

FISCAL NOTE
Requested by Legislative Council
01/13/2015

Amendment to: HB 1214

- 1 A. **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.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

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

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

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

This Bill establishes a new fund known as the health care delivery trust fund to be administered by the Department of Health. The newly established fund replaces the common schools trust fund as a fund to receive revenue as part of the distribution formula of the tobacco settlement dollars.

- 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.*

There is no fiscal impact.

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.*

This Bill directs that 45% of the revenue received under the master settlement agreement and consent agreement adopted by the east central judicial district court in December 1998 is to be transferred to this newly established fund rather than the common schools trust fund. Since each fund is categorized as a special fund, the increase in the new fund is offset by a similar decrease in the common schools trust fund. It is estimated that \$18 million will be transferred into this new fund during the 2015-17 biennium and \$23.6 million during the 2017-19 biennium.

- 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.*

This Bill does not have a fiscal impact as language in this bill requires expenditures from this fund to be appropriated by the legislative assembly.

- 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 or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

Name: Brenda M. Weisz

Agency: Department of Health

Telephone: 328-4542

Date Prepared: 01/16/2015

FISCAL NOTE
Requested by Legislative Council
01/13/2015

Bill/Resolution No.: HB 1214

- 1 A. **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.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

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	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
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Cities			
School Districts			
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- 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.*

There is no fiscal impact.

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- 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.*

This Bill does not have a fiscal impact as language in this bill requires expenditures from this fund to be appropriated by the legislative assembly.

- 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 or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

Name: Brenda M. Weisz

Agency: Department of Health

Telephone: 328-4542

Date Prepared: 01/16/2015

2015 HOUSE HUMAN SERVICES

HB 1214

2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Fort Union Room, State Capitol

HB 1214
1/20/2015
22214

- ☐ Subcommittee
☐ Conference Committee

Amanda Muscha

Explanation or reason for introduction of bill/resolution:

Relating to the tobacco settlement trust fund.

Minutes:

Testimony 1, 2, 3

Chairman Weisz opened the hearing on HB 1214.

Rep. Bellew: From District 38 introduced and supported HB 1214. (See Testimony #1)

Rep. Jon Nelson: From District 14 supported the bill. This is a declining source of revenue and this is not a long term solution to healthcare costs. This provides a funding source for us.

Rep. Porter: Why not take the water portion of the settlement also?

Rep. J. Nelson: Looking at the resource fund numbers, the \$800 million is just not going to be there. There is 300 million that flows into the general fund and water projects are funded through the resource trust fund as well as the water development trust fund. It was his idea that the common school's trust fund was more solid situations that will kick in when they fall below the revenue range. Schools could be funded through the legislative appropriations with the existing revenue than what water projects could.

Rep. Bellew: When the bill was drafted legislative council informed me that the money that goes to the water commission is used for bond payments and they still have to pay off the bonds. That's why I didn't go after those funds.

Jerry Jurena: Stands in support of the bill.

Daniel Kelly: Stands in support of the bill.

June Herman: Vice President of Advocacy for the American Heart Association testified in support of the bill. (See Testimony #2)

Ron Groninger: Testified in support of the bill. (See Testimony #3)

Lisa Clute: I am the executive officer of assistance health unit and to reaffirm we completed a comprehensive community health assessment within the 7 counties that we serve and there are numerous health care issues that are not being met and for several reasons. More dollars available in the prevention area are needed and we are maxed out in our health care system within the community. Trinity is our only hospital and they were struggling with beds not available. There are a lot of issues as far as access to prevention dollars and health care response dollars in the EMT communities. More resources would be appreciated.

No Opposition

Chairman Weisz closed the hearing on HB 1214.

2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Fort Union Room, State Capitol

HB 1214
1/26/2015
22546

- ☐ Subcommittee
☐ Conference Committee

Amanda Muscha

Explanation or reason for introduction of bill/resolution:

Relating to the tobacco settlement trust fund.

Minutes:

Chairman Weisz: Let's take up HB 1214.

Rep. Porter: I never supported this bill and how the funds were split in 1999 session. I think it would be a huge mistake. We are setting ourselves up. It would move the money, start the trust fund, and not allow any appropriations.

Chairman Weisz: I agree with you

Rep. Porter: In appropriations a replacement program right away.

Chairman Weisz: We should have a date then.

