2011 SENATE HUMAN SERVICES

SCR 4012

2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

SCR 4012
February 14, 2011
14486

☐ Conference Committee

Committee Clerk Signature

Explanation or reason for introduction of bill/resolution:

A concurrent resolution directing the Legislative Management to study the feasibility and desirability of placing the entire Fort Berthold Reservation in a single public health unit.

Minutes: See "attached testimony."

Chair Judy Lee opened the hearing on SCR 4012; she recognizes the need to discuss this and will introduce the bill in the absence of Senator Warner as a co-sponsor.

Senator Mathern: Knows she is involved in these issues of trying to get public health units to coordinate their activities, and in some areas to actually form a unit out of very small units; what is the rationale behind combining the six units into one? **Senator Judy Lee:** Have spent a lot of time in past sessions talking about public health units; four different permutations of them; person who is the biggest expert is in the room, the health officer for Fargo-Cass. Some smaller units cannot do as much as the larger ones. Sometimes it is a logical geological base; it might make sense to have the reservation all as one public health unit also. It can be a county, city/county, or a collection of people. Based on the idea of REA's for schools, it is the opportunity for public health units to cooperate in a voluntary association. They don't give up their identity as an individual, but can collaborate on certain things. Jamestown/Stutsman County is the hub of five units. People can move back and forth; can hire one person to serve several units; thinks it is an exciting opportunity that enabled them to do this. May be an opportunity for the Fort Berthold area as well. May not be a legislative decision, but can show support and encourage sensible merging of services and needs. We've seen a lot of collaboration between small rural schools, and the philosophy should work with health units.

Tex Hall, Chairman, Three Affiliated Tribes, New Town written testimony (#1) given by Mark Fox.

Senator Dever: The map of public health units—why just Fort Berthold and not the other reservations? **Senator Judy Lee:** believes it is part of 6 different health units—that is according to the resolution anyway.

Senator Berry: In the resolution, it says whereas the public health, IHS may face a possible decline in funding—in testimony you talked that not only does face a decline in

federal funding? How much decline and why? Has it already been set up that it will be less? **Mark Fox:** Vastly inadequate funding for what we need on the reservation. We are looking at decreases in future years. **Senator Judy Lee:** At best it's Monday-Friday office hours, not evenings and weekend, and there are times services are needed and they are not available through HIS but have to be provided by other private providers who may or may not be geographically convenient. **Mark Fox:** Absolutely; very much so. Our chairman went to Washington DC; greatly appreciative-got an appropriation in the past few years to build a new hospital, but what they left out was quarters, and other things (ancillary services) needed to make the hospital function. Went and were told you didn't get it years back and you probably won't get it now. That is the dilemma they are in when trying to do health improvements—on the federal side. Anything the state can do to coordinate or collaborate to help offset needs is greatly appreciated.

Senator Dever: A couple of years ago he traveled to four different water treatment stations on the reservation; when at White Shield asked where to find the one at Twin Buttes. They said if you go outside I can point it out to you. (Across the river) Driving to it was about 150 miles. When looking at this, question is how much do we take way from the counties that are providing services? Do those distances create more of a problem than if they were provided by the county located in? **Mark Fox:** Wouldn't be able to specifically say that if the public health unit is served by the state itself. Constantly, not only in the area of health, but law enforcement, everything else, it is how the reservation is divided up by the building of the Garrison dam, which is a constant problem. Don't think under the current situation that if separated out it would improve it at all—the separation factor that goes on—the distances they have to travel. If anything, it will help them at least in some consolidated way. That is something they deal with in a lot of areas.

No further testimony in support, neutral or opposition. Hearing closed.

2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

SCR 4012
February 15, 2011
14577

☐ Conference Committee

Committee Clerk Signature

Minutes: See "attached testimony."

Chair Judy Lee opened the committee work on SCR 4012. Discussed the maps of public health units and tribal health units from Kelly Nagel (#2, #3, #4 attachments). Which public health units are currently functioning on the Fort Berthold reservation, and are there any public health units that would be out of the reservation that need to account for also if we consider SCR 4012. Background information would be helpful.

