

# MICROFILM DIVIDER

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SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

2307

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Deanna Balla  
Operator's Signature

10/22/03

Date

2003 SENATE FINANCE AND TAXATION

SB 2307

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10/22/03  
Date

2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB2307

Senate Finance and Taxation Committee

☐ Conference Committee

Hearing Date February 5, 2003

Tape Number	Side A	Side B	Meter #
1	X		4,214-end
1		X	1-1519
Committee Clerk Signature <i>Margaret L. Lundy</i>			

Minutes: Senator Urlacher opened the hearing on SB 2307. All committee members are present.

The bill relates to matching grants for public health agencies for school health services projects and to the rate of tax on the sale of cigarettes.

Senator Larry Robinson (mtr #4270) - Primary sponsor of the bill. Introduced bill and gave testimony in support of the bill

Representative Lonny Winrich (mtr #4786) - Co sponsor of the bill Testified in support of the bill. Recognizing the increasing roll pharmaceuticals play in life.

Janet Merrill (mtr #4996) - Retired teacher, testified in support of SB2307. Written testimony is attached.

Kirsten Baesler (mtr #5370) - Testified in support of SB2307. Gave detailed testimony of the value of a nurse in the school. Written testimony is attached.

Senator Nichols (mtr #6200) - Question regarding the number of student nurses in the program.

Ms. Baesler (mtr #6210) - Answered with detailed statistics on the availability of student nurses.

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*10/22/03*  
Date

Page 2

Senate Finance and Taxation Committee

Bill/Resolution Number SB2307

Hearing Date February 5, 2003

Wanda Rose (mtr #45) - Testified in support of SB2307, speaking on behalf of the ND School

Nurse Organization and ND Children's Caucus. Written testimony is attached. Also offered and amendment to SB2307

Senator Urlacher (mtr #611) - What level of nursing qualifications are we looking at.

Ms. Rose (mtr #635) - We would look at registered nurses with public health experience.

Mary Kay Herrmann, Director of Fargo Cass Public Health, (mtr #677) - Testified in support of SB2307. Written testimony is attached.

Russ Hanson, ND Retail Assn (mtr #1336) - Not opposed to medical program in schools.

Concerned about the funding source. What precedent would be set by proposed source of funding.

Richard Elken, RJR Tobacco Company (mtr #1438) - School nurses do a great job and are needed. Why should 22% of smoking citizens in ND be the only funding source.

Senator Urlacher (mtr #) - Closed the hearing on SB2307.

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10/22/03  
Date

2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB2307

Senate Finance and Taxation Committee

☐ Conference Committee

Hearing Date February 5, 2003

Tape Number	Side A	Side B	Meter #
3	X		1749-2700
Committee Clerk Signature <i>[Signature]</i>			

Minutes:

Senator Urlacher opened the discussion on SB2307. All committee members are present. This bill relates to matching grants for public health agencies for school health services projects.

Senator Wardner (mtr #1825) - Feels this increase would work, impact not as great.

Senator Urlacher (mtr #1895) - Is a worthy cause.

Senator Seymour - Given the testimony, I will support.

Senator Wardner (mtr #1960) - Is risky dedicating a tax.

Senator Syverson (mtr #2008) - Questioned if there would be a problem with overfunding.

Senator Urlacher - Feels a cap on funds could be added in another committee.

Senator Wardner (mtr #2199) - moves to accept the amendment prepared by Wanda Rose. 2nd by Senator Nichols. Voice vote to adopt the amendment 6 yea, 0 nay, 0 absent.

Senator Wardner moves a Do Pass as Amended and rerefer to Appropriations. Roll call vote 6 yea, 0 nay, 0 absent. Carrier Senator Wardner.

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*[Signature]*  
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10/22/03  
Date

**FISCAL NOTE**  
Requested by Legislative Council  
01/23/2003

BH/Resolution No.: SB 2307

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

	2001-2003 Biennium		2003-2005 Biennium		2005-2007 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				\$4,025,000		
Expenditures						
Appropriations						

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

2001-2003 Biennium			2003-2005 Biennium			2005-2007 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

**2. Narrative:** Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.

SB 2307 increases the cigarette tax by \$.05 per package of 20 cigarettes. Revenue from this additional tax is deposited in the school health services grant fund. We estimate that revenues to this fund will total approx. \$4,025,000 during the 2003-05 biennium.

**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.

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.

C. **Appropriations:** Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.

Name:	Kathryn L. Strombeck	Agency:	Tax Dept.
Phone Number:	328-3402	Date Prepared:	02/04/2003

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Deanna Hall 10/22/03  
Operator's Signature Date

**Amendment to SB 2307**

**Section 2. page 2 line 3 after the word to add local public health units who are in partnership with a school or....**

**Line 4 Add A local health units in partnership with a school or school district seeking.....**

**Submitted by:**

**Wanda Rose  
North Dakota School Nurses Organization  
North Dakota Children's Caucus**

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Deanna Walther  
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10/22/03  
Date

30228.0301  
Title.0400

Adopted by the Finance and Taxation  
Committee

February 5, 2003

903  
2-6-3

PROPOSED AMENDMENTS TO SENATE BILL NO. 2307

Page 2, line 3, after "to" Insert "public health units that are in partnership with"

Page 2, line 4, after "A" Insert "public health unit in partnership with a"

Renumber accordingly

Deanna D. Hall  
Operator's Signature

10/22/03

Date



Date: 2.5.03  
Roll Call Vote #: 1

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 2307

Senate Finance and Taxation Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken Do pass as amended and Refer to Appropriations

Motion Made By Sen. Leland Seconded By Sen. Nichols

Senators	Yes	No	Senators	Yes	No
Senator Urlacher - Chairman	/		Senator Nichols	/	
Senator Wardner - Vice Chairman	/		Senator Seymour	/	
Senator Syverson	/				
Senator Tollefson	/				

