

**FISCAL NOTE**  
**Requested by Legislative Council**  
**03/28/2017**

Amendment to: SB 2099

- 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.*

	2015-2017 Biennium		2017-2019 Biennium		2019-2021 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
<b>Revenues</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Expenditures</b>	\$0	\$0	\$(2,976,853)	\$0	\$(3,000,000)	\$0
<b>Appropriations</b>	\$0	\$0	\$0	\$0	\$0	\$0

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

	2015-2017 Biennium	2017-2019 Biennium	2019-2021 Biennium
<b>Counties</b>			
<b>Cities</b>			
<b>School Districts</b>			
<b>Townships</b>			

- 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).*

The Bill modifies language relating to the immunization program and changes language no longer mandating the North Dakota Department of Health (DoH) to supply vaccines to insured children using general fund appropriation on behalf of the Local Public Health Units (LPHUs) for those under age 19.

- 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.*

The language is amended and the Department of Health is no longer required to provide vaccines to LPHUs. The DoH will no longer supply vaccines for insured children at the LPHUs, which will result in savings to the general fund. LPHUs are able to bill insurance for vaccines given to insured children so there should be no fiscal impact to local government.

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.*

N/A

- 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.*

The reduction in expenditures is a result of no longer supplying vaccines for insured children vaccinated at the LPHUs. The LPHUs will be able to purchase the vaccines and bill insurance for these costs. The Department will continue to provide vaccines for Medicaid, uninsured, Native American and Native Alaskan children under the federal Vaccines for Children (VCF) program. As part of the allotment during the current biennium, purchasing of vaccines was discontinued effective July 1, 2016 resulting in a reduction of \$1,700,000 from the general fund.

- 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.*

The amount has already been reduced from the DoH's appropriation request and reflected accordingly in SB2004.

**Name:** Brenda M Weisz

**Agency:** Department of Health

**Telephone:** 328-4542

**Date Prepared:** 03/29/2017

**FISCAL NOTE**  
**Requested by Legislative Council**  
**12/23/2016**

Revised  
 Bill/Resolution No.: SB 2099

- 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.*

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- 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).*

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The bill will result in savings to the general fund since the DoH will no longer supply vaccines for insured children at the LPHUs. LPHUs are able to bill insurance for vaccines given to insured children so there should be no fiscal impact to local government.

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**Name:** Brenda M Weisz

**Agency:** Department of Health

**Telephone:** 328-4542

**Date Prepared:** 12/28/2016

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**Requested by Legislative Council**  
**12/23/2016**

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**Name:** Brenda M Weisz

**Agency:** Department of Health

**Telephone:** 328-4542

**Date Prepared:** 12/28/2016

**2017 SENATE HUMAN SERVICES**

**SB 2099**

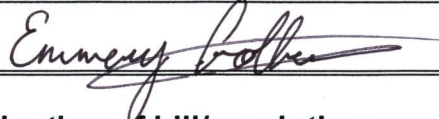
# 2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee  
Red River Room, State Capitol

SB 2099  
1/9/2017  
Job #26663

- Subcommittee  
 Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

Relating to the immunization program.

## Minutes:

Attachment: #1

**Senator Lee:** Opened the hearing on SB 2099.

**Molly Howell, Immunization Program Manager, NDDH:** Testified in favor of SB 2099 (See Attachment #1 testimony provided (1:00-3:05))

**Senator Lee:** How many years has the Department of Health been providing vaccines to kids?

**Molly Howell:** Since 2009.

**Senator Lee:** It's been longer than that—the ND legislature has had a long history of supporting immunizations as an important health issue.

**Molly Howell:** Prior to the 2007 legislative session, we had enough federal funding to supply vaccines for all children in the state; that funding has gone down. There was a two period where we were unable to provide vaccines for uninsured children. In 2009, the legislature provided funding to give vaccines to children via the local public health unit.

**Senator Lee:** I read this weekend that implementation of medical marijuana initiated measure is taking \$7 million and 17 FTEs out of the departments allotment which is not larger than it was before. Is that true?

**Molly Howell:** Deferred to Brenda Weisz.

(5:15) **Brenda Weisz, Director of Accounting, NDDH:** You are correct, the amount included in the Department of Health's budget is \$7 million. \$2 million of that is general fund, \$5 million is coming from registration fees. The 17 FTEs were added in by Governor Dalrymple.



(7:40) **Senator Piepkorn:** If insurance pays for the vaccine, what's the problem with insurance picking up the cost for the vaccine rather than the state?

**Brenda Weisz:** In past there were issues with billing insurance and receiving adequate reimbursement from insurance companies. Some local public health units didn't have systems to bill. There were concerns from the rural health units that they would not be able to use all the doses in their inventory and they would be wasted. I found out from the vaccine manufacturers that they will replace those doses for the health units.