Kelly Nagel, Public Health Liaison for Department of Health: Gave background on why Fort Berthold was singled out. In 2005 she conducted a study of four reservations of the capacity of the tribal health system to provide the ten essential services within the reservation. Fort Berthold was a pilot program for a performance improvement plan. At that time Chairman Hall was in office and they felt he was influential in order to carry on some of the improvement into the other reservations—thinks this is why that reservation was singled out. Another reason for them as pilot--most challenging reservation; served by four health units:

1. First District Health, Minot
2. Upper Missouri District Health, Williston (largest reservation population)
3. Custer Health, Mandan
4. Southwestern District Health, Dickinson

Brought these four together, along with tribal health to give input. Identified as a strategy for improvement to improve the coordination and planning at the state and local levels. One strategy was to explore establishing a tribal local public health unit. Local public health is funded by federal pass through dollars and receives state aid based on their total population in jurisdiction. The reservation population is included in that. Typically, the local public health units try to provide certain services on the reservation. If not, they contract out with somebody on the reservation. Found it is very challenging—cultural, capacity because of geographic boundaries, statutory authority, etc. More than will to explore how tribal health could provide their own services. Would be a financial impact to the local public health units, but needs to be studied to know what that might be. The study would also include: how tribal health could be structured; great geographic boundaries with the lake/river. Could have satellite offices, etc. Funding for local units is 30% federal pass through of their total budget; city, county, local picks up about 35%; state aid general fund is about 5% and the rest comes from other sources—third party reimbursement, fee collections. How would tribes fund their health unit considering city and local government picks up the majority of the total budget? Are some things to be determined in order for this to be successful?

Senator Dever: Looking at the map—Rolette County is a single health district. Sioux County is part of a multi-county health district, but if you made Standing Rock Reservation a single public health unit that would include South Dakota. Sisseton would be complicated for the same reason. Spirit Lake Nation, not sure which counties would be affected by that. Is that in more than one public health unit? **Kelly Nagel:** Spirit Lake should be just Lake Region and Devils Lake. **Senator Dever:** Spirit Lake would be closer to Eddie County or not necessarily? Is it all in Benson County? (not sure of answer!)

Senator Berry: Fort Berthold is currently part of the Aberdeen SD Indian Health Service area? Confusing—how does that work? **Senator Judy Lee:** That is the point, it doesn't work. Indian Health Services doesn't care about state boundaries; they care about tribal and we have a lot of tribal lands that overlap North Dakota and South Dakota. **Senator Berry:** That was the confusing part. Indian Health Service is a federal situation; they look at strictly tribal boundaries and not state. Are we looking to change that? **Senator Judy Lee:** No, this doesn't have a thing to do with Indian Health Services, except we would be made aware of a lack of services that they are able to provide because of funding. We have no influence at all. Strictly about the state public health units. Everything you see on the map are different permeations of public health units—no consistency. Legislation has required that everybody needs to be in a public health unit. Trying to make sure there are basic services provided to the residents—environmental, immunizations, a variety of things. Some do more than others, depending on their resources and needs of the area.

Senator Berry: The reason they are not standardized? Why do we have the multi, the single, the city/county? **Senator Judy Lee:** Just been evolution over the years. **Senator Berry:** Who determines that—the local folks? **Senator Judy Lee:** Local in conjunction with the health department. The state does not dictate how they do that. Two years ago the important thing was enabling public health unites to work together to do some things more efficiently. Only one pilot project is doing that, led by Stutsman County with five counties a part of that; eventually this should even out the services for that don't have some programs. A county can only levy 5 mills, and for some small poorly populated counties these are shared opportunities. In the northeast, there has been some resistance to this. Don't have to do it because voluntary.

Senator Berry: Indian Health doesn't provide enough services? **Senator Judy Lee:** Because there is no other place for them to go? Public health units are disjointed because it is difficult to coordinate some of this stuff. Real good reason to study and see if can coordinate some services a little better. Can't be done across the state lines—only reservations within the state.

Senator Dever: Several years ago Fort Berthold took steps to severe their ties with Aberdeen on that. **Senator Judy Lee:** Oh, didn't know that! **Kelly Nagel:** They did; contracted out so not sure if they are even affiliated with Indian Health Services anymore. **Senator Judy Lee:** Believe that Tex Hall's testimony said they still are. **Kelly Nagel:** Wants to clarify that the local public health jurisdiction formation is actually in code. Determined by their city and county governing body. They are totally autonomous from the state health department, so we don't have any control over that. Local units are governed by city/county governments. Did not explore how it would impact a tribal health unit when they have land within the South

Dakota borders, and how that could change their funding sources. Three Affiliated Tribes doesn't have land in another state so the study would not address that.