Total (Yes) 6 No 0

Absent \_\_\_\_\_

Floor Assignment Sen. Leland

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

**REPORT OF STANDING COMMITTEE (410)**  
February 7, 2003 8:52 a.m.

Module No: SR-24-1943  
Carrier: Wardner  
Insert LC: 30228.0301 Title: .0400

**REPORT OF STANDING COMMITTEE**

**SB 2307: Finance and Taxation Committee (Sen. Uriacher, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS and BE REREFERRED to the Appropriations Committee (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2307 was placed on the Sixth order on the calendar.**

Page 2, line 3, after "to" insert "public health units that are in partnership with"

Page 2, line 4, after "A" insert "public health unit in partnership with a"

Renumber accordingly

2003 SENATE APPROPRIATIONS

SB 2307

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Deanne Hallen  
Operator's Signature

10/22/03  
Date

# 2003 SENATE STANDING COMMITTEE MINUTES

## BILL/RESOLUTION NO. SB 2307

Senate Appropriations Committee

☐ Conference Committee

Hearing Date 2-14-03

Tape Number	Side A	Side B	Meter #
1	X		4457-end
		X	0-1316
Committee Clerk Signature <i>Sandra Davison</i>			

Minutes: Chairman Holmberg opened the hearing to SB 2307. A bill relating to matching grants for public health agencies for school health services projects, relating to the rate of tax on the sale of cigarettes. (Meter 4504) Senator Robinson stated he is the prime sponsor of the bill and in consideration of time and I will allow Wanda Rose to testify. (Meter 4563) Representative Winrich, District 18: He is also a sponsor on this bill and supports the committees favorable consideration. (Meter 4633) Wanda Rose: See written testimony Exhibit 1. (Meter 5252) Senator Mathern: What the vote in the Human Services committee was? And was there any dollars changes? (Meter 5314) Wanda Rose: The Finance & Tax committee voted DO PASS and the only change to the bill was an amendment that added a partnership must occur between the schools and a local health unit. (Meter 5381) Kirstin Baesler: See written testimony Exhibit 2. (meter 6068) Senator Kilzer: You mentioned \$3,00 a year is what the PTO contributes to the program, is that the total funding? (Meter 6156) Kirsten: The school board does pledge for the first 3-4 hours but with the student population of about 450 students, we would like our school

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*Deanna Waller*  
Operator's Signature

10/22/03  
Date

Page 2  
Senate Appropriations Committee  
Bill/Resolution Number SB 2307  
Hearing Date 2-14-03

nurse there more time during the week so we pledge another \$3,000 that allows them to staff our school another 3 or 4 hours a week. We have a total of school nurse for 7-8 hours a week. (Meter 6217) Senator Kilzer: How much money is put in by the school board? (Meter 6235) Kirsten: She was not sure. The money that the school board dedicates is distributed amongst the elementary schools - there are 5 in Mandan. What we are asking is that we would continue to pledge that \$3,00 if the nursing staff would be available.

**Tape 1 Side B**

(Meter 35) Bill Demrey, Principle of Myhre School: He talked about the low income and needy students. The number one priority of his staff is getting some medical services such as a school nurse for his school. We were able to make a partnership with MedCenter One College of Nursing. We are a teaching site so we have student nurses with their instructors three days a week, we have one day of service from the city nursing program, and we use some of our federal Title I school wide moneys to provide an additional one day. So we are covered for the last seven years from 8 am to 1 pm every day. We have many many medically fragile students in our school ranging from implant transplant rejection medications to asthmatic medications that children take. Without school nurses, what we had was a situation of the office being overrun with parents bring notes to school checking out their children at noon hour, and children coming in the secretary's office for their meds. She was not a medical professional. When I have a question about a child's medication, I can go and inquire from the nurse or she has the connections to call a doctor to verify such information. Without school nurses in school, non professionals have to deal with medical situations, some of them life threatening. (Meter 382) Keith Johnson, Hazen School Board: In answer to a previous question about how much money the Mandan school

Page 3  
Senate Appropriations Committee  
Bill/Resolution Number SB 2307  
Hearing Date 2-14-03

board was putting in, \$3,500- a one to one match. Mandan is the only school which we are providing school nursing services because they are a large school and they were able to find a little money in their budget. Other schools are so fortunate. On the fiscal impact, is the cigarette tax an appropriate place from which to fund this initiative? All you have to do is look at all of the other possible sources to realize this is probably the most appropriate. It is not going to come out of property tax nor the mills a vote wouldn't make it, income tax, no probably not. He feels a nickel a pack is not going to be noticed by very many people. (Meter 613) Senator Bowman: He made his view point of taxing the students that smoke should pay this tax. We are trying to get people from smoking and we know the kids are doing this in their cars after school. (Meter 698) Keith Johnson: We punish the kids that are smoking by suspending them from school. We deal with these situations monthly at the school board meetings. Some students are 18 years old. (Meter 768) Senator Thane: Have you addressed taxing of smokeless tobacco? (Meter 855) Keith Johnson: I would be open to that. (Meter 915) John Job, AMCON Distribution Company: See written testimony Exhibit 3. I am not opposed to school health but I am opposed to the way the revenue is raised. (Meter 1162) Senator Mathern: How does ND tax compare with the other states around us? Do people come from different states to buy here? (Meter 1168) John Job: Taxes in ND \$4.40, MN \$4.80, SD \$3.30, MT \$1.80 WY \$1.20 per carton. In Moorhead and Grand Forks have people crossing over. (Meter 1316) Vice Chairman Grindberg closed the hearing to SB 2307

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10/22/03  
Date

2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2307 Votes

Senate Appropriations Committee

☐ Conference Committee

Hearing Date Feb. 19, 2003

Tape Number	Side A	Side B	Meter #
#2		x	60 - 188
Committee Clerk Signature <i>Jan Hendrickson</i>			

Minutes:

SB 2307 relating to the cigarette tax.