**Senator Lee:** Small units have difficulty with billing units. There has also been issues with storage, correct?

**Brenda Weisz:** There Federal Vaccine for Children program requires strict accountability for how vaccines are used. The health units will have to store the VFC vaccines separate from their private inventory. It does not require a separate refrigerator but they have to be separately identified which causes an extra step for them.

(10:50) **Senator Clemens:** Do you see a hardship in shifting the responsibility for children's vaccines to the insurance companies?

**Brenda Weisz:** Insured children who go to a private health care provider receive privately purchased vaccines and insurance is billed. This only applies to local public health units. Private companies are responsible for the majority of the vaccines given in this state. I don't know if insurance companies would plan to increase premiums because of this.

**Senator Heckaman:** Will there be any children missed between services for children between the state and private health insurance?

**Brenda Weisz:** Shouldn't be any gaps because of the Affordable Care Act requiring coverage of vaccines. The rest of the children should fall into the VFC program. We've asked the health units to report gaps to the Department of Health. People with a high deductible would not be covered under the VFC program.

**Senator Heckaman:** Is there a minimum number of dosages the public health units must buy?

**Brenda Weisz:** Yes, most of the vaccines minimum package quantity is 5 or 10 doses.

**Senator Heckaman:** Are they able to share those doses with other local public health units?

**Brenda Weisz:** Vaccines manufacturers were open to them sharing.

**Senator Heckaman:** Do you need anything in the state law to allow that?

**Brenda Weisz:** No.

**Senator Lee:** We are working our way through having local public health associations which allows more collaboration.

(15:07) **Senator Heckaman:** Do you know the ND rate of immunization?

**Brenda Weisz:** They are all increasing. WE were wondering why kindergarten rates weren't increasing but we realized that was because of new people moving into the state without their records. Schools were not always enforcing vaccinations. School rates have increased from 90% last year to 94% this year. Infants: 80.2 %. Adolescents—Tetanus, diphtheria, meningitis, vaccine was around 90%. HPV was at 70% for females and 62% for males. This is lower but it has increased significantly from previous years.

**Senator Lee** closed the hearing on SB 2099.

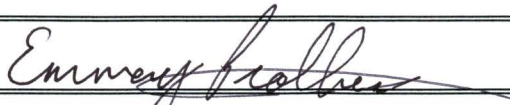
# 2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee  
Red River Room, State Capitol

SB 2099  
1/9/2017  
Job # 26687

- Subcommittee  
 Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

Relating to the immunization program.

## Minutes:

Attachment: #1 - #2

**Senator Lee:** Opened the discussion on SB 2099

**Senator Anderson:** Moved Do Pass.

**Senator Heckaman:** Seconded.

**Senator Anderson:** The number of vaccines have increased and the cost has increased. Public health units need to use their billing systems to bill third party insurance since they are required to by the Affordable Health Care Act.

**Senator Lee:** Our insurers have been part of the solution to set up the billing systems.

**Senator Piepkorn:** The Department of Health will be saving \$3 million by changing this. It is a safe place to make a cut.

**Senator Larsen:** What is the number of children uncovered and the number of vaccines they are not receiving?

**Marnie Walth, Sanford Health Plan:** I don't have specifics on which vaccines are not covered. But we are seeing some grandfather plans not covered because they have an exemption from the Affordable Health Care Act. I suspect most are from plans with high deductibles that don't always cover preventative care.

**A Roll Call Vote Was Taken: Yeas: 6, Nays: 1, Absent: 0.**

**Motion Carried.**

**Senator Anderson will carry the bill.**

**Senator Piepkorn** asked to discuss opting out of vaccines.

**Senator Lee:** ND has liberal opting out provisions for religious and philosophical objections. Vaccines have protected people from disease for so long they sometimes fail to see their importance. If people ceased to immunize their children, there could be an outbreak of disease.

**Senator Kreun:** There are three exemptions: 1. Medical, 2. Personal, 3. Religion. Department of Human Services is going through that now. Private schools and day cares have the ability to choose to not accept unimmunized children.

**Senator Anderson:** An NDSU study suggested we separate medical opt outs from other opt outs and the opt-out rate was from .5% to 1%.

**Senator Lee:** VPI has also been collaborative.

**Committee Discussion:** The committee discussed how children have to be vaccinated to attend public school unless the child's guardian has signed an exemption form. Senator Lee asked the intern to find the century code pertaining to unimmunized student acceptance policy (See Attachments #1 and #2).

**Senator Lee closed the discussion on SB 2099.**

Date: 1/9/ 2017  
Roll Call Vote #: 1

2017 SENATE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 2099

Senate 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 Sen. Anderson Seconded By Sen. Heckaman

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)		X	Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 6 No 1

Absent none

Floor Assignment Sen. Anderson

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

**REPORT OF STANDING COMMITTEE**

**SB 2099: Human Services Committee (Sen. J. Lee, Chairman) recommends DO PASS**  
(6 YEAS, 1 NAYS, 0 ABSENT AND NOT VOTING). SB 2099 was placed on the  
Eleventh order on the calendar.