Rep. Porter: As appropriate by the legislative assembly starting in 2021.

Chairman Weisz: They can decide if they want to spend it now but at least that would say that is what our plan was. We want all the money to go in and investment can go in and then they can spend it as appropriated by the legislature.

Rep. Fehr: I like the idea, I would offer an alternative that would be we put the money in and they can begin immediately using interest out of it. So what would happen is they would have some money coming out as interest until 2021 so it would be increasing in interest because there is more money going in and it would be a stable amount depending on interest rates.

Chairman Weisz: You're looking at 800,000 biennium roughly. I was being real and giving them 4%. If you're at 1% you are looking at 200,000. Is it enough to fool with? We had something similar dealing with nursing homes. I would be inclined to say let's tie up the interest too because I am not sure you are going to have requests for millions and they will

have a couple 300 grand to play with. How would you fix something up to figure who gets 300 grand?

Rep. Mooney: Early somebody mentioned the idea of an interim study to prioritize because I would be concerned who decides what the priority is? There will be no shortage in issues to fund.

Chairman Weisz: We could add language for a study.

Rep. Fostad: Maybe we are too soon with that study because the dynamics of health care will change in the next few years too.

Chairman Weisz: You could add language that says prior to the 2123 biennium.

Rep. Fostad: I was inclined to vote against this bill for the reason as we participate in these grant programs they eventually run out and people are scrambling for more money. But I like the new changes.

Chairman Weisz: I'll have Austin get amendments.

Rep. Porter: page 2 line 2 after a comma, as appropriate by the legislative assembly starting with the 67 legislative assembly

Chairman Weisz: Closed discussion on HB 1214

2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1214
1/27/2015
22624

☐ Subcommittee
☐ Conference Committee

Ammonda Muscha

Explanation or reason for introduction of bill/resolution:

Relating to the tobacco settlement trust fund.

Minutes:

Testimony 1

Chairman Weisz took up HB 1214. Amendment was passed out. (See Attachment #1)

Rep. Porter: I move the amendment.

Rep. Hofstad: Second

A Voice Vote Was Taken: All in favor

Motion carries

Rep. Porter: Moved a do pass as amended

Rep. Anderson: Seconded

A Roll Call Vote Was Taken: Yes 11, No 0, Absent 2 (Becker and Oversen)

Motion carries

Representative Hofstad will carry the bill

January 28, 2015

8/2
1-28-15

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1214

Page 1, line 2, after "fund" insert "; and to provide for a legislative management study"

Page 2, line 1, after "may" insert "not"

Page 2, line 2, remove "for health care delivery in the state. Health care delivery in the state"

Page 2, remove lines 3 through 7

Page 2, line 8, remove "programs as appropriated"

Page 2, line 8, after "assembly" insert "before January 1, 2021"

Page 2, after line 29, insert:

"SECTION 2. LEGISLATIVE MANAGEMENT STUDY. During the 2019-20 interim, the legislative management shall study the appropriate long-term use of the funds appropriated to the health care delivery trust fund to help further address the health care needs of the state. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-seventh legislative assembly."

Renumber accordingly

Date: 1-27-15
Roll Call Vote #: 1

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1214

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Porter Seconded By Hofstad

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. Mooney		
Vice-Chair Hofstad			Rep. Muscha		
Rep. Bert Anderson			Rep. Oversen		
Rep. Dick Anderson					
Rep. Rich S. Becker					
Rep. Damschen					
Rep. Fehr					
Rep. Kiefert					
Rep. Porter					
Rep. Seibel					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

*Voice
vote
motion
carried*

Date: 1-27-15
Roll Call Vote #: 2

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1214

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Porter Seconded By D. Anderson

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. Mooney	✓	
Vice-Chair Hofstad	✓		Rep. Muscha	✓	
Rep. Bert Anderson	✓		Rep. Oversen	A	
Rep. Dick Anderson	✓				
Rep. Rich S. Becker	A				
Rep. Damschen	✓				
Rep. Fehr	✓				
Rep. Kiefert	✓				
Rep. Porter	✓				
Rep. Seibel	✓				

Total (Yes) 11 No 0

Absent 2

Floor Assignment Hofstad

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

REPORT OF STANDING COMMITTEE

HB 1214: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (11 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). HB 1214 was placed on the Sixth order on the calendar.