Motion by Senator Mathern, seconded by Senator Robinson for a DO PASS.

Senator Holmberg explained that it was a bill that added 5 cents to cigarettes and dedicates the money to public health agencies for school health services projects.

Roll call vote was taken, which is attached. Total 8 yes, 6 noes, 0 absent and not voting.

Motion carried. Senator Robinson will carry the bill to the floor.

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*10/22/03*  
Date



Date:  
Roll Call Vote #:

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 2307

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken do Pass

Motion Made By Mathern Seconded By Robinson

Senators	Yes	No	Senators	Yes	No
Senator Holmberg, Chairman	✓				
Senator Bowman, Vice Chair		✓			
Senator Grindberg, Vice Chair	✓				
Senator Andrist		✓			
Senator Christmann		✓			
Senator Kilzer		✓			
Senator Krauter	✓				
Senator Kringstad		✓			
Senator Lindaas	✓				
Senator Mathern	✓				
Senator Robinson	✓				
Senator Schobinger		✓			
Senator Tallackson	✓				
Senator Thane	✓				

Total (Yes) 8 No 6

Absent 0

Floor Assignment Robinson

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

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**REPORT OF STANDING COMMITTEE (410)**  
February 19, 2003 12:00 p.m.

Module No: SR-32-3272  
Carrier: Robinson  
Insert LC: . Title: .

**REPORT OF STANDING COMMITTEE**  
SB 2307, as engrossed: Appropriations Committee (Sen. Holmberg, Chairman)  
recommends **DO PASS** (8 YEAS, 6 NAYS, 0 ABSENT AND NOT VOTING).  
Engrossed SB 2307 was placed on the Eleventh order on the calendar.

(2) DESK, (3) COMM

Page No. 1

SR-32-3272

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2003 TESTIMONY

BB 2307

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Deanne D. Baker  
Operator's Signature

10/22/03  
Date

February 2003

RE: School Nurses

As a teacher for over 30 years, I am very aware of the need for schools to have a nurse in the building. I would like to share a few stories that show how important it is.

About five years ago, as I was greeting my kindergartners, I noticed one little girl whose eyes were yellow. I asked her if she was sick, and she said, no. She seemed ok, and because she had a rather dark complexion, I couldn't tell if she was pale, an indication I often used to evaluate a sick child. I was caught up in the busyness of 20 five year olds, and teaching, and so I waited for a while before I called the office to see if the nurse could come and look at this girl. By this time, the child said she didn't feel well, and I made a bed for her to lie on. As soon as the nurse looked at her, she said we needed to call her home. But the family had no phone. The nurse took the child home, and asked if they had noticed their daughter's eyes. The mother said yes, they had been that way all weekend. The nurse explained the the child needed to see a doctor right away, and made arrangements. The child was air ambulated to the U. of Minnesota Hospital where she underwent a liver transplant a few days later. She is alive and well today. I am convinced that she would not have survived had we not had a nurse on duty.

Another case was a girl who seemed lethargic, and kept falling asleep. She went to the pm kindergarten, and we did not have nurses after 1pm. I called the parents several times saying I thought something was wrong. Both parents worked, and different people watched the child during the day. Some members of the family had flu, and they thought she might have it. Several days went by before they finally took her to the doctor, who said she was so severely dehydrated that she was close to collapse. I am sure a nurse would have recognized the signs. I had not.

In 1963, I was teaching first grade in Baltimore, MD. There was a full-time nurse in our building. One day, as I was standing at my classroom door watching children hang up coats, a nine year old boy from across the hall, suddenly cried out, "My head hurts", and collapsed on the floor. His teacher called the nurse, who was there within two minutes. The child died almost instantly of a brain aneurysm. But the parents did not have to wonder if he might have survived if a medical person had been available.

In these times, parents and teachers are stressed. A sick child can be overlooked. In the bustle of getting out in the morning, many times a child arrives at school sick. It is hard for untrained medical personnel to evaluate whether or not a child needs to go home. And it is hard for a teacher to take care of a sick child, and run a classroom. Every school should have a nurse.

Janet Merrill

**TESTIMONY ON SB 2307  
SENATE FINANCE AND TAX COMMITTEE**

February 5, 2003

Kirsten Baesler

Fort Lincoln Elementary School PTO President

701-226-4491

baesler5@bis.midco.net

Mister Chairman, Members of the Committee:

My name is Kirsten Baesler. I am here today to speak in favor of Senate Bill 2307, and to urge you to support it. I currently serve as President of Fort Lincoln Elementary School's Parent Teacher Organization. I have been an active member of that PTO since the school first opened in August 1994, and served in all roles of the Executive Board.

In 1998 a School Nurse Program began in Mandan. This program was funded with a Statewide Systems Development Initiative grant and West Central Partnership money. At the conclusion of the 1998-1999 school year it became necessary to find alternative means of funding for this program. So in the fall of 1999 the Mandan School Board approved some money from its budget, and the Fort Lincoln PTO pledged \$3,000 a year to Custer District Health Unit for school nurse services. We have been paying this \$3,000 every year ever since.

Custer District Health Unit visits five elementary schools in Mandan for about 3-4 hours a week with the school board's budget money. In addition to these 3-4 hours, they serve Fort Lincoln another four hours a week paid for from PTO monies. Two student nurses from area nursing programs are also available Wednesdays and Thursdays during their school terms.