**2017 HOUSE HUMAN SERVICES**

**SB 2099**

# 2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee  
Fort Union Room, State Capitol

SB 2099  
3/7/2017  
28831

- Subcommittee  
 Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

Relating to the immunization program.

### Minutes:

1,

Chairman Weisz: Called the committee to order.  
Opened the hearing on SB 2099.  
Is there any testimony in support of SB 2099?

Molly Howell, Immunization Program Manager for the Dept. of Health  
(Attachment 1)

Chairman Weisz: Are there any questions from the committee? What happened to the 317 program?

M. Howell: It is being used for adults that are not insured.

Chairman Weisz: There were some questions the other day about the language. I am not sure if the changes still include the VFC program.

M. Howell: It was just speaking to the fact that people have vaccine brand choice.

Representative Schneider: Did you talk about what kids might fall in now to unvaccinated or have copays or other things that might deter a family from getting vaccinations now that would have gotten them when they were free?

M. Howell: Those on the affordable care act it is mandated so there is no copay or coinsurance. They would still receive the vaccine without paying anything. The only place where there could be a gap is if someone chose a high deductible insurance plan. Then those individuals are still considered insured, because once they meet their deductible then it would be covered.



Vice Chairman Rohr: You talk about offering a choice of vaccine brands. It says it is still a choice system.

M. Howell: Health care providers want to be able to order specific brands, but sometimes there is a shortage and we have to use a different brand to fill the orders. Like if there was a shortage of flu vaccine, then the health department could use whatever brand they could get to fill that order.

Chairman Weisz: Do all public health agencies accept Medicaid too?

M. Howell: Yes.

Chairman Weisz: Are there further questions from the committee?

Representative McWilliams: Page 2 line 8. It is referring to a subsection that is going to be removed, so is that an issue?

M. Howell: I think it is referring to line 1 where it is talking about implementing a provider choice system.

Chairman Weisz: So we are no longer purchasing through the contract through the state health department?

M. Howell: We are not purchasing from them anymore.

Chairman Weisz: I still don't see anything about the VFC program. It doesn't seem to show up anywhere else.

M. Howell: Under number 2 it would be line 1 on the top of page 2.

Chairman Weisz: Ok. Never mind.

Vice Chairman Rohr: What is the down side of this?

M. Howell: The downside is that the local public health unit had to purchase vaccines up front then to bill insurance. They have to keep two separate inventories of vaccine, because the VFC program vaccine is clearly identified in a refrigerator and they wouldn't have to have a separate frig, but they have to be sure they are screening for VFC eligibility and whether or not they have insurance and choosing the right inventory of vaccine. Also the gap for those that have high deductible health insurance coverage. They have to make par agreements with insurance companies so that they wouldn't be considered out of network.

Vice Chairman Rohr: So the screening they have to do in these clinics. Is that new?

M. Howell: They have always had to screen, but they are now billing for the vaccine cost as well as the administrative costs.

Chairman Weisz: Further testimony in support of SB 2099?

House Human Services Committee

SB 2099

3/7/17

Page 3

Any opposition to SB 2099

Closed the hearing.

# 2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee  
Fort Union Room, State Capitol

SB 2099  
3/20/2017  
29434

- Subcommittee  
 Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

Relating to the immunization program.

## Minutes:

Chairman Weisz: Opened the discussion on SB 2099.

I make a recommendation to kill this bill. The reason is because the universal vaccine program has already been eliminated. They don't need authority to stop the program. If we read the language in there if funding situations change, we would have the ability to move forward with the universal vaccine program without having to have legislative approval to bring it back in again. So that is just a recommendation. Either way it doesn't change things. This program ended at least 6 months ago.

Representative Skroch: I move a do not pass on SB 2099.

Representative McWilliams: Second

Chairman Weisz: Discussion? I know they wanted specific authority, but they have already got it. They did it as part of the allotment.

Representative Skroch: This will not cut out funding for the Title 10 programs and other vaccines that are provided through federal funds.

Chairman Weisz: Currently this is what they are doing. This has been a point of contention for about 12 years now for some of us. You have VFC and the 317 funds. The 317 funds have dropped off dramatically so they don't even use those funds anymore for actual vaccines. They use them for marketing I guess. The VFC programs will stay in place. This doesn't affect them. Those that qualify for the federal VFC program will still be able to use that. The rest of it will be third party payer out of pocket if they don't qualify.

Representative McWilliams: There is a fiscal note on here. Maybe I shouldn't have seconded it so quickly. It basically says that this fiscal note is null and void from the actions that were already taken?

Chairman Weisz: That would be one way to put it. We could pass the bill, but if we kill it the language stays in place so that down the road if things change they have the ability to do a universal program again.

Chairman Weisz: If we kill this it will leave the door open to put in a universal program again if they want to. That is why I suggest we leave it alone. Otherwise we have to do legislative. I don't know how likely that is, but you can see from the immunization rates that it worked very well.