Page 1, line 2, after "fund" insert "; and to provide for a legislative management study"

Page 2, line 1, after "may" insert "not"

Page 2, line 2, remove "for health care delivery in the state. Health care delivery in the state"

Page 2, remove lines 3 through 7

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Page 2, line 8, after "assembly" insert "before January 1, 2021"

Page 2, after line 29, insert:

"SECTION 2. LEGISLATIVE MANAGEMENT STUDY. During the 2019-20 interim, the legislative management shall study the appropriate long-term use of the funds appropriated to the health care delivery trust fund to help further address the health care needs of the state. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-seventh legislative assembly."

Renumber accordingly

2015 TESTIMONY

HB 1214

Tobacco Settlement Trust Fund Settlement

I am introducing this bill because I believe that it is time to use the tobacco settlement dollars for what I believe they were intended for, health related uses.

If this bill is passed, the current 45% of the settlement dollars that go to the common schools trust fund would now go to a new health care delivery trust fund. I believe this is needed because health costs skyrocket almost yearly and the need grows as the costs increase.

The common schools trust fund is now financially sound. It is estimated to grow by about \$500,000,000 just this year. Because of this kind of growth, I do not feel the tobacco dollars need or should go to the common schools trust fund.

I also see these monies being used for health related items such as defraying the expenses of the dental and medical loan repayment programs, the stroke registry system of care and prevention program, colorectal cancer screening, breast and cervical cancer assistance program, grants to local public health units, autopsies; and other health care related programs as appropriated by the state legislature. Mr. Chairman, thank you and I urge a do pass.

1.2
Part of #1
HB 1214 January 20, 2015

ANALYSIS OF THE COMMON SCHOOLS TRUST FUND FOR THE 2011-13 AND 2013-15 BIENNIUMS

ASSETS, DISTRIBUTIONS, AND INVESTMENT RETURNS FOR THE COMMON SCHOOLS TRUST FUND

The following is a summary of actual and estimated assets, distributions, and investment returns for the common schools trust fund for the 1997-99 through 2013-15 bienniums:

Biennium	Fiscal Year	Beginning Assets (Excluding Land and Minerals Values)	Distributions	Interest, Dividends, and Surface and Mineral Rental Income (Net of Expenses)	Total Average Investment Return (Interest Income and Capital Gains)
1997-99	1998	\$400,689,879	\$23,200,000	\$24,965,697	13.57%
	1999	\$444,823,559	\$23,200,000	\$24,644,625	7.50%
1999-2001	2000	\$467,059,293	\$23,775,000	\$25,650,676	11.05%
	2001	\$521,509,978	\$23,775,000	\$27,382,227	2.03%
2001-03	2002	\$533,360,593	\$28,896,500	\$26,548,262	(1.34%)
	2003	\$522,905,814	\$28,896,500	\$26,620,380	4.57%
2003-05	2004	\$547,047,877	\$30,000,000	\$24,849,254	12.60%
	2005	\$614,738,548	\$30,000,000	\$26,137,010	8.58%
2005-07	2006	\$686,273,875	\$31,100,000	\$27,118,113	7.51%
	2007	\$761,901,287	\$31,100,000	\$31,378,257	12.82%
2007-09	2008	\$887,092,909	\$33,400,000	\$36,497,403	(4.22%)
	2009	\$908,928,685	\$33,400,000	\$36,184,299	(13.75%)
2009-11	2010	\$846,314,086	\$38,589,000	1	14.48%
	2011	\$1,221,501,801	\$38,589,000	1	17.99%
2011-13	2012	\$1,622,412,984	\$46,257,000	1	2.42%
	2013	\$1,917,135,220	\$46,257,000	1	10.65%
2013-15	2014	\$2,417,363,782	\$65,163,000	1	1
	2015	1	\$65,163,000	1	1

¹Article IX, Section 2, of the Constitution of North Dakota, was amended in November 2006 through voter approval of Measure No. 1 (2005 House Concurrent Resolution No. 3037). The measure changed the way distributions from the common schools trust fund and other permanent educational trust funds are determined. The amendment became effective July 1, 2009, and distributions are no longer based on interest and income earned by the fund. Distributions from the common schools trust fund are now based on a percentage of the five-year average value of trust assets, excluding the value of lands and minerals. Therefore, the Board of University and School Lands does not project asset values, income, or investment return because it is no longer relevant to the calculation of distribution amounts. The unaudited fund balance of the common schools trust fund was \$2,763,790,799 as of December 31, 2013.