I am particularly dedicated to the School Nurse Program not only because I am a parent and concerned about the health and well being of my children and their schoolmates, but also because of the experiences I have had in my professional life. I have been a public school employee since 1991. At times, I have been placed in the very uncomfortable position of dispensing medication or treating injuries of a nature, which I felt I was not fully capable of treating. Not that the injuries were severe or the medical conditions chronic, it was just that I have little knowledge of the medical field. In addition to my lack of knowledge or prior training, I had no one to contact for support; no resource person to ask questions. The School Nurse Program changes that situation. It provides that support and resource for school staff and families.

Medications have become so prevalent in our public schools. It is much different than in the past. My teacher kept a bottle of St. Joseph Aspirin in her desk drawer for the rare complaint of an ache or two by one of her students. That was it! Now it is not uncommon to find more than 20 different prescription drugs in the secretary's office waiting to be dispensed to students.

I can recall a number of occasions as an educator, when I encountered prescription medicines sent to school in a Tupperware container. No original package from which I could read directions, name, dosage, prescribing doctor or distributing pharmacy. If I couldn't contact a parent or guardian, was I to rely on the student's personal recollection of when, why and how much was needed? Sometimes these students were 6 or 7 years old! How wonderful it would have been to contact a school nurse, who was familiar with my students and could help me determine what the best course of action was.

The partnership with Custer District Health Unit serves us well. During the first nine weeks of school this year, the Fort Lincoln school staff administered 370 prescription meds. The school nurse administered 226, but had numerous consults with teachers and staff when she was not available to personally dispense the medication. 65 students came to see the nurse because of accidents, and 25 students came for general health assessments. The school nurse also participated in two consults with physicians during this 9-week period. The student nurses presented 8 Hand Washing lessons, 6 Hygiene lessons, and 13 Heart Healthy lessons.

I've already stated that our schools aren't what they used to be. Today's students have many different needs. At the beginning of each school year, every parent at Fort Lincoln receives a health form to fill out that provides our school nurse with information on the needs of our children. The school nurse compiles, sorts and organizes these forms, then shares the information with administration and staff so all can be proactive in ensuring good health of our children while they are attending school. The special needs discovered this year at Fort Lincoln are:

- 1 serious food allergy – thus all school staff were trained on the use of the life saving Epi-pen
- 6 students have a history of seizures which range in severity
- 4 students are allergic to bee stings – one is life-threatening
- 2 students experience incapacitating headaches for which meds are kept at school
- 16 students receive 19 meds a day – mostly for ADHD or other behavioral problems
- there are 22 asthmatics who range in severity of attacks

My experiences are not isolated and these numbers are not unique. That is why when our PTO had the opportunity to do something about this situation and financially support a School Nurse Program, we did it!

This is the fourth year that we have provided funding for the School Nurse Program and, although the services are very much needed, the financial burden is becoming heavy for our small organization. I am asking you to help us, ... and others, because school health services are needed across North Dakota. You now have the opportunity to provide a source for matching grants to public health agencies for school health service projects. Please show your concern for the health and well being of today's students by supporting Senate Bill 2307.

Thank you, Senator Urlacher and committee. I appreciate you taking the time to listen to my view. I would be happy to answer any questions.

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Deanna Hall  
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10/22/03  
Date

Testimony on SB 2307  
February 5, 2003  
Senate Finance and Taxation Committee  
By  
Wanda Rose  
North Dakota School Nurse Organization  
&  
North Dakota Children's Caucus

Chairman Urlacher and Members of the Senate Finance and Taxation Committee. I am Wanda Rose speaking on behalf of the North Dakota School Nurse Organization and North Dakota Children's Caucus.

SB 2307 provides a funding avenue to enhance school nursing programs already in place and to assist in the development of new school nursing programs. Attempts have been made since 1995 to identify a revenue source to fund school health programs. This bill will allow for a two and one-half mill per cigarette tax, which equals about a 5 cent increase on a pack of cigarettes. The money will go into a school health services grant fund and be distributed by the State Health Department. Local health units who create a partnership with schools can receive grant money to enhance or create school health services. To obtain the grant a 1:1 match for the requested dollars must occur.

North Dakota School Nurse Organization and ND Children's Caucus urges your support on SB 2307.

In a Bismarck school a student comes to the nurses office with difficulty breathing. The nurse reviews the student health record and learns the student is diagnosed with asthma. The nurse identifies the inhaler the child is carrying is not a rescue inhaler. Rather, the inhaler sent to school by the parent is used for long-term treatment and will not relieve an acute asthma attack. The nurse calls the parent and explains the situation. The parent is able to bring the appropriate inhaler to school. A plan is developed with the student and parent to avoid carrying the wrong inhaler and a plan on how to manage the asthma symptoms at school.

In this case, an emergency is averted and the child remains in school because a school nurse was on the premises.



Asthma can be life-threatening. Asthma symptoms can get out of control, causing what is commonly called an asthma attack or asthma episode. A child can die from a bad asthma episode. An asthma attack may come on suddenly, requiring school staff to respond to a life-threatening emergency.

Asthma is the single largest reported health reason for school absence, accounting for 20-30% of school absenteeism. More than 10 million school days are missed annually due to asthma. However, most asthma episodes can be prevented with the proper care and attention along with clear communication between parents and school staff.

Asthma is just one chronic condition that is keeping students out of school. There are many others and the price is being paid by the students-with their education.

School nurses promote health and safe environments for school children. Public and private school systems need more school nurses. Funding for school health programs is very limited while the number of students with chronic illness is on the rise. School nurses can be the key to keeping our students healthy and productive.

The school nurse is the link to students' health, their parents and community health providers. The school nurse is the link to further treatment, able to refer the student to community health care providers for more serious medical attention.

The presence of a school nurse not only provides an appropriate setting for health assessment and treatment with the school, but a lawful one. In the last several years laws have been passed that mandate the need for all students, regardless of their health concerns, be given the opportunity for and education.