Representative McWilliams: I wish to rescind my motion to second this.

Chairman Weisz: Ok, do we have a second?

Vice Chairman Rohr: Second it.

Chairman Weisz: Ok we still have a motion on the table for a do not pass on SB 2099. Is there any discussion? Seeing none, the clerk will call the roll for a do not pass on SB 2099

Roll call vote taken    Yes    13    No 1    Absent 0

Chairman Weisz: motion carried for a do not pass on SB 2099. Do I have a volunteer to carry this one?

Representative Skroch: I will carry it.

(On the floor the carrier was changed to Representative Seibel)

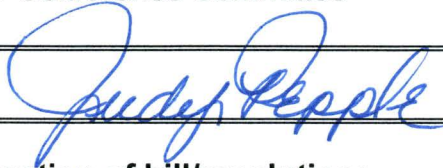
# 2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee  
Fort Union Room, State Capitol

SB 2099  
3/27/2017  
29720

- Subcommittee  
 Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

Relating to the immunization program

## Minutes:

Chairman Weisz: Ok we have bill SB 2099 in front of us. We need to reconsider this one.

Representative Seibel: I move that we reconsider SB 2099.

Representative Kiefert: I second it.

Voice vote carried to reconsider SB 2099.

Vice Chairman Rohr: I move an amendment that would remove the overstrike on SB 2099 and on page 2 line 11 change shall to may. That gives the department the authority to go back into this program if the funds are available sometime.

Representative Porter: I will second it.

Chairman Weisz: Is there further discussion?

Representative Skroch: I am wondering if we remove that overstrike how it would affect us. In visiting with the department of health this would take us back to funding vaccine for children that are insured? If we have the funds.

Chairman Weisz: Yes, that would be correct.

Representative Porter: It would be federal funds. The state has never done this. The language in here talks about federal funding programs.

Arvy Smith, Dept. of Health

This is the program where the state provided about 3 million dollars per biennium of general funding to buy vaccine for public health to provide to anyone who came to local public health. All children now are insured first dollar of coverage. There are a few minor gaps if somebody

has a grandfathered plan and they don't have 1<sup>st</sup> dollar coverage in the grandfathered plan, but other than that. That was changed as part of our allotment this biennium, so we discontinued this program as of July 1, and then to come up with our 10% reduction that is part of our general fund reduction for the next biennium.

Representative Skroch: These are actual state funds that are spent on this program?

A Smith: It is state general funding. The 317 federal funding is no longer available for those insured people, children or adults.

Representative Skroch: Do you have any concerns with ending the program?

A Smith: We are getting mixed information. Some say it is going to be a minimal impact and others say it will be more. I think some of them had to buy inventory so they have money tied up in inventory. It would be difficult to check on all of them. I am not sure about the status of getting that information. In putting our budget together we left local public health at even instead of taking any reductions just in case there is a bit of a problem.

Representative Skroch: So the children who would have had their covered by this will now be covered by insurance?

A Smith: Yes, they purchase the vaccine and then they bill the insurance. There are a couple of insurance that don't cover as well for public health as they do for private providers, so again we are seeing mixed responses.

Representative McWilliams: If this bill passes and the dept. wants to put it back into practice what do you have to do? Do you have to come back to the legislature to get permission or what?

A Smith: It is not funded right now and we ended it by not funding it at all. If 2099 doesn't pass, then the language stays in place that if we would choose to bring it back the language would be in place. We could just go back and do it again. If it passes, I am not sure if we need that language or not.

Chairman Weisz: Ok committee we have a motion in front of us. Is there further discussion?

Representative Seibel: I am wondering about line 13 the shall. Should that also be changed to a may? And on line 19 as well?

Chairman Weisz: I am trying to see if the language preempts that. If you make the program a "may" then the other ones don't matter. I don't think you have to change that.

Voice vote for amendment on SB 2099.  
Motion passes

Chairman Weisz: we have an amended bill in front of us.

Vice Chairman Rohr: I move a do pass as amended on SB 2099.

Representative D. Anderson: I will second it.

Chairman Weisz: Discussion. If there is no further discussion the clerk will call the roll for a do pass as amended on SB 2099.

Roll call vote taken    Yes    11    No    2    Absent    1

Chairman Weisz: any volunteers?

Representative Porter, thank you.

March 27, 2017

ANG  
3/27/17  
LBI

PROPOSED AMENDMENTS TO SENATE BILL NO. 2099

Page 1, line 9, remove the overstrike over ~~""North Dakota immunization advisory committee"~~  
~~means the group of private"~~

Page 1, remove the overstrike over lines 10 through 17

Page 1, line 18, remove the overstrike over "e."

Page 1, line 20, remove the overstrike over "f."

Page 1, line 20, remove "c."

Page 1, line 23, remove the overstrike over ~~"As part of the North Dakota immunization program:"~~

Page 2, line 1, remove the overstrike over "a."