Senator Mathern: One of his concerns is the situation of many tribes where leadership changes often. Good reason for a study; suggests that we look at the entire situation. Can't do that in a committee hearing but an interim study can look at that. Thinks this is an appropriate study and will probably lead to other studies about other tribes.

Senator Mathern: Move a Do Pass to SCR 4012; second by **Senator Uglem.**

Discussion:

Senator Dever: Just wonder if there would be some benefit to considering the other reservations—on the cultural impact of this issue. Would also observe that this may not lead to Fort Berthold being a new single public health unit; it might lead to them becoming all into District One. **Senator Judy Lee:** Her view is that whoever studies this is very open minded about what the options might be for the way the boundaries are; hope they don't have any preconceived notions going into it. **Senator Dever:** Another concern might be whether this might ultimately lead to the state needing to subsidize that public health unit where now it is being subsidized by the cities and counties. **Senator Judy Lee:** That is part of the equation. When visit with a doctor yesterday, he felt that Fort Berthold had the most challenging area with the geography, natural boundaries, etc. so felt it was a good place to start.

Senator Uglem: A couple of years ago didn't we shift additional funding to counties that were involved with the reservations because of health problems? **Senator Judy Lee:** Yes, have done some additional funding.

Motion carried; 5-0-0 carried by Senator Uglem.

Date: 2-15-2011

Roll Call Vote # 1

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 4012

Senate **HUMAN SERVICES** 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.** Mathern Seconded By **Sen.** Uglem

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee, Chairman	✓		**Sen. Tim Mathern**	✓	
Sen. Dick Dever	✓				
Sen. Gerald Uglem, V. Chair	✓				
Sen. Spencer Berry	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment Sen. Uglem

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

REPORT OF STANDING COMMITTEE

SCR 4012: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO PASS** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SCR 4012 was placed on the Eleventh order on the calendar.

2011 HOUSE POLITICAL SUBDIVISIONS

SCR 4012

2011 HOUSE STANDING COMMITTEE MINUTES

House Political Subdivisions Committee
Prairie Room, State Capitol

SCR 4012
March 16, 2011
Job # 15497

☐ Conference Committee

Committee Clerk Signature Vicky Crabtree

Explanation or reason for introduction of bill/resolution:

A study done by the Legislative Management for the feasibility and desirability of placing the entire Ft. Berthold Reservation in a single public health unit.

Minutes: See Testimony #1

Chairman Weisz: Opened the hearing on SCR 4012.

Sen. John Warner: From District 4 sponsored and introduced the bill. Ft. Berthold Reservation lies entirely within my district but it covers parts of six different counties that place it in four different public health units. And it is difficult to coordinate public health delivery services with that kind of situation. You may one district (inaudible) another one vaccinations and it is difficult to coordinate the activity. I think there is some ambiguity in way the resolution is written as to whether this would be a standalone public district and that was not my intention. I think it needs to be integrated into the regular public health systems. I think that the coordination should be assigning it to one particular one. I don't know if there is one better suited than another in terms of their workload. It would benefit the Reservation and coordination if the money is coming in. One of the problems with this is of course trying to find the tax based to fund such a thing. That is the reason for not putting it in as a standalone one. It does needs to be attached to something where somebody is paying taxes. But, I do think it would be purposeful to put it into a single one.

Chairman Weisz: Your intent would be the study should look at most likely which one of the three public health units are currently serving should be responsible for the whole reservation then I would assume, how would that be funded?

Sen. Warner: There are two issues here. One is allocation of costs and the other is the delivery of services.

Mark Fox: Read the testimony of Tex Hall, Chairman, Mandan, Hidatsa and Arickara Nation Tribal Business Council for the Fort Berthold Indian Reservation. (See Testimony #1).

Rep. Porter: I want to be clear on the taxing structure on the county level of government where some of the funds are generated to run the public health units. Do enrolled

members of the Ft. Berthold Reservation living inside the exterior boundaries pay property tax on their residence to the county they live in?