IDEA, which was enacted in 1975 mandates that all children receive a free, appropriate public education regardless of the level or severity of their disability. A recent legal case taken to the Supreme Court confirmed that nursing services are a vital "related service" needed to ensure that students receive a free appropriate public education under IDEA. Children and adolescents with chronic illness experience more academic difficulty than their health peers. According to a study of special education students forty five percent (45%) of the student with chronic illness report falling behind in their school.

Chronic illness such as asthma, diabetes, hemophilia, cystic fibrosis, and cancer require day to day management. The treatment of chronic illness emphasizes the

management of symptoms, prevention of complications, and promotion of health. A nurse, thus decreasing absenteeism, can do this day-to-day management.

Currently in North Dakota, there is 1 nurse for every 6,482 students. The National Association of School Nurses recommends:

- One nurse for no more than 750 student in schools with general school population.
- One nurse for no more than 225 for students in the mainstreamed population.
- One nurse for no more than 125 students in the severely chronically ill or developmentally population.

In order to provide the quality of health services in a safe environment North Dakota needs more school nurses.

We need to increase assess to funding for school nurses.

The lives and education of our students is depending on it.

In Mandan, a special education class went outdoors to enjoy a sunny warm May day. The special education teacher applied sunscreen on a special needs student confined to a wheel chair to prevent sunburn. Shortly after application of the sunscreen, the child began to experience respiratory distress. The nurse was called and recognized symptoms of an allergic reaction and identified the sunscreen as the factor causing the reaction. The nurse immediately began to wash off the sunscreen before paramedics arrived.

In this case, the life of a student was saved because a school nurse was on the premises. This student now has an Epi pen and an emergency plan developed.

An active school nurse in the school system promotes decreased absenteeism and improved educational productivity, which is important with President Bush's Educational Plan "Leave No Child Behind". The nurse helps identify and create emergency plans to prevent life-threatening events. Students will be in school more and perform at a higher level when they are healthy.

You Cannot Afford Not To Have A School Nurse.

I urge a DO PASS on SB 2307

**SENATE BILL 2307  
FINANCE AND TAXATION COMMITTEE  
FEBRUARY 5, 2003**

Senator Urlacher and committee members. My name is Mary Kay Herrmann, Director of Fargo Cass Public Health. I am here on behalf of the Fargo Cass Board of Health and the City of Fargo in support of a sales tax on cigarettes to fund a school health grant program. This program would provide funding of school nurses similar to our pilot project in Cass County.

Fargo Cass Public Health is presently providing school health services in collaboration with Fargo, Kindred, Central Cass, and Northern Cass Public Schools and Oak Grove Lutheran School. This program is in its first year of a five year pilot project funded in partnership with the Dakota Medical Foundation, the schools, and Fargo Cass Public Health. Attached is a five year projected budget for the project.

The primary goals include:

- 1) Improve student and family access to health services in the community;
- 2) Provide early identification, referral and follow-up of students experiencing unresolved health problems such as asthma, vision problems, and depression;
- 3) Determine the current compliance rate for follow-up on health screening referrals such as health insurance resources;
- 4) Implement school-wide disease prevention and health promotion campaigns consistent with healthy people 2010 such as better nutrition and decreased tobacco use;
- 5) Provide students with safe medication administration, treatment of illness and injury, and professional health consultation.

The student nurse ratio for the project is approximately one nurse to 1300 students. The National Association of School Nurses suggests the ideal ratio to be one nurse to 750 students. However this project would not have happened if we had gone with that ratio. We wanted to be realistic about what would be sustainable in our schools.

In addition to nurses we have placed nurse assistants that are medication certified to give medications and provide first aid over the noon hour in schools that have high numbers of medications being distributed. This is all done under the direction and supervision of the registered school nurse.

This particular project with Dakota Medical Foundation is new however, Fargo Cass Public Health has been involved in school health since 1991. We have developed working relationships with school administration and staff, which allow us to better serve the students. Fargo Cass Public Health initially started with the Fargo school district, and four years ago added three rural school districts.

Deanna Hallen  
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The following are some examples of the problems that the school nurses work with on a regular basis and the interventions they carry out in the school setting.

- The nurse was seeing a student with frequent sore throats; she called the mother about the large tonsils and the three recent positive strep cultures. The student saw an ENT and had their tonsils removed.
- A student was seen for complaints of a sore throat, but really needed to talk to someone about being physically abused the night before. The nurse contacted social services and the student was taken to a safe location. The student is now back in the home with services in the home. The student comes to the nurses' office less frequently due to the fact that there are some services helping with the home situation.
- A student with acute symptoms of eating disorder was referred to the physician and she did receive IV's and is now under medical care.
- The school nurse meets weekly with the principals and school counselors to assess the needs and concerns of particular students.
- The school nurses are providing yearly in-service updates to staff on the correct usage of the Epi pen for emergency use.
- In the secondary level there is a group of diabetic students who meet monthly to discuss their concerns, issues and to learn new information related to diabetes. This group is co-facilitated by the school nurse and a local college student who has diabetes. Also a task force with nurses and parents of diabetic children has been developed to collaborate on the care of students with diabetes in the school district.

During 2002 there were 43,204 visits to the school nurses office for various health related problems. In additional 695 visits were made by the school nurse to special education students. The total student population in the Cass County schools that we served is approximately 13,655.

Funding for the school health services program has always been shared between the schools, the health department and grants from Dakota Medical Foundation and the Region V CSCC. The cost per student for this school year will be approximately twenty five dollars.

Parents are ultimately responsible for their students health, however at times some parents are unaware of their child's' health related issues and are unaware of the services available to them. Nurses make referrals for health care, dental care, mental health services, social services, the children's health

insurance program, and to many other community resources. All referrals are made in coordination with the parent if one is available.