Page 2, line 11, remove the overstrike over "b.      The department"

Page 2, line 11, after "shall" insert "may"

Page 2, line 11, remove the overstrike over ~~"establish a program through which the department"~~

Page 2, remove the overstrike over lines 12 through 25

Renumber accordingly



Date: 3/30/17  
Roll Call Vote #: \_\_\_\_\_

2017 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. SB2099

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 Rep. Skroch Seconded By Rep. Roke

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. P. Anderson	✓	
Vice Chairman Rohr	✓		Rep. Schneider	✓	
Rep. B. Anderson	✓				
Rep. D. Anderson	✓				
Rep. Damschen	✓				
Rep. Devlin	✓				
Rep. Kiefert	✓				
Rep. McWilliams		✓			
Rep. Porter	✓				
Rep. Seibel	✓				
Rep. Skroch	✓				
Rep. Westlind	✓				

Total (Yes) 13 No 1

Absent \_\_\_\_\_

Floor Assignment Rep. Skroch

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

Carrier changed Rep. Seibel on the floor

Date: 3/27/17  
 Roll Call Vote #: \_\_\_\_\_

**2017 HOUSE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. S.B. 2099**

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 Rep. Seibel    Seconded By Rep. Kiefert

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. P. Anderson		
Vice Chairman Rohr			Rep. Schneider		
Rep. B. Anderson					
Rep. D. Anderson					
Rep. Damschen					
Rep. Devlin					
Rep. Kiefert					
Rep. McWilliams					
Rep. Porter					
Rep. Seibel					
Rep. Skroch					
Rep. Westlind					

*Handwritten in table: "Vote to Reconsider" and "Motion Passed"*

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

Absent \_\_\_\_\_

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

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

Date: 3/27/17  
 Roll Call Vote #: \_\_\_\_\_

**2017 HOUSE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. SB 2099**

House Human Services Committee

Subcommittee

Amendment LC# or Description: REMOVE OVERSTRIKE ON AND THEN ON PAGE 2 LINE 11 CHANGE SHALL TO MAY

- 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 Rep. Loke    Seconded By Rep. Porter

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. P. Anderson		
Vice Chairman Rohr			Rep. Schneider		
Rep. B. Anderson					
Rep. D. Anderson					
Rep. Damschen					
Rep. Devlin					
Rep. Kiefert					
Rep. McWilliams					
Rep. Porter					
Rep. Seibel					
Rep. Skroch					
Rep. Westlind					

*Vote to adopt amendment.*  
*Motion carried*

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

Absent \_\_\_\_\_

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

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

Date: 3/27/17  
Roll Call Vote #: 3

2017 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. SB2099

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 Rep. Loke Seconded By Rep. D. Anderson

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. P. Anderson	✓	
Vice Chairman Rohr	✓		Rep. Schneider	✓	
Rep. B. Anderson	<i>absent</i>				
Rep. D. Anderson	✓				
Rep. Damschen	✓				
Rep. Devlin	✓				
Rep. Kiefert	✓				
Rep. McWilliams		✓			
Rep. Porter	✓				
Rep. Seibel	✓				
Rep. Skroch		✓			
Rep. Westlind	✓				

Total (Yes) 11 No 2

Absent \_\_\_\_\_

Floor Assignment Rep. Porter

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

**REPORT OF STANDING COMMITTEE**

**SB 2099: Human Services Committee (Rep. Weisz, Chairman)** recommends **DO NOT PASS** (13 YEAS, 1 NAYS, 0 ABSENT AND NOT VOTING). SB 2099 was placed on the Fourteenth order on the calendar.

**REPORT OF STANDING COMMITTEE**

**SB 2099: Human Services Committee (Rep. Weisz, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (11 YEAS, 2 NAYS, 1 ABSENT AND NOT VOTING). SB 2099 was placed on the Sixth order on the calendar.

Page 1, line 9, remove the overstrike over ""~~North Dakota immunization advisory committee~~" means the group of private"

Page 1, remove the overstrike over lines 10 through 17

Page 1, line 18, remove the overstrike over "e:"

Page 1, line 20, remove the overstrike over "f:"

Page 1, line 20, remove "c."

Page 1, line 23, remove the overstrike over "~~As part of the North Dakota immunization program:~~"

Page 2, line 1, remove the overstrike over "a:"

Page 2, line 11, remove the overstrike over "~~b. The department~~"

Page 2, line 11, after "~~shall~~" insert "may"

Page 2, line 11, remove the overstrike over "~~establish a program through which the department~~"

Page 2, remove the overstrike over lines 12 through 25

Re-number accordingly

**2017 TESTIMONY**

**SB 2099**

**Testimony**  
**Senate Bill 2099**  
**Senate Human Services Committee**  
**January 9, 2017, 9:30 a.m.**  
**North Dakota Department of Health**

Good morning Chairman Lee and members of the Senate Human Services Committee. My name is Molly Howell, and I am the immunization program manager for the North Dakota Department of Health. I am here today to provide testimony in support of Senate Bill 2099.

