAN KELSCH

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

REPORT OF STANDING COMMITTEE

HB 1202: Education Committee (Rep. R. Kelsch, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (13 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). HB 1202 was placed on the Sixth order on the calendar.

Page 1, line 4, replace "$660,000" with "$640,000"

Page 1, line 6, replace "a regional education association" with "the southeast education cooperative regional education association"

Page 1, remove lines 8 through 10

Page 1, line 11, remove "2."

Page 1, line 15, replace "a." with "1."

Page 1, line 17, replace "b." with "2."

Page 1, line 19, replace "c." with "3."

Page 1, line 21, replace "d." with "4."

Renumber accordingly

2011 HOUSE APPROPRIATIONS

HB 1202

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Committee
Roughrider Room, State Capitol

HB 1202
2/16/11
14641

☐ Conference Committee

Committee Clerk Signature Julia Lyncke

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for a healthy school program grant

Minutes:

Chairman Delzer opened hearing on HB 1202 and had the carrier of the bill from the Education Committee, Representative Kelsch, introduce the bill.

Representative RaeAnn Kelsch, District 34: HB 1202 sets up healthy school programs within the Regional Education Associations (REA). The appropriation for this is $640,000 and it is not included in anyone's budget; however it was something that the House Education Committee thought was important. It sets up 4 regional health coordinators that serve all of the REAs across ND to coordinate school health programs for all of member school districts. The purpose is to eradicate health problems facing ND school age individuals to include lack of physical activity, unhealthy eating, resulting in obesity. This would provide for a coordination to improve the school curriculum for physical education and health and improve activities and policies that relate to physical activity, nutrition, and tobacco. There was a suggestion to have some of the Measure 3 monies to help fund this. It was not a recommendation from the Education committee though.

Chairman Delzer: This bill is pretty much all about money. Do you have a breakdown of the whole budget for the $640,000? Also, I see you removed $20,000.

Kelsch: The reason for removing the $20,000 was at the request of the American Heart Association due to outcome of recalculation. The appropriation sets up the four coordinators with their salaries and travel ($60,000 a year) for the two years in the biennium and their professional development training and supplies at $80,000 a year for the two years in the biennium.

Chairman Delzer: Where does it say four in the bill? And who is the staff of the heart disease and stroke prevention program?

Kelsch: that's in the health department.

Chairman Delzer: Why does it say southeast?

Kelsch: The reason it says going to the southeast cooperative education is because they have had a grant previously and they would be the ones who would be setting up the coordinator for it. The southeast had the pilot that served 35 school districts individually and through various workshops had drawn about 300 participants. They were able to leverage some dollars for grants and that was why the $20,000 reduction. Because they have had the experience with the healthy school program grants, that's why they were utilized in there.

Chairman Delzer: What was the source of those grants and what value remains in those grants?

Kelsch: It was a pilot we set up last session

Representative Nelson: Did your committee discuss the portion about smoking cessation? Is there collaboration with the Tobacco advisory committee?

Kelsch: We did not discuss that. They were not in the room when this bill was being discussed.

Chairman Delzer: Could you get us their budget; do you have that? I'm not getting the right numbers.

Kelsch: Provided attachment **ONE** to clarify this question.

Representative Skarphol: do you recall what the cost of the pilot program was?

Kelsch referred to attachment **ONE** to answer that question.

Representative Skarphol: can you give me more information on the reason for the cost of the AED maintenance?

Kelsch: You want to make sure you have as many people prepared to use an AED as possible. There have been situations where there have been an AED there and people don't know how to use. It is a life saving device that our legislative body thought was important and put in every school building.

Chairman Delzer: The numbers I see in there look like $13,000 and $8,000 for expenses. Was this pilot program funded in the Dept of Health or was this strictly a grant that created the pilot project?

Kelsch: there was a pilot and there were also able to secure some grant monies.

Chairman Delzer: We need to find out from OMB or LC where the pilot was funded from. Closed hearing on HB 1202 due to no further questions for Representative Kelsch.

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Committee
Roughrider Room, State Capitol

HB 1202
2/17/11
14711

☐ Conference Committee

Committee Clerk Signature Julia Voigt

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for a healthy school program grant

Minutes:

Chairman Delzer: We'll take up 1202. This is the bill that would appropriate $640,000 to the Health Department for the purpose of awarding healthy school program grant to the southeast education cooperative. Their plan was to hire four coordinators around the state. The activities are listed on subsections 1 – 4 of section 1 of the appropriation. Discussion?

Representative Nelson: I think we should handle this bill after we consider the Health Department budget.

Chairman Delzer: that is fine. Closed hearing on HB 1202.

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Committee
Roughrider Room, State Capitol

HB 1202
2/21/11
14763

☐ Conference Committee

Committee Clerk Signature Julie Ziegler

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for a healthy school program grant

Minutes:

Chairman Delzer opened hearing on HB 1202 with the recommendation from the House Education Committee as a do pass. Information was provided from the American Heart Association (June Herman) regarding this bill (attachment **ONE**).

Representative Skarphol: What do we hope to accomplish with this bill? I fully support 1 FTE or so to work on defibrillators and making sure they are kept up properly and there are trained individuals who know how to use them. However, I have a difficult time understanding the reason to put 4 FTEs into the program.

Chairman Delzer: There was a grant of about $20,000 last biennium that they received and it was for four coordinators ($120,000 a piece for the biennium) and $80,000 in operating expenses. The original bill came in at $660,000 and policy committee moved it down to $640,000.

Representative Nelson: I proposed amendment .03001 (attachment **TWO)**. This would reduce the $640,000 to a one region pilot project so the appropriation would go down to $160,000. This is a onetime award, so it doesn't need a sunset. There would be a reporting mechanism added for the next session to consider before they go forward with any further granting in this area. I move the amendment .03001.

Representative Hawken: Second

Representative Skarphol: So everything stays the same, but we set up a pilot for one of the REAs with $160,000.

Representative Nelson: That's exactly it. The REA (SE education coop) would be the recipient of that particular grant.

Chairman Delzer: Why replace the numbers with letters?

Sheila Sandness, Legislative Council: If are on the after amendment version, on line 7, if you insert a 1 there, then under the direction provided by staff of the heart disease and stroke prevention program becomes a sub underneath there. The 1 that's underneath that 1 needs to be a, b, c, d. Thus you're pulling part of that first appropriation paragraph and moving it down into a subsection of that section 1 paragraph. We go from 1 to 1 and then from 1 to a, b, c, d.

Chairman Delzer: further discussion?

Representative Skarphol: I think I could support 1 person working statewide with the REAs to help train individuals to ensure the defibrillators are in proper condition. I don't understand why we need to put one person in one REA to do these things at the expense of all of the rest.

Chairman Delzer: You would prefer it still went to one individual, possibly based out of the SE association, but do 2 and 3 of the original bill. Thus you'd like to remove 1 and 4 and do it statewide to make sure everybody is up to speed on the defibrillators and CPR.

Representative Skarphol: yes, my emphasis would be that we have the defibrillators that we paid for and installed at every school be usable.

Representative Monson: I'm not seeing an FTE involved in this.

Chairman Delzer: they are not listed as they are in grants, and that's what they said the grant would be used for, is to hire FTEs.

Representative Nelson: The SE region isn't the one specified; it could be one of the eight REAs in the state. Representative Skarphol could be correct, but it's a guess by this committee; we didn't hear it, Education did. There may be a very good reason why all four of those provisions were put in the bill and the need for an individual to manage that particular aspect of it. We just took action on the Health Dept bill and in good faith, acknowledged in our division, that healthy eating was an important aspect. We had taken it out as we felt this bill would be a better vehicle and the commitment that was provided to carry that out.

Representative Monson: as I'm reading number 1 now, it still refers to heart disease and stroke prevention programs so if you are going to have 1 in there, then you need to have a and b because they would go hand in hand with that.

Representative Skarphol: We've already done a pilot. I'm not sure why we need to do another one.

Representative Pollert: What about the schools that aren't part of a regional association? There are some out there. Let's just say, I'm not going to support the bill.

Representative Kroeber: I don't think one person is enough to ensure AEDs are working properly, etc. with 200 school districts across the state.

Voice vote carries to adopt amendment .03001.

Representative Nelson: I move a Do Pass as Amended.

Representative Kaldor: Second

Chairman Delzer: Discussion?

Representative Dosch: We keep adding government programs; in looking at this bill there is no reason why the local fire depts., local EMTs can be the ones to look at these automatic defibrillators to make sure they're working. The Health Dept and Red Cross could help. I oppose this bill.

Roll call vote on Do Pass as Amended for HB 1202 fails (9 yes, 11 no, 1 absent)

Representative Dosch: I move a Do Not Pass as Amended.

Representative Skarphol: Second

Chairman Delzer: Discussion?

Representative Nelson: This bill was brought forth to run a statewide program so I can't respond to the notion of why we are funding a pilot to a pilot except for the fact that it was exercise to keep this bill alive in the second half to discuss it with the Senate. In good faith we moved this concept from the department of health to this bill and now we are stepping backwards from that commitment.

Representative Skarphol: I understand based on some conversations with Education Committee that there is an individual that does a lot of work on defibrillators and I believe she said she takes care of 138 locations and works hard to mange to do that. My suggestion is that one person train others to help manage the state. If we want to keep this bill alive, remove lines 12-13 and 18-20, and change whatever language necessary to provide for one person to work at what remains in lines 14-17, in training individuals in the state to ensure these devices are adequately maintained and there are people at every location who have been trained in the utilization of them. There could be a substitute motion to that effect, if it is in the interest of the committee.

Representative Monson: I used to work a lot with the REAs, and they work together quite a bit. They train together a lot, e.g. In light of the fact removed item 12 out of HB 1004, which dealt with this cardiovascular stuff, I think this is the proper vehicle to go forward and at least hear the explanation on the floor. We have reduced the other budget by $640,000 and we have reduced this bill from 640 to 160. I think we should send this out with a Do Pass and let it be explained a bit better on the floor. I would resist trying to make more changes to this.

Roll call taken on a Do Not Pass as Amended on HB 1202, resulting in 12 yes, 8 no, and 1 absent, thus motion passed. **Representative Dosch** was assigned as the carrier of the bill to the floor. Hearing on HB 1202 closed.

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Committee
Roughrider Room, State Capitol

HB 1202
2/22/11
14787

☐ Conference Committee

Committee Clerk Signature Meredith Trachtt

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for a healthy school program grant.

Minutes: You may make reference to "attached testimony."

Chairman Delzer: There was some further discussion on 1202.

Representative Skarphol: I have an amendment approved by Representative (RaeAnn) Kelsch that talks about the REAs. If there's interest, I'll pass them out, if not, I won't. Amendment .03002 was handed out.

Representative Pollert: This is just a question. Two or three bienniums ago, didn't we fund the defibrillators? When we funded them, was there money appropriated for the training for all these schools?

Representative Monson: I'm not sure we had appropriated training. That money came out of contingency funds and DPI's budget, if I recall. I believe it went to the REAs. We had training, and we had firemen and EMTs come in and teach us how to use them.

Chairman Delzer: Do you think the schools are still currently doing that? Is there training available for new teachers?

Representative Monson: I'm quite sure there would be the ability to train them. I think the way the bill is written, with or without this amendment, it would probably allow for the REAs to do the training and have somebody come out and check those batteries. It wouldn't be a bad idea to have something in code that allows them to have this done.

Chairman Delzer: If we want to look at this amendment, we need to reconsider our action on 1202.

Representative Skarphol: The way we passed 1202, the work will be done in one pilot REA. This amendment, if the committee so desires, will allow for all REAs to have training done by this individual, and then further training done within that REA by whoever gets trained. I would ask that we reconsider our action.

Representative Pollert: I was on the prevailing side of the Do Not Pass as Amended recommendation, and I move we reconsider.

Representative Skarphol: Second.

Chairman Delzer: Discussion.

Representative Nelson: I want to keep this idea alive, but this bill as it came to us had a lot more involvement than just the defibrillator issue and checking batteries. This was a program that had nutrition as a bigger part of it, and the secondary aspect of it was the defibrillator maintenance and readiness. We've changed this considerably with this motion. It doesn't even look like the same bill. But the number is the same. That's a decision we have to make here, whether we run the concept we passed out of this committee up the ladder and take our chances on the floor, or change it from a policy standpoint to a bill that looks nothing like what we saw, and we're only supposed to make monetary changes in this committee. I don't think it meets the concept of what the Appropriations Committee is supposed to do.

Chairman Delzer: Further discussion? Voice vote uncertain, so roll was called. Motion to reconsider carried. We have the bill before us.

Representative Skarphol: I move we further amend HB 1202 with amendment .03002.

Vice Chairman Kempenich: Second.

Representative Skarphol: As we passed it out of here with a Do Not Pass, which I could have lived with if that prevailed on the floor, it was a pilot on a pilot. I find that conflicting. There is a real genuine need for the maintenance of these AEDs and the training of people in how to use them. There is a deterioration of some of the equipment involved, beyond batteries, and there is substantial cost to replacing some parts. If we're going to supply every school with one of these, it would be wise to try to at least ensure that someone in that facility knows how to use it, and hopefully there will be several people. I would hope we would pass this further amendment, and then pass the bill.

Representative Monson: You cleared this with Chairman Kelsch?

Representative Skarphol: Absolutely.

Chairman Delzer: Further discussion? Voice vote to amend carries. We have the amended bill before us.

Representative Skarphol: I move Do Pass as Amended.

Representative Monson: Second.

Chairman Delzer: Discussion. Roll was called for Do Pass as Amended. Motion carries 12-9. Representative Skarphol will be the carrier. That concludes our work for this first half. Thank you very much.

11.0391.03001
Title.04000

Prepared by the Legislative Council staff for
Representative R. Kelsch
February 18, 2011

YR
2/21/11

-Rep J. Nelson
- Feb 21, 2011
- Attachment TWO

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1202

Page 1, line 4, replace "$640,000" with "$160,000"

Page 1, line 6, replace "the southeast education cooperative" with "one"

Page 1, line 7, after the period, insert:

"1."

Page 1, line 12, replace "1." with "a."

Page 1, line 14, replace "2." with "b."

Page 1, line 16, replace "3." with "c."

Page 1, line 18, replace "4." with "d."

Page 1, after line 20, insert:

"2. The grant recipient shall provide to the legislative assembly a report regarding the use of any moneys received under this Act."

Renumber accordingly

Date: 2/4
Roll Call Vote #: 1

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1202

House Appropriations Committee

Legislative Council Amendment Number .03001

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Nelson Seconded By Rep Hawken

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer			Representative Nelson		
Vice Chairman Kempenich			Representative Wieland		
Representative Pollert					
Representative Skarphol					
Representative Thoreson			Representative Glassheim		
Representative Bellew			Representative Kaldor		
Representative Brandenburg			Representative Kroeber		
Representative Dahl			Representative Metcalf		
Representative Dosch			Representative Williams		
Representative Hawken					
Representative Klein					
Representative Kreidt					
Representative Martinson					
Representative Monson					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

Voice Vote Carries

Date: 2/24
Roll Call Vote #: 2

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1202

House Appropriations Committee

Legislative Council Amendment Number _____

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Nelson Seconded By Rep. Kaldor

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer		X	Representative Nelson	X	
Vice Chairman Kempenich			Representative Wieland		X
Representative Pollert		X			
Representative Skarphol		X			
Representative Thoreson		X	Representative Glassheim	X	
Representative Bellew		X	Representative Kaldor	X	
Representative Brandenburg	X		Representative Kroeber	X	
Representative Dahl		X	Representative Metcalf	X	
Representative Dosch		X	Representative Williams	X	
Representative Hawken	X				
Representative Klein		X			
Representative Kreidt		X			
Representative Martinson		X			
Representative Monson	X				

Total (Yes) 9 No 11

Absent 1

Floor Assignment _____

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

Date: 2/21
Roll Call Vote #: 3

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1202

House Appropriations Committee

Legislative Council Amendment Number

Action Taken: ☐ Do Pass ☒ Do Not Pass ☒ Amended ☐ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Dosch Seconded By Rep. Skarphol

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer	X		Representative Nelson		X
Vice Chairman Kempenich			Representative Wieland	X	
Representative Pollert	X				
Representative Skarphol	X				
Representative Thoreson	X		Representative Glassheim		X
Representative Bellew	X		Representative Kaldor		X
Representative Brandenburg	X		Representative Kroeber		X
Representative Dahl	X		Representative Metcalf		X
Representative Dosch	X		Representative Williams		X
Representative Hawken		X			
Representative Klein	X				
Representative Kreidt	X				
Representative Martinson	X				
Representative Monson		X			

Total (Yes) 12 No 8

Absent 1

Floor Assignment Rep. Dosch

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

Date: 2/22
Roll Call Vote #: 1

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1202

House Appropriations Committee

Legislative Council Amendment Number

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☐ Adopt Amendment
☐ Rerefer to Appropriations ☒ Reconsider

Motion Made By Rep. Pollert Seconded By Rep. Skarphol

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer	X		Representative Nelson		X
Vice Chairman Kempenich	X		Representative Wieland		X
Representative Pollert	X				
Representative Skarphol	X				
Representative Thoreson		X	Representative Glassheim		X
Representative Bellew		X	Representative Kaldor	X	
Representative Brandenburg	X		Representative Kroeber		X
Representative Dahl		X	Representative Metcalf	X	
Representative Dosch	X		Representative Williams	X	
Representative Hawken	X				
Representative Klein		X			
Representative Kreidt		X			
Representative Martinson		X			
Representative Monson	X				

Total (Yes) 11 No 10

Absent

Floor Assignment

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

Voice vote uncertain

11.0391.03002
Title.05000

Prepared by the Legislative Council staff for
Representative Skarphol
February 21, 2011

YK 2/22/11

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1202

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide an appropriation for an automated external defibrillator maintenance and readiness monitoring grant.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $160,000, or so much of the sum as may be necessary, to the state department of health for the purpose of awarding an automated external defibrillator maintenance and readiness grant, for the biennium beginning July 1, 2011, and ending June 30, 2013. The grant recipient shall provide training to individuals in each of the state's regional education associations in order that those individuals:

1. Assist schools located within the boundaries of their respective associations with automated external defibrillator maintenance and readiness monitoring;

2. Train other staff and students within the boundaries of their respective associations in the use of automated external defibrillators; and

3. Train other staff and students within the boundaries of their respective associations in cardiopulmonary resuscitation."

Renumber accordingly

Date: 2/22
Roll Call Vote #: 2

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1202

House Appropriations Committee

Legislative Council Amendment Number 03002

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Skarphol Seconded By Rep. Kempenich

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer			Representative Nelson		
Vice Chairman Kempenich			Representative Wieland		
Representative Pollert					
Representative Skarphol					
Representative Thoreson			Representative Glassheim		
Representative Bellew			Representative Kaldor		
Representative Brandenburg			Representative Kroeber		
Representative Dahl			Representative Metcalf		
Representative Dosch			Representative Williams		
Representative Hawken					
Representative Klein					
Representative Kreidt					
Representative Martinson					
Representative Monson					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

Voice vote carries

Date: 2/22
Roll Call Vote #: 3

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1202

House Appropriations Committee

Legislative Council Amendment Number

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Skarphol Seconded By Rep. Monson

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer		X	Representative Nelson	X	
Vice Chairman Kempenich	X		Representative Wieland		X
Representative Pollert	X				
Representative Skarphol	X				
Representative Thoreson		X	Representative Glassheim		X
Representative Bellew		X	Representative Kaldor	X	
Representative Brandenburg	X		Representative Kroeber	X	
Representative Dahl		X	Representative Metcalf	X	
Representative Dosch	X		Representative Williams	X	
Representative Hawken	X				
Representative Klein		X			
Representative Kreidt		X			
Representative Martinson		X			
Representative Monson	X				

Total (Yes) 12 No 9

Absent 0

Floor Assignment Rep. Skarphol

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

REPORT OF STANDING COMMITTEE

HB 1202, as engrossed: Appropriations Committee (Rep. Delzer, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (12 YEAS, 9 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1202 was placed on the Sixth order on the calendar.

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide an appropriation for an automated external defibrillator maintenance and readiness monitoring grant.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $160,000, or so much of the sum as may be necessary, to the state department of health for the purpose of awarding an automated external defibrillator maintenance and readiness grant, for the biennium beginning July 1, 2011, and ending June 30, 2013. The grant recipient shall provide training to individuals in each of the state's regional education associations in order that those individuals:

1. Assist schools located within the boundaries of their respective associations with automated external defibrillator maintenance and readiness monitoring;

2. Train other staff and students within the boundaries of their respective associations in the use of automated external defibrillators; and

3. Train other staff and students within the boundaries of their respective associations in cardiopulmonary resuscitation."

Renumber accordingly

2011 SENATE EDUCATION

HB 1202

2011 SENATE STANDING COMMITTEE MINUTES

Senate Education Committee
Missouri River Room, State Capitol

HB 1202
March 9, 2011
15068 and 15110

☐ Conference Committee

Committee Clerk Signature T. Jorgenson

Explanation or reason for introduction of bill/resolution:

A bill for an act to provide an appropriation for a healthy school program grant.

Minutes:

You may make reference to "attached testimony."

Chairman Freborg opened the committee hearing on HB1202.

Representative RaeAnn Kelsch, District 34,In support of HB 1202. It is a lot different than it was originally introduced in the House. While I support the components that are in the bill, I think you're going to hear from some of the speakers after me what the original intent of the bill was and what the original looked like as well as potential other routes this bill could take. The House Education Committee liked the way the bill was originally introduced and sent it down to Appropriations and in the Appropriations process the bill was changed to reflect what is in here today. The reason it was changed was to keep the bill alive. You're also going to have the accreditation bill that came out of the interim committee, approval and accreditation process bill. When you hear that bill, you are also going to in 1202 where they talk about maintenance of the defibrillators and that is also included in the approval and accreditation bill. The inclusion was due to the fact that we had already passed this bill out and sent it down to Appropriations. This bill started out as a healthy school grant bill, for the maintenance of defibrillators. Being the state paid for them, we want to make sure they are working well and that everyone understands how to use them. Education of defibrillators is something that is key for students and faculty members, administration, everything in a school district. That is really the purpose for the bill as it stands today.

Senator Flakoll: It cannot be used to purchase new ones but it can be used to purchase replacement batteries and provide training through Red Cross or some other entities? **Representative Kelsch:** Yes, it can be used to provide training and it can be done through the Rural Education Association (REA's). Also an expert would go out and conduct training, to go in school districts. Monies could also be used to provide the batteries, maintenance; pretty wide open at this point. **Senator Flakoll**: I hesitate to get into other bills, but, do we require each building that has an AED machine to have at least one person trained as part of the companion bill for accreditation? **Representative Kelsch**: In the accreditation bill, that is the language that's in there.

Senator Gary Lee: The training of CPR is that a requirement for school accreditation? **Representative Kelsch**: No, not the training of CPR for accreditation.

Senator Luick: In the original bill, did you have concerns for an individual in there for a FTE or was it something that was going to be handled in the districts, REA's or other person you reference. Is that a set aside person? **Representative Kelsch**: The way the original bill came in, it would have set up basically four regional positions that would have been in charge of developing healthy school programs. So it started out as a healthy school program and it would've allowed for the salaries of those individuals and would have provided certain components within the bill that needed to be included in the healthy school program. That is how it really started out. We have an epidemic of obesity in North Dakota, students are not getting enough exercise, not enough eating properly, and so it was really to address the provisions of health for our students in North Dakota. It is supported by the House Education Committee, and this was the vehicle that was used to continue to keep this alive and see if we can't come up with either a funding source or keep it the way it is, but we figured we could work on it during this half of the session to try to come up with something workable.

Senator Gary Lee: I support the defibrillators and so on, but when school districts buy computers or chemistry equipment for the labs or other technology, don't they manage within their own budget to find ways to fix, repair and take care of them and make sure people are trained in their use, at least I think they do? Now we're looking to fund a separate piece of equipment in the different way. I am just wondering why we need to do it this way rather than in their own budgetary process. **Representative Kelsch:** Let me make sure I am clear with this. This is an individual that will go out and check to make sure that the defibrillators are incompliance to make sure that people are trained to know how to use the defibrillators. This is a different device that a computer or white board or a textbook that is in a school. This is something that if used properly can save a life. I view this as something that is a lot different than some technical tool that's in a school. It is also something that the state provided the funding for Automated External Defibrillators (AED's) back in 2007, and in some cases some of those school districts have not used them, and probably haven't checked the batteries for proper maintenance. When it's a life or death situation, this presents a much different scenario than the normal day to day equipment that serves a school. This can be used for the general public. The difference is that it is different than normal day to day.

Senator Gary Lee: I am familiar with these, and we have them in my departments. But we take care of them. They should be responsible for making sure they work. They should have their own staff trained on their use and to me they should be able to use that within their own budget. Why do we have to do this outside of their regular budgetary items and line items and have an extra appropriation for this? **Representative Kelsch**: This wasn't the way the bill was first introduced. I see a value of course, but of course as a pride of authorship you know I liked my original bill better, but it was a way to keep the bill alive as we stated in order to either find another revenue source to do what the original bill stated or to continue down this road with some perfections to the legislation. We looked at this differently and the state provided the AED's, as something that went above and beyond the normal school day or normal school appropriations. It felt as though the state should be

responsible for insuring that there is the proper usage of the AED's and proper training for the use of the AED.

Senator Flakoll: Since 2007 when the law was enacted essentially to provide AED's, how many times have they been used and any outcome information? **Representative Kelsch**: I cannot remember off the top of my head, I know they were used and I know the testimony that will follow me will address that because they did talk about that in our committee.

Senator Heckaman: District 23. Co-sponsor of bill. The bill now is significantly different than when we drafted the bill earlier. As the bill started out, it would have addressed four areas that the REA's would work on and four coordinators throughout the state would take those eight REA's and divide them up and each one would work with so many of them. The original intent of the bill was to work on activities to improve physical education. Last session I had a bill for more exercise and activity within the school day that would not have added any cost to the schools. After the bill was defeated, several senators expressed their support of this bill because I think it was important so if you do one next session let me sign on to that. Although I did not do one specifically for exercise, it is included in this original bill. Healthy kids can learn more than those that are not healthy. Integrating activity into the school day enables children to sit longer and retain more information and learn more. So the original intent of the bill was to work on physical education and activities addressing that area. CPR so that all students in our state would be trained in CPR and some of that is done through the health programs in the high school. Some training is also done in the 4 H activities and local scouting activities. If we had it in school it would be uniform across the state and we would have all children up to a certain age trained. AED's was addressed in the original bill, and that is the only part that remains right now.

June Herman: Vice President of Advocacy for the American Heart Association. Testify in support for HB 1202. See written testimony # 1. Testimony #2 Collision Course: America's Baby Boomers and Cardiovascular Disease, Testimony #3 $640,000 proposed amendment, Testimony #4 $360,000 proposed amendment. She referenced testimony on the pilot program of the SECC and how they have been able to really work with school districts on writing quality PE curriculum. Pilot programs to match up the schools with the available resources, so the students can get the hands on experiences. Fit in with the concept of the 1202 and have the four coordinators out there, so we did add that in as one of the areas to have a focus on. Included two amendments, one is to restore it back to its original intent that came out of the House Education Committee; the other amendment is similar in nature but in the wisdom of this committee, you don't feel the $640,000will have much momentum, in the Senate side to take a look at least placing two coordinators out in the state. This amendment is with a lesser amount than what was originally started with the bill we have 2 coordinators in there plus some additional money to help have an individual make sure that all schools within the state receive support for their AED maintenance.

I am not sure what came out of the House Appropriations Committee, I am not sure how that would get implemented if that is what ends up being the direction you want to go we certainly would work with how it would be implemented but it certainly wasn't the intent of 1202 to do CPR training for all the students and all the staff across the state and certainly to work with matching up schools with the resources to do an inventory of expiration dates and devices in all the schools to do a heads up notification.

Senator Heckaman: Would you elaborate a little bit about in your testimony you said that there was no public hearing in the House. What did you mean by that? **June Herman**: Typically in the Senate when a bill comes forward, to the Appropriations there is a notice that it will be heard so we have a chance to explain the bill and they had quite a few bills to pass out, there was not one listed for 1202. We do know that Representative Kelsch was able to make her way to the room to speak to us who were able to work with the construction of the bill weren't available at the time would've been willing to work with the committee.

Senator Luick: The life of the batteries how long do they last? **June Herman**: I will defer to the AED expert who is getting up later. I believe 3 or 4 years, they are all different. Different devices and that's the other thing. While the state placed one certain variety with all the school systems some schools already had AED's in place before so we do have a variety of AED's out there within the schools with different equipment needs that need to be addressed.

Senator Flakoll: The building I am in received a AED machine from the Dakota Medical Foundation as part of that we basically have to test it once a month and record that much like on a spread sheet. So, are the schools doing that and to what extent and if not why not?

June Herman: You will be hearing some testimony on that. I prefer to defer to those persons coming forward. **Senator Flakoll**: According to quick calculations here we will increase the amount of money to regional educational associations by approximately $750,000 per year or $1.5 million for the biennium on the per student payments. Going back to Senator Gary Lee's question, is that something they could use for that if deem that a priority? **June Herman**: Our original intent with this was not make the REA's make a choice between a set of other priorities in this particular one, I see 1202 having to come forward as a consensus document with education leaders and with health organizations being supported of it. It does give the opportunity for a statewide platform to address the coordinated school health programs and to, set up a distribution system by which other grants can also reach the schools through so, we really wanted to set it up statewide and not have it piece- meal existing in some places and in not the others. We would've probably in hindsight, during the interim committee when work was being done on some of the REA structure to be able to have been there to speak to this project.

Senator Flakoll: So this would be a separate file of funding that would be ongoing outside of the current education funding formula? **June Herman**: Yes.

Amy Walters: Director of Student Services for the South East Education Cooperative. See written testimony # 5.

Senator Flakoll: Are there any studies that have correlated BMI and GPA? **Amy Walters**: Yes. Actually we are starting to be able to develop some of that data. I don't know necessarily if it's GPA but academic achievement and fitness standards or health standards. We are now able to start to see relationships. We obviously can't say that it is a direct cause and effect because we know there are many things that are going on in our

students' lives both academically and health wise, but we are seeing that students that have a higher fitness standard, perform higher academically as well.

Senator Heckaman: I see that on your one initiative overview you have listed some grants that you have secured. Is that the total because it seems to me that you are using the funds that were provided by the state to leverage more funds? **Amy Walters**: Correct. **Senator Heckaman**: Is that just the total that is in here or is there some other way I can find other information on that? **Amy Walters**: This was a brief overview of pulling some dollars together. If you actually took the calculator out and added it all up you probably wouldn't meet the actual total, but, yes these are where its identified you can see additional funds have been secured through other funding sources, whether it be grants or agencies.

Senator Gary Lee: I notice you mentioned tobacco several times in your comments and in your materials. Are you able to access any of the tobacco dollars that are out there for teaching and so on? **Amy Walters**: At this time, we have not secured any additional dollars necessarily tobacco dollars, I guess as you referenced. Tobacco is one of our priority areas in Coordinated School Health and we do work with our school districts on tobacco policy. Tobacco education is part of health curriculum standards so that is something that we do address. But as far as a funding source, no not at this time.

Kyle Davison, Executive Director of the South East Education Cooperative, in support of HB 1202. See written testimony #6. One REA packaged with a grant of $25,000 to pilot a Coordinated School Health program. We received the CDC grant through the Department of Public Instruction and hired Amy. It has been one of the most successful things we've done as an REA. It has impacted schools that were not interested in coming to the REA from the standpoint of professional development or to send their teachers to get more science training or more math training but for some reason when we started to get the PE involved in for training and those kinds of things. What we don't understand sometimes for many of the smaller schools sometimes this bill isn't really about the bigger schools, it's about the rural communities. Their physical education side of things is located around their school district. It has an impact and schools are excited about it. Of our dollars, if everything passes we will get about $500,000 for our REA including memberships. We're going to spend about an additional $35,000 on Coordinated School Health on top of the $30,000 we are going to get. So it's probably about $65,000 that we will spend, about $25,000 going to help develop more curriculums. We will continue but would like other parts of the state to have this.

Early on in the process I did approach the tobacco people about potentially looking at this as a way to continue to help fund and grow this type of program. We know with tobacco dollars that is not their focus and money is not available. We are working on connection between physical health and student school achievement. We are actually working with the Viewpoint as our data base where we collect our information in our assessments that we are using in North Dakota. We are actually working with the software developers the Fargo Public School is in putting a column in there to measure physical fitness based on the standards and what is happening within the school district, to see from a grant standpoint as we continue to have more access and more data available to us at the push of a button. That is a critical thing to get that into the physical fitness side of Viewpoint so we could have access to that when we write grants for the Coordinated School Health area.

Senator Luick: Do you have a plan as far as how you would disperse this amount, these monies to the other REA's or what is the agenda behind that? **Kyle Davison**: When you say a plan, to me our plan is to continue to build on what we've done. The goal would be to hire somebody where Amy could work with closely and continue branching out to do the same things that we've been successful with in the SEEC. That is initially the plan. We talked about putting four coordinators out there. I recognize that when we put it out there. It involves a lot of money. That is why we put in the bill for $360,000. But if we could continue to figure out how to build on what we've done, that would be the plan. The challenge that we have is not. Senator Lee makes a very good point. Each REA receives dollars, and you should have a priority list of the things that you want to get done. But this is one of those things that just stop. They are just trying to find those additional dollars is difficult to do for Coordinated School Health in schools budgets. So that is why we came forward with the bill.