Parent involvement is key to a successful school nurse program. In the Fargo Public Schools a Health Services Committee was established to provide oversight and policy recommendation to the school health services program. The Health Services Committee is made up of school administration, teachers, school secretaries, school board members, PTA representation, and school nurses.

The school environment has changed over the last decade and the need and demand for nursing services on site at the school continues to grow. By allocating funding for school health programs, current programs such as what we are doing in Fargo and Cass county can be enhanced and places in the state with no programs in place will be allowed to provide this basic service.

Teachers say one of the greatest problems they see today is poor health of students. Children need to be healthy to learn and they need to learn to be healthy. Public Health Departments in collaboration with schools can make that happen.

As a Public Health Department, we feel that this partnership with schools benefits the health of our students and the health of our community. When children enter our schools they continue to be part of the community and when they leave our schools for the day they are still students. It is a truly a partnership in enhancing public health in our community.

Thank you.

# TOTAL PROJECT BUDGET

ORGANIZATION NAME: FARGO CASS PUBLIC HEALTH  
 PROJECT TITLE: Fargo Cass Public Health School Nursing

(You may type on this form or reproduce it on your computer.)

	YEAR ONE	YEAR TWO	YEAR THREE	YEAR FOUR	YEAR FIVE
<b>Personnel</b>					
<b>FARGO PUBLIC SCHOOLS</b>					
RN Manager .4 FTE 3 hrs/day at \$30/hr for 175 days	\$15,750	\$16,222	\$16,709	\$17,210	\$17,726
RN 5.75 FTE 46 hrs/day at \$22.70/hr for 175 days	\$182,735	\$188,217	\$193,863	\$199,679	\$205,669
LPN .5 FTE 4 hrs/day at \$15/hr for 175 days	\$10,500	\$10,815	\$11,139	\$11,473	\$11,816
Med Aide 3.75 FTE 30 hrs/day at \$11/hr for 175 days	\$57,750	\$59,482	\$61,267	\$63,105	\$64,988
<b>RURAL CASS COUNTY</b>					
RN 1.5 FTE 12 hrs/day at \$22.70/hr for 175 days	\$47,670	\$49,100	\$50,573	\$52,090	\$53,653
<b>OAK GROVE</b>					
RN .4FTE 3hrs/day at \$22.70/hr for 175 days	\$11,917	\$12,274	\$12,642	\$13,021	\$13,412
<b>Training/Continued Education</b>					
National School Nurses Conference	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
Continuing Education	\$500	\$500	\$500	\$500	\$500
Reference materials/brochures	\$800	\$500	\$500	\$400	\$400
<b>Operational</b>					
Printing/Copying	\$300	\$300	\$300	\$300	\$300
Mileage at .365/mile	\$500	\$500	\$500	\$500	\$500
Office Supplies	\$200	\$200	\$200	\$200	\$200
<b>Medical Supplies</b>					
(1) Keystone, (10) Otoscopes, (10) BP cuffs,	\$4,000	\$200	\$200	\$200	\$200
(10) Stethoscopes					
Information Technology					
Lap top	\$4,000				
Software School Nursing	\$2,000				
<b>TOTAL AMOUNT:</b>	<b>\$340,622</b>	<b>\$340,310</b>	<b>\$350,393</b>	<b>\$360,678</b>	<b>\$371,374</b>

Deanna Waller  
 Operator's Signature

10/22/03  
 Date

**Testimony**

**Senate Bill 2307**

**Senate Finance and Taxation Committee**

**February 5, 2003**

**9:15 a.m.**

**North Dakota Department of Health**

Good morning Mr. Chairman and members of the Senate Finance and Taxation Committee. My name is Kim Senn, and I am a Nurse Consultant for the North Dakota Department of Health's Division of Maternal and Child Health. I am pleased to provide information about school health services.

The school environment has changed significantly over the past few decades. Increasing numbers of children who have special health care needs related to illnesses such as asthma, cancer, cerebral palsy, cystic fibrosis, diabetes and muscular dystrophy attend school regularly. These children require careful attention to ensure optimal health outcomes. Teachers, secretaries and other school staff often provide health services to these children. Although school personnel can be taught to respond to routine health issues, professional health judgment and assessment skills are needed to adequately respond to children who have special health care needs. In addition, performing these tasks takes time away from student education.

The behavior problems and risk-taking behaviors of children and adolescents also continues to be a major source of public concern. Risk-taking behaviors such as fighting, substance abuse, suicide and sexual activity have harmful, even deadly consequences.

School nurses are the main component in a school health service program. They have the education, training and expertise to partner with children, families, school staff and the community to safeguard children's health in the school setting. The National Association of School Nurses recommends one nurse for every 750 general education students. Currently in North Dakota, there is one nurse for every 6,482 students.

In North Dakota, school health nursing services mainly are provided through the local public health units. Public health nurses have expertise in pediatric and public health nursing with strong health promotion, assessment and referral skills.

The school health services provided by the local public health units vary greatly throughout the state. Some schools receive school health services on a regular basis; other schools have access to school health services for only a few hours a week or not at all.

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There is a growing awareness of the important link between health and education. Children need to be healthy to learn, and they must learn to be healthy. School health services can advance health and wellness by providing a wide range of health-related activities driven by the needs of individual schools and communities.

The Department of Health is pleased to provide this information about school health services. I would be happy to answer any questions you may have.