Due to the required reduction in the general fund budget, the Department of Health is requesting changes to North Dakota Century Code 23-01-29 to reflect the discontinuation of the universal vaccination program at local public health units (LPHUs). The universal vaccination program provided vaccines to LPHUs for administration to children who have health insurance.

The Department of Health's budget for the 2015-2017 biennium included \$2,976,853 for vaccines provided to insured children at LPHUs. For the 2017-2019 biennium, the Department of Health's recommended budget does not include funding for vaccines provided to insured children at LPHUs.

Since the Affordable Care Act (ACA) requires insurance coverage at the first dollar for vaccines, and all LPHUs are now able to bill insurance for the cost of vaccines and their administration fees, the Department decided to end this program as part of its required general fund reduction. As of July 1, 2016, the LPHUs are now purchasing vaccines for administration to insured children and billing insurance. The federal Vaccines for Children Program (VFC) continues to provide vaccines for children who are American Indian, Medicaid-eligible, uninsured, or underinsured (i.e., they have health insurance, but insurance does not cover vaccines).

The remainder of the text in Century Code 23-01-29 allows for the Department of Health to continue offering a choice of vaccine brands which may be ordered by healthcare providers through the Department of Health for the VFC Program. Language was added to allow the Department to restrict this brand choice in the event of a shortage or delay in vaccine availability.

This concludes my testimony. I am happy to answer any questions you may have.



**23-07-14. Contagious or infectious diseases - Local board may destroy or disinfect infected clothing.**

Any local board of health may cause to be destroyed any bed, bedding, clothing, carpets, or other articles which have been exposed to infection from a contagious or infectious disease and may allow reasonable compensation for the same. The board also may provide a proper place with all necessary apparatus and attendants for the disinfection of such articles and may cause all such articles to be conveyed to such place to be disinfected.

**23-07-15. Removal of person afflicted with contagious or infectious disease - Removal of person who died of such disease - Prohibited.**

No person, unless the person has a permit from the local board of health or state department of health, may remove or cause to be removed from without this state into this state, or from one building to another within this state, or from or to any railroad car or motor vehicle, any person afflicted with a contagious or infectious disease, or the body of any person who died of any such disease.

**23-07-16. Child having contagious or infectious disease prohibited from attending school - Exception.**

Except as provided by section 23-07-16.1, no principal, superintendent, or teacher of any school, and no parent or guardian of any minor child, may permit any child having any significant contagious or infectious disease, or any child residing in any house in which any such disease exists or has recently existed, to attend any public or private school until permitted to do so under the regulations of the local board of health.

**23-07-16.1. School district to adopt policy relating to significant contagious diseases.**

Each school district shall adopt a policy governing the disposition of children attending school within the school district, employees of the school district, or independent contractors under contract with the school district who are diagnosed as having a significant contagious disease. The state department of health shall, with advice from the superintendent of public instruction, adopt rules establishing guidelines for the policy. The guidelines may include methods and procedures relating to a determination of whether and under what conditions a child with a significant contagious disease may not continue attending school or whether and under what conditions an employee or an independent contractor with a significant contagious disease may not continue in a work assignment.

**23-07-17. Vaccination or inoculation not required for admission to any school or for the exercise of a right.**

Repealed by S.L. 1975, ch. 224, § 2.

**23-07-17.1. Inoculation required before admission to school.**

1. A child may not be admitted to any public, private, or parochial school, or day care center, child care facility, head start program, or nursery school operating in this state or be supervised through home-based instruction unless the child's parent or guardian presents to the institution authorities a certification from a licensed physician or authorized representative of the state department of health that the child has received age-appropriate immunization against diphtheria, pertussis, tetanus, measles, rubella (German measles), mumps, hepatitis B, haemophilus influenza type b (Hib), varicella (chickenpox), poliomyelitis, pneumococcal disease, meningococcal disease, rotavirus, and hepatitis A. In the case of a child receiving home-based instruction, the child's parent or legal guardian shall file the certification with the public school district in which the child resides.
2. A child may enter an institution upon submitting written proof from a licensed physician or authorized representative of the state department of health stating that the child has started receiving the required immunization or has a written consent by the child's parent or guardian for a local health service or department to administer the needed