Kyle Davison: I did hand out testimony #7 from Robert Lech, the Superintendent of Beulah Public Schools. He also is the lead administrator for the Missouri River (REA) out of Bismarck. In support of HB 1202.

Michelle Tipton: In support of HB 1202. See written testimony #8. The attachment of AED readiness to Coordinated School Health is very important because hindsight after a tragedy will let you know that there were things that you missed. If people would've known that dizziness in a teenager maybe could lead to underlying cardiac problem. It is important to put some educating into CPR it is also prevention. We always seem to be reacting to the emergency and cardiac arrest situation and we're not real proactive. So the connection between the REA's that was actually talked about probably two years prior to a bill every being introduced in the Senate in 2007. How many times have these AED's been used in the state of North Dakota since we passed them out in 2008. I don't know, if I have all the exact numbers of their use, but the devices that were handed out, I know for sure were used two different times; once in September of 2010 at Divide County High School and the other time used was in Wapheton and we do have a survivor. There are seven different manufactures out there and do monthly checks. In Mercer County where I live, there are five different models, and every manufacturer has requirements for weekly or monthly annual checks, it is all different. So you have to know your devices. The reasons some schools already have different devices is because of federal monies rural access to emergency devices. That money was funneled into rural centers, UND Rural Centers for Health for about 4 years and it ended in 2006. There is still some federal money and they have applied to receive it. Some of our schools are looking at purchasing another AED and hopefully through REA connection they will be able to assist these schools in knowing that the grant is available, how to apply for it, and maybe get their second AED. It probably will not be the same model they already have. There is no outside agency that you can hire to come in and take care of your AED's. AED's only became public about 12 years ago. So there again, they are still working out the glitches as to how to maintain them, how we're going to take of them, and what we are going to do about them. We have had 4 cardiac arrest deaths; and 2 cardiac-arrests saves on school property in the past 6 years here in ND. An AED is really the only chance there is to is reverse sudden cardiac arrest deaths. But you have a short little window of opportunity for heart to be able to save. If CPR is started immediately and a person recognizes the collapse and the unresponsiveness and

starts CPR, it prolongs the amount of time that your heart stays in that electrical chaotic rhythm, for about another 5 minutes. So you have about a 10 minute window of opportunity to do something. That is where training is so very important. For 40 years it has been recommended that the general public have CPR training and recognition of cardiac arrest deaths, immediately. That has not happened; it is not required in our schools. One of the things that HB 1202 will do is probably take this one step further and make it a little proactive versus reactive.

Senator Schaible: What is the life expectancy of an AED? **Michelle Tipton**: One manufacture developed and designed this model three years ago. The way they write things is that they will produce this model and then when they stop production they will support it for about 7 years. Guessing estimate life expectancy about 20 years. Yet some of the manufacturers are trying really hard to design their devices so they can be programmable and American Heart changes the curricular freeze and emergency cardiac care in about every 5 years. So the manufacturers are getting a lot smarter as to designing their devices so they won't become obsolete. There is one model on the market that will become obsolete here in 2015 and its' been around as for a public AED from the beginning.

Gail Schauer: Assistant Director of the Coordinated School Health In support of HB 1202. See written testimony #9. Centers for Disease Control and Prevention has information showing the connection between physical fitness and grades.

Anyone here to testify in opposition to 1202. Closed Hearing on HB 1202.

2011 SENATE STANDING COMMITTEE MINUTES

Senate Education Committee
Missouri River Room, State Capitol

HB 1202
March 15, 2011
15110

☐ Conference Committee

Committee Clerk Signature T. Jorgen

Explanation or reason for introduction of bill/resolution:

A bill for an act to provide an appropriation for a healthy school program grant.

Minutes: You may make reference to "attached testimony."

Chairman Freborg called the committee back to order.

Senator Flakoll: I took some of my free time this morning and went back and picked up the bill 2313 which was the original bill related to AED's. See written Testimony #10. All of the references are flagged by a yellow post-it-note.

Senator Heckaman: It goes back to the amendments that were put before us this morning. That was not the intent of the bill, the AED training and all of that. It was just a small part of the intention of this bill. I would like us to look at the 2nd of the 2 proposals that came this morning as amendment, the one with $360,000 in it. They don't have numbers but its' got the $360,000 in appropriations. I think this one pretty much sums up the consensus of the sponsors that put this bill in that we wanted to look at actually forcing the AED's maintenance as an issue. But these three activities here, 1) improve physical education curriculum, 2) delivery of services,3) hands on instruction for CPR within the Health curriculum, and other health related programs that they can sponsor. We need to be one of the states that's pro-active in the health movement and this is an opportunity for us to work through the REA's to do that. **So I would like to move that amendment**. Chairman Freborg: It is the Heckaman amendment. **Senator Marcellais- 2nd.**

Senator Heckaman: This is an opportunity for us to be proactive in this area. We do have a good lead person here in Amy with the SEEC who is willing to take this on as a job description and work with the other REA's in the state. It would cut down on the staff, and I think this would provide probably 2 people maybe and some of the funding they would need. In visiting with Senator Schaible he has some experience with AED's and felt that the cost that had been discussed earlier were probably less than he had ever worked with before.

Senator Schaible: In reference to the AED's. As in testimony it varies as much as there are different machines out there. First of all, I think American Heart Association if they do CPR instruction they also will do automatic defibrillator training and the module that is

included in their AMA training system. I did that for nine years. There are two things about AED's and that is the battery and the patches unless the machine totally wears out. The battery on some of them have a life expectancy of one year or less that has to be replaced. Some of them are rechargeable and then they need to be recharged and then they need to be recharged and changed as you need. Cost of a battery is $150-300 depending on your machine, patches maybe $10-25 set. They have a dated life on them of about 6 months to a year. That varies as much as any machine. Most automatic defibrillators and there are three different kinds, most automatic defibrillators if they are used in this kind of training, but if they are discharged or used they are pretty much throw-a-ways. Most of these in the schools and courthouses, when there used they are done. They cost $1500-$3500.

Senator Schaible: Question on these REA's. It was alluded to earlier today that we had stuck additional funding into these REA's, and they are set up by their areas. They also have different focuses on what their working on but couldn't they do this without this additional funding? We are talking priorities. If one of these regional areas wanted to do this and this was their priority that should be under that. We gave them more money and now we're expanding more duties. It just seems like we're duplicating a system that if this is a priority, they should do it under their scope of what they already are set up to do.

Senator Heckaman: In some of the areas, not all of schools belong to REA's. But the ones that do, don't have anybody that would do these kinds of services in their school building. We are fortunate in my school in New Rockford, who doesn't belong to an REA that we have some pretty active health people in our building, but that doesn't mean that every building around the state does that. For $360,000 that is $180,000 per year spread out amongst 8 REA's that's not a lot of money to work on a very important curriculum for our students.

Senator Luick: How much extra money was appropriated for REA's this year, I don't recall? Did they get extra money? **Senator Flakoll**: If we were to take the $182 increase time .04= $750,000 in new money per year; that times two would be $1.5 million dollars. Because again, the waiting factor that we provide for REA's are .04, the ones we provide for special education is .073, so the REA's are getting a significant amount of money to do the work that there asked to do. I will oppose the amendment if for no other reason than I really do not like to have silos coming at us at the time for special funds for special stand alone projects. That is something what we try to get away from with the funding formula and that's why we had very little descent because it used to be Special Education fighting against REA's fighting against ELL for every scrap of dollar or million or ten million dollars that we put in to K-12. I don't think we just need to look at every situation that comes down and look at some special type of stand- alone block grant funding that type of thing that is outside the formula.

Senator Heckaman: I am sure this is run through the REA's but this is one program that has gotten cut in some of the schools around my area and it's a 21st century program which is the after-school program. Some of my towns have started to try and figure out how to do that on their own by funding it through either private donations. They have gone out and looked for parent buddies or foster parents who would provide some funding for the after school program. This is one thing that has gotten cut and if it's coming through the REA's which it is, maybe we're asking the REA's to do too much with the funds that they do have.

Senator Schaible: The only REA I was involved with is the one that is in Dickinson. When we started our REA there was money out there and incentives to start REA's but they also had their own purpose and function. The group that started the REA would come up with their own idea of what was appropriate or what was priority. Your area or uniqueness caused you're different focus to go somewhere else. That is fine, but, the thing is when you do that, then I guess you take yourself out of the picture. The REA's get together on like type projects that they are interested in and focus on that direction. Now we're doing different things to say lets overlap that and I think first of all if you don't want to be in a REA that's fine, if you do, that's your choice. Second, the direction these REA's go is self serving. If it's not with the other one, so be it. The money should go to the REA and they should focus on what their priorities is and not venture to try to solve all these issues. They should solve it themselves.

Chairman Freborg: We do have a motion I believe would you repeat the motion?
Senator Heckaman: Do Pass on the Heckaman amendment on the HB 1202.

Chairman Freborg: Discussion for the motion to adopt the Heckaman amendment.
Roll call vote: 3 Yes, 4 No, 0 Absent

Chairman Freborg: You know there is some danger in losing the whole bill. They probably would've lost it in the House had the Appropriations Committee not done what they did. So, you may still not come out with a do pass recommendation but, I am just saying that there is some danger in adding to bills that have a hard time in the other House. **Senator Flakoll**: Some of the feedback I've received over the years at least in some of the issues that I've heard from including my own, sometimes it is not a matter of knowing it's a matter of time. I would be more inclined to add an extra half hour on the daily schedule for everyone and say that shall be allocated for recess and or physical education. Because sometimes they just need to get away from the computer, away from the desk, and just move around and be kids for awhile. We talked about caloric intake, well, as we know probably realize every session, your really have to throttle some of those intakes down to not be adversely affected from a wt gain standpoint, and obesity and physical fitness standpoint. We get a lot of complaints from parents and families, Senator Andrist states how underserved he believes the activities are during the school day.

Senator Heckaman: I guess I had a bill in like that last session and it didn't survive the Senate. It didn't add any minutes to the day, it didn't cost the schools anything and it still died. So much for that!

Senator Flakoll: I think it was part of the problem that it took away from other academic at the expense of that and I was thinking more instead add on to the school day.

Chairman Freborg: The minutes from a couple sessions ago show that we certainly didn't intend to maintain these things or initiate training.
What do we want to do with the bill, committee?

Senator Luick: Is it just basically a gamble on whether it passes or not then if we take it out of here? **Chairman Freborg**: You're asking the wrong guy. Would you like to make a motion Senator Luick?

Senator Luick: Motion to recommend a Do Pass on re-engrossed HB 1202.
2nd : Senator Heckaman
Roll call vote: 3 Yeas, 4 No, 0 Absent

Chairman Freborg: That motion died. Committee?
Senator Gary Lee: I move a Do Not Pass on HB 1202
2nd : Senator Schaible

Committee discussion followed.

Senator Gary Lee: I certainly support the AED's and their use and how successful they've been, but I do oppose looking to fund outside of the formulas that have been established for the REA's and as was read, before we got started the intent was not to for DPI to take care of these things or that they were supposed to establish some maintenance and programmatic areas to keep people up to date on them and so forth. These are my reasons for not supporting it.

Senator Flakoll: I think it entered into with the understanding that we would help purchase them and they would test and provide upkeep for them. I think there was also language in there which, identification language in there that makes me worried if some of these aren't being checked on a periodic basis. I don't know if that identification language would apply if there are negligent because I am sure the schools and no one in this room wants to have a situation where the state of North Dakota bought an AED or helped purchase one, someone went to use it in a situation and the battery was dead. The equipment was outdated. Do I think everyone based upon the testimony in 2007, was of the understanding that as a condition of them receiving one of these that they would provide the proper training, upkeep, maintenance, and checking them on whatever regular basis was required. In all honesty it did not seem like the bills prime sponsor necessarily had a lot of passion for the bill as it existed. Whether that's somewhat subjective or not, and I think there was more interest in trying to keep it alive to add the other parts as it existed when it left the House Education Committee. So, I think they were just trying to keep it alive in hopes that maybe we found more favor with it than the House did.

Chairman Freborg asked the committee for motion for Do Not Pass for HB 1202.
Roll call vote: 4 Yeas, 3 No, 0 Absent

Date: 3/8/11
Roll Call Vote # 1A

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1202

Senate Education Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number Heckaman Amendment

Action Taken: ☒ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Sen. Heckaman Seconded By Sen. Marcellais

Senators	Yes	No	Senators	Yes	No
Chairman Layton Freborg		X	Senator Joan Heckaman	X	
Vice Chair Donald Schaible		X	Senator Richard Marcellais	X	
Senator Tim Flakoll		X			
Senator Gary A. Lee		X			
Senator Larry Luick	X				

Total (Yes) 3 No 4

Absent 0

Floor Assignment

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

add $360,000 and restore most of original bill.

Date: 3/8/11
Roll Call Vote # 16

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1202

Senate Education Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☒ Do Pass ☐ Do Not Pass ☐ Amended ☐ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Sen Luick Seconded By Sen. Heckaman

Senators	Yes	No	Senators	Yes	No
Chairman Layton Freborg		X	Senator Joan Heckaman	X	
Vice Chair Donald Schaible		X	Senator Richard Marcellais	X	
Senator Tim Flakoll		X			
Senator Gary A. Lee		X			
Senator Larry Luick	X				

Total (Yes) 3 No 4

Absent 0

Floor Assignment _____

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

Date: 3/8/11
Roll Call Vote # 1C

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1202

Senate Education Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☐ Do Pass ☒ Do Not Pass ☐ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Sen. G. Lee Seconded By Sen. Schaible

Senators	Yes	No	Senators	Yes	No
Chairman Layton Freborg	X		Senator Joan Heckaman		X
Vice Chair Donald Schaible	X		Senator Richard Marcellais		X
Senator Tim Flakoll	X				
Senator Gary A. Lee	X				
Senator Larry Luick		X			

Total (Yes) 4 No 3

Absent 0

Floor Assignment Sen. Gary Lee

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

REPORT OF STANDING COMMITTEE

HB 1202, as reengrossed: Education Committee (Sen. Freborg, Chairman) recommends **DO NOT PASS** (4 YEAS, 3 NAYS, 0 ABSENT AND NOT VOTING). Reengrossed HB 1202 was placed on the Fourteenth order on the calendar.

2011 TESTIMONY

HB 1202

TESTIMONY ATTACHMENT 1

American Heart Association. | American Stroke Association.
Learn and Live.

House Bill 1202

House Education Committee

AHA Testimony

Chairman Kelsch and members of the House Education Committee. I am June Herman, Vice President of Advocacy for the American Heart Association in North Dakota. I am here today to testify in support of House Bill 1202, and ask for a "do pass" recommendation from this committee.

The news is not good. In the past 30 years, obesity in this country has more than doubled among children and more than tripled among teenagers. As these rates continue to rise, we are putting an entire generation at risk for serious health conditions like type 2 diabetes, high blood pressure and even heart disease and stroke. Inactivity along with the overconsumption of unhealthy foods and sugar sweetened beverages is a leading cause. Clearly more emphasis must be placed on teaching youth how to eat healthy and stay active.

My testimony today will explain the elements of HB 1202. There are others available today who will be addressing some of the following areas and have the greater content knowledge on those areas for you:

- Amy Walters – Results of pilot project work
- Kyle Davison –Regional Education Association Perspective
- Amy Heuer – Quality PE Curriculum
- Nancy Paintner – K – 12 PE, and rural community EMT
- Don Bernhagen – Effectiveness of school Automated External Defibrillators (AEDs)
- Shirley Hagemeister – School AEDs, student training; AED readiness
- Michelle Tipton – 2007 school AED placement and findings
- Rob Lech – managing AEDs in a rural school setting

Attached to my testimony are the core elements that serve as the foundation for HB 1202. Let me highlight the sections.

HB 1202 establishes a delivery system for healthy school programs throughout the state, unique in many ways for how it leverages multiple resources, priorities, and partners, while making it all user friendly for the school districts. One stop shopping, customized to school district needs.

HB 1202 takes a very successful pilot, building upon a successful collaborative environment and adds additional stakeholders:

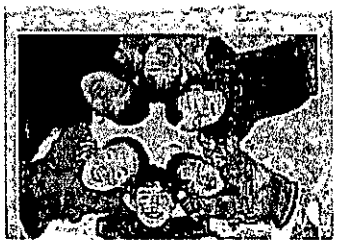
- North Dakota Rural Health Association – rural hospital CEOs, local public health, economic development, EMS and other members committed to rural health
- Department of Health, Heart Disease and Stroke Program, whose work brings together Coordinated School Health leaders and emergency medical services

Attached to my testimony are the core elements of the bill, which I will review, and then I would be happy to answer any questions.

Elements of HB 1202

Bill Language	Intent	Scope
$660,000 Biennium	General Fund	Ability to coordinate and leverage other grants and available resources
Directed to Dept of Health	Needed state agency designation	Both DPI and DOH share in Coordinated School Health
Awarding to 1 REA	1 REA selected based on proposal to serve all REAs in the state	Placement of a REA based Healthy School Program coordinator in each quadrant of the state
Grant Selection – HDSP and NDRHA	The two would be responsible for engaging other stakeholders in grant scope, selection, and project updates	• Project outline provided • REA lead agency selected based upon capabilities and proposal
Lead REA	Service to all REAs in state	Coordinators within REAs in all quadrants of the state
Direction of the HDSP	$20,000 biennium for contract or administrative services	NDRHA has agreed to serve in this role
Activities for PE Curricula	Assist school districts with writing quality PE curriculum (SPARKS)	Workshops and resources, referral source for new PE teachers
Hand on instruction of CPR	Psychomotor skill based CPR training	Inventory, assess, and assist appropriate pilot schools with CPR instruction within health curriculum
AEDs	Ensure maintenance and equipment/school readiness	Inventory of equipment, expiration dates, group orders, reminder notices, and support for the development/practice of school response plans
Additional elements of Coordinated School Health Programs	Leveraging of resources and needs to assist schools	Nutrition Education/School Food Service Support Health Education School Wellness Policy Technical Assistance

Healthy School Programs within Regional Education Associations



Appropriation Recommendation - *Leadership Partners – American Heart Association, Southeast Education Cooperative, ND Regional Education Leadership Group, ND Rural Health Association, ND Alliance for Health, Physical Education, Recreation and Dance.*

Healthier Students are Better Learners

No matter how well teachers are prepared to teach, no matter what accountability measures are put in place, no matter what governing structures are established for schools, educational progress will be profoundly limited if students are not motivated and able to learn. Health-related problems play a major role in limiting the motivation and ability to learn... Healthier students are better learners. Charles E Basch, March 2010 (Columbia University, Professor of Health Education).

When it comes to building healthy lifestyles, learning to make healthy choices early is so important. In a North Dakota classroom of 25 high school students, 5 smoke, 6 are overweight or obese, 7 binge drink, 14 don't get recommended amounts of physical activity, and 21 don't eat recommended amounts of fruits and vegetables (2009 Youth Risk Behavior Survey).

Schools by themselves cannot—and should not be expected to—solve the nation's most serious health and social problems. Families, health care workers, the media, religious organizations, community organizations that serve youth, and young people themselves also must be systematically involved. However, schools can provide a critical facility in which many agencies might work together to maintain the well-being of young people. This need can be met through a coordinated school health program (CSHP) model; consisting of eight interactive components -

- Health Education
- Counseling, Psychological and Social Services
- Physical Education
- Healthy School Environment
- Health Services
- Health promotion for staff
- Nutrition Services
- Family and Community Involvement

Regional Education Association (REA) Healthy School Program (HSP) Request

Establish a $660,000 continuing appropriation for Regional Education Association (REA) staffing grants to cover four Healthy School Program (HSP) directors per biennium, with only one recipient REA per quadrant of the state. Several REA's could apply together for a shared position to best serve their section of the state. Focus is on district implementation of research based curriculum and interventions to improve health and healthy habits within the school setting.

- Four contracted positions – estimated $60,000 a year, salary/benefits ($480,000 biennium)
- Resources per position to cover office/equipment, workshops/travel - $20,000 ($160,000 biennium)
- Administrative support – grant request development, announcement, award, report - $20,000 biennium)

Core Elements of a Healthy School Program Coordinator position within REAs:

- Assess/evaluates, plans, coordinates and directs the implementation of coordinated school health utilizing education, programs, policy and systems change interventions.
- Special curriculum assistance: quality PE curriculum and CPR training within high school health curriculum.
- Coordination of Automated External Defibrillator readiness in schools
- Facilitates the formation of active school level wellness committees/health advisory councils.
- Encourages and facilitates the evaluation of school environments and school wellness policies. Offers professional development and technical assistance to schools/staff with a focus on Physical Activity, Nutrition, Tobacco and Health Education.
- Provides or arranges for technical assistance for districts within the REA and partners.
- Identifies and acquires resources to support and sustain coordinated school health initiatives.

TESTIMONY ATTACHMENT 2

January 25, 2011
HB1202 Testimony to House Education Committee

Amy Walters, SEEC, Director of Student Services
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Madame Chair and members of the House Education Committee for the record, I am Amy Walters, Director of Student Services for the South East Education Cooperative. I manage the Coordinated School Health grant or Healthy School Program for our REA. I began in this position in January 2009 to coordinate this pilot program in partnership with the ND Department of Public Instruction and Department of Health.

This model has demonstrated success in many agencies working together to maintain the well-being of our students. Our program has provided school districts with technical assistance and research based best practices in the areas of Coordinated School Health. These eight interactive components are;

- Health Education
- Counseling, Psychological and Social Services
- Physical Education
- Healthy School Environment
- Health Services
- Health promotion for staff
- Nutrition Services
- Family and Community Involvement

Our current program focus is in the areas of PANTH or **P**hysical **A**ctivity, **N**utrition, **T**obacco and **H**ealth Education. As the program coordinator I am able to work with the school districts on a consultative, not regulatory, basis.

When the program started I visited each school district and conducted an evaluation of current practices and policies relating to the focus areas. Based on this evaluation several common needs were identified and initiatives developed to meet those needs. By having a coordinator focusing on and driving these activities we are able to provide content area experts and research based best practices to

ensure that the schools within the SEEC are preparing their students to become better learners and ultimately healthier adults.

These initiatives include:

- Physical Education
    - Physical Education Curriculum Analysis Tool (PECAT) training- Hosted PECAT training with a CDC certified trainer to assess current PE curriculum being used by school districts.
    - Curriculum Development Series- Coordinated six full day sessions to assist schools in writing a PE curriculum that aligns with ND State Standards and provide teachers with the opportunity to connect with Physical Education experts and research while developing new curriculum. Thirteen school districts participated.
    - Secured additional funding to provide research based PE Curriculum "SPARK" and training to 30 physical education teachers.
    - Coordinating training in physical fitness assessment protocol "Fitness Gram" and supporting curriculum "Physical Best".
    - Facilitated a group of 9 school districts to write a joint federal PEP grant application to secure additional funding for Physical Education programs and nutrition education in the schools.

- Nutrition Education/School Food Service Support
    - Of the 35 member SEEC school districts only 4 have a Registered Dietician on staff.
    - Secured additional funding through TEAM Nutrition a DPI Child Nutrition Programs initiative to host workshops for school food service staff which was led by a current school food service director and Registered Dietician.
    - Secured additional funding to support six schools in participating in the Healthier US Schools Challenge (HUSSC). The HUSSC is a voluntary school nutrition and wellness initiative that recognizes schools that are meeting criteria in the areas of nutrition standards for school meals

and competitive foods, nutrition education, physical education and opportunities for physical activity.

- Health Education
    - HECAT-Health Education Curriculum Analysis Tool (HECAT) training – Hosted HECAT training with a CDC certified trainer to assess current Health Education curriculum being used by school districts.
    - Planning to host a curriculum development series similar to that for Physical Education in 2011.

- School Wellness Policy
    - Trainings offered to school district teams consisting of school administrators, food service staff, physical education and health education teachers, and community members to support efforts to evaluate and updated their School Wellness Policies.
    - Support schools in enforcing tobacco free buildings and grounds policy.

- Technical Assistance
    - Support provided to school districts as requested based on need. Include site visits, various communication channels, sharing of research best practices or connecting the districts with content area experts.

Through this pilot we have learned that schools need and value the support we are able to offer to ensure students are healthy and ready to learn. I would like to share some excerpts from quotes of school district staff that have participated in our programs.

Our school is better equipped to help our students become and stay healthy because of the work of Amy Walters and SEEC.
Wayne Ulven, Superintendent of Schools, Richland 44

Without Amy's leadership with SEEC there are many small communities in particular who would not have the opportunity to collaborate and learn from others. Many of these smaller communities have one teacher teaching several subjects and no body to collaborate with on what is reliable and valid with the latest research in education.

Lois Mauch, Physical Education Specialist Fargo Public Schools

The SEEC has impacted the entire region by providing time and space for the area participants to share ideas, establish relationships (among the schools and school districts), as well as support , encourage, and empower one another to step out of well defined "comfort zones" to try new and innovative strategies to improve the health climate in our schools and communities.

Jan Cossette, Ben Franklin Middle School Counselor, Fargo Public Schools

By supporting and funding House Bill 1202 four Healthy Schools Program coordinators would be able to coordinate services to the entire state. This opportunity should be made available to all school districts throughout North Dakota.

I am thankful for your time today and welcome any questions about the work we are doing in the SEEC Healthy Schools Program.

TESTIMONY ATTACHMENT 3

January 25, 2011
HB1202 Testimony to House Education Committee

[redacted]avison, SEEC, Executive Director
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Madame Chair and members of the House Education Committee for the record, I am Kyle Davison, Executive Director of the South East Education Cooperative. I have been the Director since the inception of the SEEC in July of 2005. The SEEC is the largest of the eight Regional Education Cooperatives with 30,000 students and over 3000 administrators, teachers, and support staff.

I am here today in support of HB 1202.

As you may know, Regional Education Associations were first piloted in 2003 to provide an infrastructure to deliver more adequate educational services to all schools in North Dakota. Now more than ever, we know that all schools have a point where funding or more important human capital runs out for priorities which many times are directly related to student achievement. An example recently was the SEEC staff writing an AmeriCorps grant for some intervention work for at risk youth in our after-school programs in Fargo, West Fargo, and Jamestown.

This project doesn't happen without the SEEC having adequate resources, staff, to work with schools to identify needs, develop a plan, write the grant and then deliver on our grant. The ability to get these projects done are a direct result of [redacted]ntinued support we've received from the legislature and gaining the trust of our schools that working [redacted]boratively can help all schools be more efficient in how they utilize their resources.

As you've heard previous to my testimony, the SEEC has had a very successful pilot project with our Coordinated School Health program. The project is another example of what can be accomplished when adequate resources are available to hire staff that has direct responsibility to grow a specific program. This isn't a program for a few schools but it's a program which can be utilized by all schools in many ways.

It is particularly needed in our rural communities. These smaller schools don't have the resources to hire experts for a healthy schools program. As the Healthy Schools grant evolved I was surprised by the lack of any standards in our PE curriculum throughout our region. If you remember the last legislative session there was a movement to increase the number of PE credits to graduate from high school. For me that was getting the cart before the horse. Why would we increase PE credits when 32 of our 35 schools in the SEEC had no standards for the PE classes they were delivering now?

I could lay out the statistics for childhood obesity, the challenges with social issues such as bullying, and the struggles with getting students more involved in an active life style, but I believe we all understand these challenges. You can't get through a week without hearing about one of these issues on the news, in the paper, or on-line.

HB 1202 will have a significant impact on these challenges and as we've learned a healthy school environment will have an impact on student achievement. I ask for your support HB 1202.

TESTIMONY ATTACHMENT 4

Testimony

House Bill 1202

House Education Committee

Tuesday, January 25, 2011

Amy Heuer
Co-Executive Director
ND Association for Health, Physical Education, Recreation and Dance
Health/PE Specialist
SPARK Certified 3-6 Trainer

Good afternoon Chairman Kelsch and Education Committee. I am here today in support of House Bill 1202. I would like to speak with you about Physical Education, and its importance to our student's ability to learn.

First, let's have a short neuro-biology lesson. I would like to talk about what exercise does, specifically, for the brain.

Aerobic exercise stimulates the production of Brain-Derived Neurotrophic Factor (BDNF), which causes neurons to communicate with each other more efficiently, helping the brain to process information. Before 1990 there were a dozen papers published on BDNF, there are now 5,400 +. Dr. John Ratey (2008) suggests that BDNF is miracle grow for the brain, as it fosters growth of dendrites, particularly in the hippocampus of the brain where we store short-term memory. Dendrites facilitate the transmission of signals between neurons in the brain, so with more dendrites the brain can take in and use information more efficiently and effectively.

Neurogenesis is the process of stem cells dividing and developing into functional new brain cells, or neurons, in the brain. Neuroscientists believe that BDNF produced with aerobic activity grows brain cells in the hippocampus of the brain (Ratey, 2008). The hippocampus is the part of the brain that gathers incoming information from throughout the brain, cross-references that information with stored information, and puts the information together to send it to the prefrontal cortex for processing (Madigan, 2004). The prefrontal cortex is the front part of the

The SPARK PE curriculum is an evidence-based curriculum, each lesson is aligned to our national PE standards, and the units have been aligned to our state standards as well.

By providing a Healthy Schools Coordinator to our educational cooperatives, communication can take place that would allow schools that would like to have training in this curriculum share the costs of this program. This would allow our schools to provide training in this quality PE program, in the most cost effective way possible.

I am a PE/Health and Technology teacher that currently uses the SPARK curriculum for grades K-8. I have been extremely satisfied with the curriculum, as it not only provides excellent lessons, but also excellent assessments, and take home activities that allow students to continue to move, along with their family members, outside of school. Students are moving throughout the activities, which are developmentally appropriate, and the most important for them, fun and educational.

Again, I ask you to support HB 1202. Thank you for your time.

For more information on how exercise affects the brain, please see the following two books:

SPARK, The Revolutionary New Science of Exercise and the Brain, by Dr. John J. Ratey

Brain Rules, by Dr. John Medina

Standard	Suggested Assessments	Sample SPARK Activities	Corresponding SPARK Unit
Standard 5: Behavior in Physical Activity Students exhibit responsible personal and social behavior in physical activity settings.	Parachute Rubric	• Capture the Orb • Long Rope Jumping I and II • Frog Crossing	• Parachute • Jumping • Games

Standard	Suggested Assessments	Sample SPARK Activities	Corresponding SPARK Unit
Standard 4: Fitness Concepts Students understand and apply fitness concepts to achieve and maintain a health-enhancing level of physical fitness.	Fitness Circuits Performance Rubric	• Body Composition Circuit • Muscular Strength and Endurance Circuit • Fun and Flexibility with a Friend • Aerobic Capacity Circuit	• Fitness Circuits • Fitness Circuits • Fitness Challenges • Fitness Circuits
Standard 5: Behavior in Physical Activity Students exhibit responsible personal and social behavior in physical activity settings.	Cooperative All-Star Self Check	• Group Juggling • Stepping Stones • Beat the Clock	• Cooperatives • Cooperatives • Cooperatives

Standard	Suggested Assessments	Sample SPARK Activities	Corresponding SPARK Unit
Standard 5: Behavior in Physical Activity Students exhibit responsible personal and social behavior in physical activity settings.	Pair Share (Lesson Closure, Extra Extra)	• Houdini Hoops • Bodyguards • Double Dutch Jumping	• Cooperative Games • Cooperative Games • Jump Rope

Standard	Suggested Assessments	Sample SPARK Activities	Corresponding SPARK Unit
Standard 5: Behavior in Physical Activity Students exhibit responsible personal and social behavior in physical activity settings.	Teambuilding Response Journal	• Everybody Up • Gordian Knot • Trolleys	• Cooperatives / Team building • Cooperatives / Team building • Cooperatives / Team building

www.naspeinfo.org

National Association for
Sport and Physical Education
an association of the American Alliance for Health, Physical Education, Recreation and Dance

NASPE Sets the Standard

1900 Association Drive
Reston, VA 20191
Phone: 703-476-3410
Fax: 703-476-8316
Email: naspe@aahperd.org

School Physical Education Program Checklist
How Does Your Program Rate?