Fox: Some do. Anybody that owns their property (inaudible) will be paying taxes.

Rep. Porter: Give me some examples of an individual that would pay property tax and one of individuals that would not be required to pay property tax to that county.

Fox: If the land is owned by the individual and patented fee of course it is taxable. I myself is an example of it. I own my own home, but I pay Mountrail County taxes every year. We have individuals that have land that is referred to as trust land; held in trust by the U.S. government. That land is not taxable because it is held in (inaudible) federal government. That would be for the benefit of individuals on the reservation.

Rep. Porter: So a resident inside like the town of New Town, that individual house would be paying property tax like any other house. You are referring to someone who would be living out on a quarter of trust land and there is a residence on that land and that individual would not be required to pay property tax.

Fox: That is correct.

Rep. Porter: Inside of the city of New Town is there put trust and patent in fee properties (Mr. Fox interrupts).

Fox: Parshall and New Town are the two cities that are originally incorporated cities. Within those most of those began in 1910-1911; after New Town 1951-1952 after the dam. The majority of all the property within the city boundaries, generally speaking, is patent in fee.

Rep. Holman: Most of the reservations in ND are divided into piece meal by the Dawes Act. The percentage of the land; it would be nice to know the ratio if you have that. Do you have the ratio of how much is trust land and patent in fee?

Fox: I can give you a general figure. Our reservation total is 1 million acres. 600,000 is held by the tribe and tribal members. Anything over that 60% would be most likely be patent in fee.

No Opposition

Chairman Weisz: Closed the hearing on SCR 4012.

Chairman Weisz: Asked the committee what their wishes were.

Rep. Hofstad: I move a Do Pass on SCR 4012 and have it placed on the consent calendar.

Rep. Conklin: Second.

Voice Vote: Motion Carried

Bill Carrier: Rep. Conklin

Date: 3-16-11
Roll Call Vote # 1

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 4012

House HUMAN SERVICES 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. Hofstad Seconded By Rep. Conklin

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ			REP. CONKLIN		
VICE-CHAIR PIETSCH			REP. HOLMAN		
REP. ANDERSON			REP. KILICHOWSKI		
REP. DAMSCHEN					
REP. DEVLIN					
REP. HOFSTAD					
REP. LOUSER					
REP. PAUR					
REP. PORTER					
REP. SCHMIDT					

Total (Yes) _____ No _____

Absent _____

Floor Assignment Rep. Conklin

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

Voice Vote
Motion Carried

Place on Consent Calendar

REPORT OF STANDING COMMITTEE

SCR 4012: Human Services Committee (Rep. Weisz, Chairman) recommends **DO PASS** and **BE PLACED ON THE CONSENT CALENDAR** (12 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). SCR 4012 was placed on the Tenth order on the calendar.

2011 TESTIMONY

SCR 4012

#1

TESTIMONY ON SENATE CONCURRENT RESOLUTION NO. 4012
A CONCURRENT RESOLUTION DIRECTING THE LEGISLATIVE MANAGEMENT TO STUDY THE FEASIBILITY AND DESIRABILITY OF PLACING THE ENTIRE FORT BERTHOLD RESERVATION IN A SINGLE PUBLIC HEALTH UNIT.

SENATE HUMAN SERVICES COMMITTEE
FEBRUARY 14, 2011
Tex G. Hall "Red Tipped Arrow", Chairman,
Mandan Hidatsa and Arikara Nation Tribal Business Council
Fort Berthold Indian Reservation

Madam Chairman and Members of the Committee, My name is Tex Hall, or Ihbudah Hishi, which means "Red Tipped Arrow". I am honored to present this testimony as the Chairman on behalf of the Mandan Hidatsa & Arikara Nation.

I support Concurrent Resolution 4012 because it calls for a study to determine whether citizens who live and work on the Fort Berthold Reservation would be more efficiently served by designating the Reservation as a single public health unit.

It is well established that Native Americans throughout our nation suffer from illness and diseases at a disproportionate and higher rate. In particular, members of our own Reservation have a high incidence of cancer, diabetes, and other medical difficulties. Our people stand in dire need of additional resources and assistance to address the negative effects caused by this situation.