- immunization without charge or has complied with the requirements for certificate of exemption as provided for in subsection 3.
3. Any minor child, through the child's parent or guardian, may submit to the institution authorities either a certificate from a licensed physician stating that the physical condition of the child is such that immunization would endanger the life or health of the child or a certificate signed by the child's parent or guardian whose religious, philosophical, or moral beliefs are opposed to such immunization. **The minor child is then exempt from the provisions of this section.**
  4. The enforcement of subsections 1, 2, and 3 is the responsibility of the designated institution authority.
  5. The immunizations required, and the procedure for their administration, as prescribed by the state department of health, must conform to recognized standard medical practices in the state. The state department of health shall administer the provisions of this section and shall promulgate rules and regulations in the manner prescribed by chapter 28-32 for the purpose of administering this section.
  6. When, in the opinion of the health officer, danger of an epidemic exists from any of the communicable diseases for which immunization is required under this section, the exemptions from immunization against such disease may not be recognized and children not immunized must be excluded from an institution listed in subsection 1 until, in the opinion of the health officer, the danger of the epidemic is over. The designated institution authority shall notify those parents or guardians taking legal exception to the immunization requirements that their children are excluded from school during an epidemic as determined by the state department of health.
  7. When, in the opinion of the health officer, extenuating circumstances make it difficult or impossible to comply with immunization requirements, the health officer may authorize children who are not immunized to be admitted to an institution listed in subsection 1 until the health officer determines that the extenuating circumstances no longer exist. Extenuating circumstances include a shortage of vaccine and other temporary circumstances.

**23-07-18. Physician to report death from contagious or infectious disease to local board of health.**

Each practicing physician in this state shall report to the local board of health within the jurisdiction of which the death occurred, in writing, the death of any of the physician's patients who has died of any contagious or infectious disease. The report must be made within twenty-four hours after such death and must state the specific name and character of the disease.

**23-07-19. Appropriation made on report showing action necessary to prevent spread of tuberculosis.**

If any society or association organized and existing for the purpose of controlling the spread of tuberculosis in this state considers it necessary to secure the services of a visiting nurse or nurses, or to disinfect any building, room, residence, hotel, or other place infected with tuberculosis, the society shall report such fact to the president of the county board of health and to the board of county commissioners. The report must recommend the course of action advisable to be adopted by the board of county commissioners in relation thereto and in accordance with the provisions of this chapter, and such board, at its next meeting, shall consider such report and recommendation and act on the same. The board may audit and allow bills for services rendered in carrying into effect any action taken by it under the provisions of this section.

**23-07-20. Board of county commissioners may appropriate money to prevent the spread of tuberculosis.**

The board of county commissioners of any county in this state may appropriate county money and levy taxes within the county levy limitations for the purpose of paying for the

**CHAPTER 33-06-05  
SCHOOL IMMUNIZATION REQUIREMENTS**

Section  
33-06-05-01 Requirements

**33-06-05-01. Requirements.**

1. **Definitions.** As used in this section:

- a. "Advisory committee on immunization practices" refers to a panel of experts in fields associated with immunization who have been selected by the secretary of the United States department of health and human services to provide advice and guidance to the secretary, the assistant secretary for health, and the centers for disease control and prevention on the most effective means to prevent vaccine-preventable diseases.
- b. "Age-appropriate immunizations" refers to the vaccines a child should receive based on age and previous immunization history as recommended by the advisory committee on immunization practices of the United States department of health and human services and outlined by the North Dakota immunization schedule.
- c. "Beliefs" as used in subsection 3 of North Dakota Century Code section 23-07-17.1 means sincerely held religious, philosophical, or moral beliefs which are not a pretense for avoiding legal requirements.
- d. "Institution" includes all early childhood facilities, head start programs, preschool educational facilities, public and private kindergartens, and elementary, middle, and high schools operating in North Dakota.
- e. "Institutional authority" means anyone designated by the governing body of an institution.
- f. "Medical exemption" means an exemption from an immunization requirement based on a form signed by a licensed physician stating that the physical condition of the child seeking the exemption is such that the vaccine administered would endanger the life or health of the child.

2. **Minimum requirements.**

- a. Minimum requirements for children attending early childhood facilities, head start programs, and preschool educational facilities shall be age-appropriate immunizations against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, haemophilus influenzae type B disease, varicella (chickenpox), pneumococcal disease, rotavirus, and hepatitis A.
- b. Minimum requirements for children attending kindergarten through grade twelve shall be age-appropriate immunizations against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, varicella (chickenpox), and meningococcal disease.

3. **Effective dates.**

- a. Effective with the 1992-93 school year, a second dose of measles, mumps, and rubella vaccine is required for school entry into kindergarten or first grade if the student's school does not have a kindergarten. Each subsequent year, the next higher grade will be included in the requirement so those students transferring into North Dakota schools are added to the measles, mumps, and rubella immunization cohort.