The National Association for Sport and Physical Education (NASPE) has been setting the standard for the profession for over 32 years and is committed to quality physical education for every student including Limited English Proficiency (LEP) and those with special needs. Does your school's physical education program help all students attain the knowledge, skills and attitudes necessary for them to lead healthy, active and productive lives? NASPE urges principals, teachers and parents to conduct an assessment of their school's physical education program by evaluating its strengths and weaknesses, and preparing a plan for improvement where needed. Here are 15 quick questions to ask:

1. Is physical education taught by a qualified teacher with a degree in physical education?	Yes	No
2. Do students receive formal instruction in physical education: a. for a minimum of 150 minutes per week (elementary) and 225 minutes per week (middle and high)? OR b. for at least 3 class periods per week for all grades the entire school year.	Yes	No
3. Is the physical education class size similar to other content areas to ensure safe, effective instruction?	Yes	No
4. Is there adequate equipment for every student to be active?	Yes	No
5. Is appropriate technology incorporated on a regular and continuing basis?	Yes	No
6. Are indoor and outdoor facilities safe and adequate (so that physical education classes need not be displaced by other activities)?	Yes	No
7. Is there a written mission statement and sequential curriculum based on state and/or national standards for physical education?	Yes	No
8. Are formative and summative assessments of student learning included in the physical education program, and are they related to meaningful content objectives?	Yes	No
9. Does the program provide for maximum participation for every student (e.g., inclusion, no elimination games, all students active at once, developmentally appropriate activities, etc)?	Yes	No
10. Does the program help to systematically develop the physical, cognitive, social and-emotional aspects of each student?	Yes	No
11. Do the physical education teachers regularly participate in physical education professional development activities and have memberships in related professional organizations?	Yes	No
12. Do the physical education teachers receive student health information and have a plan for handling emergencies?	Yes	No
13. Is there regular periodic evaluation by administrators of the physical education program and teacher performance?	Yes	No
14. Do the physical education teachers communicate with other educators, administration and parents on a frequent basis?	Yes	No
15. Do the physical education teachers seek feedback for improvement from students, peers, and parents as a means for program evaluation and improvement?	Yes	No

TESTIMONY ATTACHMENT 5

January 25, 2011

HB1202 Testimony to House Education Committee

Chairman Kelsch, and members of the House Education Committee, for the record, my name is Nancy Paintner, and I have taught K-12 Physical Education and Health for the last 32 years. I'm here today to share with you about the help I received through Amy Walters and SEEC and the value such services bring, especially for rural school districts with limited resources. I was on the ND state Physical Education Curriculum writing team in 1995, 2005 and the Heath curriculum writing team in 2006. The writing teams did all the work on writing the curriculum but the main question afterwards was "Will teachers use this curriculum". With the PECAT, that Amy help organized, we had over 30 teachers working on the State curriculum and designing their own school curriculum. Last year we worked on the PEP grant for the small rural schools. Because of the SEEC, our school Griggs County Central had to opportunity to write some grants for Nutrition that many teachers never got the information. We are working on our school wellness policy to keep it updated. Our school is now looking at the future of Nutrition, Physical activities and health awareness thanks to Amy.

I also serve as an EMT with Cooperstown Ambulance, and I am a CPR instructor and highly recommend the inclusion of AED maintenance and CPR hands on skill development as additional areas of focus. I have taught all staff members, bus drivers, cooks and all 7^{th}-12 graders CPR and the use of the AED. Bystanders are the ones who can start first aid care to a patient in need until the ambulance arrives. By having an AED to use as soon as possible gives the patient a better chance of survival. Having our young people have the skills to perform CPR and use the AED is a great skill that someday will save a life.

I would be happy to respond to any questions your committee may have.

Nancy Paintner
Griggs County Central
Physical Education Instructor K-12

TESTIMONY ATTACHMENT 6

HB 1202 Testimony

Don Bernhagen

Chairman Kelsch, and members of the House Education Committee, I'm Don Bernhagen, from West Fargo. I'm here to say thank you. Thank you for making the investment to place AEDs in every school in North Dakota. Thank you for making it possible for me to be here today.

On November 4th, 2009 I was working in Wahpeton, ND, building a new school for St. John's Catholic Church. Around noon I started not feeling well. I was nauseous and thought I might be coming down with the flu. (A Doctor told me the next day, that I had had a heart attack, which was probably when I started not feeling well.)

At 1 o'clock, I had a bi-weekly construction meeting in the church. Just a few minutes after the meeting started, I suffered sudden cardiac death and slumped to the floor. Other people who were in that meeting told me what happened next. One man later told my wife that my skin color soon matched my blue jeans.

A volunteer at the church, Helen Beyer, started CPR. While CPR was critical to my survival, CPR alone wouldn't have done any good without the AED. Meanwhile, the principal of the school, (a substitute who was filling in, as the regular principal was on maternity leave) remembered seeing an AED in the entryway of the existing school that very morning. The existing school was across the street from the church. He took off running to get the AED and Helen continued compressions until he returned. The school secretary, who had been taught how to use the AED, came back to the church with him. The AED started my heart working again.

The ambulance arrived and I was taken to St. Francis Hospital in Breckenridge, where I was stabilized. Then I was taken to Meritcare in Fargo where two stents were installed - before I was even taken to my room in intensive care.

Thanks to a working AED, I lived. I lived to welcome my first grandchild, Anika, into the world last January, just 2 months after I suffered sudden cardiac death.
I needed the school AED to work that day, and it did. Support efforts to make sure all AEDs remain in working order in our schools. Please support HB1202.

ATTACHMENT 7

Dear Ladies and Gentlemen.

My name is Robert Crockett and I am writing you today concerning House Bill NO. 1202. First I am sorry I can not present my testimony today to you in person. My work load has prevented me from doing so.

Let me give you some background on why my family and I support House Bill NO. 1202. On April 7, 2005 our 15 year old son Andrew Steven Crockett was participating in track practice at Bishop Ryan High School. He had just completed a 400 Meter Dash with his running partner and were both bent over with their hands on their knees catching their breath. As his running partner straightened up and turned toward him, Andrew collapsed on the track and died from Sudden Cardiac Arrest.

Since that day, my family and I have been actively involved in all phases of Automated External Deliberators or AED devices.

- During the 2005-2006 school year four Automated External Deliberators where installed at Bishop Ryan High School. One in each gymnasium and two traveling units. A traveling unit goes with the football, basketball, or track team when they are traveling outside of Minot. During home football games on the Minot State University field a trainer has an AED beside them during the game.
- A program was started at Bishop Ryan High School to have all staff and students grades 9 through 12 to go through CPR training along with AED training.
- With the help from Community Ambulance Service Training staff I have seen hundreds of Boy Scouts and their family members go through both CPR and AED training. In Troop 425 in Minot, we have started a program called "Grover's Down". On campouts we have a CPR manikin that we will place in a location. We then instruct two boys that Grover is down at that location. There responsibilities are to grab the trainer AED unit and put their CPR and AED training into practice. It is a program we have found to get the boys hands on so they are prepared for a real life scenario.
- Our family's testimony was instrumental in the unanimous passing of a 2007 appropriation bill that provided an Automated External Deliberator for every school in the state of North Dakota.
- Lastly I have helped many organizations in the purchase and installation of an Automated External Deliberator.

Over the last few years I have seen a disturbing trend to the placements of the AED's. After the unit has been mounted to the wall and the staff has gone through the training it is like the units have become out of site and out of mind. What I mean is over time staff changes and then the defibrillator maintenance and readiness monitoring gets dropped. I have found units in schools, churches and other locations where the electro pads have gone passed their expiration dates. Units that need software updates performed on them. And a few were the batteries have expired. All of these issues would prevent the AED unit from performing properly when needed during a Sudden Cardiac Arrest emergency. When I have found these issues I have contacted the people needed to correct them.

In closing ladies and gentleman I ask you to support House Bill NO. 1202. It is the only way I see that we can guarantee that a system is in place to make sure the maintenance and readiness of all the AED's in our schools are current. I would not want to be the one to tell a family that the AED malfunctioned due to lack of maintenance when their child needed it.

On a positive note won't it be assume to know we have an army of high school students out there that have been trained for a Sudden Cardiac Arrest situation and the use of an AED.

Thank you,
Robert Crockett

TESTIMONY ATTACHMENT 8

Testimony
House Bill 1202
House Education Committee
Monday, January 24, 2011

Michelle Tipton

Chairman Kelsch and members of the House Education Committee. My name is Michelle Tipton; I am a Beulah, ND native. I am here today to testify in support of House Bill 1202, and ask for a "do pass" recommendation from this committee.

Four years ago I came to you and testified in support of SB 2313, allocating money to place AEDs in ND schools. When I asked Senator Christmann to sponsor that bill, I asked that we help schools implement solid AED programs which would include training. That request was initiated due to three teenage deaths on ND school property within an 18-month timeframe.

Andrew Crocket, 15 years old, running on the track at Bishop Ryan High School in Minot, April 2005. Michael Mack, 17 years old, at football practice in Drake, ND, September 2006 and Justin Rybo, 14 years old, during PE class, Fargo North, Fargo, ND, November 2006.

SB 2313 passed unanimously and the ND Safe Heart School Program disseminated 436 AEDs to schools in mid 2008.

There have been more young cardiac arrest deaths in ND since that time:

- Fargo Shanley sophomore September 2009 (not on school property)
- Divide County High School 17 year old August 2009.

I spoke with the mother of the Divide County boy last week Monday; she is still questioning the timeframe of response. The teenager with her son thought her son was just joking at first then thought he just fainted (no big deal), once her son didn't wake up, he ran to get someone. Training would have taught the teenager to recognize that dizziness and a fainting episode could be a sudden cardiac arrest warning and initiating an emergency response without hesitation could make a difference in the timeframe to the use of an AED. This mother's question for us is "How can we put a price on this?"

A solid AED Program consists of:

Placement of the AED (high visible and easily accessible)

Cardiac Arrest emergencies included in the Schools Emergency Action Plan

CPR/AED training for all

Notifying EMS and 911 dispatch of the AED availability and location

AED Maintenance (electrodes 2-years, batteries approx. 4-years, as needed software updates, and some AED manufacturers have specific recommendations; like the need for spare batteries)

Necessary equipment availability (Scissors, pocket mask, shaver)

Annual drills practicing what to do in this type of emergency

After my oldest son died, due to cardiac arrest, in March of 1999, I started volunteering to teach/speak about cardiac arrest in the young, teach CPR/AED use, and assist people with their AED programs; this has now become a full-time job for me.

Let's consider those 436 AEDs placed in 2008. The electrodes that came with these AEDs expired in April 2010. If not replaced, when that AED is rushed to a side of someone needing help, the electrodes may not be able to adhere well enough for the life saving shock to be delivered.

Almost every school or business that I come in contact with has expired parts, dead batteries, or needs an update to their AED. Most places where AEDs are placed do not have people that are comfortable with maintaining their AEDs. Many times AEDs are placed in buildings and are assigned to the janitors care or no ones care.

An AED is the only chance to reverse sudden cardiac arrest. You only have a short window of opportunity. Your heart will stay in an electrical chaotic rhythm for approximately 10 minutes if CPR is initiated immediately. You need to understand that every minute that goes by you lose 10 percent chance of survival. If the AED is used within 3 minutes you have a 70 percent chance, if the AED does not show up for 9 minutes you only have a 10 percent chance of survival. National average ambulance response time is 9 minutes.

Even if we make sure there are AEDs and solid AED Programs in place in all our schools there is no guarantee that it will reverse a cardiac arrest death, but, it is the only chance that we have to maybe provide a second chance at life for someone. If you would be the family member of someone that suffered a cardiac arrest, wouldn't you want to know that everything that could have been tried to save that family members life was tried?

Our schools are community buildings; they hold probably the largest gatherings in our communities and become emergency shelters in times of disaster. We have fire extinguishers, fire suppression systems and fire drills mandated for all our schools. Annual checks of these fire systems are required. There has only been one fire in a school while occupied, in the history of ND. We have had four cardiac arrest deaths and two cardiac arrest saves on school property in the past 6 years.

My dream is to never have to contact another mother who has lost a child to sudden cardiac arrest, but, if I have to I surely hope I can assure the family that there was nothing more that could have been done.

Please give this bill a "do pass vote," and lets finish what we started 4 years ago.

TESTIMONY ATTACHMENT 9

Testimony
House Bill 1202
House Education Committee
Monday, January 24, 2011

Robert Lech

Chairman Kelsch and members of the House Education Committee. My name is Robert Lech and I serve as the Superintendent of Schools for the Beulah School District. I am here today to testify in support of House Bill 1202, and ask for a "do pass" recommendation from this committee.

Through SB 2313 in 2007, schools were generously provided what would have been the biggest roadblock for most schools in implementing an AED/CPR program. The AED itself, however, will not save lives. Training, procedures and plans are necessary to provide a sustained and effective program that will ensure that those in need receive a proper response not just tomorrow, but 5 years from now.

Michelle Tipton and I have been working together the past couple of years in attempting to create a system in Beulah to provide an all-encompassing AED program that is effective and sustained within the Beulah Public School. It has been difficult for our district, even with Michelle's help, in creating a viable plan. The majority of schools do not have the intimate knowledge, expertise, or availability to flexible training that would be necessary in taking this next step.

I am advocating that a sample plan be created and made available to schools through

Regional Education Associations. This plan would need to include additions to a school's existing emergency action plan, AED maintenance guide, sample drills and recommended schedules, training equipment, and a system in which training and certification for school staff, and possibly students, would be sustained and perpetuated within the school system. This could then be available to other schools through the approved REA.

Please give HB 1202 a do pass recommendation.

TESTIMONY ATTACHMENT 10

TESTIMONY ON HB 1202

House Education Committee
January 25, 2011
Gail Schauer, Assistant Director of Coordinated School Health
328.2265
Department of Public Instruction

Madam Chair and members of the House Education Committee – I'm Gail Schauer, Assistant Director of Coordinated School Health for the Department of Public Instruction (DPI). On behalf of DPI, I am here to provide supportive testimony for HB 1202 which proposes grant funding to the Department of Health (DoH) to implement activities within school districts to improve physical education curriculum, provide instruction to students in cardiopulmonary resuscitation, assist with automated external defibrillator maintenance and readiness monitoring, and provide other health related programs.

The DPI along with the DoH coordinate and collaborate together in implementing the Coordinated School Health (CSH) program. The National Center for Chronic Disease Prevention and Health Promotion funds the North Dakota CSH program. Because of the limited funding, the focus of the program has been on a small portion of the state, the South East Education Cooperative. This bill is an opportunity to expand the program and give other districts the resources to develop and implement a strong health program for students in other areas of the state.

This program is a powerful approach to recognize and address the close relationship between health and learning. The purpose is to promote the best possible health outcome for every student and to teach concepts that help students make responsible decisions regarding their

current and future health. It is about keeping students healthy over time, reinforcing positive health behaviors and making it clear that good health and learning go hand in hand. A healthy student is a better learner and a better learner is a healthy student.

I have given you a handout from the Centers of Disease Control and Prevention with national data that shows a clear connection between health-risk behaviors and academic achievement. Those students with the highest health-risk behaviors get lower grades in school and those with the lowest health-risk behaviors receive higher grades in school. Although this association does not prove causation, we owe it to our youth to do everything possible to assure they have an opportunity to be healthy and get good grades in school.

You have also heard testimony from Amy Walters, the School Health Coordinator for the South East Education Cooperative (SEEC), and others on the positive effects of the CSH program. This is a program that works. We now have an opportunity to duplicate these services and assure that other districts across the state have the same opportunity. The SEEC has three years of experience working with the CSH program and would be instrumental in assisting with the implementation in other areas of North Dakota.

In our current model, we have level funded districts for the first two years and then slowly decreased funding with the expectation that the districts sustain the program with other funding. We encourage you to pass this bill and support this program until districts can sustain this on their own.

This is an investment in the future of our youth. It is a vehicle that will ensure that schools and districts have the resources and support needed to assist our students in becoming healthy adults and safe adults. This program will touch the lives of students, teachers, administrators, parents, and school nurses.

This concludes my testimony. I am available to take any questions the Committee may have. If not, thank you for your time and support of HB 1202.

Health-Risk Behaviors and Academic Achievement

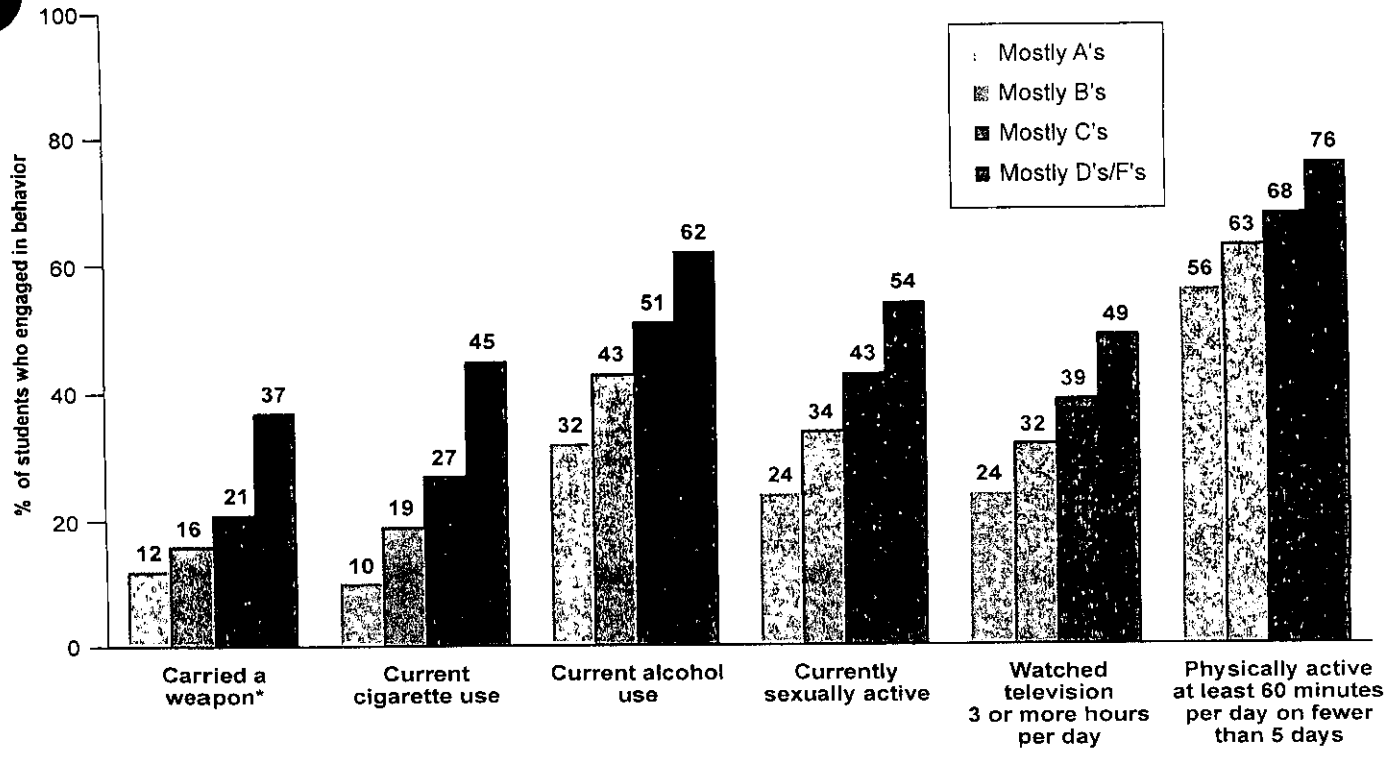
What is the relationship between health-risk behaviors and academic achievement?

Data presented below from the 2009 National Youth Risk Behavior Survey (YRBS) show a negative association between health-risk behaviors and academic achievement among high school students after controlling for sex, race/ethnicity, and grade level. This means that students with higher grades are less likely to engage in health-risk behaviors than their classmates with lower grades, and students who do not engage in health-risk behaviors receive higher grades than their classmates who do engage in health-risk behaviors. These associations do not prove causation. Further research is needed to determine whether low grades lead to health-risk behaviors, health-risk behaviors lead to low grades, or some other factors lead to both of these problems.

Students with higher grades are significantly less likely to have engaged in behaviors such as

- **Carrying a weapon** (for example, a gun, knife, or club on at least 1 day during the 30 days before the survey).
- **Current cigarette use** (smoking cigarettes on at least 1 day during the 30 days before the survey).
- **Current alcohol use** (having at least one drink of alcohol on at least 1 day during the 30 days before the survey).
- **Being currently sexually active** (having sexual intercourse with at least one person during the 3 months before the survey).
- **Watching television 3 or more hours per day** (on an average school day).
- **Being physically active at least 60 minutes per day on fewer than 5 days** (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time on fewer than 5 days during the 7 days before the survey).

Figure 1. Percentage of high school students who carried a weapon, smoked cigarettes, drank alcohol, were sexually active, watched television 3 or more hours per day, and were physically active at least 60 minutes per day on fewer than 5 days, by type of grades earned (mostly A's, B's, C's, or D's/F's)—United States, Youth Risk Behavior Survey, 2009



*This means that 12% of students with mostly A's carried a weapon and 37% of students with mostly D's or F's carried a weapon.

The national YRBS monitors priority health-risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States. It is conducted every 2 years during the spring and provides data representative of 9th- through 12th-grade students in public and private schools throughout the nation. In 2009, students completing the YRBS were asked, "During the past 12 months, how would you describe your grades in school?" and given seven response options (Mostly A's, Mostly B's, Mostly C's, Mostly D's, Mostly F's, None of these grades, Not sure). In 2009, 31% of students received mostly A's, 40% received mostly B's, 19% received mostly C's, 6% received mostly D's or F's, and 4% reported receiving none of these grades or not sure.

Percentage of high school students who engaged in health-risk behaviors, by type of grades earned (mostly A's, B's, C's, or D's/F's)—United States, Youth Risk Behavior Survey, 2009†

Health-Risk Behaviors	Percentage of U.S. high school students who engaged in each risk behavior, by type of grades mostly earned			
	A's	B's	C's	D's/F's
Unintentional Injury and Violence-Related Behaviors				
Rarely or never wore a seat belt (when riding in a car driven by someone else)	6	8	14	24
Rode with a driver who had been drinking alcohol (in a car or other vehicle one or more times during the 30 days before the survey)	21	27	35	47
Carried a weapon (for example, a gun, knife, or club on at least 1 day during the 30 days before the survey)	12	16	21	37
In a physical fight (one or more times during the 12 months before the survey)	19	30	41	58
Ever physically forced to have sexual intercourse (when they did not want to)	5	7	8	18
Did not go to school because they felt unsafe at school or on their way to or from school (on at least 1 day during the 30 days before the survey)	3	4	6	13
Attempted suicide (one or more times during the 12 months before the survey)	4	5	8	18
Tobacco Use				
Current cigarette use (smoked cigarettes on at least 1 day during the 30 days before the survey)	10	19	27	45
Ever smoked cigarettes daily (ever smoked at least one cigarette every day for 30 days)	5	10	17	30
Current tobacco use (current cigarette use, current smokeless tobacco use, or current cigar use)	16	27	34	52
Smoked cigarettes on school property (on at least 1 day during the 30 days before the survey)	2	4	7	21
Alcohol and Other Drug Use				
Current alcohol use (had at least one drink of alcohol on at least 1 day during the 30 days before the survey)	32	43	51	62
Binge drinking (had five or more drinks of alcohol in a row within a couple of hours on at least 1 day during the 30 days before the survey)	17	25	30	46
Ever used marijuana (used marijuana one or more times during their life)	21	37	50	66
Ever took prescription drugs without a doctor's prescription (took prescription drugs [e.g., OxyContin, Percocet, Vicodin, Adderall, Ritalin, or Xanax] without a doctor's prescription one or more times during their life)	13	19	26	41
Ever took steroids without a doctor's prescription (took steroid pills or shots without a doctor's prescription one or more times during their life)	2	2	4	12
Ever used ecstasy (used ecstasy [also called MDMA] one or more times during their life)	3	5	9	21
Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)	15	22	27	44
Sexual Risk Behaviors				
Ever had sexual intercourse	32	46	59	69
Currently sexually active (had sexual intercourse with at least one person during the 3 months before the survey)	24	34	43	54
Had sexual intercourse for the first time before age 13 years‡	3	4	9	18
Had sexual intercourse with four or more persons during their life	7	13	19	31
Drank alcohol or used drugs before last sexual intercourse‡	16	18	25	40
Physical Inactivity and Unhealthy Dietary Behaviors				
Physically active at least 60 minutes per day on fewer than 5 days (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time on fewer than 5 days during the 7 days before the survey)	56	63	68	76
Watched television 3 or more hours per day (on an average school day)	24	32	39	49
Drank a can, bottle, or glass of soda or pop (not including diet soda or diet pop at least one time per day during the 7 days before the survey)	22	29	36	47
Did not eat for 24 or more hours (to lose weight or to keep from gaining weight during the 30 days before the survey)	7	10	13	19
Sleep Behavior				
Had less than 8 hours of sleep (on an average school night)	66	69	73	77

† All associations are significant at $p<0.0001$, using logistic regression and controlling for sex, race/ethnicity, and grade level.

‡ Among students who were currently sexually active.

For more information visit www.cdc.gov/HealthyYouth/health_and_academics or call 800-CDC-INFO (800-232-4636).

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Adolescent and School Health
www.cdc.gov/HealthyYouth

ATTACHMENT

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1202

Page 1, line 4, replace "$660,000" with "$640,000".

Page 1, line 6, replace "a regional education association" with "the Southeast Education Cooperative Regional Education Association"

Page 1, delete lines 8 through 10.

Renumber accordingly.

House Bill 1202
REA Healthy School Program

Funding Request:

Description	FTE	General Fund	Special Fund	Total
Increase Department of Health funding for four (4) REA Health Coordinators to implement Coordinated School Health programs.	-0-	$640,000	-0-	$640,000

Budget Detail	2011-2012	2012-2013
4 Coordinators @ $60,000/year – salary, benefits, travel	$240,000.	$240,000.
Professional Development and training, supplies	$80,000.	$80,000.
Total Investment		**$640,000**

Under a CDC grant, the ND Department of Health and the ND Department of Public Instruction piloted this program in the Southeast Education Cooperative Regional Education Association (REA). Based on the success of this pilot, REAs in the state request this program be expanded to create statewide services, consistency and student outcomes. This appropriation funds four regional REA Health Coordinators who will serve Regional Education Associations and district members to coordinate school health programs. Areas of emphasis would include: professional development, resource development and dissemination, technical assistance and on-site consultation regarding school AED maintenance, psychomotor skill based CPR training in Health Education, quality Physical Education, and other Coordinated School Health Program Services based on local interest such as School Environment, Counseling, Psychological, and Social Services, Health Promotion for Staff, and Nutrition Services.

Core Elements

- This program will help efficiently maximize a variety of federal, state and local programs and resources to enhance school health and wellness of ND children.
- Appropriation directed to the Department of Health to the SEEC Regional Education Association upon submission of a proposal meeting program implementation guidelines.
- The Heart Disease and Stroke Program shall engage core stakeholders including Coordinated Schools Health program, American Heart Association, and appropriate EMS stakeholders for grant review and technical assistance as needed.
- The North Dakota Department of Public Instruction and North Dakota Department of Health have an established relationship through the Coordinated School Health program and provide support to schools related to health and safety issues. These departments have provided technical assistance, training, resources and consultation to the existing Healthy School Program in the SEEC REA.
- Based on stated areas of emphasis and local needs, the Healthy School Program will help:
  - Assess/evaluate, plan, coordinate and direct the implementation of coordinated school health utilizing education, programs, policy and systems change interventions.
  - Facilitate the formation of active school level wellness committees/health advisory councils.
  - Encourage and facilitate the evaluation of school environments and school wellness policies.
  - Offer professional development and technical assistance to schools/staff with a focus on Physical Activity, Nutrition, Tobacco and Health Education.

Department of Public Instruction
600 E Boulevard Ave., Dept. 201, Bismarck, ND 58505-0440
(701) 328-2260 Fax - (701) 328-2461
http://www.dpi.state.nd.us

Dr. Wayne G. Sanstead
State Superintendent

TO: Chair RaeAnn Kelsch

FROM: Gail Schauer
Assistant Director of Coordinated School Health
Department of Public Instruction

DATE: February 2, 2011

RE: Information Requested

During testimony on House Bill 1202, information was requested on the North Dakota Child Nutrition and Food Distribution Program. The North Dakota Coordinated School Health (CSH) Program has eight components, one of which is nutrition services. Therefore, the CSH program works closely with the Child Nutrition and Food Distribution Program. The information that was requested is attached. If you have any further questions, feel free to contact me at (701) 328-2265 or gschauer@nd.gov.

North Dakota School Nutrition Programs:

[redacted]nding to schools is primarily based on the number of meals served to students times the reimbursement rates established by the Federal Government. Free and reduced price meals are available to low income households, and are reimbursed at a higher rate. Current reimbursement rates:

Reimbursement Rates (July 1, 2010-June 30, 2011)

	NSLP*	ASP*	SBP*	SN*
Free	$2.72	$.74	$1.48	$1.76
Reduced Price	$2.32	$.37	$1.18	$1.46
Full Price	$.26	$.06	$.26	$.26

Especially Needy rate is provided to local agencies serving a school population in which 60% or more of meals are served to children qualifying for free and reduced-price meals. An extra $.02/lunch is provided in meal reimbursement.

Severe Need rate for breakfast is provided to local agencies in which at least 40% of the lunches served two years previous were claimed at the free or reduced price rate.

*NSLP (National School Lunch Program)
*ASP (After School Snack Program)
*SBP (School Breakfast Program)
*SN (Severe Need)

[redacted]chools also receive 20 cents per lunch in USDA foods (Commodities) value. Schools choose what types of USDA [redacted]ods they receive; they do not have to take anything that they don't want.

During SY 2009-2010, schools received approximately $17.5 million in reimbursement for meals served at school. In addition, 111 elementary schools received a total of $1.2 million in Fresh Fruit and Vegetable Program funds, to provide fresh fruits and vegetable snacks free of charge to all students.

The State Agency has also received several competitive Team Nutrition Grants from USDA. There grants average about $200,000 for a two year period. Funds are used to provide training to school nutrition personnel to improve school meals. Sub-grants are provided for schools to use for nutrition education activities. Recently, Team Nutrition funds have been used to train schools in making menu and school environment improvements to win a National Healthier US School Challenge Award. These awards identify schools that have made exemplary changes to benefit the health of their students. The awards, at Bronze, Silver, Gold and Gold with Distinction, come with a monetary incentive of $1000 - $2500.

State funding – there is a small state match requirement for the reimbursement payments to schools; this is currently $690,000 per year.

There is also a small state match for State Administrative funds: approximately $73,000/year.

Federal regulations dictate several aspects of the school meals program. The following items are required:

- Meals must contain specific types and quantities of food. For instance, lunch must contain 2 oz meat/meat alternate, 1 serving of bread or grain, 2different servings or fruit and/or vegetable and 1 cup of milk.
- [redacted] Meals must also meet specific nutrient standards, specifying the minimum or maximum amount of calories, vitamins, minerals, protein and fat for each meal. A computerized analysis of menus is conducted every 5 years as part of the program compliance review.

- Schools must determine if households are eligible for free or reduced price meals by collecting applications from households. USDA sets the eligibility guidelines for free and reduced price meals. A shortcut, direct certification process is available for households receiving SNAP (food stamps) or TANF benefits. These households are automatically eligible for free meals.
- Schools must record meal participation, by student at each meal service. Most schools use a computerized meal counting system or a name checklist. This process must not overtly identify any student receiving free or reduced price meals.
- Schools must have a Local Wellness Policy in place, which sets goals for improvement in the nutritional quality of school meals, foods sold and/or served during the school day outside of the school meals programs, nutrition education to students, and physical activity for students.

There is flexibility in the requirements for these aspects of the programs:

- There are no requirements for time, location or staffing of school nutrition programs.
- Schools plan their own menus, within the meal pattern and nutrient standard guidelines.
- Schools establish their own Local Wellness Policy, specific goals of the policy and implementation plan for the policy.
- Schools choose which food items are sold/served outside of the school meals programs. Restrictions to less healthy items are dictated by the school's local wellness policy only.
- Schools set their own meal prices for student and adult meals, specific requirements are in place for free or reduced price meals served to students. There is also a minimum price requirement for adult meal prices, based on student meal prices.

Recent Child Nutrition Program Reauthorization by Congress has added several new requirements. Some items [redacted]t are related to increased access to free and reduced price meals for low income households have already gone [redacted]o effect.

The law establishes national nutrition standards for foods sold/served during the school day outside of the lunch and breakfast programs. Several other requirements are also added. A performance based incentive of 6 cents per meal in additional reimbursement for lunch is available to schools who implement the new nutrition standards.

The law also dictates what the school can charge for a regular priced student meal (not free or reduced price).

State Agencies will be required to conduct an on-site compliance review of the programs and nutritional quality of menus once every 3 years. Currently, the reviews are required once every 5 years.

In addition to Reauthorization, USDA has released a Proposed Rule that will change the meal pattern requirements with the goal of serving more nutritious meals to students and promoting healthy eating behaviors. These changes may increase the food cost of the meals significantly.

A handout that summarizes the changes from Reauthorization and those from the proposed meal pattern changes has been distributed to all school food service directors, administration and school boards. A copy of the handout is attached.