MONEY DEPOSITED IN THE COMMON SCHOOLS TRUST FUND Select Constitutional Provisions

Article IX, Section 1

This section provides that the following money must be deposited in a permanent trust fund, known as the common schools trust fund, and used to support the common schools of the state:

- All proceeds relating to public lands granted to the state by the federal government for the support of the common schools.
- All proceeds relating to property acquired by the state through escheat (property reverting to the state in the absence of legal heirs).
- All gifts, donations, and other property acquired by the state for the support of the common schools.
- The proceeds of all bonuses relating to the leasing of coal, gas, oil, or other mineral interests relating to common schools lands.

HB 1214 1/20/2015
2.1

House Bill 1214
House Human Services committee
Testimony
June Herman, American Heart Association

Good morning Chairman Weisz and members of the House Human Services Committee. For the record, I am June Herman, Regional Vice President of Advocacy for the American Heart Association. I am here today to ask for your Do Pass recommendation on House Bill 1214. HB 1214 provides the potential to address a severe health funding need in North Dakota through short term and long term solutions based on its ability to provide much needed funding sources for health. Those funding options should also include significant investments into primary prevention initiatives, providing a balance of healthcare needs and disease prevention.

Healthcare Costs

Health costs account for about one-third of state budgets, ranging from financing Medicaid, to paying for state employees and other populations, such as prisoners. Health finance includes the mobilization of funds for health care, the allocation of funds to specific regions and population groups and for specific types of health care, and/or mechanisms for paying for health care. Rising health care costs continue to dominate the North Dakota health policy agenda.

Funding ongoing Medicaid programs is one of the greatest challenges for states – the share of the joint state-federal program accounts for an average of 15 percent of state general funds and about 21 percent of total state spending when federal funds are added to the mix.

Heart disease and stroke, the first and fifth leading causes of death for U.S. men and women, and other cardiovascular diseases kill more than 800,000 U.S. adults annually, including 150,000 younger than age 65. Treatment for cardiovascular disease takes \$1 of every \$6 spent in the U.S. for health services. Leading heart risk factors—high blood pressure, high cholesterol (each affecting one-in-three Americans) and tobacco use—are largely preventable.

2.2

In 2008, hypertension was identified as a primary or contributing cause of 348,000 U.S. deaths. About one in three U.S. adults already has high blood pressure and an additional 30 percent of adults have prehypertension (higher than normal blood pressure readings that have not yet reached the threshold for high blood pressure). For 2010, the American Heart Association estimated annual direct medical expenses of hypertension at \$69.9 billion, and costs of complications associated with hypertension, including heart failure, coronary heart disease, stroke and other cardiovascular diseases at \$130.7 billion annually.

Further High Blood Pressure data:

- Over 150,000 North Dakotans are being monitored or treated for high blood pressure (HBP). Only 75% have HBP under control and that's only the ones within the healthcare system!
- 72% of all ND stroke cases are identified with HBP.
- 81% of ND strokes are under age 85, with 1/3 of those strokes under age 65.
- Only 1% of those ND hypertension cases were being treated prior to stroke for HBP
- 69% of Americans who have a first heart attack have blood pressure over 140/90.
- HBP is NDPERS leading risk factor,

The question is, who is left covering the healthcare costs post stroke and cardiac event?

2

2.3

Reducing the burden of heart disease and stroke

North Dakota is faced this session with significant challenges in funding high priority health impact needs. The direction of dedicated funding towards a Health Trust Fund can serve a number of critical needs. From an AHA perspective, needs such as:

Continuation of Work:

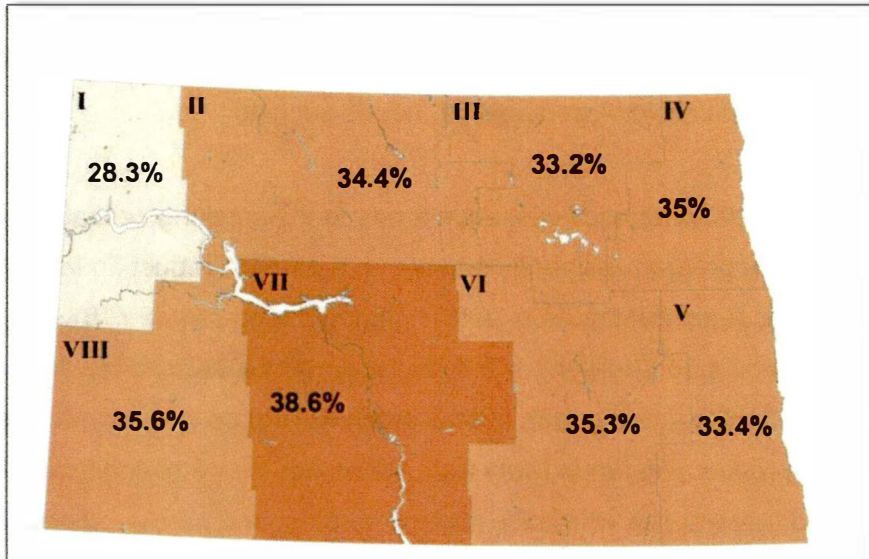
- Anticipated cuts in federal tobacco cessation funds to the smoking cessation program within the DOH. The program will receive between a 25-50% reduction in CDC funds for the FY16 grant year (April 2015-March 2016). During the current (FY15) year, the program received about \$1.2 million. In FY16, the amount will be somewhere between \$600,000-\$900,000. State notification of how much will not be known until the last week of March. CDC is redirecting funds away from states not showing significant drops in use, to provide to those states who have lower use rates, and perceived needs for new strategic interventions. These reduction is coming at a time when the DOH is building a system of private and group counseling services throughout the state.

Highly Rated Optional Requests:

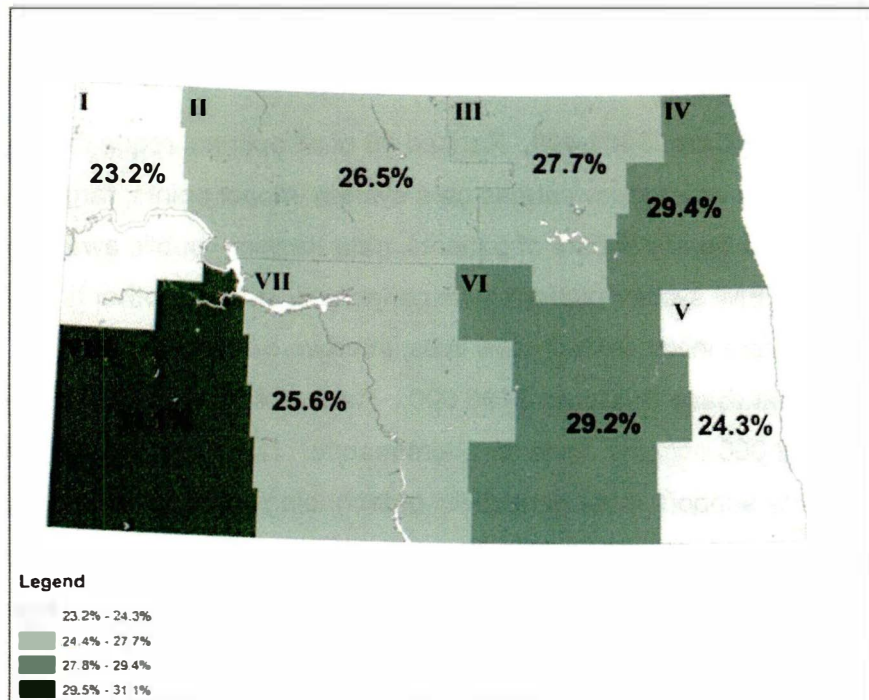
- **Cardiac Systems of Care: \$601,400.** Ranked #6 of all optional requests submitted by DOH. Funds broader emergency cardiac care system impact points, target educational efforts to improve the quality of care of patients, data tracking, public awareness. Sustainability of STEMI system platform with capacity to enhance other time sensitive cardiac system of care initiatives will save lives, improve outcomes
- **Statewide EMS Database System: \$480,000.** Ranked #12 of all OARs. \$448,000 one-time cost; \$32,000 ongoing costs for maintenance. The current system is outdated and lacks company support. Interconnectivity of technology components is essential, as are EMS patient care records to assist with system improvements.
- **Million Hearts: \$2,039,573.** Ranked #9 of 28 OARs. Public/Private/Healthcare initiatives to address two of the state's leading chronic disease risk factors – high blood pressure and smoking through standard treatment guidelines through community and health systems initiatives; increase health system capacity to provide private and group cessation counseling (Medicaid is adding reimbursement for such). A 5mm Hg decrease in systolic blood pressure would result in 14% fewer deaths from stroke, 9% fewer deaths from heart disease. \$800,000 – HBP; \$500,000 – expanded smoking cessation; and \$739,573 – over-arching support systems of team-based care, health communication, staffing.