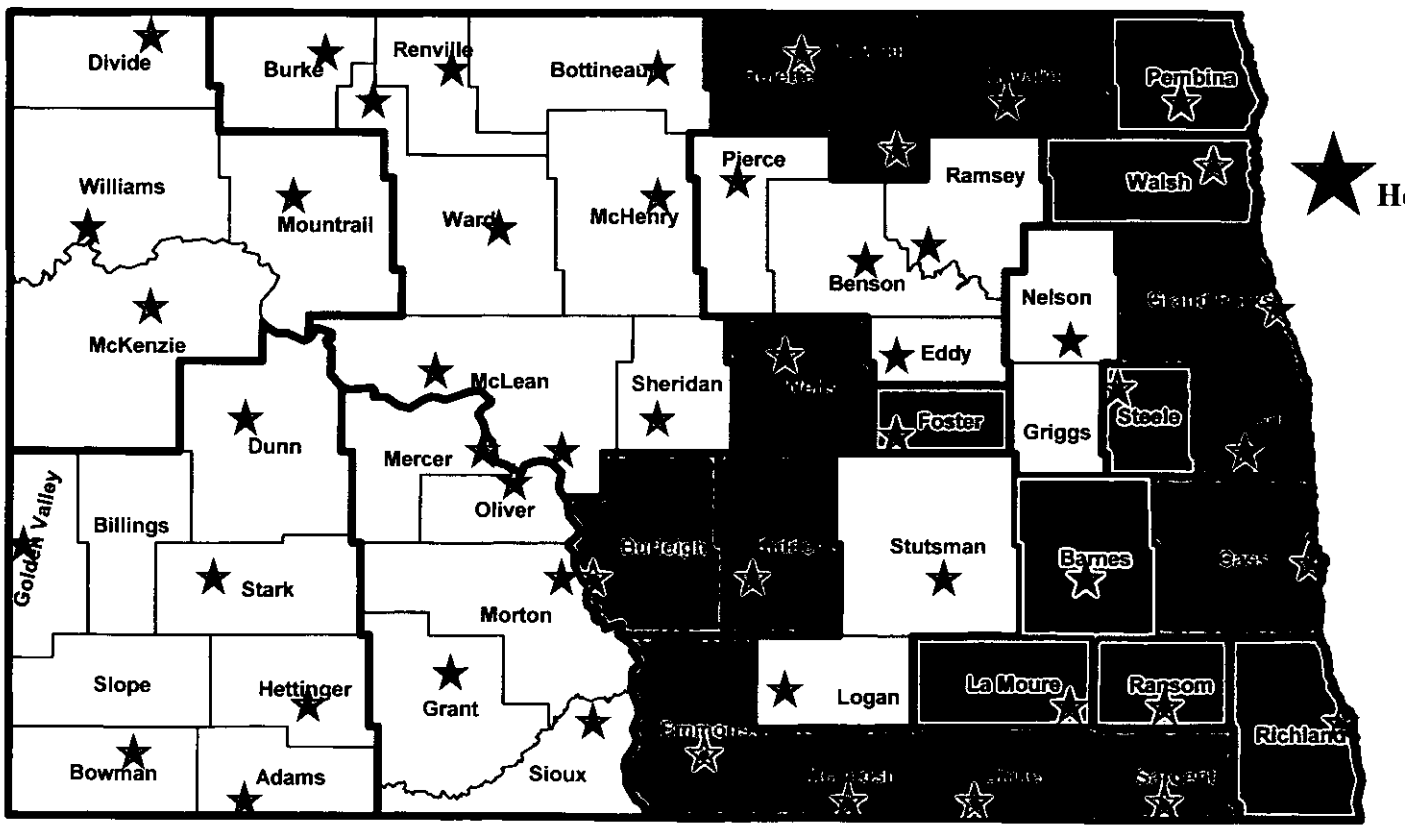
The Fort Berthold Indian Reservation is currently part of the Aberdeen (SD) Indian Health Service area. Not only does the Indian Health Service face a decline in federal funding, but the failure of the Aberdeen service area to deliver effective health care is well documented. Any additional assistance that could come as a result of designating the Reservation as a single public health unit would

undoubtedly be greatly appreciated and be a positive step toward better tribal and state coordination in the health area.