For further information contact:

Linda Schloer, Director
Child Nutrition and Food Distribution Programs
[redacted]1-328-4565
[redacted]lschloer@nd.gov

Healthy, Hunger-Free Kids Act of 2010 (SB 3307) Implications for Child Nutrition Programs

The Healthy, Hunger-free Kids Act of 2010 reauthorized USDA Child Nutrition Programs for another five years. The bill includes some provisions that may have a profound impact on our school nutrition programs. Some highlights are:

- Requires schools to make information available to parents about the nutritional quality of school meals, as well as the results of any audits or reviews conducted on school foodservice operations.
- Provides a performance-based increase of 6 cents per lunch for meeting new meal standards.
- Requires schools to gradually increase their paid meal price until it matches the free reimbursement.
- Provides the Secretary of Agriculture with the authority to establish national nutrition standards for all foods sold on the school campus throughout the school day.
- Establishes qualification standards for the people who operate school lunch and breakfast programs at the local and state levels and provides additional training for all local food service personnel.
- Requires schools to provide opportunities for public input and transparency in the development of local wellness policies.
- Enhances free meal access for eligible children in high poverty communities by eliminating paper applications and using census data to determine school wide income eligibility.
- Requires water to be served wherever meals are served.
- Fat content of all milk served to be 1% or less.

USDA is also revising the meal patterns for lunch and breakfast. The Institute of Medicine, (IOM), made recommendations to USDA on how to change the meal patterns. Please remember, these are only **proposed recommendations** so far, not requirements:

- Flavored milk must be fat-free (skim).
- Half the grains offered must be whole grains (8 grams whole grain or first ingredient).
- Breakfast would require 1 cup of fruit instead of ½ cup
- 2 ounces of grains and/or meat/meat alternate changed to one of each at breakfast
- Students must select a fruit or vegetable at lunch and breakfast
- Lunch : ½ - ¾ cup of fruits/vegetables increased to ¾ -1 cup PLUS ½-1 cup of fruit
- Weekly requirements for legumes (beans) at lunch
- Weekly requirements for dark orange or dark green vegetables at lunch
- Limit on starchy vegetables (white potatoes, green beans and corn).

Public comments on the meal pattern revisions will be accepted by USDA until April 13, 2011. Go to www.regulations.gov and search for USDA NSLP meal pattern or FNS-2007-0038. As always, NDDPI Child Nutrition Programs will keep you updated and offer training on any official changes to the program. If you have any questions please call or write Deb Egeland at degeland@nd.gov or 328-3718.

American Heart Association. | American Stroke Association.
Learn and Live.

House Bill 1202

June Herman
American Heart Association
June.Herman@heart.org

AHA Testimony

Chairman Freborg and members of the Senate Education Committee. For the record, I am June Herman, Vice President of Advocacy for the American Heart Association in North Dakota. I am here today to testify in support of House Bill 1202, amended to reflect the work of the House Education Committee and ask for a "do pass" recommendation from this committee.

The news is not good. In the past 30 years, obesity in this country has more than doubled among children and more than tripled among teenagers. As these rates continue to rise, we are putting an entire generation at risk for serious health conditions like type 2 diabetes, high blood pressure and even heart disease and stroke. Inactivity along with the overconsumption of unhealthy foods and sugar sweetened beverages is a leading cause. Clearly more emphasis must be placed on teaching youth how to eat healthy and stay active. Failure to address these issues well now mean significant public and private healthcare costs later.

No matter how well teachers are prepared to teach, no matter what accountability measures are put in place, no matter what governing structures are established for schools, educational progress will be profoundly limited if students are not motivated and able to learn. Health-related problems play a major role in limiting the motivation and ability to learn... Healthier students are better learners. Charles E Basch, March 2010 (Columbia University, Professor of Health Education).

Schools by themselves cannot—and should not be expected to—solve the nation's most serious health and social problems. Families, health care workers, the media, religious organizations, community organizations that serve youth, and young people themselves also must be systematically involved. However, schools can provide a critical facility in which many agencies might work together to maintain the well-being of young people. This need can be met through a coordinated school health program (CSHP) model; consisting of eight interactive components.

#1 HB1202

HB 1202 establishes a delivery system for healthy school programs throughout the state, unique in many ways for how it leverages multiple resources, priorities, and partners, while making it all user friendly for the school districts. One stop shopping, customized to school district needs.

Attached to my testimony is a recommended amendment to return HB 1202 to the version that came out of the House Education Committee with a 13 – 2 vote. When House Appropriation took up this bill, it was without a public hearing during which the core elements could be explained. We appreciate their work to advance the bill, and the recognition that schools need assistance in school Automated External Defibrillators (AEDs). However, the Regional Education Association model supported by the House Education Committee demonstrates the strongest structure for building relationships, bundling additional funding resources, and best meeting the Coordinated School Health Program objectives.

I would be happy to answer any questions the committee may have at this time.

#1 HB1202

Elements of HB 1202

As Passed by the House Education Committee

Bill Language	Intent	Scope
$660,000 Biennium (4 sections of the state, $80,000 per year – Coordinator, office supplies, travel, workshops)	General Fund	Ability to coordinate and leverage other grants and available resources
Directed to Dept of Health	State agency designation required	Both DPI and DOH share in Coordinated School Health
Awarding to SEEC	SEEC has the pilot experience. Legislative council indicated funds flow to one REA and then out to others	Placement of a REA based Healthy School Program coordinator in each quadrant of the state
Direction of the Heart Disease and Stroke Program	Agency has waived administrative costs as work is within current technical assistance.	Responsible for engaging Coordinated School Health and Division of EMS.
Activities for PE Curricula	Assist school districts with writing quality PE curriculum (SPARKS)	Workshops and resources, referral source for new PE teachers
Hand on instruction of CPR	Psychomotor skill based CPR training	Inventory, assess, and assist appropriate pilot schools with CPR instruction within health curriculum
AEDs	Ensure maintenance and equipment/school readiness	Inventory of equipment, expiration dates, group orders, reminder notices, and support for the development/practice of school response plans
Additional elements of Coordinated School Health Programs	Leveraging of resources and needs to assist schools	Nutrition Education/School Food Service Support Health Education School Wellness Policy Technical Assistance

#1 HB 1202

Collision Course:

America's Baby Boomers and Cardiovascular Disease

Forecasting the Future of Cardiovascular Disease in the United States

American Heart Association

American Stroke Association

#2 HB1202

CVD Prevalence and Costs Heading in the Wrong Direction

According to a new study by the American Heart Association, America's Baby Boomers and Cardiovascular Disease (CVD) are on a collision course of alarming proportions. By 2030, it is projected that 40.5% of Americans—116 million people—will have some form of CVD.

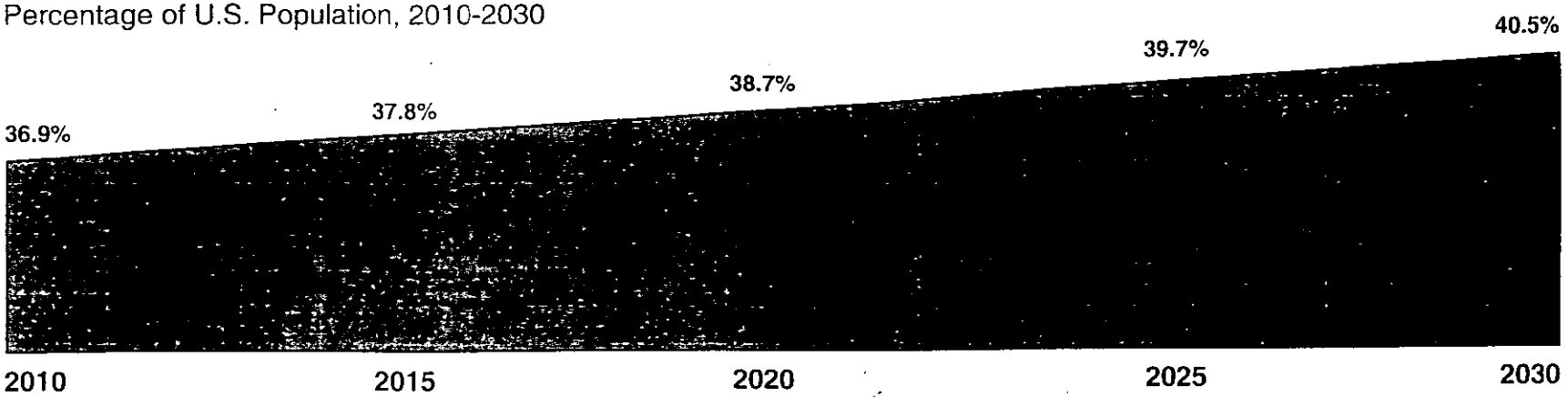
In spite of enormous advances in prevention and treatment, and a decline in mortality rates, heart disease and stroke remain respectively the number one and four killers of Americans. But can an already bad situation get even worse? The answer is a frightening "yes."

Treating cardiovascular disease is already an enormous drain on resources. In fact, CVD not only ranks as the leading killer in America, but as the most costly disease in the nation. The share of overall medical costs for CVD is seventeen percent.

The projected toll in death, human suffering and health care costs to the Nation are as staggering and crippling as the disease itself. And CVD is blind with respect to gender and ethnicity. In 2030, 39% of men and 42% of women will have some form of CVD, and blacks suffer at higher rates than whites and Hispanics.

Projections of Cardiovascular Disease Prevalence

Percentage of U.S. Population, 2010-2030



#2

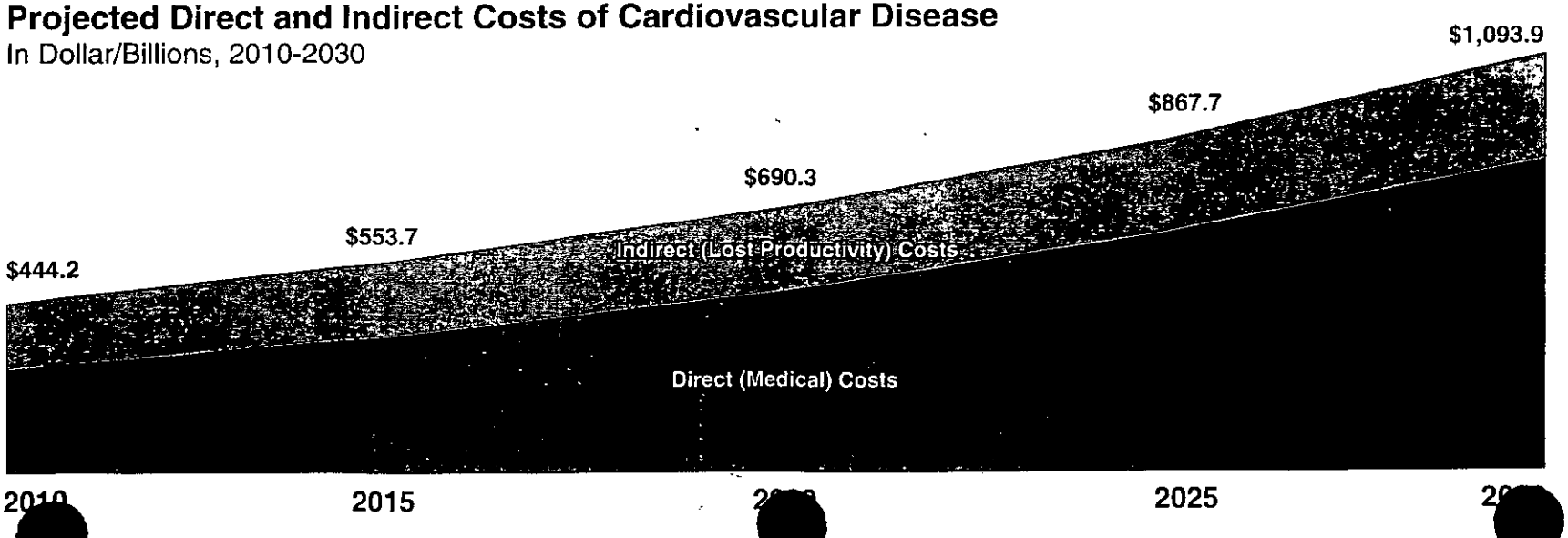
Between 2010 and 2030, total direct medical costs of CVD are projected to triple, from $273 billion to $818 billion. Real indirect costs—due to lost productivity—for all forms of CVD are estimated to increase from $172 billion in 2010 to $276 billion in 2030, an increase of more than 60 percent. The combined costs are projected to exceed $1 trillion by 2030.

What's Driving the Cost Increase?

America's 78 million Baby Boomers are babies no more. The advance guard has already reached retirement age and will be eligible for Medicare when they turn 65 in 2011. The graying of the population combined with the explosive growth in medical spending are the primary drivers of increased CVD costs, which are expected to grow the fastest for ages 65 and over. Annual CVD costs for persons age 65 to 79 are projected to increase by a whopping 238 percent, from $135 billion to $457 billion per year.

Projected Direct and Indirect Costs of Cardiovascular Disease

In Dollar/Billions, 2010-2030



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The Status Quo is a Killer

Under current prevention and treatment trends, CVD will grow by nearly 10 percent over the next 20 years, while direct costs will increase almost threefold. Direct costs of CVD will continue to account for a relatively stable and large share of the nation's overall medical expenditures.

However, if some risk factors, such as diabetes and obesity continue to increase rapidly, we may see a greater increase in CVD prevalence and its associated costs.

Recent studies project that current overweight adolescents will bump up future adult obesity rates by 5 percent to 15 percent by 2035, resulting in more than 100,000 cases of coronary heart disease, while associated costs will increase by $254 billion.

Is Prevention the Silver Lining in a Very Dark Cloud?

Using a different kind of model, researchers evaluated the impact of 11 widely-recognized prevention services for reducing cardiovascular disease, such as smoking cessation, preventive aspirin therapy, cholesterol-lowering medications and weight reduction.

They found that if everyone received the 11 prevention services, myocardial infarctions (MI) and strokes would be reduced by 63 percent and 31 percent respectively in the next 30 years. At more feasible success levels—those that have been actually achieved in clinical practice—MIs and strokes would be reduced by 36 percent and 20 percent.

Researchers found that using these CVD clinical prevention measures to their fullest potential could add about 220 million life-years over the next 30 years, or an average of 1.3 years of life expectancy for each adult in the United States. About 78 percent of U.S. adults ages 20 to 80 are candidates for at least one of these clinical prevention activities.

That's the good news. The bad news is that the current use of these prevention activities is way below where it should be, contributing to the projected upsurge in CVD and stroke.

Prevention: A Chance to Change Course

Cardiovascular disease is largely preventable. We must never forget that fact because it could drive a whole new way that we as a nation look at CVD. Rather than treating the illness when it is far advanced, we should promote heart healthy habits and wellness at an early age.

Several studies show that individuals with fewer atherosclerosis (hardening and narrowing of the arteries) risk factors have a marked reduction in the onset of coronary heart disease and heart failure. Similarly, persons who follow a healthy lifestyle of regular exercise and a heart healthy diet reduce their risk of coronary heart disease and stroke. Therefore, a greater focus on prevention may help us avoid the projected CVD explosion. And history may be on our side.

Eliminating risk factors on a population-wide scale has contributed significantly to reducing CVD death rates in the U.S. For example, smoking has declined dramatically since the Surgeon General first issued his report on smoking's health risks in 1964. This was followed by nationwide awareness efforts to reduce dietary fat intake, detect and treat high blood pressure and improve cholesterol levels. All of these programs to reduce risk factors helped slash CVD death rates. They are literally life savers.

The Sooner the Better

Emerging evidence suggests that CVD prevention should begin early in life—the sooner the better. Modest improvements in risk factors earlier in life have a far greater impact than more substantial reductions later on in life. The payoffs can be huge. For example, a modest 28 percent reduction in LDL (bad) cholesterol from birth resulted in an 88 percent reduction in the risk of coronary heart disease. Contrast that to the 20-30 percent reduction in CVD seen with a 30 percent reduction in LDL with statin medications initiated in middle and older ages.

#2

Getting a Grip on High Blood Pressure

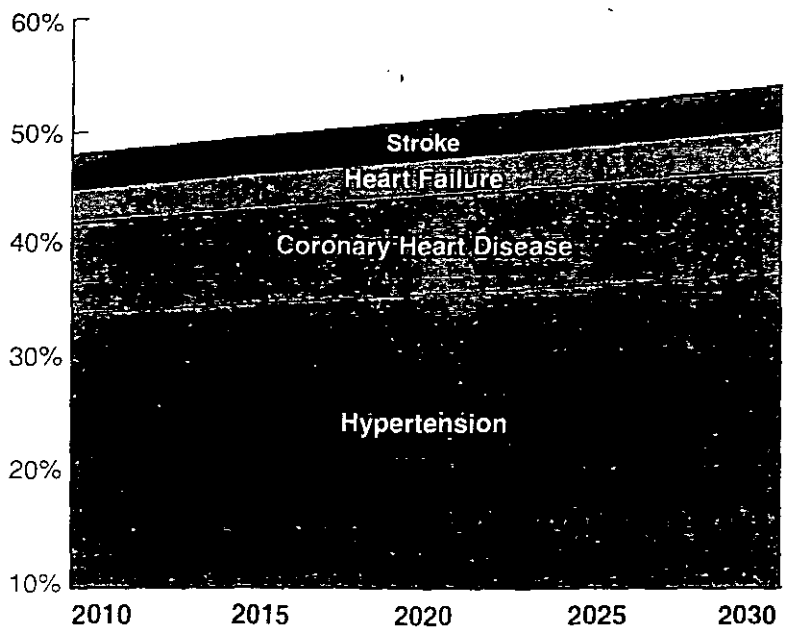
One out of three Americans currently have hypertension—a silent killer that accounts for 18 percent of CVD deaths in Western countries. It is also a major risk factor for stroke, coronary heart disease, and heart failure.

Hypertension is the most costly form of CVD. The total medical cost for hypertension makes it a particularly valuable target to reign in CVD's future costs.

Annual medical costs directly attributable to hypertension are projected to increase by $130 billion over the next 20 years for a total projected annual cost of $200 billion by 2030. And that is just scratching the surface. If the cost is expanded to include how much the presence of hypertension contributes to the treatment of related diseases, such as coronary heart disease and stroke, the increase of annual spending for 2010 to 2030 almost doubles.

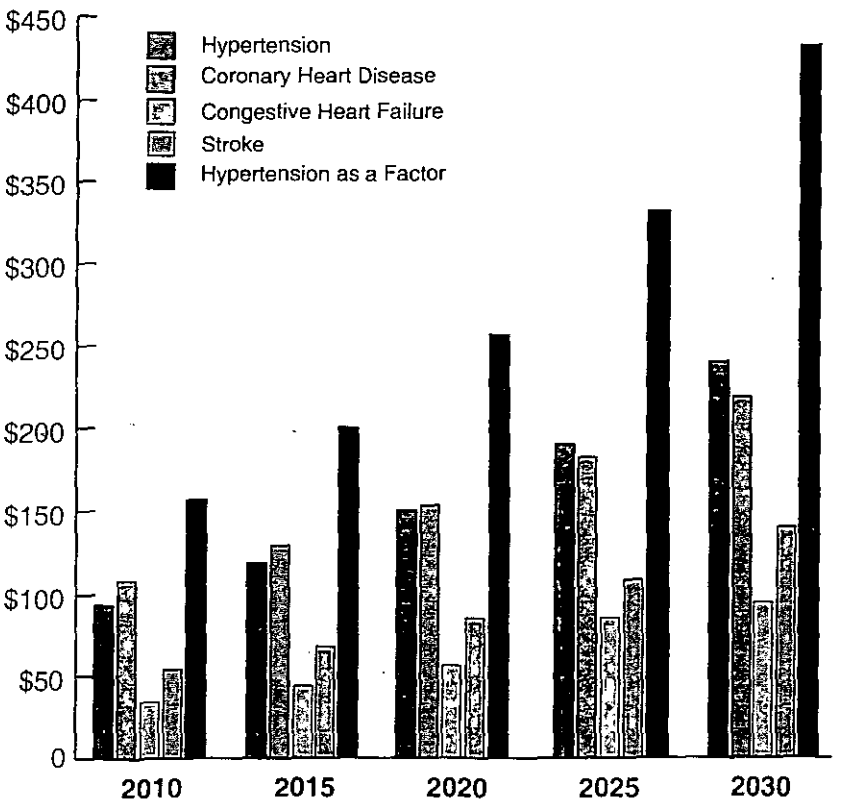
Projections of Cardiovascular Prevalence

Percentage of U.S. Population, 2010-2030



Projected Direct and Indirect Costs of CVD

In Dollar/Billions, 2010-2030



Hypertension as a risk factor includes a portion of the costs and prevalence of complications associated with hypertension, including heart failure, coronary heart disease, stroke, and other CVD.

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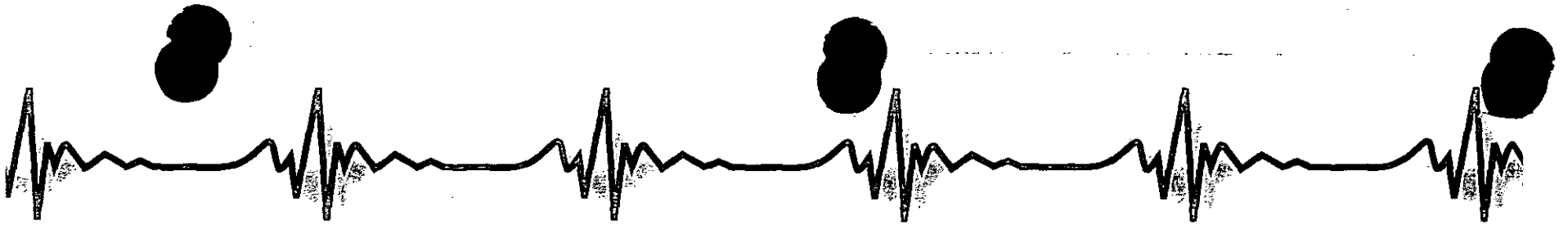
Will the Provider Workforce be Adequate?

Primary and secondary prevention of CVD requires a team approach with professionals in medicine, nursing, pharmacy, nutrition, social work, and other disciplines. But will they be there? Not if current trends continue.

The projected lack of U.S. health professionals in the fields of nursing, pharmacy, and medicine is well documented and alarming. For example, in less than 15 years, we could experience a shortage of 260,000 registered nurses. Currently, over 8,000 vacancies exist in retail pharmacies, hospitals, clinics, and other industry sectors, and these figures are expected to worsen over time. And a looming shortage of physicians most recently prompted the president of the Association of American Medical Colleges to recommend that U.S. medical schools increase the annual number of graduates by 30 percent.

While primary care physicians are already in short supply, there is a growing and significant shortage in cardiac specialty care—currently, there is a projected shortfall of 1,600 general cardiologists and 2,000 interventional cardiologists.

If the trend continues, we would need to double by 2050 the current number of cardiologists to erase the expected shortage of 16,000 cardiologists. The looming shortfall for cardiac surgeons is even worse. Only 100 new cardiothoracic residents are being certified each year. At this rate and taking into account death, retirement, and attrition, it is estimated that only 3,000 practicing cardiothoracic surgeons will be in practice by the year 2030.



Game Changer

The prevalence and costs of CVD are projected to increase substantially in the future. Fortunately, CVD is largely preventable and our health-care system should promote prevention and early intervention. In the public health arena, more evidence-based effective policy, combined with systems and environmental approaches should be applied to the prevention, early detection and management of CVD risk factors. Through a combination of improved prevention and treatment of established risk factors, the dire projected health and economic impact of CVD can be diminished.

The U.S. health system often rewards practices that treat disease and injury rather than those that prevent them and promote wellness. The result: Americans' health has remained relatively unchanged this decade despite huge and unprecedented increases in health care spending.

As our nation implements and refines new health reform policies, we must realize that a variety of policy and practice-related measures will be necessary to effect meaningful and lasting change in the health care system.

Expanding access to affordable health care coverage may provide important benefits for individuals with CVD. However, we must also reorient our health care system toward implementing effective health promotion and disease prevention. This game-changing strategy is not unrealistic, and provides an exciting opportunity and call to action.

For example, prevention at the community level is one such avenue for reducing the projected burden of CVD. Community prevention efforts may include greater tobacco control, elimination of trans fat, reducing sodium intake, cutting air pollution, reducing obesity and increasing physical activity with a focus on children.

It should be recognized that while prevention will delay or even prevent the onset of CVD and the cost of treatment, patients will need medical care longer and life-time cost of care may not be reduced. Thus, prevention strategies should not be evaluated solely on their ability to reduce cost of care, but should instead be based on a combination of cost and impact on patient well-being, including length and quality of life.

All content in this paper and the research studies upon which it is based can be found in Heidenreich; PA. Trogdon JG. Khavjou OA. Butler J. Dracup K. Ezekowitz MD. Finkelstein EA. Hong Y. Johnston SC. Khera A. Lloyd-Jones DM. Nelson SA. Nichol G. Orenstein D. Wilson PWF. Woo J. Forecasting the future of cardiovascular disease in the United States: A policy statement from the American Heart Association. **Circulation.** Published online ahead of print January 24, 2011.

For More Information, Contact:
The American Heart Association Office of Federal Advocacy
1150 Connecticut Ave., NW, Suite 300, Washington, DC 20036
Ph: 202-785-7900/www.heart.org

#2

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1202

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide an appropriation for a healthy school program grant.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. There is appropriated out of any moneys in the general fundin the state treasury, not otherwise appropriated, the sum of $640,000, or so much of the sum as may be necessary, to the state department of health for the purpose of awarding a healthy school program grant to the Southeast Education Cooperative Regional Education Association, for the biennium beginning July 1, 2011, and ending June 30, 2013. Under the direction provided by the staff of the heart disease and stroke prevention program, the grant recipient shall provide to its member school districts and coordinate with the seven other regional education associations in the state so those associations can provide to their member districts the following:

1. Activities designed to improve the physical education curricula and the delivery of physical education at the elementary and high school levels;

2. Hands on instruction for students in cardiopulmonary resuscitation within the health curriculum;

3. Assistance with automated external defibrillator maintenance and readiness monitoring; and

4. Any other health-related programs identified by the regional education associations and supported by the North Dakota coordinated school health program.

Renumber accordingly

#3 HB 1202

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1202

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide an appropriation for a healthy school program grant.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $360,000, or so much of the sum as may be necessary, to the state department of health for the purpose of awarding a healthy school program grant to the Southeast Education Cooperative Regional Education Association, for the biennium beginning July 1, 2011, and ending June 30, 2013. Under the direction provided by the staff of the heart disease and stroke prevention program, the grant recipient shall provide to its member school districts and coordinate with the seven other regional education associations assistance with automated external defibrillator maintenance and readiness monitoring; and implement Coordinated School Health Programs within two Regional Education Associations, with emphasis on:

1. Activities designed to improve the physical education curricula and the delivery of physical education at the elementary and high school levels;

2. Hands on instruction for students in cardiopulmonary resuscitation within the health curriculum;

3. Any other health-related programs identified by the regional education associations and supported by the North Dakota coordinated school health program.

Renumber accordingly

(#4)

March 8, 2011
HB1202 Testimony to Senate Education Committee

Amy Walters, SEEC, Director of Student Services
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207 2nd Ave SE
Jamestown, ND 58401
701-252-1950 (office)
701-320-2704 (cell)

Chairman Freborg and members of the Senate Education Committee for the record, I am Amy Walters, Director of Student Services for the South East Education Cooperative. I manage the Coordinated School Health grant or Healthy School Program for our REA. I began in this position in January 2009 to coordinate a pilot program in partnership with the ND Department of Public Instruction and Department of Health.

This model has demonstrated success in many agencies working together to maintain the well-being of our students. Our program has provided school districts with technical assistance and research based best practices in the areas of Coordinated School Health. These eight interactive components are;

- Health Education
- Counseling, Psychological and Social Services
- Physical Education
- Healthy School Environment
- Health Services
- Health promotion for staff
- Nutrition Services
- Family and Community Involvement

Our current program focus is in the areas of PANTH or **P**hysical **A**ctivity, **N**utrition, **T**obacco and **H**ealth Education. As the program coordinator I am able to work with the school districts on a consultative, not regulatory, basis.

When the program started I visited each school district and conducted an evaluation of current practices and policies relating to the focus areas. Based on this evaluation several common needs were identified and initiatives developed to meet those needs. By having a coordinator focusing on and driving these activities we are able to provide content area experts and research based best practices to

#5

ensure that the schools within the SEEC are preparing their students to become better learners and ultimately healthier adults.

These initiatives include:

- Physical Education
    - Physical Education Curriculum Analysis Tool (PECAT) training- Hosted PECAT training with a CDC certified trainer to assess current PE curriculum being used by school districts.
    - Curriculum Development Series- Coordinated six full day sessions to assist schools in writing a PE curriculum that aligns with ND State Standards and provide teachers with the opportunity to connect with Physical Education experts and research while developing new curriculum. Thirteen school districts participated.
    - Secured additional funding to provide research based PE Curriculum "SPARK" and training to 30 physical education teachers.
    - Coordinating training in physical fitness assessment protocol "Fitness Gram" and supporting curriculum "Physical Best".
    - Facilitated a group of 9 school districts to write a joint federal PEP grant application to secure additional funding for Physical Education programs and nutrition education in the schools.

- Nutrition Education/School Food Service Support
    - Of the 35 member SEEC school districts only 4 have a Registered Dietician on staff.
    - Secured additional funding through TEAM Nutrition a DPI Child Nutrition Programs initiative to host workshops for school food service staff which was led by a current school food service director and Registered Dietician.
    - Secured additional funding to support six schools in participating in the Healthier US Schools Challenge (HUSSC). The HUSSC is a voluntary school nutrition and wellness initiative that recognizes schools that are meeting criteria in the areas of nutrition standards for school meals

and competitive foods, nutrition education, physical education and opportunities for physical activity.

- Health Education
  - HECAT-Health Education Curriculum Analysis Tool (HECAT) training – Hosted HECAT training with a CDC certified trainer to assess current Health Education curriculum being used by school districts.
  - Planning to host a curriculum development series similar to that for Physical Education in 2011.

- School Wellness Policy
  - Trainings offered to school district teams consisting of school administrators, food service staff, physical education and health education teachers, and community members to support efforts to evaluate and updated their School Wellness Policies.
  - Support schools in enforcing tobacco free buildings and grounds policy.

- Technical Assistance
  - Support provided to school districts as requested based on need. Include site visits, various communication channels, sharing of research best practices or connecting the districts with content area experts.

Through this pilot we have learned that schools need and value the support we are able to offer to ensure students are healthy and ready to learn. I would like to share some excerpts from quotes of school district staff that have participated in our programs.

Our school is better equipped to help our students become and stay healthy because of the work of Amy Walters and SEEC.
Wayne Ulven, Superintendent of Schools, Richland 44

#5

Without Amy's leadership with SEEC there are many small communities in particular who would not have the opportunity to collaborate and learn from others. Many of these smaller communities have one teacher teaching several subjects and no body to collaborate with on what is reliable and valid with the latest research in education.

Lois Mauch, Physical Education Specialist Fargo Public Schools

The SEEC has impacted the entire region by providing time and space for the area participants to share ideas, establish relationships (among the schools and school districts), as well as support , encourage, and empower one another to step out of well defined "comfort zones" to try new and innovative strategies to improve the health climate in our schools and communities.

Jan Cossette, Ben Franklin Middle School Counselor, Fargo Public Schools

I urge you to support and continue this work by amending HB1202 to include Coordinated School Health. This opportunity should be made available to additional school districts throughout North Dakota.

I am thankful for your time today and welcome any questions about the work we are doing in the SEEC Healthy Schools Program.

SEEC Healthy Schools Program Initiatives Overview

Implementation Timeline:

November 2008	SEEC secures funding through DPI Coordinated School Health (CSH) Program
January 2009	SEEC hires HSP coordinator
Jan-May 2009	HSP coordinator completes school district site visits and evaluation of current CSH policies and practices to identify needs.
June 2009-current	Implementation of initiatives (see below) to meet common school district needs.

Initiatives:

Physical Education

- Physical Education Curriculum Analysis Tool (PECAT) training– Hosted PECAT training with a CDC certified trainer to assess current PE curriculum being used by school districts.

  Participation Data: 17 physical education teachers representing 12 school districts

  Cost: Trainer and materials provided at no cost by CDC. Facility rental and meals $500. School district reimbursements for teacher stipends/substitute teacher pay and travel $2000.

- Curriculum Development Series- Coordinated six full day sessions to assist schools in writing a PE curriculum that aligns with ND State Standards and provide teachers with the opportunity to connect with Physical Education experts and research while developing new curriculum.

  Participation Data: 31 physical education teachers and administrators representing 14 school districts participated.

  Cost: Total over two year period $25920. Trainer and materials $6250. Facility rental and meals $2700. School district reimbursements for teacher stipends/substitute teacher pay and travel $16,970.

- "SPARK" Secured additional funding to provide research based PE Curriculum and training physical education teachers.

#5

Participation Data: 23 physical education teachers representing 18 school districts participated in training. Remaining curriculum (7) was distributed to SEEC schools for implementation with training at a later date.

Additional Grant Funding Secured: Training $2640 and curriculum $2453

- Coordinating training in physical fitness assessment protocol "Fitness Gram" and supporting curriculum "Physical Best" to be held Feb 16, 2011.

  Participation Data: 23 physical education teachers representing 12 school districts.

  Cost: Trainer and materials $2700. School district reimbursements for teacher stipends/substitute teacher pay and travel TBD.