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Exhibit 1

**Testimony on SB 2307  
February 14, 2003  
Senate Appropriations Committee**

**By  
Wanda Rose  
North Dakota School Nurse Organization  
&  
North Dakota Children's Caucus**

**Chairman Holmberg and Members of the Senate Appropriations Committee.  
I am Wanda Rose speaking on behalf of the North Dakota School Nurse  
Organization and North Dakota Children's Caucus.**

**SB 2307 provides a funding avenue to assist in the establishment of a school  
health services program and to enhance school health programs already in  
place. Since 1995, legislation has been introduced to fund school health  
programs. However, the legislation was unsuccessful due to lack of funding  
resources. A reasonable source of funding is being purposed in SB 2307.**

**SB2307 places a two and one-half mill increase per cigarette tax on a pack  
of cigarettes. This equals 5 cents per pack of cigarettes. This has the  
potential of generating approximately 4 million dollars per biennium. The  
monies will go into a school health services grant fund and be distributed by  
the State Health Department to schools who have a partnership with local  
health units. To obtain grant funds a 1:1 match must occur.**

**Changes in society, access to health care, education, and the family have  
increased the need and demand for school health services. For example,  
schools must cope with problems caused by immigration, homelessness,  
divorce, remarriage, poverty, substance abuse and violence, all of which  
impact health. In addition, the number of children with chronic conditions  
continue to rise.**

**For example, Asthma. According to the National Center for Health Statistics  
nearly one in 13 school-aged children has asthma. Asthma is the most  
common chronic disease of childhood. Over the past 15 years asthma  
increased significantly in both numbers and severity. Asthma is the single  
largest reported health reason for school absence, accounting for 20-50% of  
school absenteeism. Asthma can be a life threatening condition if not  
managed properly. However, with the assistance of a school nurse, most**

asthma episodes can be prevented with the proper care and attention along with clear communication between parents and school staff.

Asthma is just one chronic condition that is keeping students out of school. There are many others such as; diabetes, hemophilia, cystic fibrosis, and cancer.

IDEA, which was enacted in 1975, mandates that all children receive a free, appropriate public education regardless of the level or severity of their disability. A recent legal case taken to the Supreme Court confirmed that nursing services are a vital "related service" needed to ensure that students receive a free appropriate public education under IDEA. Children and adolescents with chronic illness experience more academic difficulty than their health peers. According to a study of special education students, forty five percent (45%) of the student with chronic illness report falling behind in their school. The price is being paid by the students-with their education

The treatment of chronic illness emphasizes the management of symptoms, prevention of complications, and promotion of health. A nurse can provide this day-to-day management and thus decrease absenteeism.

In addition to managing chronic illnesses the behavior problems and risk taking behaviors of children and adolescents also continues to be a major source of concern. According to the 2001 Youth Risk Behavior Survey (YRBS) report published in the June 28, 2002, edition of the Morbidity and Mortality Weekly Report (MMWR), North Dakota leads the nation with the highest incidence rate reported by students in grades nine through 12 for the following risk behaviors:

- Current alcohol use (59.2%)
- Binge drinking (41.5%)
- Current cigarette use (35.3%)
- Riding with a driver who had been drinking (43.5%)
- Driving after drinking alcohol (26.8%)
- Rarely or never wearing a motorcycle helmet (52.0%)
- Alcohol or drug use at last sexual intercourse (33.5%)
- Trying to lose weight (47.6%)

Given this complicated picture, it is important to strengthen and expand school health/nursing services offered to our children in North Dakota.

Let's look at school nursing in ND. A few school districts in North Dakota employ nurses, while others contract with public health nurses on a part-time basis. However, most schoolchildren in North Dakota do not have regular access to a school nurse. The ratio of school nurses to students in North Dakota is one nurse for every 6,482 students. This is considerably lower than the Healthy People 2010 goal of one nurse for every 750 students.

Public and private schools need more school nurses. School nurses can be the key to keeping our students healthy and productive.

- ✓ In order to provide quality health services in a safe environment, North Dakota needs more school nurses.
- ✓ We need to increase assess to funding for school nurses.
- ✓ The lives and education of our students is depending on it.

I want to leave you with this scenario.

In Mandan, a special education class went outdoors to enjoy a sunny warm May day. To prevent sunburn the special education teacher applied sunscreen on a student confined to a wheel chair. Shortly after application of the sunscreen, the child began to experience difficulty breathing. The nurse was called and the nurse recognized the symptoms of an allergic reaction. The nurse determined the sunscreen as the factor causing the reaction. The nurse immediately began to wash off the sunscreen. The symptoms subsided.

In this case, the life of a student was saved because a school nurse was on the school premises. This student now has an Epi pen and an emergency plan to avert future episodes.

SB2307

4

**A school nurse in the school system:**

- Promotes decreased absenteeism and improved educational productivity.
- Helps identify and create emergency plans to prevent life-threatening events.
- Assists in the day-to-day management of chronic illnesses.

**Students who are healthy will perform at a higher level.**

**You Can't Afford Not To Have A School Nurse.**

**I urge a DO PASS on SB 2307**

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Exhibit 2

**TESTIMONY ON SB 2307  
SENATE APPROPRIATIONS COMMITTEE**

February 14, 2003

Kirsten Baesler

Fort Lincoln Elementary School PTO President

baesler5@bis.midco.net

Mister Chairman, Members of the Committee:

My name is Kirsten Baesler. I am here today to speak in favor of Senate Bill 2307, and to urge you to support it. I currently serve as President of Fort Lincoln Elementary School's Parent Teacher Organization. I have been an active member of that PTO since the school first opened in August 1994, and served in all roles of the Executive Board.

In 1998 a School Nurse Program began in Mandan. This program was funded with a Statewide Systems Development Initiative grant and West Central Partnership money. At the conclusion of the 1998-1999 school year it became necessary to find alternative means of funding for this program. So in the fall of 1999 the Mandan School Board approved some money from its budget, and the Fort Lincoln PTO pledged \$3,000 a year to Custer District Health Unit for school nurse services. We have been paying this \$3,000 every year ever since.