3

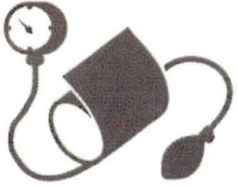
2.4



Percent of North Dakota adults with high cholesterol, shown by region.
 (U.S. Census Bureau, 2009)
 (Centers for Disease Control and Prevention, 2010)



Percent of North Dakota adults with blood pressure, shown by region.
 (U.S. Census Bureau, 2009)
 (Centers for Disease Control and Prevention, 2010)


DROP
IN SYSTOLIC
blood pressure

5
mmHg

 **9%** **REDUCTION IN**
heart disease
mortality

 **14%** **REDUCTION IN**
stroke
mortality

WHAT DO THESE RESULTS MEAN?



Also, a 5mmHg reduction in systolic blood pressure would increase the prevalence of ideal blood pressure from 44.26% to 65.31%

HB 1214

1/20/2015 3.1

#3

January 20, 2015

To those who will make decisions regarding raising the tax on tobacco products.

Dear public servants:

Ron Groninger, this presenter is holds a life professional teaching certificate, is a North Dakota property owner, and businessman and pastor.

It is time to raise the tobacco tax in North Dakota. It is clear that tobacco is highly addictive. Many users of tobacco products desire to quit, but are unable, which results in a sense of hopelessness or an approach-avoidance conflict regarding tobacco use.

There is reluctance on the part of many in ND state government to raise taxes in any form, but an exception should be made regarding the tobacco products tax which should be raised to be at least equal to the majority of states surrounding us. **Reasons for increasing the tobacco taxes to a par with the surrounding states are:**

1. Raising the tax will help deter young people from starting to use tobacco products
2. Raising the tax will keep people from other states from coming to ND to support their addiction to tobacco products.
3. Raising the tax will provide additional incentive for tobacco users to quit.
4. Raising the tax should provide additional funds to support anti-tobacco campaigns in schools, and help support programs designed to help tobacco users overcome their addiction.
5. No producers of North Dakota products would be hurt since tobacco is not grown or processed in North Dakota.
6. Raising the tax will dispel a perception that the legislature is not concerned enough about tobacco use in ND to support public health concerns related to tobacco cessation programs.
7. Tobacco use continues to be a major health problem among users, and its use should be discouraged through every available avenue.
8. Although I tend to be a political libertarian, I am very aware that lawmakers have a certain responsibility to protect people from their own foolish decisions. Raising the tax helps do this.

Raising the tobacco tax is not primarily a tax issue, it is a public health issue, and a legislative principle that will help keep our citizens from harming themselves, without compromising their basic right to make the foolish decision to be a tobacco user. Many North Dakotans will applaud legislative wisdom to raise our tobacco tax to at least a level of the bordering states, if not slightly above their level of taxation. **Legislative common sense rules that using a products, like tobacco, which are clearly destructive to the health of the user, should be discouraged as much as possible.**

Please have the wisdom to raise this tax at least to the level of our bordering states, or raise the tax even higher so **North Dakota can be a leader in discouraging the unhealthy addiction of tobacco use.**

Ronald K. Groninger, PO Box 4, Almont, ND 58520, 701-516-7330.

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1214

Page 2, line 2, after "state" insert ", as appropriated by the Legislative Assembly starting with the Sixty-Seventh Legislative Assembly."

Page 2, line 2, remove "Health care delivery in the state"

Page 2, remove lines 3 through 7

Page 2, line 8, remove "programs as appropriated by the legislative assembly."

Page 2, after line 29, insert:

4. The Sixty-Sixth Legislative Assembly shall study the appropriate long term use of the funds appropriated to the health care delivery trust fund to help to further address the health care needs of the state.

Renumber accordingly