Nutrition Education/School Food Service Support

- Secured additional funding through TEAM Nutrition a DPI Child Nutrition Programs initiative to:
  1. Host workshops for school food service staff which was led by a current school food service director and Registered Dietician.

     Participation Data: 18 food service staff representing 9 school districts

     Additional Grant funding secured: $5000
  2. Support schools in participating in the Healthier US Schools Challenge (HUSSC). The HUSSC is a voluntary school nutrition and wellness initiative that recognizes schools that are meeting criteria in the areas of nutrition standards for school meals and competitive foods, nutrition education, physical education and opportunities for physical activity.

     Participation Data: 6 school districts

     Additional Grant funding secured: $8000

Health Education

- HECAT-Health Education Curriculum Analysis Tool (HECAT) training –Hosted HECAT training with a CDC certified trainer to assess current Health Education curriculum being used by school districts.

  Participation Data: 11 participants representing 10 school districts

Cost: Trainer and materials provided at no cost by CDC. Facility rental and meals $500. School district reimbursements for teacher stipends/substitute teacher pay and travel $1400.

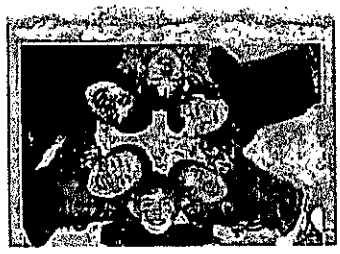
School Wellness Policy

Trainings offered to school district teams consisting of school administrators, food service staff, physical education and health education teachers, and community members to support efforts to evaluate and updated their School Wellness Policies.

Participation Data: 129 participants representing 26 school districts

Cost: Speakers and materials $850. Facility rental and meals $1400. School district reimbursements for teacher stipends/substitute teacher pay and travel $5500.

Healthy School Programs within Regional Education Associations



Appropriation Recommendation - *Leadership Partners – American Heart Association, Southeast Education Cooperative, ND Regional Education Leadership Group, ND Rural Health Association, ND Alliance for Health, Physical Education, Recreation and Dance.*

Healthier Students are Better Learners

No matter how well teachers are prepared to teach, no matter what accountability measures are put in place, no matter what governing structures are established for schools, educational progress will be profoundly limited if students are not motivated and able to learn. Health-related problems play a major role in limiting the motivation and ability to learn... Healthier students are better learners. Charles E Basch, March 2010 (Columbia University, Professor of Health Education).

When it comes to building healthy lifestyles, learning to make healthy choices early is so important. In a North Dakota classroom of 25 high school students, 5 smoke, 6 are overweight or obese, 7 binge drink, 14 don't get recommended amounts of physical activity, and 21 don't eat recommended amounts of fruits and vegetables (2009 Youth Risk Behavior Survey).

Schools by themselves cannot—and should not be expected to—solve the nation's most serious health and social problems. Families, health care workers, the media, religious organizations, community organizations that serve youth, and young people themselves also must be systematically involved. However, schools can provide a critical facility in which many agencies might work together to maintain the well-being of young people. This need can be met through a coordinated school health program (CSHP) model; consisting of eight interactive components -

- Health Education
- Counseling, Psychological and Social Services
- Physical Education
- Healthy School Environment
- Health Services
- Health promotion for staff
- Nutrition Services
- Family and Community Involvement

Regional Education Association (REA) Healthy School Program (HSP) Request

Establish a $640,000 continuing appropriation for Regional Education Association (REA) staffing grants to cover four Healthy School Program (HSP) directors per biennium, with only one recipient REA per quadrant of the state. Several REA's could apply together for a shared position to best serve their section of the state. Focus is on district implementation of research based curriculum and interventions to improve health and healthy habits within the school setting.

- Four contracted positions – estimated $60,000 a year, salary/benefits ($480,000 biennium)
- Resources per position to cover office/equipment, workshops/travel - $20,000 ($160,000 biennium)

Core Elements of a Healthy School Program Coordinator position within REAs:

- Assess/evaluates, plans, coordinates and directs the implementation of coordinated school health utilizing education, programs, policy and systems change interventions.
- Special curriculum assistance: quality PE curriculum and CPR training within high school health curriculum.
- Coordination of Automated External Defibrillator readiness in schools
- Facilitates the formation of active school level wellness committees/health advisory councils.
- Encourages and facilitates the evaluation of school environments and school wellness policies. Offers professional development and technical assistance to schools/staff with a focus on Physical Activity, Nutrition, Tobacco and Health Education.
- Provides or arranges for technical assistance for districts within the REA and partners.
- Identifies and acquires resources to support and sustain coordinated school health initiatives.

#5

What South East Education Cooperative (SEEC) Schools are saying about the Healthy School Program

This past year, an innovative pilot was launched that placed a Healthy School Program Coordinator within a Regional Education Association (REA), using federal funds through the Coordinated School Health Program. The demonstration pilot, funded through a federal grant, resulted in benefits to REA member districts including: Physical Education curriculum development, assistance with federal grant applications for equipment and program materials, and school wellness programming for students and staff. The Program Director acts on a consultative, not regulatory, basis, and REA member schools were highly satisfied with the availability of the Program Coordinator as resource for improving school health.

Feedback from Area Schools

With the help of Amy Walters and the SEEC Coordinated School Health program our school is becoming a healthier school. We have had Amy work with us through Nutrition Education, Physical Education Curriculum, and Pep Grant writing. I have found her knowledgeable, cooperative, energetic, and professional. Our school is better equipped to help our students become and stay healthy because of the work of Amy Walters and SEEC.

Wayne Ulven, Superintendent of Schools, Richland 44

Amy worked together with 9 districts and administrators well to develop appropriate plans to implement a sound physical education, health and nutrition plans. Within her plan was the development of a sound and reliable curricula and the wellness policy which affects all staff and students in a school system. Without Amy's leadership with SEEC there are many small communities in particular who would not have the opportunity to collaborate and learn from others. Many of these smaller communities have one teacher teaching several subjects and no body to collaborate with on what is reliable and valid with the latest research in education.

Lois Mauch, Physical Education specialist Fargo Public Schools

The value of the CSH position within the SEEC goes without saying. The programs that have been brought to the table for foodservice have been far reaching and basically not doable without this position. Since having Amy in our SEEC we would not have been able to reach out to area foodservice directors and fill the need of nutrition education, consultation and challenging area schools to meet the health needs of students through the HealthierUS School Challenge. The education process has been catapulted into the future with Amy working toward bringing health and wellness to the forefront in our schools.

Sue Milender, School Food Service Director, Valley City Public Schools

As a result of the support and assistance we receive from SEEC, our school has been able to send participants to the ND Rough Rider Health Conference in Jamestown for the past several years. The contacts, information and resources have been invaluable to those of us who are working with and promoting staff wellness, health education, health services, physical education, nutritional services, healthy school environment, and family and community involvement. The fostering of shared communication has been invaluable. SEEC has impacted the entire region by providing time and space for the area participants to share ideas, establish relationships (among the schools and school districts), as well as support , encourage, and empower one another to step out of well defined "comfort zones" to try new and innovative strategies to improve the health climate in our schools and communities.

Jan Cossette, Ben Franklin Middle School Counselor, Fargo Public Schools

Testimony
House Bill 1202
Senate Education Committee
Tuesday, March 8, 2011

Michelle Tipton

Chairman Freberg and members of the Senate Education Committee. My name is Michelle Tipton; I am a Beulah, ND native. I am here today to testify in support of House Bill 1202, and ask that you amend it back to the House Education Committee engrossed version.

As a mom who lost a son to sudden cardiac arrest, and worked in support of the 2007 appropriation funding AEDs for all North Dakota schools, I greatly appreciate the focus of school AED readiness within the work of this bill, but not at the exclusion of the whole health of our youth and the outstanding element of the service role that Regional Education Associations can play in providing professional services and support to North Dakota school districts. The long term success of school AED readiness is closely related to the relationships Healthy School Program coordinators can develop with school districts.

Let's consider those 436 AEDs placed in 2008 through legislative appropriations. The electrodes that came with these AEDs expired in April 2010. If not replaced, when that AED is rushed to a side of someone needing help, the electrodes may not be able to adhere well enough for the life saving shock to be delivered.

Most places where AEDs are placed do not have people that are comfortable with maintaining their AEDs, especially when many other primary responsibilities exist for them, especially in schools. The father of the 15-year old that cardiac arrested in 2005, on the track at Bishop Ryan HS, conducted a recent inventory of 5 private school's/church's AED programs in his area. The following are the results:

A total of 14 AEDs were inspected; there were 4 different models

26 expired electrodes 4 expired batteries

3 AEDs needing software updates for a 2009 FDA recall correcting a battery problem

7 AEDs needing software updates issue by the manufacturer for a resistor problem

Almost every school or business that I come in contact with has expired parts, dead batteries, or needs an update to their AED.

An AED is the only chance to reverse sudden cardiac arrest. You only have a short window of opportunity. Your heart will stay in an electrical chaotic rhythm for approximately 10 minutes if CPR is initiated immediately. You need to understand that every minute that goes by you lose 10 percent chance of survival. If the AED is used within 3 minutes you have a 70 percent chance, if the AED does not show up for 9 minutes you only have a 10 percent chance of survival. National average ambulance response time is 9 minutes.

Even if we make sure there are AEDs and solid AED Programs in place in all our schools there is no guarantee that it will reverse a cardiac arrest death, but, it is the only chance that we have to maybe provide a second chance at life for someone.

A solid AED Program run through REA based Healthy School Program coordinators would be able to address:

- Inventory on AEDs: (location, model, back-up batteries, ready packs)
- Building a system that assists schools with software updates, expiration dates, bulk orders, and timely delivery of needed items
- Easy notification system (reminders to check battery power, time to re-order items, notification of software updates)
- Providing model Emergency Action Plans and value of annual drill practice
- Facilitating connections to CPR training services
- And build into broader Coordinated School Health opportunities supported by HB 1202 to pilot and work with schools on ensuring that school health curriculum in high school includes the hands on motor skill opportunities key to CPR skill development.

Our schools are community buildings; they hold probably the largest gatherings in our communities and become emergency shelters in times of disaster. We have fire extinguishers, fire suppression systems and fire drills mandated for all our schools. Annual checks of these fire systems are required. There has only been one fire in a school while occupied, in the history of ND. We have had four cardiac arrest deaths and two cardiac arrest saves on school property in the past 6 years.

My dream is to never have to contact another mother who has lost a child to sudden cardiac arrest, but, if I have to I surely hope I can assure the family that there was nothing more that could have been done.

Please amend this bill back to the House Education version, and provide it a "do pass vote," and lets finish what we started 4 years ago.

History of School AEDs

Four years ago I came to you and testified in support of SB 2313, allocating money to place AEDs in ND schools. When I asked Senator Christmann to sponsor that bill, I asked that we help schools implement solid AED programs which would include training. That request was initiated due to three teenage deaths on ND school property within an 18-month timeframe.

Andrew Crocket, 15 years old, running on the track at Bishop Ryan High School in Minot, April 2005. Michael Mack, 17 years old, at football practice in Drake, ND, September 2006 and Justin Rybo, 14 years old, during PE class, Fargo North, Fargo, ND, November 2006.

SB 2313 passed unanimously and the ND Safe Heart School Program disseminated 436 AEDs to schools in mid 2008.

There have been more young cardiac arrest deaths in ND since that time:

- Fargo Shanley sophomore September 2009 (not on school property)
- Divide County High School 17 year old August 2009.

I spoke with the mother of the Divide County boy in January; she is still questioning the timeframe of response. The teenager with her son thought her son was just joking at first then thought he just fainted (no big deal), once her son didn't wake up, he ran to get someone. Training would have taught the teenager to recognize that dizziness and a fainting episode could be a sudden cardiac arrest warning and initiating an emergency response without hesitation could make a difference in the timeframe to the use of an AED. This mother's question for us is "How can we put a price on this?"

#9 HB 1202

#9 HB1202

North Dakota Coordinated School Health

Building Lifelong, Healthy Behaviors

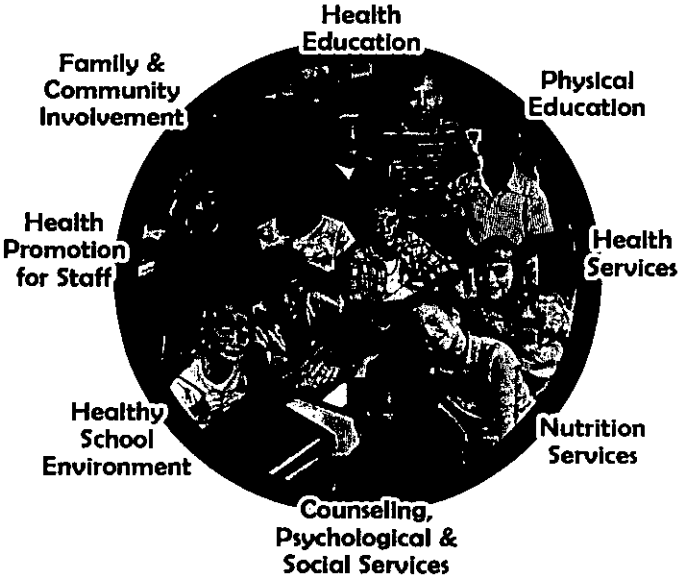
Department of Public Instruction
Department of Health

Coordinated School Health

- Health Services
- Health Promotion for Staff
- Health Education
- Physical Education
- Counseling, Psychological & Social Services
- Healthy School Environment
- Family & Community Involvement
- Nutrition Services

How can students be expected to learn when they come to school hungry or tired, experience acute and/or chronic health conditions, or fear violence and bullying at school? Schools by themselves cannot, and should not, be expected to address the nation's most serious health and social problems. Families, health-care workers, the media, religious organizations, community organizations that serve youth and young people themselves must be involved and work together.

Coordinated School Health (CSH) is a powerful approach to recognizing and addressing the close relationship between health and learning. A comprehensive CSH model consists of eight interactive components.



Coordinated School Health is a multi-faceted approach to helping youth establish healthful behaviors and attitudes. Healthy students make better learners, and better learners make healthy communities!

Coordinated School Health

Health Services

Health Promotion for Staff

Health Education

Physical Education

Counseling, Psychological & Social Services

Healthy School Environment

Family & Community Involvement

Nutrition Services

Health Services includes preventive services, education, emergency care, referral and management of acute and chronic health conditions. This component is designed to promote the health of students, identify and prevent health problems and injuries and ensure care for students.

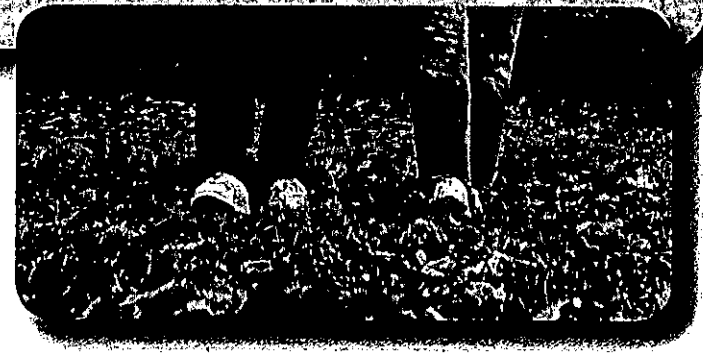
Strategies:

- Provide schools with a qualified health professional to coordinate policies, procedures and student care.
- Promote the health of students, including early identification of health issues.
- Design processes that will ensure follow-up with families and appropriate staff when a student health issue or need is identified.

Health Promotion for Staff involves assessment, education and fitness activities for school faculty and staff. This component is designed to maintain and improve health and well-being of school staff who serve as role models for students.

Strategies:

- Communicate the connections among staff health, student health and school success.
- Encourage and provide opportunities for staff to enhance personal wellness and model positive health behaviors for students.
- Acknowledge and support contributions and excellent behaviors by staff.



Health Education involves classroom instruction that addresses physical, emotional and social dimensions of health; develops health knowledge, attitudes and skills; and is tailored to each age level. This component is designed to motivate and assist students to maintain and improve their health, prevent disease and reduce health-related risk behaviors.

Strategies:

- Motivate and assist students to maintain and improve their health and wellness.
- Design a comprehensive coordinated approach that is sequential and developmentally appropriate.
- Address health concerns that are relevant to students and the community.
- Ensure that curriculum is evidence- and research-based on national and state standards.

Physical Education involves instruction that promotes lifelong, safe physical activity. This component is designed to develop basic movement skills, sports skills and physical fitness, as well as to enhance social and emotional abilities.

Strategies:

- Target programs that promote lifelong, safe physical activity, particularly for girls and other groups that are less likely to remain physically active.
- Provide a balanced approach that includes movement, sport and physical fitness for all students.
- Integrate physical education with health education and health-risk reduction.
- Conduct activities that promote cooperation, skill-building and fitness rather than competition.

Counseling, Psychological & Social Services involves activities that focus on cognitive, emotional, behavioral and social needs of individuals, groups and families. This component is designed to prevent and address problems and facilitate learning and healthy behavior and development.

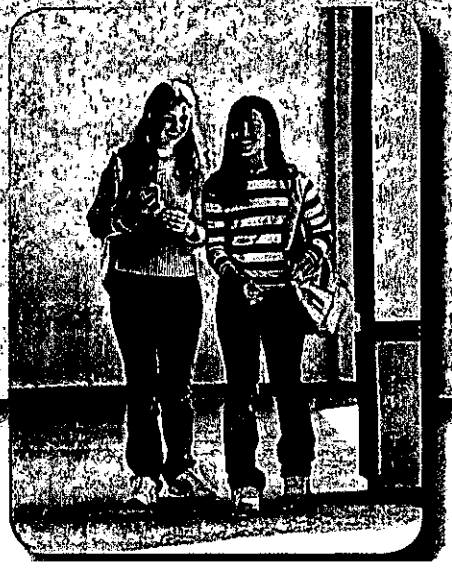
Strategies:

- Allow counselors to be accessible and provide multiple opportunities for students to know about available services before there is a need.
- Provide guidance and counseling services for individuals, groups and families that address cognitive, social, emotional and developmental needs.
- Provide services that are affirming and designed to promote healthy behavior and development as well as academic success.

Healthy School Environment involves the physical, emotional and social climate of the school. This component is designed to provide a safe physical plant, as well as a healthy and supportive environment that fosters learning.

Strategies:

- Monitor buildings and grounds consistently for cleanliness, safety and allergens that would be detrimental to the health of students and staff.
- Foster a school climate that promotes learning and involves student and staff input.
- Instruct and practice respect and tolerance for individual, cultural and other differences.
- Implement policies and procedures to ensure student and staff safety and security in and around school.



Family & Community Involvement includes partnerships among schools, families, community groups and individuals. This component is designed to share and maximize resources and expertise in addressing the healthy development of children, youth and their families.

Strategies:

- Move towards more joint school and community programs that target personal health and disease prevention for students, families and staff.
- Form a formal committee to work towards effective school, family and community relationships.
- Involve family and community members in decision making through various boards and organizations.

Nutrition Services is an integration of nutrition education, nutritious and appealing meals, and an environment that promotes healthy dietary behaviors for all children. This component is designed to maximize each child's education and health potential for a lifetime.

Strategies:

- Provide appealing food in a pleasant, well-supervised atmosphere.
- Serve foods consistent with guidelines being taught in health and fitness classes.
- Make the food that is available at school nutritious and suitable to promote the healthy growth and development of students.

North Dakota Department of Public Instruction
Dr. Wayne G. Sanstead
State Superintendent
600 E. Boulevard Ave., Dept. 201
Bismarck, N.D. 58505-0440

North Dakota Department of Health
Dr. Terry Dwelle, M.P.H.T.M.
State Health Officer
600 E. Boulevard Ave., Dept. 301
Bismarck, N.D. 58505-0200

For more information contact:
North Dakota Department of Public Instruction
Coordinated School Health
701.328.2753
www.dpi.state.nd.us/health

Support provided by:
U.S. Centers for Disease Control & Prevention
Cooperative Agreement No. U87/CCU822621-04

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2313

Senate Education Committee

☐ Check here for Conference Committee

Hearing Date: January 29, 2007

Recorder Job Number: 2132, 2134, 2209

Committee Clerk Signature

Minutes:

Chairman Freborg opened the hearing on SB 2313, a bill to provide for state department of health grants to school districts for automated external defibrillators. All members were present.

Senator Christmann introduced the bill. We have seen a tragic need for this in the last few years when our good, young people have died from heart disease and the possibility that we can prevent such tragedy in the future. The goal is to give the schools the opportunity to have defibrillators near the gymnasiums or where athletic events are going on so if one of these instances occurs, there is an increased likelihood of saving them. It calls for a $352,000 appropriation to the Health Department. He did not get real bogged down in details; the Health Department is best suited to work out the details. Of the $352,000, $32,000 is for a half time FTE for 1 year, leaving a $320,000 balance. With the buying power of the state, it is estimated this will purchase 200 AEDs. There is probably a need for even more than this but presumably every school will not apply because there are some demands placed on the schools. They would need to provide for training. There are many experts here that know more details. He has worked with the Health Department and they are willing to take this on and they provided the numbers for the bill.

#10

Senator Taylor asked how many schools have AEDs already.

Senator Christmann said one of our experts will know. There was a grant program through UND and some were put in place through that program. Over the weekend he learned there is a foundation in Fargo that may be willing to enhance this effort but he has not been able to contact them at this point.

Representative Mueller testified in favor of the bill. He has friends that get together in Valley City to play basketball. A year ago he had a friend who was playing who collapsed at half court and for all practical purposes he was dead. CPR was applied and was not accomplishing much. Someone knew where the AED was and ran for it. They are fairly simple to run (he is a first responder and has training on them). The good news is that friend is in his CPA office this morning doing tax returns. He gives full credit to the AED and the people who knew how to use it. We need to recognize the need for AEDs for young people in our school. There are also older people in our schools who would benefit, too. It can save lives.

June Herman, Senior Director of Advocacy for the American Heart Association testified in favor of the bill. (Written testimony attached)

Michelle Tipton, Beulah, North Dakota, testified in favor of the bill. (Written testimony attached)

Senator Flakoll asked what the expected useful life of an AED is.

Ms. Tipton said they last a lifetime. The battery lasts 4 – 7 years and the lead wires and electrodes last 2 – 4 years. Replacement cost on the lead wires and electrodes are $40 - $90 and the battery packs $50 - $200, depending on the brand. There is some upkeep but it is minimal.

Chairman Freborg asked about the cost of an AED.

Ms. Tipton said $1100 - $1500 per device.

Claudia Crockett, Minot, North Dakota, testified in favor of the bill. (Written testimony attached)

John Emil, Mandan, North Dakota, testified in favor of the bill. (Written testimony attached)

Caitlin McDonald, State Association of Non-Public Schools, testified in favor of the bill. (Written testimony attached)

Senator Bakke asked the cost to add 82 schools.

Ms. McDonald said she is not sure; they cost $1100 - $1500 each. She is asking that the non-public schools be allowed to apply.

Valerie Fischer, Director of School Health, Department of Public Instruction, testified in favor of the bill. (Written testimony attached)

Bev Nielson, North Dakota School Boards Association, testified in favor of the bill. .

Chairman Freborg asked why any school official would oppose this bill.

Ms. Nielson said she cannot attempt to answer that. Perhaps the match would be a problem or liability would be an issue.

Brent Engebretson, Drake Public School, testified in favor of the bill. They went through this tragedy. Michelle Tipton has generously donated an AED to their school. Until this tragedy, they were not aware of the plan out there to get AEDs. We have been placed in charge of the greatest asset in our state, our children. This bill would not only help our children. They lost a parent in December to the same thing before their machine arrived. Please don't let that happen again.

Senator Bakke asked what kind of training is involved.

Mr. Engebretson said their local first responders unit is taking care of their training. They are training their high school staff and their students, grades 6 – 12. They think everyone needs to know how to use it. The machine walks you through the correct procedure. Turtle Lake high school in December had the same incident a week after their training and they were prepared.

Senator Bakke asked if the machines travel with the teams.

Mr. Engebretson said not yet but he hopes they will because they want to be able to share their machine.

Dean Lampe, Executive Director of the North Dakota Emergency Medical Service Association, testified in favor of the bill. (Written testimony attached)

Senator Flakoll asked Jack McDonald to come to the podium for questions.

Jack McDonald, State Association of Non Public Schools, appeared for questions.

Senator Flakoll asked how to craft the bill constitutionally to allow the 82 non public schools to apply for these grants.

Mr. McDonald said you never know for sure until it is challenged but from his review of cases, the funds would not be used to support education, they are providing health and public safety. They would just like the opportunity to apply for the grants, if they can come up with the match and the training. They realize the program may run out of money.

Senator Flakoll asked if other states are doing this.

Mr. McDonald said he is not sure but he will find out.

Senator Taylor asked how many AEDs are in the non public schools.

Mr. McDonald said he doesn't know, more don't have an AED than do.

Chairman Freborg closed the hearing on senate bill 2313.

Senator Flakoll said he would like to talk to Anita Thomas from the legislative council to see if we have the option of including the non public schools in this program.

The intern called Anita and was told she could not come down. Senator Flakoll will contact her.

Senator Flakoll moved a Do Pass and Rerefer to Appropriations on SB 2313, seconded by Senator Gary Lee.

Senator Flakoll said he spoke with Anita Thomas regarding the consideration to the non public schools. She said it is probably not within the law. There is not enough money in the bill to provide machines to all the public schools so he decided not to offer an amendment.

The motion passed 5-0-0. Senator Flakoll will carry the bill.

FISCAL NOTE

Requested by Legislative Council
04/17/2007

Amendment to: Engrossed SB 2313

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

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	$0	$400,000	$0	$0	$0	$0
Expenditures	$0	$0	$0	$400,000	$0	$0
Appropriations	$0	$400,000	$0	$0	$0	$0

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

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
$0	$0	$0	$0	$0	$0	$0	$0	$0

2A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

SB 2313 allocates $400,000 to be used to purchase AED's for all ND school buildings and provides minimal funds for contracted services for overall plan design, RFP development, scoring, equipment ordering, dissemination, training, and evaluation. This is a one-time service.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

See above.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

The $400,000 amount will be re-appropriated from 2005-07 foundation aid carry over.

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

Estimated expenditures include:

$20,000 - contracted services
$372,000 - AED'S (to include all non public's)*
$8,000 - training support/miscellaneous

$400,000 - TOTAL

*Priority given to those schools that do not have an AED.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Name:	Valerie Fischer	**Agency:**	Public Instruction
Phone Number:	328-4138	**Date Prepared:**	04/17/2007

FISCAL NOTE

Requested by Legislative Council
03/28/2007

Amendment to: Engrossed SB 2313

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

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	$0	$400,000	$0	$0	$0	$0
Expenditures	$0	$0	$0	$400,000	$0	$0
Appropriations	$0	$400,000	$0	$0	$0	$0

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

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
$0	$0	$0	$0	$0	$0	$0	$0	$0

2A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

SB 2313 allocates $400,000 to be used to purchase AED's for all ND school buildings and provides minimal funds for contracted services for overall plan design, RFP development, scoring, equipment ordering, dissemination, training, and evaluation. This is a one-time service.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

See above.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

The $400,000 amount will be re-appropriated from 2005-07 foundation aid carry over.

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

Estimated expenditures include:

$20,000 - contracted services
$327,000 - 372,000 - AED'S (difference is for non public's if included)*
$8,000 - training support/miscellaneous

$400,000 - TOTAL

*Priority given to those schools that do not have an AED.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Name:	Valerie Fischer	**Agency:**	Public Instruction
Phone Number:	328-4138	**Date Prepared:**	03/29/2007

FISCAL NOTE

Requested by Legislative Council
03/19/2007

Amendment to: Engrossed SB 2313

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

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	$0	$400,000	$0	$0	$0	$0
Expenditures	$0	$0	$0	$400,000	$0	$0
Appropriations	$0	$400,000	$0	$0	$0	$0

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

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
$0	$0	$0	$0	$0	$0	$0	$0	$0

2A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

SB 2313 allocates $400,000 to be used to purchase AED's for all ND school buildings and provides minimal funds for contracted services for overall plan design, RFP development, scoring, equipment ordering, dissemination, training, and evaluation. This is a one-time service.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

See above.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

The $400,000 amount will be re-appropriated from 2005-07 foundation aid carry over.

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

Estimated expenditures include:

$20,000 - contracted services
$327,000 - 372,000 - AED'S (difference is for non public's if included)*
$8,000 - training support/miscellaneous

$400,000 - TOTAL

*Priority given to those schools that do not have an AED.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Name:	Valerie Fischer	**Agency:**	Public Instruction
Phone Number:	328-4138	**Date Prepared:**	03/20/2007

Date: 1/29/07
Roll Call Vote #: 1

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2313

Senate Education Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Do Pass + Refer to Appropriations

Motion Made By Sen. Flakoll Seconded By Sen Lee

Senators	Yes	No	Senators	Yes	No
Senator Freborg	✓		Senator Taylor	✓	
Senator Flakoll	✓		Senator Bakke		
Senator Gary Lee	✓				

Total Yes 5 No 0

Absent 0

Floor Assignment Sen. Flakoll

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

REPORT OF STANDING COMMITTEE (410)
January 30, 2007 3:15 p.m.

Module No: SR-20-1574
Carrier: Flakoll
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2313: Education Committee (Sen. Freborg, Chairman) recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2313 was rereferred to the **Appropriations Committee**.

2007 SENATE APPROPRIATIONS

SB 2313

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2313

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 02-05-07

Recorder Job Number: 2823

Committee Clerk Signature Steve Delzer

Minutes:

Chairman Holmberg opened the hearing on SB 2313 on February 2, 2007 regarding the Health Grant to School Districts for automatic external defibrillators.

Senator Randel Christmann, District 33 Hazen gave oral support for HB 2313 stating he had taken a leap of faith concerning this bill and he feels the education committee is fully supportive of this bill. He testified that this is a very important bill. He gave examples of cases where young people have lost their lives in the schools, in fact there were 3 deaths in the last couple of years which was the result of sudden cardiac arrest (SCA), of that he is aware that 2 were involved in the sports program and at practice when they died. He stated a number of schools do have these, and they are just not for students, for anyone coming into the building or on the grounds for activities, whether it be school related or not. The $352,000 is ½ FTE for one year plus $5,000 operating expense. This would be a grant program. The schools have to have some buy in, this would purchase 200 AED's if they applied for it and the Health Department will have the flexibility to put the program together but the schools would need to get a training program in place, one person who will be in charge of the program, the schools themselves will have the responsibility for that training costs and set up the cabinetry for the actual unit, and they will be responsible for the ongoing training. The Health Department will

set this up for one year He has had contact with the Dakota Medical Foundation regarding this matter and may be able to get these units a little bit cheaper than what we estimate.

Chairman Holmberg asked if the committee decided to look at alternatives rather than the general fund as a funding mechanism if that was alright with him. He was told as long as it is a stable source of funding he was fine with that. Chairman Holmberg suggested they look at the Health Care Trust Fund concerning this matter because this clearly is a matter of health and welfare.

Senator Mathern stated they found they could get the units quite readily in Fargo, but the training and the responsibility for it is the problem. He is wondering if we should put more money into that rather than the equipment. He was told the Health Department is aware of this and they will implement guide lines for the schools to go by to receive these units.

Senator Kilzer asked why the emphasis of putting these AED's in the schools and not other places. He gave an example of a death of a child in his family. He was informed there are certain places that the federal government demands them, like federal buildings, airports, and prisons. But this bill even came about because of the deaths these last few years in the schools involving young people. Time is the key factor, help is needed immediately to save someone in cardiac arrest, and they feel the placement of these units will help that.

Senator Wardner asked if ambulances have them. Senator Christmann did not know.

June Herman American Heart Association gave oral testimony in support of SB 2313.

Tim Meyer, State Health Department confirmed that AED equipment is on every ambulance and gave oral support of SB 2313.

Senator Bowman asked if there was one here at the capitol. He was told and security responds to it.

Senator Mathern had questions regarding the process of making sure the machines are running properly. He was informed the machines self test themselves everyday. Then someone in charge comes in and checks it monthly. He asked about the shelf life of the battery and the costs of the battery and if anyone checks to see if it is not working.

The hearing closed on SB 2313.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2313

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 02-08-07

Recorder Job Number: 3228

Committee Clerk Signature Alice Delzer

Minutes:

Chairman Holmberg opened the hearing on SB 2313 on February 8, 2007.

There was an amendment on the bill. **Senator Christmann made the motion to pass the amendment, seconded by Senator Grindberg, motion carried.**

Senator Christmann moved a DO PASS AS AMENDED, Senator Grindberg seconded. A roll call vote was taken resulting in 13 yeas, 0 nays and 1 absent. The motion carried.

Senator Christmann will carry the bill.

The hearing on SB 2313 closed.

70783.0101
Title.

Prepared by the Legislative Council staff for
Senator Christmann
February 8, 2007

PROPOSED AMENDMENTS TO SENATE BILL NO. 2313

Page 1, line 5, replace "general" with "community health trust"

Renumber accordingly

Date: 2/8/07
Roll Call Vote #:

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2313.