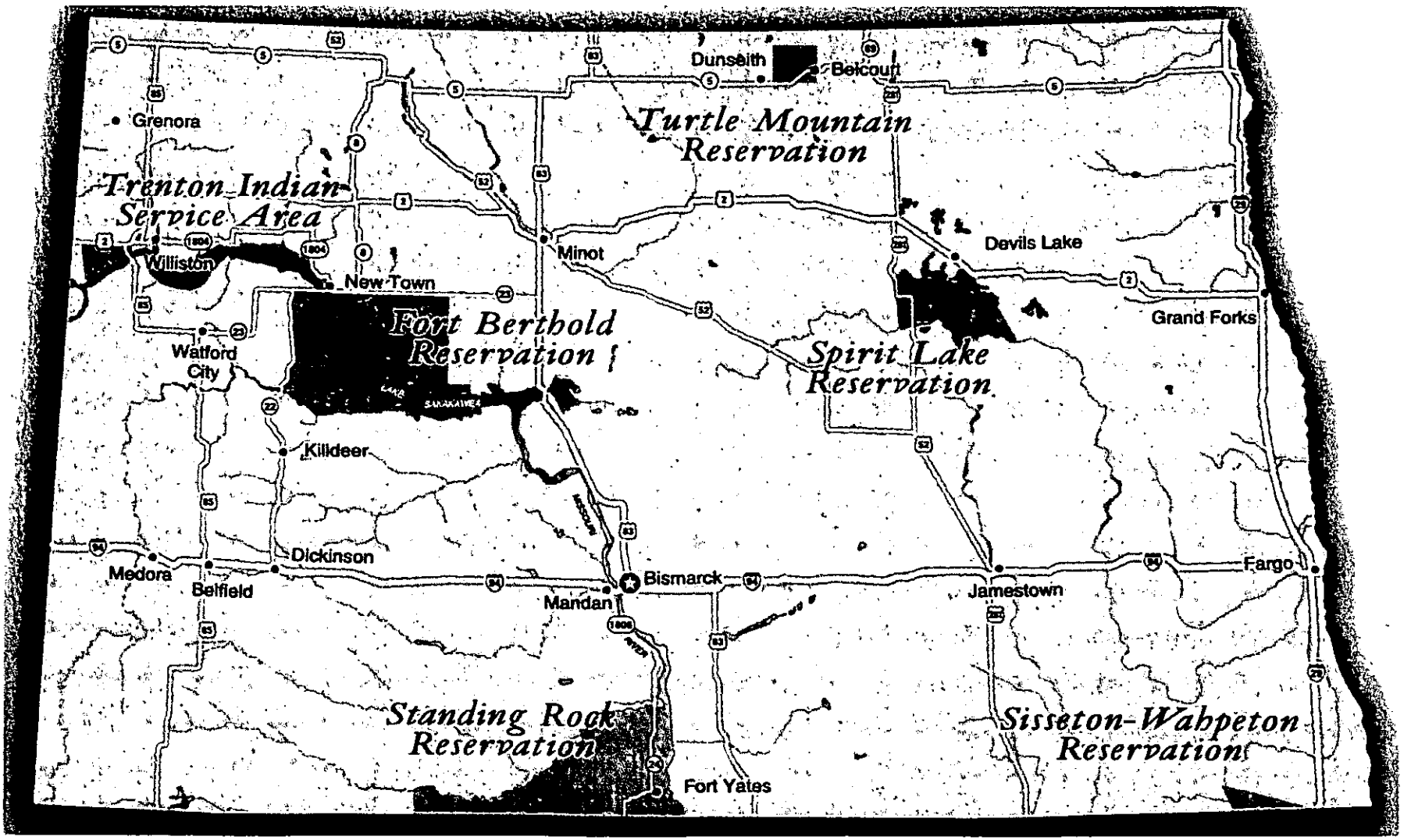
A study by the Legislative Management will help determine whether such action is feasible and desirable. Also, the study may show the potential benefit that will occur by placing the Fort Berthold Reservation in a single, public health unit versus the current separation amongst six counties that exist today. It is hoped that the effort to consolidate will lend itself to increased and improved services for those who reside on our Reservation. Our local residents and tribal membership would greatly benefit by better services in the areas of maternal & child health, health promotion & education, disease prevention & control, as well as improvements for public water system inspection, nuisance and hazard abatement, food service inspections, and emergency preparedness for pandemics or disaster. Furthermore, the study and findings could lead us in a direction to help provide better suicide prevention, address barriers or concerns related to "credentialing" of health providers on the Reservation, and assist us in the area of third party billing from Medicaid and similar sources.