- b. Effective with the 2000-01 school year, a student must complete the hepatitis B vaccine series prior to entry into kindergarten or first grade if the student's school does not have a kindergarten. Each subsequent year, the next higher grade will be included in the hepatitis B immunization requirement so those students transferring into North Dakota schools are added to the hepatitis B immunization cohort.
  - c. Effective January 1, 2004, in order to attend an early childhood facility, head start program, or preschool educational facility, each child must be adequately immunized against varicella (chickenpox) disease according to the advisory committee on immunization practices.
  - d. Effective with the 2004-05 school year, a student must receive the varicella (chickenpox) vaccine before being admitted into any kindergarten or first grade if the student's school does not have a kindergarten. Each subsequent year, the next higher grade will be included in the varicella immunization requirement so those students transferring into North Dakota schools are added to the varicella immunization cohort.
  - e. Effective January 1, 2008, in order to attend an early childhood facility, head start program, or preschool educational facility, each child must be adequately immunized according to the advisory committee on immunization practices against pneumococcal disease, rotavirus, and hepatitis A.
  - f. Effective with the 2008-09 school year, a student must receive a second dose of varicella (chickenpox) vaccine before being admitted into kindergarten or first grade if the student's school does not have a kindergarten. Each subsequent school year, the next higher grade will be included in the second dose varicella (chickenpox) immunization requirement so those students transferring into North Dakota schools are added to the second dose varicella (chickenpox) immunization cohort.
  - g. Effective with the 2014-15 school year, a student must receive meningococcal and tetanus, diphtheria, and pertussis (tdap) vaccine before being admitted into any seventh grade.
4. **Exemptions.** A child with a medical or a beliefs exemption is exempt from any one or all of the immunization requirements. A physician must sign an exemption form indicating the vaccines that are included in the medical exemption. A parent or guardian must sign an exemption form stating that the child has a beliefs exemption and indicate which vaccines are exempt because of beliefs. A child with a reliable history of chickenpox disease is exempt from varicella (chickenpox) immunization requirements. A physician or parent or guardian must sign an exemption form stating that the child has had chickenpox disease. Exemption forms must be kept on file with the immunization records at the child's school, early childhood facility, head start program, or preschool educational facility.
5. **Recordkeeping and reporting.** Records and reports requested by the state department of health shall be completed and submitted to the state department of health.
- a. Certificates of immunization, a North Dakota immunization information system (NDIIS) record, or other official proof of immunization must be presented to the designated institutional authority before any child is admitted to an institution.
  - b. Upon request by the institutional authority and approval by the department, the department shall provide access to the NDIIS by institutional authority. The department of health shall disclose immunization records maintained by the NDIIS to an institutional authority to fulfill the required proof of immunization.

- c. The parent or guardian of a child claiming a medical or beliefs exemption shall present an appropriately signed statement of exemption to the designated institutional authority. Proof of immunization or the statement of exemption must be maintained by the child's school or early childhood facility.
- d. The school or early childhood facility immunization summary report must be submitted to the state department of health by November first of each year or such other annual date as the department may designate.

6. **Appointment of an institutional authority.**

- a. An institutional authority shall be appointed for each institution by its governing board or authorized personnel. The authority must be an employee of such institution.
- b. The name of the designated institutional authority, the institution, address, and telephone number shall be submitted to the appropriate governing state department by July first of each year.

7. **Provisional admission - Exclusion.** Any child admitted to school or early childhood facility under the provision that such child is in the process of receiving the required immunizations shall be required to receive the immunizations according to the recommended schedule set forth by the state department of health. Any child not adhering to the recommended schedule shall provide proof of immunization or a certificate of immunization within thirty days of enrollment or be excluded from school or early childhood facility.

**History:** Amended effective November 1, 1979; September 1, 1991; January 1, 1998; February 1, 2000; January 1, 2004; January 1, 2008; January 1, 2014.

**General Authority:** NDCC 23-01-03

**Law Implemented:** NDCC 23-07-17.1

Att. 1  
SB 2099  
3-7-17

**Testimony**  
**Senate Bill 2099**  
**House Human Services Committee**  
**March 7, 2017, 2:00 p.m.**  
**North Dakota Department of Health**

Good afternoon Chairman Weisz and members of the House Human Services Committee. My name is Molly Howell, and I am the immunization program manager for the North Dakota Department of Health. I am here today to provide testimony in support of Senate Bill 2099.

Due to the required reduction in the general fund budget, the Department of Health is requesting changes to North Dakota Century Code 23-01-29 to reflect the discontinuation of the universal vaccination program at local public health units (LPHUs). The universal vaccination program provided vaccines to LPHUs for administration to children who have health insurance.

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Since the Affordable Care Act (ACA) requires insurance coverage at the first dollar for vaccines, and all LPHUs are now able to bill insurance for the cost of vaccines and administration fees, the department decided to end this program as part of its required general fund reduction. As of July 1, 2016, in order to immunize insured children, the LPHUs must purchase vaccines and bill insurance. The federal Vaccines for Children Program (VFC) continues to provide vaccines for children who are American Indian, Medicaid-eligible, uninsured, or underinsured (i.e., they have health insurance, but insurance does not cover vaccines).

The remainder of the text in Century Code 23-01-29 allows for the Department of Health to continue offering a choice of vaccine brands which may be ordered by healthcare providers through the Department of Health for the VFC Program. Language was added to allow the department to restrict this brand choice in the event of a shortage or delay in vaccine availability.

This concludes my testimony. I am happy to answer any questions you may have.