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Add Am 3101

Motion Made By Sch Seconded By Grenz

Senators	Yes	No	Senators	Yes	No
Senator Ray Holmberg, Chrm			Senator Aaron Krauter		
Senator Bill Bowman, V Chrm			Senator Elroy N. Lindaas		
Senator Tony Grindberg, V Chrm			Senator Tim Mathern		
Senator Randel Christmann			Senator Larry J. Robinson		
Senator Tom Fischer			Senator Tom Seymour		
Senator Ralph L. Kilzer			Senator Harvey Tallackson		
Senator Karen K. Krebsbach					
Senator Rich Wardner					

Total (Yes) all. No

Absent

Floor Assignment

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

Date: 2/8/07
Roll Call Vote #:

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2313

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken do pass as amended

Motion Made By Christmann Seconded By Grindberg

Senators	Yes	No	Senators	Yes	No
Senator Ray Holmberg, Chrm	✓		Senator Aaron Krauter	✓	
Senator Bill Bowman, V Chrm	✓		Senator Elroy N. Lindaas	✓	
Senator Tony Grindberg, V Chrm	✓		Senator Tim Mathern	✓	
Senator Randel Christmann	✓		Senator Larry J. Robinson	✓	
Senator Tom Fischer	✓		Senator Tom Seymour	✓	
Senator Ralph L. Kilzer	✓		Senator Harvey Tallackson		
Senator Karen K. Krebsbach	✓				
Senator Rich Wardner	✓				

Total (Yes) 13 No 0

Absent 1

Floor Assignment Sen Christmann as ed comm

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

REPORT OF STANDING COMMITTEE (410)
February 9, 2007 12:18 p.m.

Module No: SR-28-2722
Carrier: Christmann
Insert LC: 70783.0101 Title: .0200

REPORT OF STANDING COMMITTEE

SB 2313: Appropriations Committee (Sen. Holmberg, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). SB 2313 was placed on the Sixth order on the calendar.

Page 1, line 5, replace "general" with "community health trust"

Renumber accordingly

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2313

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: March 5, 2007

Recorder Job Number: 4318

Committee Clerk Signature	Judy Schaefer

Minutes:

Chairman Price: We will open the hearing on SB 2313.

Representative Phil Mueller, District 24: I am here only to support the bill, and I will give you a short story of a friend who collapsed on the court playing ball. The AED was used on him and he is alive because of that. They are quite simple to use. These are important to have in the schools for the young people. You will be hearing some very sad stories today.

Senator Randy Christmann, District 33: The reason 352,000 was something worked on by the health department. What that amounts to is a ½ times salary for 1 person for 1 year, that would cost 27,000, and 5,000 for operating expenses. The rest be for about 200 units. The health department contacted me and felt the amendment is necessary to this. I am comfortable with it. They feel the schools should contribute some part of the costs. The health department isn't quite comfortable with this language. They hope to purchase them through the health department and get them at a cheaper cost.

Representative Porter: How many schools currently have AED's in place?

Senator Christmann: I think we do, but I don't.

Chairman Price: Do you have a figure in mind for the match or percentage?

Senator Christmann: I am thinking it will depend on as we progress and if the price is reduced.

Michelle Tipton, native of Beulah, ND: See attached testimony. They range in price from 1200 to 1500 dollars, and different models.

Representative Schneider: Do you know if Cardiac arrest is more common in males?

Ms Tipton: A significant number of students are males.

June Herman, Senior Advocacy Director for the American Heart Association: I am here to testify in support of SB 2313. See attached testimony.

Representative Kaldor: The mechanism for doing that, have you looked at amendments that might be required to make that a possibility?

Ms Herman: I think today is the first that heart association committed to work with legislators leadership to see how we do that. We have really reached the point where there are some compelling health issues and health needs. It is the whole issue of not enough funds. Maybe you don't need the full bump payment this year or the following legislative session.

Rep. Kaldor: I am assuming that the Governors budget reflects the bump?

Ms Herman: I believe what has been applied to the budget projections from the different departments based on the assumption that the bump payment would continue to be split up.

Bob, Carla and Danielle Crockett, from Minot, ND: See attached testimony.

James Azure from Minnesota: See attached testimony.

Jess Azure, Bismarck Police officer and an EMT: Currently I am working in schools. While at school one day we had a bomb threat and a girl collapsed, fortunately our fire department had gotten these AED's. They responded quickly and applied the AED and saved her life. Many schools in ND do not have the quick response Bismarck has. We have now placed

AED's in our squad cars. Living in Bismarck you are very lucky to have as many AED's available. These do save lives, and are most valuable tool. I support this bill.

Brent Engebretson, Superintendent of Drake School: September 11th has many meanings to us. It was a day a 17 year old all state football player during practice died. We did not have the tools necessary to save his life. We don't know how important it is until it effects you locally. Kids don't die at your school. You have requirements by the activities association to have physicals every two years. Doctors tell you are fine. I wish for support of this bill. Money should not be an object. Saving a life does not have a money value on it.

Michelle Tipton left testimonies for John Emil, and David Belkin: See the attached testimonies.

Valarie Fischer, Director of School Health for the Departmen of Public Instruction: See attached testimony.

Representative Potter: Is it your thought to have one in elementary, middle junior high and high school or is there any kind of focus in one area. What we have heard it is mostly high school students.

Ms Fischer: Yes, the intent is to have an AED in every building. If it is larger than it might be appropriate to have more than one, but we are working for one.

Kathryn Pederson, JPA Coordinator for the Mid=Dakota Education Cooperative in Minot, ND: See attached testimony, and attached JPA report on schools having AED's.

Vickey Voldal Rosenau, from Valley City: See attached testimony: I totally support SB 2313. I am against taking the money out of the tobacco fund, not against the bill.

Chairman Price: Is there anyone else to testify for SB 2313? Any opposition? If not we will close the hearing on SB 2313.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2313

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: March 5, 2007

Recorder Job Number: 4358

Committee Clerk Signature Judy Schaak

Minutes:

Chairman Price: Does anyone have any concerns about their sub committees or any other bills?

Representative Porter: I missed some of the hearing on SB 2313. What would happen on that deal if we access the settlement dollars prior to them going to the common school trust fund for this project since it is related to schools? Once it goes into trust fund it is taboo money. We have under funded the health portion of that trust fund back in 99. If we took a look at that approach to at least open the eyes of appropriations. The education fund issue, we should just we should just try to tap that money prior to it being positive. Grab it before it is split.

Representative Weisz: I think you will find real resistance. Everyone will want to take out of the top.

Representative Porter: I think we need to remind them that in 99 there weren't many of that agree that 45 and 45 and 10 was the proper split and seeing more and more health projects. Another thing why in the world would the health department need a ½ FTE to do something that I would do for free.

Chairman Price: The committee is adjourned.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2313

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: March 6, 2007

Recorder Job Number: 4503

Committee Clerk Signature Judy Schock

Minutes:

Chairman Price: Committee take out SB 2313. They came up about 1600 per unit.

Representative Porter: There are several different kinds, one works a lot like a fire extinguisher, or like a lock box on the wall, to something as complicated as break the glass or open the door, and the alarm goes of so it tells some one else to call 911. You can get them as expensive or in expensive as you want. If we are coming up with the money for the AED program, the school can decide where and how they want it. The training issue is also combined with CPR classes. The claim is anyone can grab the machine and use it with out training and still be effective of a shock to the patient.

Representative Weisz: hard to hear and understand.

The committee discusses do larger schools need more than one? If they have one, they are still able to have one from us. Representative Porter will check on volume discounts, and he would not be a ½ time employee. We should have a list of schools and buy that many. I can't imagine anyone not wanting one when we give it to them. Committee talked about some buy in for the schools, and training. Do we want it to come out of the tobacco money? The committee agreed not to.

Chairman Price: Adjourns the meeting.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2313

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: March 7, 2007

Recorder Job Number: 4601

Committee Clerk Signature Judy Schoak

Minutes:

Rep. Price: Rep. Kaldor has some amendments to SB 2313. Let me ask you a question about that.

Rep. Kaldor: We had a very brief discussion on that. I think I want to say that the current contingency is appropriated or it has been factored in. It was one of the last things that we did before we left. I think that currently there is already a calling for it.

Rep. Price: I don't want to hear the word worthwhile but are there priorities in this?

Rep. Kaldor: Yes, I wouldn't have any objections in changing that. The way this will work is.

Rep. Price: That we would have to have an emergency clause on this bill to access that money.

Rep. Kaldor: The way I read this, if they purchased it in this next biennium they would basically have to wait until they can get reimbursed. That is the bad part of this. That might be a problem. You could change the dates on here to basically specify that these are the funds that are available at the end of this. Instead of June 30 it would be 2007. So it would be available June 30, 2007. I don't know what that amount is. I think it is much more than what e need here.

Rep. Price: Would you be willing to go back and check that out. We are going to need new language then.

Rep. Hatlestad: I would take Rep. Kaldor's language. It is $1,000 or less. So if they pick the more expensive machine they have more of the local cost shares then if they take the less expensive machine they are covered 100%. I think its perfect language.

Rep. Kaldor: We could put a cap of $400,000 on there.

Rep. Hatlestad: Are you thinking that if we change the date July 1, 2005 and still end it in 2009 and leave the dollar amount at $400,000 just in case there is only $200,000 available now.

Rep. Price: We can try and get it now.

Rep. Kaldor: So if we were trying to get the contingency now, we would have July 1, 2005 and end June 30, 2007 and add the emergency clause?

Rep. Price: What we need to do is make sure that we limit that.

Rep. Kaldor: We need to limit the reimbursement to $1,000, if they want to go $1,500 that is their business.

Rep. Price: But I don't want DPI to go out and buy 100 of them at $1,500.

Rep. Kaldor: They would be purchasing these as school districts. They would have to show evidence.

Rep. Hatlestad: They would just get reimbursed.

Rep. Price: Do we all agree with that?

Rep. Porter : The one thing that we may want to watch in this is that in the language, are we going to limit that or are we going to be able to not hold the money throughout the course of the program? The set aside has to go for the whole biennium coming up? So the schools wouldn't have three months to make the determination and this purchase going into the next

biennium? If we put the emergency clause on it, it goes into effect tomorrow. It really goes away July 1, if they haven't bought the defibulator.

Rep. Price: We would give them the whole biennium to purchase.

Rep. Porter: We need to make sure that the $400,00 is held off to the side so it is just for the next biennium.

Rep. Hatlestad: My understanding is the contingency fund, what the money is not spent in the other two things that she talked about, will then be divided up among the schools. I would like to see DPI buy 398 of them, and send them to the school districts and give one to each building.

Rep. Price: I'm sure we all would.

Rep. Porter : There is one problem with this and that is the reimbursement is limited to the price of one. We can't do that. We have to do it on the building basis.

Rep. Price: The other thing is, let's say there are only 200. I would like the school districts that have none to get them first. If one of the school districts have 20 some buildings and already have 7, let's give them to the districts that have none. We can make it a priority.

Rep. Kaldor: The other thing is in that scenario is that we do target $200,000 for the 2007-2009 contingencies for the remainder of the year. By the time 2009 comes around, our target for one per building has been met.

Rep. Hatlestad: From what she sounded like, that would have no problem getting the $400,000 this year.

Rep. Kaldor: The problem we are going to have is the school districts are expecting that as part of their pay.

Rep. Porter: The thing is, that this is actually a limitation. If they want something better than the $995 model, they are going to have to think about it and pay the difference. At least we are

pretty much covering the minimum. I'm a little bit hesitant to direct DPI to buy all of those just because there is a little bit of fog in those numbers on which school buildings have them and which do not. I know one question that was asked is if they were talking about a one room school district that maybe has ten kids in it. I think it's alright to have them purchase them and seek reimbursement. I think there is an accountability issue there.

Rep. Kaldor: One of the other problems is that we do get Philips and the rest of the community has brand X, it may not fit into their whole community thing. I do think that as these school districts are doing this, that they will need to talk to people inside of their community and make that conscious decision. I don't disagree with Rep. Hatlestad that it would be really clean to pick a brand and mail them out. I do think that there are already programs existing in communities. There are already situations like Rep. Uglem talked about where the ambulance service is directly involved with a public agency program. In the Fargo area they have the Dakota Foundation which has done a lot of work and there are a lot of machines out that they may want to make sure that the expense of the pad, that they expire, that they have a way to rejuvenate them within the community and replace them within the community. It takes away some of that ongoing expenditure. I don't think that we should be just picking for them. These communities know what they want and need.

Rep. Price: You just brought up an issue that was not part of the discussion.

Rep. Uglem: What I have seen in the school districts is paralysis from them. We do 6,000 things like he says and pretty soon we can't make a decision.

Rep. Price: So just give them one? So what we should say is that each school district can order a model by such a date. If you wish to purchase on your own, have your voucher in by such a date. They should be informed that there are different options and such.

Rep. Porter: Even businesses and schools and anybody that has purchased one of these, there is not a single place in Bismarck that did not call us and ask us for advice to steer them in the right direction. We had absolutely no interest in that at all. They wanted to know what we were using, if it would compatible with what we are doing so that it would be convenient for us. It happens all the time. I can't imagine anybody purchasing one who isn't going to ask the local responders what works.

Rep. Price: I think we will have to wait until next week for this bill.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2313

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: March 12, 2007

Recorder Job Number: 4935 (Beginning at 61:00 on tape)

Committee Clerk Signature Shirley Olmstead

Minutes:

Chairman Price asked the committee to consider SB 2313. She asked for clarification on the definition of a public school.

Representative Hatlestad is a building that contains students.

Chairman Price asked who wanted to explain the amendment.

Representative Hatlestad said they were going to require the Department of Public Instruction to purchase an AED for each building in which school children are present and the money will be taken out of this years contingency fund which I have been assured will have sufficient money to cover the four steps in Section 28. This would mean that each school will get at least one.

Representative Weisz said that a public school where students are may cover multiple buildings. He also wanted to know if the intent of this was to pay the full cost.

Representative Hatlestad said yes. The cost is $1000 each.

Chairman Price asked if number one and two would be funded first and then number 3 will be next.

Representative Weisz said that Representative Kelsch had made promises last session for items 1 and 2.

Representative Porter said there was a contingency.

Representative Conrad asked if we had more than 400 public schools in North Dakota. Is this each school building? Does this mean that every school in Minot will get one? Do we have more than 400 buildings?

Representative Hatlestad said that we have 398.

Representative Pietsch asked if they could get one if they already have one in the school building.

Representative Hatlestad said yes. He made a motion to accept the amendment.

Representative Potter seconded the motion.

Chairman Price asked for discussion. Hearing none, a voice vote was taken. The motion carried.

Representative Hatlestad made a motion for a **do pass as amended with referral to appropriations on SB 2313.**

Representative Kaldor seconded the motion.

Chairman Price asked for any discussion. Hearing none, the clerk called the roll on a do pass as amended with referral to appropriations on SB 2313. Let the record show 12 yes, 0 no with all present.

Representative Hatlestad will carry the bill to the floor.

70783.0201
Title.

Prepared by the Legislative Council staff for
Representative Kaldor
March 7, 2007

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2313

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for the use of contingent state aid payments for the purchase of automated external defibrillators by school districts.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. CONTINGENT MONEY - EXTERNAL DEFIBRILLATORS - REIMBURSEMENT. If any money appropriated to the superintendent of public instruction for state aid payments to school districts remains after the superintendent complies with all statutory payment obligations imposed for the biennium beginning July 1, 2007, and ending June 30, 2009, the superintendent shall use the first $400,000 to reimburse school districts for the cost of automated external defibrillators purchased during the 2007-09 biennium. The reimbursement per school district is limited to the actual purchase price of one external defibrillator or $1,000, whichever is less."

Renumber accordingly

70783.0203
Title.0300

Prepared by the Legislative Council staff for
Representative Hatlestad
March 8, 2007

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2313

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to amend and reenact section 28 of chapter 167 of the 2005 Session Laws, relating to the use of contingent state aid payments to purchase and distribute automated external defibrillators to schools; and to declare an emergency.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 28 of chapter 167 of the 2005 Session Laws is amended and reenacted as follows:

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

1. The superintendent of public instruction shall use the first $450,000, or so much of that amount as may be necessary, to provide additional payments to school districts serving English language learners in accordance with section 15.1-27-12.

2. The superintendent of public instruction shall use the next $1,000,000, or so much of that amount as may be necessary, for the purpose of providing additional per student payments to school districts participating in eligible educational associations in accordance with section 32 of this Act.

3. The superintendent of public instruction shall use the next $400,000, or so much of that amount as may be necessary, to purchase automated external defibrillators and place one in each public school in the state.

4. The superintendent of public instruction shall use the remainder of the moneys to provide additional per student payments on a prorated basis according to the latest available average daily membership of each school district.

SECTION 2. EMERGENCY. This Act is declared to be an emergency measure."

Renumber accordingly

Date: 3/2
Roll Call Vote #: 1

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES SB 2313 Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken None Amendments

Motion Made By Rep. Hatlestad Seconded By Rep. Potter

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price – Chairman			Kari L Conrad		
Vonnie Pietsch – Vice Chairman			Lee Kaldor		
Chuck Damschen			Louise Potter		
Patrick R. Hatlestad			Jasper Schneider		
Curt Hofstad					
Todd Porter					
Gerry Uglem					
Robin Weisz					

Total (Yes) "Click here to type Yes Vote" No "Click here to type No Vote"

Absent

Floor Assignment Rep.

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

Date: 3/12
Roll Call Vote #: 2

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES 2313 Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Do Pass as Amended Rerefer

Motion Made By Rep. Hatlestad Seconded By Rep. Kelsh

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price – Chairman	✓		Kari L Conrad	✓	
Vonnie Pietsch – Vice Chairman	✓		Lee Kaldor	✓	
Chuck Damschen	✓		Louise Potter	✓	
Patrick R. Hatlestad	✓		Jasper Schneider	✓	
Curt Hofstad	✓				
Todd Porter	✓				
Gerry Uglem	✓				
Robin Weisz	✓				

Total (Yes) 12 "Click here to type Yes Vote" No 3 "Click here to type No Vote"

Absent 0

Floor Assignment Rep. Hatlestad

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

REPORT OF STANDING COMMITTEE

SB 2313, as engrossed: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (12 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2313 was placed on the Sixth order on the calendar.

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to amend and reenact section 28 of chapter 167 of the 2005 Session Laws, relating to the use of contingent state aid payments to purchase and distribute automated external defibrillators to schools; and to declare an emergency.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 28 of chapter 167 of the 2005 Session Laws is amended and reenacted as follows:

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

1. The superintendent of public instruction shall use the first $450,000, or so much of that amount as may be necessary, to provide additional payments to school districts serving English language learners in accordance with section 15.1-27-12.

2. The superintendent of public instruction shall use the next $1,000,000, or so much of that amount as may be necessary, for the purpose of providing additional per student payments to school districts participating in eligible educational associations in accordance with section 32 of this Act.

3. <u>The superintendent of public instruction shall use the next $400,000, or so much of that amount as may be necessary, to purchase automated external defibrillators and place one in each public school in the state.</u>

4. The superintendent of public instruction shall use the remainder of the moneys to provide additional per student payments on a prorated basis according to the latest available average daily membership of each school district.

SECTION 2. EMERGENCY. This Act is declared to be an emergency measure."

Renumber accordingly

2007 HOUSE APPROPRIATIONS

SB 2313

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2313

House Appropriations Committee
Education and Environment Division

☐ Check here for Conference Committee

Hearing Date: March 19, 2007

Recorder Job Number: 5247

Committee Clerk Signature Shirley Banning

Minutes:

Chairman Wald: Called the meeting to order to hear SB 2313, a bill to provide defibrillators to schools by introducing **Senator Randel Christmann**, District 33, and sponsor of the bill.

Senator Christmann: Provided testimony in support of SB 2313. This comes to our attention because 3 teenagers in the past 2 years have died who could potentially have been saved by automated external defibrillators (AEDs). This goes beyond the schools into the communities because the school is the meeting room in many of the small towns. Originally, the bill was designed to have the Health Department set up the grant program and has been moved to the health care trust fund. Schools would do some fund raising and the state would pay most of it. They would be bought in bulk and sent out to the schools. This would be completed by July 2008. Changes show that the money is coming out of the school lands program. There is an organization of athletic trainers that has highly encouraged schools to have this because schools are at a risk for lawsuits if there is no AED in place in the event of an emergency.

Vice Chairman Monson: Why does the Health Department need a half-time FTE to dole out $350,000?

Senator Christmann: First to make the best deal on purchasing and to work with the schools who have applied for the grant. Far fewer schools applied than expected, they need to be encouraged to apply.

Vice Chairman Monson: How much is going to be spent for the administration of this program?

Senator Christmann: $32,000 was for a half-time FTE for one year and $6,000-7,000 for operating.

Representative Philip Mueller, District 24: spoke in support of SB 2313 as a community need. The funding will go into the contingency part of the education funding bill. The cost of each AED is $1200-1500. Schools have a $500 buy-in and the FTE will help with the training.

Vice Chairman Monson: A few years ago, the Joint Powers Agreement (JPA) offered AEDs if schools would take the training using Home Land Security dollars. DPI will make a match if schools buy them.

Representative Mueller: We are trying to get an accurate count of how many schools have AEDs. They can be located in different sites.

Representative Hawken: Was there any discussion of teaming up with local Emergency Medical (EMF)? In Fargo the churches work with the local EMF and may have some available and offer training.

Chairman Wald: The remaining money, is that carry-over money?

Representative Mueller: Yes, when money is left over at the end of the fiscal year, it gets redistributed on an ADM basis. There will be some left over.

Chairman Wald: The JPA, what will the total be?

Representative Mueller: There are about $2m allocated to JPAs in SB 2200.

Representative Aarsvold: Where is the formula for distribution?

Representative Mueller: DPI will set it up and administer.

Valerie Fischer, Director of School Health for the Department of Public Instruction: Most recently the funds have been redistributed to DPI foundation aid. This is about $12m remaining foundation aid payments. The money will be pooled with the first $400,000 going to the English language learners and $1m for the JPA project.

Chairman Wald: Why would we put another $1m in the JPA fund with the year almost over?

Fischer: It is language from before, and it is stated that $400,000 will be allocated to the purchase of AEDs.

Vice Chairman Monson: Of the $400,000 how much will DPI keep to administer?

Fischer: There has been some debate because there are 55 non public buildings also want to be a part of this and on the House side that request was made but not approved. We plan to work closely with the Health Department and other partners who want to work with this. The FTE is required to coordinate this. Some match moneys are required.

Representative Aarsvold: How many buildings are we talking about?

Fischer: According to DPI, we have 382 public schools buildings and that encompasses the 198 K-12 districts, plus the 55 non-publics. There are 6 vocational centers, 6 BIA schools and 4 institutions, that gives us a total of 398 plus 55 non-publics, you're looking at 453 total school buildings. Our closest estimate is that there are 125 schools that already have AEDs.

Vice Chairman Monson: Every school should have a chance at it. A $500 buy-in should prevent duplication.

Chairman Wald: In our district most of the tournaments are played in the private schools. Is there any problem with private schools?

Fischer: I would have no problem with that at all, my problem is getting the AEDs out in the school buildings.

Chairman Wald: If there is no other testimony or further questions, the hearing on SB 2313 is closed. Representative Hawken, would you carry this bill?

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. **2313**

House Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: **22 March 2007**

Recorder Job Number: **5432**

Committee Clerk Signature

Minutes:

Chairman Svedjan opened discussion of SB 2313. This is ready to go. I understand there has been a fiscal note or there is a new fiscal note. Everyone should have the new fiscal note and the amendment.

Representative Hawken: What this hog house bill does is two things. It moves the financing for this from the health trust fund to the contingency funds in the DPI. It allows for each school in ND to receive a defibrillator. **I move that we approve the amendment to 2313.**

Representative Munson: I second.

Representative Bellew: You said each school. Is that each school or each school district.

Representative Hawken: It is each school. The idea behind this is that you can have heart attack any where. It's one per school.

Representative Wald: If you look at the fiscal note, the $400.0 will be reappropriated from the foundation carryover monies so it's not an impact on the general fund.

A voice vote was taken: The amendment was adopted.

Representative Hawken: I move amended SB 2313.

Representative Gulleson: I second.

A roll call vote was taken: Yes: 24, No: 0, Absent: 0. Representative Hawken will carry the bill.

70783.0204
Title.0400

Prepared by the Legislative Council staff for
Representative Hawken
March 21, 2007

House Amendments to Engrossed SB 2313 (70783.0204) - Appropriations Committee 03/22/2007

In lieu of the amendments adopted by the House as printed on pages 1007 and 1008 of the House Journal, Engrossed Senate Bill No. 2313 is amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for a statement of legislative intent.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. LEGISLATIVE INTENT. It is the intent of the sixtieth legislative assembly that funding for the purpose of purchasing automated external defibrillators and placing one in each school in the state be provided from the contingent distributions of per student and transportation state school aid payments for the 2005-07 biennium as provided for in section 28 of chapter 167 of the 2005 Session Laws and amended by the sixtieth legislative assembly."

Renumber accordingly

Date: 3/22/07
Roll Call Vote #: 1

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2313

House Appropriations Full Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 70783.0204

Action Taken Adopt amendment 0204

Motion Made By Hawken Seconded By Mrson

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

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

Voice Vote - Carries

Date: 3/22/07
Roll Call Vote #: 2

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2313

House Appropriations Full Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 70783.0204

Action Taken Do Pass as Amended

Motion Made By Hawken Seconded By Gulleson

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

Total (Yes) 24 No 0

Absent 0

Floor Assignment Hawken

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

REPORT OF STANDING COMMITTEE

SB 2313, as engrossed and amended: Appropriations Committee (Rep. Svedjan, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (24 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2313, as amended, was placed on the Sixth order on the calendar.

In lieu of the amendments adopted by the House as printed on pages 1007 and 1008 of the House Journal, Engrossed Senate Bill No. 2313 is amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for a statement of legislative intent.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. LEGISLATIVE INTENT. It is the intent of the sixtieth legislative assembly that funding for the purpose of purchasing automated external defibrillators and placing one in each school in the state be provided from the contingent distributions of per student and transportation state school aid payments for the 2005-07 biennium as provided for in section 28 of chapter 167 of the 2005 Session Laws and amended by the sixtieth legislative assembly."

Renumber accordingly

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. Engrossed SB 2313

Senate Education Committee

☒ Check here for Conference Committee

Hearing Date: April 11, 2007

Recorder Job Number: 5903

Committee Clerk Signature

Minutes:

Chairman Flakoll called the Conference Committee to order. All committee members were present.

Senator Flakoll asked the House members to share their thoughts on Engrossed SB 2313.

Rep. Hawken said that this is a relatively simple bill to put defibrillators in every school in the state of ND. There was some concern, originally when it was changed from public schools to include private schools but there is a method that is currently used for federal funding where the money goes to the public school and then goes to the private school through the public school. She said in visiting with DPI they feel this could happen. She said the rationale for every school was that activities occur at every school and the idea behind it is to save lives. She also stated that many of the activities in small communities are used by community centers so this would be a very positive thing. She said that she understood the Senate Committee members were concerned where the money was coming from and she said they did put it into the contingency funding in position number nine because it would be a one time expenditure.

Senator Flakoll said with the language on line 3, "the intent", he asked if she felt that was solution enough to make sure that this would happen if the money was available?

Rep. Hawken answered that the language was the right style and form.

Senator Taylor said that this language seems softer than previous language.

Rep. Monson said that this bill is shortened up to this one little line item. He said the real meat of this, where the money is now is in 2013. It is spelled out in SB 2013 that we talk about public and private and it is probably more complete in SB 2013 than it is here.

Rep. Hawken said that she believed that the background on this bill was that we have had a couple of incidents in the last year where if they would have had a defibrillator in the school we might have saved a life.

Senator Flakoll said that when the bill left the Senate there was a half time person to look at this, is it the intent of the amendments to not have that anymore?

Rep. Hawken said that they had discussion on this and currently in district and towns that have defibrillators; much of the training is done by EMS people. DPI would be ordering these and getting them to the schools but we did feel that training would be a local issue.

Rep. Monson said that the $400,000. is a grant line item to DPI and they set down the rules if there is any matching money needed or any training. They may require that some of the money be put upfront by the local schools as well. They will set up the rules how the money will be distributed and what kinds of training will be needed.

Senator Flakoll said there was an increase from $352,000 to $400,000. Is that increase because of the private schools being added?

Rep. Monson said that was part of it and also there could be some money that DPI may require for administration.

Rep. Gulleson said that if you look at the FN under section 3 were it talks about the estimated expenditure, it does include the $20,000 for contracted services and the cost of the AED's at $327,000 - $372,000 and $8000 for training. She said that she thinks that we will have to clarify the $20,000 whether it was for DPI or to support the local EMS.

Rep. Hawkin said that in previous discussion the actual workload of ordering these and getting them out would not be as great because we are not expecting the DPI to do the training.

Senator Flakoll asked if there were any foundations wishing to partner up on this?

Rep. Hawkin said that she was not aware of any but certainly it might be something that could be looked at further if this passed. She said that it hadn't come up in discussion but it is a positive idea.

Senator Flakoll adjourned the conference committee.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2313

Senate Education Committee

☒ Check here for Conference Committee

Hearing Date: April 13, 2007

Recorder Job Number: 6007

Committee Clerk Signature

Minutes:

Senator Flakoll called the meeting of the conference committee on SB 2313 to order. All members were present.

Representative Monson distributed amendment .0205. It is a hoghouse amendment that changes the bill from just being the intent so it would actually be a section. The language means if public school students have school related activities in a private school, then the public school would get the defibrillator and place it out in the area where their kids participate.

Representative Monson moved amendment .0205, seconded by Representative Hawken.

Representative Monson said he also distributed amendment .0222 to SB 2013 that will not be adopted in this conference committee but it matches the new language from .0205 to SB 2313 to an amendment they will eventually be putting on SB 2013 that clarifies that any money of the $400,000 that is not used to purchase defibrillators when the program is completed, will be distributed on a pro rated basis as per student payments. The money will get paid back out to the school districts if it is not used for the purpose of buying AED's.

Senator Flakoll asked if this doesn't change the public private school provision, it just more clearly defines it.

Representative Monson said this is the way to get them into all schools because every private school also hosts activities and it doesn't name the private schools. A public school can get the AED and they give it to the schools where they play and that does what we want it to do without breaking any laws.

Senator Flakoll asked Representative Monson's interpretation of intent if a school district were to have an event say at the legion park. Would they have an AED there permanently or would it be a portable device?

Representative Monson said there are many places, a city owned baseball field for example, that would not have a place to keep an AED. Maybe they could take it with them. We can't think of every single instance.

Senator Flakoll asked if they are intended to be more portable in nature or left on site.

Representative Monson said his intent is to leave them on site at schools or places where there is a place to keep them. In the case of an outdoor park, there would be no place to keep them.

Representative Gulleson clarified it has to stay with a school. We will still have to rely on local emergency services for back up. If you think about the school systems now, Sargent Central as an example, the school is in Foreman, there are 8 affiliated communities that go in there. Sometimes football games are held at a football field that is not on the school site. You can't be running the AED all over the place, where they end up playing some of the junior high games. It has to stay with the school.

Senator Flakoll said he hopes we never see a lawsuit because there was not an AED where they could have.

Representative Hawken said they won't.

The motion passed 6- 0-0.

Senator Flakoll asked Representative Monson to make a statement regarding the prioritization of contingency funds items.

Representative Monson said as far as he is concerned and he doesn't want to speak for others and he is on several conference committees that would be affected by this but he did hand out an amendment to 2013 that coincides with this. It has not been changed as far as the pecking order goes. He has talked with Senator Flakoll, Senator Freborg, and Representative Kelsch among others and he has no problem with the pecking order they choose in their committees, provided they are all on the same track. We are talking mainly about 2200. In 2200 if you want to make a pecking order that fits your needs, it will be in 2013 but he will bring those amendments forward in 2013 and he can pretty well speak with the rest of the people that serve on 2013 that they have talked about it and they don't have any concern.

Representative Hawken said other than the first two.

Representative Monson said that goes without saying because those are old language. They will all get funded and he personally and the people he has talked to don't seem to have any problem with you prioritizing and he will put it forth and put it on 2013.

There was some discussion among the conference committee members about the correct motion to amend the bill. They agreed the conference committee has already amended the bill. They want to adopt the amended version. They decided they have to pass the bill as amended.

Representative Hawken moved a do pass as amended for SB 2313, seconded by Representative Gulleson.

The motion passed 6-0-0.

Senator Flakoll adjourned the meeting of the conference committee.

70783.0205
Title.0500

Prepared by the Legislative Council staff for
Representative Monson
April 13, 2007

4-13-07

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2313

That the House recede from its amendments as printed on page 1199 of the Senate Journal and page 1229 of the House Journal and that Engrossed Senate Bill No. 2313 be amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for the purchase and distribution of automated external defibrillators to schools.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. Automated external defibrillators - Purchase and distribution. The superintendent of public instruction shall purchase automated external defibrillators and distribute the defibrillators to school districts in this state for placement in schools or at the site of school-related activities."