I readily support SCR 4012 and its potential to improve coordination and collaboration of health services at all levels for the Fort Berthold Reservation.

Local Public Health Units



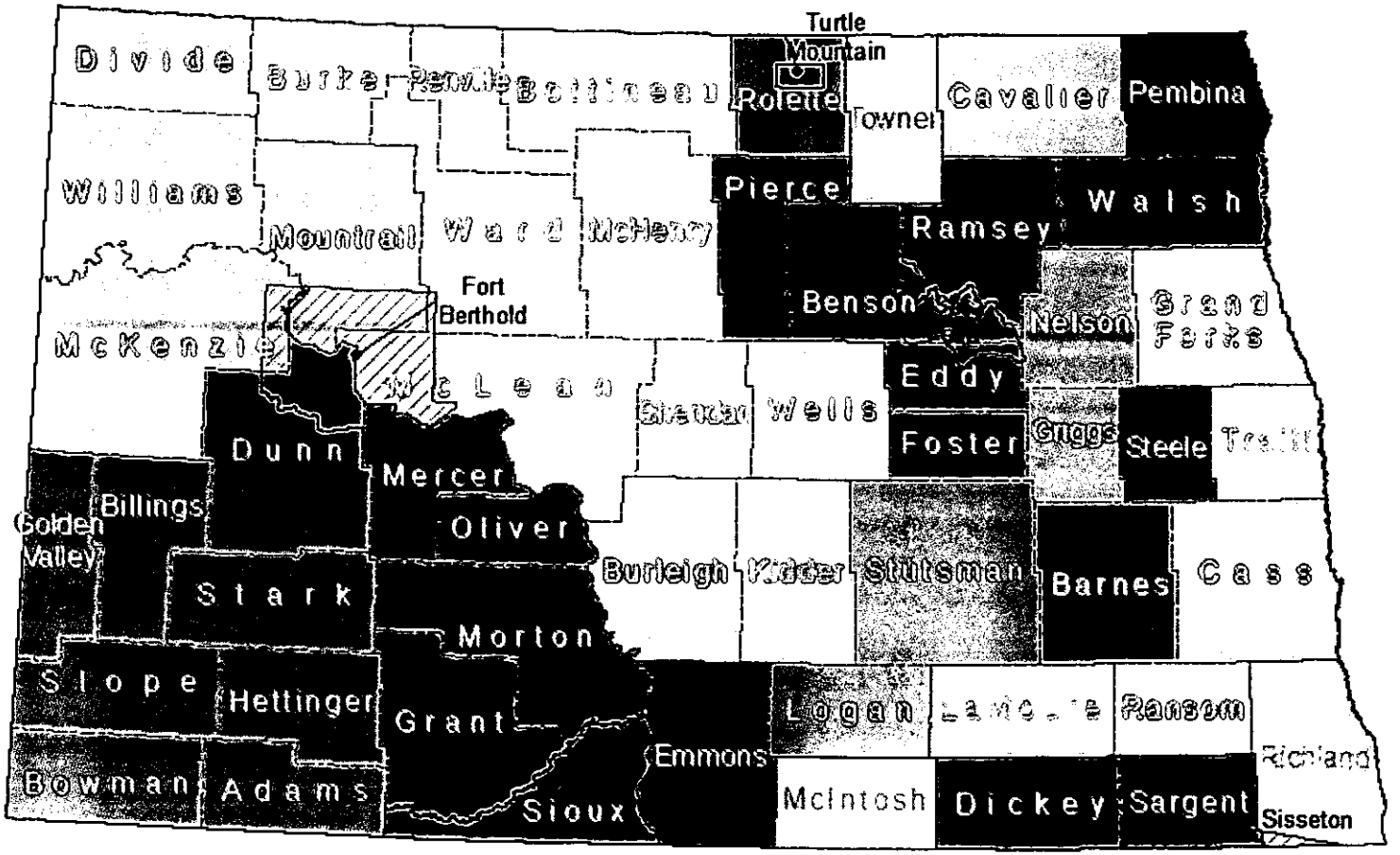
April 2005


Dunseith
Belcourt
Grenora
Turtle Mountain Reservation
Trenton Indian Service Area
Williston
New Town
Minot
Devils Lake
Grand Forks
Fort Berthold Reservation
Spirit Lake Reservation
Watford City
Killdeer
Dickinson
Medora
Belfield
Bismarck
Mandan
Jamestown
Fargo
Standing Rock Reservation
Sisseton-Wahpeton Reservation
Fort Yates