Custer District Health Unit visits five elementary schools in Mandan for about 3-4 hours a week with the school board's budget money. In addition to these 3-4 hours, they serve Fort Lincoln another four hours a week paid for from PTO monies. Two student nurses from area nursing programs are also available Wednesdays and Thursdays during their school terms.

I am particularly dedicated to the School Nurse Program not only because I am a parent and concerned about the health and well being of my children and their

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schoolmates, but also because of the experiences I have had in my professional life. I have been a public school employee since 1991. At times, I have been placed in the very uncomfortable position of dispensing medication or treating injuries of a nature, which I felt I was not fully capable of treating. Not that the injuries were severe or the medical conditions chronic, it was just that I have little knowledge of the medical field. In addition to my lack of knowledge or prior training, I had no one to contact for support; no resource person to ask questions. The School Nurse Program changes that situation. It provides that support and resource for school staff and families.

Medications have become so prevalent in our public schools. It is not uncommon to find more than 20 different prescription drugs in the secretary's office waiting to be dispensed to students. How wonderful it is to contact a school nurse, who is familiar with the students and can help determine what is needed in certain situations.

The partnership with Custer District Health Unit serves us well. During the first nine weeks of school this year, the Fort Lincoln school staff administered 370 prescription meds. The school nurse administered 226, but had numerous consults with teachers and staff when she was not available to personally dispense the medication. 65 students came to see the nurse because of accidents, and 25 students came for general health assessments. The school nurse also participated in two consults with physicians during this 9-week period. The student nurses presented 8 Hand Washing lessons, 6 Hygiene lessons, and 13 Heart Healthy lessons.

Today's students have many different needs. At the beginning of each school year, every parent at Fort Lincoln receives a health form to fill out that provides our school nurse with information on the needs of our children. The school nurse compiles,

sorts and organizes these forms, then shares the information with administration and staff so all can be proactive in ensuring good health of our children while they are attending school. The special needs discovered this year at Fort Lincoln are:

- 1 serious food allergy – thus all school staff were trained on the use of the life saving Epi-pen
- 6 students have a history of seizures which range in severity
- 4 students are allergic to bee stings – one is life-threatening
- 2 students experience incapacitating headaches for which meds are kept at school
- 16 students receive 19 meds a day
- there are 22 asthmatics who range in severity of attacks

My experiences are not isolated and these numbers are not unique. That is why when our PTO had the opportunity to do something about this situation and financially support a School Nurse Program, we did it!

This is the fourth year that we have provided funding for the School Nurse Program and, although the services are very much needed, the financial burden is becoming heavy for our small organization. I am asking you to help us, ... and others, because school health services are needed across North Dakota. You now have the opportunity to provide a source for matching grants to public health agencies for school health service projects. Please show your concern for the health and well being of today's students by supporting Senate Bill 2307.

Thank you, Senators. I appreciate you taking the time to listen to my view. I would be happy to answer any questions.

Exhibit 3



**3125 East Thayer Avenue  
Bismarck, ND 58501**

AMCON Distributing Company of Bismarck distributes consumer products in North Dakota, South Dakota, Minnesota, and Montana.

I am not opposed to school health services. I believe it is very necessary. I am opposed to the funding method. I am opposed to SB 2307. I am opposed to using dedicated funds from cigarette excise taxes or other consumer products. It is unfair to have about 22% of North Dakota's fund this effort. If this bill succeeds, other worthy projects will attempt to receive additional funding by taxing consumer goods. Taxing specific consumer goods will harm our economy.

Raising excise taxes, and therefore the price of cigarettes purchased in our state, could provide an additional incentive for smokers to seek alternative ways to purchase cigarettes. For example smokers could purchase on the internet, in Native American territories to avoid state tax, or travel to neighboring states with lower excise tax. These potential changes in purchasing behavior can have several consequences. They could cause economic harm, including revenue loss to our state, as well as potential job losses to retailers and small business. If smokers travel to reservations or other states to purchase their cigarettes, they will buy other products as well. Increasing the tax would also increase the incentive of smuggling low taxed or no taxed cigarettes. The MSA payments to our state would also be impacted. With the potential of sales shifting to internet, surrounding states, and tribal, those sales would not count as sold in ND and ND's MSA payment would be reduced. The sales could reduce significantly enough that the excise tax would not generate the dedicated funds necessary in SB 2307. The following is information that I have taken from NACS (National Association of Convenience Stores) Daily.

### **Smokers Cross to Delaware for Cigarettes**

February 4, 2003

NEW CASTLE, DE -- Delaware is reaping profits from increased cigarette taxes in neighboring states.

In fact, Delaware is predicting it will collect 25 percent more cigarette-tax revenue in 2003 than in 2002, adding up to \$35 million, reports the *Philadelphia Inquirer*.

New Jersey's cigarette tax is \$1.50 per pack and Pennsylvania and Maryland have \$1 taxes, while Delaware currently has a 24-cent-per-pack tax.

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According to David Gregor, research director at Delaware's Department of Finance, the tax hikes in other states are "the biggest driver behind this" revenue increase.

Delaware Gov. Ruth Ann Minner proposed doubling the state's cigarette tax to 50 cents per pack in July 2003. For now, out-of-state smokers are willing to make the trek to purchase cheaper cigarettes.

The inquirer interviewed one man from Burlington County who has been driving 100 miles to and from Delaware about every two weeks to buy cigarettes since July 2002, when New Jersey increased its cigarette tax.

I am sure that continuing to fund the school health services grant fund is very important, however I am concerned that by asking smokers to pay a higher tax, we may create larger funding concerns for the state of ND.

As a businessman and employee in North Dakota, I am asking for a no vote to SB 2307.

Thank you,

John F. Job, Division Manager, AMCON Distributing Company, 701-258-3618  
Home address: 3115 Arizona Drive, Bismarck, ND 58503, 701-258-8167

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