Renumber accordingly

Date: 4/13/07
Roll Call Vote #: 1

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2313

SENATE Conference Committee on SB 2313 Committee

x Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Amendment .0205

Motion Made By Rep. Munson Seconded By Rep. Hawken

Senators	Yes	No	Representatives	Yes	No
Senator Flakoll	✓		Representative Munson	✓	
Senator Freborg	✓		Representative Hawken	✓	
Senator Taylor	✓		Representative Gulleson	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

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

Date: 4/13/07
Roll Call Vote #: 2

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2313

SENATE Conference Committee on SB 2313 Committee

x Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass As Amended

Motion Made By Rep. Hawken Seconded By Rep Gulleson

Senators	Yes	No	Representatives	Yes	No
Senator Flakoll	✓		Representative Munson	✓	
Senator Freborg	✓		Representative Hawken	✓	
Senator Taylor	✓		Representative Gulleson	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

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

REPORT OF CONFERENCE COMMITTEE

SB 2313, as engrossed: Your conference committee (Sens. Flakoll, Freborg, Taylor and Reps. Monson, Hawken, Gulleson) recommends that the **HOUSE RECEDE** from the House amendments on SJ page 1199, adopt amendments as follows, and place SB 2313 on the Seventh order:

That the House recede from its amendments as printed on page 1199 of the Senate Journal and page 1229 of the House Journal and that Engrossed Senate Bill No. 2313 be amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for the purchase and distribution of automated external defibrillators to schools.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. Automated external defibrillators - Purchase and distribution. The superintendent of public instruction shall purchase automated external defibrillators and distribute the defibrillators to school districts in this state for placement in schools or at the site of school-related activities."

Renumber accordingly

Engrossed SB 2313 was placed on the Seventh order of business on the calendar.

Heart Disease and Stroke. You're the Cure.

American Heart Association.
Learn and Live.

American Stroke Association.
A Division of American Heart Association

Testimony
Senate Bill 2313

Senate Education Committee
Monday, January 29, 2007

Chairman Freborg, members of the Senate Education Committee. My name is June Herman, and I am the Senior Advocacy Director for the American Heart Association. I am here today to testify in support of Senate Bill 2313, and ask for a "do pass" recommendation from this committee.

The North Dakota legislature started saving lives back in 1999 when it passed Good Samaritan language addressing the use of Automated External Defibrillators (AEDs) in North Dakota. With that step, AEDs have taken hold in North Dakota, and proven themselves as reliable, easy to use life saving tools. This is another step forward in helping North Dakota schools to achieve a level of readiness for responding to cardiac emergencies.

My task today is to introduce information related to the scope of the bill. My testimony will be followed by Michelle Tipton who has been the spearhead of this issue for a number of years, and can respond more specifically to the placement of AEDs in schools.

It's important to note that this session, the House has already passed one additional fix to the Good Samaritan Law related to AED use. HB 1108 clarifies that sites that place an AED are also protected by our Good Samaritan AED law. Our concern was that sites might be reluctant to place AEDs over fear of liability due to the training requirements outlined within that same law – specifically that all expected responders are trained in AED use. With this fix, training and AED maintenance are still within the state recommended guideline. Schools would not need to be concerned that every school personnel has had the AED training at any given moment.

American Heart Association • Advocacy Department
PO Box 1287 Jamestown, ND 58402
Phone 701-252-5122 or 1-800-437-9710 • Fax 701-251-2092
www.americanheart.org

Project Scope:

Total Appropriation Request - $352,000, representing $320,000 for school grants and $32,000 for a one-half fulltime equivalent position within the North Dakota Department of Health for program management.

This represents 128 Grants at $2,500 each. Schools must allocate $500.00 to be eligible for the grant. The grants cover equipment, training and AED cabinet mounting in an accessible area. Grant guidance and application process will be handled by the position recommended by this bill.

The objective of this bill is to achieve:

- Device in each public school building and one traveling (for team practice/sports)
- Training (every 2 years)
- Training Unit availability
- EAP Drills
- Placement (Gym with informational signs) ; Publicly Accessible
- Signs indicating AED location throughout school
- Cabinet

At this point, I would be happy to respond to any questions related to the Good Samaritan work we are doing this session, and with committee indulgence, would encourage questions specific to the work leading up to SB 2313 and its design to be directed to Michelle Tipton who has done a yeoman's job in developing this project, and who will be the next to testify. On behalf of the American Heart Association, I do ask for your "do pass" recommendation.

Testimony
Senate Bill 2313

Senate Education Committee
Monday, January 29, 2007

Michelle Tipton

Chairman Freborg, members of the Senate Education Committee. My name is Michelle Tipton; I am a Beulah, ND native. I am here today to testify in support of Senate Bill 2313, and ask for a "do pass" recommendation from this committee.

On March 25, 1999 my oldest son, Shannon, cardiac arrested and died in his bedroom in the middle of the night. My father found him the next day, after the Beulah High School called me at work and stated he didn't make it in to school that day. Autopsy revealed no reason for cardiac arrest and death. Eleven months after his death, the Mayo Clinic in Rochester, MN, clinically and genetically diagnosed my younger son and I with something called Long QT Syndrome. We became a poster family for Mayo's LQT Syndrome Clinic at that time. My son, Shannon, was one of the first molecular autopsies to genetically diagnose a family. My younger son and I were told we could cardiac arrest and die at any moment, any where, any time. He and I had Implanted Cardioverter Defibrillators placed in August of 2000.

Since that horrific day almost 8 years ago now, I have tried to provide awareness about how this can happen to a perfectly healthy teenager. My son was 6'1" 190 pounds, had annual physicals and was in picture perfect health, so we assumed.

It is estimated that 4,000 – 10,000 sudden cardiac arrest deaths occur in people ages 2 – 25 annually in the US. That is 20 a day. 1 in 500 children have a heart defect.

The American Heart Association states that Sudden Cardiac Arrest is the number one killer in the United States:
335,000 people die each year from SCA
900 people die each day from SCA
37.5 people die every hour from SCA

Cardiac Arrest is not a heart attack. A heart attack is the number one cause of cardiac arrest. A cardiac arrest can be caused by a heart attack, stroke, drowning, electrocution, trauma, heat emergencies, medications or drugs. It can also be caused by approximately 9 undiagnosed heart conditions like what we have LQTS, or HCM, ARVD and others. The other thing that can cause a cardiac arrest in a young healthy person is something called Commotio Cordis. This is the one that makes each and everyone at risk...it is simply a blow to the chest at the time the heart is recharging, such as an elbow under the basketball hoop, a hockey puck on the ice rink.

Your heart is an electrical pump. Your heart generates its own electricity. At the top of the heart is the SA node it is "the boss" of all the electrical impulses or the pacemaker of your heart. It fires an electrical impulse, then another impulse is fired, these electrical impulses travel through the heart and cause the heart to contract to pump and relax to refill. This is one heartbeat.

When someone goes into cardiac arrest, no matter what the cause, the same thing happens in the heart. All the electrical impulse firing stations say "I am not listening to the boss or the pacemaker any more; I am going to fire when I want to." And they do. All the electrical impulses go into electrical chaos. The only known fix for this electrical chaotic rhythm, know as ventricular fibrillation, is defibrillation.

Defibrillation can be provided by an Automatic External Defibrillator or AED. You only have a short window of opportunity to prevent death. Your heart will stay in that electrical chaotic rhythm for approximately 10 minutes if CPR is initiated immediately. If CPR is the only thing performed for someone in cardiac arrest you have a 0 to 10 percent chance of survival, if an AED if available for this emergency you can jump to an 80 percent chance of survival. You need to understand that every minute that goes by you lose 10 percent chance of survival. If the AED is used within 3 minutes you have a 70 percent chance, if the AED does not show up for 9 minutes you only have a 10 percent chance of survival. National average ambulance response time is 9 minutes.

My journey has led me here today for a few different reasons:

For the past four years schools were able to apply for a grant to receive an AED through the Federal Rural Access to Emergency Devices money brought into ND through UND's Rural Centers for Health. This money is no longer available in ND for our schools to receive AEDs and implement AED programs.

On June 14, 2006 the National Athletic Trainers Association came out with their recommended emergency preparedness for a cardiac arrest at all sports practices and sports functions. It includes CPR training, AED availability, AED training, and an emergency action plan in place.

There have been three deaths of teens in ND on school property in the past year and one half: Andrew Crocket, 15 years old, running on the track at Bishop Ryan High School in Minot, April 2005. Michael Mack, 17 years old, at football practice in Drake, ND, September 2006 and Justin Rybo, 14 years old, during PE class, Fargo North, Fargo, ND, November 2006.

Cardiac Arrest is the leading cause of death on school property. I believe that most of our larger schools have AEDs and, possibly, programs in place. This bill will provide the same emergency preparedness for a cardiac arrest at our smaller schools that do not have the awareness nor funding.

Our schools are community buildings; they hold probably the largest gatherings in our communities and become emergency shelters in times of disaster. We have fire extinguishers, fire suppression systems and fire drills mandated for all our schools. There has never been a fire in a school while occupied, in the history of ND. We have had three cardiac arrest deaths in a year and a half.

An AED and implementing an AED program has become the recommended standard of care. As such, this bill could also protect our schools from a lawsuit that would cost one school a minimum of 3 times the amount of money that this bill has appropriated for it.
Please give this bill a "do pass vote."

National Athletic
Trainers' Association

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RECOMMENDED GUIDELINES ON HOW TO PREPARE FOR AND MANAGE SUDDEN CARDIAC ARREST (SCA) DURING HIGH SCHOOL AND COLLEGE ATHLETIC PRACTICES AND COMPETITIONS

ATLANTA, June 14, 2006 – Sudden cardiac arrest (SCA) affects over 400,000 people annually in the United States and is the leading cause of death in young athletes.[1, 2] Until now, many health-related organizations have had guidelines on managing SCA during athletic practices and competitions. However these guidelines have not directly linked emergency planning and SCA management in athletics.

To develop a comprehensive consensus statement that would cover such critical issues for high school and college athletic programs, the National Athletic Trainers' Association (NATA) organized an Inter-Association Task Force of representatives from 15 national organizations, which included such fields as athletic training, cardiology, electrophysiology, emergency medicine, family medicine, orthopaedics, paramedics, pediatrics and sports medicine.

On June 14, the executive summary of the "Recommendations on Emergency Preparedness and Management of Sudden Cardiac Arrest in High School and College Athletic Programs" consensus statement was presented during NATA's 57th annual meeting and clinical symposia in Atlanta. Its key recommendations are as follows:

1. **Emergency Preparedness**
   - Every school or institution that sponsors athletic activities should have a written and structured emergency action plan (EAP).
   - The EAP should be developed and coordinated in consultation with local EMS personnel, school public safety officials, on-site first responders and school administrators.
   - The EAP should be specific to each individual athletic venue and encompass emergency communication, personnel, equipment and transportation to appropriate emergency facilities.
   - The EAP should be reviewed and practiced at least annually with certified athletic trainers, team and attending physicians, athletic training students, school and institutional safety personnel, administrators and coaches.[6]
   - Targeted first responders should receive certified training in CPR and automated external defibrillator (AED) use.
   - Access to early defibrillation is essential, and a target goal of less than three to five minutes from the time of collapse to the first shock is strongly recommended.[5, 7]
   - Review of equipment readiness and the EAP by on-site event personnel for each athletic event is desirable.

- more -

from Michelle Tipton

2. **Management of Sudden Cardiac Arrest**

- Management begins with appropriate emergency preparedness, CPR and AED training for all likely first responders, and access to early defibrillation.
- Essential components of SCA management include early activation of EMS, early CPR, early defibrillation and rapid transition to advanced cardiac life support.
- High suspicion of SCA should be maintained for any collapsed and unresponsive athlete.
- SCA in athletes can be mistaken for other causes of collapse. Rescuers should be trained to recognize SCA in athletes with special focus on potential barriers to recognizing SCA including inaccurate rescuer assessment of pulse or respirations, occasional or agonal gasping and myoclonic or seizure-like activity.
- Young athletes who collapse shortly after being struck in the chest by a firm projectile or by contact with another player should be suspected of having SCA from a condition known as commotio cordis.
- Any collapsed and unresponsive athlete should be managed as a sudden cardiac arrest with application of an AED as soon as possible for rhythm analysis and defibrillation, if indicated.
- CPR should be provided while waiting for an AED.
- Interruptions in chest compressions should be minimized and CPR stopped only for rhythm analysis and shock.
- CPR should be resumed immediately after the first shock, beginning with chest compressions, with repeat rhythm analysis following two minutes or five cycles of CPR, or until advanced life support providers take over or the victim starts to move.[7,8]
- Rapid access to the SCA victim should be facilitated for EMS personnel.

The organizations that participated in the Task Force included: American Academy of Emergency Medicine, American Academy of Pediatrics, American College of Emergency Physicians, American College of Sports Medicine, American Heart Association, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, American Osteopathic Academy for Sports Medicine, American Physical Therapy Association Sports Physical Therapy Section, National Association of Emergency Medical Service Physicians, National Association of Emergency Medical Technicians, National Athletic Trainers' Association, National Collegiate Athletic Association, National Federation of State High School Associations and Sudden Cardiac Arrest Association.

# # #

About NATA:

Certified athletic trainers are unique health care providers who specialize in the prevention, assessment, treatment and rehabilitation of injuries and illnesses. The National Athletic Trainers' Association represents and supports the 30,000 members of the athletic training profession through education and research. www.nata.org. NATA, 2952 Stemmons Freeway, Ste. 200, Dallas, TX 75247, 214.637.6282; 214.637.2206 (fax).

References*

1. Maron BJ. Sudden death in young athletes. N Engl J Med 2003;349(11):1064-75.
2. Van Camp SP, Bloor CM, Mueller FO, Cantu RC, Olson HG. Nontraumatic sports death in high school and college athletes. Med Sci Sports Exerc 1995;27(5):641-7.
5. Hazinski MF, Markenson D, Neish S, et al. Response to cardiac arrest and selected life-threatening medical emergencies: the medical emergency response plan for schools: A statement for healthcare providers, policymakers, school administrators, and community leaders. Circulation 2004;109(2):278-91.
6. Andersen J, Courson RW, Kleiner DM, McLoda TA. National Athletic Trainers' Association Position Statement: Emergency Planning in Athletics. J Athl Train 2002;37(1):99-104.
7. Part 4: Adult Basic Life Support. Circulation 2005;112(24_suppl):IV19-IV34.
8. Part 5: Electrical Therapies: Automated External Defibrillators, Defibrillation, Cardioversion, and Pacing. Circulation 2005;112(24_suppl):IV35-IV46.

***Note:** This is a partial list of references from the consensus statement executive summary as appropriate to this news release.

Testimony
Senate Bill 2313

Sent to House Human Services

Senate Education Committee
Monday, January 29, 2007

Carla Crockett

Chairman Freborg, members of the Senate Education Committee. My name is Carla Crockett, from Minot, ND. I am here today to testify in support of Senate Bill 2313, and ask for a "do pass" recommendation from this committee.

I would like to introduce you to someone very special to us. He also touched many people's lives. I wish we could introduce you to him in person, but we can't because he died to Sudden Cardiac Arrest.

This is our son Andrew Crockett. Does he look sick to you? He was 15 years old in this picture and it was taken three days before he died from Sudden Cardiac Arrest. Three days after this picture was taken Andrew never came home from school. April 7th, 2005 we thought was a typical day, rushing around trying to get ready for school and dropping our daughter and son off at Bishop Ryan High School. But that morning was different, little did we know that day that when we came home that night our lives would never be the same again.

Andrew was at track practice just like he was suppose to be. He and his running partner were doing 400 meter dashes. After they crossed the finish line on the second race they both put their hands on their knees to catch their breath, but Andrew never spoke another word, instead he collapsed on the track. Teammates, friends and coaches gathered around frantically trying to decide what to do. They gave him breaths because they thought his heart was still beating, his best friend, who has been through life guard training, tried to save his life. Other friends and teammates looked on frantically having no idea what to do, wishing they could do something to help, anything. We weren't there at the time. I believed we were spared of that horrible moment, because we would have had no idea what to do either.

Finally the ambulance and rescue team came to do CPR and use an AED, many minutes later. They worked on him all the way to the hospital and continued there with a cardiologist, my husband followed in despair. I arrived at the hospital shortly after, then our two girls. The doctor came in to tell us that our son had died, we cried and screamed in shock and horror. How could this happen to such a healthy kid? Out of any of us, Andrew was definitely the most athletic and strongest in our family and extended family. He was in three sports a year, his favorite basketball.

His best friend asked, "If I only would have had an AED, I could have hooked it up, to see if I could have shocked/saved him." Thank goodness our school now has four. Currently Bishop Ryan High School has an AED installed in each of the school gyms and the other two units go out to practice fields and travel to activities that are away. There is also a program in place to train all teachers, staff, coaches, and students grade 6 - 12 in CPR\AED. Bishop Ryan High School could be used as a model of what is needed to protect students against Sudden Cardiac Arrest.

Because of an incomplete autopsy, we don't have any answers as to what heart disease Andrew died from. But at least we know our daughters have an AED available, we pray it never has to be used. We will never know if an AED used earlier would have saved our son's life, but we hope this bill would save other families from this heartache and devastation. We pray that getting AED's into schools, and providing trainings, would save one life. That would make this bill worth it.

Testimony
Senate Bill 2313

Same to House Human Services

Senate Education Committee
Monday, January 29, 2007

Chairman Freborg, members of the Senate Education Committee. My name is John Emil and I am from Mandan N.D. I am here today to testify in support of Senate Bill 2313, and ask for a "do pass" recommendation from this committee.

You may have heard or read my name in the media lately. I did not want you to hear it, however, I had no control of it. Jan. 7th started with attending church, going to lunch with friends and family, and ended with me being in St Alexius Hospital in Bismarck. About 2:30 P.M. I suffered a cardiac arrest (sudden death) at Wachter Middle School in south Bismarck while playing volleyball. A co-worker, and a young man I had just met minutes earlier called 911 and began CPR on me immediately. One person watching the gym knew of the school's AED and retrieved it. Within minutes the AED was diagnosing my condition and advising my rescuers to administer a shock. The Bismarck police and paramedic team arrived and told my rescuers to administer the shock, I instantly came back to life, gasping for air. I have no remembrance of cardiac arrest or my revival other then what I have been told. I do know that there is no way that I can repay the individuals for saving my life other then promoting CPR and AED use and training. I realize the cost to put AED's in schools and athletic venues is immense, but how much is a child's or young adult life worth?

Our schools not only serve their students, but our communities as well as a center of community activity. Your support of these project has the potential to touch many lives of all ages.

Please give Senate Bill 2313 a "do pass" recommendation. Thank you. I am willing to respond to any questions you may have.

January 29, 2007

SENATE EDUCATION COMMITTEE
SB 2313

SENATOR FREBORG AND COMMITTEE MEMBERS:

My name is Caitlin McDonald. I am appearing today on behalf of the State Association of Non-Public Schools (SANS). We strongly support SB 2313 and urge a do pass with the amendment we are offering at the bottom of my testimony.

This bill, with the proposed amendment, will extend the grants to purchase the much-needed defibrillators to the state's 82 non-public schools. As you heard in prior testimony, these defibrillators mean the difference between life and death for the young persons involved.

Last year there were 6,510 North Dakota students enrolled in non-public schools – 4,884 in grades K-8, and 1,626 in grades 9-12.

If our schools can comply with the legal requirements, including the formulation of a plan, and can provide the matching funds for the grants, then we respectfully request that you allow them to apply for these grants.

This program is not supporting non-public schools and we do not believe it raises constitutional questions concerning the separation of church and state. This is merely providing health and safety accommodations to all North Dakota students.

If you have any questions, I will be happy to try to answer them. THANK YOU FOR YOUR TIME AND CONSIDERATION.

PROPOSED AMENDMENT TO SB 2313

On page 1, line 1, after "districts" insert "and non-public schools"

On page 1, line 8, after "districts" insert "and non-public schools"

On page 1, page 13, after "district" insert "or non-public school"

Renumber accordingly.

TESTIMONY ON SB 2313
SENATE EDUCATION COMMITTEE

January 29, 2007
Valerie Fischer, Director of School Health
Department of Public Instruction
328.4138

Good Morning Chairman Freborg and members of the committee – I am Valerie Fischer, Director of School Health for the Department of Public Instruction. I am here to speak in favor of SB 2313, which provides appropriations for schools to purchase AEDs – automated external defibrillators through a grant process.

The Department conducted a "Quick Response" email survey in mid January with North Dakota schools to assess the current number of AEDs and the desire to possess an AED in each school building. The survey results are as follows:

Of 198 districts / 433 buildings, 65% responded (129 districts / 280 buildings) ...

Current # of AEDs: 121
Do you support having an AED in each of your school buildings?
Yes: 126 No: 3
Would you support this effort if a match of $500 or less was required (i.e., PTO fundraiser, community donation)?
Yes: 98 No: 27 No response: 4

Having AEDs in each school building will not only allow students to have access to the emergency medical care they may require, but also offers that same emergency medical care to any citizen attending a sporting event, school function, participating in adult sport leagues or community event or voting in local, state and federal elections. SB 2313 creates the opportunity for an AED to be accessible to all members of any North Dakota community when they are in a school building.

The Department of Public Instruction looks forward to working with the Department of Health to collaborate efforts to provide information, education and technical assistance to school personnel. On behalf of the 103,000 school aged youth across the state, I urge your support of SB 2313. I am available to address any questions you may have.

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SB 2313

January 29, 2007

Testimony – Senate Education Committee
North Dakota EMS Association
Dean Lampe, Executive Director

Good Morning Mr. Chairman and members of the committee. My name is Dean Lampe, and I am the Executive Director of the North Dakota Emergency Medical Service (EMS) Association. On behalf of our nearly 2,000 active members (Ms. Tipton being one) who serve on North Dakota's ambulance services and quick response units, I thank you for the opportunity to testify in support of HB 2313.

Of course, there is no way to place a value on a human life. However, if that process was undertaken, we would certainly begin with North Dakota's children. The committee has heard ample compelling testimony in support of this bill, and the North Dakota EMS Association would urge your Do Pass recommendation.

Mr. Chairman, thank you for this opportunity to testify in support HB 2313. I would be happy to answer questions the committee may have.

Testimony
Senate Bill 2313

House Human Services
Monday, March 5, 2007

Michelle Tipton

Chairman Price, members of the House Human Services Committee. My name is Michelle Tipton; I am a Beulah, ND native. I am here today to testify in support of Senate Bill 2313, and ask for a "do pass" recommendation from this committee.

On March 25, 1999 my oldest son, Shannon, cardiac arrested and died, at age 17, in his bedroom in the middle of the night. My father found him the next day, after the Beulah High School called me at work and stated he didn't make it in to school that day. Autopsy revealed no reason for cardiac arrest and death. Eleven months after his death, the Mayo Clinic in Rochester, MN, clinically and genetically diagnosed my younger son and I with something called Long QT Syndrome. We became a poster family for Mayo's LQT Syndrome Clinic at that time. My son, Shannon, was one of the first molecular autopsies to genetically diagnose a family. My younger son and I were told we could cardiac arrest and die at any moment, any where, any time. He and I had Implanted Cardioverter Defibrillators placed in August of 2000.

Since that horrific day almost 8 years ago now, I have tried to provide awareness about how this can happen to a perfectly healthy teenager. My son was 6'1" 190 pounds, had annual physicals and was in picture perfect health, so we assumed.

It is estimated that 4,000 – 10,000 sudden cardiac arrest deaths occur in people ages 2 – 25 annually in the US. That is 20 a day. 1 in 500 children have a heart defect.

The American Heart Association states that Sudden Cardiac Arrest is the number one killer in the United States:
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Cardiac Arrest is not a heart attack. A heart attack is the number one cause of cardiac arrest. A cardiac arrest can be caused by a heart attack, stroke, drowning, electrocution, trauma, heat emergencies, medications or drugs. It can also be caused by approximately 9 undiagnosed heart conditions like what we have LQTS, or HCM, ARVD and others. The other thing that can cause a cardiac arrest in a young healthy person is something called Commotio Cordis. This is the one that makes each and everyone at risk...it is simply a blow to the chest at the time the heart is recharging, such as an elbow under the basketball hoop, a hockey puck on the ice rink.

Your heart is an electrical pump. Your heart generates its own electricity. At the top of the heart is the SA node it is "the boss" of all the electrical impulses or the pacemaker of your heart. It fires an electrical impulse, then another impulse is fired, these electrical impulses travel through the heart and cause the heart to contract to pump and relax to refill. This is one heartbeat.

When someone goes into cardiac arrest, no matter what the cause, the same thing happens in the heart. All the electrical impulse firing stations say "I am not listening to the boss or the pacemaker any more; I am going to fire when I want to." And they do. All the electrical impulses go into electrical chaos. The only known fix for this electrical chaotic rhythm, know as ventricular fibrillation, is defibrillation.

Defibrillation can be provided by an Automatic External Defibrillator or AED. You only have a short window of opportunity to prevent death. Your heart will stay in that electrical chaotic rhythm for approximately 10 minutes if CPR is initiated immediately. If CPR is the only thing performed for someone in cardiac arrest you have a 0 to 10 percent chance of survival, if an AED if available for this emergency you can jump to an 80 percent chance of survival. You need to understand that every minute that goes by you lose 10 percent chance of survival. If the AED is used within 3 minutes you have a 70 percent chance, if the AED does not show up for 9 minutes you only have a 10 percent chance of survival. National average ambulance response time is 9 minutes.

My journey has led me here today for three main reasons:

1. For the past four years schools were able to apply for a grant to receive an AED through the Federal Rural Access to Emergency Devices money brought into ND through UND's Rural Centers for Health. This money is no longer available in ND for our schools to receive AEDs and implement AED programs.

2. On June 14, 2006 the National Athletic Trainers Association came out with their recommended emergency preparedness for a cardiac arrest at all sports practices and sports functions. It includes CPR training, AED availability, AED training, and an emergency action plan in place.

3. There have been three deaths of teens in ND on school property in the past two years: Andrew Crocket, 15 years old, running on the track at Bishop Ryan High School in Minot, April 2005. Michael Mack, 17 years old, at football practice in Drake, ND, September 2006 and Justin Rybo, 14 years old, during PE class, Fargo North, Fargo, ND, November 2006.

Cardiac Arrest is the leading cause of death on school property. I believe that most of our larger schools have AEDs and, possibly, programs in place. This bill will provide the same emergency preparedness for a cardiac arrest at our smaller schools that do not have the awareness nor funding.

Our schools are community buildings; they hold probably the largest gatherings in our communities and become emergency shelters in times of disaster. We have fire extinguishers, fire suppression systems and fire drills mandated for all our schools. There has never been a fire in a school while occupied, in the history of ND. We have had three cardiac arrest deaths in a year and a half.

All airlines have AEDs, all federal buildings have AEDs and all correctional facilities have AEDs.

An AED and implementing an AED program has become the recommended standard of care. As such, this bill could also protect our schools from a lawsuit that would cost one school a minimum of 3 times the amount of money that this bill has appropriated for it.

Please give this bill a "do pass vote."

Heart Disease and Stroke. You're the Cure.

American Heart Association.
Learn and Live.

American Stroke Association.
A Division of American Heart Association

Senate Bill 2313
June Herman
American Heart Association

House Human Services Committee
Monday, February 5, 2007

Chairman Price and members of the Senate Education Committee. My name is June Herman, and I am the Senior Advocacy Director for the American Heart Association. I am here today to testify in support of Senate Bill 2313.

When you consider the type of project SB 2313 represents, the Community Health Trust Fund could be a very appropriate fund for this project. The issue may be one of the revenue flow to this fund. 10% of the base tobacco settlement funds are directed to the CHTF, with 45% to water projects, and 45% to the school trust fund. Starting this biennium, North Dakota will be receiving increased "bump payments" from the tobacco settlement agreement, and without legislative comment, will be split by the same percentages.

Given the amount of "school health" items seeking funding from the community health grants:

- SADD Prevention Advisory for $440,000
- Schools AEDs for $352,000

and the additional funds being appropriated for other core health items:

- $300,000 for EMS
- $75,000 Physician loan
- $150,000 colorectal cancer

could the tobacco settlement "bump payments" be distributed differently than the base settlement funds? Certainly the needs above, both school based and health based, plus the alarming threat to the viability of our EMS system that your committee has already discussed in detail, are as compelling as the funding concerns that drove the base settlement split a number of sessions ago. What we have available now is the opportunity presented by the bump payments starting in 2008.

The minutes for Budget Section Regular Meeting - (3/8/06) indicate that the state will receive approximately $23 million a year until 2008 when the payments are projected to increase to approximately $36 million to $38 million. This represents $13 million in bump payments available for the next biennium, $26 million in the following biennium. We urge this committee's work to utilize the bump payments as a vehicle to finally address the important health needs of our state.

American Heart Association • Advocacy Department
PO Box 1287 Jamestown, ND 58402
Phone 701-252-5122 or 1-800-437-9710 • Fax 701-251-2092
www.americanheart.org

Good Morning. My name is James Azure.

My daughter, Chenay, and I drove six hours to get here to tell you our story.

My wife and I, along with our 4 children Amber, Jarrett, Whitney and Chenay were raised in Wahpeton. My family roots are from the Washburn and Belcourt areas and my wife; Vickie's family is from Richland County. Representative Clark Williams was our one of our teachers and Principal and I worked with Senator Arden Anderson at Wahpeton City Hall for many years. In 2004, I was offered a position with the Minnesota Department of Natural Resources and we moved from Wahpeton to Grand Rapids Minnesota.

To say the least, our children were not happy about leaving their friends in Wahpeton but adjusted easily. All the kids were excellent athletes and found new friends quickly. Jarrett excelled in football and basketball and led his basketball team to the state tournament his senior year. He was looking forward to going back to Wahpeton and playing basketball for the NDSCS Wildcats.

He never got the chance.

He died on March 24, 2005, two weeks before Andrew Crockett.

He had just turned 18 three days earlier.

Jarrett was playing in an All-Star basketball game in Duluth. At half time the team went to the locker room. They called for a doctor over the intercom twice. The last thing on our mind was that it was for Jarrett. About 10 minutes after the first call for a doctor they called for our family.

When we got to Jarrett, he was unconscious and looked very bad. No one had started CPR and an ambulance was not even called for yet. We started CPR and had someone call 911.

It was too late. Jarrett's mom and sister had to watch Jarrett die. Jarrett did not have to die. If someone would have recognized that he was in serious trouble and started CPR right away and applied an AED the outcome could have been much different.

After Jarrett's death we found out that his sister Whitney has the same genetic problem that Jarrett had.

Our schools should be the one place our children are most secure but this is not the case.

In us older people, SCA happen anywhere, any time with a high percentage happening at home.

I children, especially teenagers, they are dying at school and usually playing sports.

This is not a coincidence.

Heart screenings have disclosed that one in ten kids have some sort of condition that may pre-dispose them to a sudden cardiac arrest. One in 300 may have a serious heart defect that makes them extremely venerable. This doesn't mean all of these children will have a SCA but if the conditions were right, they would be at risk.

Some of these conditions are physical exertion and advanced physical conditioning. This is why many of the students that die are star athletes. An example of this is a basketball player has 15 times more of a chance to die of SCA than a non-athlete does.

3 children have died in your schools since Jarrett died two years ago. Including Jarrett, all have been involved in a physical activity.

Let's stop killing our kids.

A little bit of knowledge and simple easy to use piece of equipment is all it takes to save their lives in our schools.

No mother should get the call that her child has died of sudden cardiac arrest in their school or worse yet watch it happen.

You have the option of saving these kids.

One of the remarks we have heard is that placing these AED's should be the responsibility of the local school boards. In fact, when one of us parents have pushed to get them in the schools locally we have been very successful. Our story is powerful and they usually listen. The problem is there are only a few of us that have the will to do this and there are so many schools.

We do not want any more spokesparents joining our group. Ours is a fraternity with a very high initiation cost.

I understand there is an issue with how to fund this bill. I beg you to put aside your differences and find the money to place these devices.

The real bottom line is that if you do, children will live and if you don't more will die needlessly.

Please support this bill to give the schools the tools they need.

James Azure

25581 Ingebo Road

Cohasset, MN 55721

(218) 999-5207

To whom this may concern David Belkin 301 986 0352 (h) 240 351 7159 (c)

I am a recent survivor of SCA (sudden cardiac arrest). Interestingly enough, I just came from my first visit with my Electro Physiologist and when I referred to SCA, he looked puzzled. I said it referred to sudden cardiac arrest. He said he knew it as SCD or sudden cardiac death. I think his thinking is indicative of most people, including professionals, because most people do not survive my experience. I survived because there was an AED in place at the elementary school where I had my SCA.

It was the morning of February 18, 2007. I had been invited to play basketball by my son-in law in an elementary school gym in Honesdale Pa. in the Pocono's near my second home. I did not know any of the people playing except my son-law and a friend of his. It's their standard Sunday morning game played with guys and one women ranging in age from mid 30's to 65. I had just turned 65 three days earlier. I was pronounced in perfect health by my primary care physician, having just had my physical on February 9. I play tennis at least once a week and am on 3 softball teams so I am in pretty good shape for my age There were 11 of us. Our games were 4 on 4 played half court played to 15 with the winners continuing and the losers sitting. I played some; I sat some. We started about 9:30 and at about 11 am during one of the games I was playing in, I started to feel lightheaded and a little woozy. Thinking I was de hydrated and over exhausted, I started to walk towards the sidelines. I collapsed as I got to the sidelines into the stands hitting my head slightly and my left hip very hard (as indicated from the black and blue mark there). One of the guys came over to me immediately (he has since told me) and bending down, he saw that I was breathing very shallowly. This person happened to be an emergency room doctor and as he started to examine me, he said I started to turn blue. He pulled down my shorts to check my femoral artery and felt nothing. My heart had stopped.