#3

#3

Local Public Health Units and Tribal Lands



Counties
Tribal Lands

Public Health Units

- Bismarck-Burleigh Public Health
- Cavalier County Health District
- Central Valley Health Unit
- Custer Health Unit
- Dickey County Health District
- Emmons County Public Health
- Fargo Cass Public Health
- First District Health Unit
- Foster County Health Department
- Grand Forks Public Health Dept.
- Kidder County District Health Unit
- Lake Region District Health Unit
- Lamoure County Public Health Dept.
- Mcintosh District Health Unit
- Nelson/Griggs District Health Unit
- Pembina County Health Dept.
- Ransom County Public Health Dept.
- Richland County Health Dept.
- Rolette County Public Health District
- Sargent County District Health Unit
- Southwestern District Health Unit
- Steele County Public Health Dept.
- Towner County Public Health District
- Traill District Health Unit
- Upper Missouri District Health Unit
- Valley City-Barnes County Health Dept.
- Walsh County Health District
- Wells County District Health Unit

NORTH DAKOTA
DEPARTMENT of HEALTH

Date: 2/15/2011
Author: AMF

#1

TESTIMONY ON SENATE CONCURRENT RESOLUTION NO. 4012
A CONCURRENT RESOLUTION DIRECTING THE LEGISLATIVE MANAGEMENT TO STUDY THE FEASIBILITY AND DESIRABILITY OF PLACING THE ENTIRE FORT BERTHOLD RESERVATION IN A SINGLE PUBLIC HEALTH UNIT.

SENATE HUMAN SERVICES COMMITTEE
MARCH 16, 2011
Tex G. Hall "Red Tipped Arrow", Chairman,
Mandan, Hidatsa and Arickara Nation Tribal Business Council
Fort Berthold Indian Reservation

Madam Chairman and Members of the Committee. My name is Tex Hall, and I am honored to present this testimony as the Chairman on behalf of the Mandan, Hidatsa, & Arickara Nation.
I support Concurrent Resolution 4012 because it calls for a STUDY to determine whether citizens who live and work on the Fort Berthold Reservation would be more efficiently served by designating the Reservation as a single public health unit.

It is well established that Native Americans throughout our nation suffer from illness and diseases at a disproportionate and higher rate. In particular, members of our own Reservation have a high incidence of cancer, diabetes, and other medical difficulties. Our people stand in dire need of additional resources and assistance to address the negative effects caused by this situation.

The Fort Berthold Indian Reservation is currently part of the Aberdeen (SD) Indian Health Service Area. The Three Affiliated Tribes have been continuously underfunded (40%) by the Indian Health

Service and the failure of the Aberdeen service area to deliver effective health care is well documented. Any additional assistance that could come as a result of designating the Reservation as a single public health unit would undoubtedly be greatly appreciated and be a positive step toward better tribal and state coordination in the health area.

A study by the Legislative Management will help determine whether such action is feasible and desirable. Also, the study may show the potential benefit that will occur by placing the Fort Berthold Reservation in a single, public health unit versus the current separation amongst six counties that exist today. It is hoped that the effort to consolidate will lend itself to increased and improved services for those who reside on our Reservation. Our local residents and tribal membership would greatly benefit by better services in the areas of maternal & child health, health promotion & education, disease prevention & control as well as improvements for public water system inspection, nuisance and hazard abatement, food service inspections, and emergency preparedness for pandemics or disaster. Furthermore, the study and findings could lead us in a direction to help provide better suicide prevention, address barriers or concerns related to "credentialing" of health providers on the Reservation, and assist us in the area of third party billing from Medicaid and similar sources.

I readily support SCR 4012 and its potential to improve coordination and collaboration of health services at all levels for the Fort Berthold Reservation.