He immediately started CPR and another guy gave me mouth to mouth. Knowing that we were in Pa. and that schools in Pa. are required by law to have AED's, he immediately shouted for one of the others to find the AED device. A fourth person called 911. The person looking for the AED found the janitor who immediately brought the AED to my side. He applied the AED to my chest (it only kicks in if it does not sense any electrical charge coming from the heart) and it immediately did what it was supposed to do. I think my heart started beating after one application. He says that I was out for less than 3 minutes. About 2 minutes later, the EMT squad got there. I was weak and horribly nauseous and started to throw up. I also started to get up thinking I had merely fainted but they kept me down. The crew loaded me on a stretcher and took me to the hospital.

The guy who saved me said I was gone but for the AED. I am happy to report that because the AED was applied immediately that I suffered no heart damage and the catheterization showed no blockages. I have had an ICD implanted in me on February 21 and returned home to Maryland on February 24. Happily I will be able to resume my normal activities in a few weeks or so.

But for the AED being in that elementary school and being applied immediately, I know and have been told by my doctors that I would not be here today. Certainly I would not have survived without any heart or brain damage. Had I had that damage, my care would have been an enormous use of the public's health care dollars. I am on Medicare. Certainly the cost of a few AED's is more than offset by the savings in these health care costs that states and federal government would be otherwise required to pay out. Many more people, like myself, can be saved if these devices are placed in schools and other facilities used by the public. If we can spend money to have fire alarms in these very schools and public places to protect property, it seems that we can do the same thing to put these devices in the same places to save lives.

Thank you for the opportunity to express my views on this important matter.

TESTIMONY ON SB 2313
HOUSE HUMAN SERVICES COMMITTEE
March 5, 2007
Valerie Fischer, Director of School Health
Department of Public Instruction
328.4138

Good Morning Madam Chair and members of the committee – I'm Valerie Fischer, Director of School Health for the Department of Public Instruction. On behalf of the Department, I am here to speak in favor of SB 2313.

The Department has acquired data to identify the number of schools which already have AED's, how many schools do not, and support for a local match to obtain an AED. As of this date, we have two sources of information which help document the need:

The first data set was secured through an email survey on January 11, 2007 with North Dakota schools to assess the current number of AEDs and the desire to possess an AED in each school building. The survey results are as follows:

Of 198 districts, representing 398 buildings, 65% responded (129 districts / 280 buildings) …

Current # of AEDs: 121
Do you support having an AED in each of your school buildings?
Yes: 126 No: 3
Would you support this effort if a match of $500 or less was required (i.e., PTO fundraiser, community donation)?
Yes: 98 No: 27 No response: 4

The second data set will be further detailed by Kathryn Peterson, who will testify on behalf of the Joint Powers Agreements (JPAs).

Having AEDs in each school building will not only allow students to have access to the emergency medical care they may require, but also offers that same emergency medical care to any citizen attending a sporting event, school function, participating in adult sport leagues, community event or to vote. SB 2313 creates the opportunity for an AED to be accessible to all members of any North Dakota community when they are in a school building.

The Department of Public Instruction looks forward to working with the Department of Health to collaborate efforts to provide information, education and technical assistance to school personnel. On behalf of all ND citizens, I urge your support of SB 2313. Thank you. I am available to address any questions you may have.

TESTIMONY FOR SB 2313
March 5, 2007

Good Morning Chairperson Price and Members of the House Human Services Committee.

I am here today in support of SB 2313. My name is Kathryn Pederson. I am the JPA Coordinator for the Mid-Dakota Education Cooperative located in Minot, North Dakota. I currently represent 10 school districts with 8595 K-12 students. The schools in the MDEC JPA are very different. They range from a large school district like Minot to a small school district like Eureka that has an enrollment of 11 students. Some of the schools are country schools that are not located in a community and some of the schools are in large communities. I believe that all of the students in large or small school districts deserve to have an AED in their school. The students at the greatest risk are students who are not near a community or emergency station and are from a small school with limited funding. That defines many schools in North Dakota. In a situation where an AED is needed for a child, seconds count. A school without an AED that is rural and small doesn't have a chance to help this child.

Therefore, I am here to support SB2313 and encourage the use of the JPA model for training school personnel. I believe by using the JPA model for training, we can effectively utilize the funds and impact as many students as possible with more money left for purchasing AEDs. **Thank you.**

JPA Schools who report having at least one AED (**red**) or none (**black**)
Number of buildings in ( )

*** Not all schools responded to the data request**
*** The following list does not include non public schools (55), state institutions (4), Vocational Centers (6), BIA schools (6) or districts that do not belong to a JPA (16)**

Northeast Education Services Cooperative
Adams-Edmore (2; have one)
Bisbee-Egeland (1)
Cando (1)
Dakota Prairie (2; have one)
Devils Lake (5; have four)
Four Winds (1)
Lakota (2)
Langdon (2)
Leeds (1)
Maddock (1)
Minnewaukan (1)
Munich (1)
North Central (1)
Rolette (1)
Starkweather (1)
Warwick (1)
Wolford (1)

25 buildings; 12 AEDs, 13 do not have AEDs

Great Northwest Education Cooperative
Alexander (1)
Bowbells (1)
Burke-Central (1)
Eight Mile (1)
New District 8 (1)
Divide County (2; have one)
Grenora (1)
Kenmare (2; have one)
Mandaree (1)
New Town (2; have one)
Parshall (2; have one)
Powers Lake (2; have one)
Ray (1)
Stanley (2; have one)
Tioga (2; have one)

Key:
Red - have at least one AEDs
Black - do not have an AED

data as of 3/2/06

Watford City (2; have one)
Williston (6; have three)

30 buildings; 15 AEDs, 15 do not have AEDs

Red River Valley Education Cooperative

Cavalier (1)
Central Valley (1)
Drayton (1)
Edinburg (1)
Emerado (1)
Finley-Sharon (1)
Fordville-Lankin (1)
Grafton (5; has one)
Grand Forks (18; have three)
Hatton (1)
Hillsboro (2)
Larimore (2)
Manvel (1)
May-Port CG (2; have one)
Midway (1)
Minto (1)
Nash (1)
North Border (3)
Northern Cass (1)
Northwood (1)
Park River (1)
St. Thomas (1)
Thompson (1)
Valley (1)

50 buildings; 19 have AEDs, 31 do not have AEDs

Roughrider Education Services Program

Beach (2)
Belfield (1)
Billings County (1)
Bowman (2)
Dickinson (9)
Glen Ullin (1)
Golva (1)
Halliday (2)
Hebron (1)
Hettinger (1)
Killdeer (1)
Mott/Regent (2)
New England (1)
Richardton/Taylor (2)

Key:
Red - have at least one AEDs
Black - do not have an AED

data as of 3/2/06

Scranton (1)
Slope County (2)
South Heart (1)

31 buildings; 4 have AEDs, 27 do not have AEDs

South Central Education Cooperative

Edgeley (1)
Ellendale (1)
Enderlin (1)
Fessenden-Bowdon (1)
Griggs County (2)
Hope-Page (2)
Jamestown (8; have three)
Kensal (1)
Kulm (1)
LaMoure (1)
Litchville Marion (2)
Maple Valley (2)
Medina (1)
Montpelier (1)
North Central (1)
Pingree-Buchanan (2)
Spiritwood (1)
Tappen (1)
Tuttle-Pettibone (1)
Valley City (4; have one)
Wimbledon-Courtenay (1)

36 buildings; 18 have AEDs, 18 do not have AEDs

North Central Education Cooperative

Anamoose (1)
Belcourt (2)
Bottineau (1)
Drake (1)
Dunseith (2; have one)
Harvey (2; have one)
MLS (2)
Newburg United (1)
Rolla (1)
Rugby (2; have one)
Sawyer (1)
St. John (1)
TGU (2)
Velva (2)
Westhope (1)

22 buildings; 16 have AEDs, 6 do not have AEDs

Key:
Red – have at least one AEDs
Black - do not have an AED

data as of 3/2/06

Missouri River Education Cooperative

Almont (Sims) (1)
Ashley (1)
Apple Creek (1)
Beulah (2)
Bismarck (23; have three)
Roosevelt (Carson) (1)
Center-Stanton (2)
Elgin-New Leipzig (1)
Flasher (1)
Garrison (2)
Goodrich (1)
Hazen (2)
Hazelton-Moffit-Braddock (1)
Little Heart (1)
Max (1)
Mandan (7; have three)
McClusky (2)
Menoken (1)
Montefiore (Wilton) (1)
Napoleon (1)
New Salem (2)
Solen-Cannonball (2)
Steele-Dawson (1)
Sterling (1)
Sweet Briar (1)
Turtle Lake-Mercer (1)
Underwood (1)
Washburn (1)
Wishek (1)
Zeeland (1)

64 buildings; 22 have AEDs, 42 do not have AEDs

South East Education Cooperative

Central Cass (1)
Fairmount (1)
Fargo (22; have seven)
Ft Ransom (1)
Hankinson (1)
Kindred (2)
Lidgerwood (1)
Lisbon (2)
Mapleton (1)
Milnor (2)
North Sargent (1)

Key:
Red – have at least one AEDs
Black - do not have an AED

data as of 3/2/06

Oakes (1)
Richland (Colfax) (2)
Sargent Central (1)
Sheldon (1)
Wahpeton (5; have three)
West Fargo (9; unknown)
Wyndmere (1)

55 buildings; 19+ have AEDs, 27+ do not have AEDs

Mid-Dakota Education Cooperative
Bell (1)
Eureka (1)
Glenburn (1)
Lewis & Clark
- Berthold (1)
- North Shore (1)
- North Shore High (1)
- Plaza (1)

Minot (18; unknown)
Nedrose (1)
South Prairie (1)
Surrey (1)
United (Des Lacs/Burlington) (2)

30 buildings; 2+ have AEDs. 11+ do not have AEDs

****

Total – 343 buildings responded (398 statewide buildings)
127 have an AED
190 have none

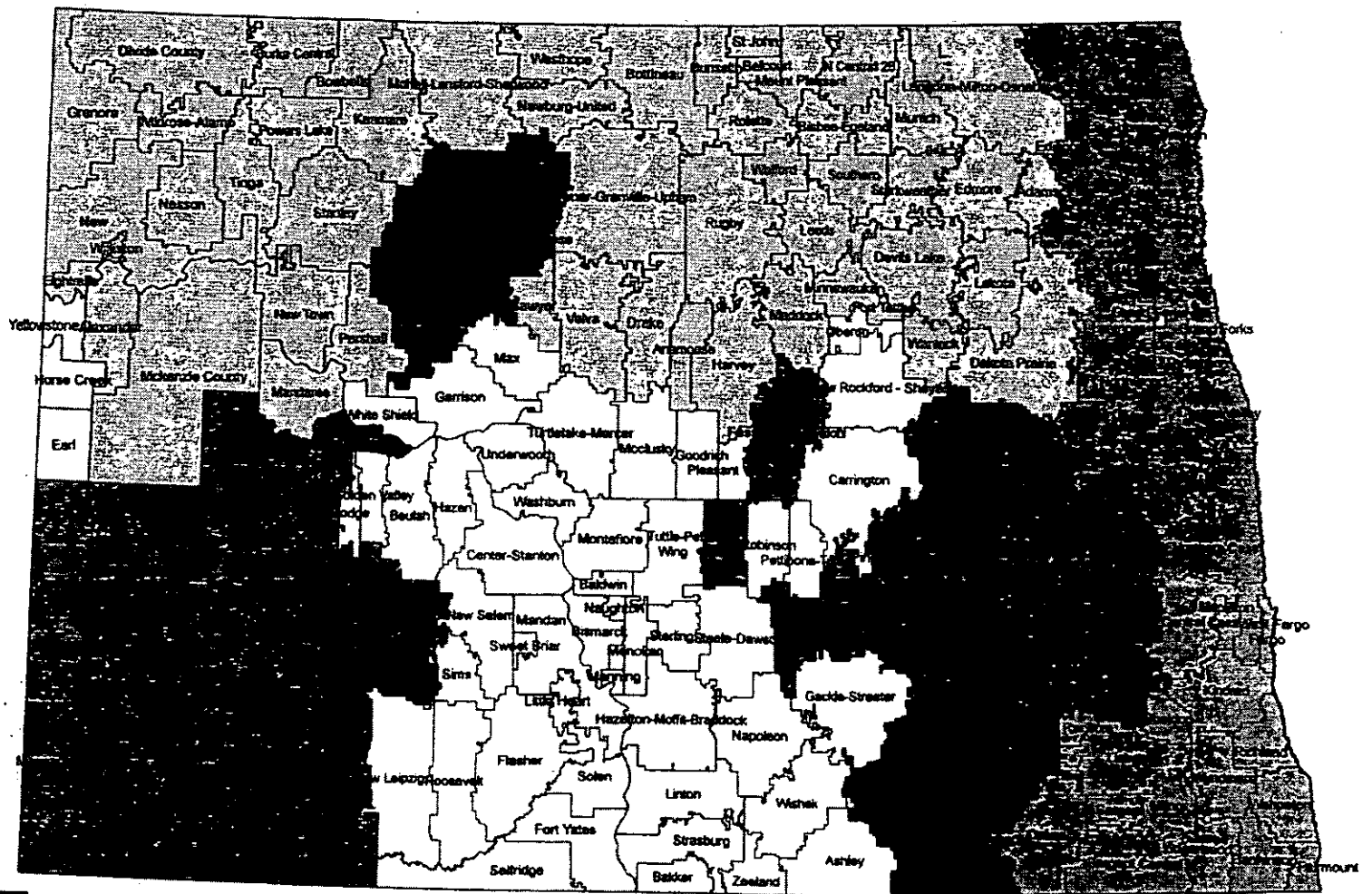
*** Numbers don't total because not all multi school districts responded accurately**

Key:
Red - have at least one AEDs
Black - do not have an AED

data as of 3/2/06

Joint Powers Agreement (2006-2007)

01/09/2007



- Northeast Ed Service Cooperative
- Roughrider Ed Services Program
- Mid-Dakota Ed Council
- Missouri River Ed Cooperative
- South Central Ed Cooperative
- South East Ed Cooperative
- Red River Valley Ed Cooperative
- North Central Ed Cooperative
- Great Northwest Ed Cooperative

www.dpi.state.nd.us

The State of North Dakota
Department of Public Instruction
Dr. Wayne G. Sanstead, Superintendent
Office of School District Finance and Organization
600 East Boulevard Avenue Dept 201
Bismarck, North Dakota 58505-0440

March 5, 2007–

Testimony to the House Human Services Committee Re: SB 2313

"Funds for AED's Should Not Come from ND's Tobacco Settlement Community Health Trust Fund"

Chairman Price and Members of the Committee:

My name is Vicki Voldal Rosenau. I live in Valley City, where for the past 12 years I have worked to promote tobacco prevention and cessation. Even though I am here today testifying as a private citizen, I should point out that during the past decade I have studied widely and deeply to learn how best to reduce the death, disease, and drain on government coffers that are caused by tobacco addiction.

It is not the purpose of my testimony this morning to oppose state funding for placing AED's in schools. Rather, my purpose is to oppose taking funds for any such work *from* North Dakota's Tobacco Settlement Community Health Trust Fund moneys.

I know there are some members of this committee who have definitely not forgotten what North Dakota citizens want their Tobacco Settlement dollars to be spent for, and also what was said to be the purpose, six years ago, for establishing the Community Health Trust Fund. But, because there are some new faces, I would like to take just a few seconds to review that information.

First, in 2001, when legislative decisions were rendered regarding allocation of North Dakota's $25-30 million/year Tobacco Settlement, the stated wishes of the citizens were not exactly followed. In January of that year, results of a scientific, telephone-interview poll showed that 67.6% of North Dakota adults – nearly 7 out of 10 – wanted **at least half of ND's Tobacco Settlement dollars to be spent on tobacco prevention work!**
[Please refer to attached excerpt from "Statewide Poll on the Use of Tobacco Settlement Funds, prepared by Winkelman Consulting, January, 2001]

Obviously, the 57th Legislative Assembly declined to safeguard half of the Tobacco Settlement dollars for science-based tobacco prevention and cessation. They did establish the Community Health Grant Program. According to Century Code 23-38-01 (where that program is codified): "The primary purpose of the program is to prevent or reduce tobacco usage in the state by strengthening community-based public health programs and by providing assistance to public health units and communities throughout the state." The section further states that this program "...shall follow the centers for disease control and prevention's best practices for comprehensive tobacco control programs." The most critical requirement of the CDC Best Practices guidelines is the guarantee of an adequate level of annual funding for all the components that synergistically make up a true comprehensive prevention initiative, and the CDC specifies that for North Dakota, the annual amount must be $8.2 - $16.6 million. Of course, at this time, North Dakota has not achieved even the minimal level of effectiveness.

Indeed, even if the entire amount currently allocated for the Community Health Trust Fund were faithfully invested in CDC-based tobacco prevention, we would still be

far short of the minimum level . . . and THAT is the reason for which I am here today to ask you to refrain from taking Community Health Trust Fund dollars for any purpose other than tobacco control—no matter how worthy the purpose. Until and unless the Legislature chooses to reconfigure the formula being used for allocating our Tobacco Settlement, that Community Health Trust Fund is the only source available to build our critical tobacco prevention program toward that CDC-prescribed level of effectiveness.

Just how critical is ND's tobacco prevention program? Well, if we are serious about reducing the causes for heart attacks and cancer (two of the most dreaded diseases), then we will expand and strengthen the ND Tobacco Prevention Program as quickly as possible -- because tobacco use is a very major cause of both diseases. For example, the American Heart Association states: "Smoking is a woman's **single biggest risk factor for heart attack**" and "...smoking is the most important risk factor for young men and women." The CDC states flatly: "You are up to **four times** more likely to die from heart disease if you smoke." Likewise, the American Cancer Society states: "Smoking accounts for at least **30% of all cancer deaths** and **87% of lung cancer deaths**." Clearly, in order to reduce the need for ever-more money to treat heart attacks and cancer in ND, we must greatly reduce tobacco addiction in the state!

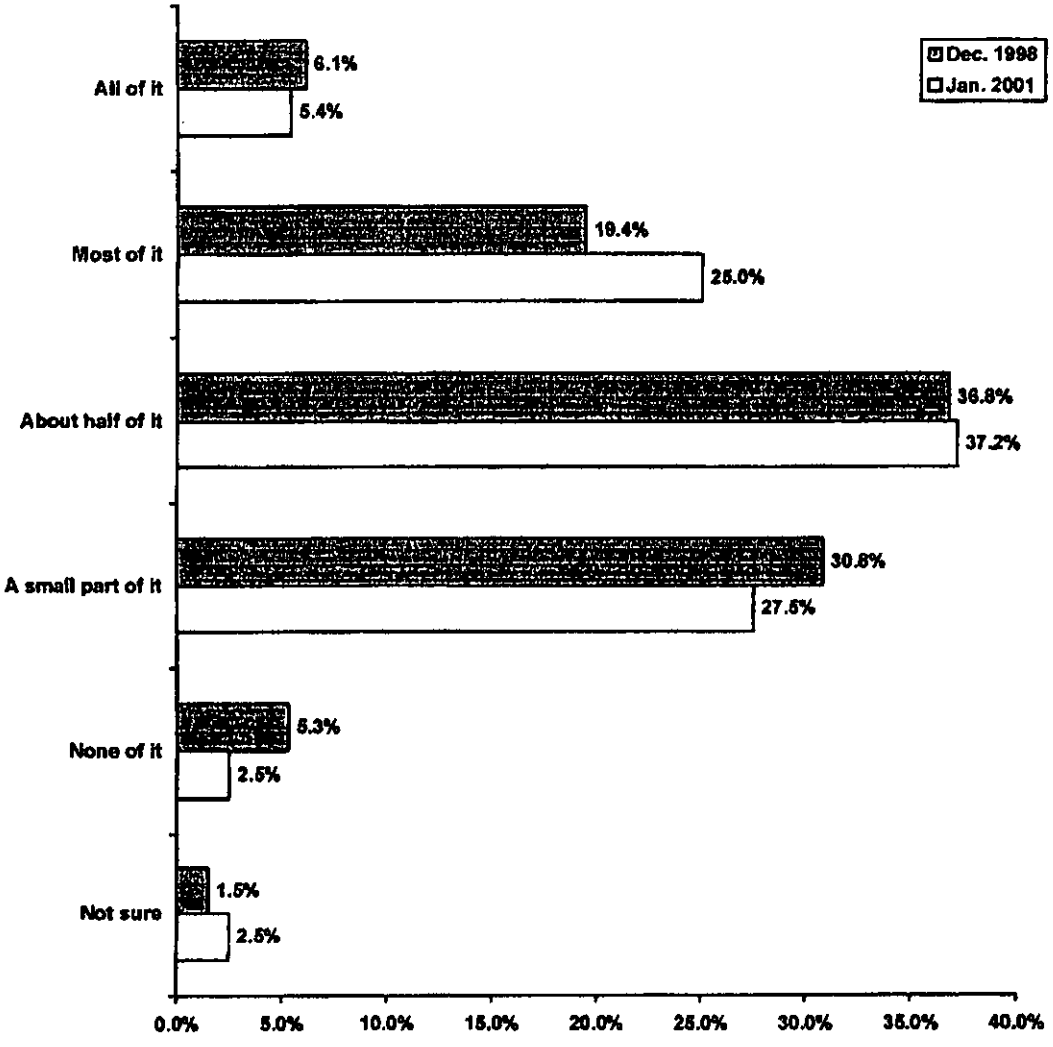
Once again, I want to clearly state that I do not stand here to oppose state funding for placing AED's in schools, nor am I aware of any tobacco-prevention professional who opposes such funding. AED's and other worthy health programs can and should be funded with general-fund dollars. What many of us do oppose is what appears to be a growing trend to seek the diversion of funds from the Community Health Trust Fund for non-tobacco-prevention purposes. The first priority of Community Health Trust Fund dollars from ND's Tobacco Settlement must remain the establishment of a science-based comprehensive tobacco prevention and control program, which North Dakota is still a long way from achieving. In order to accomplish real saving of lives and of healthcare dollars, we must first allocate and sustain the CDC-prescribed level of funding for ND's Tobacco Prevention Program.

As Attorney General Heidi Heitkamp said in 2001 about allocating funds for tobacco prevention in North Dakota: **"It's like a prescription: If you cut it in half it may not work at all."**

Respectfully submitted:
Vicki Voldal Rosenau
Valley City, ND
vrosenau@csicable.net
701-490-1325

Finding from a 2001 public opinion survey of North Dakota adults:

Figure 2. How much of the settlement funds do you feel should be spent <u>on efforts to reduce smoking among children</u>? *(Includes all respondents)*



This graph shows that nearly seven of every ten respondents [67.6 %] feel at least half of the settlement funds should be spent on efforts to reduce tobacco use ...

HB – 1202: Healthy School Pro[redacted]within Regional Education Associations

Appropriation Recommendation - *Leadership Partne[redacted] American Heart Association, Southeast Education Cooper[redacted] ND Regional Education Leadership Group, ND Rural Health Association, ND Alliance for Health, Physical Education, Recreation and Dance.*

Funding Request:

Description	FTE	General Fund	Special Fund	Total
Increase Department of Health funding for four (4) REA Health Coordinators to implement Coordinated School Health programs.	-0-	$640,000	-0-	$640,000

Budget Detail	2011-2012	2012-2013
4 Coordinators@ $60,000/year – salary, benefits, travel	$240,000.	$240,000.
Professional Development and training, supplies	$80,000.	$80,000.
Total Investment		**$640,000**

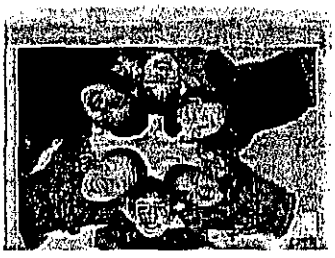
- This appropriation supports 4 Regional Health Coordinators who will serve all eight North Dakota Regional Education Associations to coordinate school health programs for all member school districts.
- Areas of emphasis would include: professional development, resource development and dissemination, technical assistance and on-site consultation regarding school AED maintenance, psychomotor skill based (hands on) CPR training in Health Education, quality Physical Education, and other Coordinated School Health Program Services based on school needs.
- HB 1202 identifies that the Southeast Education Cooperative will be lead administrator, with responsibility to work with all REAs in the state. By designating a REA with experience in coordinating school health resources as lead administrator for the project, we will be able to more quickly establish and implement programs for the 2011-12 school year, and be able to report back next session on initial outcomes.
- As the Southeast Education Cooperative already receives technical support through the Department of Health and Department of Public Instruction, we were able to eliminate agency administrative costs contained in the original bill ($20,000).

Project Need:

- No one likes mandates, and mandates themselves don't guarantee quality programs. This proposal comes with school and health leaders support. HB 1202 will provide coordination of workshops to improve school curriculum for PE and health, and improving activities/policies related to physical activity, nutrition and tobacco.
- This funding establishes a structure for school health outreach – external opportunities (funding and projects) and school district needs are facilitated through a Healthy School Coordinator in each part of the state.
- Through 2007 legislative action, 436 AEDs were placed in North Dakota schools. Many of the devices are not being kept current as to electrodes, battery checks, back-up batteries, and ready kits. HB 1202 will enable inventory, reminders for testing and replacement, group orders and assistance in developing ready response teams. Hands on CPR in health curriculum will be enhanced, vital for rural areas.
- SEEC pilot: Served 35 school districts individually and through workshops that drew 266 participants through 6 different trainings/workshops/multi-day sessions, leveraging $13,000 in additional grants for services. Pilot costs – coordinator/travel/office resources, speakers/trainers, school district reimbursement (teacher stipends -substitutes/travel), facility rental and food. (total trainings/workshop costs ranging from $1,900 - $8,000)

-HB 1202 - Rep. Kelsch - Feb 16, 2011 - Attachment ONE

Healthy School Programs within Regional Education Associations



Appropriation Recommendation - *Leadership Partners – American Heart Association, Southeast Education Cooperative, ND Regional Education Leadership Group, ND Rural Health Association, ND Alliance for Health, Physical Education, Recreation and Dance.*

Healthier Students are Better Learners

No matter how well teachers are prepared to teach, no matter what accountability measures are put in place, no matter what governing structures are established for schools, educational progress will be profoundly limited if students are not motivated and able to learn. Health-related problems play a major role in limiting the motivation and ability to learn... Healthier students are better learners. Charles E Basch, March 2010 (Columbia University, Professor of Health Education).

When it comes to building healthy lifestyles, learning to make healthy choices early is so important. In a North Dakota classroom of 25 high school students, 5 smoke, 6 are overweight or obese, 7 binge drink, 14 don't get recommended amounts of physical activity, and 21 don't eat recommended amounts of fruits and vegetables (2009 Youth Risk Behavior Survey).

Schools by themselves cannot—and should not be expected to—solve the nation's most serious health and social problems. Families, health care workers, the media, religious organizations, community organizations that serve youth, and young people themselves also must be systematically involved. However, schools can provide a critical facility in which many agencies might work together to maintain the well-being of young people. This need can be met through a coordinated school health program (CSHP) model; consisting of eight interactive components -

- Health Education
- Counseling, Psychological and Social Services
- Physical Education
- Healthy School Environment
- Health Services
- Health promotion for staff
- Nutrition Services
- Family and Community Involvement

Regional Education Association (REA) Healthy School Program (HSP) Request

Establish a $640,000 continuing appropriation for Regional Education Association (REA) staffing grants to cover four Healthy School Program (HSP) directors per biennium, with only one recipient REA per quadrant of the state. Several REA's could apply together for a shared position to best serve their section of the state. Focus is on district implementation of research based curriculum and interventions to improve health and healthy habits within the school setting.

- Four contracted positions – estimated $60,000 a year, salary/benefits ($480,000 biennium)
- Resources per position to cover office/equipment, workshops/travel - $20,000 ($160,000 biennium)

Core Elements of a Healthy School Program Coordinator position within REAs:

- Assess/evaluates, plans, coordinates and directs the implementation of coordinated school health utilizing education, programs, policy and systems change interventions.
- Special curriculum assistance: quality PE curriculum and CPR training within high school health curriculum.
- Coordination of Automated External Defibrillator readiness in schools
- Facilitates the formation of active school level wellness committees/health advisory councils.
- Encourages and facilitates the evaluation of school environments and school wellness policies. Offers professional development and technical assistance to schools/staff with a focus on Physical Activity, Nutrition, Tobacco and Health Education.
- Provides or arranges for technical assistance for districts within the REA and partners.
- Identifies and acquires resources to support and sustain coordinated school health initiatives.

What South East Education Cooperative (SEEC) Schools are saying about the Healthy School Program

This past year, an innovative pilot was launched that placed a Healthy School Program Coordinator within a Regional Education Association (REA), using federal funds through the Coordinated School Health Program. The demonstration pilot, funded through a federal grant, resulted in benefits to REA member districts including: Physical Education curriculum development, assistance with federal grant applications for equipment and program materials, and school wellness programming for students and staff. The Program Director acts on a consultative, not regulatory, basis, and REA member schools were highly satisfied with the availability of the Program Coordinator as resource for improving school health.

Feedback from Area Schools

With the help of Amy Walters and the SEEC Coordinated School Health program our school is becoming a healthier school. We have had Amy work with us through Nutrition Education, Physical Education Curriculum, and Pep Grant writing. I have found her knowledgeable, cooperative, energetic, and professional. Our school is better equipped to help our students become and stay healthy because of the work of Amy Walters and SEEC.

Wayne Ulven, Superintendent of Schools, Richland 44

Amy worked together with 9 districts and administrators well to develop appropriate plans to implement a sound physical education, health and nutrition plans. Within her plan was the development of a sound and reliable curricula and the wellness policy which affects all staff and students in a school system. Without Amy's leadership with SEEC there are many small communities in particular who would not have the opportunity to collaborate and learn from others. Many of these smaller communities have one teacher teaching several subjects and no body to collaborate with on what is reliable and valid with the latest research in education.

Lois Mauch, Physical Education specialist Fargo Public Schools

The value of the CSH position within the SEEC goes without saying. The programs that have been brought to the table for foodservice have been far reaching and basically not doable without this position. Since having Amy in our SEEC we would not have been able to reach out to area foodservice directors and fill the need of nutrition education, consultation and challenging area schools to meet the health needs of students through the HealthierUS School Challenge. The education process has been catapulted into the future with Amy working toward bringing health and wellness to the forefront in our schools.

Sue Milender, School Food Service Director, Valley City Public Schools

As a result of the support and assistance we receive from SEEC, our school has been able to send participants to the ND Rough Rider Health Conference in Jamestown for the past several years. The contacts, information and resources have been invaluable to those of us who are working with and promoting staff wellness, health education, health services, physical education, nutritional services, healthy school environment, and family and community involvement. The fostering of shared communication has been invaluable. SEEC has impacted the entire region by providing time and space for the area participants to share ideas, establish relationships (among the schools and school districts), as well as support , encourage, and empower one another to step out of well defined "comfort zones" to try new and innovative strategies to improve the health climate in our schools and communities.

Jan Cossette, Ben Franklin Middle School Counselor, Fargo Public Schools

- Feb 21, 2011
- HB 1202

- Attachment ONE
- Jane Herman, American Heart Association

HB 1202 – Healthy School Program

- North Dakota (ND) has received funding to implement Coordinated School Health (CSH).
- CSH is composed of eight components: health education, physical education, health services, nutrition services, counseling/psychological/social services, healthy school environment, health promotion for staff and family/community involvement. The Centers for Disease Control and Prevention (CDC) has also defined physical activity, nutrition and tobacco (PANT) as priority areas to be addressed through CSH as these areas address a number of chronic disease issues.
- ND receives funding through a cooperative agreement with the CDC. ND is currently in year three (which ends 2-28-11) of a five year cycle for the CSH cooperative agreement funding.
- The Department of Public Instruction (DPI) receives this CDC funding and a portion of the funding is passed through to the ND Department of Health (DoH).
- The DPI and DoH jointly administer the program which focuses on implementing CSH in ND. As part of the grant workplan, a pilot project was developed to implement CSH. A request for proposal was sent out and the South East Education Cooperative (SEEC) Regional Education Association (REA) was awarded the funding and has been implementing a Healthy School Program since early 2009.
- The initial contract award to SEEC was $50,000 for the first year of the project. SEEC also received $50,000 for years two and three of the project. This award is graduated so that SEEC will receive $37,500 in year four and $25,000 in year five pending available grant funds.
- The availability of federal funding for the ND State Coordinated School Health program is in question for upcoming years.
- The SEEC also leverages other funding opportunities such as grant funding for the work of the Healthy School program and individual schools.